NC-IOM Task Force on Alzheimer's Disease and Related Dementia: Health Professionals Training

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Discussion Points

- Strategies to effectively communicate with people with dementia and barriers to utilizing them.

- Opportunities to build upon the work of the VA and Geriatric Education Centers (GECs/GWEPs) in providing in dementia-capable care training.

Core Set of Approach & Communication Skills

- An intentional positive physical approach
  - Predictable, systematic greeting
  - Avoids stimulating fright/flight response
  - *Requires practice, coaching, supervision*
- Systematic use of visual and tactile cues for action
  - Adapting environment and cueing during care based on cognitive performance level

Core Set of Approach & Communication Skills

▸ Recognition of emotional cues when patients have difficulty expressing themselves verbally.

▸ Not arguing!
  ◦ Requires the ability to communicate empathically, and may include redirecting person with dementia toward a less distressing set of activities

▸ Strategies are adapted to meet the needs of patients with varying severity of impairment.

Outcomes of Ineffective Communication

- Frustrates health care providers
- Promotes patient anxiety, fear or anger,
- Contributes to incomplete or inaccurate patient assessments
- *Leads to subsequent inappropriate care management and ultimately, poor outcomes*

HCPs need to "think" differently

▸ Need to consider how people with varying degrees of cognitive impairment *receive and interpret information* from their surroundings

▸ Need to consider how provider communication contributes to challenging behaviors

Managing Challenging Behaviors

- Standard of care is to focus on non-pharmacological interventions because of poor efficacy of antipsychotics, and increased risk of adverse events.

- Implementation of non-pharmacologic interventions requires investment in training for health care professionals.

Health Professionals Training

Skills are

▸ fundamental

▸ not difficult to teach

▸ simple to apply on an individual patient level

▸ lends themselves to criterion-based learning

  · skill can be directly/objective assessed

HOWEVER skill development requires:

◦ repetitive practice with expert coaching to master

◦ supervisory support to set expectation that <u>caregiver</u> is responsible for engaging in effective communication

Collaboration with GECs (GWEPs)

Geriatric Education Centers (GECs):
- Funded by US Department of Health and Human Services, Bureau of Health Professions, Health Resources & Services Administration (HRSA)
  - Until June 30, 2015, there are 2 in NC: Carolina & Duke
  - Both with Alzheimer's Disease training supplements

- Starting July 1, 2015 – only 1 per state, reformulated as a "Geriatric Workforce Enhancement Program
  - Focus is integration of geriatrics expertise and primary care
  - Continued focus on Alzheimer's Disease

Collaboration Challenges

▸ Many resources exist but are often under-utilized

▸ Delivering training in a manner that is interactive, and effective not always guaranteed

▸ Availability of opportunities to build skill with practice and feedback from experts are lacking

Potential Models to Learn From or Adapt

- GEC Dementia Round Table sessions
  ◦ Community-based
- GEC delirium teaching rounds
  ◦ Interprofessional and topic-based)
- GEC IPEC workshops
  team and community-based
- CGEP core and advanced Grand Challenge in Dementia Care
  ◦ Interprofessional continuing education programs

Collaboration with VA & GECs

- National Resources:
  - Dementia:
    - http://www.ruralhealth.va.gov/education/dementia-caregivers
  - Delirium
    - http://www.va.gov/GERIATRICS/Guide/LongTermCare/Delirium_professionals.asp#
- Regional Resources:
  - VISN 6 (Mid-Atlantic Region) Partnered with AlzNC & Duke:
  - http://cgne.nursing.duke.edu/content/managing-challenging-behaviors-older-adults
- Local Resources:
  - Durham VAMC ECHO: http://www.durham.va.gov/features/Taking_Care_of_Older_Veterans_to_the_Next_Level.asp
  - http://explorethelor.org/