

Dementia Simulation Curriculum



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Dementia Simulation Curriculum

This curriculum will explain the differences between Alzheimer's disease and the multiple layers of dementia that can occur as adults age. The curriculum will allow for understanding of the differences and workable interventions for caring for individuals with each level of disease.

Curriculum Structure

The *Dementia Simulation Curriculum* is composed of the following lessons. Approximate lesson times are included.

Lesson	Title	Approximate Time
One	Introduction to Dementia	40-55 minutes
Two	Alzheimer's Dementia	60-100 minutes
Three	Lewy Body Dementia	60-100 minutes
Four	Frontotemporal Dementia	60-100 minutes
Five	Vascular Dementia	60-100 minutes
Six	Mixed Dementia	60-100 minutes
	Total	5-10 hours

Lesson Structure

Each lesson begins with a Lesson Overview, Lesson Objectives, and a Lesson at a Glance table, which lists the lesson activities, materials required, suggested preparation steps, and approximate class time.

Lesson Sections

The actual lesson follows the overview, which will contain some of the sections described below. Most lessons are designed to be completed within 60-100 minutes.

FOCUS

The curriculum includes the five most common types of dementia: Alzheimer's, Lewy body, frontotemporal, vascular, and mixed. Each day will focus on a different type of dementia and use the scenarios for that type of role playing and discussion. There will be four scenarios for each type of dementia for a total of 20 scenarios. Within the four scenarios for each type, two will be in the medical care environment and the other two will be in a home environment.

LEARN

The curriculum will be learned by using group scenarios with assigned roles for each participant per simulation.

REVIEW

The scenarios will end when the debriefing of the simulation begins. Each student will answer questions based on how the scenario went, what could have gone better, and overall experience.

Lesson One – Introduction to Dementia

Lesson Overview

This lesson will introduce participants to dementia in general as well as five specific types of dementia. Participants will learn about the causes, symptoms, treatment, prevention, and care of dementia.

Lesson Objectives

After completing this lesson, participants will be able to:

- Define what dementia is
- Compare the five types of dementia conditions
- Identify common signs and symptoms of each dementia condition
- Provide examples of behaviors that dementia patients experience
- Offer interventions that are effective to use with dementia patients

Lesson at a Glance

Activity	Materials	Preparation	Approximate class time
FOCUS	• <i>Introduction to Dementia Test</i>	1. Print/photocopy <i>Introduction to Dementia Test</i> (one per participant).	5 minutes
LEARN	• <i>Introduction to Dementia</i> slide presentation • <i>Introduction to Dementia Notes Page</i> • <i>Introduction to Dementia Notes Page – Answer Key</i>	1. Print/photocopy the <i>Introduction to Dementia Notes Page</i> (one per participant). 2. Prepare the <i>Introduction to Dementia</i> slide presentation for viewing.	30-45 minutes
REVIEW	• <i>Introduction to Dementia Test</i> • <i>Introduction to Dementia Post-Test – Answer Key</i>	1. Print/photocopy <i>Introduction to Dementia Test</i> from the FOCUS section (one per participant).	5 minutes

Lesson One – Introduction to Dementia

FOCUS: Dementia Pre-Test

5 minutes

Purpose:

This activity will introduce participants to the definition of dementia and see what they need to know before caring for patients with dementia conditions.

Materials:

- *Introduction to Dementia Test*

Facilitation Steps:

1. Have participants get into small groups of three or four. They must define what they think dementia is without any resources (phones cannot be used).
2. Give participants five minutes to complete the group definition.
3. Give each participant the *Dementia Test*. Give them two to three minutes to complete it and turn it in. This will help you understand what participants know about dementia.

Name: _____

Class: _____

Introduction to Dementia Test

Directions: Complete the following questions.

1. True or False (circle one) There are multiple forms of dementia.
2. True or False (circle one) Some degree of dementia is always expected as people age.
3. What increases the risk of dementia?
 - a. Family history
 - b. Occupation
 - c. Diabetes diagnosis
 - d. Lack of sleep
4. How is dementia diagnosed? Select all that apply.
 - a. Physical exam
 - b. Blood tests
 - c. Brain scans (CT, MRI)
 - d. PHQ-9
5. What are the most common types of dementia?
 - a. Alzheimer's disease
 - b. Vascular dementia
 - c. Lewy body dementia
 - d. Frontotemporal dementia
 - e. Mixed dementia
 - f. Reversible causes
 - g. All of the above

Lesson One – Introduction to Dementia

LEARN: Introduction to Dementia Lecture

30-45 minutes

Purpose:

Participants will be introduced to dementia and several common types of dementia. This information will give them the foundational information needed to be better prepared for interacting with individuals who have dementia.

Materials:

- *Introduction to Dementia* slide presentation
- *Introduction to Dementia Notes Page*
- *Introduction to Dementia Notes Page – Answer Key*

Facilitation Steps:

1. Give each participant the *Introduction to Dementia Notes Page*. Participants should complete the information on the notes page, listening for answers during the slide presentation.
2. Share the following information as you go through the slides:

Slide 1: Title slide

Slide 2: Introduction to Dementia

According to the CDC (2019), dementia itself is not a specific disease and can be grouped into a category that exhibits any behavior resulting in the impaired ability to remember, think, or make decisions that interfere with doing everyday activities. It is important to note that dementia is a disease (from any category) that cannot be reversed. If someone you know is experiencing dementia-like behavior and it eventually goes away and they return to their baseline, that is known as delirium. Dementia is non-reversible, whereas delirium is reversible. Both can be caused by several factors that the person experiences.

Slide 3: Facts About Dementia

As of 2014, approximately 5.0 million adults are living with dementia. That number is projected to increase to nearly 14 million by 2060. That is a drastic change for it occurring in less than 50 years.

It is important to note that dementia is not a normal part of aging. We will discuss signs and symptoms soon. If someone is experiencing various signs and symptoms of dementia, it does not mean they are just “getting older.” When people age and they start to experience the signs and symptoms that we will talk about, it is important to take those behaviors seriously versus just shrugging them off as being a normal part of the aging process.

Next, we will talk about the different types of dementia as there are multiple. To help, you should think about dementia as an umbrella. Where dementia is the actual umbrella, and the various subtypes are part of what dementia is protecting or housing underneath the umbrella.

Slide 4: Different Types of Dementia

There are five subtypes of dementia under the dementia umbrella. They are Alzheimer’s disease, vascular dementia, Lewy body dementia, frontotemporal dementia, and mixed dementia. We will learn about each of the subtypes, starting with Alzheimer’s disease. Each subtype of dementia has different characteristics that put that disease into certain categories, but they can often look like one another as well. Proper diagnosis of dementia or one of its subtypes is essential for correct treatment and behavior programs.

Slide 5: Risk Factors for Dementia

There are many factors that can place a person at increased risk for developing dementia.

Age is the first and most common risk factor. It is a rare occasion that someone younger than 65 years of age is diagnosed with dementia.

Next is a family history of dementia. This can range back to grandparents or aunts and uncles, but it is more prevalent, or more of a risk factor, if someone has a parent or sibling that has been diagnosed with dementia.

The third factor is race or ethnicity. The statistics shown are in comparison to Caucasian individuals. This is not to say that Caucasians are at no risk. They most certainly are, especially if there are other risk factors involved.

Poor heart health is another factor. It is important to note that a person is more at risk for dementia if they have poor heart health that is NOT controlled well. If someone has high blood pressure, high cholesterol, or has smoked for several years, and they are not doing anything to correct the diseases or quit smoking, then they are at much greater risk than someone that has these diseases and has them controlled and treated. This makes it very important for older individuals to attend their yearly physicals.

Finally, if someone had a traumatic brain injury, whether it is a severe traumatic brain injury or a repeated brain injury, they are more at risk for dementia. This is for the simple fact that a traumatic brain injury or repeated injuries cause damage to health brain tissue, which is where dementia already attacks. A good example of repeated brain injuries would be sports-related concussions, even if they happen at a young age.

Slide 6: Signs and Symptoms of Dementia

There are many signs and symptoms to dementia. The most important thing to watch for is that these behaviors or signs are not correcting on their own or with medical intervention. If they are corrected, then that is most likely delirium, not dementia.

As you learn more, you will notice that many signs and symptoms overlap with other subtypes of dementia. Therefore, it can become confusing as to which type of dementia someone truly has or if it is the umbrella of dementia itself.

Slide 7: Diagnosing and Treating Dementia

Diagnosing dementia may be difficult and can be a long-term process. For dementia to begin to be tested for, they must experience a decline in memory and function that cannot be corrected by something else or some other disease. Someone diagnosed with dementia is most often brought into the clinic by a loved one versus going in on their own because they do not realize the decline in cognitive function. In addition, multiple cases go undiagnosed because people continue to believe that the signs and symptoms are “just normal aging.”

Treatment of dementia consists of treating the underlying cause and the symptoms the person experiences. Unfortunately, dementia, just like all the other subtypes that will be discussed, is not curable. Some medications that can be prescribed might help with memory loss or slow the progress or help with symptom management, such as various behaviors the person may be experiencing (sadness, anger, aggression, anxiety, etc.). A treatment plan for dementia is not one size fits all.

Introduction to Dementia Notes Page

Dementia itself *is* or *is not* a specific disease. (circle one)

True or False (circle one) Dementia is non-reversible.

Is dementia a normal part of aging? Yes or No (circle one)

There are 5 subtypes of dementia under the dementia umbrella. They are:

- 1.
- 2.
- 3.
- 4.
- 5.

Risk Factors for Dementia:

- 1.
- 2.
- 3.
- 4.
- 5.

The most important thing to watch for regarding signs or symptoms of dementia is if these behaviors or signs *are* or *are not* correcting on their own or with medical intervention. (circle one)

A treatment plan for dementia *is* or *is not* one size fits all. (circle one)

Introduction to Dementia Notes Page – Answer Key

Dementia itself *is* or **is not** a specific disease.

True or False (circle one) Dementia is non-reversible.

Is dementia a normal part of aging? Yes or **No**

There are 5 subtypes of dementia under the dementia umbrella. They are:

1. Alzheimer's disease
2. Vascular dementia
3. Lewy body dementia
4. Frontotemporal dementia
5. Mixed dementia

Risk Factors for Dementia:

1. Age
2. Family history of dementia
3. Race or ethnicity
4. Poor heart health
5. Traumatic brain injury

The most important thing to watch for regarding signs or symptoms of dementia is if these behaviors or signs *are* or **are not** correcting on their own or with medical intervention.

A treatment plan for dementia *is* or **is not** one size fits all.

Lesson One – Introduction to Dementia

REVIEW: Introduction to Dementia Post-Test

5 minutes

Purpose:

Participants will review the key information learned in the lesson. This assessment will help instructors see knowledge gained over the lesson.

Materials:

- *Introduction to Dementia Test*
- *Introduction to Dementia Test – Answer Key*

Facilitation Steps:

1. Give each participant the *Introduction to Dementia Test* from the FOCUS section. Give them five minutes to complete the test.
2. Have participants exchange tests and check each other's quiz answers as you share from the answer key.

Introduction to Dementia Test – Answer Key

1. **True** or False There are multiple forms of dementia.
2. True or **False** Some degree of dementia is always expected as people age.
3. What increases the risk for dementia?
 - a. **Family history**
 - b. Occupation
 - c. Diabetes diagnosis
 - d. Lack of sleep
4. How is dementia diagnosed? Select all that apply.
 - a. **Physical exam**
 - b. **Blood tests**
 - c. **Brain scans (CT, MRI)**
 - d. PHQ-9
5. What are the most common types of dementia?
 - a. Alzheimer's disease
 - b. Vascular dementia
 - c. Lewy body dementia
 - d. Frontotemporal dementia
 - e. Mixed dementia
 - f. Reversible causes
 - g. **All of the above**

Lesson Two – Alzheimer’s Dementia

Lesson Overview

This lesson teaches participants how to care for patients who have Alzheimer’s dementia. A simulation will occur among participants to provide them with knowledge of situations that may arise while taking care of patients with Alzheimer’s dementia.

Lesson Objectives

After completing this lesson, participants will be able to:

- Define Alzheimer’s dementia
- Identify common signs and symptoms of Alzheimer’s dementia
- Provide examples of behaviors that patients with Alzheimer’s dementia experience
- Offer interventions that are effective to use with patients who have Alzheimer’s dementia

Lesson at a Glance

Activity	Materials	Preparation	Approximate class time
FOCUS	• <i>Alzheimer’s Dementia Pre-Brief Student Worksheet</i> • <i>Alzheimer’s Dementia</i> slide presentation • <i>Alzheimer’s Dementia Notes Page</i> • <i>Alzheimer’s Dementia Notes Page – Answer Key</i>	1. Print/photocopy <i>Alzheimer’s Dementia Pre-Brief Student Worksheet</i> and <i>Alzheimer’s Dementia Notes Page</i> (one per participant). 2. Prepare <i>Alzheimer’s Dementia</i> slide presentation for viewing.	20-30 minutes
LEARN	• Dementia Simulation: Headphones, MP3 player with audio track, glaucoma glasses, gloves • <i>Simulation Guidelines and Expectations</i> • Alzheimer scenario(s)	1. Print/photocopy all the simulation documents (one per participant). 2. Set up the simulation environment as outlined in the scenario(s).	30-60 minutes
REVIEW	• <i>Debriefing Worksheet</i>	1. Print/photocopy <i>Debriefing Worksheet</i> (one per participant).	10 minutes

Lesson Two – Alzheimer's Dementia

FOCUS: Alzheimer's Dementia Pre-Brief

20-30 minutes

Purpose:

Participants will complete a pre-brief activity in preparation for the Alzheimer's simulation experience.

Materials:

- *Alzheimer's Dementia* slide presentation
- *Alzheimer's Dementia Notes Page*
- *Alzheimer's Dementia Notes Page – Answer Key*
- *Alzheimer's Dementia Pre-Brief Student Worksheet*

Facilitation Steps:

1. Distribute the *Alzheimer's Dementia Notes Page*. Participants should listen and take notes as you share information from the slide presentation.
2. Share the following information about Alzheimer's dementia:

Slide 1: Title slide

Slide 2: Alzheimer's Dementia

Alzheimer's dementia can be interchanged with and is frequently referred to as Alzheimer's disease. No matter the term, they are the same disorder. Alzheimer's is a type of dementia that affects memory, thinking, and behavior. Symptoms eventually grow severe enough to interfere with daily tasks. It is important to note that the changes the person experiences when diagnosed with Alzheimer's is, again, not solely related to aging.

Slide 3: Facts About Alzheimer's Dementia

Alzheimer's dementia accounts for 60-80% of all dementia cases and is the most common cause of

dementia. The most interesting fact about Alzheimer's dementia is that it is most diagnosed in people under the age of 65. Alzheimer's also is a progressive disease that worsens over time.

Slide 4: Signs and Symptoms of Alzheimer's Dementia

There are 10 early warning signs of Alzheimer's dementia that all fall under the categories of memory loss that disrupts daily life, challenges in planning or solving problems, and difficulty completing familiar tasks.

1. Memory loss
2. Hard to complete familiar tasks (example: making breakfast in the morning – the same breakfast that has been eaten multiple times, multiple days in a row)
3. Confusion of time and place
4. Social withdrawal (people in the newer stages of Alzheimer's may notice small differences, and it may make them feel insecure around people that are aging like them but not having any signs and symptoms of Alzheimer's)
5. Poor judgment (example: placing their hand on a hot stove without realizing it)
6. Misplacing belongings, especially in places that do not make sense (example: car keys in the freezer)
7. Problems keeping track of things
8. Changes in mood and behavior
9. Trouble with images and spatial relationships
10. Struggling to communicate (cannot think of simple words, hard to put sentences together, forgetting very common words and replacing them with words that may not make sense)

Slide 5: Stages of Alzheimer's

As noted before, Alzheimer's worsens over time. The rate of the progression depends on the person. From the time of diagnosis, each patient moves through three stages of Alzheimer's dementia.

Early-stage Alzheimer's is exhibited by having trouble producing the right word or name, not remembering names when introduced to new people, having difficulty performing tasks in social or work settings, forgetting material that was just read, losing or misplacing a valuable object, and experiencing increased trouble with planning or organizing.

Middle-stage Alzheimer's involves being forgetful of events or personal history, feeling moody or withdrawn (especially in socially or mentally challenging situations), being unable to recall information about themselves (like their address or telephone number), experiencing confusion about where they are or what day it is, requiring help choosing proper clothing for the season or the occasion, having trouble controlling their bladder and bowels, experiencing changes in sleep patterns, showing an increased tendency to wander and become lost, and demonstrating personality and behavioral changes (suspiciousness and delusions).

Late-stage Alzheimer's requires around-the-clock assistance with daily personal care. Patients lose awareness of recent experiences as well as their surroundings, experience changes in physical abilities (walking, sitting, swallowing), have difficulty communicating, and become vulnerable to infection (pneumonia).

Slide 6: Treatments for Alzheimer's Dementia

Unfortunately, there is no cure for Alzheimer's dementia. With the help of research, two medications have been developed to help slow the progression of Alzheimer's. There are other medications available to help manage the signs and symptoms experienced with an Alzheimer's diagnosis. It would be impossible to name all the medications available because it truly depends on the person and the behaviors they experience.

3. Distribute the *Alzheimer's Dementia Pre-Brief Student Worksheet* to participants. This can also be completed independently prior to the day of simulation.
4. Review answers to *Alzheimer's Dementia Pre-Brief Student Worksheet* orally. Participants may refer to their notes page for assistance.

Alzheimer’s Dementia Notes Page

Alzheimer’s is a type of dementia that affects: _____, _____ and _____.

Alzheimer’s dementia accounts for _____ of all dementia cases and is the most common cause of dementia. It is most diagnosed in people _____.

Alzheimer’s also is a progressive disease that worsens over time. True or False

There are 10 early warning signs of Alzheimer’s dementia that all fall under the categories of memory loss that disrupts daily life, challenges in planning or solving problems, and difficulty completing familiar tasks.

#	Warning Sign
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

Stages of Alzheimer’s: From the time of diagnosis, each patient moves through three stages of Alzheimer’s dementia.

Early-Stage Alzheimer’s

Middle-Stage Alzheimer's
Late-Stage Alzheimer's

Treatments for Alzheimer's Dementia: There is _____cure for Alzheimer's dementia.

Alzheimer's Dementia Notes Page – Answer Key

Alzheimer's is a type of dementia that affects: **memory**, **thinking**, and **behavior**.

Alzheimer's dementia accounts for **60-80%** of all dementia cases and is the most common cause of dementia. It is most diagnosed in people **under the age of 65**.

Alzheimer's also is a progressive disease that worsens over time. **True** or False

There are 10 early warning signs of Alzheimer's dementia that all fall under the categories of memory loss that disrupts daily life, challenges in planning or solving problems, and difficulty completing familiar tasks.

#	Warning Sign
1	Memory loss
2	Hard to complete familiar tasks
3	Confusion of time and place
4	Social withdrawal
5	Poor judgment
6	Misplacing belongings
7	Problems keeping track of things
8	Changes in mood and behavior
9	Trouble with images and spatial relationships
10	Struggling to communicate

Stages of Alzheimer's: From the time of diagnosis, each patient moves through three stages of Alzheimer's dementia.

Early-Stage Alzheimer's
Exhibited by having a hard time producing the right word or name, not remembering names when introduced to new people, having difficulty performing tasks in social or work settings, forgetting material that was just read, losing or misplacing a valuable object, and experiencing increased trouble with planning or organizing.
Middle-Stage Alzheimer's
Being forgetful of events or personal history, feeling moody or withdrawn (especially in socially or mentally challenging situations), being unable to recall information about themselves (like their address or telephone number), experiencing confusion about where they are or what day it is, requiring help choosing proper clothing for the season or the occasion, having trouble controlling their bladder and bowels, experiencing changes in sleep patterns, showing an increased tendency to wander and become lost, demonstrating personality and behavioral changes (suspiciousness and delusions).

Late-Stage Alzheimer's

Require around-the-clock assistance with daily personal care. Patients lose awareness of recent experiences as well as their surroundings, experience changes in physical abilities (walking, sitting, swallowing), having difficulty communicating, and become vulnerable to infection (pneumonia).

Treatments for Alzheimer's Dementia: There is **no** cure for Alzheimer's dementia.

Name: _____ Class: _____

Alzheimer's Dementia Pre-Brief

Student Worksheet

The purpose of this simulation is to understand the impact Alzheimer's dementia has on a patient, caregiver, family member, and/or a healthcare worker. You will be assigned as the patient or a supporting role. Complete the simulation preparation below.

What are symptoms of Alzheimer's dementia?

- a. Memory loss
- b. Numbness
- c. Confusion
- d. Anxiety

What is the best way to communicate with a person who has Alzheimer's dementia to get the best response?

- a. Talk to them at eye level
- b. Speak as loud as you can without shouting
- c. Speak at a faster rate than usual
- d. Ignore them

What aspects of activities for daily living (ADL) would someone with Alzheimer's dementia have difficulty with?

What makes Alzheimer's different from other types of dementia conditions?

Lesson Two – Alzheimer's Dementia

LEARN: Alzheimer's Dementia Simulation Experience

30-60 minutes

Purpose:

Participants will work through one or more simulated scenarios to gain empathy and walk in the shoes of someone with Alzheimer's dementia or a caregiver for someone with this condition.

The goal is to improve the participants' ability to care for and communicate with Alzheimer's dementia patients.

Materials:

- Dementia Simulation
 - Headphones
 - MP3 player with audio track
 - Glaucoma glasses
 - Gloves
- *Simulation Guidelines and Expectations*
- Alzheimer scenario(s)

Facilitation Steps:

1. Choose the scenario(s) you wish to include in the simulation. Decide if you want to have participants:
 - a. Choose one Alzheimer's scenario for everyone to complete
 - b. Choose a different vascular dementia scenario for each small group – there are two
 - c. Have each pair or small group role play one Alzheimer's scenario in a medical setting, switch roles, and role play a different Alzheimer's scenario in a home care setting

There are many ways this can be implemented. Choose the method that works best for your course objectives.

It is estimated that each scenario will take 10-15 minutes including pre-brief, orientation, and the scenario itself. For planning purposes, if you choose to simulate both scenarios for the condition, it will take approximately 40-60 minutes.

2. Assign pairs/groups.
3. Review and distribute *Simulation Guidelines and Expectations* and have participants sign the form.
4. Orient participants to the simulation area and audio components.
5. Assign roles designated in scenario.
6. Set up participants with the Alzheimer's Dementia Simulation and prepare the scenario environment.
7. Give scenario documents to all participants before beginning the simulation. It is recommended to provide copies of the scenario script to all roles except the patient. The patient may read over the scenario beforehand to understand the expected statements for a scenario like this or the patient may play the role without seeing the script to make the simulation interaction more spontaneous.
8. Proceed with the chosen scenarios.
9. Switch roles and run the scenario again, if desired.

Simulation Guidelines and Expectations

(Based on the INACSL Standards of Best Practice: Professional Integrity)

When you come to simulation, please be:

- Organized and prepared for the simulation
- Accountable for your role and responsibilities
- Collaborative, supportive, nonintimidating, and mutually respectful
- Able to share expertise and/or experiences in a safe, nonjudgmental manner
- Calm, compassionate, and creating a sense of trust
- Honest, mindful, and sensitive to cultural differences and ethical issues related to the simulation-based experience
- Aware of a safe learning environment

It is important that you follow standards of practice, guidelines, principles, and ethics of your profession.

Roles

You will be assigned either the dementia patient or supporting role. As the patient, you are to gain empathy for those with a dementia condition. In the supporting role, you are to role play your part in the dementia simulation to help all participants gain a better understanding of what it is like to live with dementia.

Confidentiality Agreement

This simulation requires confidentiality of the performances and scenario content. By signing below, I agree to be a participant in simulations. I understand that the content of these simulations is to be kept confidential to maintain the integrity of the learning experience. I also understand that it is unethical for me to share information in any way regarding participant performance with persons outside the simulation.

Name (printed) _____ Signature _____

Alzheimer Scenario 1 – Medical Setting

Roles:

- CNA #1
- CNA #2
- Robert, the Alzheimer's patient

Note: Character names can be changed as needed.

Environmental setup with needed props identified:

- Headphones, MP3 player with audio track for Alzheimer Scenario 1
- Glaucoma glasses
- Gloves
- Couch (a series of chairs can simulate this)
- Care facility space
 - This area can be denoted with tape, if desired
 - If there are multiple groups experiencing the simulation at the same time, spread groups in different areas around the classroom
 - Each group participating in the simulation will need to identify the following in their space:
 - Where the “window” is that Robert looks out of
 - Door to walk out of in the direction of the activity room
 - Door that Robert tries to open that sets off an alarm

Patient description (background information to give more context): The patient is a 78-year-old male, Robert, who has been diagnosed with Alzheimer's dementia with behavioral disturbance. He is in the late stages of his disease and due to his behavior, it is difficult to care for him in a variety of situations.

Robert sometimes gets frustrated because he is constantly told that he is at a care facility, but he thinks he is at the school that he was a full-time teacher at for 24 years. The school he worked at was grades 9-12. His favorite part of the day was watching the buses in the morning as he prepared for the day and in the afternoon, knowing he made an impact on someone that day.

Scenario Overview: Robert is looking out a window at the care facility and sees a bus. He believes that he is still a teacher. He interacts with two CNAs who ask a variety of questions about what he used to do. He tries to leave the room, and the alarm sounds. He gets agitated.

The Alzheimer patient would most likely forget the following:

- That he is living at a care facility, and he is not at the school grounds he used to teach at
- That he has not eaten a full meal in 2 ½ days
- That the people taking care of him are not his students

Scenario Events and Expected Actions:

- Robert will become easily agitated and frustrated when told information that he doesn't believe
- Robert will be very confused when he is told that the staff are not his students
- When he sees the buses and cannot go outside, Robert will get frustrated as the doors lock and the alarms sound

Scenario Audio Summary of Ambient Sounds:

- Busy streets (buses, cars, trucks) driving by that can be heard because the windows are open
- Door alarms
- Wind blowing from the windows
- Other people talking in the background (addressing other residents, someone else performing activities with another group)

Alzheimer Scenario 1 Script

Robert looks out the window and sees a bus drive by.

Robert: “Hey! Would you look at that?! All those happy school kids. I taught them something good today.”

CNA #1: “Yes, Robert! I can tell that you loved your school kids. What did you teach them when you taught school?”

Robert: “Well, you act like I’ve been done teaching for a while. I just got done teaching 10 minutes ago! I LOVE my school kids, not loved.”

CNA #1: “Oh, right! I’m sorry, you just got done with your workday.”

CNA #2 caught the conversation while walking by.

CNA #2: “Robert didn’t just get done with his workday. He lives here. You know that CNA #1.”

Robert: “I don’t live at the school! What makes you think I live at the school?!”

CNA #1: “No, that’s okay, Robert. They didn’t mean to say that.”

CNA #2: “Yes, I did. You aren’t supposed to lie to these people.” *Looks at Robert.* “You live here, you have for about a year.”

Robert: “I do not live here! I just taught those students today! Didn’t you see that bus drive away? I’ve been here a lot longer than a year! I’ve taught here for over 20 years!”

CNA #2: “I’m sorry, Robert. You are a resident at _____ Care Facility. You don’t teach anymore.”

Robert starts to pace because he is very confused.

CNA #1: “Okay, okay, Robert, how about we go and sit down. We can do something together in the activity room. Will you come with me?”

Robert: “No, I need to get out of here.”

Robert tries opening the door. The door locks and the alarm sounds.

Note: The audio track for this scenario will include door alarms going off periodically. The Alzheimer patient should try to open the door once they hear this alarm sound by twisting their hand, simulating touching a doorknob.

Robert is very upset and hits the door. CNA #1 tries to calm him.

CNA #1: "Okay, okay. We can't go out there right now. Please come with me to the activity room. Walk with me."

CNA #2 whispers to CNA #1.

CNA #2: "You must bring them back to reality, otherwise their behaviors will never get better."

CNA #1 responds to CNA #2.

CNA #1: "I'm sorry. I'm not going to do that because it makes him upset. If we just talk to him about his school, he stays calm."

CNA #2: "Whatever, you do you, but I've been doing this for 10 years."

CNA #2 walks away. CNA #1 looks at Robert.

CNA #1: "Okay, Robert, please come sit down with me. We can sit down here and watch the buses; they're still going by."

Robert: "I don't live here. You know that, right? I teach here."

CNA #1: "Yes, I know. You teach me something new every day."

Robert: "I do?! You're one of my students? How long have you been one of my students?"

CNA #1: "You've been my teacher for about 6 months. Thank you for all you've taught me."

Robert calms down and sits down on the couch with CNA #1.

Alzheimer Scenario 2 – Home Care Setting

Roles:

- Robert, the Alzheimer's patient
- Robert's wife
- Jared, their child

Note: Character names can be changed as needed.

Environmental set-up with needed props identified:

- Headphones, MP3 player with audio track for Alzheimer Scenario 2
- Glaucoma glasses
- Gloves
- Phone (recommend holding a student cell phone to simulate phone use)
- Home space (room not specified)
 - If there are multiple groups doing the simulation at the same time, spread groups in different areas around the classroom
 - Each group participating in the simulation will need to have a chair to sit on

Patient description (background information to give more context): The patient is a 78-year-old male, Robert, who has been diagnosed with Alzheimer's dementia with behavioral disturbance. He is in the late stages of his disease and due to his behavior, it is difficult to care for him in a variety of situations.

Robert is frustrated because his wife is anxious about his disease and how it is progressing. He can feel those emotions but is not able to express them. Robert would like to continue to run errands with his wife and go grocery shopping. However, he cannot because his wife is anxious about his condition and how he will react in those situations. Because of that, Robert spends a lot of time at home.

Scenario Overview: Robert and his wife are home. His wife tells Robert she is going to the grocery store, and Robert should stay inside. Robert doesn't remember where his wife is going or why he can't come. His wife tells him to call their son, Jared. Instead, his wife calls Jared, telling him to call his dad so that Robert doesn't follow her to the store. Robert is home alone, agitated, and scared. He doesn't recognize the ring of the phone or remember how to work it.

The Alzheimer patient would most likely:

- Become upset when his wife runs errands and leaves him at home
- Forget simple household tasks and become easily angered by this
- Not be able to differentiate between morning and night

Scenario Events and Expected Actions:

- Robert will become easily agitated and frustrated when told information that he doesn't believe
- Robert will be very confused when he is told that he needs to stay home all the time

Scenario Audio Summary of Ambient Sounds:

- Majority of the audio is pure quiet
- Some dogs barking in the background (muffled)
- Cars driving by (muffled)
- Car leaving the driveway
- Phone ringing
- It should be felt that he is becoming frustrated because of his own thoughts and being in his own head

Alzheimer Scenario 2 Script

Wife: “Okay, Bob! I’m leaving for the grocery store. I will be right back! Stay in the house, please. It’s way too hot to be outside.”

Robert: “Where are you going?”

Wife: “I am going to the grocery store. I’ll be right back.”

Robert: “Why are you leaving?”

Wife: “Because I need to go buy groceries, Bob. I just told you that.”

Robert: “Why can’t I come?”

Wife: “Just because. It’ll be super quick, and I’ll be back. Please, Bob, don’t do this.”

Robert: “Where are you going?”

The wife becomes very angry.

Wife: “I am leaving. I will be back.”

Robert is very confused.

Robert: “Okay? What am I going to do here?”

Wife: “Just sit here. Or call Jared.”

Robert: “Okay. I’ll try.”

The wife walks out to the car and calls Jared on the phone.

Wife: “Can you call Robert, please? He is mad because I am leaving without him, but I don’t want him to try following me.”

Jared: “I suppose I can. I feel like we just talk in circles, and half the time he doesn’t even know me.”

Wife: “I know, but I just can’t deal with this right now. I need to get groceries and get out of that house.”

Jared: “Okay, I’ll call him.”

Robert is alone at home.

Robert: “I wonder where she went? Why can’t I go with? I’m not crazy. At least, I don’t think I am. Where is my wife? Why is she gone? Where did she go?”

The phone rings and Robert walks around searching for it.

Robert: “What is that sound? Where is it coming from? I don’t know what that sound is. What is it?”

Robert locates and picks up the phone.

Robert: “What is this? How does this work?”

The phone stops ringing, and Jared waits a little bit before calling back.

Robert: “Now it’s not making any noise. What is this? Where is my wife? Why did she leave?”

The phone starts ringing again, and Robert becomes frightened. He drops the phone, and it stops ringing.

Lesson Two – Alzheimer's Dementia

REVIEW: Alzheimer's Dementia Debrief

10 minutes

Purpose:

Participants will complete a debrief activity to review what they have learned during the simulation experience and how they will apply what they learned in the future.

Materials:

- *Debrief Worksheet*

Facilitation Steps:

1. Review the debriefing rules:
 - a. Confidentiality
 - i. Simulations are to be kept confidential to maintain the integrity of the learning experience.
 - ii. It is unethical to share information in any way regarding participant performance with persons outside the simulation.
 - b. Safe space
 - i. This is a safe learning environment for constructive feedback.
2. Work through the debriefing questions on the *Debriefing Worksheet* as a group.
3. Praise participants for their efforts.

Debrief Worksheet

Group questions

1. Describe the objectives you were able to achieve.
2. Which ones were you unable to achieve (if any)?
3. What did you do well?
4. If you were able to do this again, how could you have handled the situation differently?

Dementia Patient Questions

1. How did you feel throughout the simulation experience?
2. What was most challenging?

Supporting Role Questions

1. How did you feel throughout the simulation experience?

2. What was most challenging?

Ending questions

1. What are your main takeaways from this simulation?

2. Is there anything else you would like to discuss?

Lesson Three – Lewy Body Dementia

Lesson Overview

This lesson teaches participants how to care for patients who have Lewy body dementia. A simulation will occur among participants to provide them with knowledge of situations that may arise while taking care of patients with Lewy body dementia.

Lesson Objectives

After completing this lesson, participants will be able to:

- Define Lewy body dementia
- Identify common signs and symptoms of Lewy body dementia
- Provide examples of behaviors that Lewy body dementia patients experience
- Offer interventions that are effective to use with Lewy body dementia patients

Lesson at a Glance

Activity	Materials	Preparation	Approximate class time
FOCUS	• <i>Lewy Body Dementia Pre-Brief Student Worksheet</i> • <i>Lewy Body Dementia</i> slide presentation • <i>Lewy Body Dementia Notes Page</i> • <i>Lewy Body Dementia Notes Page – Answer Key</i>	1. Print/photocopy <i>Lewy Body Dementia Pre-Brief Student Worksheet</i> and <i>Lewy Body Dementia Notes Page</i> (one per participant). 2. Prepare the <i>Lewy Body Dementia</i> slide presentation for viewing.	20-30 minutes
LEARN	• Dementia Simulation: Headphones, MP3 player with audio track, glaucoma glasses, gloves • <i>Simulation Guidelines and Expectations</i> • Lewy body dementia scenario(s)	1. Print/photocopy all the simulation documents (one of each per participant). 2. Set up the simulation environment as outlined in the scenario(s).	30-60 minutes
REVIEW	• <i>Debriefing Worksheet</i>	2. Print/photocopy <i>Debriefing Worksheet</i> (one per participant).	10 minutes

Lesson Three – Lewy Body Dementia

FOCUS: Lewy Body Dementia Pre-Brief

20-30 minutes

Purpose:

Participants will complete a pre-brief activity in preparation for the Lewy body dementia simulation experience.

Materials:

- *Lewy Body Dementia Pre-Brief Student Worksheet*
- *Lewy Body Dementia* slide presentation
- *Lewy Body Dementia Notes Page*
- *Lewy Body Dementia Notes Page – Answer Key*

Facilitation Steps:

1. Distribute the *Lewy Body Dementia Notes Page*. Participants should listen and take notes as you share information from the slide presentation.
2. Share the following information about Lewy body dementia:

Slide 1: Title slide

Slide 2: Lewy Body Dementia

Lewy body dementia is also known as Lewy body disease or LBD. According to The Lewy Body Society (2021), “Dementia with Lewy bodies shares mental symptoms, such as confusion and loss of memory, with Alzheimer’s disease and motor symptoms, such as gait and slow movement, with Parkinson’s disease.”

Slide 3: Facts About Lewy Body Dementia

5% of people 85 and older are thought to live with this little known, but not uncommon, and devastating disease.

Lewy body dementia is the second most common cause of dementia in older people.

Approximately 130,000 individuals in the UK are affected; this includes the family members of LBD patients as well.

Slide 4: Signs and Symptoms of Lewy Body Dementia

LBD shares characteristic symptoms of Alzheimer’s disease and Parkinson’s disease with both mental and motor problems.

Patients have problems with memory, concentration, and other cognitive abilities. They also have difficulties with balance, movement, and autonomic functioning (bladder, bowel, and blood pressure control).

Slide 5: Treatment of Lewy Body Dementia

Treatment consists of managing symptoms with both pharmaceutical and non-pharmaceutical interventions.

Antipsychotic drugs are sometimes prescribed to people with dementia who have troublesome hallucinations or agitation. These are some of those drugs, the common trade names are followed by the generic name:

Clopixol (Clopenthixol)
Dolmatil, Sulparex, Sulpatil (Sulpiride)
Haldol, Serenace (Haloperidol)
Largactil (Chlorpromazine)
Modecate (Fluphenazine)
Seroquel (Quetiapine)
Sparine (Promazine)
Stelazine (Trifluoperazine)
Risperdal (Risperidone)
Zyprexa (Olanzapine)

Dementia Simulation Curriculum

3. Distribute the *Lewy Body Pre-Brief Student Worksheet* to participants prior to the simulation. This can also be completed independently prior to the day of the simulation.
4. Review answers to *Lewy Body Dementia Pre-Brief Student Worksheet* orally. Participants may refer to their notes page for assistance.

Lewy Body Dementia Notes Page

Lewy body dementia is also known as _____.

According to The Lewy Body Society (2021) “Dementia with Lewy bodies shares mental symptoms, such as _____ and _____, with Alzheimer’s disease and motor symptoms, such as _____ and _____, with Parkinson’s disease.”

_____ % of people 85 and older are thought to live with this little known, but not uncommon, and devastating disease.

Lewy body dementia is the _____ most common cause of dementia in older people.

LBD shares characteristic symptoms of Alzheimer’s disease and Parkinson’s disease with both _____ and _____ problems.

LBD patients have problems with:

Treatment consists of managing symptoms with both _____ and _____ interventions.

_____ drugs are sometimes prescribed to people with dementia who have troublesome hallucinations or agitation.

Lewy Body Dementia Notes Page – Answer Key

Lewy body dementia is also known as **Lewy body disease or LBD**.

According to The Lewy Body Society (2021) “Dementia with Lewy bodies shares mental symptoms, such as **confusion** and **loss of memory**, with Alzheimer’s disease and motor symptoms, such as **gait** and **slow movement**, with Parkinson’s disease.”

5% of people 85 and older are thought to live with this little known, but not uncommon, and devastating disease.

Lewy body dementia is the **2nd** most common cause of dementia in older people.

LBD shares characteristic symptoms of Alzheimer’s disease and Parkinson’s disease with both **mental** and **motor** problems.

Patients have problems with **memory, concentration, and other cognitive abilities. They also have difficulties with balance, movement, and autonomic functioning (bladder, bowel, and blood pressure control).**

Treatment consists of managing symptoms by both **pharmaceutical** and **non-pharmaceutical** interventions.

Antipsychotic drugs are sometimes prescribed to people with dementia who have troublesome hallucinations or agitation.

Name: _____ Class: _____

Lewy Body Dementia Pre-Brief

Student Worksheet

The purpose of this simulation is to understand the impact that Lewy body dementia has on a patient, caregiver, family member, and/or a healthcare worker. You will be assigned as the patient or a supporting role. Complete the simulation preparation below.

What are symptoms of Lewy body dementia?

- a. Visual hallucinations
- b. Movement disorders
- c. Sleep problems
- d. All the above

What are some risk factors that relate to Lewy body dementia? Select all that apply.

- a. Age
- b. Brain size
- c. Sex
- d. Family history

How is Lewy body dementia different from Alzheimer's dementia?

Can memory loss from Lewy body dementia be corrected? Why or why not?

Lesson Three – Lewy Body Dementia

LEARN: Lewy Body Dementia Simulation

Experience

30-60 minutes

Purpose:

Participants will work through one or more simulated scenarios to gain empathy and walk in the shoes of someone with Lewy body dementia or a caregiver for someone with this condition.

The goal is to improve participants' ability to care for Lewy body dementia patients and communication.

Materials:

- Dementia Simulation
 - Headphones
 - MP3 player with audio track
 - Glaucoma glasses
 - Gloves
- *Scenario Documents*

Facilitation Steps:

1. Choose the scenarios you wish to include in the simulation. Decide if you wish to have participants:
 - a. Choose one Lewy body dementia scenario for everyone to complete
 - b. Choose a different vascular dementia scenario for each small group – there are two
 - c. Have each pair role play one Lewy body dementia scenario in a medical setting, switch roles, and role play a different Lewy body dementia scenario in a home care setting.

There are many ways this can be implemented. Choose the method that works best for your course objectives.

It is estimated that each scenario will take 10-15 minutes, including pre-brief, orientation, and the scenario itself. For planning purposes, if you choose to simulate both scenarios for the condition, it will take approximately 40-60 minutes.

2. Assign pairs/groups.
3. Review *Simulation Guidelines and Expectations* for the scenarios and sign the form.
4. Orient participants to the simulation area and audio components.
5. Assign roles designated in scenario.
6. Set up participants with the Lewy Body Dementia Simulation and prepare the scenario environment.
7. Give the scenario documents to all participants before beginning simulation.
8. Proceed with the chosen scenarios.
9. Switch roles and run the scenario again, if desired.

Simulation Guidelines and Expectations

(Based on the INACSL Standards of Best Practice: Professional Integrity)

When you come to simulation, please be:

- Organized and prepared for the simulation
- Accountable for your role and responsibilities
- Collaborative, supportive, nonintimidating, and mutually respectful
- Able to share expertise and/or experiences in a safe, nonjudgmental manner
- Calm, compassionate, and creating a sense of trust
- Honest, mindful, and sensitive to cultural differences and ethical issues related to the simulation-based experience
- Aware of a safe learning environment

It is important that you follow standards of practice, guidelines, principles, and ethics of your profession.

Roles

You will be assigned either the dementia patient or supporting role. As the patient, you are to gain empathy for those with a dementia condition. In the supporting role, you are to role play your part in the dementia simulation to help all participants gain a better understand of what it is like to live with dementia.

Confidentiality Agreement

This simulation requires confidentiality of the performances and scenario content. By signing below, I agree to be a participant in simulations. I understand that the content of these simulations is to be kept confidential to maintain the integrity of the learning experience. I also understand that it is unethical for me to share information in any way regarding student performance with persons outside the simulation.

Name (printed) _____ Signature _____

Lewy Body Dementia Scenario 3 – Medical Setting

Roles:

- Sharon, Lewy body patient
- Maria, Sharon's roommate

Note: Character names can be changed as needed.

Environmental set-up with needed props identified:

- Headphones, MP3 player with audio track for Lewy Body Dementia Scenario 3
- Glaucoma glasses
- Gloves
- Breakfast trays with utensils
- Pancakes (determine if you'd like to simulate food, use plastic food items, or real food items)
- Care facility space
 - This area can be denoted with tape, if desired
 - If there are multiple groups experiencing the simulation at the same time, spread groups in different areas around the classroom
 - Each group participating in the simulation will need to identify the following in their space:
 - 2 chairs and a table or counter space where trays can be set down
 - Area where the "closet" is

Patient description (background information to give more context): The patient is an 87-year-old female, Sharon, who was recently diagnosed with Lewy body dementia after living in the care facility for four years. Her diagnosis started as Parkinson's disease. With a new onset of symptoms, it was determined that she had Lewy body dementia. She has a roommate who is affected by her diagnosis.

Scenario Overview: Sharon, an individual with Lewy body dementia, has a roommate who has noticed her hallucinations and has been trying to alert nursing staff of them. They are at breakfast and Sharon believes her food has bugs and poison in it. Sharon is awake at all hours of the night, rummaging through drawers and closets. She is very agitated, and her roommate is confused.

The individual with Lewy body dementia will experience the following during the scenario:

- Hallucinations causing a lot of anxiety for her and her roommate
- Fluctuating cognition, noting that one moment her thoughts are clear and the next she is hallucinating and paranoid

Scenario Events and Expected Actions:

- Sharon has no idea of her fluctuating cognition, which causes a lot of confusion for her
- Along with her cognition, she tends to fall a lot because of her decreased mobility and shuffling feet; this is frustrating for her

Specific Audio Summary of Ambient Sounds:

- Door alarms
- Other people talking in the background (addressing other residents, someone else performing activities with another group)
- Clanging dishes

Lewy Body Dementia Scenario 3 Script

Sharon: “Good morning, Maria. Did you sleep well?”

Maria: “Good morning, Sharon. I slept okay. What were you doing up all night?”

Sharon is confused.

Sharon: “I wasn’t up all night. Breakfast is here. I slept fine, but I guess thanks for asking.”

Maria is confused as well.

Maria: “What do you mean you slept fine? You were digging through closets all night.”

Sharon: “I most certainly was not!”

Both women have their breakfast trays uncovered. They are looking at their food and getting it ready to eat.

Sharon: “OH MY GOSH! Did you cut into your pancakes yet?!”

Maria: “Uh... yeah. What’s the problem?”

Sharon: “What’s the problem?! The bugs are the problem! You don’t have bugs in your pancakes?! What are they trying to do to me?!”

Sharon grabs her tray, very unsteadily gets up, and tries to get someone’s attention in the hallway.

Sharon: “Hey! Hey! I need help! There are bugs everywhere! What are you trying to feed me?!”

Maria: “Sharon! It’s okay. Come back here. There are no bugs. Come look at mine!”

Sharon: “No! They are trying to poison me!”

Maria: “No, come back in here! Come look at mine.”

Sharon throws her tray.

Sharon: “No one is coming anyways.”

Sharon looks at Maria’s food.

Maria: "See? No bugs. It's safe to eat."

Sharon goes to her closet and looks at her clothes.

Maria: "What are you doing? Come and look at my breakfast."

Sharon: "Why am I looking at your breakfast? What's wrong with it?"

Maria is frustrated.

Maria: "Never mind, just go eat your breakfast."

Sharon: "Okay."

Sharon sits down with her food.

Sharon: "Breakfast looks good. Yours?"

Maria is annoyed and slightly confused.

Maria: "Yeah... looks good."

Lewy Body Dementia Scenario 4 – Home Care Setting

Roles:

- Sharon, Lewy body patient
- Joe, husband
- Todd, home care aide

Note: Character names can be changed as needed.

Environmental setup with needed props identified:

- Headphones, MP3 player with audio track for Lewy Body Scenario 4
- Glaucoma glasses
- Gloves

Patient description (background information to give more context): The patient is an 87-year-old female, Sharon, who has Parkinson's disease. Her home care aide, Todd, notices some differences in Sharon that indicate she has Lewy body dementia in addition to Parkinson's disease. She has the classic signs of Parkinson's disease (shuffling feet, tremor, and cognitive fluctuations) but also the paranoia, hallucinations, anxiety, and depression of Lewy body dementia.

Scenario Overview: Sharon has a home care aide, Todd, who noticed her hallucinations and paranoia. Todd wants Sharon's husband, Joe, to be made aware of these changes. He sits down to talk to Joe about his observations. He notices that Sharon has a fear of water and recommends that Joe be there for the next bath. Sharon interrupts and is paranoid that they are talking about her.

The Lewy body dementia patient will most likely experience the following:

- Hallucinations causing a lot of anxiety for her
- Fluctuating cognition, noting that one moment her thoughts are clear and the next she is hallucinating and paranoid

Scenario Events and Expected Actions:

- Sharon has no idea of her fluctuating cognition, which causes a lot of confusion for her
- Along with her cognition, she tends to fall a lot because of her decreased mobility, and shuffling feet; this is frustrating for her

Scenario Audio Summary of Ambient Sounds:

- TV in the background
- Random dogs barking from a distance

Lewy Body Dementia Scenario 4 Script

Todd: “Hey, Joe, I just finished bathing Sharon. I was wondering if I could sit down and talk to you.”

Joe: “Sure, you can. What can I help you with? Sharon is not causing you too much trouble, is she?”

Todd: “Of course not, I just wanted to visit with you about some of the changes I’m seeing in Sharon. I know she has Parkinson’s disease, but I’m wondering if she has another underlying condition as well, just based on some of the symptoms I’m seeing that are different from Parkinson’s.”

Joe: “I thought Parkinson’s would be hard enough to care for. You’re telling me I need to worry about something else, too?”

Todd: “I guess I’m not sure. Can we just discuss what I see when I’m helping her?”

Joe: “Okay, go ahead.”

Todd: “Okay, today, when you were gone, it was very difficult to give Sharon her bath. I know this is something that you cannot help her with, so I am not sure if you have noticed this. She was very afraid of the water, and she has been the last couple of baths I’ve given her.”

Joe: “Afraid of the water, how?”

Todd: “She thinks the water is lava and it’s going to melt her skin off, so it is difficult to get her in the bath. She starts to yell and scream and sometimes hit.”

Joe: “That’s not like her. I’m not sure I believe that. She has never been afraid of baths or water.”

Todd: “I’m sorry. Things like this, especially new behaviors and issues, are hard to hear about.”

Joe: “I’m not sure I believe it. Being afraid of water doesn’t make any sense. We use water all the time.”

Todd: “I know. Sometimes these things don’t make sense and she may be okay with water in every other situation except for when she’s taking a bath. I am afraid that she will stop bathing all together.”

Joe: “I guess I’m going to need to be around for the next bath.”

Todd: "As hard as it may be, that may not be a bad idea. Do you have any idea why she would be afraid of water? Did something happen to her in the past related to water?"

Joe: "Not that I am aware of."

Sharon enters from the bedroom.

Sharon: "I'm not afraid of water. Why are you guys talking about me? Why are you telling lies about me?"

Todd: "I'm sorry Sharon. I'm not telling lies. I was just telling your husband about your bath this afternoon and how you were scared."

Sharon: "I have no idea what you're talking about. I'm not afraid of water. I'll go wash my hands right now."

Sharon washes her hands with no issues.

Todd: "Okay, I'm sorry I said anything, Sharon. I will see you next week. I'm sorry to scare you, Joe."

Joe: "It's okay. I'll be here next week with you."

Lesson Three – Lewy Body Dementia

REVIEW: Lewy Body Dementia Debrief

10 minutes

Purpose:

Participants will complete a debrief activity to review what they have learned during the simulation experience and how they will apply what they have learned in the future.

Materials:

- *Debrief Worksheet*

Facilitation Steps:

1. Review the debriefing rules:
 - a. Confidentiality
 - i. Simulations are to be kept confidential to maintain the integrity of the learning experience.
 - ii. It is unethical to share information in any way regarding student performance with persons outside the simulation.
 - b. Safe space
 - i. This is a safe learning environment for constructive feedback
2. Work through the debriefing questions on the *Debrief Worksheet* as a group.
3. Praise participants for their efforts.

Debrief Worksheet

Group Questions

1. Describe the objectives you were able to achieve.
2. Which ones were you unable to achieve (if any)?
3. What did you do well?
4. If you were able to do this again, how could you have handled the situation differently?

Dementia Patient Questions

1. How did you feel throughout the simulation experience?
2. What was most challenging?

Supporting Role Questions

1. How did you feel throughout the simulation experience?
2. What was most challenging?

Ending Questions

1. What are your main takeaways from this simulation?
2. Is there anything else you would like to discuss?

Lesson Four – Frontotemporal Dementia

Lesson Overview

This lesson teaches participants how to care for patients who have frontotemporal dementia. A simulation will occur among participants to provide them with knowledge of situations that may arise while taking care of patients with frontotemporal dementia.

Lesson Objectives

After completing this lesson, participants will be able to:

- Define frontotemporal dementia
- Identify common signs and symptoms of frontotemporal dementia
- Provide examples of behaviors that frontotemporal dementia patients experience
- Offer interventions that are effective to use with frontotemporal dementia patients

Lesson at a Glance

Activity	Materials	Preparation	Approximate class time
FOCUS	• <i>Frontotemporal Dementia Pre-Brief Student Worksheet</i> • <i>Frontotemporal Dementia</i> slide presentation • <i>Frontotemporal Dementia Notes Page</i> • <i>Frontotemporal Dementia Notes Page – Answer Key</i>	1. Print/photocopy the <i>Pre-Brief Student Worksheet</i> and <i>Frontotemporal Dementia Notes Page</i> (one per participant). 2. Prepare <i>Frontotemporal Dementia</i> slide presentation for viewing.	20-30 minutes
LEARN	• Dementia Simulation: Headphones, MP3 player with audio track, glaucoma glasses, gloves • <i>Simulation Guidelines and Expectations</i> • Frontotemporal dementia scenario(s)	1. Print/photocopy the <i>Simulation Guidelines and Expectations</i> and the frontotemporal dementia scenarios (one per participant). 2. Set up the simulation environment as outlined in the scenario(s).	30-60 minutes
REVIEW	• <i>Debrief Worksheet</i>	3. Print/Photocopy the <i>Debrief Worksheet</i> (one per participant).	10 minutes

Lesson Four – Frontotemporal Dementia

FOCUS: Frontotemporal Dementia Pre-Brief

20-30 minutes

Purpose:

Participants will complete a pre-brief activity in preparation for the frontotemporal dementia simulation experience.

Materials:

- *Frontotemporal Dementia Pre-Brief Student Worksheet*
- *Frontotemporal Dementia* slide presentation
- *Frontotemporal Dementia Notes Page*
- *Frontotemporal Dementia Notes Page – Answer Key*

Facilitation Steps:

1. Distribute the *Frontotemporal Dementia Notes Page*. Participants should listen and take notes as you share information from the slide presentation.
2. Share the following information about frontotemporal dementia:

Slide 1: Title slide

Slide 2: Frontotemporal Dementia

Frontotemporal dementia is also called frontotemporal degeneration. It is a group of disorders caused by progressive nerve cell loss in the brain's frontal lobes (the areas behind your forehead) or its temporal lobes (the regions behind your ears). The nerve cell damage caused by frontotemporal dementia leads to loss of function in these brain regions, which variably cause deterioration in behavior, personality and/or difficulty with producing or comprehending language.

Slide 3: Causes of Frontotemporal Dementia

There are several different diseases that cause frontotemporal degeneration. The two most prominent are:

- 1) A group of brain disorders involving protein tau
- 2) A group of brain disorders involving the protein TDP43.

For reasons that are not yet known, these two groups prefer the frontal and temporal lobes that cause dementia.

Slide 4: Types of Frontotemporal Dementia

bvFTD: Characterized by prominent changes in personality and behavior that often occur in people in their 50s and 60s but can develop as early as their 20s or as late as their 80s. In behavioral variant frontotemporal dementia, the nerve cell loss is most prominent in areas that control conduct, judgment, empathy, and foresight, among other abilities.

PPA: Second major form of frontotemporal degeneration that affects language skills, speaking, writing, and comprehension. PPA normally comes on in midlife, before age 65, but can occur in late life as well. The two most distinctive forms of PPA have somewhat different symptoms:

- In the semantic variant of PPA, individuals lose the ability to understand or formulate words in a spoken sentence
- In the non-fluent/agrammatic variant of PPA, a person's speaking is very hesitant, labored, or ungrammatical

Disturbances of motor (movement or muscle) function include three disorders that are a part of the frontotemporal degeneration spectrum that produce changes in muscle or motor functions with or without behavior (bvFTD) or language (PPA) problems:

- Amyotrophic lateral sclerosis (ALS), which causes muscle weakness or wasting. ALS is a motor neuron disease also known as Lou Gehrig's disease.
- Corticobasal syndrome, which causes the arms and legs to become uncoordinated or stiff.
- Progressive supranuclear palsy (PSP), which causes muscle stiffness, difficulty walking, and changes in posture. It also affects eye movements. Symptoms of PSP may resemble symptoms of Parkinson's disease. PSP tremor is less common, and speech and language problems tend to develop earlier.

Slides 5-6: Frontotemporal Dementia Image

Diagnosis: The diagnosis of the behavioral variant frontotemporal dementia and PPA are based on expert evaluation by a doctor who is familiar with these disorders. The type of problems experienced by the patient and the results of neurological exams are the core of the diagnosis. Brain scans, such as magnetic resonance imaging (MRI) and glucose positron emission scans, are very helpful additional tests, but they must be interpreted in the context of the patient's history and neurological exam.

Causes and Risks: Frontotemporal degeneration is inherited in about a third of all cases. Genetic counseling and testing are available now for individuals with family histories of frontotemporal degeneration.

There are no known risk factors for any frontotemporal degeneration except for a family history or a similar disorder.

Slide 7: Treatment and Outcomes of Frontotemporal Dementia

There are no specific treatments for any of the frontotemporal subtypes. There are medications that can reduce agitation, irritability, and/or depression. These treatments should be used to help improve quality of life.

Frontotemporal dementia inevitably gets worse over time and the speed of decline differs from person to person. For many years, individuals with frontotemporal dementia show muscle weakness and coordination problems, leaving them in a wheelchair or unable to leave the bed.

These muscle issues can cause problems swallowing, chewing, moving, and controlling bladder and/or bowels. Eventually, people with frontotemporal degeneration die because of the physical changes that can cause skin, urinary tract, and/or lung infections.

3. Distribute the *Frontotemporal Dementia Pre-Brief Student Worksheet* to participants prior to simulation. This can also be completed independently prior to the day of simulation.
4. Review answers to the *Frontotemporal Dementia Pre-Brief Student Worksheet* orally. Participants may refer to their notes page for assistance.

Frontotemporal Dementia

Notes Page

Frontotemporal dementia is also called _____.

Frontotemporal dementia is a group of disorders caused by _____ nerve cell loss in the brain's _____ lobes or its _____ lobes.

Causes of Frontotemporal Dementia: A group of brain disorders involving the protein _____ and _____.

There are three different types of frontotemporal dementia:

- 1.
- 2.
- 3.

Name a minimum of two ways to diagnose frontotemporal dementia.

What are causes and risks of frontotemporal dementia?

- 1.
- 2.
- 3.

There are no specific treatments for any of the frontotemporal subtypes. True or False

Frontotemporal Dementia Notes Page – Answer Key

Frontotemporal dementia is also called **frontotemporal degeneration**.

Frontotemporal dementia is a group of disorders caused by **progressive** nerve cell loss in the brain's **frontal** lobes or its **temporal** lobes.

Causes of Frontotemporal Dementia: A group of brain disorders involving the protein **tau** and **TDP43**.

There are three different types of frontotemporal dementia:

1. **bvFTD: Behavioral variant frontotemporal dementia, also known as behavior variant FTD**
2. **PPA: Primary progressive aphasia**
3. **Disturbances of motor (movement or muscle) function**

Name a minimum of two ways to diagnose frontotemporal dementia.

Answers will vary but may include:

Based on evaluation from a physician that is an expert in these disorders.

Problems experienced by the patient and the results of neurological exams are the core of the diagnosis.

MRI

Glucose positron emission scans

Neurological exam

What are causes and risks of frontotemporal dementia?

1. **Inherited in approximately 1/3 of all cases**
2. **Genetic counseling and testing are available**
3. **There are no known risk factors for any frontotemporal degeneration except for a family history or a similar disorder**

There are no specific treatments for any of the frontotemporal subtypes. **True** or False

Name: _____ Class: _____

Frontotemporal Dementia Pre-Brief Student Worksheet

The purpose of this simulation is to understand the impact that frontotemporal dementia has on a patient, caregiver, family member, and/or a healthcare worker. You will be assigned as the patient or a supporting role. Complete the simulation preparation below.

How many subtypes of frontotemporal dementia exist?

- a. 3
- b. 7
- c. 2
- d. None

What are the other disorders that frontotemporal dementia can include? Select all that apply.

- a. Amyotrophic lateral sclerosis (ALS)
- b. Multiple sclerosis (MS)
- c. Corticobasal syndrome
- d. Progressive supranuclear palsy (PSP)

What are the most common causes and risks of developing frontotemporal dementia?

What are the key differences between frontotemporal dementia and Alzheimer's dementia?

Lesson Four – Frontotemporal Dementia

LEARN: Frontotemporal Dementia Simulation Experience

30-60 minutes

Purpose:

Participants will work through one of more simulated scenarios to gain empathy for and improve their ability to care for frontotemporal dementia patients in the healthcare setting.

Materials:

- Dementia Simulation
 - Headphones
 - MP3 player with audio track
 - Glaucoma glasses
 - Gloves
 - Multipurpose case
- *Simulation Guidelines and Expectations*
- Frontotemporal dementia scenario(s)

Facilitation Steps:

1. Choose the scenarios you wish to include in the simulation. Decide if you want to have participants:
 - a. Choose one frontotemporal dementia scenario and have everyone complete it
 - b. Choose a different vascular dementia scenario for each small group – there are two
 - c. Have each pair role play one frontotemporal dementia scenario in a medical setting, switch roles, and role play a different scenario in a home care setting

It is estimated that each scenario will take 10-15 minutes, including pre-brief, orientation, and the scenario itself. For planning purposes, if you choose to simulate both scenarios for the condition, it will take approximately 40-60 minutes.

2. Assign pairs/groups.
3. Review the guidelines/expectations for scenario and sign the form.
4. Orient participants to simulation area and audio components.
5. Assign roles designated in scenario.
6. Set up participants with the frontotemporal dementia simulation and prepare scenario environment.
7. Give scenario documents to all participants before beginning the simulation.
8. Proceed with the chosen scenarios.
9. Switch roles and run the scenario again, if desired.

There are many ways this can be implemented. Choose the method that works best for your course objectives.

Simulation Guidelines and Expectations

(Based on the INACSL Standards of Best Practice: Professional Integrity)

When you come to simulation, please be:

- Organized and prepared for the simulation
- Accountable for your role and responsibilities.
- Collaborative, supportive, nonintimidating, and mutually respectful
- Able to share expertise and/or experiences in a safe, nonjudgmental manner
- Calm, compassionate, and creating a sense of trust
- Honest, mindful, and sensitive to cultural differences and ethical issues related to the simulation-based experience
- Aware of a safe learning environment

It is important that you follow standards of practice, guidelines, principles, and ethics of your profession.

Roles

You will be assigned either the dementia patient or supporting role. As the patient, you are to gain empathy for those with a dementia condition. In the supporting role, you are to role play your part in the dementia simulation to help all participants gain a better understand of what it is like to live with dementia.

Confidentiality Agreement

This simulation requires confidentiality of the performances and scenario content. By signing below, I agree to be a participant in simulations. I understand that the content of these simulations is to be kept confidential to maintain the integrity of the learning experience. I also understand that it is unethical for me to share information in any way regarding student performance with persons outside the simulation.

Name (printed) _____ Signature _____

Frontotemporal Dementia Scenario 5 – Medical Setting

Roles:

- Mark, frontotemporal patient
- Alana, CNA
- Waylon, CNA

Note: Character names can be changed as needed.

Environmental setup with needed props identified:

- Headphones, MP3 player with audio track for Frontotemporal Dementia Scenario 5
- Glaucoma glasses
- Gloves
- Chair (acts as the shower chair in the scenario)
- Cell phone (can be used to simulate a CNA radio)
- Care facility space
 - Shower area may be denoted with tape, if desired
 - If there are multiple groups doing the simulation at the same time, spread groups in different areas around the classroom

Patient description (background information to give more context): The patient is a 70-year-old male resident who is a long-term resident at a skilled nursing facility. He was diagnosed with frontotemporal dementia at least three years ago. He is mostly non-communicative. He makes sexual advances (ogling, grabbing inappropriate places) to most of the female CNAs. He becomes agitated easily, especially when it comes to personal hygiene.

Scenario Overview: Mark needs a shower, and Alana, a CNA, enters his room to take him to the shower room. Mark acts inappropriately and says suggestive things to Alana throughout their interaction. After repeated warnings, Waylon, another CNA, is contacted to complete the shower for Mark.

The frontotemporal dementia patient will most likely exhibit the following:

- The resident needs to have a bath as it is his scheduled day. He becomes upset about this because he does not like bathing and often goes 2-3 weeks without bathing.
- He will become frustrated when the female caregiver is switched out with the male caregiver during his shower.
- He doesn't understand why the female caregivers are uncomfortable caring for him.

Scenario Events and Expected Actions:

- Alana becomes uncomfortable with Mark
- Mark becomes frustrated with male caregivers
- Mark is sexually inappropriate with female staff

Scenario Audio Summary of Ambient Sounds:

- Water/shower running in the background
- Echoing voices/sounds due to being in a bathroom
- Staff member's radio going off

Frontotemporal Dementia Scenario

5 Script

Mark is in his room, sitting on his bed while watching TV. He has no emotion in his face. The Alana knocks and enters the room.

Alana: “Hey, Mark! How are you today? It’s time for your shower. Let me pick out some clothes for you.”

Mark grunts in disgust.

Alana: “What? You don’t want to wear the blue shirt today? Okay, let’s see if we can find a red one.”

Mark: “NOOOOO!”

Alana becomes frustrated.

Alana: “Help me out here. What color do you want?”

Mark shakes his head and looks to the floor.

Alana: “Okay, well, I will just grab something then.”

Alana grabs clothes, and toiletries for the shower.

Alana: “Okay, come on, let’s go to the bathroom. It’s shower time! It’s been like 3 weeks since you’ve showered.”

Mark stands up. He can walk and stand without a walker, although he walks slowly. Alana and Mark walk to the community bathroom on the unit that has a shower. Alana walks into the bathroom first and stands off to the side as Mark enters the bathroom. Mark rubs his hands together and smiles broadly, enjoying himself.

Alana: “Oh, sorry, Mark. I need to get out of your way. Here, come sit down on the shower chair.”

Mark sits down in the shower chair, still dressed.

Alana: “Okay, let’s go ahead and get undressed for the shower.”

Mark smiles widely.

Mark: “Mmm-hmmmm.”

Alana: “Mark, stop. I don’t like that, and you know better. Now, come on.”

Mark’s smile goes away quickly, and he starts getting upset.

Dementia Simulation Curriculum

Alana: "Okay, come on."

Alana turns the water on to warm it up.

Mark: "I like it when you undress me."

Alana: "Mark, stop. I don't like that. I just told you."

Alana talks over her radio.

Alana: "Is there anyone available to come help Mark shower? I need a guy."

Waylon responds over the radio.

Waylon: "I can help. Be there soon."

Mark becomes angry.

Mark: "WH-WH-WH-WHHHHYY?!"

Alana: "Because you are being inappropriate, and I don't like it. You know that."

Mark: "UGHHH!"

Alana: "I'm sorry. I told you to stop, and you didn't."

Mark continues to be upset while they wait for Waylon, who knocks at the door when he arrives.

Waylon: "Hello. I'm here. What's going on? Oh, never mind. It's Mark. He won't stop touching you, will he? Or saying inappropriate things?"

Alana: "No, he won't. I told him to stop, and he wouldn't."

Waylon: "Okay, I got this. It's just me and you now, buddy."

Waylon continues to prepare to wash Mark, and Alana leaves. Mark hits Waylon on the arm, visibly upset.

Waylon: "Sorry, dude. The girls don't like it when you do that to them, so now you get me."

The shower continues. Mark remains upset, but Waylon finishes the shower.

Frontotemporal Dementia Scenario 6 – Home Care Setting

Roles:

- Mark, frontotemporal dementia patient
- Ava, wife/caregiver
- Gerald, child
- Ben, child
- Corinne, child

Note: Character names can be changed as needed.

Environmental set-up with needed props identified:

- Headphones, MP3 player with audio track for Frontotemporal Dementia Scenario 6
- Glaucoma glasses
- Gloves
- Home space
 - If there are multiple groups doing the simulation at the same time, spread groups out around the classroom

Patient description (background information to give more context): The patient is a 50-year-old male who has a wife and three children, none are out of the house at this point. His wife is his main caregiver. Mark started showing signs of frontotemporal dementia when he became very isolated, did not want to leave his house, and seemed as though he was depressed.

Scenario Overview: Mark's wife, Ava, wants to go grocery shopping. Mark doesn't want to leave the house. The children ask their dad to come along. He refuses, so they leave without him. They are gone for an hour and leave him alone and he sits there. When she arrives home, Ava expresses frustration with him in general.

The frontotemporal dementia patient will most likely experience the following:

- Wanting to go out with his family but his feelings of not wanting to go out overtake them
- Not understanding the emotions he is experiencing

Scenario Events and Expected Actions:

- Mark will not move from his chair in his room
- Mark and his wife are both frustrated throughout the scenario
- The children are confused and do not understand what is happening with their dad

Scenario Audio Summary of Ambient Sounds:

- Multiple children talking, 15 years and younger
- Television sounds
- Wind coming through the window
- Car leaving and driving away
- Car returning

Frontotemporal Dementia Scenario 6

Script

Ava is yelling from another room.

Ava: "Honey! It's time to go. We need to get groceries for the week."

Mark is yelling from the bedroom.

Mark: "I don't want to go! Go without me."

Gerald: "Why doesn't he want to go with us, mom?"

Ava: "Come on, Mark. You haven't been out of the house for weeks. It's time to get out."

Mark: "No, I do not want to go. Do not make me go."

Gerald: "But mom, he must come. He's the only one who knows the recipe for the cheesy potatoes."

Mark: "I'm not coming. You can figure out the recipe. Just go!"

Ben: "Just come on, Dad! What are you afraid of?!"

Mark: "I'm not afraid of anything. I just don't feel like going."

Corinne: "Mom, what if we go to a store in a different town, so we don't see anyone we know? Maybe that's what he's scared of."

Ava: "I'm sorry, Corinne. he's not worried about seeing anyone. He just doesn't want to go out with us anymore."

Mark: "You know it's not because I don't want to! I just... can't."

Ava: "I don't see anyone stopping you besides yourself."

Mark: "I am NOT going. Now get out of here."

Ben: "Maybe he's mad at us?"

Ava: "No, he's not mad at us. I don't know what's going on, but I don't think he's coming with us today."

Corinne: "Or tomorrow, or the next day, or the day after that..."

Ava: "Mark, are you sure you aren't coming with us? This is upsetting the kids."

Mark: "It's upsetting me that you keep asking. Just go."

Ava: "Alright, we will go, but I hope you have a better attitude when we get back."

Ava and the children leave. Mark continues sitting alone. Ava and the children return after a long time.

Ava: “Hey, honey, we’re home. I think we got everything for the potatoes. It would’ve been nice if you would’ve gone with us. What did you do while we were gone?”

Mark: “If you must know, I sat here, the whole time.”

Ava: “So... you didn’t do anything else?”

Ben: “Like, NOTHING else?”

Mark: “No, I sat here. I didn’t want to do anything else.”

Ava: “Well, if that’s the case, I really wish you would figure your crap out because I’m sick of this. Our friends are starting to wonder if you’re mad at them, or me. Our family is starting to wonder what’s going on.”

Mark: “If I knew what was going on, I would tell you, but I don’t. I just don’t want to go anywhere or see anyone, whether I know them or not.”

Ava: “Well, that’s nice. We’re going to put groceries away. I guess, just sit here. Or don’t. Do whatever you want.”

Lesson Four – Frontotemporal Dementia

REVIEW: Frontotemporal Dementia Debrief

10 minutes

Purpose:

Participants will complete a debrief activity to review what they have learned during the simulation experience and how they will apply what they have learned in the future.

Materials:

- *Debrief Worksheet*

Facilitation Steps:

1. Review debriefing rules:
 - a. Confidentiality
 - i. Simulations are to be kept confidential to maintain the integrity of the learning experience.
 - ii. It is unethical to share information in any way regarding student performance with persons outside the simulation.
 - b. Safe space
 - i. This is a safe learning environment for constructive feedback.
2. Work through the debriefing questions on the *Debrief Worksheet* as a group.
3. Praise participants for their efforts.

Debrief Worksheet

Group Questions

1. Describe the objectives you were able to achieve.
2. Which ones were you unable to achieve (if any)?
3. What did you do well?
4. If you were able to do this again, how could you have handled the situation differently?

Dementia Patient Questions

1. How did you feel throughout the simulation experience?
2. What was most challenging?

Supporting Role Questions

1. How did you feel throughout the simulation experience?
2. What was most challenging?

Ending questions

1. What are your main takeaways from this simulation?
2. Is there anything else you would like to discuss?

Lesson Five – Vascular Dementia

Lesson Overview

This lesson teaches participants how to care for patients that have vascular dementia. A simulation will occur among participants to provide them with knowledge of situations that may arise while taking care of patients with vascular dementia.

Lesson Objectives

After completing this lesson, participants will be able to:

- Define vascular dementia
- Identify common signs and symptoms of vascular dementia
- Provide examples of behaviors that vascular dementia patients experience
- Offer interventions that are effective to use with vascular dementia patients

Lesson at a Glance

Activity	Materials	Preparation	Approximate class time
FOCUS	• <i>Vascular Dementia Pre-Brief Student Worksheet</i> • <i>Vascular Dementia</i> slide presentation • <i>Vascular Dementia Notes Page</i> • <i>Vascular Dementia Notes Page – Answer Key</i>	1. Print/photocopy <i>Pre-Brief Student Worksheet</i> and <i>Vascular Dementia Notes Page</i> (one per participant). 2. Prepare the <i>Vascular Dementia</i> slide presentation for viewing.	20-30 minutes
LEARN	• Dementia Simulation: Headphones, MP3 player with audio track, glaucoma glasses, gloves • <i>Simulation Guidelines and Expectations</i> • Vascular dementia scenario(s)	1. Print/photocopy the <i>Simulation Guidelines and Expectations</i> and vascular dementia scenario(s) (one per participant). 2. Set up the simulation environment as outlined in the scenario(s).	30-60 minutes
REVIEW	• <i>Debrief Worksheet</i>	1. Print/photocopy the <i>Debrief Worksheet</i> (one per participant).	10 minutes

Lesson Five – Vascular Dementia

FOCUS: Vascular Dementia Pre-Brief

20-30 minutes

Purpose:

Participants will complete a pre-brief activity in preparation for the vascular dementia simulation experience.

Materials:

- *Vascular Dementia* slide presentation
- *Vascular Dementia Notes Page*
- *Vascular Dementia Notes Page – Answer Key*
- *Vascular Dementia Pre-Brief Student Worksheet*

Facilitation Steps:

1. Distribute the *Vascular Dementia Notes Page*. Participants should listen to and take notes as you share information from the slide presentation.
2. Share the following information about vascular dementia:

Slide 1: Title slide

Slide 2: Vascular Dementia

Vascular dementia refers to changes in memory, thinking, and behavior resulting from conditions that affect the blood vessels in the brain. Cognition and brain function can be significantly affected by the size, location, and number of vascular changes.

Slide 3: Causes of Vascular Dementia

Vascular dementia is caused by different conditions that interrupt the flow of blood and oxygen supply to the brain and damage blood vessels in the brain.

People with vascular dementia almost always have abnormalities in the brain that can be seen on MRI scans. These abnormalities can include evidence of prior strokes, which are often small and sometimes without noticeable symptoms. Major strokes can also increase the risk for dementia, but not everyone who has had a stroke will develop dementia.

Other abnormalities commonly found in the brains of people with vascular dementia are diseased, small blood vessels and changes in white matter (the connecting "wires" of the brain that are critical for relaying messages between brain regions).

Researchers are investigating how these changes in the brain, and their underlying causes, are involved in the onset and progression of dementia. Research has shown a strong link between cardiovascular disease, involving the heart and blood vessels, and cerebrovascular disease, involving the brain, and subsequent cognitive impairment and dementia. This area of research is referred to as "vascular contributions to cognitive impairment and dementia," or VCID.

VCID is helping researchers better understand this connection and whether the methods used to prevent and treat cerebrovascular disease and heart disease could also help prevent dementia. Researchers investigating VCID are exploring diverse conditions that affect blood flow to and within the brain, including

infarcts (an area of dead tissue resulting from a lack of blood supply), hemorrhages (bleeding from ruptured or damaged blood vessels), cerebral hypoperfusion (reduced blood flow), and small vessel disease in the brain (such as that thought to be associated with white matter hyperintensities (white patches seen on brain MRI scans)), and stroke.

Slides 4-5: Symptoms of Vascular Dementia

Symptoms may or may not be experienced. Also, each person diagnosed with vascular dementia may experience each sign/symptom at a different intensity. Each symptom is individualized to the person and how their brain portrays the type of dementia they have.

Slide 6: Treatment of Vascular Dementia

Many different disease processes can result in different forms of vascular dementia;

there may not be one treatment for all. However, vascular dementia is often managed with medications to prevent strokes and reduce the risk of additional brain damage. Some studies suggest that medications used to treat Alzheimer's might benefit some people with an early form of vascular dementia. Treating modifiable risk factors (like high blood pressure, diabetes, high cholesterol, and problems with heartbeat rhythm) can help prevent additional stroke. Living a healthy lifestyle is important to help reduce the risk factors of vascular dementia.

3. Distribute the *Vascular Dementia Pre-Brief Student Worksheet* to participants prior to simulation. This can also be completed independently prior to the day of simulation.
4. Review answers to *Vascular Dementia Pre-Brief Student Worksheet* orally. Students may refer to their notes page for assistance.

Vascular Dementia Notes Page

Vascular dementia refers to changes in memory, thinking, and behavior resulting from conditions that affect the _____ in the brain.

Cognition and brain function can be significantly affected by the _____, _____, and _____ of vascular changes.

Vascular dementia is caused by different conditions that interrupt the flow of blood and oxygen supply to the brain and damage blood vessels in the brain. Conditions include:

- 1.
- 2.
- 3.

Each person diagnosed with vascular dementia may experience each sign/symptom at the same intensity. True or False

Treatment of Vascular Dementia

- There is not _____ treatment for all
- Managed with medications to _____ and _____ of additional brain damage
- Treating modifiable risk factors, like _____, _____, _____, _____, _____, and problems with heartbeat rhythm can help prevent additional stroke

Vascular Dementia Notes Page – Answer Key

Vascular dementia refers to changes to memory, thinking, and behavior resulting from conditions that affect the **blood vessels** in the brain.

Cognition and brain function can be significantly affected by the **size**, **location**, and **number** of vascular changes.

Vascular dementia is caused by different conditions that interrupt the flow of blood and oxygen supply to the brain and damage blood vessels in the brain. Conditions include:

1. **reduced blood flow to the brain**
2. **history of stroke(s)**
3. **brain hemorrhages**

Each person diagnosed with vascular dementia may experience each sign/symptom at the same intensity. True or **False**

Treatment of Vascular Dementia

- There is not **one** treatment for all
- Managed with medications to **prevent strokes** and **reduce the risk** of additional brain damage
- Treating modifiable risk factors, like **high blood pressure**, **diabetes**, **high cholesterol**, and problems with heartbeat rhythm can help prevent additional stroke

Name: _____ Class: _____

Vascular Dementia Pre-Brief Student Worksheet

The purpose of this simulation is to understand the impact that vascular dementia has on a patient, caregiver, family member, and/or a healthcare worker. You will be assigned as the patient or a supporting role. Complete the simulation preparation below.

What other form of dementia does vascular dementia mimic the most?

- a. Alzheimer's dementia
- b. Frontotemporal dementia
- c. Lewy body dementia
- d. Delirium

What are some symptoms of vascular dementia? Select all that apply.

- a. Disorientation
- b. Trouble speaking or understanding speech
- c. Physical stroke symptoms, such as a sudden headache
- d. Poor balance

How is vascular dementia defined?

What are some diagnostic guidelines for vascular dementia?

Lesson Five – Vascular Dementia

LEARN: Vascular Dementia Simulation Experience

30-60 minutes

Purpose:

Participants will work through one or more simulated scenarios to gain empathy for and improve their ability to care for vascular dementia patients in the healthcare setting.

Materials:

- Dementia Simulation
 - Headphones
 - MP3 player with audio track
 - Glaucoma glasses
 - Gloves
- *Simulation Guidelines and Expectations*
- Vascular dementia scenario(s)

Facilitation Steps:

1. Choose the scenarios you wish to include in the simulation. Decide if you want to have participants:
 - a. Choose one vascular dementia scenario and have everyone complete the same one
 - b. Choose a different vascular dementia scenario for each small group – there are two
 - c. Have each pair role play one vascular dementia scenario in a medical setting, switch roles, and role play a different vascular dementia scenario in a home care setting.

There are many ways this can be implemented. Choose the method that works best for your course objectives.

It is estimated that each scenario will take 10-15 minutes, including pre-brief, orientation, and the scenario itself. For planning purposes, if instructors choose to simulate both of scenarios for the condition, it will take approximately 40-60 minutes.

2. Assign pairs/groups.
3. Review the guidelines/expectations for scenario and sign the form.
4. Orient participants to simulation area and audio components.
5. Assign roles designated in scenario.
6. Set up participants with the Vascular Dementia Simulation and prepare the scenario environment.
7. Give the scenario documents to all participants before beginning the simulation.
8. Proceed with the chosen scenarios.
9. Switch roles and run the scenario again, if desired.

Simulation Guidelines and Expectations

(Based on the INACSL Standards of Best Practice: Professional Integrity)

When you come to simulation, please be:

- Organized and prepared for the simulation
- Accountable for your role and responsibilities
- Collaborative, supportive, nonintimidating, and mutually respectful
- Able to share expertise and/or experiences in a safe, nonjudgmental manner
- Calm, compassionate, and creating a sense of trust
- Honest, mindful, and sensitive to cultural differences and ethical issues related to the simulation-based experience
- Aware of a safe learning environment

It is important that you follow standards of practice, guidelines, principles, and ethics of your profession.

Roles

You will be assigned either the dementia patient or supporting role. As the patient, you are to gain empathy for those with a dementia condition. In the supporting role, you are to role play your part in the dementia simulation to help all participants gain a better understand of what it is like to live with dementia.

Confidentiality Agreement

This simulation requires confidentiality of the performances and scenario content. By signing below, I agree to be a participant in simulations. I understand that the content of these simulations is to be kept confidential to maintain the integrity of the learning experience. I also understand that it is unethical for me to share information in any way regarding student performance with persons outside the simulation.

Name (printed) _____ Signature _____

Vascular Dementia Scenario 7 – Medical Setting

Roles:

- Jerry, vascular dementia resident
- Mercedes, caregiver

Note: Character names can be changed as needed.

Environmental set-up with needed props identified:

- Headphones, MP3 player with audio track for Vascular Dementia Scenario 7
- Glaucoma glasses
- Gloves
- Gait belt
- Walker
- Wheelchair or regular chair that can simulate one
- Care facility space
 - Designate where the patient room and bathroom are in the scenario space
 - If there are multiple groups doing the simulation at the same time, spread groups out in different areas of the classroom

Patient description (background information to give more context): The patient is a 65-year-old male who has had vascular dementia for some time. His symptoms at most times exhibit stroke symptoms in that he is weak on his right side, has a shuffling gait, and has a tremor. He also has underlying high blood pressure, which is most likely the cause for his worsening condition. Jerry gets more confused at night after the sun goes down and often becomes behavioral during this time.

Scenario Overview: It is supper time and the caregiver, Mercedes, enters the room to get vital signs and help Jerry with his toileting. Jerry is slow and Mercedes becomes impatient. Jerry is incontinent and this is dealt with.

The vascular dementia patient would most likely experience the following:

- Feeling vulnerable and wanting his dignity during toileting
- Becoming behavioral when he attempts to walk into the bathroom
- Feeling frustrated when the caregiver gets impatient because he is moving slowly

Scenario Events and Expected Actions:

- Jerry does not like to be rushed
- He has sundowners

Scenario Audio Summary of Ambient Sounds:

- Food cart going up and down the hallways
- Toilet flushing

Vascular Dementia Scenario 7 Script

Mercedes knocks on the door.

Mercedes: “Hey, Jerry, it’s time for supper. Are you ready?”

Jerry: “No! It’s 4 in the morning!”

Mercedes: “I’m sorry, Jerry. It’s not 4 in the morning. It’s 4 in the afternoon, and we need to take you to the bathroom before going downstairs for supper.”

Jerry: “I don’t have to go, and it’s not supper time.”

Mercedes: “Okay. Let me take your vitals before going down too. The nurse needs your blood pressure.”

Mercedes takes Jerry’s vitals.

Mercedes: “Jerry, your blood pressure is kind of high. Did the nurse give you all your medications today?”

Jerry: “How the heck am I supposed to know? Today has barely started yet!”

Mercedes: “Okay. I’ll just let them know it’s high. I need to put the gait belt around you, and then we’ll stand you up.”

Jerry complies with gait belt being put on.

Mercedes: “Alright, on the count of 3, stand up. 1... 2... 3... up!”

Jerry: “Yeah, yeah. I’m up.”

Mercedes: “Here’s your walker. Let’s walk to the bathroom.”

Jerry: “To do what?”

Mercedes: “To go to the bathroom. Come on, let’s go.”

Jerry takes 1-2 steps. Then, after some time, 1-2 steps more.

Mercedes: “Come on, Jerry. At this rate, we’ll be late to supper.”

Jerry: “You just need to give me a minute. My legs don’t work like they used to you know.”

Mercedes: “Ugh. Okay.”

Mercedes gets to the bathroom, and he is incontinent.

Mercedes: “Go ahead and sit down. I must change your diaper.”

Jerry: “Why? I don’t wear diapers!”

Mercedes: “Because you wet yourself. Why else would I have to change you? Go pee, please, so we can get you to supper.”

At this time, we fast forward to after Jerry has finished going to the bathroom and has been cleaned up.

Mercedes: “Alright, let’s head out to your wheelchair so we can finally get you to supper.”

Jerry takes 1-2 steps. Then, after some time, 1-2 steps more. Eventually, he gets to his wheelchair.

Mercedes: “Alright, let’s go. Put your feet up.”

Mercedes pushes him out the door and they go to supper.

Vascular Dementia Scenario 8 – Home Care Setting

Roles:

- Jerry, vascular dementia patient
- Gary, adult child

Note: Character names can be changed as needed.

Environmental set-up with needed props identified:

- Headphones, MP3 player with audio track for Vascular Dementia Scenario 8
- Glaucoma glasses
- Gloves
- Bedroom, kitchen

Patient description (background information to give more context): The patient is a 60-year-old male who has had vascular dementia for some time. His symptoms at most times exhibit stroke symptoms in that he is weak on his right side, has a shuffling gait, and a tremor. He also has underlying high blood pressure, which is most likely the cause for his worsening condition. Jerry has sleep problems related to his condition and is often found wandering his home throughout the night because he does not process the difference between night and day.

Scenario Overview: Jerry awakes in the middle of the night, gets up, and goes to the kitchen. Believing it is morning, he begins preparing breakfast. His adult son hears him and gets up to find Jerry in the kitchen. He tells Jerry that he should go back to sleep because it is not time to wake up. After an angry exchange, Jerry goes back to bed.

The vascular dementia patient will most likely experience the following:

- Changes in sleeping patterns
- Difficulty performing normal tasks, like preparing breakfast
- Agitation because he believes it is morning and that he had already slept 8-10 hours

Scenario Events and Expected Actions:

- Jerry gets agitated when his son tries making him go back to bed
- Jerry eventually (reluctantly) goes back to bed

Scenario Audio Summary of Ambient Sounds:

- Toilet flushing
- Dishes clanging
- Cupboard opening
- Rummaging through refrigerator
- Cereal pouring
- Milk pouring and liquid spilling
- White noise of nighttime (fan going, wind blowing through the windows, air conditioner/heat running, etc.)

Vascular Dementia Scenario 8 Script

Jerry is lying in bed, staring at the ceiling. He starts talking to himself.

Jerry: "It might be morning. I've been sleeping for a long time. I wonder what Gary is doing. I think it's time to get up."

Jerry gets up, goes to the bathroom, flushes the toilet, and washes his hands. He walks out to the kitchen and starts clanging dishes around, thinking he is going to make breakfast. He pours a bowl of cereal. Gary wakes up and lays in bed, listening and talking to himself.

Gary: "What is going on out there? Maybe he felt he needed a drink of water. I'll go get him if he doesn't go back to bed."

Jerry is still in the kitchen, opening cupboards, looking for cereal, rummaging through stuff. He does not recognize the cereal boxes. He starts talking to himself again.

Jerry: "Oh, here it is!"

Jerry grabs a box of dry rice and pours it in his cereal bowl. He rummages through the fridge, looking for the milk. He moves stuff around loudly, not recognizing that the milk is in the door. He grabs the orange juice and attempts to pour it in his cereal bowl with the rice. He struggles and ends up pouring it all over the counter because of his tremor.

Gary wakes back up after accidentally falling asleep. He hears the orange juice hitting the floor and gets up to check on Dan.

Gary: "Dad! What are you doing? You're making a mess."

Jerry: "What do you mean? I'm making myself breakfast."

Gary: "It's 11:20 at night. It's not breakfast time, and that certainly isn't breakfast. You know you have rice and orange juice in your bowl, right?"

Jerry: "I do not. I grabbed the box and the jug of milk, and I made myself breakfast... because it's morning."

Gary: "I'm sorry, dad. I'm telling you that's not breakfast, and it's still night. You've only been sleeping for a couple hours."

Jerry: "I'm sorry, Gary, but I'm telling you that it's morning. This is my breakfast."

Jerry takes his bowl to the table and sits down to take a bite of his "cereal." He spits it out.

Jerry: "YUCK! This is gross. The milk is bad. Why did you let it go sour?"

Gary: "I didn't let the milk go sour, Dad. You poured orange juice into the rice."

Jerry pushes his bowl away.

Jerry: "This is stupid."

Gary: "Are you hungry for something? Do you want to go back to bed?"

Jerry: “No, I’m not hungry. That was disgusting. I’m ready to read the newspaper.”

Gary: “Dad, listen to me. The newspaper isn’t here. It’s still night. You need to go back to bed.”

Gary shows him the time on a clock so he can see the “p.m.”

Jerry: “Oh, whatever. You just think you know everything. I’ll go back to bed, but I don’t want to, and I won’t fall asleep because I’ve already slept all night long!”

Gary: “Okay, Dad.”

Jerry walks back to his bedroom and lays back down on his bed. He is again staring at the ceiling, rather agitated, whispering nonsensical things to himself. Gary goes back to his bed and lays down. He’s frustrated and whispering comments to himself as well.

Lesson Five – Vascular Dementia

REVIEW: Vascular Dementia Debrief

10 minutes

Purpose:

Participants will complete a debrief activity to review what they have learned during the simulation experience and how they will apply what they have learned in the future.

Materials:

- *Debrief Worksheet*

Facilitation Steps:

1. Review debriefing rules:
 - a. Confidentiality
 - i. Simulations are to be kept confidential to maintain the integrity of the learning experience.
 - ii. It is unethical to share information in any way regarding student performance with persons outside the simulation.
 - b. Safe space
 - i. This is a safe learning environment for constructive feedback.
2. Work through the debriefing questions on the *Debrief Worksheet* as a group.
3. Praise participants for their efforts.

Debrief Worksheet

Group Questions

1. Describe the objectives you were able to achieve.
2. Which ones were you unable to achieve (if any)?
3. What did you do well?
4. If you were able to do this again, how could you have handled the situation differently?

Dementia Patient Questions

1. How did you feel throughout the simulation experience?
2. What was most challenging?

Supporting Role Questions

1. How did you feel throughout the simulation experience?
2. What was most challenging?

Ending Questions

1. What are your main takeaways from this simulation?
2. Is there anything else you would like to discuss?

Lesson Six – Mixed Dementia

Lesson Overview

This lesson teaches participants how to care for patients who have mixed dementia. A simulation will occur among participants to provide them with knowledge of situations that may arise while taking care of patients with mixed dementia.

Lesson Objectives

After completing this lesson, participants will be able to:

- Define mixed dementia
- Identify common signs and symptoms of mixed dementia
- Provide examples of behaviors that mixed dementia patients experience
- Offer interventions that are effective to use with mixed dementia patients

Lesson at a Glance

Activity	Materials	Preparation	Approximate class time
FOCUS	• <i>Mixed Dementia Pre-Brief Student Worksheet</i> • <i>Mixed Dementia</i> slide presentation • <i>Mixed Dementia Notes Page</i> • <i>Mixed Dementia Notes Page – Answer Key</i>	1. Print/photocopy <i>Pre-Brief Student Worksheet</i> and <i>Mixed Dementia Notes Page</i> (one per participant). 2. Prepare the <i>Mixed Dementia</i> slide presentation for viewing.	20-30 minutes
LEARN	• Dementia Simulation: Headphones, MP3 player with audio track, glaucoma glasses, gloves, multipurpose case • <i>Simulation Guidelines and Expectations</i> • Mixed dementia scenario(s)	1. Print/photocopy the <i>Simulation Guidelines and Expectations</i> and mixed dementia scenario(s) (one per participant). 2. Set up the simulation environment as outlined in the scenario(s).	30-60 minutes
REVIEW	• <i>Debrief Worksheet</i>	2. Print/photocopy the <i>Debrief Worksheet</i> (one per participant).	10 minutes

Lesson Six – Mixed Dementia

FOCUS: Mixed Dementia Pre-Brief

20-30 minutes

Purpose:

Participants will complete a pre-brief activity in preparation for the mixed dementia simulation experience.

Materials:

- *Mixed Dementia Pre-Brief Student Worksheet*
- *Mixed Dementia* slide presentation
- *Mixed Dementia Notes Page*
- *Mixed Dementia Notes Page – Answer Key*

Facilitation Steps:

1. Distribute the *Mixed Dementia Notes Page*. Participants should listen and take notes as you share information from the slide presentation.
2. Share the following information about mixed dementia:

Slide 1: Title slide

Slide 2: Mixed Dementia

To provide an overview of the epidemiology, pathogenesis, natural history, diagnosis, and therapy of mixed vascular Alzheimer dementia (MVAD). The literature was reviewed for articles published between 1990-2016 by using the keywords linked to MVAD.

Neuropathological studies indicate that MVAD is a very common pathological finding in older adults with a prevalence of about 22%. The distinction between Alzheimer's dementia and vascular dementia

is complex because their clinical presentation can overlap.

Slide 3: Causes of Mixed Dementia

Although mixed dementia is infrequently diagnosed during life, many researchers believe it deserves more attention because the combination of two or more types of dementia-related brain changes may have a greater impact on the brain than one type alone. Evidence suggests that the presence of more than one type of dementia-related change may increase the chances a person will develop symptoms.

Slide 4: Symptoms of Mixed Dementia

Mixed dementia symptoms may vary, depending on the types of brain changes involved and the brain regions affected. In many cases, symptoms may be similar to, or even indistinguishable from, those of Alzheimer's or another type of dementia. In other cases, a person's symptoms may suggest that more than one type of dementia is present. Researchers expect to gain a greater understanding of mixed dementia symptoms as long-term studies continue to shed light on the relationship between cognitive function and underlying brain abnormalities.

Slide 5: Treatment of Mixed Dementia

Because most people with mixed dementia are diagnosed with a single type of dementia, physicians often base their prescribing decisions on the type of

dementia that's been diagnosed. No drugs are specifically approved by the U.S. Food and Drug Administration (FDA) to treat mixed dementia. Physicians who think that Alzheimer's disease is among the conditions contributing to a person's dementia may consider prescribing the drugs that are FDA-approved for Alzheimer's.

Many researchers are convinced that a more in-depth understanding of mixed dementia, coupled with recognition that vascular changes are the most common coexisting brain change, may create an opportunity to reduce the number of people who develop

dementia. Controlling overall risk factors for diseases of the heart and blood vessels may also protect the brain from vascular changes.

Slide 6: Conclusion

Discussion as desired

3. Distribute the *Mixed Dementia Pre-Brief Student Worksheet* to participants prior to simulation. This can also be completed independently prior to the day of simulation.
4. Review answers to the *Mixed Dementia Pre-Brief Student Worksheet* orally.

Mixed Dementia Notes Page

Mixed dementia is the coexistence of _____ disease and _____ disease (CVD) in the same patient.

Causes of Mixed Dementia: This is usually diagnosed during life. True or False

Experts believe more attention should be paid to causes of mixed dementia due to the combination of _____ of dementia-related brain changes.

Symptoms of Mixed Dementia

- Symptoms _____
- Symptoms _____ to Alzheimer's or another type of dementia
- Symptoms may suggest that _____ one type of dementia is present

There are several drugs approved by the FDA to treat mixed dementia. True or False

Mixed Dementia Notes Page – Answer Key

Mixed dementia is the coexistence of **Alzheimer's** disease and **cerebrovascular** disease (CVD) in the same patient.

Causes of Mixed Dementia: This is usually diagnosed during life. True or **False**

Experts believe more attention should be paid to causes of mixed dementia due to the combination of **two or more types** of dementia-related brain changes.

Symptoms of Mixed Dementia

- Symptoms **may vary**
- Symptoms **may be similar** to Alzheimer's or another type of dementia
- Symptoms may suggest that **more than** one type of dementia is present

There are several drugs approved by the FDA to treat mixed dementia. True or **False**

Name: _____ Class: _____

Mixed Dementia Pre-Brief Student Worksheet

The purpose of this simulation is to understand the impact that mixed dementia has on a patient, caregiver, family member, and/or a healthcare worker. You will be assigned as the patient or a supporting role. Complete the simulation preparation below.

True or False: Mixed dementia is actually the most common form of dementia.

What is the most combination of dementias diagnosed together, identifying a mixed dementia?

- a. Vascular dementia and Alzheimer's dementia
- b. Alzheimer's dementia and Lewy Body's dementia
- c. Lewy Body's dementia and Vascular dementia
- d. Frontotemporal dementia and Lewy Body's dementia

How is mixed dementia defined?

What are some diagnostic guidelines for mixed dementia?

Lesson Six – Mixed Dementia

LEARN: Mixed Dementia Simulation Experience

30-60 minutes

Purpose:

Participants will work through one or more simulated scenarios to gain empathy for and improve their ability to care for mixed dementia patients in a healthcare setting.

Materials:

- Dementia Simulation
 - Headphones
 - MP3 player with audio track
 - Glaucoma glasses
 - Gloves
- *Simulation Guidelines and Expectations*
- Mixed dementia scenario(s)

Facilitation Steps:

1. Choose the scenarios you wish to include in the simulation. Decide if you want to have participants:
 - a. Choose one mixed dementia scenario and have everyone complete the same one
 - b. Choose a different mixed dementia scenario for each small group – there are two
 - c. Have each pair role play one mixed dementia scenario in a medical setting, switch roles, and role play a different scenario in a home care setting

There are many ways this can be implemented. Choose the method that works best for your course objectives.

It is estimated that each scenario will take 10-15 minutes including pre-brief, orientation, and the scenario itself. For planning purposes, if you choose to simulate both of the scenarios for the condition, it will take approximately 40-60 minutes.

2. Assign pairs/groups.
3. Review guidelines/expectations for scenario and sign the form.
4. Orient participants to simulation area and audio components.
5. Assign roles designated in scenario.
6. Set up participants with the Mixed Dementia Simulation and prepare the scenario environment.
7. Give the scenario documents to all participants before beginning the simulation.
8. Proceed with the chosen scenarios.
9. Switch roles and run the scenario again, if desired.

Simulation Guidelines and Expectations

(Based on the INACSL Standards of Best Practice: Professional Integrity)

When you come to simulation, please be:

- Organized and prepared for the simulation
- Accountable for your role and responsibilities
- Collaborative, supportive, nonintimidating, and mutually respectful
- Able to share expertise and/or experiences in a safe, nonjudgmental manner
- Calm, compassionate, and creating a sense of trust
- Honest, mindful, and sensitive to cultural differences and ethical issues related to the simulation-based experience
- Aware of a safe learning environment

It is important that you follow standards of practice, guidelines, principles, and ethics of your profession.

Roles

You will be assigned either the dementia patient or supporting role. As the patient, you are to gain empathy for those with a dementia condition. In the supporting role, you are to role play your part in the dementia simulation to help all participants gain a better understand of what it is like to live with dementia.

Confidentiality Agreement

This simulation requires confidentiality of the performances and scenario content. By signing below, I agree to be a participant in simulations. I understand that the content of these simulations is to be kept confidential to maintain the integrity of the learning experience. I also understand that it is unethical for me to share information in any way regarding student performance with persons outside the simulation.

Name (printed) _____ Signature _____

Mixed Dementia Scenario 9 – Medical Setting

Roles:

- Mary, mixed dementia patient
- Kris, nurse
- Sierra, CNA
- Jay, pharmacist consultant

Note: Character names can be changed as needed.

Environmental set-up with needed props identified:

- Headphones. MP3 player with audio track for Mixed Dementia Scenario 9
- Glaucoma glasses
- Gloves
- Cell phone
- Chair
- Walker

Patient description (background information to give more context): The patient is an 85-year-old female who has a history of dementia with behavioral disturbance, unspecified. She exhibits symptoms of dementia, such as psychosis, aggressive behavior (physical and verbal), poor sleep cycle, weight loss, and refusal of cares. She does not say words that make sense to anyone when trying to communicate what she wants.

Scenario Overview: Patient continually scrambles words and doesn't make sense. She is very angry. The nurse, Kris, is trying to determine the best treatment plan for the resident based on the symptoms she experiences. The pharmacist consultant, Jay, attempts to determine a good treatment plan in conjunction with the nurse.

The mixed dementia patient will most likely exhibit the following:

- Scrambling words
- None of her sentences make sense
- Confusion

Scenario Events and Expected Actions:

- Mary is continually confused at most situations she is put in
- She is not able to recognize familiar faces or events/situations

Scenario Audio Summary of Ambient Sounds:

- Busy unit with a lot of background noise (TV, phone ringing, other residents yelling, etc.)

Mixed Dementia Scenario 9 Script

Mary gets up from her chair with her walker and walks over to Kris, who is standing at the med cart.

Kris: “Hey, Mary, what can I do for you? Do you need to use the bathroom?”

Mary growls at Kris and slams her walker on the floor.

Kris: “Are you hungry? I’m not sure what you’re trying to tell me.”

Mary slams her walker down on the floor, backs up, and walks away. Kris talks to Sierra

Kris: “Can someone help her? I’m not sure what she needs. She seems pretty upset though.”

Sierra: “I can help, but I can’t guarantee I can figure it out either.”

Sierra walks up to Mary and puts her hand on Mary’s shoulder.

Sierra: “Can I help you with something, Mary? Do you want to go sit back down?”

Mary continues to walk around with her walker and starts yelling as loud as she can. She completely ignores Sierra. Sierra talks to Kris.

Sierra: “I’m not sure what to do for her either. She’s always so angry. I’m surprised she didn’t hit me this time.”

Kris calls Jay on the phone.

Kris: “Hey, Jay, do you remember that resident we talked about last month during rounds that is just mad all the time and doesn’t communicate with us well at all?”

Jay: “You have a couple of residents like that. Which one are you talking about? Mary or Sam?”

Kris: “Mary. She’s just angry all the time. When she gets really bad, we can give her the IM Haldol, but it seems like most of the time when we use that, she gets worse. It doesn’t affect her like it does everyone else.”

Jay: “What is she doing? Still the yelling and screaming?”

Kris: “Yes. When we can’t figure out what she wants, it’s almost constant.”

Jay: “Remind me what medications we have her on and have tried with her in the past.”

Kris: “I know we previously tried Lexapro and Celexa. We have the PRN Haldol, and PRN Ativan when it’s not unbearable but still an issue for the other residents. She is also having a lot of trouble with sleeping. She hardly sleeps at all, so I feel like that contributes to her behaviors. Maybe she has behaviors because she is too tired to know the difference? Do you know anything about that?”

Jay: “You can ask her doctor to try something like gabapentin for the behaviors and Remeron for sleep or something like that, but she might just be acting the way she is because she doesn’t know how to act any other way.”

Kris: “Thank you for your help. I cannot imagine she is comfortable, but I also don’t know if she knows the difference. Her mentality and personality are kind of all over the place and hard to pinpoint any given day.”

Jay: “Have a good day. “Let me know if I can help with anything else.”

Mixed Dementia Scenario 10 – Home Care Setting

Roles:

- Mary, mixed dementia patient
- Husband

Note: Character names can be changed as needed.

Environmental setup with needed props identified:

- Headphones, MP3 player with audio track for Mixed Dementia Scenario 10
- Glaucoma glasses
- Gloves
- Dishes
- Dishwater, soap, and washcloth
- Chair

Patient description (background information to give more context): The patient is an 85-year-old female who has a history of Alzheimer's disease and Lewy body dementia. She is still being cared for at home by her husband and he does a good job at it. Her husband provides all cares to her. She is incontinent, does not like water anymore, and does not know how to feed herself without almost continual cueing.

Scenario Overview: The husband tries to give Sue small, easy jobs to do at home to keep her mobile, like dishes. Sue becomes very frustrated over the small tasks when she cannot complete them or doesn't remember how to do them. Her husband is very patient with her.

The mixed dementia patient will most likely experience the following:

- Limited mobility
- Frustration over small tasks when she cannot complete them or doesn't remember how to do them

Scenario Events and Expected Actions:

- Mary is continually confused at most situations she is put in
- She is not able to recognize familiar faces or events/situations

Scenario Audio Summary of Ambient sounds:

- Dishwasher going
- Washing machine and dryer going
- Water splashing in the sink
- Dishes clinking
- Vacuum sounds

Mixed Dementia Scenario 10 Script

Husband: “Alright, Mary, I’m going to start vacuuming. I need you to wash the dishes that didn’t fit in the dishwasher.”

Mary speaks very slowly.

Mary: “Okay. I can help.”

The husband walks over to the kitchen sink and starts filling it with soap and water.

Husband: “Okay, Mary, remember that you must get all the food off the dishes before putting them in the other sink to dry. Remember that you must turn the dishes over so they drain and can dry better.”

Mary: “I got it.”

Mary walks up to the sink and grabs the washcloth. She stares at the water. There are 5-6 dishes off to the side that need to be washed. She looks back and forth between the water and the dishes. Sue grabs all the dishes and puts them in the sink at one time. They do not fit well. The husband yells from the other room.

Husband: “How’s it going in there, honey? Are you getting them washed?”

Mary yells back.

Mary: “It’s okay!”

The husband yells from the other room.

Husband: “Okay! Let me know if you need anything! I’m just in here vacuuming.”

Mary looks back at the water and soap suds. She grabs a plate but doesn’t scrub or wash it. She places it on the other side of the sink, still dirty. Mary grabs a glass from the sink that’s filled with water and soap. She doesn’t clean the glass. Sue takes a drink of the soapy dish water from the glass and spits it out into the sink. She starts licking her hand, like she’s trying to get the taste off her tongue.

The husband walks back into the kitchen.

Husband: “Hey, honey, what’re you doing?”

Mary looks at him, very confused.

Mary: “Washing things.”

The husband sees some soap suds on her mouth.

Husband: “Why are there soap suds on your mouth?”

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Mary continues to look confused.

Mary: “No.”

The husband looks at the “clean” dishes.

Husband: “You didn’t wash these, Mary. Come on, you know how to do dishes still, don’t you?”

Mary: “Yeah.”

Mary stares at the water, dishes, and her washcloth again. The husband watches her as she stares at the water.

Husband: “Okay... then please wash the dishes.”

The husband leaves the kitchen but watches Mary from around the corner without her knowing. Mary picks up another dish and puts it in the other side of the sink, unwashed. She thinks it’s clean. The husband continues to watch without saying anything. Mary moves another dish over to the other side of the sink, unwashed.

Husband: “Alright, Mary, that’s enough for today. Thank you for trying to help. I’ll wash them later.”

Mary: “I helped.”

Husband: “Yes, you did. You helped a lot.”

The husband walks her gently to the living room and has her sit on a recliner to relax.

Lesson Six – Mixed Dementia

REVIEW: Mixed Dementia Debrief

10 minutes

Purpose:

Participants will complete a debrief activity to review what they have learned during the simulation experience and how they will apply what they have learned in the future.

Materials:

- *Debrief Worksheet*

Facilitation Steps:

1. Review debriefing rules:
 - a. Confidentiality
 - i. Simulations are to be kept confidential to maintain the integrity of the learning experience.
 - ii. It is unethical to share information in any way regarding student performance with persons outside the simulation.
 - b. Safe space
 - i. This is a safe learning environment for constructive feedback.
2. Work through the debriefing questions on the *Debrief Worksheet* as a group.
3. Praise participants for their efforts.

Debrief Worksheet

Group Questions

1. Describe the objectives you were able to achieve.
2. Which ones were you unable to achieve (if any)?
3. What did you do well?
4. If you were able to do this again, how could you have handled the situation differently?

Dementia Patient Questions

1. How did you feel throughout the simulation experience?
2. What was most challenging?

Supporting Role Questions

1. How did you feel throughout the simulation experience?
2. What was most challenging?

Ending Questions

1. What are your main takeaways of this simulation?
2. Is there anything else you would like to discuss?