

PERSON-CENTERED CARE (PCC) AND DEMENTIA CARE STRATEGIES FOR
STAFF TO ADDRESS RESPONSIVE BEHAVIOURS IN CLIENTS
AT ALL SENIORS CARE LIVING CENTRES, CALGARY

BABYLYN SILVANO, RN, GNC(C), IIWCC
Bridge to Canadian Nursing, Mount Royal University, 2014

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BABYLYN SILVANO

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Katherine Haight Instructor
Supervisor

Instructor

MN

ABSTRACT

Person-Centred Care (PCC) is the gold standard for dementia care, yet a significant gap persists between policy mandates and practical implementation at All Seniors Care Living Centres in Calgary, which serve individuals with cognitive impairments. Despite organizational policies and mandatory dementia care education for nurses and health care aides, optimal care provision remains hindered. This quality improvement project aimed to increase staff capacity in PCC and dementia care strategies to address responsive behaviours in clients with dementia. A one-hour PCC education training session was conducted at Aspen Heights Retirement Residence, one of the care sites of All Seniors Care Living Centres in Calgary, focusing on bridging the gap between theoretical knowledge and practical application. Findings indicate that the staff gained a new perspective on understanding the meaning behind the behaviours of clients with dementia. More comprehensive, standardized, and regular evidence-based training is vital for providing better care and improving the quality of life for individuals with cognitive impairments.

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SECTION 1: INTRODUCTION

Nursing Practice Problem

Dementia ranks as the seventh leading global cause of death, affecting over 55 million individuals annually and increasing by 10 million new cases each year (World Health Organization [WHO], 2023). In Canada, dementia prevalence is significantly rising due to a projected 68% growth in the senior population over the next two decades (Canadian Institute for Health Information [CIHI], 2023).

Person-Centred Care (PCC) has emerged as a crucial strategy for enhancing the quality of life and care for individuals with cognitive impairments. The WHO (2015) recognizes PCC as a core competency for healthcare workers, emphasizing the need to prioritize individual needs, preferences, and values to enhance client outcomes. The Alzheimer Society of Canada (2023) also underscores PCC as a promising approach for individuals with cognitive impairments, emphasizing its potential to enhance their overall well-being.

Responsive behaviours, such as aggression, agitation, and apathy, are common among individuals with dementia and often signal underlying needs like pain or loneliness (Molzahn & Keady, 2015; Reinhardt et al., 2022). Regulatory bodies, such as the Continuing Care Health Service Standards of Alberta (CCHSS, 2024), emphasize the importance of PCC in improving care quality. However, translating these principles into practice remains a significant hurdle in many healthcare settings.

Within facilities like All Seniors Care Living Centres in Calgary, which cater to individuals with cognitive impairments, there exists a notable gap between theoretical knowledge and practical application of PCC principles. Although the organization has

implemented policies and provided mandatory education on dementia care for staff, a disparity remains, hindering the provision of optimal care. Complaints forwarded to regulatory bodies further underscore the need for re-evaluating educational materials and enhancing staff training, especially in units dedicated to dementia care.

Purpose of the Project

This project aims to increase staff knowledge and understanding of the key principles of PCC, enhance staff knowledge and understanding of different responsive behaviours exhibited by clients with dementia, such as aggression and raise staff awareness and knowledge of dementia care strategies for addressing responsive behaviours. To achieve this, a one-hour PCC education training session will be provided for staff working with clients with dementia, focusing on managing responsive behaviours such as aggression.

SECTION 2: LITERATURE REVIEW

Search Method

The literature review systematically examined existing literature, including research articles, peer-reviewed journals, books, and authoritative reports, and gray literature, to provide evidence-based insights into dementia, responsive behaviours, aggression, and person-centred care. The literature search involved querying databases such as PubMed, Nursing Allied & Health Database, Scholars Portal Open Access Journals, and Journals@Ovid Complete, based on the University of Lethbridge library search protocol. Additionally, electronic databases like Google Scholar and CINAHL were utilized. Keywords used in the search included dementia, responsive behaviours, aggression, aggressive behaviours, person-centred care, client-centred care, continuing care centres, nursing homes, long-term care, and education programs. Only literature published in English and peer-reviewed focusing on responsive behaviours and aggression in dementia clients was considered. Exclusions were applied to literature published prior to May 2014, conference articles, non-journals, and non-peer-reviewed materials, ensuring a focus on the most relevant and recent research.

Dementia and its Prevalence

Dementia, marked by the loss of cognitive functions such as memory, thinking, orientation, comprehension, calculation, learning capacity, language, and judgment, significantly impairs daily functioning and quality of life for millions worldwide (Burns et al., 2019; Chadborn et al., 2024; Danilovich et al., 2018). The spectrum of dementia includes over 70 types, with Alzheimer's disease, vascular dementia, and Lewy body dementia being the most prevalent in Canada (Canadian Coalition for Seniors' Mental

Health [CCSMH], 2024). Each type presents distinct symptoms, with varying progression rates (CCSMH, 2024). Moreover, dementia can be caused by various factors, including alcohol or substance use disorders, malnutrition, repetitive brain injuries, and other neurological conditions (CCSMH, 2024; World Health Organization [WHO], 2023).

Risk factors for dementia include age, gender, genetic predisposition, cardiovascular health, lifestyle choices, and cognitive engagement. Men and women exhibit different prevalence rates and risk profiles, with women generally at higher risk due to longer life expectancy (Mjørud et al., 2017). Further risk factors include depression, social isolation, low cognitive stimulation, low education, and air pollution (CCSMH, 2024; WHO, 2023). Engaging in cognitive exercises and maintaining a healthy lifestyle have been shown to mitigate some risks associated with dementia (Livingston et al., 2017). Dementia is characterized by cognitive decline beyond normal aging; however, it does not affect all individuals equally.

Dementia significantly contributes to disability and dependency among older people worldwide. According to the WHO (2023), over 50 million people globally live with dementia, and this number is expected to triple by 2050. In Canada, the number of individuals living with dementia exceeds 500,000, projected to double by 2031 (Alzheimer Society of Canada, 2024). Dementia is notably prevalent in long-term care facilities, affecting approximately 62% of residents (CIHI, 2019). This widespread impact presents substantial challenges to the centres and their staff, influencing both the cognitive and functional abilities of residents and leading to various responsive behaviours (CIHI, 2019; Liu et al., 2022).

Responsive Behaviours

Over the past decade, research has increasingly focused on dementia-related responsive behaviours among older adults in continuing care centres. These behaviours include aggression, agitation, wandering, restlessness, unexpected verbalizations, hallucinations, withdrawal, and paranoia (Huang et al., 2020; Kales et al., 2014; Kong et al., 2021; Sefcik et al., 2020; Van der Linde et al., 2014; Vassbø et al., 2019). According to Algase et al. (2017) and Ballard et al. (2019), researchers now prefer the term "responsive behaviours" over "aggressive or challenging behaviours," recognizing these actions as meaningful responses to personal, social, or environmental cues.

Organizations like the Alzheimer's Society of Canada (2021) champion this shift towards a person-centred approach, emphasizing understanding these behaviours as expressions of underlying issues such as pain, loneliness, or resistance to care. Understanding the underlying meaning of these behaviours is crucial for staff to effectively address the needs of clients with dementia (Song et al., 2019).

A subset of responsive behaviours is particularly challenging for staff to manage. Behaviours that jeopardize the safety and security of clients or staff intensify stress, burnout, and the difficulty of delivering high-quality care (Bacsu et al., 2019; Ebert et al., 2020). These behaviours include physical or verbal aggression and refusal of care (Alzheimer Society of Canada, 2021; Chadborn et al., 2024; Ebert et al., 2020).

Managing responsive behaviours presents unique challenges due to their confined and often overburdened nature, necessitating a delicate balance between ensuring residents' safety and preserving their dignity and autonomy. According to Edison (2023) and Mjørud et al. (2017), neurobiological changes in dementia clients can impair

emotional regulation, limiting their ability to manage impulsive and aggressive behaviours effectively. Research links aggressive behaviours to mental comorbidities, psychological discomfort, and cognitive impairment among dementia clients (Jansen et al., 2015). Conversely, feelings of frustration, bewilderment, disorientation, depression, anxiety, psychosis, and delusions may provoke aggressive behaviours, highlighting the critical need to shield aggressive dementia clients from potential triggers (Rokstad et al., 2015).

Social interactions and environmental conditions significantly influence the frequency and severity of aggression among dementia clients, exerting both positive and negative effects. Based on studies by Danilovich et al. (2018) and Jacobsen et al. (2017), negative triggers, such as unstable relationships and changes in routine, often escalate aggressive behaviours by disrupting the client's sense of predictability and security. This disruption can intensify stress and provoke aggressive responses (Rokstad et al., 2015). On the other hand, consistent and supportive social interactions and environmental stability correlate with reduced aggression. These findings underscore the dual impact of environmental and social factors on dementia-related aggression, emphasizing the need for a comprehensive understanding of how these elements interact to affect behavioural outcomes (Danilovich et al., 2018; Jacobsen et al., 2017).

Person-Centred Care

One approach for healthcare providers to manage responsive behaviours in dementia clients is through Person-Centred Care (PCC). Rooted in the works of Carl Rogers and Tom Kitwood, PCC is the cornerstone of dementia care, emphasizing personalized approaches that honour each individual's unique life experiences (Røsvik &

Mjørud, 2021; Summer Meranius et al., 2020). This approach has transformed clinical practices by prioritizing tailored care that respects individual autonomy, focusing on client-centred therapy and the psychological needs of clients (Mitchell & Agnelli, 2015). According to Güney et al. (2021) and Inker et al. (2021), PCC interventions have effectively addressed various aspects of dementia care, such as minimizing family conflict, promoting physical activity, and enhancing emotional and social quality of life. Santana et al. (2018) and Slater et al. (2017) stress that the core principles of PCC—purposeful living, self-determination, dignity, choice, respect, and holistic care—are vital for transforming dementia care. Van Diepen and Wolf (2021) highlight the importance of creating positive social environments, understanding the varying perspectives of dementia, and treating individuals as persons with unique needs. Continuous feedback, evaluation, supervision, and education are necessary to ensure consistent quality care (Behrens et al., 2020; Güney et al., 2021).

In Canada, the adoption of PCC in dementia care is underscored by initiatives such as "A Dementia Strategy for Canada: Together We Aspire" (Government of Canada, 2021). Although this strategy represents a significant step towards comprehensive dementia care, it is relatively recent. The Alzheimer Society of Canada (2021) has advanced PCC through its PC P.E.A.R.L.S.TM model, offering customized care strategies for long-term care residents. This model encompasses physical, emotional, artistic, recreational, learning, and spiritual dimensions, providing a comprehensive framework to enhance residents' quality of life through meaningful activities.

However, despite its widespread confirmation in the literature, PCC remains an elusive goal for many institutions. The absence of PCC often results in healthcare

providers struggling with the negative fallout from aggressive responsive behaviours, underscoring the need for broader implementation and adherence to PCC principles.

Impact on Clients and Other Residents

Responsive behaviours in dementia significantly impact both individuals exhibiting these behaviours and other residents within care facilities, especially when these behaviours compromise safety and security, often perceived as aggression. Studies indicate that dementia clients frequently experience negative emotions such as confusion, sadness, boredom, and frustration when their needs are unmet (Ballard et al., 2019; Crandall et al., 2022; Van der Roest et al., 2019). However, assessing these emotional states requires careful consideration of the methods used. Research by Cummings et al. (2016), de Medeiros et al. (2018), and Mahoney et al. (2015) suggests that standardized assessment tools, such as the Neuropsychiatric Inventory and the Cohen-Mansfield Agitation Inventory, provide more accurate and reliable evaluations compared to subjective judgments. These tools offer clear classification criteria, ensuring that the assessment is not based on intuitive or gut instincts, but on qualitative measures that enhance reliability and validity.

When clients experience these negative emotions, they often escalate into self-protective behaviours, disrupting daily routines and activities (Ballard et al., 2019; Crandall et al., 2022; Van der Roest et al., 2019). Research consistently shows that these disruptions manifest as difficulties in participating in group activities, disturbances in sleep patterns, and challenges in maintaining personal care routines. Killen et al. (2020) and Kong et al. (2021) found that such disruptions lead to increased stress and agitation among clients. Additionally, Kosel et al. (2020), Kunik et al. (2017), and Liu et al. (2022)

highlight that the presence of aggressive individuals creates feelings of unease, anxiety, and fear among other residents, fostering a tense atmosphere within the care facility.

Aggressive behaviours are also associated with depressive symptoms, exacerbating emotional distress and social withdrawal among affected individuals (Chadborn et al., 2024; Kunik et al., 2017). Furthermore, these behaviours increase the risk of physical injuries, such as falls, necessitating vigilant care from staff (Burns et al., 2019). Multiple studies underscore the pervasive impact of responsive behaviours, highlighting the necessity for comprehensive, person-centred care strategies that address both the emotional and physical well-being of all residents in dementia care facilities.

The profound impact of responsive behaviours underscores the urgency for implementing effective PCC strategies. Without these, healthcare providers face significant challenges in managing aggressive responsive behaviours, ultimately affecting the quality of life and safety of all residents.

Impact on Nurses and Healthcare Providers

Behaviours that endanger safety or security in dementia care facilities significantly impact healthcare providers' ability to deliver quality care. Addressing the needs of clients exhibiting aggression presents emotional and physical challenges for nurses and other healthcare providers. Crandall et al. (2022) found that healthcare providers report feelings of uncertainty and fear, highlighting the necessity for comprehensive dementia education and training. Pinkert et al. (2018) emphasize the emotional burden on caregivers, noting that strict adherence to schedules due to caregiver pressure can hinder individualized care adaptations, further complicating care delivery.

Managing aggression in dementia clients, including hitting, kicking, spitting, and verbal aggression, contributes to emotional distress, burnout, and physical injury among health care providers (Jacobsen et al., 2017; Van der Roest et al., 2021). These challenges often lead to significant emotional distress. Chadborn et al. (2024) and Killen et al. (2020) observe that nurses frequently experience moral distress when addressing the emotional needs of dementia clients, necessitating supportive environments and ongoing crisis management training. Kulla and Slettebø (2023) and Lee et al. (2023) stress the importance of sufficient training and resources to ensure the safety and well-being of healthcare providers and maintain job satisfaction.

Aggressive behaviours in dementia care settings also impact nursing students, affecting their academic learning and transition to clinical practice. Donnelly and MacEntee (2016) indicate that these behaviours can hinder the application of theoretical knowledge to practical caregiving scenarios, leading to anxiety and a lack of confidence among students. Andrew et al. (2020) and van der Riet et al. (2021) suggest that exposure to aggressive behaviours without sufficient support can deter students from pursuing careers in dementia care. They note that the emotional toll of such experiences can contribute to lower retention rates in this field, highlighting the need for supportive educational environments and mentorship programs that encourage students to engage with senior care settings positively.

Crandall et al. (2022) and other studies reveal differing focuses within the research community. While Crandall et al. concentrate on the immediate emotional impacts and the necessity for crisis management training, Andrew et al. (2020) and van der Riet et al. (2021) underscore the long-term consequences on career choices and

professional development. This divergence underscores the importance of a holistic approach that not only addresses immediate challenges but also considers the long-term implications for the workforce in dementia care settings.

Impact on the Healthcare System

The impact of responsive behaviours in dementia care extends beyond individual healthcare providers to the broader healthcare system. According to Killen et al. (2020), these behaviours significantly increase care costs, hospitalization rates, and caregiver burdens. Effective management of these behaviours is essential for delivering high-quality PCC, as they necessitate substantial resource allocation, leading to elevated healthcare expenses (Yu et al., 2019).

Premature institutionalization due to caregiver burnout further complicates this issue. Yu et al. (2019) highlight that family caregivers, often overwhelmed by the demands of managing dementia care at home, may resort to early placement of dementia clients in care facilities. This not only strains healthcare resources but also disrupts the continuity of care for individuals living with dementia.

Caregiver burden, both for family members and professional staff, remains a critical concern within the healthcare system. Mahoney et al. (2015) indicate that those caring for dementia clients exhibiting aggression frequently experience heightened stress, emotional exhaustion, and burnout, whether the caregivers are family members or healthcare professionals. This burden leads to a decline in care quality and increases turnover rates among healthcare staff, exacerbating systemic challenges. For instance, increased staff turnover necessitates additional training and recruitment efforts, further straining the system (Mahoney et al., 2015; Yu et al., 2019).

Understanding the prevalence and impact of dementia is pivotal for developing effective care strategies that adhere to PCC principles. Algase et al. (2017) emphasize that healthcare staff must leverage these principles to enhance care quality and improve client outcomes. Cohen-Mansfield (2019) further supports this view, arguing that PCC principles are essential for addressing the complex needs of dementia clients.

Addressing these challenges requires a multifaceted approach. According to Cohen-Mansfield (2019), comprehensive training programs for healthcare providers are essential, as they equip staff with the skills necessary to manage aggressive behaviours effectively. Algase et al. (2017) further assert that ensuring adequate staffing levels and fostering supportive environments are crucial to mitigate the effects of aggressive behaviours and support healthcare providers. Lee et al. (2023) emphasize that implementing evidence-based practices and continuous professional development can significantly enhance the capacity of healthcare systems to provide sustainable and high-quality dementia care.

Current Dementia Care Strategies

The impact of responsive behaviours on the healthcare system underscores the need for effective and innovative dementia care strategies. Recent interventions such as Dementia Care Mapping (DCM) and Treatment Routes for Exploring Agitation (TREA) further refine PCC by addressing behavioural symptoms with personalized strategies based on systematic observation and data collection (Brooker et al., 2016; Fazio et al., 2018; Kim & Park, 2017). DCM involves detailed tracking and assessment of interactions to improve the care environment, while TREA offers structured methods to manage agitation through individualized plans. Both interventions underscore the pivotal role of

tailored approaches in mitigating challenges faced by dementia clients, thereby fostering a supportive and empathetic care setting.

The PIECES Framework, implemented in Ontario's long-term care sector, exemplifies PCC by considering Physical, Intellectual, Emotional, Capabilities, Environment, and Social factors (PIECES Canada, 2020). According to the Alzheimer Society (2021), effective management of responsive behaviours necessitates staff understanding underlying causes and aligning care with PCC principles that emphasize unique needs and preferences. Incorporating the PIECES Framework into educational training programs enhances healthcare staff's ability to implement PCC effectively. Training sessions cover the importance of addressing each PIECES factor, enabling staff to develop compassionate and efficient care strategies.

Multiple studies suggest various strategies to address responsive behaviour and aggression in dementia care. Algase et al. (2017) suggest that environmental modifications, such as creating calm and supportive surroundings, can significantly reduce triggers for aggression and agitation. Kales et al. (2014) assert that sensory stimulation techniques, such as music therapy or aromatherapy, help alleviate distress and enhance mood. Kong et al. (2021) emphasize that cognitive therapies, including reality orientation or reminiscence therapy, engage cognitive abilities and foster connections to reality. Behavioural interventions, such as redirection and validation techniques, are also effective in managing challenging behaviours (Kulla & Slettebø, 2023; Sefcik et al., 2020), thereby improving the quality of life for both individuals with dementia and their caregivers (Mahoney et al., 2015).

Recent advancements in technology have also contributed to dementia care strategies. Virtual reality (VR) and robotic pets are emerging tools used to engage dementia clients and reduce agitation. According to Moyle et al. (2018), VR can provide immersive experiences that stimulate cognitive functions and improve mood. Similarly, robotic pets have been shown to offer companionship and emotional support, reducing feelings of loneliness and anxiety (Lane et al., 2016).

While various strategies offer significant potential, there is a need for comprehensive evaluations comparing different approaches to determine their effectiveness across diverse client populations.

Educational and Training Programs

Educational and training programs are pivotal in equipping healthcare professionals with the essential knowledge and skills necessary to effectively manage responsive behaviours in dementia care. According to Maidment et al. (2018) and Sefcik et al. (2020), these programs provide comprehensive insights into dementia-related behaviours and evidence-based intervention strategies. Typically, they encompass various components such as workshops, seminars, online courses, and simulation-based learning experiences, all designed to enhance learning outcomes (Kulla & Slettebø, 2023).

Case studies and role-playing exercises are integral to these training initiatives, each offering distinct advantages. Based on Sefcik et al. (2020), case studies present realistic scenarios that allow healthcare professionals to apply theoretical knowledge to practical situations, thereby fostering critical thinking and decision-making skills. In contrast, role-playing enables participants to simulate interactions with clients exhibiting

responsive behaviours, practising effective communication, de-escalation techniques, and PCC principles in a controlled environment (Kulla & Slettebø, 2023).

Multiple studies, including those by Vassbø et al. (2019), highlight that training programs significantly contribute to developing interpersonal and intellectual competencies among staff, promoting positive attitudes towards PCC and enhancing health outcomes. Jobe et al. (2020) further assert that person-centred approaches reduce the reliance on antipsychotic medications and hospital admissions among individuals with dementia, thus fostering a more tranquil and supportive care environment.

Enhancing healthcare professionals' competencies through these educational approaches can improve the quality of care for dementia clients while minimizing the negative impact of responsive behaviours on both clients and healthcare workers. Research by Kulla and Slettebø (2023), Maidment et al. (2018), and Sefcik et al. (2020) consistently shows that educational programs positively influence healthcare providers' responses to dementia-related behaviours, leading to better client outcomes and more professional care practices.

Moreover, educational initiatives do not only foster improved workplace culture and care practices but also align with stigma-free principles that promote dignity and respect for clients and their families. In the context of my project, a quality improvement initiative focused on PCC and evidence-based dementia care strategies, the educational training conducted at Aspen Heights Retirement Residence in Calgary incorporated case studies and role-playing. These methods optimized learning outcomes by providing practical experiences that directly translated to increased staff awareness, knowledge, and

understanding of PCC and dementia care strategies, particularly in managing responsive behaviours, such as aggression.

Challenges in Implementing PCC

Implementing Person-Centred Care (PCC) in dementia care remains challenging despite its recognition as the gold standard. Factors include staffing shortages, inadequate resources, staff resistance, and the influence of organizational culture in long-term care facilities.

According to Molzahn and Keady (2015) and Smith (2021), inadequate staffing levels hinder PCC implementation by increasing workload and stress among staff. Addressing shortages in staffing, resources, and time constraints is essential (Lynch et al., 2018; Pakkonen et al., 2021). Lynch et al. (2018) identify inadequate staffing due to financial constraints, leading to increased workloads and strain.

Kong et al. (2021) highlight that inappropriate physical environment, such as insufficient space and lack of single rooms, negatively impact clients' well-being, necessitating facility redesigns. Lood et al. (2020) emphasize the lack of staff education and training, while Wheat et al. (2018) note that negative staff attitudes and resistance to change further obstruct PCC adoption. Washburn and Grossman (2017) suggest that leadership must provide support, encouragement, and education to foster a positive PCC environment.

Successful PCC implementation involves adjusting interventions, building trust, fostering a positive organizational culture, and creating supportive physical environments. Bacsu et al. (2019) emphasize the need for cultural change within care facilities to integrate PCC values among all staff members. According to Kong et al.

(2021) and Wheat et al. (2018), leaders play a crucial role in addressing these issues by providing support, encouragement, and education to improve staff attitudes and competencies. Washburn and Grossman (2017) further argue that leadership commitment is essential for creating an environment conducive to PCC, thereby enhancing overall care quality and resident satisfaction.

By critically addressing these challenges, healthcare providers can better implement PCC, ultimately improving the quality of care and outcomes for individuals with dementia.

Gaps in the Literature

Recent studies identify several gaps in the current literature surrounding PCC in dementia care. Liu (2023) highlights a significant lack of focus on specific subtypes or expressions of aggressive responsive behaviours in dementia, which is crucial for developing tailored interventions and support strategies (Yamasaki et al., 2023). Furthermore, there is a pressing need for longitudinal studies to explore the long-term effects of aggression on quality of life, functional status, and care needs, providing valuable insights for prognosis assessments and care planning (Jobe et al., 2020). While there are many models of dementia care and various interventions presented, further studies are necessary to evaluate the effectiveness of various PCC approaches and non-pharmacological interventions in managing aggression among individuals with dementia. Psychotropic medications are commonly used; however, their potential adverse effects underscore the need for exploring alternatives like PCC (Donnelly & MacEntee, 2016).

While studies demonstrate PCC's efficacy in managing responsive behaviours, there is a lack of standardized models. Santana et al. (2018) discuss ongoing debates and

evolving terminology surrounding PCC, including terms such as relationship-centred care, person-centred care, and client-centred care, which are often used interchangeably. Purwins et al. (2022) further highlight that theoretical approaches to person-centred dementia care remain ongoing discussions. Addressing these gaps through targeted projects and research will enhance the development of effective, standardized PCC models and non-pharmacological interventions.

Future Direction

PCC and dementia care strategies to address responsive behaviours must continue to progress, especially with the changing needs of clients with dementia. According to recent studies, clarifying the concept of PCC in dementia care is essential to develop consistent frameworks and approaches to address responsive behaviours effectively (Purwins et al., 2022; Yamasaki et al., 2023).

Recent advancements such as personalized music therapy, digital reminiscence therapy, and interactive sensory rooms have shown potential in reducing agitation and improving overall well-being (Sefcik et al., 2020; Moyle et al., 2018). These innovations should be critically assessed for effectiveness and eventually integrated into care plans to complement traditional methods, providing a more holistic approach to dementia care.

To effectively implement PCC practices in continuing care centres, leadership must prioritize support for staff through relevant training and organizational resources. Studies by Jacobsen et al. (2017), Lynch et al. (2018), and Van Zadelhoff et al. (2017) highlight the necessity of providing adequate staffing, promoting interdisciplinary collaborations, and enhancing staff knowledge of PCC principles. The literature

underscores that without these foundational supports, the implementation of PCC can be significantly hindered by increased workload and stress among staff.

Projects that develop and implement PCC-guided interventions tailored to address aggression in dementia care hold significant promise. These interventions should emphasize understanding residents' unique needs and fostering environments that promote autonomy and reduce behavioural symptoms (Van Dieppe & Wolf, 2021). Future research must focus on planning, implementing, and continuously monitoring these strategies to develop robust evaluation frameworks and effective training tools. The goal is to ensure these strategies are sustainable and adaptable across various care settings, ultimately improving the quality of life for individuals with dementia.

SECTION 3: PROJECT DESCRIPTION

Background

Aspen Heights Retirement Residence, managed by All Seniors Care Living Centres, opened in May 2023 in Calgary. This facility offers a range of services, including independent living, private assisted living, and supportive living for both clients with and without dementia. Most of the staff hired at the facility are newly recruited nurses and healthcare aides with limited knowledge of dementia care. All Seniors Care operates two continuing care centres in Calgary: Aspen Heights Retirement Residence, accommodating 182 residents, and Auburn Heights Retirement Residence, accommodating 187 residents. Aspen Heights staff are often challenged with complex client behaviours such as agitation, aggression, and wandering. Addressing these issues requires comprehensive training and support initiatives to ensure quality care is provided and aligned with PCC standards.

This project focused on enhancing the capacity of nurses and healthcare aides at Aspen Heights Retirement Residence through evidence-based education sessions on PCC and dementia care strategies for clients exhibiting responsive behaviours, particularly aggression. The project aimed to increase staff knowledge and understanding of the key principles of PCC, enhance staff knowledge and understanding of different responsive behaviours exhibited by clients with dementia, such as aggression, and raise staff awareness and knowledge of dementia care strategies for addressing responsive behaviours.

Target Population

The target population for this project included nurses, educators, healthcare aides, Resident Care Supervisors and Managers, the Director of Care, the Executive Director of Aspen Heights Retirement Residence in Calgary, and the Vice President of All Seniors Care Living Centre. The management team was actively consulted for input on the suggested topic and timing of the training, ensuring alignment with organizational goals and objectives. The educational training specifically targeted frontline staff working in the dementia unit, including nurses and healthcare aides.

Ethics Determination

The Ethics Determination form was submitted to the University of Alberta Research Ethics Board (REB). Based on the review, it was determined that REB review and ethics approval were not required (see Appendix A). The project was a quality improvement initiative aimed at enhancing staff training in Person-Centred Care (PCC) and Dementia Care Strategies for addressing responsive behaviours in clients at All Seniors Care Living Centres, Calgary.

Project Design

The ADDIE Model Instructional Design (Figure 1) was utilized to develop the educational training session, incorporating a PowerPoint presentation. This systematic approach, which encompasses Analyse, Design, Develop, Implement, and Evaluate stages, provides a structured framework for designing and implementing educational and training programs (Kurt, 2017).

The ADDIE framework is favored by educators and instructional designers due to its flexibility and iterative nature, allowing for adjustments and improvements throughout

the process (Peterson, 2020; Trust & Pektas, 2018). While ADDIE is often represented visually as a linear model, the interconnected nature of its components means that the design process is iterative and cyclical. Utilizing a systematic design process such as ADDIE can lead to instruction that is more effective, efficient, and relevant compared to less rigorous planning methods (Branch & Dousay, 2015; Trust & Pektas, 2018). Tables 1 to 5 outline the different components of the ADDIE model, guiding the project's progression.

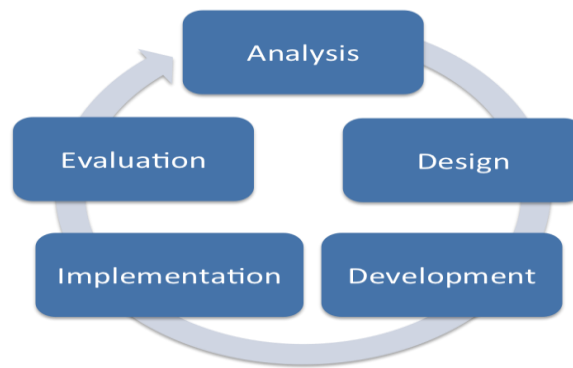


Figure 1: ADDIE model

Table 1

Analysis

Target Group	Staff working in the dementia unit of Aspen Heights Retirement Residence in Calgary, including nurses, healthcare aides, and managers/supervisors.
Desired Learning Outcome	<ul style="list-style-type: none"> • To increase staff knowledge and understanding of the key principles of PCC. • To enhance staff knowledge and understanding of different responsive behaviours exhibited by clients with dementia, such as aggression. • To raise staff awareness and knowledge of dementia care strategies for addressing responsive.
Review of Existing Learning Strategies	The organization currently utilized online training material from the Training Learning Centre, covering mandatory

	education on dementia care, recognition, and management of responsive behaviour.
Learning Environment	A 1-hour in-person educational training session was planned for both day and evening shift staff, to be held in a private hall. While online discussions may offer flexibility, face-to-face interaction allows for more immediate feedback and engagement, which is crucial for effective learning in this context.
Limiting Factors	Limiting factors to consider include: <ul style="list-style-type: none"> • Short staff on the day of the training, potentially impacting attendance, and coverage on the floor. • Operational challenges, such as staff being unable to leave the unit unattended in case of emergencies, which may affect participation in the training session.

Table 2

Design

Resources	<ul style="list-style-type: none"> • PowerPoint presentation (See Appendix C) • Handouts containing supplementary resources and links for dementia care. These included QR codes covering Types of Dementia, Person-Centered Language, the PIECES Framework, and Responsive Behaviours. • Feedback forms • Private Hall • Snacks • Technology (laptop, internet)
Level and type of activities	Activities were interactive, including discussions, case studies, and role-playing exercises.

Table 3

Development

Time Frame	A one-hour timeframe, planned for both day and evening shifts to optimize available downtime.
Participant's Contribution	Consultation with the Director of Care, Educator, Nurse Manager, and Supervisors of Aspen Heights occurred to ascertain staff needs and prioritize educational training, including topic, lesson plan (See Appendix B). Approval was provided by the Executive Director and Vice President.

Table 4

Implementation

Preparation	Full support was provided, and approval was given by the management of All Seniors Care Living Centres. The attendance sheet was collected on the day of the training and kept by the organization as part of the competency training for staff in PCC dementia care. The educator and supervisors coordinated with the staff to inform them of the upcoming training schedules, as follows: June 4, 2024 (10:00, 11:00, 15:15, 16:15) June 10, 2024 (10:30, 1530)
Topic	Person-Centred Care (PCC) and dementia care strategies to address responsive behaviours, focusing on aggression.

Table 5

Evaluation

Data Collection & Analysis	Data collection was based on a feedback questionnaire that included 5 questions with a 5-point scale rating and two open-ended questions (See Appendix D). Evaluation was conducted using Kirkpatrick's Model, which includes four levels: Reaction, Learning, Behaviour, and Results. Question 1: Learning - measures the extent to which participants have acquired the intended knowledge. Question 2: Learning- assesses the increase in knowledge about responsive behaviours. Question 3: Learning - evaluates the improvement in understanding dementia care strategies. Question 4: Behaviour - examines the degree to which participants feel capable of applying the knowledge and skills learned. Question 5: Results - determines the anticipated impact of the training on reducing aggressive incidents and overall effectiveness. Question 6: Reaction - captures immediate responses to the most valuable takeaway from the educational training. Question 7: Reaction - gathers feedback on areas for improvement, providing qualitative data on participants' reactions.
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	Timing: Data collection based on the feedback form occurred immediately after each educational training.
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Project Implementation

After discussions with the site Director of Care (DOC) and educator, we agreed to schedule the educational training to accommodate both day and evening shifts, offering four sessions on June 4, 2024, specifically targeting full-time staff providing care to clients on that day. The educator assisted in disseminating the information to all staff and placed the schedule on the unit calendar to facilitate planning for their breaks. Due to staffing needs and to ensure comprehensive coverage, sessions were conducted at 10:00, 11:00, 15:15, and 16:15 on June 4, 2024. An additional session for part-time staff was scheduled at the request of the DOC and educator on June 10, 2024, at 11:00 and 15:45.

Participant attendance varied across sessions. On June 4, 2024, the 10:00 session had 15 participants, the 11:00 session had 12 participants, the 15:15 session had 7 participants, and the 16:15 session had 5 participants. On June 10, 2024, the 11:00 session had 5 participants, and the 15:45 session had 4 participants. The June 10 sessions faced challenges as floor staff were busy, with some experiencing sick calls, causing session delays. Over the two-day training period on June 4 and June 10, 2024, a total of 37 participants attended, including 7 nurses and 30 healthcare aides. The education training was recommended by the Vice President to be included as part of the mandatory education. The RN educator assisted in organizing the schedules for the staff to ensure their attendance at the education training sessions.

The PowerPoint presentation (see Appendix C) guided the session, incorporating interactive questions throughout to facilitate discussion. Role plays were conducted to enhance understanding of PCC and responsive behaviours, alongside a case study discussion on responsive behaviours. All 37 participants completed the anonymous feedback forms and returned the forms before departing from the training area. Subsequently, the feedback forms were analysed, and the results are discussed in the data analysis section.

Kirkpatrick's Four-Level Training Evaluation Model

Kirkpatrick's Four-Level Training Evaluation Model served as a valuable tool for evaluating the effectiveness of the educational training. This model provides a structured framework that enables a comprehensive assessment of the training's impact across four distinct levels: Reaction, Learning, Behaviour, and Results (Mind Tools Content Team, 2024).

One of the primary strengths of the Kirkpatrick model lies in its ability to align training objectives with organizational goals (Mind Tools Content Team, 2024).

Through this alignment, the model ensures that the educational training directly address the identified needs and contribute effectively to achieving desired outcomes within the facility.

This approach allowed me to capture immediate responses and gauge the effectiveness of the training in enhancing staff capacity. Although measuring long-term behavioural changes and organizational outcomes presents challenges due to time constraints and complexity, the immediate feedback provided valuable insights and

affirmed the positive impact of the training on staff competence in PCC, dementia care strategies, and responsive behaviours.

Data Analysis

The feedback form (see Appendix D) consisted of five questions with a 5-point scale rating and two open-ended questions, reflecting the Kirkpatrick Four-Level Evaluation Model. All 37 participants completed the feedback form immediately after the educational training. The data were transcribed into a Microsoft Excel spreadsheet and analyzed to evaluate the effectiveness of the presentation and identify areas for improvement in future training. The analysis of the responses from the educational training feedback highlights several key areas and trends.

Key Findings

Evaluation Question 1 (Figure 2): 69.4% strongly agreed that the training significantly enhanced their knowledge and understanding of PCC principles, 25% in agreement and 5.5% strongly disagree. The majority found the training effective in increasing their understanding of PCC principles. However, the 5.5% who strongly disagreed highlighted a critical area for review. This disagreement may indicate that the training content or delivery requires adjustments to better address the learning needs of all participants.

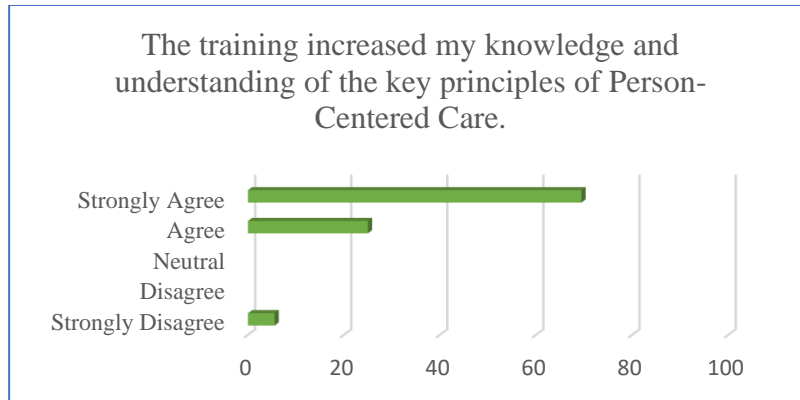


Figure 2: Evaluation Question 1

Evaluation Question 2 (Figure 3): 80.5% strongly agreed that the training increased their awareness and knowledge of dementia care strategies for addressing responsive behaviours, with 16.6% in agreement and 2.7% strongly disagreed. Among the five questions, this has the highest rating for strong agreement. However, while the training was highly effective in increasing awareness and knowledge of dementia care strategies for the majority, the small percentage of strong disagreement needs attention. This could indicate gaps in the training material or potential barriers to understanding that should be explored.

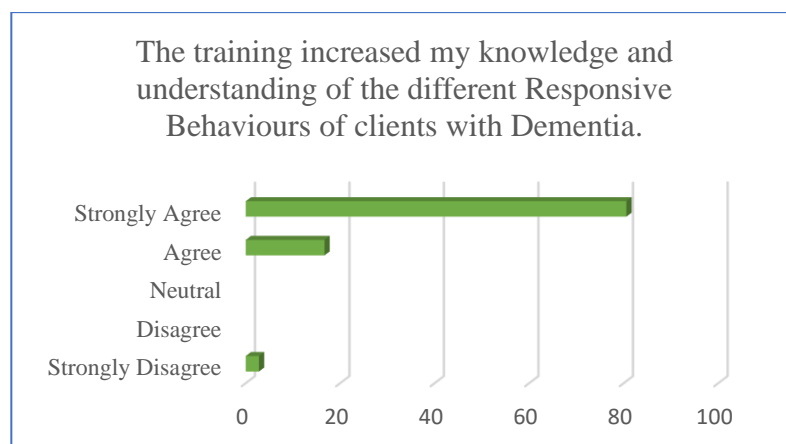


Figure 3: Evaluation Question 2

Evaluation Question 3 (Figure 4): 66.6% strongly agreed that the training increased awareness and knowledge of dementia care strategies for addressing responsive behaviours of clients with dementia, with 30.5% in agreement and 2.7% disagreement. While the majority found the training beneficial in this area, the presence of disagreement may suggest a potential need for further refinement of the training content or delivery methods to ensure comprehensive coverage and understanding for all participants.

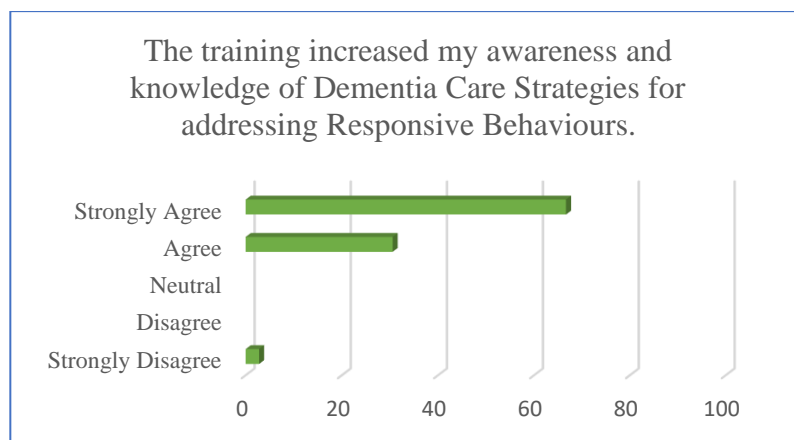


Figure 4: Evaluation Question 3

Evaluation Question 4 (Figure 5): 63.8% strongly agreed that they felt more confident in applying PCC and dementia care strategies post-training, with 27.7% in agreement, 5.5% disagreement, and 2.7% no answer. While the majority felt more confident, the 5.5% disagreement and 2.7% non-response indicate areas where the training could be improved to enhance confidence among all participants. This suggests a potential need for further refinement of the training content or delivery methods to ensure comprehensive coverage and understanding for all participants.

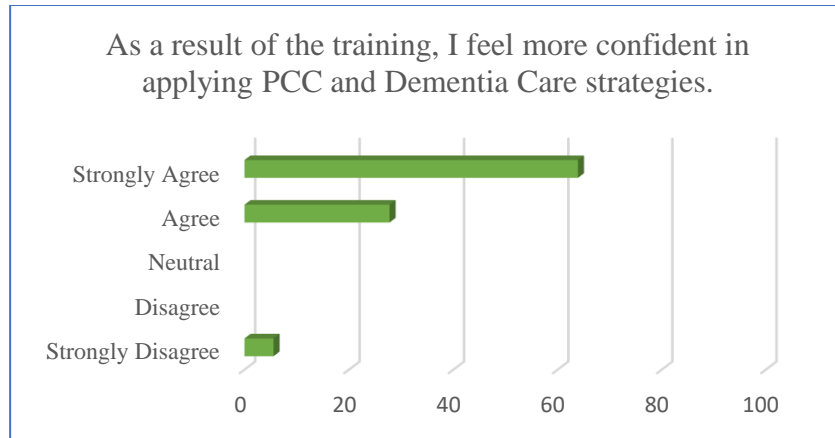


Figure 5: Evaluation Question 4

Evaluation Question 5 (Figure 6): 75% strongly agreed that implementing PCC and dementia care strategies could prevent or decrease aggressive incidents in clients, with 22.2% in agreement and 2.7% disagreement. The majority believe in the efficacy of PCC and dementia care strategies to mitigate aggression. However, the disagreement underscores the necessity for additional evidence, offering opportunities to explore other areas to prevent or decrease aggression.

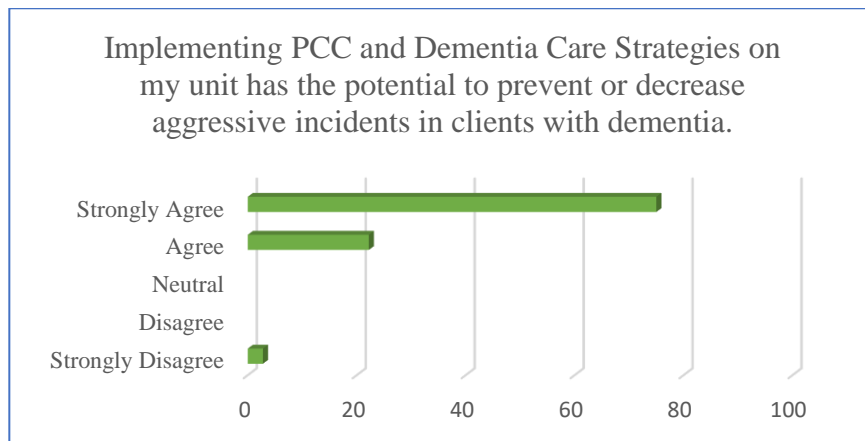


Figure 6: Evaluation Question 5

Evaluation Question #6: What is the most important thing you learned from the training? Please explain.

Based on the responses, three major themes emerged:

1. Person-Centred Care (PCC) - many participants emphasized the importance of PCC in their learning. The following highlighted the following points:

- "I learned the PCC and how to deal with dementia people."
- "I learned how to give person-centered care and how to approach a resident, things to know about a resident when giving care."
- "Principles of person-centered care."

2. PIECES Framework- another significant theme was the understanding and application of the PIECES framework, which is crucial for addressing responsive behaviours in dementia clients. Examples include:

- "I fully understand the PIECES too and how you gonna deal with dementia."
- "The important thing that increased my learning with this training is the PIECES."
- "PIECES - care for resident; Person-Centered Care."

3. Responsive Behaviours and Strategies- participants also focused on learning strategies to manage responsive behaviours in dementia clients. They mentioned:

- "Strategies for addressing responsive behaviours."
- "The most important thing is the responsive behaviour has meaning; we are here to find out the cause and meet their needs."
- "How to deal with responsive behaviour in the correct manner."

Evaluation Question #7: What could be improved in future training?

Based on the responses, three primary themes emerged for improving future training sessions. However, a significant number of "no answer" have also been noted.

1. Increased Training Time and Frequency - many participants suggested that additional time and more frequent training sessions would enhance their learning experience. They highlighted the following points:

- "More time for the training and have regular sessions of training."
- "More time to discuss and we are not in a hurry, thinking more stuffs."
- "Wish we could have more time for this training."

2. Additional Learning Materials and Methods - participants expressed a desire for more diverse learning materials and methods, such as videos, slides, and case studies, to aid in their understanding:

- "Videos and slides can help understanding more."
- "To discuss more case studies."
- "More examples of case study; have some games, give videos and more time."

3. Practical Strategies and Application- several responses focused on the need for more practical strategies and guidance on handling specific situations, particularly related to aggression and responsive behaviours:

- "How to handle the resident aggressive."
- "On how to de-escalate the aggression. Staff should all be aware on what to do."
- "More training on behaviour on how to handle it."

The evaluation of the educational training revealed that it largely achieved its primary aims: increasing staff knowledge and understanding of PCC principles, enhancing awareness of dementia care strategies, and improving the ability to manage responsive behaviours in dementia clients. A significant majority of participants reported substantial improvements in these areas, as reflected in their positive feedback. However,

a small percentage of participants expressed disagreement or provided no response, indicating areas where the training could be further refined. Qualitative feedback highlighted a strong desire for more extended and frequent training sessions, additional learning materials and methods, and practical strategies for handling specific behaviours. These insights suggest that while the training was effective, incorporating these improvements could enhance its impact and ensure that all staff members feel fully confident and equipped in their roles.

In conversations with the site educator, staff expressed positive learning outcomes from the educational training. The positive feedback from staff and educators has been rewarding, particularly their increased awareness and understanding of responsive behaviours. The staff also mentioned that this project has opened new perspectives on caring for clients with dementia.

Limitations

One of the main limitations of this project was the constrained time allocated for training. The one-hour sessions were insufficient to cover the extensive topics of PCC and dementia care strategies comprehensively. The feedback consistently indicated a strong desire for longer and more frequent sessions. This suggests that while the training was beneficial, it did not fully meet the participants' needs for in-depth learning and skill development. Furthermore, increasing both the duration and frequency of training sessions is essential for more effective knowledge transfer and skill acquisition.

Additionally, the feedback forms used for evaluation had limitations. The number and types of questions were not comprehensive enough to fully assess staff understanding of the concepts and their potential application in practice. While Kirkpatrick's model

provided a structured framework for evaluation, the scope of the feedback questions restricted the depth of knowledge assessment among training participants. This limitation highlights the need for more detailed and varied questions to capture a broader spectrum of participants' learning outcomes and practical application.

Another limitation was the narrow focus on a single case study during the training, which may have limited the consideration of the diverse clinical manifestations of responsive behaviours in dementia. Responsive behaviours can vary widely, and training that encompasses a broader range of scenarios and examples would better prepare staff to handle different situations effectively.

Furthermore, while the project effectively focused on staff training to promote PCC and address aggression in dementia care, it did not fully encompass the breadth of PCC and dementia care strategies necessary for managing responsive behaviours in clients with dementia. The feedback indicated a need for more practical strategies and guidance on handling specific situations, particularly related to aggression and responsive behaviours

SECTION 4: REFLECTION

Personal Insights

At the start of my master's journey, selecting a topic was one of the most challenging aspects. While PCC is prominently featured in company policies and government standards, I often questioned its translation into nursing practice. Over the past three years, I focused on PCC, laying the groundwork for my project. The knowledge I acquired through various research activities in my courses became integral to my project development. Despite changes in my employer, which posed challenges regarding the project plan and its implementation, I remained focused on my topic. I believe staff should receive specialized training on PCC and dementia care, especially since these are common challenges in my workplace.

As a nurse in continuing care centres, this project not only deepened my understanding of PCC, dementia care strategies, and responsive behaviours but also increased my passion for dementia care. The learning that the staff acquired is truly rewarding, knowing that they can continue to make a difference to the clients we serve. I hope this initiative will benefit our facility and extend its positive impact to other contexts.

Throughout the project, I gained significant insights into the ethical determination process. Although meticulous, it was highly beneficial. A key lesson was distinguishing between quality improvement and research, a major criterion in ethics determination. This understanding provided me with deeper insights into how to approach future research opportunities in this area.

The project highlighted the importance of prioritization and time management, especially when balancing competing priorities and the demands that the project entailed. I continuously adjusted based on feedback, logistical constraints, and evolving project needs. Effective prioritization and time management were crucial in professional practice, enabling me to handle unexpected challenges and ensure the project stayed on track. These skills were essential for balancing personal, work, and educational responsibilities, making perseverance and consistent effort imperative for achieving a productive work-life balance.

Translating knowledge into practice has been a pivotal aspect of my learning journey, as this project consolidates my knowledge from all courses in my master's program. Applying this knowledge in practice has been a significant and fulfilling step forward. In my project, I served as the educator, acknowledging that continuous learning is essential. This role involved not only imparting knowledge but also inspiring and motivating staff to enhance their practice and understanding.

In my capacity as an educator, I designed and delivered training sessions tailored to address the unique needs of staff and the specific challenges they face in dementia care. This process required a deep understanding of PCC principles and the ability to translate complex concepts into practical, actionable strategies. By fostering an environment of collaboration and open communication, I encouraged staff to share their experiences and insights, which enriched the learning experience for everyone involved.

Ultimately, this project has reinforced my belief in the transformative power of education and its ability to improve care outcomes. By translating knowledge into

practice, I hope to contribute to the development of a more skilled and compassionate workforce and make a meaningful difference in dementia care.

Implications for Nursing Practice and Future Direction

PCC and dementia care strategies are integral components of nursing undergraduate education, yet there remains a critical need to standardize training in both academic curricula and employer programs. Gaps often exist due to variability in the quality and depth of these programs and insufficient practical, hands-on experiences necessary for mastering these essential skills. Even with existing training, many nurses may not feel fully prepared to implement PCC and dementia care strategies effectively in their daily practice.

This project underscored the necessity for standardized training programs adaptable to diverse settings and varying staff levels. Integrating PCC and dementia care strategies into new employee curricula is essential to ensure all staff possess a robust understanding and can effectively apply these principles in daily practice. Time allocation for training is fundamental for ongoing skills development and staff competencies. Extending training duration and frequency can reinforce the concepts and practices of PCC and dementia care strategies.

Promoting a higher and more consistent standard of care across various healthcare settings is a significant implication. Nurses thoroughly trained in PCC and dementia care are better prepared to handle the specific needs and challenges associated with dementia, resulting in better client satisfaction and health outcomes. Additionally, this enhanced education supports a culture of continuous learning and professional development,

encouraging nurses to stay updated with the latest evidence-based practices and contributing to their career advancement.

Collaboration and education for clients and families with cognitive impairments are fundamental, placing the client at the center of care and recognizing families as essential partners in the caregiving journey. Future directions should focus on fostering interdisciplinary collaboration, where nurses work closely with other healthcare professionals and residents' families to develop and implement comprehensive care plans for dementia clients. Partnering and collaborating more extensively with existing organizations can enhance the training of staff. Exploring further collaborations can provide additional resources and expertise, leading to more robust training programs. This approach can help in sharing best practices and improving the overall quality of dementia care.

Early assessment and planning, initiated before residents' admission, are also crucial for facilitating seamless transitions into care facilities. Proactive dementia care strategies should prioritize understanding residents' behaviours and meeting their needs to prevent escalation to aggression. Upholding respect and dignity throughout residents' lives is imperative, given the rising incidence of dementia and the complex demands it places on healthcare providers. By addressing these needs proactively, healthcare providers can ensure a higher quality of life for dementia clients and better support for their families.

Conclusion

Integrating PCC, dementia care strategies, and responsive behaviours into nursing education and practice is essential. While online training resources exist, practical

implementation often reveals gaps in understanding. Proactively addressing these gaps through education can significantly impact the quality of life for individuals with cognitive impairments. My project on educating nursing staff on PCC, dementia care strategies, and responsive behaviours provided opportunities to empower the staff and offered a new perspective on understanding clients with dementia. By comprehending the meaning behind behaviours, staff can better address the care needs of clients. With the rising prevalence of dementia, prioritizing the needs of this vulnerable group is imperative to ensure comprehensive, compassionate care.

Dementia care requires a proactive approach rather than a reactive one, focusing on prevention before issues escalate. Understanding and meeting the unique needs of each individual is crucial for delivering high-quality care. This approach ensures residents receive consistent treatment with dignity and respect, thereby enhancing their overall well-being. However, achieving sustainability also necessitates systemic changes at both the organizational and governmental levels.

Care for dementia is complex and continuous as the needs of clients evolve over time. Reflecting on this experience, I acknowledge how this project has not only expanded my knowledge and skills but also deepened my appreciation for the meticulousness and dedication required in professional nursing practice. This project represents the culmination of my learning throughout my master's journey, now translating into practical application. Developing and implementing this project has been a profound learning experience, equipping me with practical insights and a robust skill set that will undoubtedly benefit my future endeavours.

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APPENDIX A: ETHICS DETERMINATION



RESEARCH ETHICS OFFICE

2-01 North Power Plant (NPP)
11312 - 89 Ave NW
Edmonton, Alberta, Canada T6G 2N2
www.uab.ca/reo

April 22, 2024

Babylyn Silvano
Faculty/Department: Nursing
Email: lyn.silvano@uleth.ca

Dear Babylyn Silvano:

RE: Determination of Ethics Review Requirement

Thank you for requesting a determination for your project: "Person-Centred Care (PCC) and Dementia Care Strategies for Staff to Address Responsive Behaviours in Clients at All Seniors Care Living Centres, Calgary". We have reviewed the details provided in your submission received on 2024-04-22 14:35:24.

The project that you have outlined meets one of the conditions described under Chapter 2 of TCPS2 (2022) as an activity that does not require REB review and, unless you make changes to the project, ethics approval is not needed. As such, the project has been determined to be outside of the REB's mandate. However, please note that if data is collected for the purposes of such activities but later proposed for research purposes, it would be considered secondary use of information not originally intended for research, and at that time may require REB review.

Sincerely,

[Handwritten signature]

APPENDIX B: LESSON PLAN

Topic: Person-Centred Care (PCC) and Dementia Care Strategies to Address Responsive Behaviours

Duration: 1 hour

Objective: By the end of the training session, participants will be able to:

- Increase knowledge and understanding of the key principles of Person-Centered Care.
- Increase knowledge and understanding of the different Responsive Behaviours of clients with Dementia, such as aggression.
- Increase awareness and knowledge of Dementia Care Strategies for addressing Responsive Behaviours.

Materials Needed:

- Presentation slides
- Case study scenarios
- Snacks (optional, for refreshment)

Outline:

I. Introduction (10 minutes)

- Welcome participants and acknowledge the land.
- Briefly explain the purpose and objectives of the session.

II. Understanding Person-Centered Care (PCC) (10 minutes)

- Define Person-Centered Care
- Present key principles of PCC: respect for individual preferences, empowerment, holistic approach, etc.
- Share examples illustrating the benefits of PCC in improving quality of life for individuals with dementia.

III. Dementia Overview (5 minutes)

- Provide a brief overview of dementia: types and prevalence.
- Highlight common challenges faced by individuals with dementia and their caregivers.

IV. Understanding Responsive Behaviours (10 minutes)

- Define responsive behaviours in the context of dementia care.

- Discuss common responsive behaviours such as agitation, aggression, wandering, etc.
- Explore potential causes and triggers for these behaviours.

V. PIECES Framework (10 minutes)

- Introduce the PIECES framework for understanding and managing responsive behaviours:
 - P - Physical
 - I - Intellectual
 - E - Emotional
 - C - Capabilities
 - E - Environment
 - S - Social

VI. PCC Strategies, Life Story, Person-Centered Language (10 minutes)

- Discuss practical strategies for implementing PCC in dementia care:
 - Using life story to understand preferences and background.
 - Adopting person-centered language and effective communication techniques.

VII. Case Study and Role-Play (15 minutes)

- Present case study scenarios involving responsive behaviours.

VIII. Question and answer and Feedback 10 minutes)

- Address any questions or concerns raised by participants regarding the session content.
- Distribute the feedback forms.
- Provide additional resources for further reading or training opportunities.
- Acknowledge participants for their engagement and participation.

APPENDIX C: POWERPOINT PRESENTATION



Person-Centred Care (PCC) and Dementia Care Strategies to Address Responsive Behaviours

By: Lyn Silvano, BSN, RN, GNC(C), IIWCC



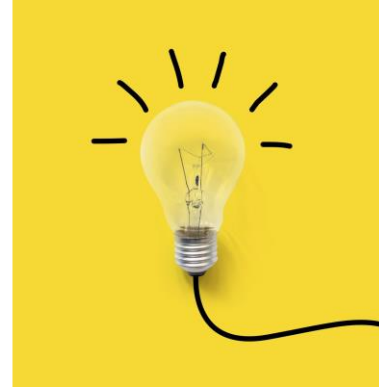
Land Acknowledgment

I wish to acknowledge the traditional territories of the Niitsitapi (Blackfoot) and the people of the Treaty 7 region in Southern Alberta, which includes the Siksika, the Piikuni, the Kainai, the Tsuut'ina and the Stoney Nakoda First Nations, including Chiniki, Bearpaw, and Wesley First Nations. The City of Calgary is also home to Métis Nation of Alberta, Region III.

Objective:

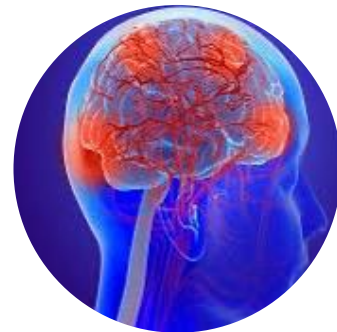
By the end of the training session, participants will be able to:

- Increase knowledge and understanding of the key principles of Person-Centered Care.
- Increase knowledge and understanding of the different Responsive Behaviours of clients with Dementia, such as aggression.
- Increase awareness and knowledge of Dementia Care Strategies for addressing Responsive Behaviours.



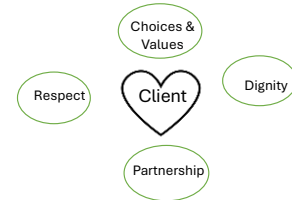
Outline:

- I. Understanding Person-Centered Care (PCC)
- II. Dementia
- III. Understanding Responsive Behaviours
- IV. PIECES Framework
- V. PCC Strategies; Life Story; Person-Centered Language
- VI. Case study
- VII. Question & Answer
- VIII. Feedback
- IX. Resources



What is Person-Centered Care (PCC)

- PCC is an imperative international policy and the best-practice standard for dementia care.^{10,28, 30}
- PCC prioritizes individual needs, preferences, and values, aiming to improve client outcomes.^{3,22}



Other Benefits of PCC



Studies have shown a positive impact on reducing agitation and enhancing the quality of life for dementia clients.^{8,23,29,30,32}



Improved staff attitudes leading to enhanced commitment and productivity.^{18,20,23,29,36}



Enhanced client and family satisfaction resulting from improved quality of care.^{15,24}

What is Dementia?

- Brain damage from diseases or strokes. ^{1,17}
- Seventh top cause of global death, 55 million affected yearly. ³⁸
- In Canada (except Saskatchewan), 402,000 have dementia. ¹¹
- In LTC: 62% have cognitive issues. ³



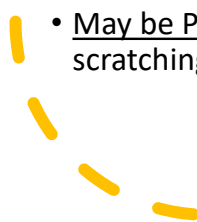
Responsive Behaviours

- Also known as Behavioral and Psychological Symptoms of Dementia (BPSD). ^{18, 21, 23,31,35,36.}
- It includes agitation, aggression, wandering, restlessness, making unexpected noises, hallucinations, becoming more withdrawn, paranoia. ^{18, 21, 23,31,35,36.}
- Effective management of Responsive Behaviors is crucial for providing high-quality, Person-Centered Care. ^{12,25}
- Most of these behaviors do not respond to drug treatment. ⁹



Responsive Behaviours: Aggression

- One of the Responsive Behaviours, often called *Behaviours that challenge*.⁴
- May be Verbally – such as cursing, yelling, making threats, and insults.⁴
- May be Physically, which involves behaviors like hitting, kicking, scratching, pinching, biting, pulling hair, and throwing things.⁴



Behavioural Escalation³⁷

Anxiety	Agitation	Verbal or physical aggression
Increase in behaviour	Increasingly irrational	Experiencing total loss of control
Restless Pacing, Rocking Withdrawal Caregiving seeking	Belligerent Challenging Refusing	Verbally threatening & abusive language Hitting, biting, kicking

PCC Strategies to Responsive Behaviours



- Look for patterns in behavior to identify triggers.⁹

- Responsive behaviors have meaning, often linked to a person's health or environment.⁹

Remember!!! Behaviour stems from the disease, not the person.^{2,4}

- Find out the cause and meet their needs.^{4,9}

- Use PIECES Framework¹⁹

PCC Strategies to Responsive Behaviours^{2,4}



Avoid arguments or expressions of anger, verbally or non-verbally.



Tailor interventions to individual preferences and life experiences.



Utilize Person-Centered language to communicate respectfully.



Get to know the person through their Life Story.

Questions to Ask? PIECES

Physical	Intellectual	Emotional	Capabilities	Environment	Social
Are basic needs met?	Has the person experienced recent changes in memory?	Have you noticed increased tearfulness or anxiety?	Can a person do more than you realize?	Is there too much noise or too large of a crowd around the person?	Do any childhood, early adulthood or employment experiences offer insight?
Is a person in discomfort or pain?	Have they been showing impulsive behaviour (swearing, sexual behaviour)?	Does the person seem lonely?	Does a person understand that he/she may need help?	Is the lighting poor, making it hard for them to navigate?	What do we know about the person's religion or culture?
What changes in their physical condition do I see (i.e. grimacing, eating patterns, energy level)?	Are they struggling with speech or sequenced tasks (getting dressed)?	Have they exhibited any new unusual behaviour (i.e. suspicious of others)?		Is there enough stimulation?	

Person-Centered Language²

Non-preferred Terms	Preferred Terms
<ul style="list-style-type: none"> □ Acting out / Aggressive behaviour □ Agitation □ Challenging behaviour □ Difficult / Problem behaviour □ Hoarder / Hoarding □ Violent □ Screamer □ Sundowning / Sundowner □ Wandering / Wanderer <p>Rationale: The non-preferred terms imply it's the person's fault. They do not support a Person-Centered response.</p>	<p>Describe the behaviour. Be as specific as possible. For example: <i>"The resident strikes out when asked to undress"</i>.</p> <p>Responsive behaviour can be used for general situations.</p> <p>Alternative to "sundowning" For example: <i>"The Resident seems to become restless at approximately 5-6 pm most days."</i></p> <p>For "wandering," consider using "getting lost" or "losing one's way".</p>

LIFE STORY

Life story work fosters meaningful connections.^{26,33}

Recalling life experiences empowers individuals.³³

Life story work addresses aggression triggers.²²

Some Life Story Questions:

I would like to be called ...

My typical day begins when I get up at ...

The first thing that I do...

I usually settle into bed at ...

For breakfast, I like...

Some food that I like ...

I am allergic to..

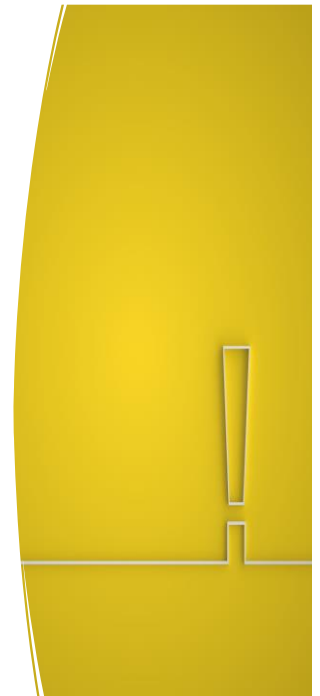
Some of my favorite activities are Books, TV shows, movies, music that I like

Some of my happiest memories were ...

I used to work as...

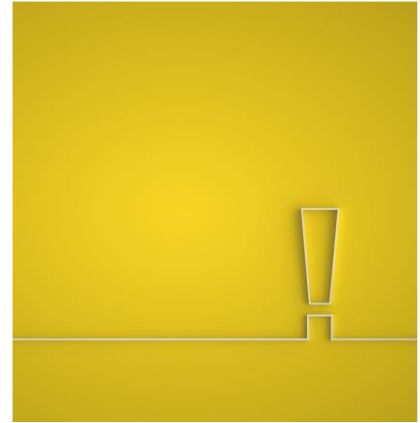
PCC Strategies for Anxiety^{2,4, 37}

- Acknowledge the change.
- Validate feelings.
- Show understanding and support.
- Break tasks into small steps.
- Recall happy memories using Life Story Tool.
- Respond in calm & gentle voice.
- Offer reassurance and assistance.
- Check for unmet needs (use PIECES).



PCC Strategies for Agitation^{2,4, 37}

- Be responsive
- Acknowledge the change.
- Validate the feelings.
- Be flexible
- Offer choices & redirect
- Break tasks into small steps.
- Respond in calm tone
- Ignore the challenge but don't ignore the behaviour.
- Identify the triggers (Use PIECES).
- Check your approach & environment (Is it too noisy?).



PCC Strategies for Verbal or Physical Aggression^{2,4,37}

Taking Charge:	During the Situation:	Regaining Control:	Communication:	After De-escalation:
Be clear & assertive	<ul style="list-style-type: none"> • Stop the task & check your approach. • Increase resident's personal space. • Be aware of surroundings. 	<ul style="list-style-type: none"> • Stay calm and use non-threatening body posture. • Avoid arguing or reacting defensively. • Acknowledge their feelings. • Give clear directions. • Keep instructions simple. 	Distinguish between venting and abusive language.	<ul style="list-style-type: none"> • Understand why the behavior occurred. • Take a break and try a different approach. • Redirect attention. • Identify triggers, use PIECES. • Check your approach and the environment.

They may forget what you said, but they will never forget how you made them feel.²

~ Carl W. Buechner ~



Case Study:
Client: James Bond
Age: 85
Diagnosis:
Alzheimer's Disease
(diagnosed 5 years ago)

- Mr. Bond was recently admitted to the facility. Prior to admission, he had a 1:1 companion at home. Since his admission, James has frequently sought attention from both residents and staff. If he feels ignored, he yells and holds the hand of the nearest person, sometimes refusing to let go. This behavior is distressing to other residents and challenging for the staff to manage.
- During lunch, James became increasingly agitated when a staff member was unable to provide attention due to attending another resident. He walked quickly and accidentally bumped into another resident, causing that resident to become angry and almost hit James. The other residents who witnessed the incident appeared frightened and uncomfortable.

Some Questions to Ask?

Physical	Intellectual	Emotional	Capabilities	Environment	Social
Is James experiencing any new physical ailments or pain that might be causing his distress? Have there been any recent changes in his medications or physical health that could contribute to his behavior?	How is the progression of James' Alzheimer's disease affecting his cognitive abilities? Is he more confused or disoriented in the new environment?	Is he experiencing feelings of loneliness, anxiety, or fear since his admission to the facility?	What are James' current capabilities in terms of communication and self-care? How can staff support him in expressing his needs more effectively?	Is there too much noise or too large of a crowd around the person? How is James' new living environment contributing to his behavior?	How has the loss of his 1:1 companion impacted James' need for social interaction? What social supports can be put in place to help him feel more secure and connected?

Case Study: Analysis of Behavior

- James' responsive behavior is likely a form of communication driven by his need for social interaction and reassurance. The change in his living environment and the loss of his 1:1 companion may have increased his feelings of insecurity and loneliness.

Case Study: Prevention & Management Strategies

- Staff should approach James calmly and explain their actions before interacting with him. Offering choices can help him feel more in control.
- Collaborate with the family and team if it is possible to schedule regular one-on-one time with James to provide him with the attention he needs.
- Encourage participation in group activities that align with his interests to promote social engagement.
- Create a quieter, more structured environment to reduce stress.
- Personalize James' living space with familiar objects from home to make him feel more comfortable.
- Acknowledge James' feelings and frustrations without correcting or confronting him. For example, staff might say, *I see that you want someone to be with you, James. Let me sit with you for a while.*
- Engage James in calming activities, such as listening to his favorite music, engaging in light exercises, or looking at photo albums, especially during times when he is more likely to become agitated.



Question &
Answer

Resources



Types of Dementia ²⁷



Person-Centered Language ³⁴



PIECES Framework ¹⁹



Responsive Behaviours²



Responsive Behaviours²

	Do's - The PCC Approach	Don't
Sexual Behaviour	<ul style="list-style-type: none"> ➤ Take him to his room, close the door and give him privacy. ➤ Offer an activity to occupy his hands and mind like sorting screws from washers, folding washcloths etc. 	<ul style="list-style-type: none"> ➤ Yell at him to stop. ➤ Explain this is inappropriate.
Resident found masturbating.	<ul style="list-style-type: none"> ➤ Offer an activity to occupy his hands and mind like sorting screws from washers, folding washcloths etc. 	<ul style="list-style-type: none"> ➤ Restrain his arms. ➤ Make him feel upset.
Sundowning	<ul style="list-style-type: none"> ➤ In the late afternoon, turn on lights and any lamps. ➤ Close the drapes to lessen shadows. ➤ Request a light exercise program for the morning. ➤ Have her set the table for the evening's meal. ➤ Visit in the morning. 	<ul style="list-style-type: none"> ➤ Request that resident is prescribed a medication to calm him/her, which results in sleeping much of the day

Responsive Behaviours²

	Do's - The PCC Approach	Don't
<p>Hallucination</p> <p><i>Kate becomes fearful and anxious at night because she sees spiders crawling on her walls.</i></p>	<ul style="list-style-type: none"> ➤ Validate the fear, "That must be frightening." ➤ Remove shadows that could be misinterpreted (e.g. increase lighting). ➤ Distract her with music, exercise, playing cards or photos. It may be useful to see if she has any hearing or vision problems. 	<ul style="list-style-type: none"> ➤ Tell her nothing is on her walls. "You see, nothing is there. Time to go to bed." ➤ Get angry with her. ➤ Argue.
<p>Paranoia</p> <p><i>Josie is convinced that someone has stolen her purse.</i></p>	<ul style="list-style-type: none"> ➤ Validate her feelings. ➤ Alleviate the distress by looking for the "stolen" purse and then distract her with another activity. ➤ Investigate suspicions that could be true. She could be a victim. ➤ If this paranoia continues, have similar looking purses available as replacements 	<ul style="list-style-type: none"> ➤ Explain no one has stolen her purse and, just like last time, she lost her bag.

Responsive Behaviours²

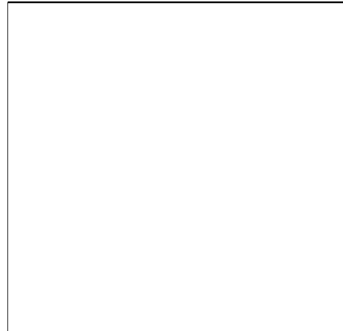
	Do's - The PCC Approach	Don't
<p>Wandering</p>	<ul style="list-style-type: none"> ➤ Ask why client does this: ➤ Does client need the washroom? ➤ Is the client thirsty? ➤ Put slippers and house coat out of sight. ➤ Ensure client gets light exercise during the day. 	<ul style="list-style-type: none"> ➤ Ask the nurse to give client a sleeping pill before bed, which results in client sleeping most of the day.

Responsive Behaviours²

	Do's	Don't
<p><i>'I want to go home'</i> Frank has recently moved to the facility and is constantly asking to go back "home.</p>	<ul style="list-style-type: none">➤ Acknowledge his feelings.➤ Ask about his home or where he grew up.➤ Reminisce, even if you know all the answers	<ul style="list-style-type: none">➤ Explain to him that this is his new home and he has nowhere else to go.

Life Story of

_____.



My Family Photo



Names of each person from the photo,
left to right.

I would like to be called _____

My typical day begins when I get up at _____

The first thing that I do _____

I usually settles into bed at _____

For breakfast, I like _____

Some food that I like _____

I am allergic to _____

Some of my favorite activities are _____

Books, TV shows, movies, music that I like _____

Some of my happiest memories were _____

I used to work as _____

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APPENDIX D: FEEDBACK FORM

Feedback Questions:

Instructions: For Questions 1-5, please rate your experience with the training by circling one answer.

	Strongly Disagree 1	Disagree 2	Neutral 3	Agree 4	Strongly Agree 5
1. The training increased my knowledge and understanding of the key principles of Person-Centred Care.	1	2	3	4	5
2. The training increased my knowledge and understanding of the different Responsive Behaviours of clients with Dementia.	1	2	3	4	5
3. The training increased my awareness and knowledge of Dementia Care Strategies for addressing Responsive Behaviours.	1	2	3	4	5
4. As a result of the training, I feel more confident in applying PCC and Dementia Care strategies.	1	2	3	4	5
5. Implementing PCC and Dementia Care Strategies on my unit has the potential to prevent or decrease aggressive incidents in clients with dementia.	1	2	3	4	5

6. What is the most important thing you learned from the training? Please explain.

7. What could be improved in future training?
