Learner Activities

Complete the following activities. Your Instructor will sign and date when completed.

1.	Interview two residents about their life history. Focus on:	Date Completed Instructor Signature
a.	Where he/she grew up	
b.	Professional accomplishments	
c.	Family history	
d.	Activities he/she enjoys	

2.	Spirituality	Date Completed Instructor Signature
a.	Arrange a meeting with a spiritual advisor (pastor, priest, etc.)	
b.	Discuss ways you can enhance your residents' opportunities for spiritual expression and explain your findings here:	

3.	Setup and conduct two resident-centered activities	Date Completed Instructor Signature
a.	What supplies will be needed?	
b.	How will you encourage residents to attend?	
C.	How will you obtain feedback from your residents about the activity?	
d.	Activity #1 completed	
e.	Activity #2 completed	



The part(s) of the brain responsible for memory is/are the:

- A. Cerebral cortex
- B. Cerebellum
- C. Brain stem
- D. Limbic system
- E. Both A and D



Learning Exercise: **DEMENTIA SPECIALTY TRAINING: Check for Understanding**

The part(s) of the brain responsible for emotions is/are the:

- A. Cerebral cortex
- B. Cerebellum
- C. Brain stem
- D. Limbic system
- E. Both B and C

Looking at the previous page, think about your residents. On a separate piece of paper, give an example of how each function has affected a resident.

Two examples:

- Memory- Mrs. Jones can't remember when she has eaten last.
- Task Sequencing Bill has difficulty following the directions in activities class.

Residents may become agitated when embarrassed. For example when long term memory relatively unaffected, but there is a decline in short term memory. Below name at least 5 subjects or topics that would you want to avoid in discussions with your resident.				

SYMPTOMS: ORIENTATION

The inability to know one's place and time may also be indicative of dementia. This may be seen as the resident easily gets lost or does not know the month/year or time of day.

EXERCISE

Below name 5 prompts, cues, or labels you could use in your facility to help a resi way around.	dent know his

Let's take a look at what is meant by task sequencing. Most of us do this withou about it. Think about the steps involved in a resident getting dressed in the mor write down all the individual steps the resident would take.	

How many steps did you identify? There are no right or wrong answers, but here is an example of a possible sequence for the task of getting dressed:

- Decide what to wear
- Open the dresser drawer(s) and/or closet
- Get out underwear, socks, and other undergarments
- Remove soiled clothes
- Place soiled clothes into appropriate laundry hamper or basket
- Put on undergarments
- Put on shirt/blouse, pants/skirt, socks, shoes, belt, watch, etc.

Correct task sequencing also means that the end result has the outer garments on the outside and the undergarments on the inside!



Learning Exercise: **DEMENTIA SPECIALTY TRAINING: Check for Understanding**

Beatrice is 73 years old and lives in a large Long Term Residential Community. Nearly every morning after breakfast in the dining room she gets lost finding her way back to her room. Which category best describes her symptom of dementia?

- A. Perception
- B. Judgment
- C. Orientation
- D. Concentration
- E. Task sequencing



Alzheimer's disease is considered a:

- A. Reversible dementia
- B. Irreversible dementia



Learning Exercise: **DEMENTIA SPECIALTY TRAINING: Check for Understanding**

Which of the following do researchers think may have an impact on dementia and/or Alzheimer's disease?

- A. Stress
- B. Exercise
- C. Sleep
- D. Diet
- E. All of the above
- F. None of the above; these factors are only related to cardiovascular disease



Learning Exercise: **DEMENTIA SPECIALTY TRAINING: Check for Understanding**

Researchers are finding the people with diabetes may be at higher risk for Alzheimer's disease and other dementias.

- A. True
- B. False



Learning Exercise: **DEMENTIA SPECIALTY TRAINING: Check for Understanding**

Which of the following <u>may</u> be an indication that a resident could be entering an early stage of Alzheimer's disease?

- A. Difficulty recalling an individual's name when introduced to a new resident
- B. Inability to carry on a coherent conversation
- C. Misplacing keys, but immediately recalling where they are
- D. Very socially outgoing and actively engaged in activities programs



Learning Exercise: **DEMENTIA SPECIALTY TRAINGIN: Check for Understanding**

Which of the follow <u>may</u> be an indication that a resident could be in the mid-stage of Alzheimer's disease?

- A. Clear about today's date and what time it is
- B. Cannot distinguish familiar from unfamiliar faces
- C. May have difficulty choosing correct clothing and getting dressed
- D. Able to read a book and clearly discuss the themes during a book club meeting



Learning Exercise: **DEMENTIA SPECIALTY TRAINGIN: Check for Understanding**

Which of the follow <u>may</u> be an indication that a resident is in the late stage of Alzheimer's disease?

- A. Wanders constantly and is very active
- B. Repeats questions or stories within the same conversation
- C. Cannot smile and muscles become rigid
- D. May become paranoid and accuse the caregiver of stealing his/her hearing aid



Learning Exercise: **DEMENTIA SPECIALTY TRAINING: Check for Understanding**

Pick's disease is also called:

- A. Lewy Body Dementia
- B. Alzheimer's disease
- C. Vascular dementia
- D. Frontotemporal lobe dementia



Learning Exercise: **DEMENTIA SPECIALTY TRAINING: Check for Understanding**

One way to help residents minimize the aspiration of food while eating is:

- A. Cut food in big pieces
- B. If a resident is chewing on a big piece, have them wash it down with water
- C. Instruct the resident to swallow twice after each bite
- D. If the resident is weak or paralyzed on one side of the body, place food into the mouth on the weak side of the mouth

How you approach each resident when providing incontinent care is important. Consider situations you have had with your residents who are incontinent. Below, explain two situation when a resident resisted care. What could you have done differently that might have resulted in success?			
			
			
			

A safe physical environment plays a role in decreasing falls. Our residents often do not anticipate or are not aware of environmental risks. Tour your facility, noting any possible risk (e.g. extension cords, furniture in pathways, damaged flooring, poor lighting, etc.). Develop a action plan to remedy each risk.			
			
			
			



What might discourage a resident from eating his or her meal?

- A. Poor appetite due to medications they take
- B. Awful odors in our dining room (such as incontinent odors)

		He/She does not like what is served			
	D.	We have him/her sitting at a table where tablemates are not compatible			
Write your response below:					



If a resident does not like what is served, what can you do?			
Write your response below:			



If a resident is not eating, what do we do?

- A. Let our supervisor know
- B. Document per facility policy
- C. Keep an eye on the resident's weight. Report weight gain or loss to the physician per facility policy.

physician per facility policy.				
Write your response below:				



What might you notice about a resident who is dehydrated?

- A. Sunken eyes
- B. Dry mouth
- C. Dry eyes
- D. Less active
- E. Less urine output

Write your response below:



If a resident does not like water, are there alternatives?

- A. Popsicle
- B. Melons
- C. Juice
- D. Broth
- E. Non-caffeinated soda

(Note: caffeine pulls fluid out so we would not want beverages like coffee) Write your response below:



CHECK FOR UNDERSTANDING: DISCRIMINATION

Jane always serves dinner to her Muslim resident last because she dislikes his religion. Her behavior is an example of:

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- B. Stereotype
- C. Prejudice