Background

There are an estimated 5.4 million Americans with Alzheimer's disease, of which approximately 5.2 million people are age 65 and older. This population often has unique physical, social and cognitive needs.1 This presents a challenge for how best to prepare staff to care for patients with complex needs associated with dementia. The need to apply innovative teaching strategies to impact staff attitudes is necessary to impact high quality, patient centered care outcomes for patients that are challenged with cognitive and sensory deficits.

Purpose

Emergency center (EC) staff participated in dementia sensitivity training. The quality improvement project was to study whether sensitizing EC staff to challenges of the cognitively impaired would impact their attitudes and the way they care for their patients.

Methods

During a 3 week timeframe 300 emergency center staff voluntarily participated in dementia sensitivity training held inside a trailer at a level one trauma center that has annual volumes of approximately 130,000 visits. The Virtual Dementia Tour® a proprietary product scientifically proven method was used. The VDT® pretest was administered to each participant prior to donning the sensory-altering equipment. The participants were then provided the standardized instructions and directed towards the simulated home environment to complete the tasks from memory with an allotment of 10 minutes. Upon completion, the participants were given the posttest and participated in an instructor facilitated debriefing. The data was analyzed with the Mann-Whitney U test for non-parametric data using Microsoft Excel 2016.

Results

Participants’ perceptions as assessed by the task questionnaire underwent significant change with the Virtual Dementia tour (VDT) as shown in graphs 1-7.

Graph 1. Understanding the emotional needs of elders with dementia. The median response of “agree” shifted to “strongly agree” between pre and post surveys. (Mann Whitney U = 72561, n1 = 275, n2 =274, P = 0.0001 two-tailed).

Graph 2. Capability of carrying out simple tasks. The median response of “very capable” shifted to “somewhat capable” between the pre- and post- surveys. (Mann Whitney U = 72561, n1 = 274, n2 =274, P = 0.0001 two-tailed).

Graph 3. Perceived state of relaxation. The median response of “relaxed” shifted to “anxious” between the pre- and post- surveys. (Mann Whitney U = 11994.9, n1 = 273, n2 =274, P < 0.0001 two-tailed).

Graph 4. Necessity of sensitizing one’s self to provide good elder care. The median response of “yes” shifted to “definitely” between the pre- and post- surveys. (Mann Whitney U = 22610, n1 = n2 = 275, P < 0.0001 two-tailed).

Graph 5. Participants’ perceived ease of a person with dementia’s level of difficulty getting through their day. The median response of “difficult” was unchanged but the distribution shifted significantly to the right. (Mann Whitney U = 53481.5, n1 = 275, n2 =274, P < 0.0001 two-tailed).

Graph 6. Participants’ perceived justification of inappropriate behaviors by patients with dementia. The median response of “somewhat justified” shifted to “very justified” between the pre- and post- surveys. (Mann Whitney U = 27935, n1 = 275, P < 0.0001 two-tailed).

Graph 7. Participants’ perception of appropriate care for patients with dementia. The median response of “rarely” shifted to “never” between the pre- and post- surveys. (Mann Whitney U = 26308, n1 = n2 = 275, P = 0.0001 two-tailed).

Qualitative data collected from the open ended discussion resulted in an increase in staff empathy and an increase in staff awareness of the challenges people living with dementia experience.

Conclusion

The simulation of the unique needs of patients suffering with dementia created an immersive experience for emergency center staff. The results of the post tests showed that participants felt they had an increased understanding of the needs of patients with dementia. The implications for future nursing practice include staff’s heightened awareness to the needs of elders while providing direct care. Further studies are recommended to understand the relationship of changes in staff attitudes and patient care outcomes.

References


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