

Beaumont

In My Shoes: Sensitivity Training Using the Virtual Dementia Tour

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Objectives

- Describe how a simulated virtual dementia experience was utilized to enhance nursing and nursing assistant sensitivity, awareness, and perceptions of patients with Alzheimer's dementia.
- Identify how implementation of a simulated virtual dementia experience could be expanded upon to further enhance sensitivity, empathy and improve the quality of care for patients with Alzheimer's dementia.

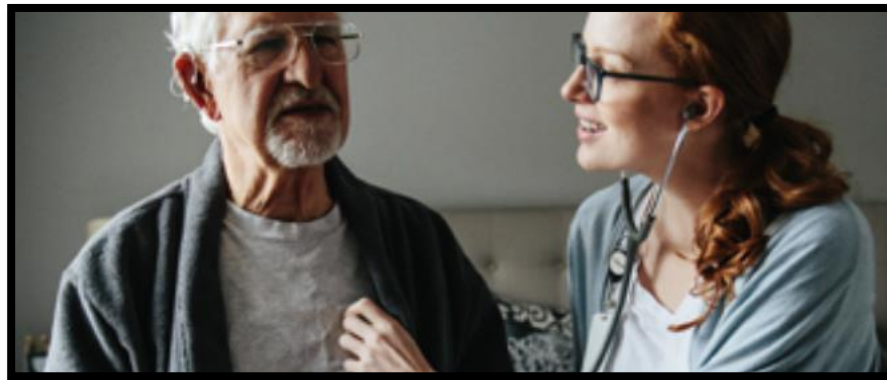
BACKGROUND

- Dementia is the sixth leading cause of death and the leading cause of disability and disease burden among older persons.
- Alzheimer's Dementia (AD) is the most common form of Dementia.
 - Accounts for 60-80% of all dementia cases.
 - Estimated cost \$290 billion/year.
 - Those with AD have twice the number of hospital stays/year.

(Alzheimer's Association 2019)

BACKGROUND

- Nurses are not always comfortable or confident in managing behavior symptoms associated with AD or lack knowledge and skills on strategies to promote physical and emotional comfort.



(Ballie, 2012; Borbasi, Jones, Lockwood, & Emden, 2006; Chater and Huges, 2013; Dewing & Dijk, 2014; Griffiths, Knight, Harwood, & Gladman, 2014; Houghton, Murphey, Brooker, & Casey, 2016; Moonga, J. & Likupe, 2016; Smythe et al., 2014; Turner, Eccles, Elvish, Simpson, & Keady, 2017)

PURPOSE

- The purpose of this project was to explore if participation in a Virtual Dementia Tour (VDT) educational experience would improve nursing sensitivity, awareness, and perceptions of caring for Alzheimer's Dementia patients in nurses and nursing assistants working on a medical surgical unit at Beaumont Grosse Pointe.

Literature Review

- Lack of knowledge and understanding of dementia in the acute care setting, particularly with communication and managing challenging behaviors (Turner, 2017).
- Research supports the role of introducing systematic dementia-specific education for training to improve health care delivery to people with dementia (Galvin et al., 2010; Mastel-Smith, Kimzey & He, 2019; Palmer et al., 2014, Simpson, 2016; Scerri, 2017; Smyth, 2014; & Turner, 2017).
- Interactive or reality-based training programs was perceived as useful and emotionally provided opportunities to “imagine what it is like to live with dementia” (Slater, 2019).

Needs Assessment

- Based on our Geriatric Institutional Assessment Profile (GIAP) conducted May 2015 for our program evaluation, it was determined that staff were not comfortable with caring for dementia patient particularly with behavioral issues.

METHODS

- Quasi-experimental pre-post design was used to evaluate sensitivity, awareness, and perceptions of caring for Alzheimer's Dementia patients with front-line nursing staff on medical surgical units after participation in a simulated virtual reality dementia experience.

SAMPLE

- The target study population for this project was 100 nurses and nursing assistants on five different medical surgical units and the internal resources team or contingent nurses who worked these five units.
 - One hundred sixteen nurses and nursing assistants completed the VDT over a seven- month period.

Setting

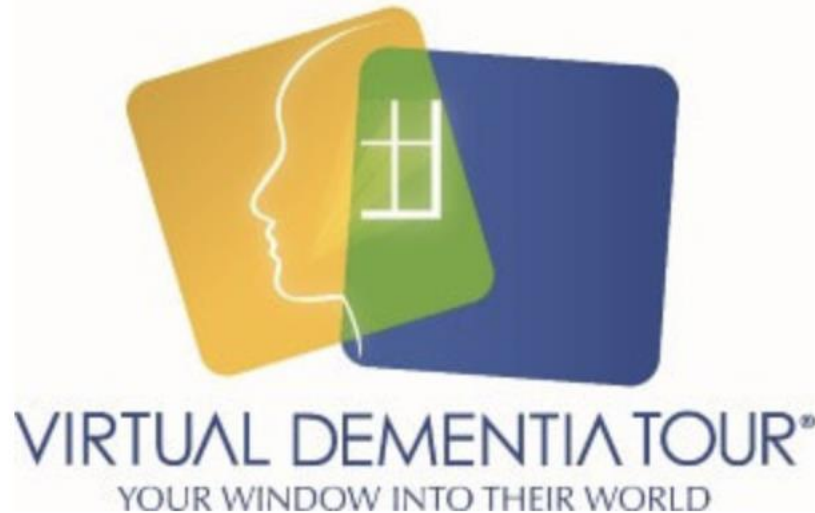
- This project was conducted at a Beaumont Grosse Pointe, which is part of Beaumont Health System.
 - The sessions were held on work time or participants could come to the hospital on their own time and were compensated for their one hour of time.

Ethical Considerations

- Received IRT approval in 2018
- Exempt review
- Study start-July 2018
- Study completed April 2019
- Received approval for use of VDT through Second Winds Founder, P.K. Beville

Methods

- The intervention consisted of a 60-minute evidence based simulated virtual reality experience developed by Second Wind Dreams[®] designed specifically to enhance care-givers understanding of living with dementia.

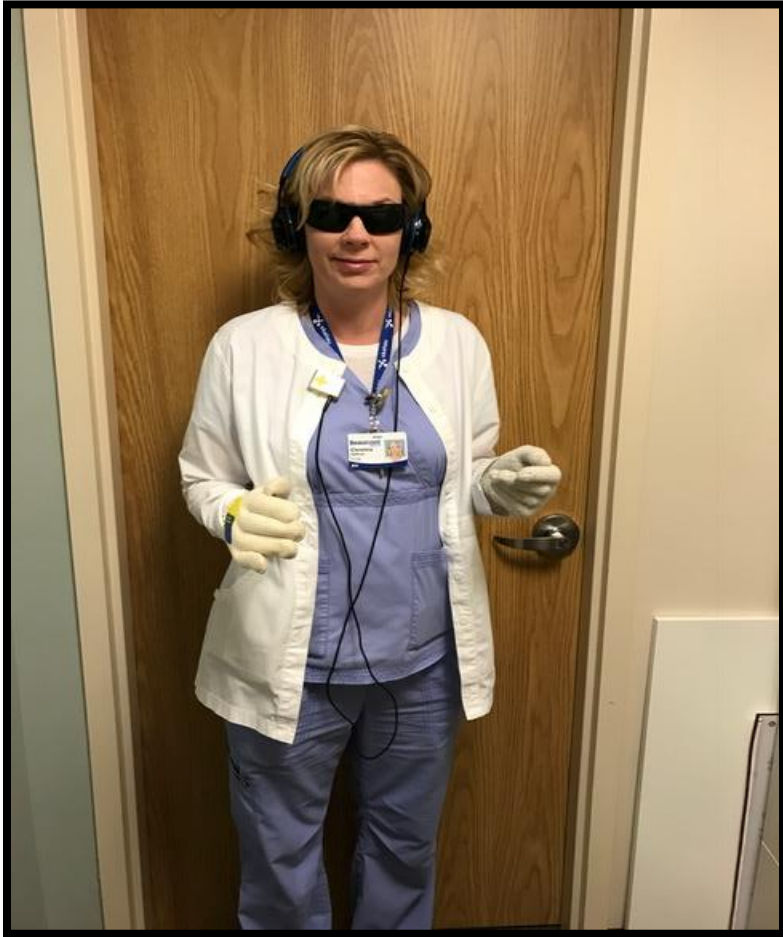


(Second Wind Dreams, 2017)

General Information prior to VDT

- Participants given general information to give them a sense of what dementia might be like.
- Your physical and sensory abilities will be altered.
- Asked to perform 5 simple tasks with a list of these tasks in the room.
- Observed at all times during the tour.
- Stay in the room until your time is up.
- Immerse themselves in the setting and be conscious of their feeling.

Methods



VDT Simulation

- **Shoe inserts**-simulate arthritis, corns, bunions, and neuropathy.
- **Gloves**-simulate arthritis, loss of fine motor skills and tactile senses which are common in aging.
- **Flashing strobe light** in the room, simulated the complaint of flashing and rolling lights that many people with Alzheimer's disease have.
- After donning, they are read the instructions for the VDT and given 5 tasks to complete and then led into a dimly lit room to perform these tasks.

Tasks for VDT participants

- Set clock hands 10 past 4
- Zip jacket
- Set table
- Put .17 cents in a change purse
- Put batteries in a flashlight

Behavioral Observations

- Left room or removed garb
- Negative statements
- Mumbling, humming
- Requests for help/Stop
- Interact with others
- Inappropriate/strange behaviors
- Agitation
- Shadowing
- Wandering
- Hoarding
- Rummaging
- Repetitive behavior
- Reinforcement given

VDT Video

<https://youtu.be/Nsne9-QZQH4>

Debriefing

- Describe your experience.
- Person-Centered Care is at the center of the VDT.
- Experience allowed the opportunity to have walk in the shoes of a person with dementia and to see what it is like physically and cognitively.



Debriefing

- Normal Dementia Behavior
 - Wandering
 - Agitation
 - Inability to process information
 - Poor memory
- How do you think their dementia affects their quality of life?

Nursing Interventions



- Give ample time for tasks.
- Try a caring touch and kind words.
- Cut down on noise and distractions.
- Try not to argue about “their reality”. Just change the subject and move on.
- Allow them to do the same thing over and over. It makes them feel safe.

Nursing Interventions

- Treat most behavior problems as coping strategies.
- Figure out what they are trying to tell you and fix it.
 - For example, agitated behavior may indicate they need toileting, pain meds, environment is too noisy.
- You have to be a good detective to figure it out.
- Stay positive about all the good things they CAN do.



Nursing Interventions

- Reinforce, encourage, reassure and come to the rescue.
- Without these positives, people with dementia trend to give up and withdraw, which leads to depression.
- Create social settings. Socialization can slow cognitive decline.
- Redirect when patients become agitated.

Evaluation Metrics

1. **The Long Pre and Post-Tour Surveys from Second Winds**
2. **Approaches to Dementia Questionnaire (ADQ))** about their personal attitude and approaches to dementia
 - ❖ Time point one-immediately before the training (on paper)
 - ❖ Time point two-immediately after the training (on paper)
 - ❖ Time point three-six weeks after the training (via Survey Monkey)
3. **Perception of Caring** via survey monkey questionnaire
 - ❖ Sensitivity, awareness, and perceptions of caring for Dementia patients 3-6 weeks after the VDT

Evaluation Metrics

- **VDT Perceptions of Caring for Alzheimer's Dementia Patient Survey**

- Basic demographic information-gender, age, occupation, highest level of education attained, shift worked, number of years spent working the capacity and current area of work.
- Participant were asked to rate:
 - their level of self-confidence when caring for a patient with dementia; the importance to them of having a high level of dementia knowledge to provide the best possible care.

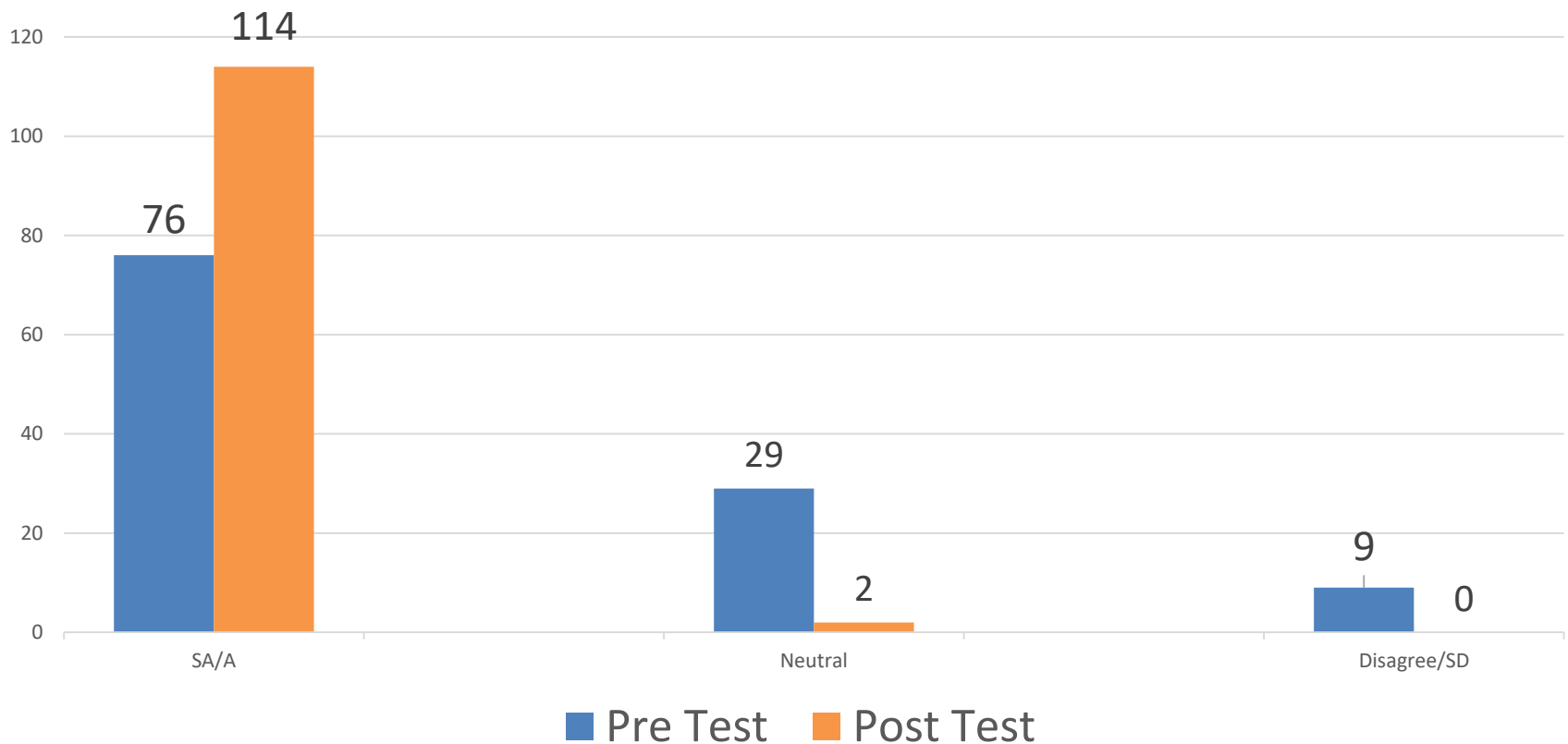
Evaluation Metrics

- Participant were asked to rate:
 - their participation in dementia training during the past 12 months.
 - the importance of having a high level of dementia education to enable them to do their job well.
 - the extent to which the organization values high quality care of people with dementia.

Pre-Post VDT Results (Long Tour Survey)

Pre-N=114 Post-N=116

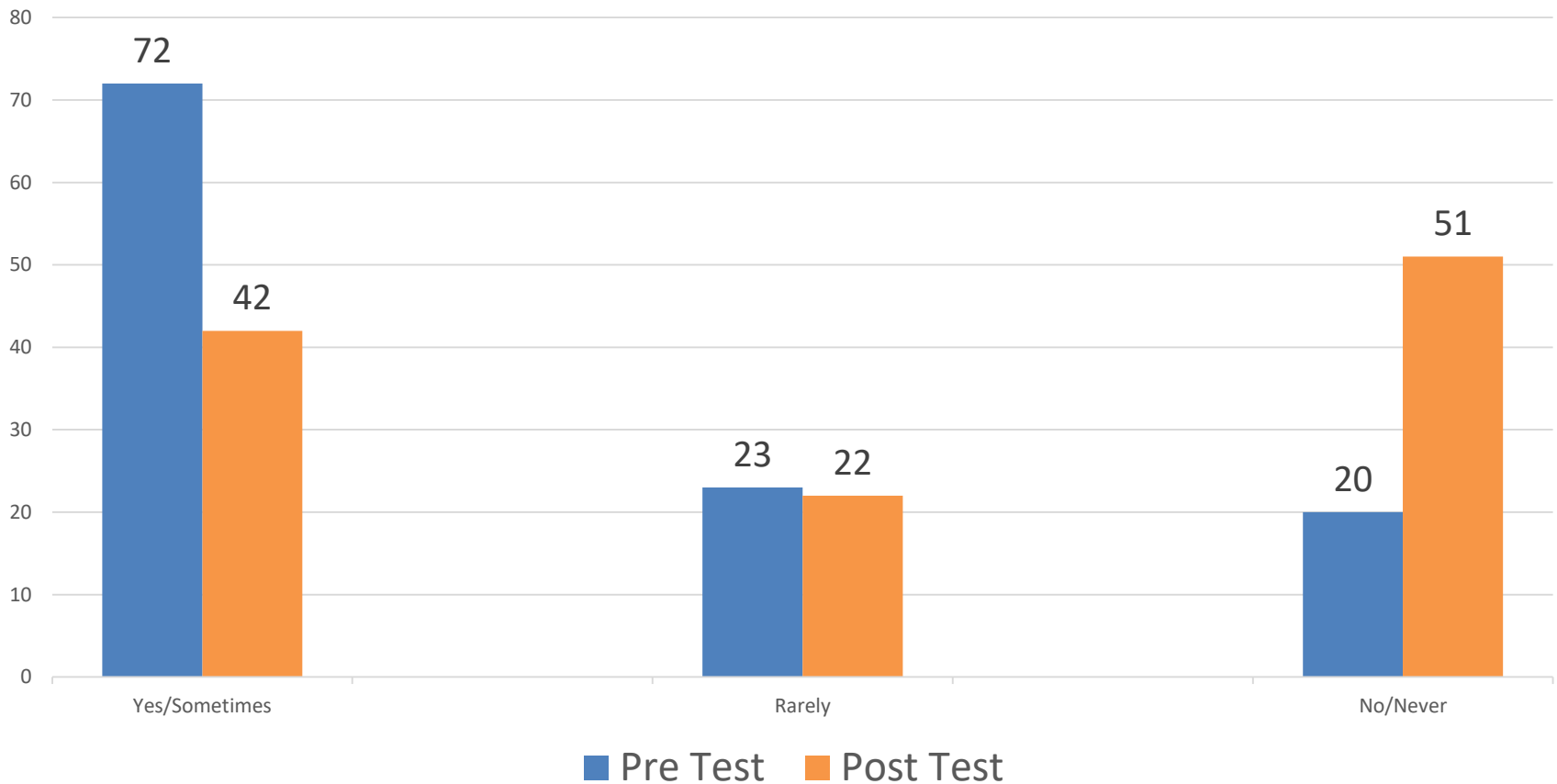
Do you understand the emotional needs of our elders with dementia?



Pre-Post VDT Results (Long Tour Survey)

Pre-N=114 Post-N=116

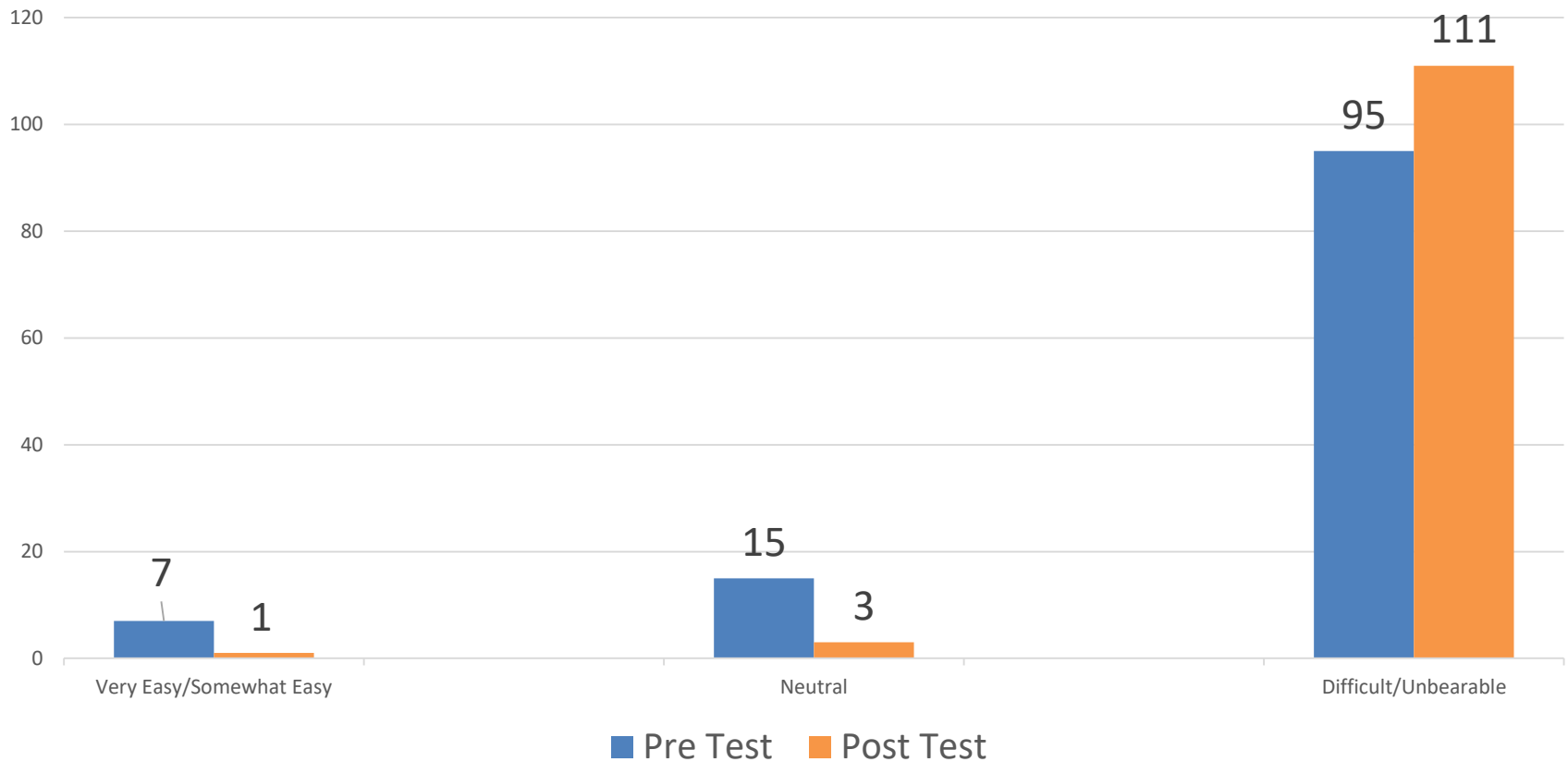
Do people with dementia get the care they need?



Pre-Post VDT Results (Long Tour Survey)

Pre-N=114 Post-N=116

How easy is it for a person with Dementia to get through the day?



Results of Approaches to Dementia Questionnaire

	Pre-survey Mean Value N=101	Post-survey Mean Value N=110	3-6 weeks Post-survey Mean Value N=11
Total Score (R: 19-95)	73	73.6	75.6
Hope (8 items- R: 8-40)	25.9	26.2	29.0
Recognition of Personhood (11 items R: 11-55)	46.7	46.0	46.6

Original Research Results from Tracey Lintern, PhD Score Range from 19-95
(Hope ranged from 8-40 and Personhood ranged from 11-55)

	Survey Mean Value
Total Score (R: 19-95)	75.3 (SD=7.09)
Hope (8 items) N=961	26.4 (SD=4.3)
Recognition of Personhood (11 items) N=963	46.8 (SD=4.5)

Data Analysis

- Due to the small size and variation in response rate, statistical significance was not calculated.
- Instead, descriptive statistical analysis including the mean, standard deviation and ranges were used to examine the effect of the VDT on the perception of sensitivity, awareness, and caring for AD patients.

Demographics (Perception of Caring)

3-6 weeks post VDT

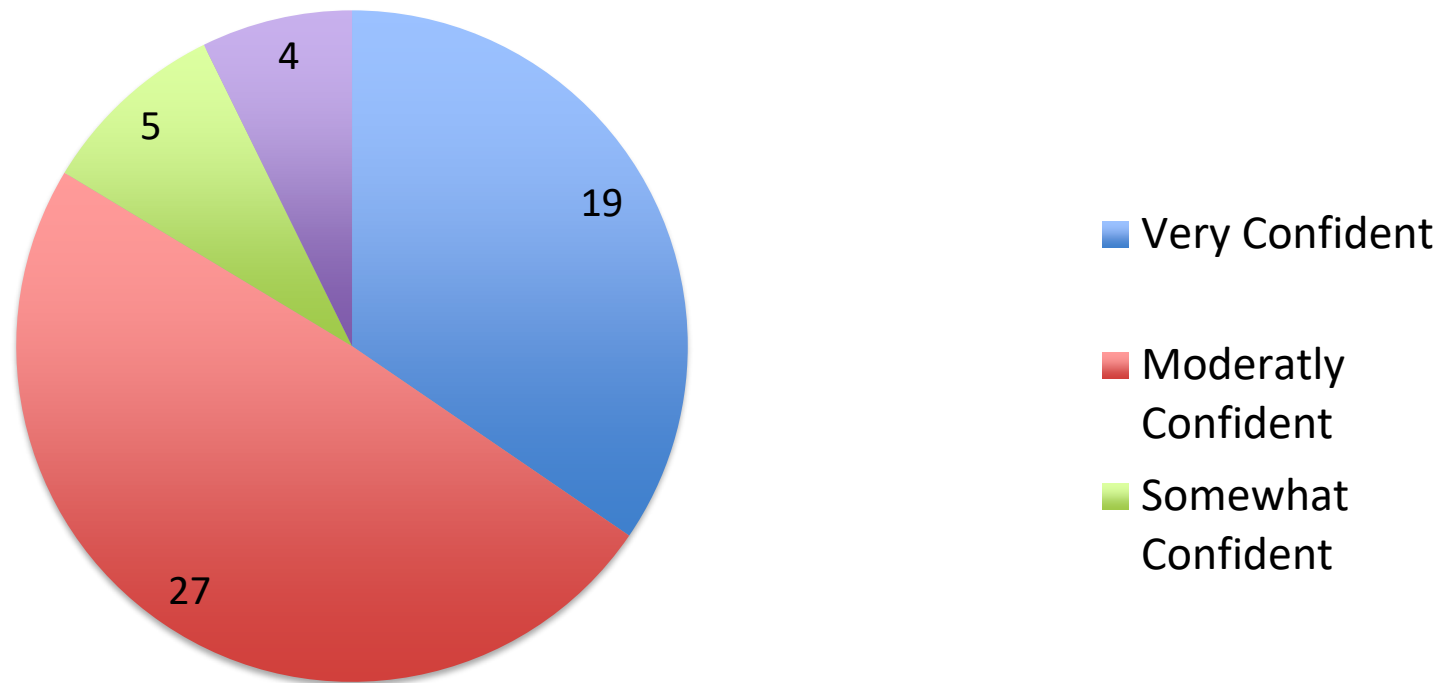
- 28 Nurses and 27 nursing assistants completed the post Perceptions of Caring Survey after the VDT.
- A majority of the nurses had 1-2 years of experience, followed by 3-7 years.
- A majority of the nursing assistants had 3-7 years of experience.

Perceptions of Caring

- 45% of respondents indicated they worked with AD patients 25-49% of the time.
- On average respondents indicated they cared for 1-3 AD patients/week.
- A majority of the respondents felt a high level of AD education was very important to their job.
- A majority of the respondents indicated that it was extremely important that the organization valued high quality care for AD patients.

Results-Perception of Caring Survey

Confidence Level in Caring for Patients with Dementia
N=56



What had the most impact on you during the VDT?

- How difficult it is on a day to day basis to do simple tasks and the need to be empathetic.
- Felt alone, helpless and scared.
- Decreased vision, white noise and hearing problems made completing tasks difficult.



Examples of changing practices as a result of the VDT

- Communicate clearly and give one simple task at a time allowing more time for patients to complete the task.
- Reassure my patient's safety.
- Provide positive feedback showing compassion and patience.
- Don't argue with patients.
- Provide a safe and quiet environment.

Comments from VDT Perception of Caring Survey

- *“The VDT I attended was awesome. I was so frustrated with myself and felt silly during the process because I could not hear the directions properly so getting into the room, I had no idea what to do.”*

Comments from VDT Perception of Caring Survey

- *“Wearing the glasses and oversized gloves was hard let alone having a sound-track in your ear.”*
- *“I was not aware what my Dementia patients were going through until this tour. Everyone should experience this.”*
- *“Great learning experience.”*

Comments from VDT Experience

- “I now have a better understanding of the physical, cognitive and emotional needs of patients with Dementia.”
- “ I will be more empathic to my patient with Dementia and will incorporate techniques learned into my clinical practice.”



Conclusion

- The results support that participants overwhelmingly found this to be a highly valuable learning experiences. Participants recognized Alzheimer's Dementia patients need sensitivity and empathy integrated into the care they provide.
- Findings suggest that post VDT, there was a change in participant's attitudes and awareness of the care required and the approach needed to improve communication between caregivers and the patient.
- Future research is needed.

Virtual Dementia Tour Family Edition

- Self-guided program for use by in-home family caregivers
 - Help increase sensitivity to the challenges faced by caregivers



VIRTUAL DEMENTIA TOUR®
FAMILY EDITION



Mobile Virtual Dementia Tour vehicles

- The Mobile VDT allows the training to occur in areas where there is no space to conduct the tour.
- The general public is more easily involved in the tour when they can see the vehicle away from a health care facility.



Questions?



References

- Alzheimer's Association (2019). Retrieved from http://www.alz.org/alzheimers_disease_what_is_alzheimers.asp
- Baillie, L., Cox, J., & Merritt, J. (2012). Caring for older people with dementia in hospital Part one: challenges: Lesley Baillie and colleagues explore students' experiences during practice placements as part of their university course. *Nursing older people, 24*(8), 33-37.
- Baillie, L., Merritt, J., & Cox, J. (2012). Caring for older people with dementia in hospital Part two: strategies: Lesley Baillie and colleagues describe the creative and flexible approaches that students took during practice placements. *Nursing older people, 24*(9), 22-26.
- Beville, P.K. (2002). Virtual Dementia Tour helps sensitize healthcare providers. *American Journal of Alzheimer's Disease and Other Dementias, 17*(3), 183-190.
- Borbasi, S., Jones, J., Lockwood, C., & Emden, C. (2006). Health professionals' perspectives of providing care to people with dementia in the acute setting: toward better practice. *Geriatric Nursing, 27*(5), 300-308.
- Chater, K., & Hughes, N. (2013). Strategies to deliver dementia training and education in the acute hospital setting. *Journal of Research in Nursing, 18*(6), 578-593.
- Dewing, J., & Dijk, S. (2016). What is the current state of care for older people with dementia in general hospitals? A literature review. *Dementia, 15*(1), 106-124.
- Griffiths, A., Knight, A., Harwood, R., & Gladman, J. R. (2014). Preparation to care for confused older patients in general hospitals: a study of UK health professionals. *Age and ageing, 43*(4), 521-527.
- Houghton, C., Murphy, K., Brooker, D., & Casey, D. (2016). Healthcare staffs' experiences and perceptions of caring for people with dementia in the acute setting: Qualitative evidence synthesis. *International journal of nursing studies, 61*, 104-116.

References

- Mastel-Smith, Kimzey, M., He, Z. (2019). Dementia Care Education for Nursing Students. *Journal of Nursing Education*, 58(3), 136-143. doi: 10.3928/01484834-20190221-03.
- Moonga, J., & Likupe, G. (2016). A systematic literature review on nurses' and health care support workers' experiences of caring for people with dementia on orthopaedic wards. *Journal of clinical nursing*, 25(13-14), 1789-1804.
- Palmer, JL. (2014). The Dementia Friendly Hospital Initiative education program for acute care nurses and staff. *Journal of Continuing Education in Nursing* 45(9), 416-24.
- Second Winds Dream (2017). Virtual Dementia Tour. Retrieved from <http://www.secondwind.org/virtual-dementia-tour/>
- Scerri, A., Innes, A., Scerri, C. (2017). Dementia training programmes for staff working in general hospital settings: a systematic review of the literature. *Aging Mental Health*, Aug;21(8):783-796. DOI:[10.1080/13607863.2016.1231170](https://doi.org/10.1080/13607863.2016.1231170)
- Simpson, K. (2016). Improving acute care for patients with dementia. *Nursing Times* 112(5), 22-24.
- Slater, P., Hasson, F., Gillen, P., Gallen, A., Parlour, R. (2019). Virtual simulation training: Imaged experience of dementia. *International Journal of Older People Nursing*, 14(3), e12243. doi: 10.1111/opn.12243
- Smythe, A., Jenkins, C., Harries, M., Atkins, S., Miller, J., Wright, J., ... & Oyebode, J. (2014). Evaluation of Dementia Training for Staff in Acute Hospital Settings: Analisa Smythe and colleagues investigated the effectiveness of a brief psychosocial intervention delivered in the workplace compared with a standard teaching approach. *Nursing older people*, 26(2), 18-24.
- Turner, A., Eccles, F. J., Elvish, R., Simpson, J., & Keady, J. (2017). The experience of caring for patients with dementia within a general hospital setting: a meta-synthesis of the qualitative literature. *Aging & mental health*, 21(1), 66-76.