

FACILITATOR'S GUIDE

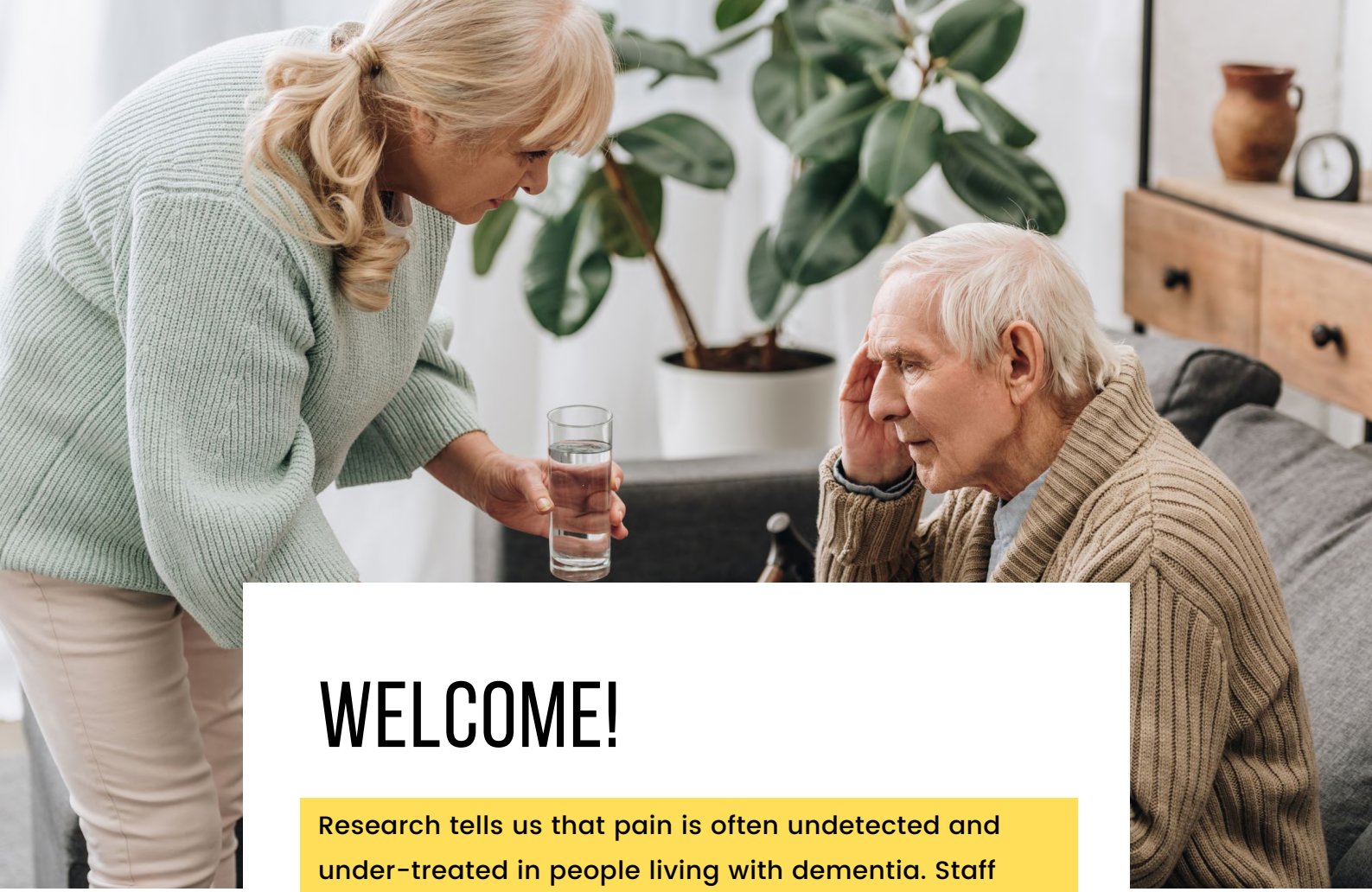
PAIN AND DEMENTIA

MODULE 3 IN THE DEMENTIA STARS SERIES

dementia STARs

NEW ZEALAND DEMENTIA FOUNDATION

CHT Healthcare Trust
WE TAKE GREAT CARE OF OLDER PEOPLE
Aged Care Fund



WELCOME!

Research tells us that pain is often undetected and under-treated in people living with dementia. Staff awareness and responsiveness can help make sure that pain is spotted and helped.

In this kit you will find all the resources you need to run an engaging 45-60 minute introductory staff education session on awareness and responsiveness to pain, focused on people living with dementia. The Dementia STARs education is particularly suitable for direct care workers across a range of settings.

This Dementia STARs education kit is a partnership between the New Zealand Dementia Foundation and CHT Aged Care Fund.

You can find our other Dementia STARs kits at nzdementia.org/dementia_STARs

Ngā mihi nui from the Dementia STARs Team

Short Trainings in Awareness and Responsiveness

dementia STARs



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1. Getting started

Pain and dementia

CREATING A SHARED

CULTURE OF CARE

The Dementia STARs programme is an opportunity to effectively enhance the skills of individual learners and to reinforce a shared culture of person-centred dementia care: this is the heart of all we do at our place.

Research shows that face-to-face active learning is more effective for home-based and aged residential care staff than watching videos or reading written material [1,2]. Interactive training in a small group where teaching is interspersed with frequent discussion and opportunities to ask questions is not only more effective[3,4], it is preferred by learners [5,6]. Furthermore, this type of training can also help to strengthen team cohesiveness and shared values [1,2].

Congratulations on joining the Dementia STARs journey with your team to reinforce great person-centred dementia care at your place.



TIPS FOR USING THIS KIT

If this is the first time you've used one of the Dementia STARs kits – welcome!
We're delighted that you are joining the Dementia STARs whānau.
We've put together some tips to help you know what to expect from the kit.

This guide

The facilitator's guide is just that. It's a guide and a starting point. Don't feel that you have to say things exactly the way that we have said them on the page. You can download the resources to print for the session from the Dementia STARs webpage.

The questions and activities

You will notice that we give lots of suggestions for places where you can ask the group for ideas or to engage in an activity, rather than just telling them the information. This is something you may well already do so you'll know that it is a helpful way to keep people engaged. Being interactive is a better way for adults to learn.

Audiovisual resources

We have provided a Powerpoint resource for each kit, which contains a variety of content to help run an engaging session. If you don't have access to audiovisual equipment, don't be put off from running the session. Check out the content provided and adapt.

> RELATIVELY FEW PEOPLE LEARN WELL FROM SITTING AND LISTENING TO LECTURES; IT IS IMPORTANT THAT TRAINING IS ENGAGING
>
> – BUZ LOVEDAY [7]

The PowerPoint slides

The PowerPoint slides generally have only a few key words on them, supported by compelling images. Having what you want to say written out in detail on PowerPoint slides can be reassuring for a presenter, but it is not so great for your audience:

- A lot of text can make it harder for the learners to really listen to what you are saying when they are also paying attention to the words on the slide.
- A lot of text can be off-putting for people who don't read so well.
- A lot of text can be boring, especially if the presenter just reads out the text.

That is why we use images as much as we can and to only have a few words on each slide. The idea is that the PowerPoint slides complement what you say and makes it easier for the learners to understand, rather than just repeating what you say. This facilitator's guide is here for you to help you feel confident and remember what you want to cover. The PowerPoint slides themselves - they are for your audience!

The images in the slides are only licensed for use for Dementia STARs. Please do not use the images for any other purpose as this will violate copyright.

The expert video clips

There are video clips of people with professional and lived experience embedded in the PowerPoints. This is our way of giving you some company as you present. It means you can draw on experts and on different perspectives. It also means that you get to bring in some variety of faces and voices, which can help to give a little boost to engagement and interest. The videos can help to reinforce an aspect of the session.

As the video clips are embedded in the PowerPoint presentation, you do not need access to YouTube or the internet to show them. You can hover and click in the slide.

The animated stories

In some of the kits, there is an animated 'whiteboard' video embedded in the PowerPoint. These are a way of sharing case studies. Because cases studies tell a story, they are often much better remembered than 'facts'.

The handout

Each kit has a one page handout to remind your learners about the take-home messages.

The feedback form

You will find a one page feedback form in each kit. Feedback can help you make future education sessions better, and can provide evidence that the training has had an impact.

We may email you as follow-up to seek feedback on the Dementia STARs resources. If we do, we will ask you if you would be willing to share your learners' anonymous evaluation responses.

The going further list

We have included a handout with five resources that provides some further detail on the topic for keen learners (or for yourself).

The certificate

We provide a certificate of attendance for you to give learners at the end of the session.

The webinar version

We have a version of each education session available as a video 'webinar'. This does not have exactly the same format as the in-person session you will run (there are no activities in the webinars), but you can use the webinar version to help a staff member 'catch up' if they have missed the in-person session, or to help orientate a new staff member.

> MĀ TE HURUHURU, KA RERE TE MANU
> FEATHERS ALLOW THE BIRD TO FLY
>
> – MAORI PROVERB

WHAT'S IN THE FACILITATOR'S NOTES?



This is the PowerPoint slide you are showing

Many of our clients are in pain

We know that pain is common amongst older people. All sorts of things commonly cause pain or discomfort. [1]

This is our suggestion about what you might say for this slide

A number in brackets is a reference. You can find the list of references at the end of the guide

What are some of the common aches and pains we see?

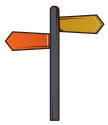
This is a suggestion about a question to ask the learners to increase engagement

Perhaps the most common types of pain they come across will be falls, back pain, arthritis, urinary tract infections, and pressure sores [8, 9] but the list can include almost any part of the body.

We also provide some examples of common responses



This symbol indicates that an audiovisual resource is embedded in the PowerPoint



This symbol indicates a choice



Activity

This symbol indicates a class activity

This symbol prompts you to add information about what happens 'at your place'

MEET THE EXPERTS

Here are some of the faces that you will meet in the Dementia STARs resources.



MATTHEW CROUCHER: MEDICAL

Matthew is the chair of the New Zealand Dementia Foundation. He is a Psychiatrist of Old Age, a Senior Clinical Lecturer, and leads the South Island Regional Dementia Initiative. Matthew is a prominent figure in teaching, training, research and service management advice in the older person's mental health sector.



MACKENZIE EBBETT: NURSING

Mackenzie is the Nurse Manager of a specialist cognitive impairment ward at Burwood Hospital. She is a passionate champion for person-centred care in this environment to optimise the level of functioning of older people with delirium and/or dementia by offering specialist assessment, treatment, care, support, and education.



ASHLEIGH FARR: SPEECH LANGUAGE THERAPY

Ashleigh is a Speech Language Therapist with over a decade of experience across a wide range of roles. Ashleigh has been active in expanding her skills in dysphagia and communication disorders in people with more complex presentations including people living with dementia.



SUSAN GEE: ACADEMIC

Susan Gee has a background in psychology and gerontology. As a researcher and educator Susan is passionate about strengthening and embedding understanding and best-practice person-centred care to help amazing people provide great day-to-day support for people living with dementia.



TRACEY HAWKES: OCCUPATIONAL THERAPY

Tracey is an Occupational Therapist with over two decades of clinical experience. She facilitates the 'Walking in Another's Shoes' dementia education programme for home-based support staff. Her focus is helping care staff to develop the confidence and person-centred tools to support older people to live more independent and fulfilled lives.



LARA HITCHCOCK: NURSING

Lara is a Registered Nurse in a Memory Assessment Clinic. Lara has specialised in the field of dementia care for over 20 years. In her current role she provides assessment, information, and support to those newly diagnosed with dementia and their care partners. Lara acts as a specialist resource to colleagues and is active in quality improvement to improve the care of those living with dementia.



HONEY MOHAN: CARE WORKER

Honey is a care worker in an aged residential care facility. She is a graduate of the Walking in Another's Shoes dementia education programme. Honey is passionate about getting to know each of the people she supports as a unique person, and she loves her job.



CHERYL NETTLETON: WHĀNAU / FAMILY SUPPORTER

Cheryl's introduction to dementia was when her husband started to display out-of-character behaviours around the age of 50. Cheryl has since founded carers' groups to bring whānau carers together for mutual support. Cheryl also helps to educate people about dementia from her perspective as a wife and family member in the hope that it strengthens an emotional connection to people living with dementia.



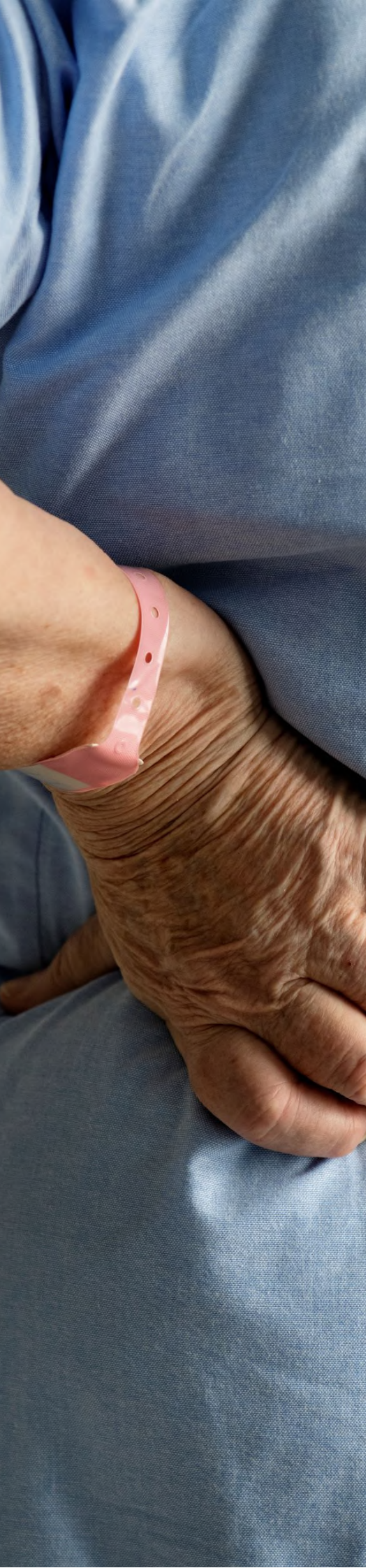
NICK UYS: WHĀNAU / FAMILY SUPPORTER

Nick worked in the pharmaceutical industry for many years. He was married to his beloved wife Anne for 44 years and became Anne's full-time carer until Anne entered aged residential care. Nick is committed to sharing his perspective as a carer within dementia education programmes as a way to make a positive impact.

2. Running the session

Pain and dementia





LEARNING OBJECTIVES: PAIN AND DEMENTIA

When supporting a person living with dementia,

01 Learners are able to articulate why it is important to proactively identify and respond to pain.

02 Learners can identify a range of cues that may indicate pain.

03 Learners recognise pain is an important factor to consider when they observe change and new responsive behaviours.

04 Learners know how to report pain within their organisation.

05 Learners recognise the value of comfort measures and reviewing pain treatment.

FACILITATOR'S NOTES FOR PAIN AND DEMENTIA

Today we we going to be talking about pain, which is an enormously important topic. We are going to learn a simple reminder about being pain aware when we are supporting people living with dementia: Think OUCH.



Many of our clients are in pain

We know that pain is common amongst older people. All sorts of things commonly cause pain or discomfort.



Q *What are some of the common aches and pains we see?*

A Perhaps the most common types of pain the learners will come across will be falls, back pain, arthritis, urinary tract infections, and pressure sores [8, 9] but the list could include almost any part of the body.

Examples: mouth: tooth decay, ill-fitting dentures / chest: heart conditions / joints: arthritis / feet: uncut toenails / head: headaches /bones: injuries from falls /gut: constipation, irritable bowel syndrome, UTIs /muscles: stiffness / skin: pressure wounds, skin tears

Q *What about people living with dementia? Would people living with dementia be any less likely to experience these kinds of pain than someone else their age?*

A
- People living with dementia are not going to be immune to these issues
- For some conditions some people living with dementia may be more at risk because their self-care may be compromised (e.g., they may have more dental pain from not cleaning their teeth well) or because they are more prone to falls and accidents.
- It's possible that in your service MOST older people the learners are supporting will be experiencing one or more sources of pain.

So we can see that pain is going to be common for people living with dementia. In fact it's been estimated that at least half of all people living with dementia are experiencing pain[9, 10].

Research shows that people living with dementia generally feel pain the same way as people with healthy brains[10, 11].

People living with dementia often getting less help with their pain.



One study looked at people who were in hospital because they had fractured their hip. They compared people in the ward whose brains were healthy with people who were living with advanced dementia. Even though they had the same injury, the people living with dementia were only given a third as much pain medication! [12]

So what could be going on here?

When <u>we</u> are in pain, <u>we</u> can do something about it.

Q *Imagine you have a really sore knee, what do you do?*



A Possible examples:

- Take some Panadol
- Bandage a sprain, remove a splinter, use a crutch - depends on what's wrong
- Go to the GP, emergency department, or pharmacist if it doesn't get better

So when <u>we</u> are in pain

- We can treat the pain ourselves
- We can work out what's causing the pain and how we can reduce the problem,
- If we can't solve it we can talk to someone to get help [13]

When people living with dementia are in pain there can be barriers to them doing something about it because of the changes in their brain.



- It might be harder for the person living with dementia to understand what's wrong.
- It might be harder for them to do the organising involved in working through how to remove the cause of the pain..
- It might be harder to talk to someone to get help. They may not be able to use words to tell us what they are experiencing.

When we are working with people living with dementia we need to be extra alert and proactive to overcome those barriers so we can spot and help pain.



If you are supporting the person living with dementia in their activities of daily living and spending time with them, you are in a unique position to spot and help pain - you are priceless!

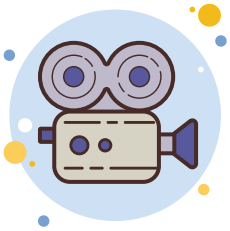
To help us remember to be alert to pain we can think:

O.U.C.H.

Observe, Understand, Communicate, Help

This is a tool we have adapted from Royal Wolverhampton NHS Trust [14].

Let's see what this process of OUCH might look like in a story that based on a real life example.



Play Annie's Story

That's quite a dramatic change in how Annie approached things. Let's look more closely at hoe we can be pain aware by thinking OUCH.

O is for observe. That means we are on the look out for pain:



Let's ask, learn about the person, and look and listen.



Let's ask: When we're supporting people living with dementia we're want to ask pain in a way that works for them[8, 10]:

- Ask about what they are experiencing at the moment, so they don't have to remember. If you think Mr Patel's shoulder hurts when you are helping him to get dressed, you can stop and ask him there and then.
- Sometimes it can help to ask a couple of times using different words: sore, hurt, uncomfortable, tender.
- Slow down and allow the person lots of time to answer.
- Show you are really listening: give them all your attention, and make eye contact.

You could show the difference by asking one of the learners 'how are you?' two ways:

- *1: pretend to be walking past busy with something ask 'how are you?' over your shoulder and keep walking*
- *2: crouch down beside the person, put a hand on their arm, look them in the eye and ask kindly 'how are you?' and wait for their answer*

Same words, but would we get the same answer?

It's going to be helpful to **learn about the person**. If we are going to tell whether someone is in pain, it helps to know what they are like normally. This means getting to know them. You may also learn signs of pain for that person you have seen in the past .

We also want to **look & listen for signs of pain**.

Activity: Look and listen

Needed: Summary Powerpoint slide at the end of activity.

Instructions: Ask everyone to imagine that a part of their body is hurting. Now ask them to act it out.

How did you see people showing their pain?

Examples of possible answers:

- Facial expression, e.g., frowning, grimacing, looking tense or frightened
- Body language, e.g., guarding a part of their body, holding, rocking
- Vocalisation, e.g., groaning, whimpering crying, calling out (ask more directly what they might hear if you need to)

Ask some 'what if' scenarios about personal cares to draw out pain behaviours

- e.g. "What if someone tried to help you to get dressed?"

Imagine trying to do an enjoyable activity that requires concentration but you are in pain. Why might you not take part?

Examples of possible answers:

- Just want to withdraw
- Can't concentrate
- Too grumpy
- Might hurt to move

Refer back to Annie's story and how Mrs Brody stopped doing things for herself.

How might you feel if you were still in pain tomorrow or next week or the week after?

Learners may give examples such as sad, anxious, and irritable.

Refer back to Annie's story and how Mrs Brody became more anxious and asked repeated questions.

Ask about the impact of continued pain on sleep and eating.

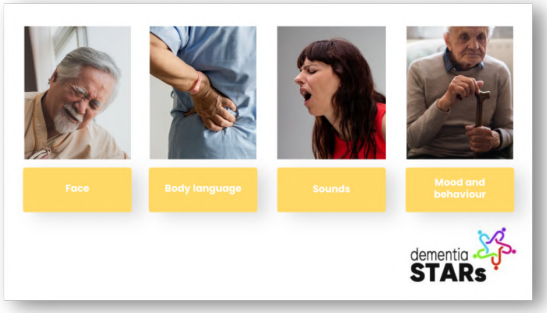
Reframe the examples that the learners give as evidence of behavioural change that can be observed e.g.

- You aren't doing your usual activities
- You aren't as engaged
- You're more confused
- You're refusing to eat

Use the slide to affirm what the learners identified across the activity:

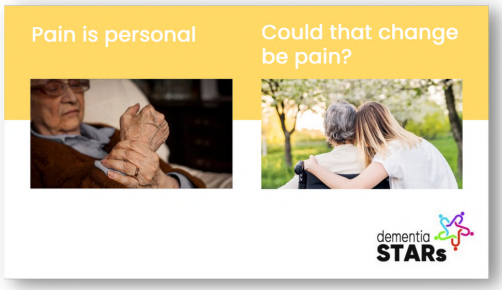
We can observe pain through

- Facial expression
- Body language
- Sounds the person makes
- and Changes in behaviour



U is for understand





One of the important things to understand about pain is that **pain is personal.**

Margo McCaffery says pain is: *whatever the experiencing person says it is, existing when he/she says it does* **.**

That was one of the things that tripped Annie up in the video. Annie thought that because the first x-ray didn't show a fracture she knew that Mrs Brody wasn't really in pain.

We can't make the decision that someone "shouldn't"" be experiencing pain. For example, some people may have chronic pain that continues even after the initial problem has gone.

We can't judge the situation according to whether we would feel pain. For example some people may become very sensitive and helping them get dry by rubbing their skin with a towel may hurt them, but it wouldn't hurt us.

It is also important that we understand that whenever we see a change, we should wonder whether it could be due to pain.

It can be easy to blame dementia for changes. We saw that in Annie's story when she blamed the changes in Mrs Brody on the dementia getting worse. This can stop us from looking for causes that we can actually help fix.

You may hear people talk about behavioural and psychological symptoms of dementia, or behaviours that challenge. We can think of these as responsive behaviours. The person is responding to something bad, frustrating, or confusing in the environment. We can think of all the behaviour as communication. The behaviour is telling us about an unmet need. Our job is interpret their language of behaviour. We have to interpret the changes to work out what they might be communicating. What might they be responding to? One of things we want to be considering is "could that change in behaviour be telling us that they are in pain"?

Imagine you are looking after someone living with a more advanced dementia who cannot speak well. Their behaviour has changed with a loss of appetite, and they are now constantly getting up from the dinner table after only having a tiny amount to eat, with a worried expression – and they get very cross if you try to encourage them to eat. They seem OK at other times. Perhaps this is because they have mild tummy pain and nausea caused by constipation, but perhaps it is something completely different, like they don't like the food. How could you test out the theory that this might be tummy pain?

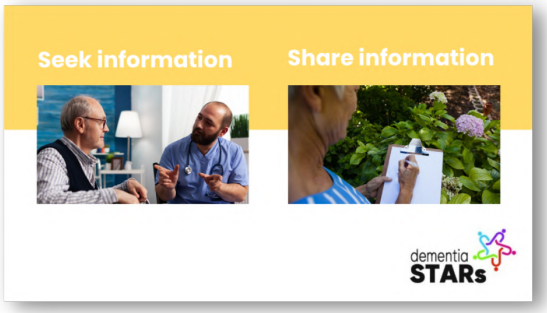
It can be challenging to interpret what people are telling us with their behaviour – and not just when it is people living with dementia communicating with us!

Sometimes the best way to tell if our interpretation is right is to see if things improve when we address what we think is causing distress or pain for the person living with dementia.

The C in O.U.C.H. is for communication.



One aspect of communication is to seek information. Particularly when the person may find it harder to communicate with words, we can talk to people who know the person well.

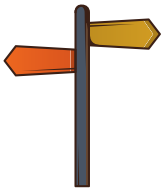


Can you think of a situation where someone who knows you really well could pick up that you were upset, when other people didn't notice?

Learners may identify partners, friends, family etc. Discussion point: If I were your care worker they might be a great person to talk to!

Whānau can be a great resource to help you interpret the changes that you are noticing. Sometimes another co-worker may have worked with the person for longer than you have.

We also want to share what we have observed. Don't be afraid to talk to clinical staff about your concerns. Describe what you have observed as clearly as you can. What have you noticed? How often does it happen? Does something seem to trigger it? [8, 15]

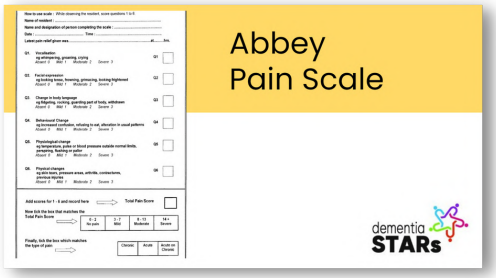


At your place

Introduce the Abbey Pain Scale

OR

Talk about the different documentation tool that you use at your place.



Abbey Pain Scale

For people who aren't able to talk with us, we can record what we see and hear on the Abbey Pain Scale [16]. You can see that this is really common sense way of recording any of those things that we've been talking about for someone who can't talk to us about their pain

- vocalisations
- facial expression
- change in body language
- behaviour change

and if there are any physical signs that we can see

This is a great way to share information about pain and distress. Imagine that you notice Miss Wainui is grimacing and massaging her hands, and you know she has arthritis. You check and her fingers are warm, red, and swollen. Miss Wainui takes some panadol ... but then you finish your shift with Miss Wainui. How will the next person know if Miss Wainui's pain is better or worse? We can use this scale.

Alternative: You can use the space below to make discussion notes about the documentation used at your place.

At our place...

H is for help

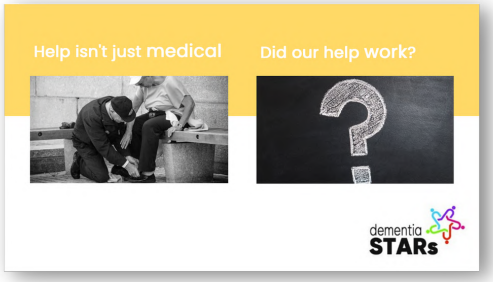
Dr Matthew Croucher, old age psychiatrist and Honey Mohan care-worker, are going to talk about helping with pain in this short video.



Play Matthew and Honey's video

Help for pain isn't just medical.

This is one of the take home messages from the video. We can look for ways to provide comfort, reassurance, relaxation, and distraction and this can actually help dial back pain.



What might work for you? If you were in pain what might help provide comfort, reassurance, or distraction?

What works best is going depend on the individual but we can ask ourselves: [8]

- Is there something that they like doing that will take their mind off the pain and lift their mood? e.g., music or some activity that they enjoy.
- Is there something that helps to settle and reassure them? use examples from learners e.g., a hug, touch, familiar people, objects, or routines. It can be helpful to ask family for suggestions.

Alongside this we will be following the updated care plan to do all we can to help reduce the pain and to remove any causes of pain that we can.

When we make a change to help with pain it is important that we check **did our help work?** That way we know whether we need to try something different.

Some general rules of thumb [h] are
- check after 60 minutes for medication
- check after 30 minutes for comfort measures
- check each shift or visit for 24 hours until the pain seems to have resolved.

As we've talked about, for people who can't communicate verbally, the Abbey Pain Scale can be really helpful for this review of whether the person's pain and distress is better.

If the signs of pain haven't improved then we need to tell our clinical staff.

So in summary

We need to be proactive about pain when we are working with people living with dementia.



Q

We need to think O.U.C.H.
O is for..?.
U is for…?
C is for…?
H is for…?

A

Observe
Understand
Communicate
Help

- Thank learners for their contribution.
- Provide the summary handout and going further handout.
- Ask the learners to complete the feedback form.

AT YOUR PLACE

Here are a few questions to reflect on before you facilitate the session, to help make the session relevant and effective in your organisaton.

PAIN ASSESSMENT:

What pain assessment tools or resources does your organisation already use? How will you reinforce these in the session? If you aren't already using an observational tool, is there support to introduce the Abbey Pain Scale (or a similar tool) for people who aren't able to verbalise their pain?

LINE OF COMMUNICATION:

Who should your learners talk to if they suspect that a person they are supporting is in pain? How should your learners document their observations about pain? Be as specific as possible.

SUPPORT:

How can your organisation support your learners to use the take home messages, and notice and comment on their good practice?

YOUR CHECKLIST FOR THE DAY

Here are some of the things you may want to take with you

- [ ] Audiovisual equipment with PowerPoint presentation loaded
- [ ] Whiteboard pens and either a whiteboard or large paper pad to record learners' responses for activities
- [ ] This facilitator's guide
- [ ] Summary handout
- [ ] Going further handout
- [ ] Feedback form
- [ ] Certificates of completion
- [ ] You may wish to bring print-outs of the Abbey Pain Scale or the pain documentation used at your place.



3. Resources

Pain and dementia

PAIN AND DEMENTIA: THINK O.U.C.H.

1 YOU HAVE A SPECIAL ROLE

Some people living with dementia aren't able to say that they are in pain or make it better. Remember O.U.C.H.



2 O: OBSERVE

Ask about pain. Learn about the person and what is normal for them. Look and listen for clues from their face, body language, noises, behaviour, and mood.



3 U: UNDERSTAND

Pain is personal: only the person can know their own pain. We can't decide that someone "shouldn't" be feeling pain. If you see change in the person, consider pain.



4 C: COMMUNICATE

Ask for information to help you understand. Families can be a helpful resource. Report likely pain. Describe the clues as clearly as you can.



5 H: HELP

Comfort, reassurance, and distraction can help. If you make a change to help pain, check if it made a difference. No? Report and try something else. Yes? Share what works.

NEW ZEALAND DEMENTIA FOUNDATION

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GOING FURTHER...
5 GREAT RESOURCES ON PAIN AND DEMENTIA

BOOKLETS AND VIDEOS

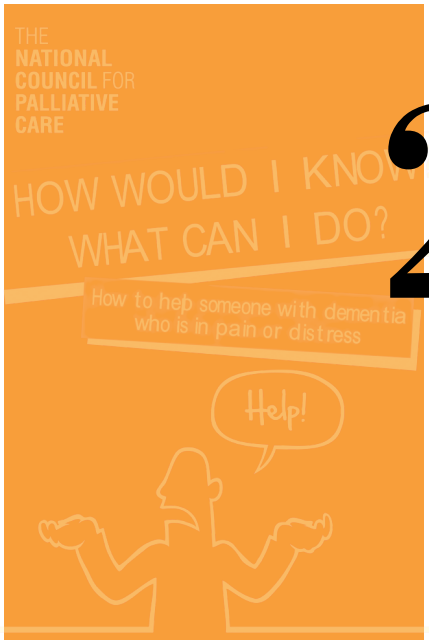
1

The Dementia Centre (Australia) provide a clear summary in their **Observe a Change Consider Pain booklet**, along with videos and other resources.

https://www.dementiacentre.com/resources/research/intervene



2



BOOKLET

How would I know? introduces a person-centred approach to pain and distress.

https://www.cogsclub.org.uk/carers/files/How_would_I_know-single_pages_pain.pdf

3



REPORT

Pain in people with Dementia: A Silent Tragedy (2014, UK) provides a summary of recognising, assessing and managing pain in people with dementia.

https://dementiaroadmap.info/wp-content/uploads/See-Change-Think-Pain-Napp-Report.pdf



5

COURSE

Dementia Training Australia offers a 3-hour free online course: **Recognising and acting on pain in people living with dementia for direct care workers**.

https://dta.com.au/online-courses/recognising-and-acting-on-pain-in-people-living-with-dementia-for-direct-care-workers/

4



VIDEO

This simple short video provides a summary of **8 questions to ask to assess someone's pain.**

https://vimeo.com/225943007

dementia STARs

Feedback on PAIN AND DEMENTIA

	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY DISAGREE
I understand more about pain	○	○	○	○	○
I feel more motivated to be pain aware	○	○	○	○	○
I will be able to use what I learnt in my work	○	○	○	○	○
It was worthwhile coming	○	○	○	○	○

WHAT IS THE MOST IMPORANT THING YOU LEARNED TODAY?

WHAT IS YOUR GENERAL FEELING ABOUT THIS EDUCATION SESSION?

WHAT ARE YOU GOING TO DO DIFFERENTLY?

THANK-YOU FOR YOUR FEEDBACK, IT IS APPRECIATED

dementia STARs

CERTIFICATE

OF COMPLETION

_____

has completed the Dementia STARs Pain Module

PAIN

Date _____

Signed _____

Organisation _____

References

[1] Cunningham, N., Cowie, J., Watchman, K., & Methven, K. (2020). Understanding the training and education needs of homecare workers supporting people with dementia and cancer: A systematic review of reviews. *Dementia, 19*(8), 2780-2803.

[2] Surr, C. A., Gates, C., Irving, D., Oyebode, J., Smith, S. J., Parveen, S., ... & Dennison, A. (2017). Effective dementia education and training for the health and social care workforce: a systematic review of the literature. *Review of Educational Research, 87*(5), 966-1002.

[3] Kuske, B., Hanns, S., Luck, T., Angermeyer, M.C., Behrens, J., & Riedel-Heller, S.G. (2007). Nursing home staff training in dementia care: a systematic review of evaluated programs. *International Psychogeriatrics, 19*(5), 818-841.

[4] Mason, J., & Adeshina, A. (2011). The role of psychiatrists in developing the skills of dementia care workers. *Advances in Psychiatric Treatment, 17*, 372-380.

[5] Beer, C., Horner, B., Almeida, O.P., Scherer, S., Lautensclager, N.T., Bretland, N. et al., (2009). Current experiences and educational preferences of general practitioners and staff caring for people with dementia living in residential facilities. *BMC Geriatrics, 9*(36).

[6] Department of Health and Ageing (2006). *Stocktake of continence and dementia workforce curricula, education and training project*. Canberra, AU: Department of Health and Ageing.

[7] Loveday, B. (2013). *Leadership for person-centered dementia care*. Jessica Kingsley Publishers

[8] National Council for Palliative Care (2012) *How would I know? What can I do? How to help someone with dementia who is in pain or distress*. NCPC.

[9] Hereema, E. (2020). *Causes and Signs of Untreated Pain in Dementia*. Available at https://www.verywellhealth.com/top-tips-on-causes-and-signs-of-un-treated-pain-in-dementia-3573193

[10] Australian Pain Society (2018). *Pain in age residential care facilities: Management strategies* (2nd Ed). Australian Pain Society.

[11] Dementia Australia (2020). *Pain and dementia*. Dementia Australia.

[12] Morrison, R. S., & Siu, A. L. (2000). A comparison of pain and its treatment in advanced dementia and cognitively intact patients with hip fracture. *Journal of Pain and Symptom Management, 19*(4), 240-248.

[13] NAPP Pharmaceuticals Ltd (2014). *Pain in people with dementia: a silent tragedy*. NAPP Pharmaceuticals Ltd

[14] Willoughby, J. (2019). How do I treat pain appropriately in a person with dementia? *Nursing Older People, 31*(3), 21.

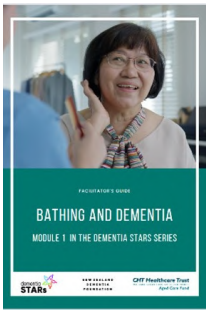
[15] Anand, R., Bennett, A., Siddall, P., Gresham, M., & Cunningham, C. (2020). *Observe a change consider pain: 5 steps to manage pain in people with dementia*. The Dementia Centre.

[16]. Abbey J, Piller N, De Bellis A et al (2004) The Abbey Pain Scale: a 1-minute numerical indicator for people with end-stage dementia. *International Journal of Palliative Nursing, 10*(1), *6-13.*

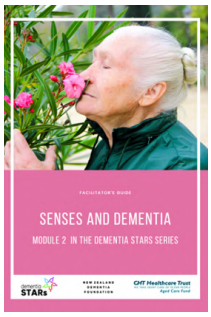
CONTINUE LEARNING WITH THE DEMENTIA STARS SERIES

We are delighted to offer eight Dementia STARs modules in this series. The Dementia STARs programme is an opportunity to reinforce a shared culture of person-centred care. Each kit offers all the tools needed to run an engaging introductory education session for direct care-workers and other staff.

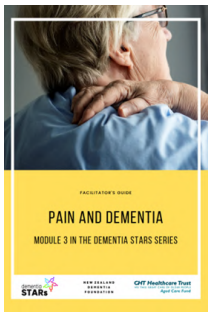
You can find the full series online at nzdementia.org/Dementia_STARs



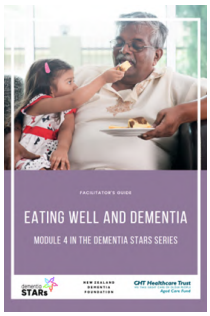
1: Bathing and dementia



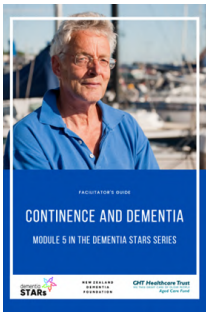
2: Senses and dementia



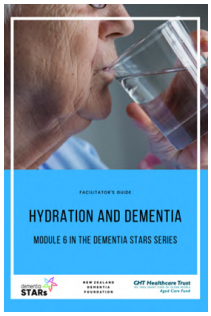
3: Pain and dementia



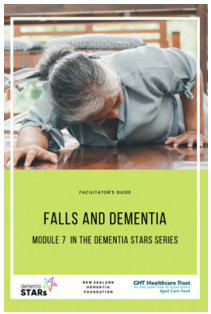
4: Eating well and dementia



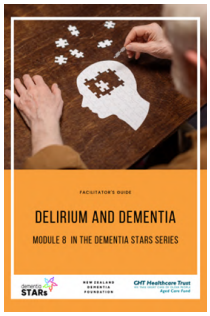
5: Continence and dementia



6: Hydration and dementia



7: Falls and dementia



8: Delirium and dementia

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