

ESSENTIALS OF DEMENTIA CARE: BECOMING AN EFFECTIVE TRAINER

Tuesday, October 11, 2011
8:00 a.m. – 4:00 p.m. Eastern Time
Fayette County UK Cooperative Extension Office
1140 Red Mile Place Lexington, KY

Sponsored By:



Ohio Valley Appalachia Regional
Geriatric Education Center

Co-Sponsors:



Essentials of Dementia Care: Becoming An Effective Trainer

Fayette County UK Cooperative Extension Office

1140 Red Mile Place, Lexington, KY

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PROGRAM DESCRIPTION

An estimated 5.5 million Americans have Alzheimer's disease. The quality of life for persons with Alzheimer's disease is directly related to the relationship they have with their direct care providers. In order to provide quality care, direct care providers must be trained in dementia care. This training will help trainers and educators to develop effective dementia care training programs for their direct care providers and family caregivers. Participants in the training will learn creative ways to teach dementia care concepts as well as innovative strategies for incorporating training into everyday work. Participants will receive a training manual with presentations and interchangeable learning activities for implementation within their training programs.

PRESENTERS

- **Virginia Bell, M.S.W.** – Program Consultant, Alzheimer's Association Greater Kentucky and Southern Indiana Chapter
- **Renee Chase, M.Div.** – Alzheimer's Association – Greater Kentucky & Southern Indiana Chapter
- **Anne L. Harrison, PT, Ph.D.** – Division of Physical Therapy, University of Kentucky College of Health Sciences
- **Gregory Jicha, M.D., Ph.D.** – University of Kentucky, Sanders Brown Center on Aging, Alzheimer's Disease Center
- **JoAnna Weiss, M.A.** – Alzheimer's Association – Greater Kentucky & Southern Indiana Chapter

WHO SHOULD ATTEND

This training is designed for professionals who are responsible for implementing training in their care settings (i.e. Physicians, Nurses, Parish Nurses, Nursing Home Administrators, Home Health, Area Agencies on Aging, Allied Health, Social Workers, Extension Agents, Staff Development Coordinators, and other health care professionals).

REGISTRATION FEE

\$30 made out to the University of Kentucky. Fee includes refreshments, instructor manual, training materials, lunch, and CE credits. **Registration deadline: September 26, 2011**

LOCATION: Fayette County UK Cooperative Extension Office
1140 Red Mile Place, Lexington, KY
(859) 257-5582

CONTINUING EDUCATION: **8.4 CE contact hours for Social Workers (pending)**
8.4 CE contact hours for Nurses (pending)

OBJECTIVES

By the end of the training, participants should be able to:

- Define Alzheimer's disease and dementia
- Effectively communicate and relate with persons with dementia
- Identify successful strategies for preventing and responding to challenging behaviors
- Discuss ways to use icebreakers, group activity and new techniques to help staff become better problem solvers and dementia care providers
- Complete an action plan and provide 2 hours of training for at least 3 Certified Nursing Assistants and/or other caregivers for persons with Alzheimer's disease within 6 months of the training.

OVAR/GEC will send you a written survey 6 months after training to document your use of training materials. This helps us to meet the requirements of our HRSA funding agency, and improves future trainings and health care for older adults.

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8:00am - 4:00pm Eastern

AGENDA

- 8:00 a.m. – 8:30 a.m. Registration and Refreshments
- 8:30 a.m. – 9:30 a.m. *Overview of Alzheimer's Disease & Related Disorders* – Gregory Jicha, MD, PhD
- Identify the symptoms of dementia
 - Describe the diagnostic process
 - Discuss treatment options
- 9:30 a.m. – 10:15 a.m. *Essentials of Dementia Care: Becoming an Effective Trainer*- Renee Chase, M.Div. & JoAnna Weiss, MA
- Define training objectives and purpose of an action plan
 - Discuss the importance of setting training goals and objectives
 - Review of training experience by previous participants
- 10:15 a.m. – 10:30 a.m. Break
- 10:30 a.m. – 11:45 a.m. *Communicating & Relating to the Person with Dementia* –Renee Chase, M.Div.
- Describe how dementia changes communication
 - Apply communication techniques and approaches
- 11:45 a.m. – 12:00 p.m. Break
- 12:00 p.m. – 1:00 p.m. Lunch (Provided)
- Grow Old Along With Me--* Virginia Bell, MSW
- List 3 characteristics of the future of old age.
 - Define a new view of aging.
 - Name 3 characteristics of this new view that can make life the “best is yet to be.”
 - Name 3 ways to make life the “best it CAN be” for those persons who have disappointments in old age
- 1:00 p.m. – 2:30 p.m. *Successful Approaches to Preventing and Responding to Challenging Behaviors* - JoAnna Weiss, MA
- Describe ways challenging behaviors occur
 - Identify appropriate methods to prevent challenging behavior
 - Identify appropriate techniques to respond to challenging behaviors
 - Finalize action plan for trainings
- 2:30 p.m. – 2:45 p.m. Break
- 2:45 p.m. – 3:45 p.m. *Reducing Falls* – Anne L. Harrison, PT, PhD
- Understand the nature and scope of the problems resulting from falls among frail older adults
 - Describe linkages between assessment and evidence based interventions
 - Consider practical approaches for implementation of fall risk reduction strategies for residents in the long term care setting
- 3:45 p.m. – 4:00 p.m. Evaluations and Certificates (*You must complete full day of training to receive Continuing Education and training manual*)



OVAR/GEC REGISTRATION FORM

Essentials of Dementia Care: Becoming an Effective Trainer 10/11/11 8:00 am – 4:00 pm
Fayette Co. Cooperative Extension, 1140 Red Mile Place, Lexington, KY

Thank you for participating in this training program offered through the Ohio Valley Appalachia Regional Geriatric Education Center. We sincerely appreciate your assistance in answering the questions below.

Please take a few minutes to complete this profile. We request your information for two reasons:

- ❖ To help us secure continued federal funding. Participant information is crucial for our reports to the Bureau of Health Professions at the U.S. Dept. of Health and Human Services/HRSA. *No personally identifiable information is included in grant reports.*
- ❖ To register you for this training and include you in our database for information regarding future programs.

The information provided is kept strictly confidential.

PLEASE PRINT Last 4 digits of Social Security #: _____

First Name _____ MI _____ Last Name _____

Organization _____ Work Department _____

Work Address _____

City _____ State _____ Zip code _____

Telephone: _____ Counties of work _____

Credentials _____ Position _____

Gender Female Male Year of Birth _____

Email: _____

What is your age group?

- Less than 20 years 20 - 29 years 30 - 39 years
- 40 - 49 years 50 - 59 years 60 years or over

What is your ethnicity?

- American Indian or Alaska Native Asian, Specify:
- Black or African American Native Hawaiian / Other Pacific Islander
- White Other, Specify:

Are you Hispanic / Latino? Yes No

Are you retired? Yes No

Are you a National Health Service Corps member? Yes No

Are you from an economically or educationally disadvantaged background? Yes No

Do you serve a rural population? Yes No

Do you work in a Medically Underserved Area (MUA)? Yes No Don't know

What is your most advanced degree? (Check one and specify degree)

- Elementary/secondary school (e.g., High school diploma, GED) Masters Degree (e.g., MA, MSN, MSW)
- Associates Degree (e.g., AA, AS, AAS) Doctorate (e.g., PhD, EdD, ScD, DNP)
- Diploma (e.g., RN) MD
- Baccalaureate Degree (e.g., BA, BS, BSN, BSW) DO
- Other, specify _____

I would like to receive Continuing Education Credit for the following discipline/s (check all that apply):

___ KY Nursing; ___ KY Nursing Home Administrator; ___ KY/OH Social Work

Do you have an additional certificate in geriatrics? Yes No

If you are a health care practitioner and spend at least 50% of your time with underserved populations, please check below the type of agency/institution: (Check ALL that apply)

- Community Health Center
- Rural Health Center
- Migrant Health Center
- Indian Health Service
- Primary Care, Health Professional Shortage Area Site
- Mental Health Center
- State/Local Health Department
- Federally Qualified Health Center
- State Designated Ambulatory Practice
- Health Care for Homeless Grantees
- Public Housing Primary Care
- Dental Care in HPSA Site
- Governor designated area
- Other, specify _____

What is your profession? (Check only one)

Primary Care

Allopathic Medicine (MD)

- Family Medicine
- Internal Medicine
- Psychiatry
- Other Medicine

Osteopathic Medicine (DO)

- Family Medicine
- Internal Medicine
- Psychiatry
- Other Medicine

- Chiropractic
- Dentistry
- Pharmacy
- Physician Assistant

Nursing

- LPN CNS
- RN and/or BSN Other specify _____
- NP and/or MSN

Allied Health

- Clinical Laboratory Sciences
- Dental (Hygiene/Asst/Tech)
- EMT
- Health Information
- Home Health Aide/Med. Assist.
- Nutrition and Food Services
- Preventive Medicine
- Rehabilitation Therapies
- Technician
- Other, specify _____

Related Professions

- Gerontology
- Clinical Psychology / Counseling
- Other Counseling
- Health Administration
- Nursing Home Admin.
- Health Education
- Law (Attorney, Paralegal)
- Law Enforcement / Security
- Protective Services
- Pastoral Care
- Public Health
- Dental Public Health
- Recreational Therapies
- Social/Behavioral Sciences
- Social Work
- Other specify _____

Primary Role (check one):

- Administrator/Manager
- Clinical Faculty
- Health Care Practitioner
- Student, specify: _____ also check if: Resident Fellow
- Academic Faculty
- Other, specify _____
- In-Service/Continuing Education Coordinator

Please indicate the clinical sites in which you work. (Check ALL that apply.)

For each site, please indicate the number of patient encounters you have in an average day:

- Ambulatory Care Centers _____
- Assisted Living _____
- Chronic & Acute Hospitals _____
- Home Care _____
- Hospice _____
- Nursing Homes _____
- Palliative Care _____
- Senior Centers _____
- Senior Housing _____
- Telehealth _____
- Other, describe: _____

Please return this completed form (2 pages) with your \$30.00 check payable to the University of Kentucky. This fee includes Instructor Manual, training materials, Continuing Education fees and lunch.

Send check and form to: **OVAR/GEC, Attn: Julie Brock**
658 South Limestone Street – Ligon House
Lexington, KY 40506-0442

Questions?
julie.brock@uky.edu or
(859) 257-1510

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