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*Moving In Nurturing Directions In Memory Care*

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## **MANAGEMENT'S "MASTER KEY" TRAINING GUIDE**

TO BE USED ONLY FOR TRAINING WITH

### **LOVE, LAUGHTER, & MAYHEM IN ELDERCARE FACILITIES: THE MASTER KEY FOR DEMENTIA TRAINING**

"Management means helping people to get the best out of themselves, not organizing things." (Lauren Appley)

There is just no way around it. You have a very tough job to do, and many times you receive little or no recognition for all the successes you have had. It's time to stand up and pat yourself on the back for your great decision to give your staff the key to providing the best possible care for your residents with dementia—that key of dementia training. You are well aware of the importance of staff dementia training, and I hope you are also aware of just how critical it is for management to *continually* reinforce that training. Maybe your role is teaching, as an instructor for people who wish to work with elders in facilities. This teaching manual will be invaluable to you as you now have the opportunity to mold these minds and behaviors to be their best as they work with these frail elders. You can modify the assigned tasks in this workbook so that your students are presenting possible scenarios if they have not had any actual experiences. You have the opportunity to positively improve the quality of life of countless people with dementia by successfully teaching these lessons.

But, just how do you motivate your staff to want to do their best for their residents? "Empowerment" of staff in facilities is being touted as one of the most important ways to achieve staff satisfaction as well as lowering staff turnover rates. Lowering those turnover rates alone can save your company thousands of dollars a year. But in the day-to-day management of a busy facility, how can you pull this all

together when some days all you seem to get done is putting out fires? I would like to offer some input from studies I have found pertinent to the issues you face with staff.

Over the years, there have been many studies looking at what motivates and empowers staff in a variety of settings. Indeed, it is this “empowerment” that seems to be the key to retaining and motivating your staff. According to some surveys, these are some of the staff responses of what motivates them to perform their best:

- **Their intellect and/or their skills are recognized and encouraged by management.** Something as simple as a handwritten card thanking an employee for doing something well is a powerful motivator to continue to do it well. Small gift cards, employee of the month awards, peer recognition, and introduction to family members as a team member are some suggestions.
- **When company goals and values are similar to employee's values.** Let's say the company goal is to make the most amount of money possible from the residents, with little regard to employee wants or needs. You will seem to have a revolving door when it comes to hiring employees because every employee who truly cares for the residents will not be able to tolerate management's lack of regard for the residents or the staff for long. Your company must place high value on customer satisfaction and safety, both of which will come from dedicated, caring, well-trained staff workers.
- **Staff are invited to be involved with the company and participate in making decisions that affect them, and they feel a sense of belonging.** Your employees are either “for” you, or they are “against” you. It all comes down to how well you treat them as responsible, intelligent partners in healthcare. That means inviting their input in staffing issues such as resolving call-offs, holiday coverage, and scheduling conflicts. Also, consistently seeking their input on resident concerns and needs boosts their morale in a very big way.
- **They feel they have job security.** The majority of the caregivers for your residents are single mothers with children struggling to make ends meet. The more secure you can help them feel, the longer they will stay with you.
- **Socialization with peers and residents is encouraged by management.** Again, if the company goal is money, money, money, you as a manager will be asked to crack the whip to ensure employees are not “wasting” time just talking and laughing, which you know is an essential part of healthy, happy interactions between staff and residents.
- **Prospects of some type of promotion or career path.** Creating a tiered pathway all the way up to and including assistance in attending nursing school will be a very attractive motivator for many

of these employees. There is a multitude of ways to accomplish this.

- **They are given responsibility and not continually questioned about quality versus quantity, which again comes back to the values of the company.**
- **Salary is comparable to or better than other facilities for the same type of position.** Even if it's only 10 to 25 cents per hour higher, it's a critical factor in their decision to work with you.
- **Conflicts with management are promptly addressed and solved equitably.** This is a huge issue in many facilities. Do an anonymous survey and ask the hard questions about your leadership style and just how well you and your co-managers solve employee complaints.
- **Company treats all employees the same with no favoritism or rule-bending.** How many facilities have you worked in where you knew some employees received preferential treatment? Looking back at that, I'm sure you can see just how it negatively impacted the entire staff. Again, ask for feedback from your employees to spot the ways you might be unknowingly contributing to this major reason why employees leave.

Here are some ideas I've picked up over the years from multiple studies on how managers can help keep staff motivated and responsible:

- Be very clear with employees about exactly how you want them to work in your facility. Be certain they recognize your facility's core values.
- Allow staff to work together as a team to problem solve and help to set the rules. An example would be when staff members call-off without notice. In some studies, when staff was involved in the problem solving, they developed a program that linked performance standards to salary and call-offs were dramatically reduced or eliminated.
- Instituting a system of paid time off (PTO) versus vacation and sick days could actually reduce the total number of days off! When one company did this, it went from ten vacation days and six sick days to thirteen PTO days and the staff were happier with this program.
- Start a self-scheduling program in which staff can switch days with each other and can work out their own work schedules.
- Establish a problem-reporting chain that goes from the immediate supervisor on up the chain or command until the problem is resolved to the employee's satisfaction, in a timely manner.
- An "emergency loan" program for staff facing sudden financial crises could help avoid having staff miss work for the emergency. Payroll deduction is a method of payback. An example might be if a car breaks down and that employee would have no way to get to work until it gets fixed. Loaning him or her the money to quickly get it fixed, while renting a car, could save your company money in the end by not having to pay for double shifts.

- Stress ways in which employees can show respect to each other in small ways by saying “Please” and “Thank you” when appropriate, as well as encouraging one another to succeed. This is a learned behavior and it makes the work place a much nicer place to be.
- Conflict resolution is a great idea for in-services and they can have fun with it by role-playing.

As you can see, these successful techniques are directly related to the issues that employees listed of what motivated them to do well.

Another big part of the challenge with managing staff successfully is the lack of formal training of the management staff. I would encourage you to look for seminars relative to this to improve your management skills by learning from other people and facilities as to what they have found to work best. Facilities must make a commitment to improving interpersonal skills among all staff members, with on-going education versus a one-time training being the goal.

Virtually all of the studies I have seen agree that when staff conflicts are resolved or avoided altogether, staff will then become more productive, more satisfied, retention of staff increases, and your residents will receive better care.

Not surprisingly, another issue closely tied to staff satisfaction is training in dementia care. I have seen so many CNAs and nurses become frustrated over their inability to “control” people with dementia as they try over and over again to reason with them or expect them to act in a certain way. I have also seen some of those frustrated employees become nurturing, happy caregivers once they discovered the correct ways to interact with these elders. They were given the “keys” of dementia training. When staff can see what a huge, positive, difference they can make in the lives of these elders, they will strive to continue to put smiles on the faces of their residents. This training is the master key you hold. You are ultimately responsible for the care given in your facility, for the safety and comfort of your residents, and the safety and comfort of your staff. The more dementia training you give your staff and the more you stand behind, follow up on, and reinforce that training, the more effective it will be. Over time, it will become part of your facility’s culture and staff will accept it as the norm. That could take up to a year to happen, thus the need for continual monitoring and reinforcement by management as well as every other employee.

One effective way to help support your staff as well as monitor progress is to have daily ten-minute stand-up meetings to report effectiveness of newly instituted ideas and ask for feedback. An example might be that yesterday, your CNA, Anna, has said she will try a different way to encourage Bill to eat breakfast, which he often refuses. What is the result of that attempt and does anyone have other suggestions?

An open door policy to your office for staff to ask questions or discuss issues lets them know you welcome their input and ideas, and you will work with them to resolve issues.

Since this training is so vital and it can take awhile to get through the workbook with all your staff, here are some options for using this training workbook:

- Make a big thing out of this training, because it is! It should definitely be mandatory, but you may wish to offer a “reward” for completing the training. Drawing for gift items such as dinner coupons, one to two hours of paid time off, movie tickets or a gift basket are a few ideas to help encourage them to finish the training quickly.
- You may wish to make it a competition between shifts if you feel your staff would have more fun and work through the training faster. This would give them an incentive to “encourage” everyone on their shift to get it completed so they would win the prize you have offered.
- The lessons contained in the workbook will be best learned by staff if they are taught by someone in management. Questions can be asked and answered, and much more learning takes place in a group setting than it will if one staff person tries to absorb it all alone. Brainstorming for ideas on how to handle specific incidents is also not effective with only one person involved. If you can find no way around having staff take the workbooks home to complete and return, it falls upon you to schedule a time to sit down and go through the workbook page by page to offer comments on their answers, and to assess their level of comprehension. The long-term, ongoing follow through by every staff member and management is a critical piece for successful training to occur. Deadlines must be set and met for successful completion and return of the workbooks by employees. Again, consider offering rewards for completion. Negative incentives such as decreased pay raises for job performance if the workbooks are not completed and returned in time should probably not be announced because it will be seen as a threat and can sabotage the positive, happy atmosphere you are promoting. For those recalcitrant staff members who come up with excuse after excuse or who might be vocal in their opposition to “all this new stuff,” you may wish to give them a private audience in which the goals and expected outcomes are stressed again and they can decide at that time if they wish to participate. If they decline, realize you are much better off without them as employees caring for vulnerable elders and put them on notice for termination unless and until they change their mind and decide to join the team effort. If you keep them and their negative attitudes, they will infect the entire staff and could undermine all of your training efforts. Attitude “adjustments” are certainly possible, given enough incentive. If you already have several of these negative naysayers on staff, you can bet those employees who love their residents and who want to do a better job are feeling stifled and miserable because of them. Once you weed them out, your best employees will begin referring their friends to come and work in this wonderful facility where staff is working together as a team and management listens to staff input.

- You might wish to schedule one to two hour training sessions over a period of weeks or months in which you or another manager “teach” the course. The goal would be to have every staff person trained as well as all management personnel, housekeeping, and maintenance. EVERY person in the facility must be able to monitor every coworker’s actions and encourage or correct them. Think of how a person with dementia would react to a housekeeper who “scolds” him for urinating in the wastebasket or a maintenance worker who gets upset when a gentleman with dementia keeps trying to “help” as he’s working.
- Another option might be to give an overview of the training workbook during a meeting with lead CNAs or nurses only. Give them workbooks to take home to complete and return by a given date and give credit for hours worked during this training. The purpose of having leads trained first would be so they can monitor and encourage progress of others as well as model proper methods of interacting with elders with dementia.
- Meet with leads who have completed the course and with their input, devise a training schedule for the entire staff, including other management. Put leads in the role of mentors who encourage and model the correct way to interact with elders with dementia. Have leads report to you regularly on progress or problems with other staff, but care must be taken that leads do not abuse this position with coworkers. The goal is to have every staff member fully trained and able to create a safe, happy environment for the residents and all coworkers, and this goal must be clearly stated and reviewed frequently. Don’t discount the idea of having these leads act as the trainers for other management staff.
- Could you schedule short training sessions over the employees’ lunch period when you provide the lunch for “lunch and learn” sessions? You may need to then reimburse those employees for their paid lunch times in order to comply with OSHA regulations.
- There are sixteen “Modules” presented for learning, and most of these have “Tasks” associated with them. It’s important that every employee have the opportunity to write his or her answers for these tasks privately. Therefore, each employee needs to have his or her own workbook. The speed at which you move through the modules depends upon how well the staff already knows the information, as well as how long the discussions take. An example is the module on Humor, which is quite short and probably would not take more than ten to fifteen minutes to complete, whereas the module on Behaviors encompasses fifteen challenging topics and will require a lot more discussion, as well as time for staff to work on the tasks. Having the workbook broken down into modules helps provide you with multiple stopping points and by looking ahead, you can better estimate how much time will be needed for your staff training.

Ultimately, you will know the best way to accomplish your staff training in your facility, but I would make it a point to query the staff for their preferences on how they feel they

would best be able to participate. I know it's always a challenge in a busy facility with multiple shifts, but the rewards for having a well-trained team of workers caring for your dementia residents will be realized on many levels, and you truly do hold that "master key."

I would like to present suggestions for the specific ideas for each of the modules given in the workbook in order to help you as you help your employees clearly see the lessons they need to learn.

MODULE 1: YOUR OBJECTIVE, AND "DEMENTIA" EQUALS ALZHEIMER'S (0 tasks) is self-explanatory and would only take a few minutes to read through.

MODULE 2: DIFFERENT TYPES OF DEMENTIA EQUALS DIFFERENT BEHAVIORS (0 tasks)

You may wish to ask staff to name residents who seem to fit the definitions of the three most common types of dementia, then see if they have that actual diagnosis on their charts.

Make the point that if the diagnosis is Lewy Body Dementia, they cannot expect the resident to perform at the same level every day. An example would be if George has LBD, and for the past month he has been able to dress himself with minimal prompting, but today cannot even figure out how to pull his pants on. Staff should be able to instantly recognize this is due to his LBD, and not continue to try to make him do what he cannot do today. Of course, you must always consider a UTI or some other infectious process beginning when you see a sudden change; that's why LBD is more complicated to deal with in many ways.

MODULE 3: DIGNITY ISSUES (1 task)

Ask staff to tell about a time they treated a person with dementia like a child, and what the result was. Remind them of how an ombudsman or a state surveyor would react if they were to witness it.

You may wish to ask them for suggestions on how to help one another stop using terms of endearment with their residents. Again, try to have fun with it and possibly offer gifts for successfully accomplishing the goals. One suggestion might be to have Beth, who constantly calls everyone "sweetie" put a big nametag on herself that now reads "SWEETIE." Everyone (including family members visiting) now calls her "sweetie" in a loud and exaggerated tone when they address her. It may only take a few days for her brain to engage before her mouth does and she stops using that name with the residents. Again, if you have more than one employee who has fallen into this bad habit, make a contest out of it and keep it fun.

Discuss one or two residents with dementia who have very strong opinions or habits and who are a challenge because of that. How can you make this person's life

more comfortable and enjoyable while you help him with his ADLs and maintain his dignity at the same time?

Ask staff to tell of a time when they offered a resident with dementia a choice, got a “NO” answer, and how they were able to turn it around and get the resident to cooperate.

#### MODULE 4: ALL ABOUT YOU (5 tasks)

You could ask employees if they feel they are currently “task oriented” and the reasons why they think so. Stress the importance of being able to find ways to modify tasks or modify their schedule so they are more person-oriented.

You could institute “Hug Contests” in which staff carries tally sheets around with them and every time they see another employee hugging anyone else, they give that employee a checkmark. The person who gave the most hugs wins a prize, such as a massage gift certificate. Just watch the energy level rise in your facility on that day!

Take time to discuss Belle’s story with your staff. They must be able to see and feel her distress and the way she had perceived the assault. Discuss if you have one or more residents at Belle’s level of dementia who are reacting in a similar manner and how you can change their reaction for an outcome similar to the one I had with Belle.

It is ***critical*** to discuss the back-stabbing, gossiping issue with staff. Clearly state it will not be tolerated. It is a learned behavior and must be unlearned or I would suggest they receive written warnings, then termination if they cannot function as a team member. Again, you don’t want them working there if they cannot stop this poisonous behavior.

You may ask staff to come up with a way to help each other leave their problems at the door. They may surprise you with their creativity and willingness to help one another. One way to bring attention to a person’s work ethic would be to ask each worker to give a work ethic rating (written and handed in to you so they remain anonymous) to every other worker. I would ask them to write a reason if they rated someone at a 6 or less. Collect the ratings, tally them, and then give each employee the raw numbers their coworkers wrote (in a private list). Some employees may be shocked to know that even though they perceive themselves to be a 9, their coworkers all rated them as a 5 or 6. They will not change their work ethic if they don’t see a need to change, and if the reasons their coworkers gave are true, this employee now has the opportunity to work to improve.

#### MODULE 5: BODY LANGUAGE SPEAKS LOUDER THAN WORDS (1 task)

You want to spend a bit of time on this topic because for some employees it will mean they have to change the way they walk, talk, and approach people with dementia. You could demonstrate something like a rushed, hasty approach to ask a person with dementia to accompany you versus a calm, smiling one. Stress how acting “as if” they are happy will actually help your employees feel happier even when they have multiple

personal issues that are distressing them. This is where the brain is kind of stupid—it really does believe whatever we tell it, and it responds according to whatever emotions we *decide* to have.

#### MODULE 6: HUMOR (0 tasks)

Be a role model for humor in your facility—with your staff and with your residents.

#### MODULE 7: YOU ARE RESPONSIBLE FOR THE OUTCOMES (2 tasks)

Some of your staff may have a great deal of difficulty accepting they are truly responsible for the outcome of every one of their encounters with their residents with dementia. Take time to help every one of the employees see the validity of this statement. Discuss their answers to the tasks. If they adamantly believe there were times when there was a negative outcome they were NOT responsible for, have them tell about it and ask for input from coworkers on how it might have been handled differently in order to have a different outcome. There may be one or two incidents in which you can agree there was no way they could have anticipated the response—but it's quite rare.

#### MODULE 8: REDIRECTING, THERAPEUTIC FIBS, AND VALIDATION THERAPY (1 task)

It is important for you to stress that if you are telling a therapeutic fib to a resident with dementia, you must first know just how long that resident might remember what you told him or her. In LBD, especially early in the disease, the short-term memory is not affected as quickly as it is in Alzheimer's. So, that resident will be able to recall, possibly even for a few days, what you told him or her. Certain types of traumatic brain injury may also allow a resident to retain his or her short-term memory and telling these residents therapeutic fibs would not be appropriate.

If a staff member has an issue with telling therapeutic fibs, take time to brainstorm ways the person can quickly talk around a subject. This can be more difficult to learn how to do without appearing to be making up a story (thus changing his or her body language), so it requires practice. If you have a particularly challenging resident, discuss ways you can redirect his/her thinking or behaviors.

#### MODULE 9: SENSORY STIMULATION ROOM OR CART (1 task with 10 answers)

Collect the ideas your staff came up with for sensory stimulation for specific residents and post them for all to see and use. Brainstorm ideas for specific residents who present with problem behaviors. Get input from staff about how to create this room for your facility. If you absolutely have no spare room available, then discuss the option of creating a cart that could be stocked with some items to become a mobile sensory stimulation therapy.

## MODULE 10: ACTIVITY and EXERCISE (2 tasks)

Collect and discuss the ideas staff listed for specific residents, including late-stage dementia residents, and post them. Discuss whether banning parked wheelchairs and walkers from the dining areas is a good move for you to implement. Be sure to praise good ideas.

## MODULE 11: HYDRATION (1 task)

See if your staff has come up with the same names of residents who need more hydration. Brainstorm ways to increase the fluid intake of those residents, list them, and post them for everyone to implement. You may want to make it a rule that during all mealtimes, as soon as the resident's glass has been emptied during the meal, that glass is then filled with water and placed in front of him or her with continual encouragement to drink more. You will see less skin tears and falls when your residents are better hydrated.

## MODULE 12: NUTRITION (1 task)

Has the staff all identified the same residents who do not eat well and are losing weight? Brainstorm about how to improve their food intake, list the suggestions, and post them.

Discuss your physical dining room area(s) and ask for input on how to improve the dining experience for the residents, which would then improve their intake of food. Could it be something as simple as decreasing the noise level, adding music (elevator music), or maybe an aquarium?

## MODULE 13: DELIRIUM (1 task)

Discuss residents your staff has chosen as someone they believe has had one or more episodes of delirium. Are there ways to prevent future episodes?

## MODULE 14: BEHAVIORS (1 task for each of the 15 behaviors in which staff will apply the learning to specific residents in your facility)

For each behavior discussed, list possible solutions staff has come up with in order to address the behavior. Once solutions are found to work, these can be included in the residents' care plans. Don't forget to praise/reward the ideas that work well. Be especially sure to tell family members which staff person came up with the great idea so the family can praise him or her also. This could be a lengthy module depending on how quickly they can come up with possible solutions to each resident's behavior.

## MODULE 15: FALLS (1 task)

Brainstorm about ways to reduce the number of falls for specific residents or ways to help protect them when they do fall. Consider ideas such as HipSavers or Safe Hips to reduce the incidence of hip fractures (HipSavers also has other products available to reduce injuries to lower legs and arms). Create a plan to examine shoes, canes, or walker tips for wear, as well as to be alert to the fact that shoes might not fit properly.

#### MODULE 16: FAMILY MEMBER CHALLENGES (includes 2 tasks)

Make a list of the family members you and your staff have identified. Make a promise to your staff to do your part and ask for their support. Give them regular updates on your interactions with these family members as well as ask your staff how they are progressing with daily greetings, smiles, and positive announcements to those family members. Celebrate successes!

You've done it! You have navigated the waters of changing the culture within your facility for the better. You have used your master key to provide your staff with the best options for caring for your vulnerable elders with dementia. So pat yourself on the back and celebrate with your staff. I believe in setting goals, but you must have a plan to hold the staff accountable for achieving them. Encouragement and praise every step of the way will cement the positive changes you are making. Keep that open-door policy in place for your staff to continue to pop in to tell you what's working and what isn't, or what they think should be changed. When making these changes, use your sense of humor often and you will see tremendous positive changes in your staff, your residents and their families, and in your facility QI ratings. Best of luck to your continued success.

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