

Virtual Dementia Tour® Second Wind Dreams®

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

The Virtual Dementia Tour takes something intangible like empathy and makes it tangible by allowing participants to see themselves as impaired and behaving in ways that simulate their own clients, customers or loved ones living with dementia.

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
 - Prepares elder care 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.

“I have a better understanding of residents with dementia. I wish I could have went through the Virtual Dementia Tour 16 years ago when I first started in long term. The debrief put the picture in perspective and without the de-briefing the ball would not be round!” - Dwayne Oxford, Maintenance, Bryant Health & Rehabilitation

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

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

- Use the VDT as an on-boarding 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.
 - 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: a benefit of the VDT is the 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 anti-psychotic medication even though most were not taking such drugs in the months prior to admission and exhibited no psychotic behaviors. Misdiagnoses 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.
- Reduction of inappropriate gero-psychiatric hospitalizations for those with dementia.
- 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.

“It is a powerful training that changed my life forever. I have been in healthcare for 42 years and am also a RN. I thought I had a clue about how Alzheimer’s Disease affected the resident, but your program was a real eye-opener for me!”
 - Cathy Prince-Stokes, Representative, North GA Ombudsman Program