



***HAND IN HAND* DEMENTIA TRAINING PROGRAM:  
PROCESS EVALUATION OF DISSEMINATION WITHIN  
VETERANS HEALTH ADMINISTRATION  
COMMUNITY LIVING CENTERS**



**JUNE 2019**

U.S. Department of Veterans Affairs, Veterans Health Administration, Office of Geriatrics and Extended Care. (2019). *Hand in Hand* Dementia Training Program: Process Evaluation of Dissemination Within Veterans Health Administration Community Living Centers.

Available at: [https://www.va.gov/GERIATRICS/GEC\\_Data\\_Reports.asp](https://www.va.gov/GERIATRICS/GEC_Data_Reports.asp).

Report Produced By:

Eleanor S. McConnell, PhD, RN  
Implementation and Evaluation Project Lead  
Principal Co-Chair, Veterans Health Administration Dementia Education and Training  
Committee  
Durham Geriatric Research, Education, and Clinical Center (GRECC)  
U.S. Department of Veterans Affairs

For Sponsors:

Scotte Hartronft, MD, MBA, FACP, FACHE  
Acting Executive Director  
Geriatrics and Extended Care  
U.S. Department of Veterans Affairs

Lisa Minor, RN, MSSL  
Director, Community Living Centers  
Geriatrics and Extended Care  
U.S. Department of Veterans Affairs

Susan G. Cooley, PhD  
Chief, Dementia Initiatives  
Geriatrics and Extended Care  
U.S. Department of Veterans Affairs

**CONTENTS**

EXECUTIVE SUMMARY.....E-1

BACKGROUND ..... 1

HAND IN HAND DEMENTIA TRAINING IMPLEMENTATION PROCESS..... 4

    Step 1: Obtain Administrative Support for Training..... 4

    Step 2: Purchase and Distribute Toolkits..... 5

    Step 3: Support CLC Educators in Training Implementation ..... 5

    Step 4: Evaluate Training Dissemination ..... 6

    Step 5: Make Recommendations for Ongoing Use of Training Materials. .... 8

SUSTAINABILITY ..... 9

KEYS TO SUCCESS AND LESSONS LEARNED ..... 9

NEXT STEPS..... 10

CONCLUSIONS ..... 10

REFERENCES..... 10

APPENDIX A

    Employee Survey Questions from VHA Employee Education System Evaluation ....A-1

APPENDIX B

    Knowledge Questions from VHA Employee Education System Evaluation .....B-1

## EXECUTIVE SUMMARY

Veterans Health Administration (VHA) Office of Geriatrics and Extended Care (GEC) leaders identified the Centers for Medicare and Medicaid Services (CMS) *Hand in Hand* Dementia Training Program as a potential resource for staff in VHA Community Living Centers (CLCs, formerly known as VA Nursing Home Care Units), and asked the VHA Dementia Education and Training Committee (DET) to evaluate the dissemination and implementation of the program in VHA CLCs system-wide.

The DET reviewed the program content and determined that it provided a comprehensive overview of dementia using highly interactive, case-based materials with effective audiovisual aids; that its content was consistent with the CLC philosophy of person-centered care; and that it complemented, rather than duplicated, existing dementia training programs. The DET also learned that no prior evaluation of *Hand in Hand* training existed. The DET convened a workgroup in 2015 to develop a system-wide approach to dissemination, implementation, and evaluation of the training program. This report describes the Workgroup process, results, recommendations and conclusions.

The Workgroup designed an approach to dissemination and evaluation and provided technical support on use of the training program to CLC educators for the four modules focused on dementia care (modules 1, 3, 4, 6). The two modules focused on recognizing and preventing abuse (modules 2 and 5) were made available but not specifically promoted in this implementation because they duplicated training already available in VA. Process evaluation of the *Hand in Hand* training implementation focused on the reach of training uptake and on educator and clinical staff experiences with the training. The Workgroup also created knowledge tests and staff satisfaction surveys for each of the four dementia modules; copies of these new products are available in the report Appendices.

Process evaluation results indicate that the impact on staff is positive, as staff report that the training equips them with new knowledge and skills that they can implement in their day-to-day work to enhance their ability to manage behavioral symptoms of dementia. Through this training initiative, VHA successfully disseminated the CMS-developed *Hand in Hand* dementia training program for CLC staff and continues to promote the materials to CLC educators as a routine part of staff training.

## HAND IN HAND DEMENTIA TRAINING DISSEMINATION WITHING VHA COMMUNITY LIVING CENTERS

### BACKGROUND

The U.S. Department of Veterans Affairs (VA) is strongly committed to serving Veterans with dementia. The Veterans Health Administration (VHA) estimates there are more than 767,000 Veterans living with dementia in fiscal year (FY) 2019 [1]. Of those, nearly 409,000 are enrolled in the VHA health care system and nearly 276,000 are active users of VHA health care. By FY 2033, the number of Veterans with dementia enrolled in VHA health care is expected to increase by 20 percent, to more than 492,000, while the number of active VHA patients with dementia is expected to increase by 22 percent, to more than 335,000.

VHA Office of Geriatrics and Extended Care (GEC) provides guidance on dementia program development to address the needs of Veterans with dementia. An interoffice, interprofessional VHA Dementia Steering Committee (VHA DSC) makes recommendations for dementia care in the VHA health care system [2]. The VHA DSC established an interdisciplinary, interoffice, standing committee, the VHA Dementia Education and Training Committee (DET), to coordinate development, implementation, and evaluation of national dementia training for VHA health care teams.

GEC leaders identified the Centers for Medicare and Medicaid Services (CMS) *Hand in Hand* Dementia Training Program as a potential resource for staff in VHA Community Living Centers (CLCs, formerly known as VA Nursing Home Care Units), and asked the DET to evaluate the dissemination and implementation of the program in VHA CLCs system-wide. The DET reviewed the program content and determined that it provided a comprehensive overview of dementia using highly interactive, case-based materials with effective audiovisual aids; that its content was consistent with the CLC philosophy of person-centered care; and that it complemented, rather than duplicated, existing dementia training programs. The DET also learned that no prior evaluation of *Hand in Hand* training existed. The DET therefore convened a workgroup to develop a system-wide approach to dissemination, implementation, and evaluation of the training program.

The *Hand in Hand* Dementia Training Implementation Workgroup was composed of senior leaders from VA medical facilities, Veterans Integrated Service Network (VISN) offices, and VA Central Office, as well as direct care nursing staff, health services researchers, quality and safety professionals, staff educators, and union partners. The Workgroup designed an approach to dissemination and evaluation and then provided technical support on use of the training program to CLC educators for the four modules focused on dementia care (modules 1, 3, 4, 6). The two modules focused on recognizing and preventing abuse (modules 2 and 5) were made available but not specifically promoted in this implementation, as they were deemed duplicative of existing VHA abuse prevention training. Table 1 lists titles and associated objectives of the four modules focused on dementia care.

<b>Table 1: Summary of Content in <i>Hand in Hand</i> Training Program</b>	
<b>Module Title</b>	<b>Objectives</b>
1. Understanding the World of Dementia: The Person and the Disease	<ul style="list-style-type: none"> <li>• Define dementia.</li> <li>• Identify the symptoms of dementia.</li> <li>• Identify irreversible types of dementia.</li> <li>• Identify conditions that may present with dementia-like symptoms.</li> <li>• Recognize that dementia affects people differently.</li> <li>• Develop empathy for persons with dementia by better understanding their condition.</li> <li>• Understand that we must meet persons with dementia in their world.</li> </ul>
2. <i>What is Abuse</i>	<i>Module was made available to staff, but not specifically promoted in this implementation</i>
3. Being with a Person with Dementia: Listening and Speaking	<ul style="list-style-type: none"> <li>• Explain why persons with dementia have unique communication needs.</li> <li>• Identify strategies for communicating with persons who have dementia.</li> <li>• Recognize the impact of interactions with persons with have dementia.</li> <li>• Understand how to look for meaning in verbal and nonverbal communication.</li> </ul>
4. Being with a Person with Dementia: Actions and Reactions	<ul style="list-style-type: none"> <li>• Understand behaviors of a person with dementia as actions and reactions that are forms of communication.</li> <li>• Evaluate possible reasons behind the person’s actions and reactions.</li> <li>• Identify ways to prepare for, prevent, and respond to challenging behaviors.</li> </ul>
5. <i>Preventing Abuse</i>	<i>Module was made available to staff, but not specifically promoted in this implementation</i>

<b>Table 1: Summary of Content in <i>Hand in Hand</i> Training Program</b>	
<b>Module Title</b>	<b>Objectives</b>
6. Being with a Person with Dementia: Making a Difference	<ul style="list-style-type: none"><li>• Recognize the importance of focusing on the strengths and abilities of persons with dementia.</li><li>• Identify ways to connect with persons with dementia where they are.</li><li>• Recognize their role in making a difference in the lives of persons with dementia.</li></ul>

## HAND IN HAND DEMENTIA TRAINING IMPLEMENTATION PROCESS

The *Hand in Hand* Dementia Training Implementation Workgroup used five steps to facilitate staff access to the training program:

1. Obtain administrative support for training by showcasing the potential value of *Hand in Hand* training to regional, facility, and unit-level leaders;
2. Purchase and distribute *Hand in Hand* dementia training toolkits to CLCs in collaboration with VHA Employee Education System (EES);
3. Support CLC clinical educators in training implementation;
4. Evaluate the training dissemination; and
5. Make recommendations regarding ongoing local use of the materials.

### Step 1: Obtain Administrative Support for Training

1. The Workgroup presented information about the training program's contents, key features, and potential value in supporting GEC goals during four regularly scheduled national calls for VHA administrative and clinical leaders from March to June 2015. Participants on the calls included Veterans Integrated Service Network (VISN)-level geriatrics leaders, associate chiefs of nursing for geriatrics and extended care, CLC medical directors, and clinical educators responsible for training CLC staff. In addition to providing an overview of the modules, the Workgroup emphasized that the training program was: (1) not mandatory, but consistent with The Joint Commission's Memory Care standards; (2) consistent with VHA policy regarding person-centered care; and (3) distinct from existing VHA dementia training programs and potentially synergistic with programs such as STAR-VA dementia training [3], which is an intensive team training program focused on management of behavioral symptoms in dementia that is offered to CLCs through the VHA Office of Mental Health Services and Suicide Prevention.

2. During these orientation calls, the Workgroup noted that training implementation would require substantial time and effort on the part of CLC educators due to the requirement that training sessions be face-to-face in small groups to preserve the interactive nature of the training, which was an important and distinctive feature of the program. The Workgroup also offered examples of how the training had already been implemented successfully in three pilot CLCs and described new supports for educators. Additionally, during the training implementation the Workgroup obtained dedicated time (0.2 full-time equivalent effort) from an experienced, field-based CLC clinical educator who served as a single point of contact for ordering the materials, provided technical assistance, and held routine support calls for the CLC educators to illustrate effective approaches to training implementation.

3. To further encourage CLC leaders to implement the training and to facilitate program evaluation, in November 2015 the VHA Assistant Deputy Under Secretary for

Health for Clinical Operations sent a memo to inform CLCs that during unannounced survey visits, the surveyors would collect data about use of dementia training programs.

## **Step 2: Purchase and Distribute Toolkits**

The Workgroup collaborated with EES to obtain access to the *Hand in Hand* training toolkits for CLC educators. CMS provided access to the training program through two pathways: (1) downloading the toolkits from an Internet site, or (2) ordering toolkits through the National Information and Technical Service at a minimal charge to cover materials costs. To preserve the integrity of the toolkits, reduce the time required for each individual CLC to access the toolkit, and adhere to VA electronic security requirements that prohibit individual staff downloading large external files, EES obtained 300 toolkits at a total cost of \$30,000 and made the toolkits available by order through their educational materials warehouse located at the Hines VA Medical Facility.

## **Step 3: Support CLC Educators in Training Implementation**

1. The CLC educator who served as the point of contact for *Hand in Hand* dementia training facilitated day-to-day activities to support implementation. Together, the Workgroup and facilitator created a training satisfaction survey and multiple-choice knowledge tests to evaluate employee response at Levels 1 and 2 of the Kirkpatrick educational evaluation model respectively [4]. The staff satisfaction survey contained 10 items that asked employees to rate the extent to which they were satisfied with the learning event, thought it was applicable to their job, thought they learned new knowledge or skills, and achieved learning objectives for each module. The ratings used a 5-point scale from strongly disagree to strongly agree. In addition, two open-ended questions asked what employees thought was most helpful and least helpful about each module. The staff satisfaction items are included in Appendix A. The knowledge questions developed for each module are included in Appendix B.

2. EES then created entries for each of the modules in the VA Talent Management System (TMS) to allow tracking of staff attendance at educational sessions and to record evaluation data from employees who completed the training. CLC educators were encouraged, but not required, to have employees record attendance in TMS.

3. The facilitator engaged in the following activities:

a. moderated an electronic mail group for CLC educators;

b. tracked toolkit ordering;

c. hosted a series of national web-conferences to demonstrate key features of the training modules, provide technical assistance on use of the VA TMS to record staff attendance, and consult on staff training methods to implement training;

d. established and moderated an internal electronic group site on the VA-Pulse platform to provide asynchronous support for *Hand in Hand* Dementia Training; and

e. responded to *ad hoc* requests to overcome technical challenges in obtaining or deploying the modules.

4. The facilitator held four technical support calls between August 2015 and September 2016 to guide staff educators in implementing the *Hand in Hand* dementia training modules. Attendance on the calls averaged approximately 30 participants per call.

5. Two hundred forty VA staff have participated in the VA-Pulse group since July 2015. As of June 2019, there are 167 active members.

#### **Step 4: Evaluate Training Dissemination**

Process evaluation of the *Hand in Hand* training implementation focused on the reach of training uptake and on clinical staff and CLC educator experiences with the training.

1. Reach of Hand-in-Hand Training. EES ordered 300 *Hand in Hand* Dementia Training Toolkits, of which 224 (76%) were distributed upon request from field staff. EES does not track which medical centers received the toolkits; however, voluntary trainee attendance records maintained by TMS revealed that staff in at least one CLC in each of the 21 VISNs across the nation received training and, in some cases, multiple CLCs within each VISN used the training. Interviews with CLC staff conducted during routine, unannounced survey visits between November 2015 and March 2017 indicate that 54 of 134 CLCs (40%) reported adopting the *Hand in Hand* Dementia Training Program as a routine part of their staff training.

#### 2. Clinical Staff experience with training.

a. Attendance recorded for VA staff per each module from July 2015 through December 2016 ranged from a high of 1409 (Module 1) to a low of 1172 (Module 6). Since recording staff attendance at training in TMS was not required, this likely represents an undercount of staff affected by the training.

b. Employees reported very high satisfaction with the training. Over 90% of participants agreed that each objective for each module was achieved. Importantly, 88-91% indicated that they would be able to use skills learned in the training in their everyday work and that they learned new techniques for care and that they found new ways to become less distressed when Veterans with dementia display challenging behaviors. When staff were asked “*What did you find most helpful about the module?*” sample responses included:

(1) “*Learning how to communicate in short simple sentences and give veteran plenty of time to respond.*”

(2) “*I learned to walk away and come back when the patient is not upset.*”

- (3) “... how the different approaches can change the outcome of the patient’s response.”
- (4) “Learning how residents can communicate without words.”
- (5) “Always make sure that our residents understand what we are trying to tell them.”
- (6) “Find ways for them to make it easy and let them know that we care about them.”
- (7) “It pointed out a lot of communication skills that are often lost in communicating with residents who exhibit aggression. Great reminder.”
- (8) “Learning about the Veteran’s history could really help with how you take care of him today.”

c. Many staff commented that they found the videos to be very realistic and that the other visual aids facilitated their learning.

3. Staff educator experience with toolkits and training. Staff educators’ use of the VA pulse site indicated support for use of the training despite challenges encountered with respect to information technology and time management to conduct face-to-face training. Specific challenges encountered by the educators included:

a. Educational technology is rapidly evolving, and VA has been an early adopter of using streaming technology in education. The *Hand in Hand* modules were designed to be downloaded onto a DVD. Some educators lacked access to dedicated DVD players or computers with DVD players, and their success in using the *Hand in Hand* program required close collaboration with IT support.

b. Much training is now conducted through online self-instructional modules. Some staff educators therefore found it challenging to arrange for staff to attend a series of 4 to 6 classes on a consistent basis to complete the training.

c. The local educators had to examine how the *Hand in Hand* dementia training program aligned with existing dementia training programs and determine how the *Hand in Hand* materials would enhance or replace existing programs.

d. The process for registering staff attendance in TMS is cumbersome because individuals must log on and register for specific classes, leading some educators to maintain paper rosters (rather than electronic rosters). This led to under-counting of staff who learned from the *Hand in Hand* modules.

e. A query of the *Hand in Hand* VA Pulse group members in May 2019 revealed that many CLC educators continue to use the training program as a part of routine staff education, using both the original face-to-face and new online formats. Some examples of how the program materials are currently used are described below:

(1) *"I use it by holding classroom sessions using the training manual (DVDs) for staff that learn better with group discussion and I also offer staff access to the new self-instructional modules for their own enrichment. As a learner and an educator, I prefer the classroom/group discussion modality because we got great discussions going about real, living and breathing patients we care for and troubleshoot/problem-solved for their care."*

(2) *"When the DVD came out we initially did the classroom training for our Nursing Assistants. Now that it is in TMS, new employees complete it in TMS in the classroom during orientation."*

(3) *"We began offering the entire video-based presentation in the classroom as of January 2016 as part of clinical orientation. We revised the offering and eliminated the abuse sections since our focus and need was for the Dementia Training. I cannot imagine that this offering would have the same impact with an individual just watching on their computer. Our discussions within the classroom are very rich and beneficial since nearly half of all the participants have usually had a personal experience with a family member with dementia. All new inpatient nurses and nursing assistants are required to attend the training session. We have also offered the training sessions for clinical staff who were already working here when we adopted this program as part of our orientation.... I really like the DVDs. They stimulate great discussion. I use the training manual as a guide."*

(4) *"Currently using Hand in Hand training on-line. Before I held an 8-hour class monthly."*

(5) *"All new hires prior to being assigned to direct patient care and as part of their CLC orientation have this class assigned to them. I have developed a worksheet to ensure they do not just skip through the modules."*

(6) *"I hold classroom sessions using the training manual. I modified the materials to make them relevant to multiple disciplines. Our CLC is 97% completing in attending.... They leave the program inspired to change the way they practice. This program or any other **will not** work without the firm commitment from enlightened leadership. Staff need permission and support to take the time to practice the Hand in Hand principles. It takes a tremendous support and buy-in to eliminate the task-oriented mentality and engage in a relationship between staff and Veteran.... This program is a great segue to the STAR-VA learning objectives. The two should be used in tandem."*

#### **Step 5: Make Recommendations for Ongoing Use of Training Materials.**

The Workgroup's charge included making recommendations for ongoing use of *Hand in Hand* training based on results from the evaluation. Given the very positive response from clinical staff and educators using the materials, continued use of the *Hand in Hand* training materials in VA CLCs appears justified.

## SUSTAINABILITY

Several factors point to the sustainability of the training program in VA CLCs:

1. The educational materials have been broadly disseminated throughout the CLC system, and the detailed facilitators manual allows any staff educators to lead the training if they have access to the DVDs. EES has made the online version of Hand in Hand training released by CMS in 2018

(<https://surveyortraining.cms.hhs.gov/pubs/HandinHand.aspx>) accessible to VA staff through TMS. Ongoing availability of the materials guards against staff educator turnover as a sustainability barrier.

2. Sustained membership in the VA Pulse site (n = 167) and ongoing requests for membership on the site, which range between 4 to 8 new members per month, and information from CLC educators regarding use of modules in new employee orientation point to the ongoing usefulness of the modules.

3. The DET continues to promote the use of the *Hand in Hand* training modules through its online curriculum materials inventory accessible by all VHA staff.

4. VA hosts both a national listserve for CLC educators maintained by GEC staff and monthly national support calls for clinical educators in VHA; these are venues through which CLC staff educators can receive continued support in their use of the *Hand in Hand* training.

## KEYS TO SUCCESS AND LESSONS LEARNED

Consistent with principles from the implementation science literature [5], the Workgroup's implementation process attended to the following factors which contributed to the successful implementation of *Hand in Hand* training.

1. Leadership support at multiple levels of the organization. During the implementation process the Workgroup communicated to leaders at the local facility, regional, and program office levels regarding the value of the *Hand in Hand* dementia training program. This message was reinforced when the VHA Assistant Deputy Under Secretary for Health for Clinical Operations sent a memo to inform CLCs that during unannounced survey visits the surveyors would collect data about use of dementia training programs, which resulted in increased uptake of the *Hand in Hand* training program.

2. Diverse perspectives in the Implementation Workgroup. The *Hand in Hand* Dementia Training Implementation Workgroup comprised multiple stakeholders, including front-line staff; leaders at all levels of the organization; and content experts in dementia, education and evaluation. Diversity among workgroup members promoted a set of implementation strategies that were consistent with existing VA practices and ensured that the evaluation data collected were meaningful to key stakeholders such as medical center and VISN-level leadership.

3. Technical assistance and support for educators from an experienced peer and from EES program support staff. Technical experts in the EES system worked in collaboration with experienced clinical educators to establish a set of sustainable processes that CLC educators and the Workgroup could use to obtain access to the *Hand in Hand* dementia training modules, track staff use of the modules, and collect evaluation data. Having these systems in place at a national level prevented predictable threats to sustainability such as staff turnover in educator positions or updates to the *Hand in Hand* training from interfering with ongoing availability of the training program. Dedicated time from a peer CLC educator facilitated resolution of both technical difficulties and local challenges in delivering the educational programming, particularly among CLC educators who were new to their role.

4. Ability to use existing monitoring systems to facilitate evaluation. Having access to audit and feedback systems is an evidence-based approach to promoting implementation of new practices. The EES systems facilitated tracking of staff attendance at training and data collection from staff regarding their response to training. Likewise, the GEC program office systems for evaluating quality, including embedding questions about dementia training during routine inspection visits, supported implementation and evaluation.

## NEXT STEPS

1. DET has made available the 2018 web-based, self-instructional version of the *Hand in Hand* dementia training to the field through TMS. They will also work with EES and CMS to make this available through the TRAIN inter-agency platform for sharing training products.

2. DET will promote continued use of *Hand in Hand* training materials by integrating the modules in upcoming comprehensive core curriculum packages, and by maintaining the *Hand in Hand* Training VA Pulse site.

## CONCLUSIONS

VHA successfully disseminated the CMS-developed *Hand in Hand* dementia training program for CLC staff and continues to promote the materials to CLC educators as a routine part of staff training. Process evaluation results indicate that the impact on staff is positive, as staff report that the training equips them with new knowledge and skills that they can implement in their day-to-day work to enhance their ability to manage behavioral symptoms of dementia.

## REFERENCES

1. U.S. Department of Veterans Affairs, Veterans Health Administration, Office of the Assistant Deputy Under Secretary for Health for Policy and Planning. *Projections of the Prevalence and Incidence of Dementias*. September 2013. [https://www.va.gov/GERIATRICALS/docs/VHA\\_ALL\\_DEMENTIA\\_Statistical\\_Projections\\_FY19\\_and\\_FY33\\_sgc110818.pdf](https://www.va.gov/GERIATRICALS/docs/VHA_ALL_DEMENTIA_Statistical_Projections_FY19_and_FY33_sgc110818.pdf) . Accessed May 13, 2019.

2. U.S. Department of Veterans Affairs, Veterans Health Administration, Dementia Steering Committee. *VHA DSC Recommendations 2016*.  
[https://www.va.gov/GERIATRICS/docs/VHA\\_DSC\\_RECOMMENDATIONS\\_SEPT\\_2016\\_9-12-16.pdf](https://www.va.gov/GERIATRICS/docs/VHA_DSC_RECOMMENDATIONS_SEPT_2016_9-12-16.pdf). Accessed May 13, 2019.
3. U.S. Department of Veterans Affairs, Veterans Health Administration, Office of Mental Health and Suicide Prevention. *STAR-VA: A Multi-Component Psychosocial Intervention for Managing Challenging Behaviors in Residents with Dementia in Veterans Health Administration (VHA) Community Living Centers*.  
[https://www.nhqualitycampaign.org/files/STAR-VA\\_overview\\_and\\_resources\\_2017.pdf](https://www.nhqualitycampaign.org/files/STAR-VA_overview_and_resources_2017.pdf)  
October 2017; Accessed May 13, 2019.
4. Kirkpatrick D. *Evaluating Training Programs: The Four Levels*. San Francisco: Berrett-Koehler; 1998.
5. Damschroder, L.J., et al., Fostering implementation of health services research findings into practice: a consolidated framework for advancing implementation science. *Implementation Science*, 2009. 4(1): 50

**APPENDIX A**

**Employee Survey Questions from VHA Employee Education System Evaluation**

**VHA Employee Satisfaction with Learning Survey for  
Hand in Hand Dementia Training  
Survey Developed by VA Employee Education System in Collaboration with  
VHA Hand in Hand Dementia Training Implementation Workgroup  
July 2015**

**Title: Module One: Understanding the World of Dementia**

**Instructions:** You must complete every question to move to the next page.

This Survey is anonymous.

**Rating format:**

Does not apply	Strongly Disagree	Disagree	Neither Disagree nor Agree	Agree	Strongly Agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

1. Overall, I was satisfied with this learning activity.
2. I learned new knowledge and skills from this learning activity.
3. The scope of the learning activity was appropriate to my professional needs.
4. I will be able to apply the knowledge and skills learned to improve my job performance.
5. The training environment (face to face, video conference, web-based training) was effective for my learning.
6. What about this learning activity was most useful to you?
7. What about this learning activity was least useful to you?

**Program Specific Objectives for Module 1:**

At the conclusion of this educational program, you are able to:

1. Identify the symptoms of dementia
2. Recognize that dementia affects people differently
3. Develop empathy for persons with dementia by better understanding their condition.

**Added Competency Questions for Module 1:**

1. Hand in Hand Dementia Training Module 1 training session helped me to better understand how dementia can affect a person
2. Hand in Hand Dementia Training Module 1 helped me to try new approaches with Veterans with dementia

**Note:** We have omitted Modules 2 and 5 because they focus on prevention and recognition of elder abuse and mistreatment, which was adequately addressed by existing VHA training.

**Title:                    Module Three: Listening and Speaking**

**Program Specific Objectives for Module 3:**

At the conclusion of this educational program, you are able to:

1. Identify strategies for communicating with persons with dementia
2. Understand how to look for meaning in the verbal and nonverbal communication of persons with dementia
3. Recognize the impact of their interactions with persons with dementia

**Added Competency Questions for Module 3:**

1. The Hand in Hand Dementia Training Module 3 class gave me new skills to help the Veterans I care for.
2. The Hand in Hand Dementia Training Module 3 helped me to figure out why a Veteran might be displaying a difficult behavior.

**Title:                    Module Four: Actions and Reactions**

**Program Specific Objectives for Module 4:**

At the conclusion of this educational program, you are able to:

1. Evaluate possible reasons behind the actions and reactions of a person with dementia
2. Identify ways to prepare for, prevent or respond to actions and reactions of a person with dementia
3. Understand behaviors of a person with dementia as actions and reactions that are forms of communication.

**Added Competency Question for Module 4:**

Hand in Hand Dementia Training Module 4 class has helped me to feel less upset when Veterans display a difficult behavior.

**Title: Module Six: Making a Difference**

**Program Specific Objectives for Module 6:**

At the conclusion of this educational program, you are able to:

1. Recognize the importance of focusing on the strengths and abilities of persons with dementia
2. Identify ways to connect with persons with dementia where they are
3. Recognize their role in making a difference in the lives of persons with dementia.

**Added Competency Questions for Module 6:**

1. The Hand in Hand Dementia Training Module 6 class has helped me to feel less upset when Veterans display a difficult behavior
2. The Hand in Hand Dementia Training Module 6 class gave me new skills to help the Veterans I care for.

## APPENDIX B

### Knowledge Questions from VHA Employee Education System Evaluation

#### Knowledge Test Questions for *Hand in Hand* Dementia Training Modules Developed by VHA *Hand in Hand* Dementia Training Implementation Workgroup July 2015

#### Module 1: Understanding the World of Dementia

1. What is dementia?
  - a. A natural decline in brain function
  - b. A group of disorders with symptoms that affect cognitive, physical & social abilities severely enough to interfere with daily life
  - c. A specific cognitive disease that can also be referred to as 'senility' or 'senile dementia'
  - d. A type of mental illness that often leads to institutionalization
  
2. What brain functions are affected by dementia?
  - a. Memory, Concentration, and Orientation
  - b. Language and Judgment
  - c. Visuospatial skills and Sequencing
  - d. All of the choices
  
3. Which of the conditions below could worsen symptoms of dementia?
  - a. Constipation
  - b. Lack of sleep
  - c. Acute or chronic pain
  - d. All of the choices

#### Module 3: Listening and Speaking

4. You are caring for a Veteran who has dementia. Which of the communication approaches listed below is NOT recommended?
  - a. Be at eye level
  - b. Use short, simple sentences
  - c. Speak loudly
  - d. Use preferred name
  
5. You are helping a Veteran with dementia get dressed for the day. Which communication approach would be likely to trigger agitation or confusion?
  - a. Give simple choices

- b. Move slowly, and wait for a response from the Veteran before starting care
  - c. Smile and greet the Veteran as you come into the room
  - d. Give multiple directions at a time
6. You tell a Veteran with dementia you are caring for that he should go to the dining room for lunch after he finishes using the bathroom and he says "OK." Later that afternoon, one of the dining room staff tells you that the Veteran never came to the dining room but now says he is hungry. Which of the following is the most likely explanation for the Veteran missing lunch?
- a. The Veteran didn't want to eat lunch
  - b. The Veteran was refusing care
  - c. The Veteran did not understand your words
  - d. The Veteran was trying to be difficult

#### **Module 4: Actions and Reactions**

7. Being with a Veteran who has dementia means:
- a. Understanding things from your own perspective
  - b. Knowing the Veteran as an individual, including likes and dislikes
  - c. Building on their weaknesses
  - d. Disconnecting from them
8. You are caring for a Veteran who often becomes upset near shift change and asks the staff to take him home. Which of the following should you do to prevent this behavior?
- a. Engage the Veteran in a group activity that interests him that is away from where staff arrive or leave at shift change
  - b. Use a firm, clear voice to tell the Veteran he is not allowed to leave the unit
  - c. Ask the unit manager to assign a staff member to be with the Veteran at all times during shift change
  - d. Request that the Veteran receive a sedative medication just prior to shift change
9. Learning about a Veteran's life story is one method suggested to improve CLC staff's ability to understand behaviors that may challenge caregiving. You should do this because it will help you to:
- a. Understand why the person with dementia may act or react in a particular way, so I can adjust my actions to respond to their behaviors
  - b. Figure out how to redirect the person with dementia to avoid an unsafe behavior

- c. Figure out what unmet needs the Veteran is expressing
- d. All of the choices

### **Module 6: Making a Difference**

10. What does it mean to meet persons with dementia where they are?
- a. Accept their reality
  - b. Know who they are as individuals
  - c. Know where they are in their dementia
  - d. All of the choices
11. With the progression of dementia, caregivers must also learn to adapt to the needs of their patient.
- a. True
  - b. False
12. When meeting dementia patients 'where they are' and communicating with them, you must do all of the following EXCEPT:
- a. Pay attention to your body language
  - b. Use short, simple sentences
  - c. Interrupt when necessary
  - d. Be patient