



Virtual Dementia Tour® Second Wind Dreams®



Most training programs are lecture, video or role-playing exercises which give a one-off view of dementia. They give important information about dementia but don't allow for practical experience. Studies indicate that adult learners show the strongest learning outcomes when given the opportunity to be an active participant in experiential learning, with direct feedback and concrete recommendations as if they are in the real situation.¹

Educational simulations result not only in improved professional competencies, but also in higher employee satisfaction.² Research has linked patient satisfaction with the sensitivity of health care workers, reporting that the lack of sensitivity threatens patient safety and is a liability for health care providers. She concluded that sensitivity is the core element in quality care delivery.

The Virtual Dementia Tour takes something intangible like empathy and makes it tangible by allowing staff members to see themselves as impaired and behaving in ways that simulate their own residents. In fact, many times during debrief portions of the VDT®, staff members relate their experiences to actual residents and explain why that resident behaves in such a way. Added to that, the staff will also relate what they will do differently when exposed to the same situation again. This is what person-centered care is all about; the ability to look at the individual living with dementia, identify with them and respond accordingly.

Prevalence of the symptoms of depression is a quality-of-life indicator. During the Tour many staff members give up, withdraw and become fearful. These are the seeds of depression. Once this is clear to the staff and they are able to develop ways to help a resident feel more at ease and comfortable, the likelihood of depression decreases. Toileting is easier, assisting at mealtimes is supportive, and engaging the resident in activity becomes second nature because the staff knows how it feels to be isolated.

VDT Return on Investment

- Once a person takes the Tour, they are more aware of how to provide "person-centered-care" to those with dementia because they have just experienced what those with dementia are living with every day. This personal experience allows participants to examine how they would like to be treated and encourages them to use their experience as the example by which they treat people with dementia.
 - Builds staff to resident rapport.
 - State surveyors look for examples of person centered care

¹ (MaGaghie, 1999, p. 9, as quoted in Issenberg, McGaghie, Petrusa, Gordon, & Scalese, 2005).

² Bogo, Regehr, Logie, Katz, Mylopoulos, and Regehr (2011)
DeVinci (2010)

- Prepares eldercare communities for new CMS guidelines outlining requirements for dementia training and development of care policies and the need for ALL staff to be trained.
- The VDT can be provided to your local community allowing you and your entity to be viewed as the “expert” in the field of dementia. This allows for excellent marketing advantage.
- The VDT isn’t just the experience; it’s also an in-depth debrief session to help staff understand why some residents have difficult behavior. In-services are interactive and allow the staff to discuss their experience while learning the clinical reasons for the way they behaved.
- Use the VDT as an onboarding tool during orientation to help staff better understand what is required when caring for a person with dementia.
 - Reduced Turnover: results in increased job satisfaction which leads to more productivity and less staff turnover. Turnover following initial training/onboarding is a battle (49% and up according to The Nurse Staffing Crisis in Nursing Homes article 06/01). Most leave because of low wages, unrealistic workload, or poor introduction/training of “actual” daily duties. The average cost to hire and train a new staff member typically amounts to 180% of salary of hired/trained staff member.
 - Satisfied Families: the VDT can be used to help family members of residents better understand what dementia is like, what is going on with their loved ones and how to be realistic in their expectations.
- Reduction of psychotropic medication use: psychoactive medication use is beginning to decline in nursing homes. While this is trending in the right direction, it is up to those of us in the dementia field to equip them with alternative and effective approaches to care. A benefit of the VDT is that the staff takes responsibility for how it feels to be out of control and unable to complete simple tasks. This insight results in more patience and individualized care that speaks to the symptoms of dementia rather than the behavioral problems. The data obtained from DACE as well as their own statements about care will support this shift in care resulting in a lessening of the use of psychoactive medication.
 - A team of researchers from U of South Florida say “71% of Medicaid residents in Florida nursing homes were prescribed antipsychotics medication even though most were not taking such drugs in the months prior to admission and exhibited no psychotic behaviors. Misdiagnosis led to a tremendous added cost to operating budget and passed along the taxpaying community.
 - The VDT will provide staff with tools they learn from their own experience

that can ward off the need for unnecessary medications. For instance, if a resident is agitated at the end of the day and is becoming “difficult”, the staff will be encouraged to remember how they felt during the VDT and treat the resident in a way that comforts and supports rather than becoming controlling and forceful.

- Once they have walked in the shoes of a person with cognitive decline, staff state that they will be more patient, understanding, less hurried, more sensitive to what is going on around the resident, among other things. Even simply turning on more lights, turning off the TV, turning on music and cutting down on loud abrupt noise make all the difference to a person with dementia, and staff become more aware of these easy strategies after the experience.
- Gero-psychiatric hospitalizations for those with dementia are sometimes an overreaction on the part of staff to difficult behavioral symptoms that are easily ameliorated by staff trained in dementia care. Most conflicts that occur in nursing homes happen when staff members are unfamiliar with behaviors that are normal hallmarks of dementia. When this happens, a resident who is unable to modulate his or her voice sounds brash and threatening which then causes untrained staff to get louder and more impatient. This cycle of misunderstanding can result in unnecessary hospitalizations costing Medicare and Medicaid billions of dollars each year. Teaching the staff how to identify with “normal” dementia behaviors through their own experience will allow them to see themselves in the residents and respond in a more patient and supportive role.
- The VDT should be conducted at least once every 9 months. This allows for ongoing staff training with measurable results, as provided by the VDT and DACE via Pre/Post surveys and empirical data from reports through DACE software.