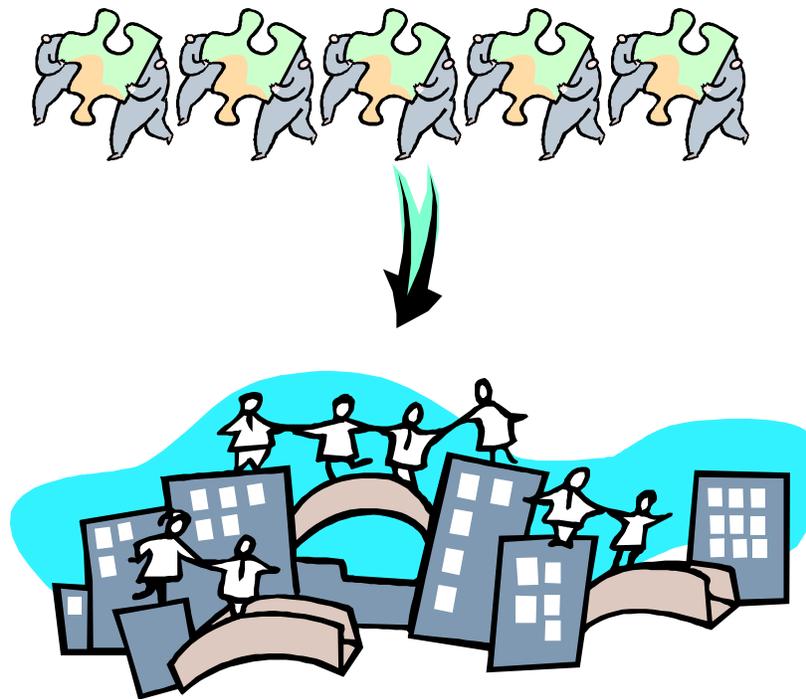


Initiating a Culture of Acknowledgement at Daughters of Sarah

Moving from a Model of Work to a Place of Community



It's about Community!

It's About Community!

Building a Culture of Acknowledgement in the Nursing Home

Teaching Module Developed by:

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for a

New York State Department of Health

Dementia Grant Project at

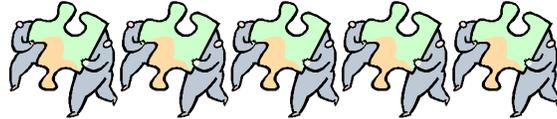
Daughters of Sarah Senior Community



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Sessions I to 12

Curriculum #1

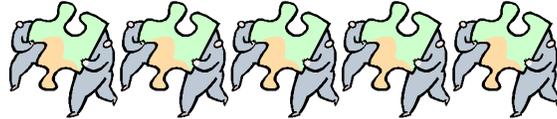


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Session I

Letter of Commitment

<p>I _____ agree to do or say _____ _____</p> <p>for a frequency of _____ for a duration of _____.</p> <p>Name _____</p> <p>Signature _____</p> <p>Unit _____</p> <p>Date _____</p>	<p>Options for Change</p> <ul style="list-style-type: none">✓ Say "Thank You" to a colleague✓ Tell someone they did a nice job.✓ Help somebody without being asked.✓ Offer a suggestion to the "coaches" on what you would do to build a community here.✓ Something else you believe is significant and acknowledging.
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Session II: Using the new environment to work smarter.

Objectives: By the end of the session, the participant will be able to:

1. Define the phrase, "the environment is a partner in care."
2. Identify three features of the new environment at the nursing center and state why the change was made.
3. Help identify how to use the new features of the environment with residents and families.

I. Mini Lesson:

1. The physical environment of the nursing home is the context for care. It has an impact on everyone, staff, residents and families.
2. The environment can make work easier or harder, can provide the residents with stimulation or only boredom and it has an impact on everybody's mood.
3. The environment is the "face" of the nursing center and it sends a message to the community and all its members.

Identifying the Changes

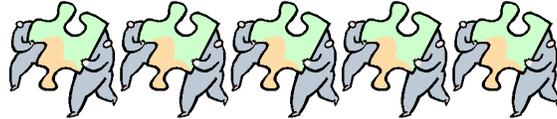
The Changes in the New Environment	How Thing Were Before	How Work Has Changed

The new environment can provide everyone with new opportunities for resident care and for working with families.

New Feature of the Environment	How to Use with Residents and Families

II. Homework

1. **In class:** Think about the rooms in your own home, and how you use them. Kitchen, living room, bathroom, bedroom...serving meals, eating, sitting around the house/relaxing/doing chores, housework; bathing/ getting dressed/ going to bed/sleeping. Get a strong picture in your mind.
2. **This coming week:** look around the rooms at DOS and think about how the residents use them; look at what daily activities are going on: mealtime, eating, sitting around the house, doing housework, bathing, getting dress/ going to bed/sleeping. Does this picture look like the picture in your mind's eye? Does this look like home?
3. **Identify** one activity, or space that could be changed to make DOS more home like for all. Write in your notebook.
4. **Report** out next session.



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Session III: Identifying Opportunities for Innovation in Care: Using the New Environment.

Objectives: By the end of the session, the participant will be able to:

1. Identify three opportunities to use the new environment at the nursing center in an innovative way.
2. Explain how each of the changes supports community building.
3. Explain how to incorporate the changes into practice or support others as they make changes in how they do their work.



I. Mini Lesson:

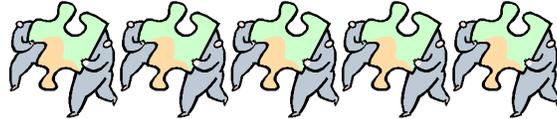
1. The physical environment of the nursing home is the context for care. It has an impact on everyone, staff, residents and families.
2. This is an opportunity to share your ideas and contribute to the community.
3. Your idea may or may not be used however it will be heard and acknowledged.
4. Innovation cannot be imposed, it must be accepted and receive an enthusiastic response in order to work. What has to happen in order for change to work?

Identifying the Changes

Great Ideas! 	How to Make the Ideas Work! 

II. Homework

This coming week: Incorporate one or two changes into your practice. Think about what has to happen in order for change to really work. Write down what you tried and how well it worked in your notebook.



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Session IV: Neurological Changes in the Brain with Dementia

Objectives: By the end of the session, the participant will be able to:

1. Identify the characteristic of dementia.
2. Identify and describe two types of dementias other than Alzheimer's disease.
3. Identify the physiological changes in the brain of an individual with AD.
4. Explain why persons with Dementia have little or no control over their environment and behavior.
5. Explain three difficulties in daily life associated with dementia.
6. State the number one rule for working with persons with dementia.

I. Mini Lesson:

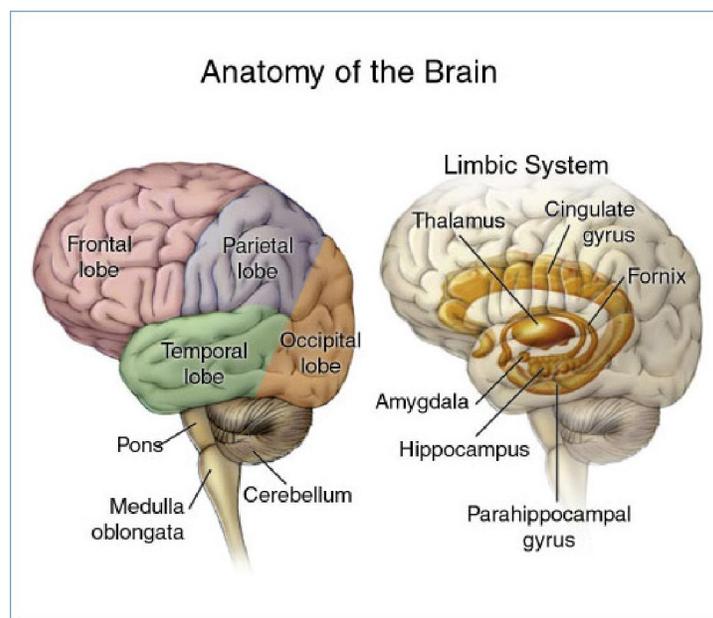
1. The characteristics of dementia always includes memory impairment and one or more of the following:

Characteristic of dementia	What it looks like
aphasia	
apraxia	
agnosia	
loss of executive functioning	
memory impairment	

2. There are several different types of dementia. There are similarities and differences between all of them. This is important, each individual will require a different sort of care and environment based on the type of dementia he or she has.

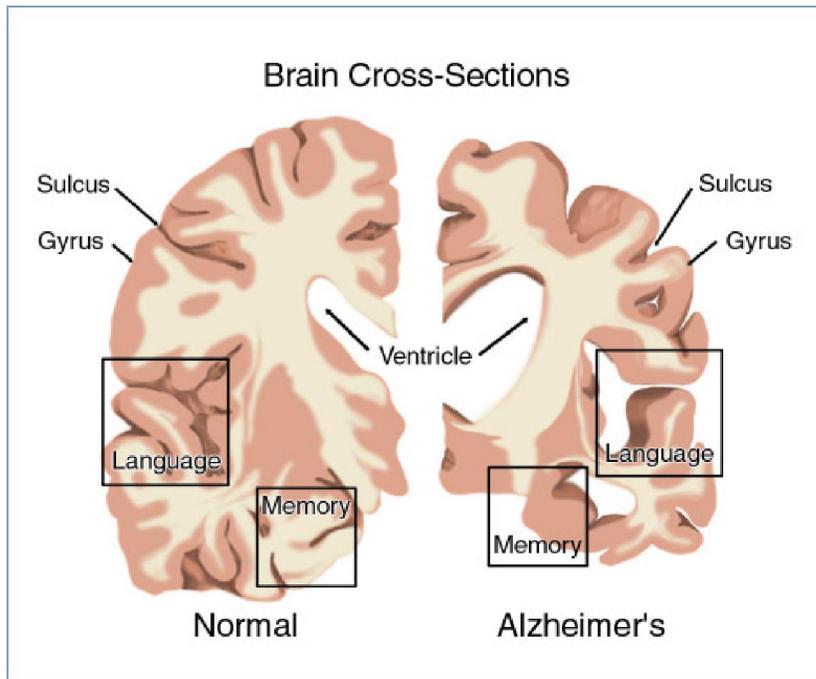
Type of dementia	What it looks like	Change over time
Alzheimer's disease		
vascular dementia		
mild cog. impairment		
pseudo-dementia		
dementia & other illnesses		

3: The major structures of the brain that may change with dementia:



Structure of the brain	What it does
temporal lobe	
frontal lobe	
limbic system	
cerebellum	
pons	

4. Comparison of the brain before and after Alzheimer's disease.



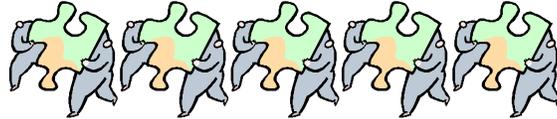
5. Expect all or some of these problems when working with the person with dementia:
- difficulty learning and retaining new information
 - difficulty handling complex tasks
 - poor reasoning ability
 - problems with spatial ability and orientation
 - Language difficulty
 - Behavior that may be unpredictable, hard to manage, upsetting

The cardinal rule for working with persons with dementia is:

Provide persons with dementia the opportunity to be as independent as is appropriate and possible, while maintaining a safe and caring environment.

Homework Options:

1. If you work directly with residents, identify a resident that you know has dementia and think about the specific characteristics that person has and how they impact care.
2. If you don't work directly with residents, think about how you might use this information in your work and how you can support the work of staff who do work directly with residents. Consider areas of work that may eventually trickle down to better resident and family care.



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Session V: Dementia: Impact on Behavior and Interventions

Objectives: By the end of the session, the participant will be able to:

1. Identify staff responsibilities in “managing behaviors” in persons with dementia.
2. State what is meant by “managing behaviors” in the person with dementia.
3. Describe three behavioral interventions to manage behavior in a person with dementia.
4. Describe three environmental strategies to manage behavior in a person with dementia.

Mini Lesson:

Overall responsibilities of the staff in managing behaviors among nursing home residents with dementia include:

1. Communicate with all members of the care team to provide information and support.
2. Communicate with family members about behaviors and interventions.
3. Communicate with residents, when appropriate, about behaviors and interventions.
4. Prevent further occurrence of behaviors by managing triggers and sources whenever possible.

What do we mean when we talk about “managing behaviors?”

1. Behaviors generally refers to actions or activity by the resident that may inflict harm on the self or others, may be disruptive, make it difficult to provide care, may be uncontrolled or frightening to others.
2. These behaviors are generally beyond the control of the resident with dementia and are evidence of disease rather than an act intended to cause disruption or harm.
3. These behaviors should never be taken personally by the staff. (Refer back to module IV to review some of the reasons these behaviors happen.)

Effective intervention requires that we try to understand the meaning behind the behavior.

1. Difficult behavior is usually a response to stressors.
2. Behaviors often emerge when residents are unable to cope with demands that are placed on them.
3. Behaviors are often a means of communication, a way to make needs known.
4. In many cases the behaviors we react to have meaning to the person with dementia.

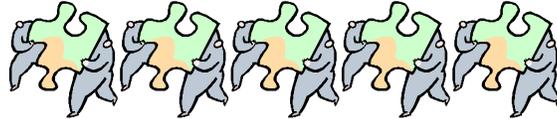
Good care requires that we try to understand the meaning behind the behaviors.!!

Behavior	Meaning	Environmental Intervention	Behavioral Intervention
Agitation and Restlessness			
Aggression and Hostility			
Pacing and wandering			
Pushing and hitting			
Threats Name calling Obscenities			
Robing and Disrobing			
Repeated Questions and Phrases			

Homework:

Clinical staff: Identify a resident who exhibits a difficult behavior. Write down the behavior and brainstorm about possible meanings behind the behavior and possible interventions.

Non-clinical staff: Identify ways you can support clinical staff in their interventions with the resident who is exhibiting behaviors.



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Session VI: Dementia: Impact on Behavior and Interventions Part II

Objectives: By the end of the session, the participant will be able to:

1. Describe three behavioral interventions to manage behavior in a person with dementia.
2. Describe three environmental strategies to manage behavior in a person with dementia.
3. Describe the process for case analysis for behavior intervention and management for persons with dementia.

Mini Lesson:

The first part of the lesson is a review of the prior session.

Effective intervention requires that we try to understand the meaning behind the behavior.

1. Difficult behavior is usually a response to stressors.
2. Behaviors often emerge when residents are unable to cope with demands that are placed on them.
3. Behaviors are often a means of communication, a way to make needs known.
4. In many cases the behaviors we react to have meaning to the person with dementia.

During session V you learned a model for understanding behaviors:

A: antecedent (the circumstances that are in place before the behavior)
B: behavior (the resident's response)
C: consequences (the result or outcome of the behavior)

Good care requires that we try to understand the meaning behind the behaviors.!!

Tips for the Staff:

Wandering: Be prepared and anticipate wandering behavior. Encourage exercise and movement. Be aware of hazards, secure the area; restrict the area for wandering though not the behavior itself. Invite family members to walk with the resident.

Agitation: Usually this is a symptom of frustration. Identify the source of the problem and attempt to eliminate it, or redirect the resident to another activity he/she is capable of. Never tell a resident to "try harder" if he or she is frustrated with a task. Pay attention to the environmental cues such as noise, clutter, these can lead to sensory overload. Speak softly, slowly and calmly. Use light touch to communicate calm.

Verbal outbursts: This is usually a symptom of impaired communication ability. Try to determine what the resident might be telling you. Offer up suggestions and say things like, "Is this what you want?" or "Are you trying to....?" Listen to the resident's words carefully for clues. Is the outburst spontaneous or in response to something? If you can identify the need try to meet it, if not, offer alternatives. Remove the resident from other residents if the outburst continues.

Violent reactions: This is usually an emotionally violent response to what seems to be an insignificant incident or situation. The first thing to do is protect yourself and the other residents. Do not try to reason with the resident. Remain silent, calm and reassure the resident. Do not use threatening body language. Restrain only as a last resort.

Misperceptions and confusion: Pay attention to the details of the behavior to determine if there is an unmet need. Do not correct the resident; remind the resident that you are listening and the he/she is understood. Try to start another line of conversation, one that the resident may understand better. If the misperceptions have something to do with the environment then remove the resident or the trigger. Reassure the resident that he/she will be safe using verbal and non-verbal communication.

Analysis of a Case and Role Play:

Always ask these four questions when trying to manage behaviors in a resident with dementia.

1. What is the exact behavior? (Describe the behavior objectively.)
2. What is happening immediately prior to or during the behavior? (Think about triggers.)
3. Is the behavior really a problem and if it is, for whom?
4. What is the meaning of the behavior? (What could the resident be trying to communicate to us or, is there a reason for the behavior?)
5. What is the most appropriate environmental or behavioral intervention?

CASE

Mr. Smith, a 94-year-old male, has been a resident of the nursing home for six years. Despite mild congestive heart failure and some arthritis affecting his joints and gait, he is able to ambulate with the use of his cane. His primary diagnosis is dementia of the Alzheimer's type, complicated by a history of chronic alcohol use.

Mr. Smith spends part of his day napping, but when he is awake, he paces the hall stopping other residents, staff and visitors asking, "Where is Charlie?" Over and over again. Charlie is his older son, who lives out of town. The other more intact residents get very frustrated with this behavior, sometimes becoming verbally abusive to Mr. Smith.

Mr. Smith often stands by the nurses' station repeating his question every several minutes while staff attempt to chart, measure medication, or help other residents.

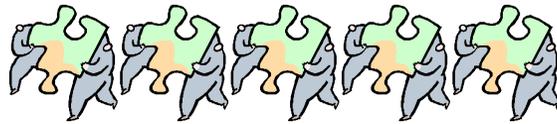
Mr. Smith seems to like physical activity but seldom remains at a planned activity for more than five minutes. He becomes very anxious if people do not respond to his questions. Staff are seeking ways to reduce this repetitive behavior and reassure him.

What would you go about addressing this behavior? What interventions would you like to put into place?

Homework:

Clinical staff: Identify a resident who exhibits a difficult behavior. Write down the behavior and brainstorm about possible meanings behind the behavior and possible interventions.

Non-clinical staff: Identify ways you can support clinical staff in their interventions with the resident who is exhibiting difficult behaviors.



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Session VII: Dementia: Promoting Functional Independence

Objectives: By the end of the session, the participant will be able to:

1. Explain what is meant by “optimal level of functional independence.”
2. Describe the obstacles to promoting resident independence.
3. Describe strategies to promote functional independence in someone with dementia.
4. Describe how to communicate with family members about maintaining the residents' functional independence.

Mini Lesson:

This lesson is based on everything you've learned so far about dementia. All this information is important in order to learn how to allow the resident with dementia to be as independent as possible.

The goal of dementia care is to promote functional independence for the resident, in the least restrictive and safest environment. The idea is that functional independence will reflect what is appropriate for each resident and will be individualized. Modules VII will cover ways to promote independence, Module VIII will cover how to recognize a change in status and determine the appropriate type of care for a resident.

I. What is meant by the phrase “Optimal level of functional independence?”

- Most residents are capable of some level of independence in their daily function, even when they need a lot of care and support.
- Even a low level of independence and self care ability is important to the resident's well-being.

II. Obstacles to resident independence:

- The staff is in a hurry and “does the resident up
- Family members expect the resident to be taken care of
- The resident expects to be taken care of
- The resident exhibits difficult behaviors and staff finds it hard to promote independence
- Changes in nutrition and hydration
- Illness
- Medications

III. Strategies to promote independence:

- Define functional independence for the individual resident.
- Limit choices in activities, ADLs, foods.

- Use cues.
- Engage the resident in activities that exercise the brain.
- Rely on repetition and patterns, structure each day in a similar way.
- Avoid activities that rely on short term memory.
- Encourage the resident to do what they know.
- Encourage the resident to do what they enjoy.
- Give the resident time to complete tasks.
- Normalize the resident's schedule with common activities: cooking, housekeeping, laundry, shopping.
- Keep the resident engaged in physical exercise.

IV. What to tell to families:

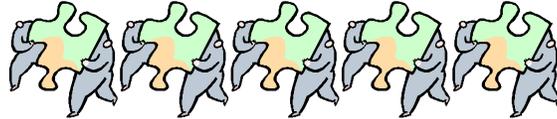
- Promoting functional independence helps to slow down the effects of dementia.
- It is better for the resident to be "less perfect" and take care of things independently than to be "perfect" and be taken care of by staff.
- When ever possible support the residents in doing things for himself/herself.
- Offer to help them identify what they can do to promote independence in the resident.
- Explain that functional independence will change as the dementia progresses.

Homework:

Identify a resident who is appropriately independent or who needs to be more independent.

What strategies can be used to help them stay or gain independence?

How can you support the family members in helping them to understand optimal functional independence for this resident?



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Session VIII: Recognizing and Responding to Change in Cognitive Status

Objectives: By the end of the session, the participant will be able to:

5. Explain why onset of change may be the “red flag” of a problem.
6. Describe the various ways that dementias may progress.
7. Identify four questions to ask when a patient has a change in status.
8. Explain his or her role in responding to a change in status.
9. Describe the various actions that should take place when there is a change in a resident’s cognitive status.

I. Review: The goal of dementia care is to promote functional independence for the resident, in the least restrictive and safest environment. The idea is that functional independence will reflect what is appropriate for each resident and will be individualized.

An important part of providing this care to the resident is the ability to recognize a change in cognitive status and then answer the question “Is this change the result of disease progression or, is it a “red flag” for something more acute?”

To begin to answer this question it is helpful to review prior information:

Characteristic of dementia	What it looks like
aphasia	
apraxia	
agnosia	
loss of executive functioning	
memory impairment	

Type of dementia	Change over time: Yes or No?
Alzheimer's disease	
vascular dementia	
mild cognitive impairment	
pseudo-dementia	
dementia & other illnesses	

II: There are multiple reasons for changes in cognitive status. These include:

- Infection
- Acute episode or illness (CVA, MI), Co-existing medical conditions
- New Medication, Old Medication no longer working as well
- Change in environment
- Change in staff
- Pain
- Worsening sensory status (vision, hearing, taste in particular)
- Lack of sleep
- Disease progression

III. When you recognize that a resident has a change in cognitive status ask the following questions:

- a. What is different about the resident's cognitive status?
- b. What is the time frame for the change?
- c. Is anything else different or does the resident look "sick" in any way?
- d. Are there other symptoms or changes in addition to the cognitive changes?

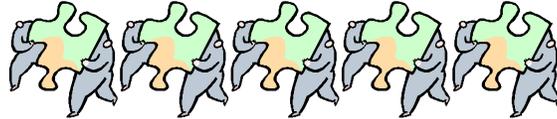
IV: Responding to a change in cognitive status:

Your action will always reflect your role BUT you are obligated to do something if you think that there is something wrong with a resident.

- Report your observation to the right person.
- Be very descriptive about what you see. Try to describe the change by answering the questions in III above.
- If you think the resident is "sick" or at risk, tell the right person.
- If you think that the resident is showing evidence of disease progression re-think your interventions:
 - Does the resident's care plan have to change?
 - Does the resident need a new bowel and bladder routine?
 - Does the resident need new types of food or food consistencies?
 - Does the resident need new recreational activities?
 - Is the resident ready for a new level of care?
 - Are all caregivers aware of the change in status?

Has someone talked with the family or significant other?
What is an appropriate level of functional independence for the resident?

Discussion: Identify a resident who has experienced a change in status. Use the four questions stated above to analyze the change and then discuss the appropriate interventions in response to the change. Try to identify your particular role in this process.



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Session IX: Communication Skills: Building a Culture of Acknowledgement

Objectives: By the end of the session, the participant will be able to:

1. Describe strategies used to identify a problem, develop a plan and solve a problem as a team.
2. Describe how to communicate effectively, respectfully and work together as a team.

These activities are about team building, working together, and communication. Listed below are several activities to be completed as a group. These exercises will have everyone working. Afterwards, talk about the experience of working together.

Activities for large groups: To accomplish these you will need one Hoola Hoop for every 10 to 15 people, a large canvas tarp, a set of 20 paper plates numbered 1 to 20, a box or basket large enough to hold the plates.

HOOLA HOOP GAME

Form large circles of groups of 10 to 15 people holding hands. Place the hoola hoop between two clasped hands. The goal is to move the hoop around the circle, back to the starting place, using teamwork. Any method you figure out is acceptable, except you can not break hands.

TURNING THE TARP OVER

Lay out a tarp and have everyone stand on it comfortably (you may need more than one tarp for larger groups). It is important that the number of people standing on the tarp is comfortable, not too many or too few. The task is to turn the tarp over, (while people continue to stand on it), and wind up with everyone standing on the opposite side of the tarp. During the process of turning the tarp over, **everyone must continue to stand on the tarp at all times without anyone touching the floor.**

THE PLATE GAME

Form 2 groups of 15 or use just one group. Number the plates 1-20. Spread out the tarp and scatter the numbered plates on the tarp. Place a box on the other side of the room or at least 10 feet away from the tarp. The task is to get each plate off the tarp, and into the basket/box in number order, in the quickest time possible.

Rules:

- Only one person at a time can go on the tarp, and they must step off the tarp with the plate, before anyone can go to remove another plate.
- Plates can be handed to anyone while being moved toward the box.
- The plates must go into the box in numbered order.
- Time each group to see how quickly they can do the task.

To begin: Explain all the rules and model the activity to all the participants. Give the group 3-4 minutes to figure out a strategy before beginning.

Debriefing Questions:

How did everyone do working as a team? Ask the group(s) these process questions:

1. Did group members make suggestions in a positive, respectful way? Give examples.
2. Did one or two people emerge as organizers? Were there leaders and followers and did everyone do their respective role?
3. How did the group handle ideas that were not useful?
4. Did the group make compromises?
5. Did one person make all the suggestions/changes? How did that feel to the rest of the group?
6. What did people's body language look like?
7. What was people's eye contact like?
8. Overall, how would you rate the team as a group? Did they work together as a group?
9. Other comments?
10. How is this similar to work in real life and what lessons did you learn?

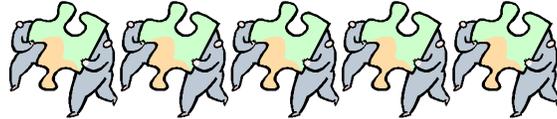
COMMUNICATION AND ACKNOWLEDGEMENT EXERCISE

“Kisses Exchange”

At the beginning or end of any of the session, place a bowl of Hershey's Kisses in the middle of the group. One by one each participant is to give one “kiss” to another participant and thank them for something they've done, said, or shared. The “thank you” can be for something each individual has benefited from or something they witnessed such as kindness to a resident, or helping out another staff member. It is important to do this exercise one at a time so that the entire group has the opportunity to witness the act of “thank you.”

Debriefing Questions:

1. How did you feel being thanked in public?
2. How did you feel thanking someone in public?
3. What was each person's eye contact like?
4. Were people embarrassed to be thanked?
5. What types of things were being acknowledged?
6. How did you decide what to acknowledge?
7. How could you incorporate this activity into your work life?



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Session X: Communication Skills: Negotiation and Delivering Neutral Messages

Objectives: By the end of the session, the participant will be able to:

1. Describe three skills of effective communication.
2. List three positive body language messages.
3. Describe how to deliver constructive criticism.

Opener: Divide into two groups, one on each side of the table. Have one person at the start of each side of the table whisper a phrase or message. Have each person whisper the message to the next person. Go down the line of people and see what the message is when it reaches the last person. This is a good exercise on listening, critical to all communication.

General Communication Tips:

- Sharpen your **listening skills**, so that you hear the intent, tone and emotion behind the message. Most people don't listen well; they're thinking about what they want to say.
- **Repeat the message back** in your own words so that you're sure you heard the message correctly.
- If you're too busy to listen, and address the issue, say so, and schedule a time when you can listen and focus on the concern.
- Encourage recommendations, or "ways to make things better".
- If you want to give an important message, don't white wash it. Put it up front to everyone.
- If the information has a particular meaning, provide the interpretation you want everyone to get.
- Being Clear:
 1. Write out instructions
 2. Use plain English: how many, when, where, etc.
 3. Invite questions
- Summarize what's been said when you're finished.
- Thank staff or other team member for their ideas, and be courteous and respectful of their ideas.
- Use good body language, listed in the box below.

Non-Verbal Communication

It's what you don't say that is powerful! Communication is 90% body language, 10% verbal message. Check out your body language when speaking!

POSITIVE BODY MESSAGES	BEHAVIORS TO AVOID
<ul style="list-style-type: none">• Smile• Make eye contact• Greet people by name• Keep body stance open• Use your hands, if that's you• Tilt your head slightly (empathy)	<ul style="list-style-type: none">• Don't fold arms across chest• Avoid staring• Avoid finger, foot tapping• Don't fidget, yawn• Don't walk away when someone is speaking to you.• Don't continue working while someone is talking with you.

What are "I" Statements?

"I" statements are part of assertive communication and important in delivering effective messages. They keep you from attacking another person's message, while helping to get your message across. Using "I" statements indicates to another you are taking responsibility for what you say and feel.

What is contained in an "I" message: how **you** feel, how **you** see the situation, not the other person.

Use it to convey negative feelings:

- "I get tired of asking you to fill out this form."

Make a direct request using an "I" statement, rather than beating around the bush:

- "I need some help feeding Mary today."

Use it to give a compliment:

- "I admire the way you handled that situation".

Giving Constructive Criticism

- Be sure you need to, first.
- Use an "I" statement:

"You're not doing a good job with so-and-so"

Vs.

"I have a problem with so-and-so, which I would like to talk to you about"

- Be specific, not general
- Quantify, if possible: how many times, exactly when, etc.
- Address issues, not personalities
- Not in front of others
- Role play:

Receiving Criticism:

- If the criticism is true, acknowledge it "Yes it's true I am late for work".
- If you believe it's not valid, acknowledge the criticism, and then say what you believe.

For Teachers:

Application: Stop the action role play. Ask for two volunteers to role play negative or positive behaviors- group to “stop the action” when they observe negative or inappropriate words, behavior, body language and then suggest ways to change the interaction

Scenarios: Do not hand these out to all participants. Use to set up the script for the “players” in the scenarios.

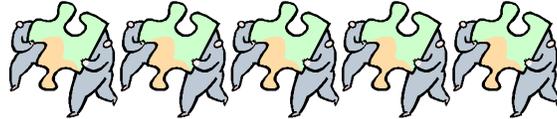
Script: Player 1- (Directions: make sure that you demonstrate some negative communication as well as positive.) (Mary or Myron)- You have received approval to be 30 minutes late for work from the nurse manager so that you can meet your child's teacher. When you arrive on the residence area your immediate supervisor is obviously angry with you. Respond to the nurse supervisor. Try to come to some resolution.

Player two – (Directions: make sure that you demonstrate some negative communication as well as positive.) (Sally or Sam)- As the immediate supervisor you are frustrated. Two of your staff called in sick and now Mary (or Myron) is just arriving. You didn't know that they received prior approval from the nurse manager and you are very angry. Display by your body language and words your frustration. Try to come to some resolution.

Script Scenario 2

Player 1- (Directions: make sure that you demonstrate some negative communication as well as positive.) (Recreation Dept. Rep) - You have planned an evening program for the residents and publicized it with all the residential areas. You planned the event because staff has complained that there are too few activities for residents in the evening. Only 3 residents come. Display by your body language and words your frustration and ultimately come to some resolution.

Player 2 – (Directions: make sure that you demonstrate some negative communication as well as positive.) (Someone from Nursing). Tonight you are very short staffed and need to get the residents settled as soon as possible. Display your frustration with the recreation dept assistant by body language and words. Try to come to some resolution



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Session XI: Communication Skills: Negotiation and Delivering Neutral Messages

Objectives: By the end of the session, the participant will be able to:

1. Describe three skills of effective conflict management.
2. Describe the steps in problem solving.
3. Apply two strategies to manage conflict, and negotiate solutions.

Conflict & Negotiation

Not all conflict is bad and it can be a strong motivator for change or growth. Use conflict as an indicator for change or problem solving.

Some common strategies for dealing with conflict:

- Avoidance – Ignoring or denying the problem; sometimes this backfires
- Fighting – You can lose if this is your style
- Surrender – Being non-assertive can be very frustrating
- Compromise – You don't get everything you want, each party gets something
- Collaborate or problem solving

When conflict is negative, resolution is needed. Healthy negotiation addresses both parties concern's, a win-win solution. The focus is on solving the problem, not defeating the other person! Think: How can we solve this so that we're both satisfied?

General approach to creating a win-win situation:

- Separate people from the problem: **never** attack someone personally
- Focus on issues, not the person's job role or status
- Focus on identifying a solution
- Know what the policies, protocols, or guidelines are before you start negotiating. Some things you can't change!
- Pick the best time and place for a meeting

Steps to Successful Problem Solving

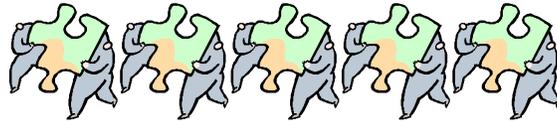
Steps	Example
1. Think about what the other person's interests are in the situation. Put yourself in their shoes.	1. Ask: Why? Why does someone want it done this way and not another way? OR Why do we have this rule anyway?
2. Outline the problem by getting everyone's point of view out.	" Steve, how do you see the problem?" "What's really important to you?"
3. Be sure you understand their point of view.	3. Paraphrase back what they said to you.
4. Outline what we agree on	4. Know what you can give up, and what you can't! Not everything's negotiable.
5. Make of list of all the possible options. The more the better.	5. Include everyone's, not just yours!
6. Agree on the best option.	<ul style="list-style-type: none"> • Be willing to compromise, if you can't agree. • If things stall, take a break, and come back to it. Think of the meeting as exploratory.
7. Wrap it up!	Review what's been agreed on, and document it. <ul style="list-style-type: none"> • Who is going to do what, and when • Set deadlines for specific responsibilities • Get it in writing • Decide how long you're going to monitor it. • Discuss "what if "scenario's

NOW IT'S YOUR TURN

Scenario # 1:

You are Joe, part of the maintenance department. While you were walking down the hall Mary asked you to fix a toilet. You told her to fill out a request form and she didn't. At 4 PM you saw her again, she's angry at you, saying "why didn't you fix that toilet?"

Form groups of 3; one person assumes the role of Joe, another Mary, and another person acts as negotiator. Play out this conflict, using problem-solving skills listed above. For our actors, think about Questions 1&2 in the box and talk about them. How will you come to a resolution?



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Session XII: Wrapping it all up: How can we lose the "I versus you?"

Objectives: By the end of the session, the participant will be able to:

1. Identify three things learned about dementia care that could be used on a daily basis.
2. Identify ways to incorporate the three ideas from #1 above into daily practice.
3. State two things he/she wishes co-workers would do to build better teams at work.
4. State two things he/she are willing to do themselves to build better teams at work.
5. Share two ideas for making culture change a reality at Daughters of Sarah Nursing Center and losing the "I versus You" dynamic.

-
- I. This is the final session. We've covered a lot of ground over 12 weeks. At the beginning of this educational project we said that to build community at Daughters of Sarah Nursing Home we would focus on: culture, environment, better dementia care and communication.
 - II. We worked hard to define culture and decided that culture was the ideas and values that each person brings to work with them. Then we decided that Daughters of Sarah Nursing Center has its own culture as well. In this environment the different cultures all feed off each other. The culture of Daughters of Sarah is about the efforts of the team on behalf of the residents. One thing is clear.....most everyone has the resident's best interests at heart! However problems arise when cultures clash and people forget why they are here.

Exercise:

Anticipation and practice is the best way to build communication skills. Read this description of a familiar situation and come up with one or two responses that you think would be good to use in this situation:

Your co-worker comes in and he/she is angry with the supervising LPN. This individual is talking up a storm about the LPN, is getting little done and he/she is working hard to convince everyone that this person is a witch, just like the rest of "them!" You decided it is too early in the morning to play "Us against them." You try to help your coworkers figure out how to resolve the situation. What do you say to the person who is creating all the fuss?

- III We shared a lot of information about dementia care: how the brain changes, how dementia impacts on behavior, how to manage behavior and how to promote functional independence. The purpose of sharing this information was to improve care but also to help staff, especially CNAs develop a "bag of tricks" for care that would allow them to be more independent in some of their activities with residents.

Exercise: Working in small groups (according to the size of the total group) identify at least three things you learned about dementia care and how you will use them in practice. Each group will need a recorder to write down the ideas.

III We also talked about communication and building a stronger sense of team work. Team work is critical to building a culture of acknowledgment and a culture of acknowledgement is critical to team work. The problem is we often think what other people should do to build teams but forget that we need to contribute as well! This exercise should help you see things from both perspectives.

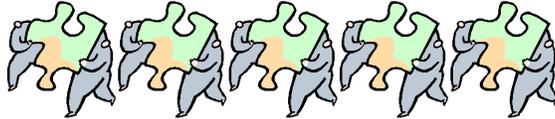
Exercise: Break up into small teams of 2-5. Each team will need a recorder to write down your ideas. Half the teams in the room will identify things or actions they wish co-workers would do to build better teams at work. The other half will identify the things they are willing to do themselves to build better teams at work. After everyone is done and has presented their ideas, see how similar or dissimilar the two lists are!

IV Finally we need to know how to make culture change a reality at Daughters of Sarah Nursing Center. Working in the larger group, share your ideas for making culture change a permanent part of work at the facility.



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Sessions 1 to 5 Revised Curriculum #2



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Session I: Culture Change, Communication and Setting Goals

Objectives: By the end of the session, the participant will be able to:

1. Define the concept of "culture."
2. Explain what it means to be a member of a "culture."
3. Describe the underlying assumptions that will guide this culture change initiative.
4. Explain how communication "shapes" culture
5. Identify one strategy for acknowledging co-workers, so that the communication supports a "positive" culture.

Mini Lesson:

1. What is culture?
2. What are the elements of culture change?
Environment, Practice, culture, and Communication

STOP THE ACTION ACTIVITY:

Share a story that you think describes the culture of Daughters of Sarah Nursing Center.

Tell the group how you know when a culture (any culture you come into contact with) is "good or bad" or conveys positive or negative opportunities.

2. What is the culture change project about?

- a. Purpose: grant from the NYS Department of Health to improve care of residents with dementia by changing the culture of the facility. The idea was to initiate a Culture of Acknowledgement and create an open community. (It's About Community!)
- b. Been there, done that! This educational initiative is not new and is the second educational round of the grant.
- c. Details of some grant activities: Teaching, coaching-mentoring, data collection and research, community education.

STOP THE ACTION ACTIVITY: How can we help you learn and make this a meaningful activity for you?

What is the best learning experience you ever participated in?

e. Homework: As part of each session you will have some “homework”, mostly this will be suggestions for using what you learned in your daily work. And in the following session you will be able to talk about the experience of using new information and trying new ways to do your work.

3. Working assumptions for this project: Everyone who works at Daughters of Sarah has a commitment to making it the best possible place for residents and staff, to both live and work.

4. Communication shapes culture, culture shapes communication, and communication starts with each one of us! Culture and values are conveyed through language....spoken, body and written language. Culture is also shared through behavior and behavior but simply another form of language! If we are working on building a culture of acknowledgement it is critical that communication acknowledge and nurture and not ignore and harm. Poor communication or negative communication creates a type of culture where participants in the culture feel unsafe and vulnerable and it is hard to trust your co-workers.

STOP THE ACTION ACTIVITY: Role mode for communication styles.

Model the message identified below!

You are working the night shift tonight, you have no choice.

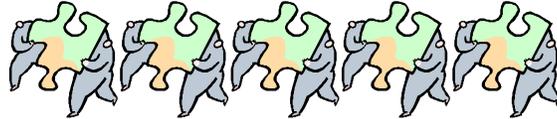
You are sick, go home, go to sleep and take care of yourself.

Don't talk with the family unless you want to get an ear full!

How could you have possibly done that without my permission?!!!

4. Group activity: pick an area you will work on and sign your letter of commitment.

Practice random acts of kindness with acknowledgment

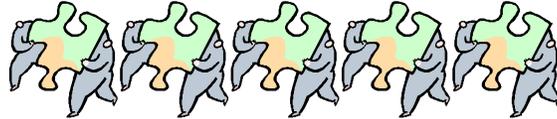


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Session I

Letter of Commitment

<p>I _____ agree to do or say _____ _____</p> <p>for a frequency of _____ for a duration of _____.</p> <p>Name _____</p> <p>Signature _____</p> <p>Unit _____</p> <p>Date _____</p>	<p>Options for Change</p> <ul style="list-style-type: none">✓ Say "Thank You" to a colleague✓ Tell someone they did a nice job.✓ Help somebody without being asked.✓ Offer a suggestion to the "coaches" on what you would do to build a community here.✓ Something else you believe is significant and acknowledging.
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Session II: Dementia: Basics about the Brain and how it Impacts on Behavior

Objectives: By the end of the session, the participant will be able to:

1. Identify the characteristics of dementia.
2. Identify the physiological changes in the brain of an individual with AD.
3. Explain why persons with Dementia have little or no control over their environment and behavior.
4. Identify staff responsibilities when working with persons with dementia.
5. Describe three behavioral interventions to use with a person with dementia.
6. Describe three environmental strategies to use with a person with dementia.
7. State the number one rule for working with persons with dementia.

I. Mini Lesson:

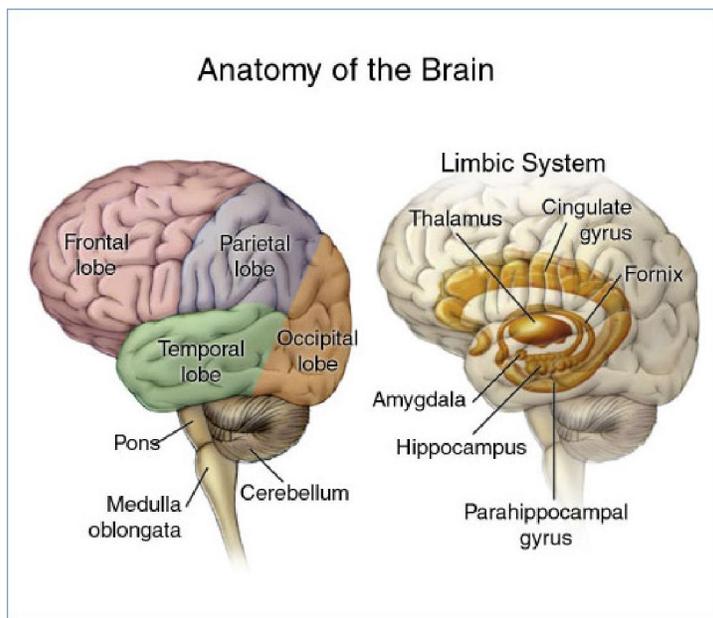
1. **The characteristics of dementia always includes memory impairment and one or more of the following:**

<i>Characteristic of dementia</i>	<i>What it looks like</i>
aphasia	
apraxia	
agnosia	
loss of executive functioning	
memory impairment	

2. **There are several different types of dementia. There are similarities and differences between all of them. This is important, each individual will require a different sort of care and environment based on the type of dementia he or she has.**

Type of dementia	What it looks like	Change over time: :Yes/No
Alzheimer's disease		
vascular dementia		
dementia & other illnesses		

3: The major structures of the brain that may change with dementia:



Structure of the brain	What it does
temporal lobe	Memory, hearing, language
frontal lobe	Skilled muscle movement, mood, planning, goals
limbic system	Emotions, learning, memory
cerebellum	Movement, balance
pons	Respiration, heart rate

Stop the Action Activity: Pick a partner to do this exercise and then decide which resident (below) each of you wants to discuss.

Mr Jones (who has Alzheimer’s Disease) cries easily and often laughs when there is nothing funny going on. He walks with an uneven gait and when he talks, he has a difficult time finding the right word.

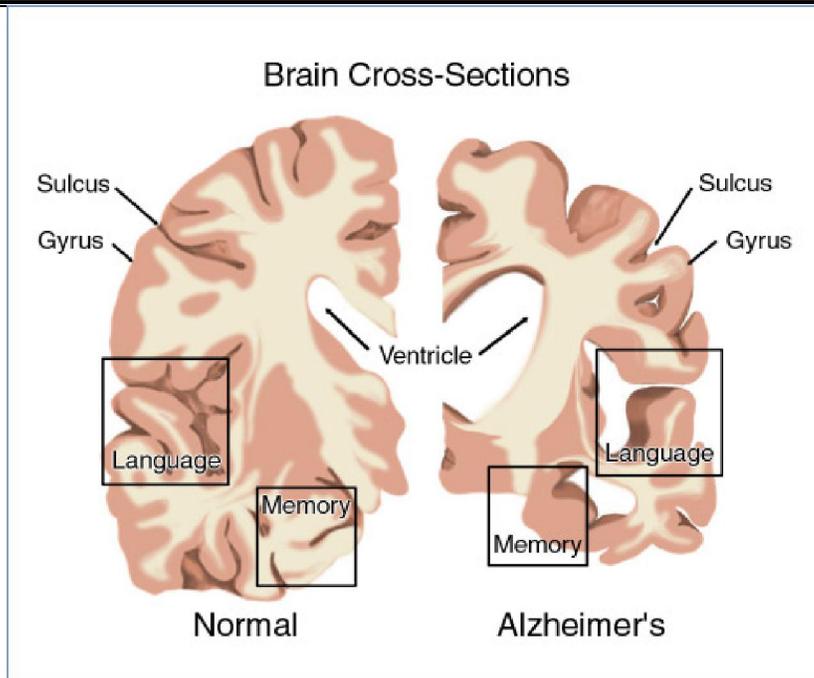
Mrs. Smith (who also has Alzheimer’s Disease) rarely shows emotions, she has “bad judgment” and frequently falls.

Think about the brain and then share your explanation of what is going on with these residents with each other. Ask yourselves: Can these residents act differently if they tried hard enough?

4. Comparison of the brain before and after Alzheimer’s disease.

Stop the Action Activity:

After looking at the brain cross-sections, explain to the group what important information the picture tell us about the brain and how that information can guide resident care.



5. Expect all or some of these problems when working with the person with dementia:

- * difficulty earning and retaining new information
- * difficulty handling complex tasks
- * poor reasoning ability
- * problems with spatial ability and orientation
- * language difficulty
- * behavior that may be unpredictable, hard to manage, upsetting

6. Staff has significant responsibilities when working with residents with dementia:

- * Communicate with team members to provide information and support.
- * Communicate with family members about behaviors and interventions.
- * Communicate with residents, when appropriate, about behaviors and interventions.
- * Prevent further occurrence of behaviors by managing triggers and sources.

7. What do we mean when we talk about “managing behaviors?”

- * Refers to actions or activity by the resident that may inflict harm on the self or others, may be disruptive, make it difficult to provide care, may be uncontrolled or frightening to others.
- * Behaviors that are generally beyond the control of the resident and are evidence of disease rather than an act intended to cause disruption or harm.
- * These behaviors should never be taken personally by the staff.

8. Effective intervention requires that we try to understand the meaning behind the behavior.

- * Difficult behavior is usually a response to stressors.
- * Behaviors often emerge when residents are unable to cope with demands that are placed on them.
- * Behaviors are often a means of communication, a way to make needs known.
- * In many cases the behaviors we react to serve some purpose for the individual with disease.

Stop the Action Activity: Good care requires that we try to understand the meaning behind the behaviors! Work in pairs, pick a behavior and fill in the blanks for that behavior in the chart below. Be prepared to demonstrate the characteristic of that behavior to the group.

Behavior	Meaning	Environmental Intervention	Behavioral Intervention
1. Agitation and Restlessness			
2. Aggression and Hostility			
3. Pacing and wandering			
4. Pushing and hitting			
5. Threats Name calling Obscenities			
6. Robing and Disrobing			
7. Repeated Questions/Phrases			

The cardinal rule for working with persons with dementia is: **Provide individuals with dementia the opportunity to be as independent as is appropriate and possible, while maintaining a safe and caring environment.**

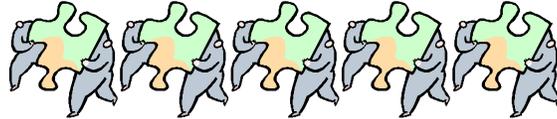
Homework Options:

Clinical staff:

- a. Identify a resident that you know has dementia and think about the specific characteristics that person has and how they impact care.
- b. Identify a resident who exhibits a difficult behavior. Write down the behavior and brainstorm about possible meanings behind the behavior and possible interventions

Non-clinical staff:

- a. Think about how you might use this information in your work and how you can support the work of staff who provide direct care to residents. Consider areas of work that may eventually trickle down to better resident and family care.



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Session III: Functional Independence: There's more to it than meets the eye!



Objectives: By the end of the session, the participant will be able to:

1. Explain what is meant by “optimal level of functional independence.
2. Describe the process for case analysis for behavior intervention and management for persons with dementia.
3. Describe strategies to promote functional independence in someone with dementia
4. Describe the obstacles to promoting resident independence
5. Describe how to communicate with family members about maintaining the residents’ functional independence.
6. Explain why onset of change may be the “red flag” of a problem.
7. Describe the various actions that should take place when there is a change in a resident’s cognitive status.

Mini Lesson:

(The first part of the lesson is a review of the prior session.)

We ended the last session with a discussion of the meaning of behavior in persons with dementia and identified behavioral and environmental interventions to help promote “positive” behaviors in persons with dementia. By “positive” we mean behaviors that will not inflict harm on the individual or others, nor interfere with engagement in appropriate activities. Effective intervention requires that we try to understand the meaning behind the behavior.

1. Difficult behavior is usually a response to stressors.
2. Behaviors often emerge when residents are unable to cope with demands that are placed on them.
3. Behaviors are often a means of communication, a way to make needs known.
4. In many cases the behaviors we react to have meaning to the person with dementia.

II. An easy model exists to help us identify the actions or behaviors of persons with dementia. When we use this model we can do a “case analysis” on the spot, decide on an intervention(s) and then work with the resident.

Ask yourself:

What was going on before the behavior?

What was the resident doing that caused a problem?

What will happen because of the behavior?

Good care requires that we try to understand the meaning behind the behaviors!

Stop the Action Activity: Work with a partner and try to answer the three questions that are above this box.

Mr. Smith, a 94-year-old male, has been a resident of the nursing home for six years. Despite mild congestive heart failure and some arthritis affecting his joints and gait, he is able to ambulate with the use of his cane. His primary diagnosis is dementia of the Alzheimer's type, complicated by a history of chronic alcohol use.

Mr. Smith spends part of his day napping, but when he is awake, he paces the hall stopping other residents, staff and visitors asking, 'Where is Charlie?', over and over again. Charlie his older son lives out of town. The other more intact residents get very frustrated with this behavior, sometimes becoming verbally abusive to Mr. Smith.

Mr. Smith often stands by the nurses' station repeating his question every several minutes while staff are attempting to chart, measure medication, or help other residents.

Mr. Smith seems to like physical activity but seldom remains at a planned activity for more than five minutes. He becomes very anxious if people do not respond to his questions. The staff are looking for ways to reduce this repetitive behavior and reassure him.

What would you go about addressing this behavior? What interventions would you like to put into place?

III Promoting Optimal Level of Independence for Persons with Dementia

What is meant by the phrase "Optimal level of functional independence?"

Most residents are capable of some level of independence in their daily function, even when they need a lot care of care and support. Even a low level of independence and self care ability is important to the resident's well-being.

Helping to minimize disruptive behaviors that get in the way of independence is one way to help the resident do all he or she is capable of doing!

Strategies to promote independence:

- C Limit choices in activities, ADLs, foods.
- C Use cues or reminders for the resident.
- C Engage the resident in activities that exercise the brain.
- C Rely on repetition and patterns, structure each day in a similar way.
- C Avoid activities that rely on short term memory.
- C Encourage the resident to do what they know.
- C Encourage the resident to do what they enjoy.
- C Give the resident time to complete tasks.
- C Normalize the resident's schedule with common activities: cooking, housekeeping, laundry, shopping.
- C Keep the resident engaged in exercise.

Obstacles to resident independence:

- D The staff is in a hurry and “does the resident up.”
- D Family members expect the resident to be taken care of.
- D The resident expects to be taken care of.
- D The resident exhibits difficult behaviors.
- D Changes in nutrition and hydration
- D Illness
- D Medications

Families don't always understand why it is important for residents “to do” for themselves. When family members ask about functional independence think about sharing some of this information:

- J Promoting functional independence helps to slow down the effects of dementia.
- J It is better for the resident to be “less perfect” and take care of things independently than to be “perfect” and be taken care of by staff.
- J When ever possible support the residents in doing things for themselves.
- J Offer to help them identify what they can do to promote independence in the resident.
- J Functional independence will change as the dementia progresses.

IV: Can you recognize a change in resident status?

There are multiple reasons for changes in cognitive status and include:

- Ü Infection
- Ü Infection
- Ü Acute episode or illness (CVA, MI) or, co-existing medical conditions
- Ü New Medication or old Medication no longer working as well
- Ü Change in environment
- Ü Change in staff
- Ü Pain
- Ü Worsening sensory status (vision, hearing, taste in particular)
- Ü Lack of sleep
- Ü Disease progression

Stop the Action Activity: Work with a partner and decide if each of these changes is likely to be permanent or temporary for the resident?

Mr. Jones has new (rapid) onset of restlessness at night ever since his favorite aide left. He has trouble settling into his bed and relaxing.

Ms. Cat's memory has gradually been getting worse for the past two year. She is no longer able to find her room by herself.

Mrs. Todd's CHF is much worse now that it was three months ago and along with that change she has lost her ability to participate in walking activities.

III. When you recognize that a resident has a change in cognitive status ask the following questions:

1. What is different about the resident's cognitive status?
2. What is the time frame for the change?
3. Is anything else different or does the resident look "sick" in any way?
4. Are there other symptoms or changes in addition to the cognitive changes?

Responding to a change in cognitive status:

- 1 Report your observation to the right person.
- 2 Be very descriptive about what you see. Try to describe the change by answering the questions in III above.
- 3 If you think the resident is "sick" or at risk, tell the right person.
- 4 If you think that the resident is showing evidence of disease progression re-think your interventions.
 - Does the resident's care plan have to change?
 - Does the resident need a new bowel and bladder routine?
 - Does the resident need new types of food or food consistencies?
 - Does the resident need new recreational activities?
 - Is the resident ready for a new level of care?
 - Are all caregivers aware of the change in status?
 - Has someone talked with the family or significant other?
 - What is an appropriate level of functional independence for the resident?

Stop the Action Activity: Identify a resident who has experienced a change in status. Use the four questions stated above to analyze the change and then discuss the appropriate interventions in response to the change. Try to identify your particular role in this process.

Homework: (For all staff)

Observe the residents in the facility and identify one that seems to be less independent than he or she could be. Think about what could be done to allow that resident to do more for him or herself. Come to the next session prepared to share your ideas.



Staff Tip Sheet: Clues for Dealing with Different Kinds of Behaviors!

Wandering: Be prepared and anticipate wandering behavior. Encourage exercise and movement. Be aware of hazards, secure the area; restrict the area for wandering though not the behavior itself. Invite family members to walk with the resident.

Agitation: Usually this is a symptom of frustration. Identify the source of the problem and attempt to eliminate it, or redirect the resident to another activity he/she is capable of. Never tell a resident to “try harder” if he or she is frustrated with a task. Pay attention to the environmental cues such as noise, clutter, these can lead to sensory overload. Speak softly, slowly and calmly. Use light touch to communicate calm.

Verbal outbursts: This is usually a symptom of impaired communication ability. Try to determine what the resident might be telling you. Offer up suggestions and say things like, “Is this what you want?” or “Are you trying to....?” Listen to the resident’s words carefully for clues. Is the outburst spontaneous or in response to something? If you can identify the need try to meet it, if not, offer alternatives. Remove the resident from other residents if the outburst continues.

Violent reactions: This is usually an emotionally violent response to what seems to be an insignificant incident or situation. The first thing to do is protect yourself and the other residents. Do not try to reason with the resident. Remain silent, calm and reassure the resident. Do not use threatening body language. Restrain only as a last resort.

Misperceptions and confusion: Pay attention to the details of the behavior to determine if there is an unmet need. Do not correct the resident; remind the resident that you are listening and the he or she is understood. Try to start another line of conversation, one that the resident may understand better. If the misperceptions have something to do with the environment then remove the resident or the trigger. Reassure the resident that he/she will be safe using verbal and non-verbal communication.



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Session IV: Communication Skills to Build a Better Team. "Better teams build a culture of acknowledgement."

Objectives: By the end of the session, the participant will be able to:

1. Explain the advantages of working as a team.
2. Explain why communication is essential to team building.
3. Describe three skills of effective communication.
4. List three positive body language messages.
5. Describe how to deliver constructive criticism.

Opener: Who will cross the line first?

Activity: Everyone please stand on one side of the line, opposite another person. You have 15 seconds to convince the person opposite you, without force, to cross the line.

Communication is essential to team building!!!!

General Communication Tips:

- Sharpen your **listening skills**, so that you hear the intent, tone and emotion behind the message. Most people don't listen well; they're thinking about what they want to say.
- Repeat the message back in your own words so that you're sure you heard the message correctly.
- If you're too busy to listen, and address the issue, say so, and schedule a time when you can listen and focus on the concern.
- Encourage recommendations, or "ways to make things better".
- If you want to give an important message, don't white wash it. Put it up front to everyone.
- If the information has a particular meaning, provide the interpretation you want everyone to get.
- Being Clear:
 1. Write out instructions
 2. Use plain English: how many, when, where, etc.
 3. Invite questions
- Summarize what's been said when you're finished. Make sure you stick with your original message and try not to bring in other, unrelated issues.
- Thank staff or other team member for their ideas, and be courteous and respectful of their ideas.
- Use good body language, listed in the box below.

Non-Verbal Communication

It's what you don't say that is powerful! Communication is 90% body language, 10% verbal message. Check out your body language when speaking!

POSITIVE BODY MESSAGES	BEHAVIORS TO AVOID
<ul style="list-style-type: none">• Smile• Make eye contact• Greet people by name• Keep body stance open• Use your hands, if that's you• Tilt your head slightly (empathy)	<ul style="list-style-type: none">• Don't fold arms across chest• Avoid staring• Avoid finger, foot tapping• Don't fidget, yawn• Don't walk away when someone is speaking to you.• Don't continue working while someone is talking with you.

Stop the action activity: This requires four volunteers. Each one will be asked to act out or demonstrate, through body language and non-verbal communication a particular message. It is up to the group to guess the message from the list below.

The messages to convey are:

- *"I can't believe you are telling me this again!"
- *"I am so sorry you are having such a difficult time."
- *"Don't bother trying to get me to do that, I've already said no."
- *"I'm listening and I care about what you are saying."

What are "I" Statements?

"I" statements are part of assertive communication and important in delivering effective messages. They keep you from attacking another person's message, while helping to get your message across. Using "I" statements indicates to another you are taking responsibility for what you say and feel.

What is contained in an "I" message: how **you** feel, how **you** see the situation, not the other person.

Use it to convey negative feelings:

- "I get tired of asking you to fill out this form."

Make a direct request using an "I" statement, rather than beating around the bush:

- "I need some help feeding Mary today."

Use it to give a compliment:

- "I admire the way you handled that situation".

Giving Constructive Criticism

- Be sure you need to, first.
- Use an “I” statement:

“You’re not doing a good job with so-and-so”
Vs.

“I have a problem with so-and-so, which I would like to talk to you about”

- Be specific, not general
- Quantify, if possible: how many times, exactly when, etc.
- Address issues, not personalities
- Not in front of others
- Role play:

Receiving Criticism:

- If the criticism is true, acknowledge it “Yes it’s true I am late for work”.
- If you believe it’s not valid, acknowledge the criticism, and then say what you believe.

Stop the action activity: Choose one or two of the team building activities on the next page for the entire group to participate in. Make sure to complete the “Debriefing Questions” at the end of the activity.

Homework:

Choose a buddy, someone you trust and can team up with over the next week. Observe each other’s communication style and “manners” and try to provide each other with feedback that is constructive and informative. The rule here is that the feedback should not be personal and the goal of the feedback should be to promote better team work.

Team Building and Communication Exercises

Objectives: By the end of the session, the participant will be able to:

1. Describe strategies used to identify a problem, develop a plan and solve a problem as a team.
2. Describe how to communicate effectively, respectfully and work together as a team.

These activities are about team building, working together, and communication. Listed below are several activities to be completed as a group. These exercises will have everyone working. Afterwards, talk about the experience of working together.

Activities for large groups: To accomplish these you will need one Hoola Hoop for every 10 to 15 people, a large canvas tarp, a set of 20 paper plates numbered 1 to 20, a box or basket large enough to hold the plates.

HOOLA HOOP GAME

Form large circles of groups of 10 to 15 people holding hands. Place the hoola hoop between two clasped hands. The goal is to move the hoop around the circle, back to the starting place, using teamwork. Any method you figure out is acceptable, except you can not break hands.

TURNING THE TARP OVER

Lay out a tarp and have everyone stand on it comfortably (you may need more than one tarp for larger groups). It is important that the number of people standing on the tarp is comfortable, not too many or too few. The task is to turn the tarp over, (while people continue to stand on it), and wind up with everyone standing on the opposite side of the tarp. During the process of turning the tarp over, **everyone must continue to stand on the tarp at all times without anyone touching the floor.**

THE PLATE GAME

Form 2 groups of 15 or use just one group. Number the plates 1-20. Spread out the tarp and scatter the numbered plates on the tarp. Place a box on the other side of the room or at least 10 feet away from the tarp. The task is to get each plate off the tarp, and into the basket/box in number order, in the quickest time possible.

Rules:

- Only one person at a time can go on the tarp, and they must step off the tarp with the plate, before anyone can go to remove another plate.
- Plates can be handed to anyone while being moved toward the box.
- The plates must go into the box in numbered order.
- Time each group to see how quickly they can do the task.

To begin: Explain all the rules and model the activity to all the participants. Give the group 3-4 minutes to figure out a strategy before beginning.

Debriefing Questions:

How did everyone do working as a team? Ask these process questions of the groups:

1. Did group members make suggestions in a positive, respectful way? Give examples.
2. Did one or two people emerge as organizers? Were there leaders and followers and did everyone do their respective role?
3. How did the group handle ideas that were not useful?
4. Did the group make compromises?
5. Did one person make all the suggestions/changes? How did that feel to the rest of the group?
6. What did people's body language look like?
7. What was people's eye contact like?
8. Overall, how would you rate the team as a group? Did they work together as a group?
9. Other comments?
10. How is this similar to work in real life and what lessons did you learn?

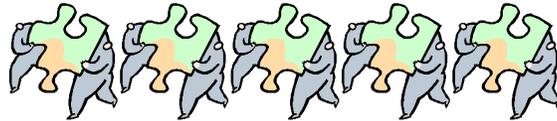
COMMUNICATION AND ACKNOWLEDGEMENT EXERCISE

"Kisses Exchange"

At the beginning or end of any of the session, place a bowl of Hershey's Kisses in the middle of the group. One by one each participant is to give one "kiss" to another participant and thank them for something they've done, said, or shared. The "thank you" can be for something each individual has benefited from or something they witnessed such as kindness to a resident, or helping out another staff member. It is important to do this exercise one at a time so that the entire group has the opportunity to witness the act of "thank you."

Debriefing Questions:

1. How did you feel being thanked in public?
2. How did you feel thanking someone in public?
3. What was each person's eye contact like?
4. Were people embarrassed to be thanked?
5. What types of things were being acknowledged?
6. How did you decide what to acknowledge?
7. How could you incorporate this activity into your work life?



*Initiating a Culture of Acknowledgement at Daughters of Sarah
Moving from a Model of Work to a Place of Community
It's about Community!*

Session V: Communication skills to build a better nursing home: Wrapping it all up!

Objectives: By the end of the session, the participant will be able to:

8. Describe three skills of effective conflict management.
9. Describe the steps in problem solving.
10. State two things they wish co-workers would do to build better teams at work
11. State two things they are willing to do themselves to build better teams at work.
12. Share two ideas for making culture change a reality at Daughters of Sarah Nursing Center and losing the "I versus You" dynamic.

This is the final session. We've covered a lot of ground in the last several weeks. At the beginning of this educational project we said that to build community at Daughters of Sarah Nursing Home we would focus on: culture, environment, better dementia care and communication.

I. We worked hard to define culture and decided that culture was the ideas and values that each person brings to work with them. Then we decided that Daughters of Sarah Nursing Center has its own culture as well. In this environment the different cultures all feed off each other. The culture of Daughters of Sarah is about the efforts of the team on behalf of the residents. One thing is clear.....most everyone has the residents' best interests at heart! However problems arise when cultures clash and people forget why they are here.

Conflict & Negotiation are found in every work setting. Successful negotiation is integral to team building and culture change!

Not all conflict is bad and it can be a strong motivator for change or growth. Use conflict as an indicator of the need for change or problem solving.

Some common strategies for dealing with conflict:

- Avoidance – ignoring or denying the problem; sometimes this backfires.
- Fighting – You can lose if this is your style
- Surrender – being non-assertive can be very frustrating
- Compromise – you don't get everything you want, each party gets something
- Collaborate or problem solving

When conflict is negative, resolution is needed. Healthy negotiation addresses both parties' concerns, a win-win solution. The focus is on solving the problem, not defeating the other person! How can we solve this so that we're both satisfied?

General approach to creating a win-win situation:

- Separate people from the problem: **never** attack someone personally.
- Focus on issues, not the person's job role or status
- Focus on identifying a solution
- Know what the policies, protocols, or guidelines are before you start negotiating. Some things you can't change!
- Pick the best time and place for a meeting.

II. Steps to Successful Problem Solving

Steps	Example
1. Think about what the other person's interests are in the situation. Put yourself in his or her shoes.	1. Ask: Why? Why does someone want it done this way and not another way? OR Why do we have this rule anyway?
2. Outline the problem by getting everyone's point of view out in the open.	"Steve, how do you see the problem?" "What's really important to you?"
3. Be sure you understand the other party's point of view.	3. Paraphrase back what they said to you.
4. Make of list of all the possible options. The more the better.	5. Include everyone's, not just yours!
5. Outline what we agree on	4. Know what you can give up, and what you can't! Not everything's negotiable.
6. Agree on the best option.	<ul style="list-style-type: none"> • Be willing to compromise, if you can't agree. • If things stall, take a break, and come back to it. Think of the meeting as exploratory.
7. Wrap it up!	Review what's been agreed on, and document it. <ul style="list-style-type: none"> • Who is going to do what, and when • Set deadlines for specific responsibilities • Get it in writing • Decide how long you're going to monitor it. • Discuss "what if "scenario's

NOW IT'S YOUR TURN

Scenario # 1:

You are Joe, part of the maintenance department. While you were walking down the hall Mary asked you to fix a toilet. You told her to fill out a request form and she didn't. At 4 PM you saw her again, she's angry at you, saying "why didn't you fix that toilet?"

Form groups of 3; one person assumes the role of Joe, another Mary, and another person acts as negotiator. Play out this conflict, using problem-solving skills listed above. For our actors, think about Questions 1&2 in the box and talk about them. How will you come to a resolution?

Exercise: Anticipation and practice is the best way to build communication skills. Read this description of a familiar situation and come up with one or two responses that you think would be good to use in this situation:

Your co-worker comes in and he/she is angry with the supervising LPN. This person is talking up a storm about the LPN, is getting little done and he/she is working hard to convince everyone that this person is a witch, just like the rest of "them!" You decided it is too early in the morning to play "Use against them." You try to help your coworkers figure out how to resolve the situation. What do you say to the person who is creating all the fuss?

III. Creating a Bag of Tricks:

We shared a lot of information about dementia care: how the brain changes, how dementia impacts on behavior, how to manage behavior and how to promote functional independence. The purpose of sharing this information was to share knowledge to improve care but also to help staff, especially CNAs have a "bag of tricks" for care that would allow them to be more independent in some of their activities with residents.

Exercise: Working in small groups (according to the size of the total group) identify at least three things you learned about dementia care and how you will use them in practice. Each group will need a recorder to write down the ideas.

IV Communication and building a stronger sense of team work:

Team work is critical to building a culture of acknowledgment and a culture of acknowledgement is critical to team work. The problem is we often think what other people should do to build teams but forget that we need to contribute as well! This exercise should help you see things from both perspectives.

Exercise: Break up into small teams of 2-5. Each team will need a recorder to write down your ideas. Half the teams in the room will identify thinks or actions they wish co-workers would do to build better teams at work. The other half will identify the things they are willing to do themselves to build better teams at work. After everyone is done and has presented their ideas, see how similar or dissimilar the two lists are!

IV Finally we need to know how to make culture change a reality at Daughters of Sarah Nursing Center:

Working in the larger group, share your ideas for making culture change a permanent part of work at the facility.