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Designing an educational curriculum plan as part of a standardization plan for dementia special care units in a multi-facility long-term care organization & evaluating transfer of knowledge to licensed nurses in a unit of instruction entitled "Philosophy of supportive dementia care in a long-term care facility"

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Elizabeth Jensen, RN BSN

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Dedication

This work is dedicated to our compassionate caregivers and those who encourage & support them.

Acknowledgments

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Abstract

Designing an Educational Curriculum Plan as Part of a Standardization Plan for Dementia Special Care Units in a Multi-Facility Long-Term Care Organization

&

Evaluating Transfer of Knowledge to Licensed Nurses in a Unit of Instruction entitled "Philosophy of Supportive Dementia Care in a Long Term Care Facility"

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This project was initiated as a response to a request from an organization that manages multiple long-term care facilities in the state of Florida. The organization's goal was to develop a standardized approach to providing licensed nursing staff with education and training to care for residents with Alzheimer's disease and related disorders in the long-term care environment.

Due to the size of this project and the time involved for development, a portion of it was selected to present for this master's project. Three parts of the project were selected for presentation as follows: one, to describe the parameters to consider when implementing clinical education

in an organization with multiple long term care facilities; two, to design a curriculum plan for licensed nursing staff that fits the established parameters; and three, select one portion of the curriculum to implement and evaluate transfer of knowledge with licensed nurses working in a long-term care environment.

The curriculum plan was developed based on literature review, and guided by the theory of the Caring Curriculum by Bevis and Watson (1989). The theory components of modeling, dialogue, practice and confirmation, were utilized throughout the development of the curriculum plan.

Unit one of the curriculum, "Philosophy of Supportive Dementia Care", was taught to a volunteer group of 11 licensed nurses currently working in long-term care. Learning measures for each objective demonstrated a transfer of knowledge in all participants. The theory and components of the Caring Curriculum were observed and experienced through the use of a pre-test, lecture, case studies and reflective questions. A matrix was utilized to demonstrate this process.

The results of this project, thus far, have met the needs of the organization. Future plans include further development of curriculum materials and implementation in multiple long-term care facilities.

Table of Contents

List of Tables

List of Appendices

Chapter I

Long-term care. These three words have become the epicenter for political platforms, prime time news stories, care providers and family members faced with a decision they hoped would never have to come. Our society, now and in the near future, is hurrying to evolve to be able to care for the largest population of elders in history. According to the National Institute on Aging (NIA), in a report issued in 1996, there are approximately 33 million people aged 65 and older making up 13 percent of the total population in the United States. Also noted in this report (NIA,1996), it is estimated that this percentage will increase to 20 percent by the year 2030. In addition to this increase, the population of people aged 85 and older will increase from 3.5 million to nearly 9 million by the year 2030.

Given the aging population increase, it is not surprising to see an increased number of people afflicted with Alzheimer's disease and other related dementia disorders. Cowley (2000) reports that an estimated 4 million Americans, one in five of those 75 to 84 and nearly half of those 85 and older, are now afflicted. Although many people with Alzheimer's disease and other dementia related disorders are cared for at home, there is an

increasing need for the dementia care services that can be offered by a long-term care facility.

A literature review demonstrates the increased attention that long-term care providers are giving to this rapidly increasing population. The Advisory Panel on Alzheimer's Disease ([APAD], 1996) submitted a report to Congress on the state of acute and long-term care services in the United States. The report indicates that families, caregivers & providers have recognized that patients with dementia have different care needs from patients who don't have dementia. There has been a strong interest in establishing special care services and units for this group. This panel (APAD, 1996) estimates that approximately 15 percent of long-term care facilities, representing approximately 2,500 units and more than 50,000 beds have a "special care unit (SCU)" or specialized program for people with dementia.

There has been an explosion of research done in the last 15 years on a variety of ideas related to dementia care. The National Institute on Aging Collaborative Studies Initiative (APAD, 1996) was established specifically to address and fund SCU research. The outcomes of these studies, as well as others, are helping to shape the best approaches to assess patients with dementia, design

interventions and supportive environments, educate caregivers and evaluate outcomes.

One analysis of these studies, done by Teresi, Grant, Holmes, and Ory (1998, p.52), identified that "the single most powerful predictor of the intensity of dementia specific staff development programs in a nursing facility was the presence of an SCU in the facility". Another study done by Grant, Kane, Potthoff, and Ryden (1996) found that SCU presence in an institution was associated with less turnover among nurses, likely due to lowering of stress or enhanced job satisfaction due to opportunities for professional advancement. Kane, et al. (1996) also discovered that reducing turnover in licensed staff is a predictor among lower turnover in paraprofessional staff.

With a change in how we care for patients with dementia comes a need to educate the persons caring for these residents. In the long-term care facility, these caregivers are licensed nurses, nursing assistants, therapists, dietitians and other support personnel.

Schonfeld, et al. (1999) identifies the importance of providing appropriate education and support to staff working in long-term care with memory impaired adults. Lack of knowledge can contribute to an increased amount of stress and a high rate of staff turnover. In addition, the

Advisory Panel on Alzheimer's disease (1996) emphasized that staff in long term care are not sufficiently trained to meet the needs of the cognitively impaired population and recommended comprehensive training to maximize quality of care.

Background

In the next few paragraphs, I will give a brief description of my background and interest in working with licensed nursing staff and nursing assistants providing care to residents residing in long term care facilities.

Over the past six years, I have been working in a clinical program development & education role for a long term care provider in the United States. Programs I have developed are based on research and best practice standards for application in a long term care setting. In addition to the development of clinical programs and documentation tools, I have collaborated on the development of educational programming for nurses and nursing assistants on many clinical topics. I was asked by executives at my current employer to participate in a project to research & develop a standardized approach to providing dementia care in a "special care unit" setting. My employer currently manages 55 facilities in the state of Florida. There are

approximately 7,000 residents cared for in these facilities.

In researching educational materials already in existence, I came across many materials already developed for licensed nurses, nursing assistants and other caregivers in the provision of dementia care. My experience was validated by Schonfeld, et al. (1999). He and his colleagues discovered numerous written materials, videotapes and audiotapes when designing a 16 hour curriculum for nursing home and assisted living staff about working with memory-impaired residents. However, what I did not discover in the literature review was much discussion about the practical application of these materials, across a large number of facilities and the follow up evaluation needed to determine if the material taught was being applied in practice.

My experience developing clinical programming related to Alzheimer's and dementia care is not extensive. I did investigate this topic when developing a behavior intervention and management program for my employer.

My interest in working on this project stems from my previous work with this behavior intervention and management program and my interest in successful application of a clinical program across multiple

facilities. Based on evaluations of previous clinical programming in more than one facility, I have learned that there are three primary components to successful clinical program implementation and ongoing application. These components include, dedicated staff member(s) to evaluate daily application, support of management and program flexibility.

While developing the behavior intervention and management program, as well as through personal experience, I learned that a resident with a cognitive impairment responds better to consistent, individualized care. Tom Kitwood (1993) describes a theory of dementia care that is an interpersonal process. Kitwood (1993) considers that all interactions between the person with dementia and a caregiver provides communication and information that can potentially enhance a sense of order and social confidence in a person with dementia. I found this theory to be reflected in many of the educational materials that I reviewed. He describes this theory as being particularly relevant to persons with moderate and severe dementia and to formal care settings.

In past programs that I have developed, I have found the work of Em Olivia Bevis and Jean Watson to provide guidance in developing a Caring Curriculum (Bevis and

Watson, 1989). The basic tenets of the Caring Curriculum are modeling, dialogue, practice and confirmation. The Caring Curriculum has proven itself useful to me as a guide to program design and evaluation. Through program evaluations and informal discussion, I've learned that managers appreciate standardized programs and nurses and nursing assistants appreciate well-constructed programs and materials that help them to establish individualized care plans for their residents.

Currently, many residents with dementia are cared for in the facilities managed by the company that I work for. Each resident is assessed by an interdisciplinary team and an individualized care plan is developed. However, most of the care provided in these facilities can be described as custodial. Kovach (1997), in a resource book about providing care to residents with late-stage dementia, discusses the importance of assisting staff in shifting from a model of "task-oriented, institutional and illness oriented care to a more holistic, flexible and life-affirming model of care".

Some of these facilities have dedicated areas for a special care unit, but the physical plant and clinical programming vary from facility to facility. This company currently has no standardized approach to caring for

residents with dementia within a special care unit nor does it have a staff development plan to prepare and educate staff to care for this special group of residents. As a result of standardizing the approach to dementia care and staff education, it is expected that more reliable and measurable outcomes will be realized. This is significant because of the large number of residents and staff that this plan and program will reach.

In addition to reaching a large number of staff and residents, efficiencies will be gained due to the fact that established standards and materials will be provided to each of the facilities. This will reduce the amount of work that individual staff in each facility must spend on researching, developing and implementing dementia care education and training. This results in more time for clinicians to provide patient care and staff education and an overall better utilization of resources.

By establishing a consistent approach to education and training, future data can be compared to determine if resident's quality of life has improved, if there is improved family satisfaction as well as improved staff satisfaction and reduction of employee turnover.

Purpose

The purpose of this project was three-fold. One, to describe the parameters required for implementation of clinical education in a company with multiple long-term care facilities; two, to design a curriculum plan for licensed nursing staff that fit within these established parameters and three, select one portion of the curriculum to implement and evaluate transfer of knowledge in licensed nurses working in a long-term care environment. For the purpose of this master's project, I describe the first point; designed the curriculum plan described in the second point and reported on the implementation and evaluation results of the third point.

The scope of this plan was very large and the outcomes will not be known immediately, however, I expected and received a positive response by the organization requesting this project to be done, as well as a positive response from the licensed nurses participating in the unit of instruction. Additionally, transfer of knowledge was demonstrated through the pre-test, case study and reflective questioning in the unit of instruction.

Project Question

The questions that were addressed in this project coincide with the three purposes. First, "What does the

educational curriculum design for licensed nurses look like that best meets the identified needs for implementation in a multiple facility long-term care organization?" Second, "What does the educational curriculum plan look like that best meets the identified needs of the licensed nursing staff working in a dementia special care unit?" and third, "How are the concepts learned in the educational unit on the philosophy of supportive care visible through group discussion in class and response to reflective questions?"

The design of the educational curriculum was based on literature review and established material review & needs assessment at the corporate and facility level. The third question posed the greatest challenge. Lintern, Woods, and Phair (2000) demonstrate there is evidence to suggest training alone does not make a large difference in how nurses and nursing assistants provide care. Immediate results & responses to the third question are seen in Chapter IV but the long-term goal would be to see visible changes in practice as evidenced by changes in resident care plans, observation of positive interactions between staff and residents and positive reactions from staff via interviews as a result of the curriculum being implemented.

The multi-facility organization requesting this project is located in Florida. Recently, Florida

legislation mandated that Alzheimer's training and information be provided upon hire to all staff employed by a nursing home. One hour of training is required for direct contact staff (i.e., housekeeping, dietary, activity, social services and maintenance). Three hours of training is required for direct care staff including licensed nursing staff and therapists. By mandating the training, the state has assisted in establishing consistency among long term care facilities on the education provided to the caregivers in these facilities. This organization determined that although this is a good start, three hours is not sufficient to provide the necessary training and education for licensed nursing staff.

Significance for Discipline of Nursing

This topic was important to me to explore as a professional nurse because I believe that human life should be held in highest regard, regardless of the functional or cognitive level of the person. I also believe in supporting the important and difficult work that long-term care clinicians and staff provide to a very challenging patient population every day. This project was important because of the number of staff and, ultimately, residents who will potentially benefit from this program. This organization

currently employs hundreds of licensed nurses and cares for approximately 7,000 residents every day.

The outcomes of this project have the ability to impact not only residents and staff, but also that of the advanced practice nurse educator working for a large long-term care company. I am a member of a group of senior clinicians representing a majority of the large long-term care facilities in the United States. This is a collaborative group that exists for the primary purpose of improving clinical care and staff education. I plan to share what I have learned and developed with them, thus increasing the potential size and scope of the impact of this project.

When conducting an extensive literature review, I did not encounter much research that looked at the impact that a standardized program can have in a multiple facility long- term care organization. Most of the work I encountered was single facility based. Although there was much to learn from this individual work, other multi-facility providers, their staff and residents can potentially benefit from the outcomes of this project. Larger scale management and standardization of programs has demonstrated efficiencies, greater levels of expertise and

cost reductions in previous programs implemented by this organization.

Long-term care is largely funded by federal Medicare and state Medicaid dollars. These funds are limited and therefore, it is the responsibility of providers to find ways to gain efficiencies and use this money wisely. A standardized program offers efficiency. Nurses at the bedside do not have to spend time developing materials and can devote more time to resident care. A corporation can benefit from a customized program by tailoring it to company established standards and procedures. Long term care providers can utilize data gathered through educational programs to inform the public and legislators about the importance of adequate funding for long term care.

Limitations

Prior to initiation of this project, it was estimated that the limitations would be time, cost and availability of licensed nurses to participate in the project. Actual limitations encountered were time and conducting the research portion of this project as a fellow employee of the research participants. The curriculum design took longer than initially expected due to other obligations at work, however, these other obligations were approved by the

organization requesting this project and therefore, did not create a problem.

When preparing to conduct the research portion of this project, the design had to be altered to provide greater protection to the research participants. Since the researcher was a fellow employee of the participants, additional design parameters were put into place to assure participants that their participation in the project would not compromise their current employment.

Cost was not as big of a limitation as originally anticipated due to the changes in the design for this initial part of the project. In the future, as the curriculum is further developed, cost will be re-addressed with the organization leaders and facility managers.

Definitions

For the purposes of this project, the following terms were defined.

Licensed nursing staff is defined as registered nurses and licensed practical/vocational nurses working in a long term care facility and/or special care unit.

Long-term care facility is defined as a free-standing facility providing skilled nursing and therapy services to residents.

Resident is defined as a person who lives in a long-term care facility or special care unit. A resident may also be referred to as patient.

Special Care Unit (SCU) is defined as a separate, distinct area in a long-term care facility where residents with Alzheimer's and/or dementia reside. The unit has specific environmental design, assessment and programming to support daily life patterns and independent ability and promote quality of life.

Assumptions

Entering into this project, I assumed that most licensed nurses who work in long-term care facilities are interested in improving the quality of the care they provide to residents with dementia. This was confirmed by responses throughout the unit of training. I assumed that

licensed nursing staff would agree to complete a minimal amount of information review outside of paid work time. This was not an issue that came up with this initial project, but one that will be re-evaluated in the future. I made the assumption that this project would ultimately result in a standardized educational program to be completed by all licensed nursing staff working in dementia special care units owned by this organization. This project establishes an initial curriculum plan for future development. My assumption about the design of the educational curriculum was that it would be accepted by the organization's executives and it was. I assumed that the implementation of the selected educational unit about supportive care would be provided for licensed nursing staff at a facility with a special care unit. This was changed to conducting the training at the organization's corporate office and requesting licensed nurse volunteers to participate in the project. I also assumed that the project plan would undergo changes based on information learned along the way. The plan changed to meet the identified issues and needs.

Chapter II

Literature Review

The focus of this literature review was the design of an educational curriculum for licensed nursing staff working in dementia special care units. In order to understand how to construct an appropriate curriculum, it was beneficial to review previous studies and other works related to the design of a project. The main topic for this literature review was to identify the guiding theory for the curriculum design and to determine the educational design and teaching strategies that work best for application in a long-term care work environment.

Many articles and studies were reviewed that focused on the construction of educational programs for nursing assistants working with residents with cognitive impairments, memory impairments or behavioral issues. Fewer articles focused solely on the experiences of training licensed nursing staff. Though it is true that nursing assistants provide the largest percent of hands-on care to residents in long-term care, it is always under the supervision of a licensed nurse. The licensed nurse is responsible for providing direction and leadership to the nursing assistant. If the nurse is not current on the

latest knowledge and techniques, then there is a high probability that the nursing assistant will not learn the best care strategies to use or be supported in his/her efforts to provide such care. Previous experience working with nurses and nursing assistants in long-term care has shown me that it is likely that the findings in the studies with nursing assistants can be transferred, in part or in whole, to the experiences of the licensed nursing staff.

The second topic that was a part of this literature review was the content related to dementia care that is most appropriate to be included in this curriculum. Many professional associations and individuals have developed material. A combined look at topics and teaching strategies in the literature was reviewed with the intent to select the best teaching strategies for application to licensed staff working in a long-term care environment.

Instructional Design

The theoretical framework selected that best provides shape and guidance to the construction of this educational curriculum for licensed nursing staff is the Caring Curriculum by Em Olivia Bevis and Jean Watson (1989). The Caring Curriculum is largely based on Jean Watson's Philosophy and Science of Caring (Patton, Barnhart, Bennett, Porter, and Sloan, 1998). The Caring Curriculum

includes Watson's basic concepts of caring as an essential component of promoting a healthy life experience for students. Bevis and Watson (1989) believe that caring for the nursing staff will result in a staff that cares more about their residents. Bevis and Watson (1989), state that "a model of curriculum development that is philosophically and morally consistent with phenomena and practices of human caring is now called for in nursing education and professional curricula".

The four components of this framework are modeling, dialogue, practice and confirmation. The goal, according to Bevis and Watson (1989), is to promote learning by educators modeling caring through self-affirmation and self-discovery in students. Modeling encourages genuine dialogue between educator and student. Modeling and dialogue transform practice in addition to encouraging students to support each other. Confirmation is the most important part where the shaping and construction of one's ethical ideal occurs.

The education curriculum plan for this project was constructed around this theory. In addition to the theory components of modeling, dialogue, practice and confirmation, Knowle's Concepts of Adult Learning (Avillion and Abruzzese, 1996) were also applied. Avillion and

Abruzzese (1996) review the basic tenets of this theory that adult learners have a need to know the reason they should be learning something, the need to be self-directed, have a greater amount and different quality of experience, assist in assessing their readiness to learn, enter into learning with a task-centered, problem-centered or life-centered orientation to learning and are motivated to learn by extrinsic and intrinsic factors.

Having established a theoretical framework for the construction of this curriculum plan, additional shape was added through the use of the three phases of instructional design as described by Alspach (1995). According to Alspach (1995), the design process includes needs assessment, program planning, implementation and evaluation. Further literature supports the addition of continuing education as part of the plan for ongoing learning and maintenance of skill (Kovach, 1997). A further, in depth review of these phases was explored in the literature.

Needs Assessment

There is much written about conducting a good learning needs assessment. The difficulty is prioritizing which parts of the needs assessment to focus on. When considering the framework of the Caring Curriculum, completing a learning needs assessment can be seen as an integral part of "modeling". In order for an instructor to be able to model behavior and to provide affirmation to students, an understanding of the students needs is an important step. Alspach (1995) delineates between primary and secondary sources for needs identification. Primary sources for assessing needs include job descriptions, standards of practice and care, protocols, nursing staff, preceptors and nurse managers. Secondary sources include other professional groups on the healthcare team, related literature, local schools or nursing and advisory committees. For the purposes of this project, the primary sources used to conduct the needs assessment were a written needs assessment that was completed by licensed staff nurses participating in the unit of instruction, interviews with licensed staff nurses, interviews with corporate operators of these facilities, a review of licensed nurse job descriptions and standards of practice and review of current corporate protocols and procedures. The secondary

sources used for this project were related literature and recommendations from the organization's leaders.

In a further literature review, Panno (1992) describes the use of Knox's Need Appraisal System when conducting a learning needs assessment. This system follows four steps. The first step includes identification of the target audience, educational resources available and other resources such as time, money and facilities. The second step is data collection, which includes learner needs and organizational needs. The third step involves analysis of the actual and perceived needs of the learner, and the fourth step uses data to prioritize identified learning needs and develop the curriculum.

In a study completed by Glass and Todd-Atkinson (1999), similar processes were used to identify continuing education needs of nurses employed in nursing facilities. A questionnaire was utilized to gather initial data and the responses were analyzed and organized according to number of responses. Findings from the design of the Glass and Todd-Atkinson (1999) study, as well as the outcomes have implications to this project. The nurses in this study identified multiple topics related to management skills as a high priority. Further, the authors determined that night shift nurses had different learning needs than nurses on

other shifts. Glass and Todd-Atkinson (1999) determined that this was a result of the types of occurrences that occur at night versus day as well as the simple concept of timing of in-services. When contemplating a needs assessment, Beck, Ortigara, Mercer, and Shue (1999) remind us it is important to consider the organization's framework. The factors they propose to consider are organizing arrangements, social factors, physical setting and technology.

Program Planning & Implementation

In the research articles selected for this review, it was noted that, little attention was paid to the writing of instructional objectives, yet this is the very core of how content is determined, which learning strategies are selected, how learning will be measured and ultimately if the program met the intentions it was designed for. The Caring Curriculum (Bevis & Watson, 1989) components of modeling, dialogue & practice were used in the process of curriculum planning and implementation of the unit of instruction.

Much of the literature selected for this review was linked to the provision of in-services and training programs for staff working in a long-term care environment.

Most of the education programs reviewed utilized dialogue between instructor and student in some form.

Alspach (1995) provides excellent guidance in the writing of instructional objectives. Examples are provided on writing objectives for the cognitive, affective and psychomotor domain. Further guidance is given on developing content, conditions and criterion for each objective. Once the objectives are determined, sequencing of instruction and determining instructional time are decided. Determining the amount of time to allocate for instruction can be difficult to determine. Alspach (1995) recommends allocating more time to objectives that are of higher priority, more complex and have the greater amount of prerequisite content.

Table 1 shows examples of various training programs from this literature review and the time allocated for each. The designs and findings in these studies were meaningful as comparisons for this project.

Table 1

Examples of time allocations per training program

Reference	Training/Audience	Time Allocated
Blackford & Street (1999)	Problem-based learning/ Nurses	1 Full day workshop 2- ½ day workshops
Cohn, Horgas, & Marsiske (1990)	Behavior Management Training/ Nurse Aides	5- 1 ½ hour sessions at 1 month intervals
Di Maria (1996)	Techniques for caring for residents with dementia/Nursing Assistants	12 hours
Loveday (2001)	Cascade training for dementia care/Nurses	2 Modules, each 5 days long
Phillips (1997)	Teaching psychological care/ Nursing assistants	10 working days
Schonfeld et al. (1999)	Training program for long term care staff working with memory impaired	16 hours

Table 1 Continued

Examples of time allocations per training program

Shanley, McDowell, & Wynne (1998)	Charge nurses caring for people with dementia	4 days of teaching 1 consolidation day 1 month later
Stevens et al. (1998)	Behavior management/ Nursing assistants	5 hour in-service plus on-the-job training
Stolley, Buckwalter, & Shannon (1991)	Recommendations on training/ Nursing assistants and Nurses	Nurses: 12 hours specific to AD; yearly renewable Nursing Assistants: 6-8 week curriculum, minimum 6 hours Yearly 6 hours

The determination of appropriate teaching strategies is the next component of program planning. This is where the component of "practice" as part of Bevis and Watson's (1989) Caring Curriculum comes into play. Many articles reviewed offered a variety of strategies for use in long-term care and special care units. An additional literature search on content only related to dementia care training

was completed and reviewed but due to volume, only selected references were included in this literature review.

The following learning strategies were reviewed in this literature review: self-directed learning modules, case study/group discussion, on-the-job training and reflection. These were selected because they are applicable for use with cognitive, affective and psychomotor domains, have a high amount of learner involvement and can be adapted to various learning environments and time allocations. These are all points that meet the parameters for implementation in a multiple facility long term care organization.

Review of these strategies includes discussion on relevance to selected content areas in the dementia educational curriculum. Keeping in mind the Caring Curriculum proposed by Bevis and Watson (1989), the framework of modeling, dialogue, practice and confirmation are discussed as applicable to the selected learning strategies. The content and teaching strategies presented here are not inclusive of what will be included in the future development of the education curriculum.

Self-Directed Learning

Self-directed learning has become an increasingly popular teaching strategy in staff development. In a literature review on the use of self-directed learning modules conducted by Herrick, Jenkins, and Carlson (1998), it is evident that this learning strategy becomes more useful as the healthcare system becomes more complex, medical knowledge expands and nurses become more self-directed. They go on to define self-directed learning as a self-contained learning experience that includes well-defined objectives, pre and posttests, directions, and materials for achieving the objectives. Herrick et al. (1998) also states that this method can be used independently by the learner or with group settings and eliminates many time constraints.

O'Very (1999) emphasizes that individuals who routinely present selected topics in lecture format should be the experts who write the modules. Self-directed learning is in line with Knowles' concepts of adult learning as described by Avillion and Abruzzese (1996) and Lance, Clavell, Fischer, Link, and O'Dell (1998) state that the primary advantage of self-directed learning is that control of the learning process is given to the learner.

O'Very (1999) warns of considering self-directed as the answer to all in-servicing dilemmas. Self-directed learning does not meet the learning styles and needs of all learners. Personal experience has demonstrated to me that this is true; however, this type of learning strategy is useful for some licensed nurses working in long-term care. Given the limited budgets for training time and limited number of staff to provide coverage, this is an effective strategy for delivering information and assessing content knowledge for many nurses.

Self-directed learning can be especially useful when paired with an additional learning strategy such as case study and group discussion. Having students complete a self-directed module and then participate in a group discussion is an example of where the Caring Curriculum components of modeling, dialogue and practice can be realized.

Case Study and Group Discussion

Case studies and group discussion can provide a rich, in-depth learning experience. This is an excellent strategy to engage in dialogue about an experience with caring for a resident with dementia. It allows students an opportunity to solve problems and find support. It can also promote

teamwork and give staff an opportunity to experience others perspectives.

Conyers and Ritchie (2001) state that the use of case studies can provide a virtual equivalent in a controlled and less threatening context, which may facilitate bridging the gulf between clinical theory and clinical practice. Case studies and group discussion can add depth and reinforcement to quantitative research findings (Ersek, Kraybill, and Hansberry, 1999). Research also supports that learners like case studies and group discussion.

Gibbon (1998) reports that students reported increased satisfaction with learning by working in small groups and with one facilitator. Davis, Kvern, Donen, Andrews, and Nixon (2000, p.167) report in their research that small groups as an educational intervention is "popular with consumers and providers alike, and has been shown to be an effective education activity by satisfaction indices in post-workshop evaluations".

Opportunities for practicing, problem solving and discussing appropriate interventions are common themes described in the literature by Blackford and Street (1999), Conyers and Ritchie (2001), Kolanowski and Whall (2000), and Phillips and Baldwin (1997).

Some of the challenges posed by utilizing case studies are time commitment and development of effective learning measurements. As stated earlier, the amount of time required for case studies and group discussions can be limiting for use in the long-term care environment. One solution is to have learners read through the case study prior to attending the discussion session. Personal experience has also shown that using examples of real residents can also lend itself to the benefits of case study discussion and reduce the amount of time in preparation.

Measuring learning and critical thinking is important to the evaluation process of the case study (Magnussen, 2001). Conyers and Ritchie (2001) determined that using an in-class test and interactive feedback with nursing classes are effective measurements of learning outcomes.

When constructing the curriculum plan for this project, it was evident that the modeling and practice components of the Caring Curriculum (Bevis and Watson, 1989) could be realized through the use of case studies. Kolanowski and Whall (2000) and Kovach (1997) further support the idea of applying case studies and group discussion as an effective method in dementia educational programming.

On-the-Job Training

On-the-job training is a highly useful and important teaching strategy in nursing. Classroom simulations and lecture discussions have an appropriate place in curriculum development, but the sights, sounds, smells and tactile experiences of actually working with patients in a care environment is difficult to reproduce. In addition to providing meaningful experiences, it is also a way for educators and supervisors to verify that knowledge learned by the student is making its way into their practice.

On-the-job training can often be part of a manager's strategy to ensure competent practice is occurring. The modeling, dialogue and practice components of the Caring Curriculum are highly evident in this strategy. This is also an important strategy in ensuring new knowledge and skill becomes a permanent change in a nurse's practice.

A study done by Stevens et al. (1998) demonstrated that improvements were found in resident continence status after nursing assistants were trained in prompted voiding schedules, however, these improvements were not maintained at the 6 week follow up review. Cohen-Mansfield, Werner, Cuplepper, and Barkley (1997) found that nurses and nursing assistants trained using lecture and handouts on managing

wandering in residents with dementia demonstrated an increase in knowledge over time but no impact on quality of care. Lintern et al. (2000) further demonstrated that while long term care staff attitude and behavior were evident after an initial training phase, it was only after on-the job-training and supervision for two- six month periods that improvements in resident well-being could be demonstrated. Their findings suggest that on-the-job training and follow up supervision are crucial to ensuring knowledge transfer.

An additional reference in the literature supports that bringing a person in as a knowledge expert closer to the bedside improves staff performance and quality of care. Loveday's (2001) work with training nurses in a long-term care setting to become trainers for other staff in the facility demonstrated that having content experts working in the facility gained more positive responses from staff. The greatest limitation with this strategy is having enough, well-educated staff and supervisors to provide on-the-job training and follow up supervision.

One of the benefits that a multiple chain long-term care company brings to an individual facility is that of corporate resources and staff to assist with keeping the professional staff in the facility trained and able to

provide this supervision and direction. This is especially important due to the higher amount of turnover in care giving staff in long term care.

Reflection

The use of reflection as a teaching strategy is becoming more popular in the literature. In a review of different models of reflection and clinical supervision, Kitchen (1999) explores various models of reflection including structured, hierarchical and cyclical.

The models have in common the use of guided questions and keeping a diary. Kitchen (1999, p.313) proposes that a third important element is that of supervision. She states that "the whole point of reflection is to learn from previous experiences and this is very difficult or impossible without a supervisor whom the practitioner trusts and can confide in".

Mott (2000) explores reflective practice as an important element in developing professional expertise in the workplace. Helping licensed nurses develop an ability to fit reflection into their daily practice is an important strategy not only to their own practice, but also as they are learning to become better supervisors. As an educator, the use of reflective diaries and reflective group discussions fits into the fourth component of the caring

curriculum, confirmation. This is where the educator and the student can realize if learning occurred in a caring environment.

Evaluation

The evaluation process in educational development is the time and place where successes and failures are realized and the true impact of the program is discovered. Evaluation of the impact that this curriculum plan has on improving care and job satisfaction of staff are important to my employer.

Evaluations can be simple or complex depending on what is being evaluated. Ottoson (2000) discusses evaluation in the context of continuing professional education which fits with the focus of this project. Ottoson (2000) emphasizes the importance of accounting for the learning theory used in the evaluation process.

Abruzzese (1996), in her own model, looks at the components of process, outcome, content and impact and then applies them to the continuum of time, cost and frequency. She proposes that all components of an educational program do not require the same level or intensity of evaluation.

Abruzzesse's (1996) model was appropriate for use with the curriculum plan in this project. A literature review of program evaluations with dementia related training in the

long-term care setting usually only focused on a few components of the evaluative process.

Some of the strategies used to gather data for evaluation include questionnaires done immediately after the training and at designated times after the training (Schonfeld et al., 1999, Cohen-Mansfield et al., 1997 and Lance et al., 1998), written quizzes or tests administered before and after the training (Schonfeld et al., 1999 and Lance et al., 1998), behavioral observations done by the educators (Cohen-Mansfield et al., 1997), evaluation of strengths and weaknesses of an educational approach (Conyers and Ritchie, 2001), and summary evaluations by the educators involved with the program (Shanley, McDowell and Wynne, 1998).

These findings were beneficial when conducting the overall evaluation of this project. An evaluation of the entire curriculum will be done at a later date utilizing the process described by Abruzzese (1996) and Ottoson (2000). Future evaluation will include a summary evaluation of how the Caring Curriculum was realized throughout the entire curriculum, instructor evaluation of curriculum strengths and weaknesses and a summary of the unit evaluations and learning measures from each unit. Each of the units may have varying evaluation methods. For the

purpose of evaluating the unit implemented and reported in this project, the following methods were utilized: a summary evaluation of how the theory of the Caring Curriculum was realized throughout the unit, results of a unit evaluation that were completed by the learners, and a summary of learning measure outcomes and overall strengths and weaknesses.

Summary

In summary, much was gained from this literature review that assisted with the constructing of an educational curriculum plan for licensed nurses working on a dementia special care unit. The guiding theory of a Caring Curriculum proposed by Bevis and Watson (1989) provided structure to the process of program planning in staff development. The four components of this theory, modeling, dialogue, practice and confirmation were important when conducting the needs assessment, selecting the program plan and when implementing the program and evaluation.

Some effective learning strategies for use in the long-term care environment are self-directed learning modules, case study, group discussion, on-the-job training, and reflection. These learning strategies meet the needs of the adult learner and can be adapted to meet the challenges

and limitations of time, cost and availability of content experts. Evaluating the effectiveness of applying this curriculum across multiple facilities will be a long term process that will be reported on at a later date.

Chapter III

Methodology

Following is an outline of the three points of this project and the plan for reporting information on each of the points.

I. Parameters of a multiple facility implementation plan.

   a. A description of the parameters is provided.

II. Design a curriculum plan for licensed nursing staff working on a special care unit in a long term care facility. The curriculum plan design is guided by Bevis and Watson's (1989) Caring Curriculum.

   a. A complete description of the needs assessment and curriculum plan, implementation and evaluation are provided.

   b. The teaching plan for the curriculum plan is provided.

III. Select one unit of the curriculum, implement and evaluate.

   a. Unit objectives, teaching materials, strategies,

measurement tools and evaluation of methods and findings is provided.

Parameters of a Multiple Facility Implementation Plan

Personal experience and discussions with other clinicians, in roles similar to mine, working for similar types of corporations, provided the information for the parameters necessary for a multiple facility implementation plan.

The most important components to a successful, company wide implementation are communication between corporate staff and the facility management team, identification of committed staff member(s) to monitor implementation on a daily basis and supportive facility managers who understand the new program and encourage staff participation.

Additionally, the units in the curriculum plan were developed to allow for teaching strategies that can be flexible and adaptable to facility needs without compromising the objectives and measures to determine if learning occurred. Prior to implementation, facility managers should be provided an outline and expectation of time commitment and any necessary resources required to conduct the units. Consistent evaluation tools should be applied to each facility to obtain information for comparative and quality improvement purposes.

Course instructors will be selected based on previous experience and position as educator for the long-term care facility. Licensed nurses working in these long-term care facilities are generally required to participate in educational programs provided by the organization. Exceptions to participation may be made by the administrator and director of nursing on an individual basis in each facility.

Curriculum Plan Design

As a review, the theory that guided the design of the curriculum plan was Bevis and Watson's (1989) Caring Curriculum. In each of the units, the theory components of modeling, dialogue, practice and confirmation are visible. Bevis and Watson (1989) emphasized that developing a curriculum designed with caring for the student in mind conveys and encourages caring to be carried out through the student to the patient. The principles of adult learning theory were applied to the selected teaching strategies in the unit of instruction. Alspach's (1995) instructional design components are used to outline the curriculum plan. These components are needs assessment, program planning, implementation and evaluation.

Design

I. Needs Assessment

A. Sources

1. Primary

a. Interviews with licensed staff and operators.

b. Job descriptions: the job description for a licensed nurse in this corporation includes language that speaks to the

provision of nursing care to all residents residing in the facility. It does not specifically speak to the type of care required for residents living in special care units.

c. Existing protocols and procedures: the organization has some preliminary protocols and procedures mainly pieced together from other providers.

2. Secondary

a. Literature review: literature supports the need for specialized training for staff caring for residents with dementia.

b. Corporate leadership: the executives of this organization identified the need for further training for staff caring for residents with dementia. Members of the executive team include nurses and nursing home administrators.

B. Target audience

1. The target audience for this curriculum is the licensed nurse working within a special care unit in a long-term care facility. Licensed staff includes any nurse that has passed a state board exam as a registered nurse or a licensed practical nurse.

C. Educational resources

1. Media

a. Handouts, books, articles, posters, and videos

b. Internet resources

2. Facilities

a. The unit selected to implement for this project was conducted in a training room at the organization's main office.

b. Additional units of the curriculum will be taught at the long-term care facility where the learner works. Some units may be conducted at an off-site location such as a hotel or at the corporate office. All of the long- term care

facilities have some type of meeting room to utilize. Some have tables and chairs, some just chairs. Many times this space is used by different groups within the facility. Request for use of room will be done in advance, tables and chairs will be requested, all facilities have a TV/VCR to utilize for training purposes. Learners will be informed of the location.

3. Budget

   a. A budget review will be conducted with the facility administrative team prior to implementation of the curriculum. Information will be reviewed including estimated cost and time for completion of the program.

   b. Licensed nurse attendance at the training will be paid by the corporation when units are conducted at the facility. A

minimum amount of learning material may be required to review outside of work time. This time will not be reimbursed to the learner unless completed during work time and approved by the Director of Nursing in the long term care facility. Additional cost will occur for the facility to have staff available to cover for the nurses attending the training.

c. Instructor's time, mileage and hotel expense.

d. Supplies, refreshments, written materials to leave in facility, video tapes

D. Data collection

1. Learner needs

a. Learners have a need to learn about providing dementia care within the context of the environment in which they work.

b. Learners have a need to be supported by management staff.

c. Learners need to have the opportunity to learn by instructors "modeling" actions, through "dialogue" with the instructor and other learners, the ability to "practice" what they have learned and an opportunity to have their learning "confirmed" by the instructor.

2. Organizational needs:

a. The organization identified a need to provide improved dementia care to residents.

b. The organization identified a need for a standardized program to gain efficiencies and improve service.

c. The organization identified a need to develop a program to assist in marketing and distinction in the community where the facilities exist.

E. Analysis of actual vs. perceived needs

1. Actual needs

a. A learning needs assessment was conducted with the participants prior to the instruction of Unit One.

b. Further actual specific learner needs will be assessed prior to the beginning of the course. Due to the large number of nurses and high frequency of staff turnover, conducting the individual assessment at the start of the course will provide better information to the instructor. Information obtained from the learning needs assessment will be used by the instructor to assist in understanding the learner's needs and to adapt learning material as appropriate.

c. Actual needs of the organization are a standardized dementia

program that can be applied in multiple facilities.

d. Actual facility needs are met. In the state of Florida, long-term care providers are required to provide licensed nurses a minimum of three hours of training related to the care of residents with Alzheimer's and dementia upon hire.

2. Perceived needs

a. I have had the opportunity to have many conversations with licensed nurses working in long term care facilities as well as witness many staff to resident interactions. It is my observation that many nurses and staff would benefit from further education and training about caring for residents with dementia. It is my perception that licensed nurses would benefit from further opportunities to learn more information, practice what

they have learned and receive feedback on the care they provide.

F. Prioritize learning needs

1. Learning needs are prioritized based on information gathered through the needs assessment and literature review. For this project, the learning needs assessment was given to the learners prior to the unit of instruction (see Appendix A). This information was reviewed by the instructor prior to teaching the first unit. Information obtained from the learning needs assessment provided the instructor with more knowledge about the learner audience and assisted in addressing identified needs. Alspach (1995) describes principles for sequencing instruction. Examples are general to specific, concrete to abstract, simple to complex, facts to principles and principles to applications.
2. Schonfeld et.al (1999) and Kovach (1997) provide examples for content with some guidance on prioritization.

3. Bevis and Watson (1989) provided a guide to prioritizing in the Caring Curriculum. Learning needs that could be demonstrated through modeling behavior were first, this then provided the opportunity for dialogue to occur between the instructor and learner, based on what was observed. The learner then had an opportunity to put into practice what was learned and the instructor then provided feedback and confirmation of learning to the student.

G. Develop curriculum plan

1. Curriculum Objectives (see Appendix B).

a. Integrate dementia care principles into resident care.

i. Domain: Cognitive

ii. Cognitive Level: Synthesis

b. Initiate supportive care interventions with residents, staff and family.

i. Domain: Affective

ii. Affective Level: Valuing

c. Modify interventions and interactions with staff, resident

and family as progression of dementia occurs.

i. Domain: Psychomotor

ii. Psychomotor Level: Origination

2. Curriculum Units and Estimated Time

Wording of topics for units were referenced from Kovach (1997) and Schonfeld et.al (1999). Time for each unit is estimated based on previous experience, review of literature and review of other dementia related programming. Times listed are all approximate.

a. Philosophy of supportive dementia care: 1 ½ hours

b. Dementia progression: 1 hour

c. Communication: 1 hour

d. Understanding and managing behavior: 1 ½ hours

e. Creating a supportive environment: 1 hour

f. Activity programs: 1 ½ hours

g. Physical assessment and care: 1 hour

h. Resident and family support & education: 1 hour

i. Staff support and education / ethical issues: 1 hour

3. Preparing Instructors

a. Designated educators will attend a train-the-trainer session to prepare them to teach the curriculum. Educators will be selected based on previous experience and current job description as an educator for the long term care facilities. During this training, educators will receive instruction on how to teach the material to achieve the objectives.

4. Learning Strategies

a. Learning strategies selected and implemented for the first unit of instruction were a pre-test, lecture, case study discussion and reflective questions.

b. Learning strategies identified for each of the additional units will include primary strategies and some of the units will include alternative strategies. Having an alternative strategy will provide flexibility when applying the units across multiple facilities. This ensures that the learning objectives and learning measurements provide similar information for evaluation purposes. Units requiring elements of return demonstration to measure learning will not have alternative learning strategies.

5. Measuring Learning for the Selected Unit of Instruction

a. The cognitive domain objectives were measured by answers and discussion of the pre-test. The pre-test contained 3 questions that address the cognitive domain. Pre-test scores were tabulated and

are presented in Chapter IV. Test questions were reviewed and discussed as a group. Responses were included in the summary evaluation (see Appendix C for the pre-test).

b. The affective domain objective was measured by a review of responses to reflective questions by the learners. Questions were provided to the learners to reflect on. Comments to reflective questions were reviewed for common themes and results are included in Chapter IV (see Appendix D for reflective questions). The affective domain objective was also measured by one pre-test question that addressed the affective domain. Pre-test scores were tabulated. Test questions as well as a case study discussion were reviewed and discussed as a group (see Appendix E for case

study and discussion questions). Responses were included in the summary evaluation.

c. Learning measures for the additional curriculum units will be developed in the future. Cognitive, affective and psychomotor domains will be addressed with appropriate learning measures. The psychomotor domain objective will be measured by return demonstration of new skills, where identified in the unit. There are no psychomotor objectives to measure in Unit 1.

6. Evaluation

a. The evaluation of this curriculum was conducted by this project coordinator/researcher. No individual participant or long-term care facility was identified or named in the results. The evaluation consists of a narrative

summary and the following components:

i. The overall curriculum evaluation will include a description of how components of the Caring Curriculum helped shape and guide the curriculum. For the purposes of this project, the evaluation includes how the Caring Curriculum was utilized in Unit 1.

ii. Instructors will be evaluated to determine how teaching sessions are conducted to achieve objectives. As the director of this project, I will attend 1 to 2 units conducted by each instructor to observe teaching methods, interaction with learners and outcomes of measures of learning. For the purposes of reporting on Unit 1 for this

project, this component of the evaluation was not included.

iii. A unit evaluation was given to the learners at the end of the unit. This evaluation asked the learner to rate how individual learning needs were met and how effective the instructor was in meeting those needs (see Appendix G for the unit evaluation). A unit evaluation will be a part of each unit of the curriculum.

iv. The overall curriculum evaluation will include a summary of learning measures used in each unit and results of learning measures and how the outcomes met the unit objectives. For this project, Unit 1, there were three learning measures. The first

measure is a summary of the pre-test scores. The second measure is a descriptive summary of learner responses to discussion of the case study questions and answers. The third measure includes a review of responses to reflective questions and a summary of common themes identified when reviewing the comments. Strengths and weaknesses of the unit were identified and reviewed as part of the evaluation.

v. The overall curriculum evaluation will address strengths & weaknesses identified in each of the units. Information for this portion of the evaluation will be obtained from the learner evaluations of each unit, discussion among

instructors and observations by the project coordinator. Strengths and weaknesses of the teaching strategies, learning measures and evaluation methods will be reviewed. Quarterly meetings with instructors are held by this corporation. A routine agenda item will be added to discuss any issues or problems with the units in the curriculum. Any issues that will affect the ability to achieve the objectives of the curriculum or units will be addressed at the time and adjusted accordingly. All instructors will be informed of any changes and provided changed written material as necessary. Initial teaching material and any adapted

material will be maintained by the project coordinator.

Selected Unit of Curriculum

The unit selected from the curriculum is the first unit "Philosophy of Supportive Dementia Care". The unit objectives, teaching strategies and measurement tools are described here. Each unit in the curriculum will be designed within the framework of the Caring Curriculum. Modeling, dialogue, practice and confirmation of learning will be the common thread throughout each unit. The result of the training and evaluation of this first unit are described in Chapter IV.

Licensed nurses working in facilities managed by this organization were asked to volunteer for participation in this first unit of instruction. Volunteers were asked to sign an informed consent prior to participation. Refer to Appendix G for the informed consent.

Philosophy of Supportive Dementia Care

Upon completion of this unit, the learner will:

1. Define supportive dementia care.
2. Discuss the benefits of supportive dementia care vs. routine care for a resident with dementia.
3. Apply supportive care principles to resident care situations.

4. Identify a situation where applying supportive care principles may be difficult for clinical staff.

The performance domains of the objectives are listed here, the numbers correspond with the objectives described above.

1. Cognitive domain: Knowledge level
2. Cognitive domain: Comprehension level
3. Cognitive domain: Application level
4. Affective domain: Attending level

Teaching Strategies

A learning needs assessment was provided at the start of the course. It was designed to help the instructor understand the education and experience level of the learners as it relates to dementia care knowledge and experience.

A pre-test was given to the learners and turned into the instructor (see Appendix C for the pre-test).

The next teaching strategy for this unit was the introduction of the reflective questions. Reflective questions, specific to the first unit, were given to the learners with an explanation of how to complete. Responses to the questions were reviewed by the instructor. The use of reflective journaling will be

used across all units (see Appendix D for reflective questions for unit one).

A short lecture time, with supporting handouts was utilized to introduce the philosophy of supportive dementia care. The instructor then introduced the group discussion session by first reviewing a case study with the group (see Appendix E for the case study and discussion questions). Then the instructor asked the learners to pair into groups. A question based on the case study was provided to each group with directions to read the question as a group and prepare a response. The initial plan was for the instructor to read a question first and "model" for the students how to think about the question and develop a response. However, based on responses from the learning needs assessment and discussion of the pre-test questions, it was determined by the instructor that "modeling" had already occurred that the learners were able to read and respond to the questions without additional demonstration by the instructor. The group then presented their questions and responses to the rest of the group. Learners were given the opportunity to "dialogue" with the instructor and other students about the case study

questions. This also allowed them time to "practice" their response and to learn from other students responses.

The session concluded with time for the learners to respond to the reflective questions and to answer any questions. During this time, the instructor had time to review questions individually with the learners and "confirm" that learning occurred.

The design of this unit design allows for an alternate teaching strategy for the instructor to apply, if the primary teaching strategies were not adaptable to the needs of the nurses at a particular facility. The alternative teaching strategy in this unit would be the utilization of the case study as a self-learning module. An additional written component will need to be added to the case study to "model" how to think about the question and develop a response. Learners would be asked to read the case study and complete some of the questions prior to attending an abbreviated discussion on the case study and didactic presentation on the philosophy of supportive dementia care. During the discussion, the learners would have the opportunity to "dialogue" and "practice" what they

learned and receive "confirmation" of learning from the instructor.

Measuring Learning

Learning was measured for each objective as described below.

1. Define supportive dementia care.
    a. Measured by pre-test question #1, #2 and #3.
    b. Measured by responses in case study discussions.
2. Discuss the benefits of supportive care vs. routine care in a resident with dementia.
    a. Measured by responses to questions posed in group discussion.
3. Apply supportive care principles to resident care situations.
    a. Measured by answer to pre-test question #4.
    b. Measured by responses in group discussion.
4. Identify a situation where applying supportive care principles may be difficult for clinical staff.
    a. Measured by responses in group discussion
    b. Measured by review of responses to reflective questions regarding responding to and applying supportive care principles.

Evaluation

A brief evaluation was provided to the learners at the end of the session. Questions were asked regarding the lesson, learning environment, ability of instructor to incorporate the components of the Caring Curriculum into the unit and interactions with the staff. These responses are included in a narrative summary evaluation of the unit.

The narrative summary also includes how the Caring Curriculum was utilized in Unit 1. A summary of the learning measures and outcomes are a part of this evaluation. The learning measures include pre-test scores & discussion of test questions, case study discussion and responses to reflective questions. The summary evaluation concludes with a description of strengths and weaknesses identified when teaching this unit and the plan to correct identified weaknesses.

Chapter IV

Findings of the Study

The unit of instruction entitled, "Philosophy of Supportive Dementia Care", was conducted in January, 2003. An information sheet describing the project was sent out to all 55 of the long-term care facilities managed by this organization. The information sheet explained that licensed nurses were being sought to participate in a unit of instruction about the philosophy of supportive dementia care. Potential participants were informed, via the letter, of the intent of the study and of the instructor's role as a researcher as well as a fellow employee. Interested participants were invited to call for further information. The instructor reviewed the research process over the phone with potential participants. No participant objected to being a part of the project and the first 15 responders were included in the project. A total of 21 calls were received by the instructor. After the 15th participant was obtained, further callers were informed that the project was filled, and thanked for their interest.

The day of the training, 11 out of the 15 volunteers arrived for the unit of instruction. Of the four that did not come, 2 called to inform the instructor that they had work situations that would not allow them to attend that

day. The other 2 participants did not contact the instructor. Participants were welcomed by the instructor and voluntary participation in the unit of instruction was again reviewed with the participants. Participants were asked to read and sign an informed consent form. All 11 participants completed the informed consent.

An overview of the training to be conducted that day was reviewed with the participants. Participants were then asked to complete a learning needs assessment. The learning needs assessment consisted of five questions. Responses were reviewed by the instructor while the participants completed the pre-test. Reviewing this information was helpful in understanding the learner's previous experience, comfort level and knowledge about dementia care. The first component of the Caring Curriculum theory is seen in this process. Obtaining knowledge of the learners past experiences assists the instructor in understanding how to model information being delivered to the learner.

Only one out of the eleven participants responded that she had never attended any previous education and/or training on caring for residents with Alzheimer's and/or dementia, but had years of experience. This participant also responded that her comfort level with assessing the clinical needs of a resident with Alzheimer's and/or

dementia was a "5" on a scale of "0 to 5" with "0" being not comfortable at all, "3" being moderately comfortable and "5" being very comfortable. The average participant response in rating a comfort level was 3.6.

The next question asked participants how long ago they received training. Participant responses ranged from six months to 15 years with a mean of 4 years.

Participants were then given the pre-test and allowed time to answer the questions. The answers to the pre-test questions were reviewed and discussed as a group. Table 2 demonstrates the results and response to the pre-test. Refer to Appendix C for the pre-test questions.

Table 2

Pre-test results and responses

Question	# of learners that answered correctly	# of learners that answered incorrectly	Discussion/ Comments
1 Correct answer: "False"	9	2	"should be the same, but we know it is not"; "in a perfect world"
2 Correct answer: "C"	10	1	No discussion/ comments

Table 2 Continued

Pre-test results and responses

Question	# of learners that answered correctly	# of learners that answered incorrectly	Discussion/ Comments
3 Correct answer: "True"	11	0	"important to remember that some people with dementia can still participate in decision making"
4 Correct answer: "C"	10	1	"hard to get staff to understand this concept"; "they (staff) just worry about getting their work done"

Discussion of the pre-test questions and answers allowed the instructor and learners to "dialogue" about the concepts of supportive dementia care. The process of dialogue in the Caring Curriculum allowed the instructor to further model and tailor discussion and to hear how the learner was processing that information. The instructor had the opportunity to engage in active listening and exchange of ideas which clarified information for the learner.

After the pre-test and discussion were completed, the instructor proceeded with the lecture component of the unit. Learners were provided handouts and information to

follow along. The principles of supportive dementia care were defined and the instructor shared a story told by Lucero (1994) that models how a person with dementia may perceive others and the importance of flexibility on the part of the caregiver. The story generated very positive responses from the learners such as "Can I share this with my fellow co-workers?" and "It is such an accurate description". The instructor was able to confirm that the lesson of the story was transferred to the learners based on their responses.

Creating an environment for a learner to practice what they are learning is an important aspect of the Caring Curriculum. Based on that, information was provided to the learners during the lecture portion that was designed to allow learners to access it throughout the rest of the unit.

After the lecture portion of the unit, the case study and discussion questions were introduced. The case study was designed to allow the learners to review information they learned thus far and to apply it to a resident care situation. The initial plan by the instructor was to demonstrate, or "model", how to approach the first question and develop a response, but it was determined that the necessary "modeling" of how to approach the question had

already occurred through the group discussions and responses from learners thus far. In addition, it was felt by this instructor that the prior knowledge of the learners added an additional reference for them to draw from. Therefore, the decision was made to divide the learners into three groups instead of the original plan of two. This allowed each group to have one question to review and develop a response.

Through the process of reading and responding to the case study and discussion questions, the learners dialogued with each other and the instructor was able to dialogue with the individual groups as they worked through the questions. Learners had practice applying what they learned to the case study and further discussions were observed and heard between learners about current residents with dementia that they are caring for in their long-term care facilities and how the principles of supportive dementia care apply to them. Learner's responses to the questions are outlined in Table 3.

Table 3

Responses to case study discussion questions

1. What do you know about Mr. Diaz that would help you develop supportive interventions & goals for him? What else would be helpful for you to know about him?	2. What are the potential benefits to providing supportive care vs. routine care to Mr. Diaz? What are the challenges to providing supportive care vs. routine care?	3. Describe how applying a philosophy of supportive care will affect your work as a staff member and how it may affect other residents. What types of interventions will you try?
"I know he has worked hard and has had a routine that is important to him"	"Going with his routine—letting him stay up at night—will probably help him be less agitated"	" I think the nursing assistants will have to remember what his routine is---it is probably easier in a special care unit versus being out on the regular floor"
"He worked nights---that will mess up his day if we try to get him to sleep only at night"	"If he has meaningful activities to do and feels like he is helping out---he might feel more like eating"	"If he is up all night, it could be disturbing to the other residents and they might disturb him during the day when he is trying to sleep"
"He always lived by himself and now he has to live with a lot of other people and staff—privacy might be really important to him—it would be good to know more about that"	"Maybe he'll sleep better if he can sleep in the day and then stay up at night (benefit)—it will be important to pick the right roommate for him and keep his room dark when he is sleeping"(intervention)	"Could try making him a sandwich to take to 'work' with him"

Table 3 Continued

Responses to case study discussion questions

1. What do you know about Mr. Diaz that would help you develop supportive interventions & goals for him? What else would be helpful for you to know about him?	2. What are the potential benefits to providing supportive care vs. routine care to Mr. Diaz? What are the challenges to providing supportive care vs. routine care?	3. Describe how applying a philosophy of supportive care will affect your work as a staff member and how it may affect other residents. What types of interventions will you try?
"He is not eating because he is agitated—that is probably why he is losing weight—but it would be good to know if he has been seen by the doctor lately"	"He might like a routine, just not our routine"	"Give him some projects to help with—fixing the door or a chair---have to be supervised if you give him any tools."
"Who is important in his life?"	"Challenges are changing the staff mindset about routines that are for the patient and not for them"	"Easier said than done---especially changing the attitudes with all staff—I think it will take a while"
"Would be helpful to know more details about his routine. How much of his Mexican culture is still important to him? He has been in the US since he was 10—so he may not have a lot of traditional "Mexican cultures"	"Challenges are staff attitude, understanding about dementia and education"	"Maybe find out if his friend would like to come in the evening and spend time with him—I guess it would be up to her if that fit's in her schedule"

Table 3 Continued

Responses to case study discussion questions

1. What do you know about Mr. Diaz that would help you develop supportive interventions & goals for him? What else would be helpful for you to know about him?	2. What are the potential benefits to providing supportive care vs. routine care to Mr. Diaz? What are the challenges to providing supportive care vs. routine care?	3. Describe how applying a philosophy of supportive care will affect your work as a staff member and how it may affect other residents. What types of interventions will you try?
		"Monitor food and fluid intake---offer choices and make sure he has food available to him at night---he might like sitting at the nurses station or helping to fold blankets" "Ask maintenance man if he can 'shadow' him and spend some time with him"

The fourth component of the Caring Curriculum is confirmation of learning. In this unit of instruction, confirmation of learning by the instructor was done throughout the unit utilizing different teaching strategies. The case study and discussion question process allowed for confirmation of learning by hearing how the learners applied information from the unit of instruction to the case study discussion questions. Further

confirmation of learning occurred when learners were able to apply this information to real life situations.

After completing the case study discussion, the learners were given time to respond to the reflective questions. Learners were given information by the instructor on the benefit of reflective questions and how the process of reflection can enhance transfer of knowledge (Kitchen, 1999). Learners were given the opportunity to ask and receive answers to their questions.

The first question was "How closely does the philosophy of supportive care match your own personal beliefs about caring as a nurse?" Responses indicated that the philosophy of supportive care is in line with their own personal beliefs, but that sometimes it is difficult to put that into action. Following are some of the responses to this question.

"Very closely. I have always strived to treat the "whole" person—not just the clinical needs, recognizing the feelings of that patient and their significant other".

"As I have grown as a nurse, I (sic) often try to adopt holistic approaches to my own as well as my resident's daily routines. I feel that the philosophy of supportive care lends itself to that as well. Common sense

has a great deal to do with it also and a gentle, laid back approach also."

"Very close, but I realize at times your best intentions do not always workout. I try to think how I would want my family to care for me."

The second reflective question was "What do you think are your greatest challenges in shifting to supportive care?" A common theme seen in responses to this question were staff education, making the "shift" or attitude change to incorporate this way of caring into daily life, and finding the time to do it all. Following is an example of learner responses to this question.

"Engaging others"

"Training the staff (nurses included) to accept and integrate this approach as well as meeting normal time constraints."

"Providing enough staff that will take the extra time to allow the resident their greatest independence".

"I feel staff tries to incorporate this in their daily care but sometimes feel the challenge of having enough time to treat the whole person!"

The third reflective question was "What are you most concerned about when working on the special care unit?" This question seemed to generate emotion in their

responses. Some of the comments were underlined with exclamation points. Following are examples.

"Can I offer enough without losing sight of why I'm here and who I'm here for. It's not just a job".

"That the residents continue to be allowed to function with dignity and be recognized as valued human beings. For as long as they live because that's exactly what I want".

"That staff, families and residents have an understanding of what we are trying to do".

"Dignity and Respect! (no matter what is going on— those areas must always be considered)"

After completion of the reflective questions, learners were asked to complete an evaluation of the unit. Responses were all marked "Agree" or "Strongly Agree" with one response marked "Neutral" regarding feeling comfortable with knowledge of supportive dementia care and how it applies to the clinical setting. Minimal comments were made on the evaluation forms. Refer to Appendix F for a sample of the unit evaluation. The instructor thanked the participants for attending and positive verbal responses were received from the learners.

A matrix was utilized to demonstrate how the theory and components of the Caring Curriculum were observed and experienced through the teaching strategies used in this

unit. The Caring Curriculum offered a consistent process for designing & implementing the teaching strategies that allowed the learner's knowledge to build and grow as the unit progressed. Transfer of knowledge was easily identified through this process. Refer to Appendix H for the matrix of the Caring Curriculum components & teaching strategies.

Further evaluation of the unit was conducted by reviewing and analyzing the results of the learning measures and how the objectives of the unit were met. The objectives of unit one, the learning measures used and the results are demonstrated in Table 4.

Table 4

Evaluation of objectives & measurement strategies for Unit 1: Philosophy of Supportive Dementia Care

Objectives	Measurement	Results
1. Define supportive dementia care *Domain: Cognitive (Knowledge)*	Pre-test question #1,#2and#3 Group discussion	#1: 82% answered correctly;9 out of 11 participants #2: 91% answered correctly;10 out of 11 participants #3: 100% answered correctly;11 out of 11 participants <u>Definition</u> Support resident routines, habits & customs by providing holistic, flexible and life affirming care *"He worked nights---that will mess up his day if we try to get him to sleep only at night"*

		"He might like a routine, just not our routine" Provide resident and family support & education *"Who is important in his life?"* Provide staff support & education *"Challenges are changing the staff mindset about routines that are for the patient and not for them"*
2. Discuss the benefits of supportive dementia care vs. routine care for a resident with dementia *Domain: Cognitive (Comprehension)*	Group discussion	Participants expressed in different ways the importance of helping Mr. Diaz maintain a sense of himself and caring for him in a way that will preserve his dignity *"Going with his routine—letting him stay up at night—will probably help him be less agitated"* *"If he has meaningful activities to do and feels like he is helping out---he might feel more like eating"*
3. Apply supportive care principles to resident care situations *Domain: Cognitive (Application)*	Answer to pre-test question #4 Group discussion	#4: 91% answered correctly; 10 out of 11 participants *"Maybe he'll sleep better if he can sleep in the day and then stay up at night --it will be important to pick the right roommate for him and keep his room dark when he is sleeping"* *"Ask facility maintenance man if he can 'shadow' him and spend some time with him"* *"Maybe find out if his friend*

		would like to come in the evening and spend time with him—I guess it would be up to her if that fit's in her schedule" *"Could try making him a sandwich to take to 'work' with him"* *"Give him some projects to help with—fixing the door or a chair---have to be supervised if you give him any tools."* *"Monitor food and fluid intake---offer choices and make sure he has food available to him at night---he might like sitting at the nurses station or helping to fold blankets"*
4. Identify a situation where applying supportive care principles may be difficult for clinical staff *Domain: Affective (Attending)*	Group discussion	*"Challenges are changing the staff mindset about routines that are for the patient and not for them"* *"Easier said than done---especially changing the attitudes with all staff—I think it will take a while"* *" I think the nursing assistants will have to remember what his routine is---it is probably easier in a special care unit versus being out on the regular floor"*
	Responses to reflective questions	*"Educating staff to think beyond the box on why change is really adapting to living."* *"Can I offer enough without losing sight of why I'm here and who I'm here for. It's not just a job."*

"That we will be able to meet the needs of the resident and be flexible with the care they need."

"Training the staff (nurses included) to accept and integrate this approach as well as meeting normal time constraints."

"Staff member attitudes of "it's easier to give meds or restrain" rather than take the time to be creative."

"Providing enough staff that will take the extra time to allow the resident the greatest independence"

"I feel staff tries to incorporate this in their daily care but sometimes feel the challenge of "having enough time" to treat the whole person!"

Overall, the results of the teaching strategies utilized demonstrate that the learners achieved the objectives. One area to analyze prior to implementing further instruction would be to evaluate making the pre-test more challenging. Overall, 91% of the learners answered all questions correctly. This could have been due to the previous knowledge that the learners brought to the group. The learning needs assessment also supported that learners had some knowledge or exposure to supportive care principles prior to coming into the course.

The major strength of the unit was how the teaching strategies complemented each other. Having a variety of teaching strategies kept the learners interested and allowed for varied group discussions. Verbal response to the story of the ship at sea was very positive and well received by the learners.

Chapter V

Summary

In summary, the overall objectives of this project and study have been met. The purpose of this project was three-fold. One, to describe the parameters required for implementation of clinical education in a company with multiple long term care facilities; two, to design a curriculum plan for licensed nursing staff that would fit within the established parameters and three, select one unit of instruction to implement and evaluate for transfer of knowledge.

The first part of the project was met by describing the parameters required and incorporating this information into the development of the curriculum plan. The curriculum plan was designed to meet these parameters and moving forward, will include teaching strategies that can be flexible and adaptable to facility needs without compromising the objectives and measures to determine if learning occurred.

The second part of the project took the most time to develop. The design of the curriculum plan focused on meeting the identified needs of the licensed nurse working in a dementia special care unit. However, during development of the curriculum plan and reviewing literature

and previously published materials, it was decided that the ultimate curriculum plan design ended up being appropriate for use within a special care unit, as well as a general care unit in a long-term care facility.

When developing the curriculum plan and the first unit of instruction, the theory of the Caring Curriculum provided guidance in the design of the learning strategies and insight into implementation. Objectives and design for each unit are similarly structured to build familiarity and comfort with the processes and information. Florida mandatory requirements for Alzheimer's training were incorporated into the curriculum plan allowing staff developers to utilize this curriculum in the future to meet and exceed the minimum state requirements.

The final part of this project was selecting, implementing and evaluating a unit of instruction. "Unit 1: The Philosophy of Supportive Dementia Care" was selected for implementation. Results of the implementation and evaluation may be found in Chapter IV of this paper. The story utilized in the first unit of instruction was first heard on a video produced by Lucero (1994). The publisher of the video was contacted to obtain permission to transcribe the story into written word for use in this training. Permission was granted in writing.

The objectives and teaching strategies in this unit were evaluated and determined to be successful in transferring knowledge to the learners. This is important, as the future design of the other units will be similar in design to the unit tested and a positive step towards successful curriculum implementation.

In looking to the future, this final project will be presented to the executive leadership of this organization for final approval prior to proceeding with the plan to further develop and implement the curriculum in the long-term care facilities. The plan for implementation outlined in Chapter III will be followed.

Implications of this project for staff development nurses will be to learn how to utilize and implement this curriculum. Staff development nurses, as well as nurse researchers may be interested in conducting further evaluations on resident care outcomes, staff satisfaction and impact on staff retention after completion of the curriculum.

Facility administrators and nursing leaders could examine ways to incorporate this type of programming into the quality improvement process and the impact it could have on improving facility performance measures. This curriculum will be shared with multiple long term care

facilities so the potential impact on resident, family and long-term care staff is very large. The Caring Curriculum was very useful as a guiding theory in the development of the curriculum.

Nursing theorists may be interested in incorporating the Caring Curriculum into other aspects of nursing education, staff education and client education opportunities. Given the scope of this project and a focus on changing behaviors, it would be interesting to incorporate change theory into the curriculum design as well.

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APPENDIX A

Learning Needs Assessment

Please complete the following. This information will be used to develop educational programs to meet your needs.

1. Describe any previous education and/or training you have received for residents with Alzheimer's and/or dementia?

   _____

   _____

2. How long ago did you receive this training? _____

3. Rate your comfort level with assessing the clinical needs of a resident with Alzheimer's and/or dementia? (0= not comfortable at all; 3= moderately comfortable; 5= very comfortable) _____

4. Describe what "supportive" dementia care means to you.

   _____

   _____

5. Describe what you feel is your greatest learning need(s), if met, would help you feel comfortable and confident in caring for a resident with Alzheimer's and/or dementia.

   _____

   _____

Curriculum Plan

Objective	Cognitive Domain	Affective Domain	Psychomotor Domain
Curriculum Objectives			
I. Integrate dementia care principles into resident care	X		
II. Initiate supportive care interventions with residents, staff and family		X	
III. Modify interventions and interactions with staff, resident and family as progression of dementia occurs			X
Unit 1 Objectives Philosophy of Supportive Dementia Care			
A. Define supportive care	X Knowledge		
B. Discuss the benefits of supportive dementia care vs. routine care for a resident with dementia	X Comprehension		
C. Apply supportive care principles to resident care situations	X Application		
D. Identify a situation where applying supportive care principles may be difficult for clinical staff		X Attending	

Unit 2 Objectives Dementia Progression	Cognitive Domain	Affective Domain	Psychomotor Domain
A. Define the different causes of dementia	X Knowledge		
B. Discuss the stages of dementia progression: early, middle and late	X Comprehension		
C. Describe behaviors and challenges associated with each stage of dementia	X Knowledge		
D. Apply supportive care principles to residents with middle and late stage dementia	X Application		
E. Relates personal experience with the resident's experience with dementia		X Organization	
Unit 3 Objectives Communication Strategies			
A. Discuss effective communication strategies for residents with dementia	X Comprehension		
B. Describe how communicating with a resident is part of providing supportive care		X Receiving	
C. Demonstrate the ability to apply communication techniques to a resident with dementia			X Mechanism
D. List 2 reasons why it is important to maintain good communication with family members of residents with dementia	X Knowledge		

Unit 4 Objectives Understanding & Managing Behaviors	Cognitive Domain	Affective Domain	Psychomotor Domain
A. Define common behaviors requiring staff intervention in residents with dementia	X Knowledge		
B. Discuss effective interventions to address behaviors in residents with dementia.	X Comprehension		
C. Demonstrate the use of effective techniques to address behaviors through role playing	X Application		X Complex Overt Response
D. Reflect on how to manage feelings and actions as a caregiver of residents with dementia		X Characterizing	
Unit 5 Objectives Creating a Supportive Environment			
A. Define components of a supportive care environment.	X Knowledge		
B. Evaluate environment alterations that have been made to this facility to care for residents with dementia.	X Analysis		
C. Modify the environment in a case study to enhance nutrition/hydration intake for a resident with dementia.	X Application		X Adaptation
D. Describe how a resident's family can assist in creating a supportive environment.	X Comprehension		

Unit 6 Objectives Activity Programming	Cognitive Domain	Affective Domain	Psychomotor Domain
A. Describe supportive care activities.	X Comprehension		
B. Utilize resources to develop a daily schedule for a resident with dementia.	X Synthesis		X Guided Response
C. Resolve a resident's behavioral problem through supportive activity interventions.	X Analysis		X Adaptation
D. Identify a situation where applying supportive care principles may be difficult for clinical staff.		X Attending	
Unit 7 Objectives Physical Assessment & Care			
A. Describe physical changes that occur in a resident with a diagnosis of dementia or other related disorder.	X Comprehension		
B. Define the basics of skin care and incontinence.	X Knowledge		
C. Describe supportive care interventions to maintain or improve mobility and reduce the risk for falls.	X Comprehension		
D. Select interventions to make bath time a pleasant experience for a resident with dementia.		X Valuing	
E. Discuss supportive interventions to make eating a safe & enjoyable experience for a resident with dementia.	X Comprehension		
F. Recognize causes of discomfort in a resident with dementia.	X Analysis	X Valuing	

Unit 8 Objectives Resident & Family Support & Education	Cognitive Domain	Affective Domain	Psychomotor Domain
A. Identify at least 4 ways you may be able to assist and support family members of residents on your unit.	X Comprehension		
B. Discuss how Bell & Troxel's Alzheimer's Disease Bill of Rights applies to the philosophy of supportive care.	X Comprehension		
C. Develop at least 2 strategies to involve family members on your unit.	X Application		X Guided Response
D. Read & record your reflections on the poem "The Beginning" by Emily Albera.		X Responding	
Unit 9 Objectives Staff Support & Education / Ethical Issues			
A. Recognize personal stress reducing strategies.		X Organization	
B. Describe ways to support fellow staff members.	X Comprehension		
C. Experience & Apply a stress reduction technique.			X Guided Response
D. Discuss common ethical conflicts that may arise when caring for a resident with dementia.	X Comprehension		

APPENDIX C

Pre-Test

Complete the following:

1. Supportive dementia care is the same as the care provided to all residents in a long term care facility.
   a. True
   b. False

2. An example of supportive care would be:
   a. Giving a bed bath
   b. Feeding a resident lunch
   c. Laying out a resident's toothbrush and guiding her in its proper use.
   d. Transferring a resident from bed to chair

3. A resident with dementia can participate in choices about his/her care and should be included in any decision making regarding care.
   a. True
   b. False

4. Breakfast is served between 7:30 and 8:30. Mrs. Horner is agitated and vocalizes displeasure when awakened by staff at 7:00 to get dressed for breakfast. She rarely eats much breakfast and usually falls asleep right before lunch.

   Select one of the following interventions:

   a. Continue to wake her at 7:00, you have too many other residents to get to breakfast by 7:30. She will get used to it eventually.

   b. After breakfast, return her to bed and allow her to nap until lunchtime.

   c. Allow her to sleep until she wakes on her own, assist her to dress and provide her with a late breakfast.

   d. None of the above

APPENDIX D

Reflective Questions

1. How closely does the philosophy of supportive care match your own personal beliefs about caring as a nurse?

2. What do you think are your greatest challenges in shifting to supportive care?

3. What are you most concerned about when working on the special care unit?

APPENDIX E

Case Study & Discussion Questions

Case Study

Mr. Diaz is a 75 year old Mexican man. He immigrated to the United States with his family when he was 10 years old. He never married and has no children. His closest relative is a cousin who moved back to Mexico 10 years ago. Mr. Diaz worked as a maintenance man at a local hospital for over 40 years. His regular shift was from 11pm—7am. He was diagnosed with Parkinson's disease 5 years ago. He lived by himself until 2 years ago when he was unable to care for himself at home. He has been living with a friend until recently when he was admitted to this facility. His friend states that he is "up all night" and is increasingly agitated and frantic stating that the "water heater needs to be fixed!" He has lost weight over the past 3 months, his friend states that he is "too busy" to eat.

Discussion Questions

1. The first principle of supportive care is to support the resident's routines, habits & customs through holistic, flexible and life-affirming care. What do you know about Mr. Diaz that would help you develop supportive interventions & goals for him? What else would helpful for you to know about him?

2. What are the potential benefits to providing supportive care vs. routine care to Mr. Diaz. What are the challenges to providing supportive care vs. routine care?

3. Mr. Diaz is up most of the night and sleeps during the day. Describe how applying a philosophy of supportive care will affect your work as a staff member and how it may affect other residents. What types of interventions will you try?

APPENDIX F

Unit Evaluation

Please complete the following evaluation and return to the instructor.

Title of Program: Philosophy of Supportive Dementia Care

Evaluation Area	Circle the number that most closely matches your response				
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Program Specific					
The program met my personal learning needs	1	2	3	4	5
I feel comfortable with my knowledge of supportive dementia care and how it applies to the clinical setting	1	2	3	4	5
I understand the benefits of supportive dementia care vs. routine care	1	2	3	4	5
I successfully applied supportive care principles to a resident care situation	1	2	3	4	5
I feel confident in my ability to identify a situation where clinical staff may have difficulty applying supportive care principles	1	2	3	4	5
Group discussion and handouts contributed to learning	1	2	3	4	5
Instructor					
The instructor was effective in helping me achieve my learning needs	1	2	3	4	5
The instructor assisted in creating a comfortable environment to learn	1	2	3	4	5
The instructor was open to comments and answered questions effectively	1	2	3	4	5
Additional Comments					

APPENDIX G

Informed Consent

Introduction

This is to inform you that your instructor for this unit, Liz Jensen, RN BSN, is conducting a project and gathering data towards completion of a Masters of Science in Nursing degree at Cardinal Stritch University in Milwaukee, WI. This project is part of a larger project to develop dementia care education and training in many long term care facilities throughout the state of Florida. You are participating in a unit of instruction that is part of this project.

Purpose & Procedure

The purpose of this research project is to teach a unit of instruction and evaluate the effectiveness of teaching strategies in assisting the learner to achieve the objectives of the unit. Fifteen (15) licensed nurses working in a long term care facility are being sought to participate in this study. By agreeing to participate in this unit of instruction, you will be identified as the "learner". As a learner, you will be asked to complete the following:

- Learning needs assessment: This tool gathers data from you to assist in developing the ongoing content for this teaching project. You will not be asked to identify yourself on this assessment.
- Pre-test: This tool consists of four questions to be completed prior to the start of the session. Pre-tests and answers will be collected. You will not be asked to identify yourself on the pre-test.
- Case study review & discussion questions: You will be asked to read a case study, discuss with fellow learners and formulate responses to the questions provided. A research assistant will record responses from the group, but you will not be individually identified in recorded responses.
- Reflective questions: You will be asked to review three questions, reflect on the questions and respond in writing. You will not be asked to identify yourself.
- Unit Evaluation: You will be asked to complete an evaluation of the unit and the instructor. You will not be asked to identify yourself in the evaluation.

Research Risks & Benefits

The researcher of this project and learners are employed by the same company, Sea Crest Health Care Management, LLC. The researcher may interact with you from time to time after completion of this research, but the researcher does not have the ability to affect decisions regarding your evaluation or employment. The researcher will not inform your supervisor of your participation, but it may not be possible to keep your supervisor from knowing that you are participating. The training will be held at the corporate office training room and other participants in this project could be fellow co-workers. All information collected & reported will be done without identifying individual participants. This study is to evaluate transfer of knowledge and is not an evaluation of your performance as an employee. Information that you share in group discussion will be heard by other participants in the study.

Freedom to Withdraw from Research

Participation is voluntary. If the participant wishes to withdraw from the research project at any time, one may do so without prejudice or penalty.

If you have any questions regarding this project, you may call or write:

Nancy Cervenansky, PhD, RN
Dean, College of Nursing
Cardinal Stritch University
Milwaukee, WI
414-410-4390

Ruth M. Waite, PhD, RN
Chair, Research Advisory Committee
College of Nursing
Cardinal Stritch University
Milwaukee, WI
414-410-4388

If you have any concerns about your treatment as a participant in this study, please call or write:

Joan Whitman, Chair
Institutional Review Board
College of Education
Cardinal Stritch University
Milwaukee, WI
414-410-4343

All complaints are kept in confidence.

I have received a satisfactory explanation of the study and agree to participate. I understand that my participation in this study is voluntary.

Name:_____ **Date:**_____

APPENDIX H

Caring Curriculum Components & Teaching Strategies

Learning Strategy	Caring Curriculum			
	Modeling	**Dialogue**	**Practice**	**Confirmation**
Pre-Test	Test provided with instructions to complete	Discussed answers to the test questions and how they relate to supportive dementia care	Learners demonstrated prior knowledge on the pre-test.	Confirmation of learning done by answers to test questions. 91% of participants answered all questions correctly Instructor able to understand learners prior knowledge of supportive care
Lecture	Read "Story of the Ship at Sea" --- models how a person with dementia may perceive others; models how caregivers must be flexible with a person with dementia. Presented & defined the principles of Supportive Dementia Care	Minimal dialogue between instructor and learners during lecture. Mainly positive responses to the story. Instructor observed positive acknowledgement after the story.	Providing information to the learners here that they can access and utilize in further opportunities for practice in the case study	Positive acknowledgement of the lesson in the story. "What a great story"; "Can I share this story with my fellow co-workers?"; "It is such an accurate description"
Case Study & Discussion	Divided learners into 3 groups; Read the case study to the group; learners followed along with copy of the case study and discussion questions. Each group was assigned one question. "Modeling" how to approach questions came through the lecture and discussion of pre-test questions	Learners dialogued with each other; instructor dialogued with individual groups as they discussed the questions and guided as indicated.	Learners had practice applying what they learned to the case study. Further discussions where had between learners about current patients with dementia that they are caring for in their long term care facilities and how some of these ideas would apply to them.	Learning was confirmed by appropriate responses related to the information being taught in the unit and applying it to the case study discussion questions. Further confirmation of learning occurred when learners where able to apply what they were learning to real life situations.
Reflective Questions	Instructed learners on the purpose of the reflective questions and how the process of reflection can help with the transfer of knowledge (Kitchen, 1999). Described an example.	Provided learners the opportunity to ask questions about the use of reflective questions.	Provided the learners time to review the reflective questions and to respond.	Question #1: Responses to the reflective questions confirmed that learners felt that the philosophy of supportive care was close to their own personal beliefs about caring as a nurse. Question #2: A common response was "education" of staff and addressing staff attitudes Question #3: Theme of person centered care and being able to give the kind of care they want to.

Unit 1

Philosophy of Supportive Dementia Care

Objectives

- Define supportive dementia care
- Discuss the benefits of supportive dementia care vs. routine care for a resident with dementia
- Apply supportive care principles to resident care situations
- Identify a situation where applying supportive care principles may be difficult for clinical staff

Pre-Test

Complete the following:

1. Supportive dementia care is the same as the care provided to all residents in a long term care facility.
   a. True
   b. False

2. An example of supportive care would be:
   a. Giving a bed bath
   b. Feeding a resident lunch
   c. Laying out a resident's toothbrush and guiding her in its proper use.
   d. Transferring a resident from bed to chair

3. A resident with dementia can participate in choices about his/her care and should be included in decisions regarding care.
   a. True
   b. False

4. Breakfast is served between 7:30 and 8:30. Mrs. Horner is agitated and vocalizes displeasure when awakened by staff at 7:00 to get dressed for breakfast. She rarely eats much breakfast and usually falls asleep right before lunch.

   Select one of the following interventions:

   a. Continue to wake her at 7:00, you have too many other residents to get to breakfast by 7:30. She will get used to it eventually.

   b. After breakfast, return her to bed and allow her to nap until lunchtime.

   c. Allow her to sleep until she wakes on her own, assist her to dress and provide her with a late breakfast.

   d. None of the above

Pre-Test Answers

1. False; much of the care provided in long term care is considered custodial or routine

2. C. Laying out a resident's toothbrush and guiding her in its proper use

3. True

4. C. Allow her to sleep until she wakes on her own, assist her to dress and provide her with a late breakfast.

Introduction

Philosophy:

As taken from Cf. Charles D. Marler in Philosophy and Schooling—
"Literally the work "philosophy" means love of wisdom. It should be noted, however, that loving wisdom does not make one a philosopher. Philosophy, in the technical sense, might best be thought of in three aspects: an activity, a set of attitudes and a body of content."

Supportive Care:

Supportive care encompasses three components. One, it is a care practice that supports the resident's routines, habits and customs through holistic, flexible and life-affirming care. Two, it includes education and support to family members of residents and third, it includes staff support and education.

Principles of Supportive Care:

- Support resident routines, habits & customs
- Provide holistic, flexible and life-affirming care
- Provide resident and family support & education
- Provide staff support & education

"Story of the Ship at Sea"

Ship at Sea

This story can provide insight into the world of a resident with dementia.

A ship's captain, sailing on a dark evening, saw what looked like another ship coming toward him. He signaled to the other ship saying "Change your course 10 degrees South"

The reply came back—"Change your course 10 degrees North"

The captain replied—" I'm a Captain—change your position South!"

The reply came back "Well, I'm a Seaman 1st class—change your course North!"

The captain, by this time, was quite angry. He signaled back "Change your course—I'm on a battleship"

And the reply came back "Change your course North—I'm a lighthouse"

People with dementia don't have the ability to be flexible, to change their course. We, as caregivers, have to be flexible and be able to change and adapt course of care.

Lucero, M.(Producer). (1994). *Programming for dementia part 1: program philosophy and care needs* [Video Tape]. Geriatric Resources. Radium Springs, NM. Used with permission.

Principles of Supportive Care

Holistic, Flexible, Life-Affirming Care

The Alzheimer's Association (1997) published a manual for caregivers called "Elements of Dementia Care". In this manual, they outline the important components of a program to care for persons with Alzheimer's and dementia related disorders. The first important component is to establish a philosophy by which care is provided. Dr. Christine Kovach (1997), in a guide book on providing care for persons with late-stage dementia, calls for programs to be centered around the concepts of holistic, flexible and life-affirming care.

Holistic care focuses on the "whole" person. This means caring for the physical, mental, psychosocial and emotional aspects of a person. It also means the inclusion of family members and other important people in the resident's life

Flexible care means just that—to maintain flexibility when caring for residents with dementia. To be flexible requires caregivers to be self-aware, able to adapt. A sense of humor never hurt either ☺

Life-Affirming care speaks to the core belief that all life is precious and meaningful. People who have dementia deserve a life of dignity, respect and happiness in their remaining days. Finding the uniqueness of each individual allows us to provide care that is meaningful to the resident and their families.

Principles of Supportive Care:

Resident Routines, Habits & Customs

We, as humans, find comfort in our routines, habits and customs. Dementia and other related disorders do not take this basic need away from us. Dementia may alter what our routines, habits and customs look like, but many people with dementia or other related disorders still benefit and find comfort in following routines, habits and customs.

Think about your daily routines. Consider the following questions:

- *What time do you usually wake up in the morning?*
- *What is the first thing you do when you wake up?*
- *Do you wake up quickly or does it take awhile to fully wake?*
- *How long have you had this routine?*

Think about habits that you may have.

- *How do you usually manage your clothes? Do you like to put them on hangers; keep them neatly folded in a drawer; throw them in a pile?*
- *Where do you keep your wallet? In a purse? your left pants pocket?*
- *When do you brush your teeth?*

Think about customs that you follow.

- *Do you go to church? Do you eat before church or after church?*
- *Do you dress up to go to church?*
- *When does your family get together? What do you do when you are together?*

Principles of Supportive Care:

Resident Routines, Habits & Customs

Let's discuss question # 4 from the pre test.....

Breakfast is served between 7:30 and 8:30. Mrs. Horner is agitated and vocalizes displeasure when awakened by staff at 7:00 to get dressed for breakfast. She rarely eats much breakfast and usually falls asleep right before lunch.

Select one of the following interventions:

a. Continue to wake her at 7:00, you have too many other residents to get to breakfast by 7:30. She will get used to it eventually.

b. After breakfast, return her to bed and allow her to nap until lunchtime.

c. Allow her to sleep until she wakes on her own, assist her to dress and provide her with a late breakfast.

d. None of the above

Principles of Supportive Care:

Resident Routines, Habits & Customs

How do we learn about our residents and families?

- Transferring care providers (hospitals, other nursing homes, assisted living facilities)
- Resident conversations & assessments
- Family conversations & assessments
- Observation of resident in environment
- Conversations with resident's friends, clergy

How do we integrate what we know into resident care plans and activities of daily living?

- Select goals & interventions that are resident specific
- Don't overpromise---keep realistic to what you and the resident can do
- Talk to each other. Frequently. Don't forget to talk with housekeeping, maintenance, dietary staff---anyone who has routine contact with the resident
- Re-evaluate your facility routines, habits and customs. Examples to consider:
    - What shift has the greatest amount of staff? Does this coincide with when residents have the greatest needs?
    - When are meals served? Is there flexibility in timing for residents not on the schedule?
    - When are the floors cleaned? Mid afternoon and into evening should be time for quite activities and routines.

Can you think of others?

Case Study & Discussion Questions

Case Study

Mr. Diaz is a 75 year old Mexican man. He immigrated to the United States with his family when he was 10 years old. He never married and has no children. His closest relative is a cousin who moved back to Mexico 10 years ago. Mr. Diaz worked as a maintenance man at a local hospital for over 40 years. His regular shift was from 11pm—7am. He was diagnosed with Parkinson's disease 5 years ago. He lived by himself until 2 years ago when he was unable to care for himself at home. He has been living with a friend until recently when he was admitted to this facility. His friend states that he is "up all night" and is increasingly agitated and frantic stating that the "water heater needs to be fixed!" He has lost weight over the past 3 months, his friend states that he is "too busy" to eat.

Discussion Questions

1. The first principle of supportive care is to support the resident's routines, habits & customs through holistic, flexible and life-affirming care. What do you know about Mr. Diaz that would help you develop supportive interventions & goals for him? What else would helpful for you to know about him?

2. What are the potential benefits to providing supportive care vs. routine care to Mr. Diaz. What are the challenges to providing supportive care vs. routine care?

3. Mr. Diaz is up most of the night and sleeps during the day. Describe how applying a philosophy of supportive care will affect your work as a staff member and how it may affect other residents. What types of interventions will you try?

Reflective Questions

1. How closely does the philosophy of supportive care match your own personal beliefs about caring as a nurse?

2. What do you think are your greatest challenges in shifting to supportive care?

3. What are you most concerned about when working on the special care unit?

Unit Evaluation

Please complete the following evaluation and return to the instructor.

Title of Program: Philosophy of Supportive Dementia Care

Evaluation Area	Circle the number that most closely matches your response				
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Program Specific					
The program met my personal learning needs	1	2	3	4	5
I feel comfortable with my knowledge of supportive dementia care and how it applies to the clinical setting	1	2	3	4	5
I understand the benefits of supportive dementia care vs. routine care	1	2	3	4	5
I successfully applied supportive care principles to a resident care situation	1	2	3	4	5
I feel confident in my ability to identify a situation where clinical staff may have difficulty applying supportive care principles	1	2	3	4	5
Group discussion and handouts contributed to learning	1	2	3	4	5
Instructor					
The instructor was effective in helping me achieve my learning needs	1	2	3	4	5
The instructor assisted in creating a comfortable environment to learn	1	2	3	4	5
The instructor was open to comments and answered questions effectively	1	2	3	4	5

Additional Comments

References

Alzheimer's Association (1997). Key elements of dementia care. Alzheimer's Association of Patient and Family Services. p.6. Chicago, Ill.

Kovach, C. R. (1997). Maintaining personhood: philosophy, goals, program development and staff education. In C. R. Kovach (Ed.). *Late-Stage Dementia Care A Basic Guide.* (pp. 25-44). Washington, D.C.: Taylor & Francis.

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Marler, C. D. (1975). Philosophy and schooling. (pp. 5-11). Boston, MA: Allyn and Bacon, Inc. In G. R. Knight (1982). Issues & Alternatives in Educational Philosophy, second ed. (p.4). Berrien Springs, MI: