Dementia Knowledge and Caregiving Skills Improvement from Using the PAC Model: A Pilot Comparative Evaluation

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The diverse needs of persons living with dementia in nursing home settings presents challenges for Certified Nursing Assistants (CNAs) to provide quality care. There is a lack of educational preparedness among nursing home CNAs regarding dementia knowledge and skills required to care for a person living with dementia. As direct caregivers for persons living with dementia, CNAs play an important role in long-term care. This pilot study evaluated the dementia knowledge and caregiving skills of newly trained CNA students. The students were trained by an instructor certified using Teepa Snow’s Positive Approach to Care (PAC) curriculum. Conducted in a rural southwestern Indiana community, this study evaluated CNA students’ knowledge and perception of dementia, as well as their skill performing the Positive Physical Approach™ (PPA™) technique to approach and connect. A 38-item knowledge and perception survey and a 12-step observed skills assessment using a standardized patient encounter were administered to CNA students. Data were analyzed using descriptive statistics and bivariate analysis. Preliminary results indicate that 100% of students correctly answered the survey item regarding non-confrontational body language, while 29% of students correctly performed the corresponding PPA skill. There is a statistically significant association between the knowledge that people find pressure in their palm comforting and the ability to perform the corresponding Hand-under-Hand® and PPA techniques. Incorporation of PAC into current CNA curriculum may equip CNAs with the knowledge and skills required to provide better care, with the potential to improve the overall quality of life for persons living with dementia.
Family members have important role in care of older people. In residential long-term settings family members can find themselves in an ambiguous situation: officially, responsibility for provision and quality of care rests with the care provider and staff members, but in practice family members participate in caring. This study explores the role of family members in residential long-term care settings, particularly in supporting their older relatives’ functional ability. Developing and maintaining functional ability lies at the very core of healthy ageing policies and long-term care. The data consist of semi-structured interviews with family members (n=16) from eight long-term care facilities in Finland. Thematic analysis yielded three themes: maintaining personhood, engaging in everyday life and monitoring care. Family members in our study were actively involved in care that supported the functional ability of their older relative. However, family members had also conflicting views about who was responsible for care provision. Some participants willingly accepted their caregiver responsibilities even in residential care, while others described their involvement in care not as a matter of choice but rather as one of necessity in order to ensure good quality care. It is important to see the family members’ viewpoint which, based on the results of this study, emphasizes personhood and continuity of care. If they are willing to participate, family should be able to take part in caregiving together with the care staff and their role should be recognized.

HOW CHARACTERISTICS OF FLORIDA’S ASSISTED LIVING COMMUNITIES IMPACT SERVICES AND RECREATIONAL ACTIVITIES OFFERED

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There are currently 3,090 assisted living communities (ALCs) serving older adults throughout the state of Florida. The services (e.g. physical therapy) and recreational activities (e.g. cooking classes) offered within these communities likely differ depending on a variety of characteristics such as location, licensure type, and profit status. The goal of this work is to determine how these characteristics influence the number and types of services and activities offered within Florida’s ALCs. Data on the services and recreational activities, location, and characteristics of ALCs were collected from the state Agency for Health Care Administration (AHCA) website. Counties were classified as rural or urban and based on data from the 2010 U.S. Census. Linear regressions were used to model the associations. The results indicated that rural-based ALCs provided significantly fewer services and activities, compared to urban-based ALCs. ALCs that were for-profit, with more licensed beds and with a limited nursing service license showed increasing numbers of services and activities, while ALCs with limited mental health licenses showed significant decreases. ALCs that are rural, non-profit or that hold limited mental health licenses to provide fewer services and recreational activities for residents than ALCs without these characteristics. Policymakers and administrators should work to ensure that residents living within these communities have adequate access to services and activities by addressing administrative, logistical, and financial barriers.