

Specifics of people with dementia with regard to:

- cleanliness and hygiene
- personal hygiene
- diet
- exercise and mobility
- pain

Specifics of people with dementia with regard to:

Consideration of the biography and the inner world with regards to:
hygiene, personal hygiene, diet, exercise and mobility and pain

(C1) personal hygiene and

- hygiene
- personal hygiene
- diet
- exercise and mobility
- pain

(C2) psychological conditions when carrying out measures with regard to:

hygiene and cleanliness, personal hygiene, diet, exercise and mobility, pain

(B1) To provide for physical well-being

(B2) To provide for psychological well-being

(A) Competency
„To provide for well-being“

(B3) To provide for social well-being

(C3) Social, cultural and historical circumstances, measures and conditions of hygiene and cleanliness. Social and cultural meaning of food and drink. Social meaning of exercise and mobility. Social components of pain.

Specifics of people with dementia: communication with regard to hygiene and personal hygiene. Eating and drinking as a social event. The social meaning of mobility and exercise with regard to people with dementia. Pain with regard to people with dementia. Biography and living space, living environment of people with dementia.

Since April 2009 the national teams are in the process of developing curricula. The number of target groups has been reduced. In Barcelona we noticed that the outlines for the curricula, which are a result of the project-work, are very heterogeneous.

The need for a common structure and form to describe the competencies, aims and contents of the qualification modules was evident. In Barcelona we have already discussed a variety of ideas and suggestions. The project coordination-team has taken on the responsibility of developing a common matrix from the results in Barcelona.

The aim of the matrix is to structure the developed curricula in such a way that it allows a comparison between the modules from different countries. The matrix systematically depicts the aimed for competencies in relation to the aimed for skills and activities as well as the required knowledge. Therefore, the matrix constitutes a possibility to structure the aims and contents of the already developed curricula-modules. Attached to the matrix is an example of how the competence-model could be refined and the curricula concretized. With the help of this model, all aims and contents of the planned curricula-modules can be put into order.

It is essential that all national teams are using the matrix and the planning-scheme. In this way, the qualifications from the different countries are comparable, which in turn is the most important requirement for a meaningful evaluation.

(A)

Activities	Knowledge and skills	Competencies	Notes A
<p>To provide for the well-being of the client</p> <ul style="list-style-type: none">- physical- psychological/emotional- social <p>The graduates of the training assist, advise, accompany and care for the client with the aim to enhance their well-being as much as possible or to counteract states of ill-being.</p>	<p>Knowledge and skills from different disciplines, which are required to effectively enhance the clients</p> <ul style="list-style-type: none">- physical- psychological/emotional- social <p>well-being on the long term and to counteract the client's ill-being as much as possible.</p>	<p>The graduates of the qualification are able to link knowledge from different disciplines, to analyze and adequately evaluate the client's situation in order to act in such a way that the client's physical, psychological-emotional and social interests are accounted for.</p>	<p>This is the most abstract form of the representation.</p> <p>„To provide for well-being“ includes all activities of assistants and carers, which have the objective to improve the client's situation (physical, psychological and social). This represents the most general and abstract objective of the qualification of the carers and assistants.</p> <p>If required contents with regard to political, economical, legal and ethical conditions are to be added when teaching knowledge and skills. These can be found in the “Sternbild-Curriculum”.</p> <p>This level of abstraction is called</p> <p>Level A</p>

(B1)

Activities	Knowledge and skills	Competencies	Notes B 1
<p>To provide for physical well-being</p> <p>Within the scope of their abilities the graduates of the training provide for all measures and conditions, which allow for physical well-being and which reduce physical ill-being.</p>	<p>Knowledge about:</p> <ul style="list-style-type: none">- Health, hygiene and cleanliness- Diet, food, drink regarding people of all ages- To pass food- Special diet in case of certain illnesses- Dealing with disabilities and impairments- The vital function mobility- Aids for mobility- Arrangement of the living environment- Pain and pain therapy	<p>The graduates are able to: Link the acquired knowledge and skills and to identify and formulate needs in the given situation.</p> <p>They identify the client's individual situation and are able in the scope of the abilities to plan and carry out the adequate measures which are necessary due to the individual needs.</p> <p>They recognize contacts and transitions to other disciplines.</p>	<p>This is the second level in the hierarchy of the concretion.</p> <p>Level B 1</p> <p>It deals with the physical aspects of well-being.</p> <p>If required contents with regard to political, economical, legal and ethical conditions are to be added when teaching knowledge and skills. These can be found in the "Sternbild-Curriculum".</p>

(C1)

Activities	Knowledge and skills	Competencies	Notes C 1
<p>To provide for physical well-being of people with dementia</p> <p>Within the scope of their abilities the graduates of the training provide for all measures and conditions, which allow for physical well-being and which reduce physical ill-being for people with dementia.</p>	<p>Knowledge about:</p> <ul style="list-style-type: none">- Specific circumstances and backgrounds, which change the attitude towards hygiene and personal hygiene of people with dementia.- Specifics with regard to diet of people with dementia: hunger, thirst, exsiccosis, specific measures with regard to diet.- Exercise and mobility for people with dementia; methods of motivation- Pain and people with dementia,; methods of pain recognition and pain therapy	<p>On the basis of the acquired knowledge the graduates are able to link the specialist knowledge and are able to plan and carry out measures to improve well-being respectively reduce ill-being according to the situation of the person with dementia.</p> <p>They have knowledge about hygiene, personal hygiene, diet, exercise, mobility, pain and living environments as well as knowledge about the specifics which apply to people with dementia.</p>	<p>This is the third level in the hierarchy of the concretion.</p> <p>Level C 1</p> <p>It deals with the specialization of activities, knowledge and in consequence of the competencies towards people with dementia.</p> <p>In the main it concentrates on the physical aspects concerning the assistance of and care for people with dementia.</p> <p>If required contents with regard to political, economical, legal and ethical conditions are to be added when teaching knowledge and skills. These can be found in the "Sternbild-Curriculum".</p>

(B2)

Activities	Knowledge and skills	Competencies	Notes B 2
<p>To provide for psychological well-being</p> <p>Within the scope of their abilities and conditions the graduates of the training provide for a high level of psychological well-being. This also means that their activities contribute towards reducing psychological ill-being or pain.</p>	<p>Knowledge about:</p> <ul style="list-style-type: none">- Interrelation of physical, psychological and social health- Psychological aspects of hygiene and personal hygiene- Psychological meaning of eating and drinking- Specifics: food refusal, eating disorders etc.- Psychological meaning of mobility and the psychological effects of disabilities and impairments- Pain and psyche- Inner world and the connection to physical existence (psychosomatic medicine)	<p>The graduates are able to : Link the acquired skills and to identify and formulate needs in the given situation.</p> <p>They are able to adapt measures to the client's individual situation and are able to incorporate all professional aspects (including physical and social) into their measures.</p> <p>They recognize contacts and transitions to other disciplines.</p>	<p>This is the second level in the hierarchy of the concretion.</p> <p>Level B 2</p> <p>It deals with the psychological aspects of well-being. This also includes knowledge of psychosomatic medicine, i.e. the interrelation between physical and psychological conditions.</p> <p>If required contents with regard to political, economical, legal and ethical conditions are to be added when teaching knowledge and skills. These can be found in the "Sternbild-Curriculum".</p>

(B3)

Activities	Knowledge and skills	Competencies	Notes B 3
<p>To provide for social well-being</p> <p>Within the scope of their abilities and conditions the graduates of the training provide for social well-being, social integration of their clients.</p> <p>They support family relationships as well as relationships and communication within the social environment of the client (social atom).</p> <p>They aim for a social environment for the client, which is accepted by all relevant parties involved.</p> <p>This also means that their activities contribute towards reducing psychological ill-being or pain.</p>	<p>Knowledge about: The social, historical and cultural influences on measures and conditions of hygiene and personal hygiene.</p> <ul style="list-style-type: none"> - Social history of hygiene - Social history of cleanliness and personal hygiene <p>Social aspects of nutrition and diet</p> <ul style="list-style-type: none"> - Social and cultural meaning of drinking and eating - Offering food as a process of communication - Disability and social exclusion - The meaning of mobility for social relationships and communication - Living worlds of people with social impairments. Effects of social isolation on the psychological and physical condition of people - Socio-cultural and historical determinants of pain 	<p>The graduates are able to: Link the acquired skills and to identify social resources and possibilities as well as deficits and to carry out measures to improve the clients situation within the given social structures.</p> <p>Hereby, knowledge of the socio-cultural and historical specifics of the client are considered and incorporated. The graduates of the qualification are able to incorporate physical and psychological aspects of the client adequately in decision-making processes.</p>	<p>This is the second level in the hierarchy of the concretion.</p> <p>Level B 3</p> <p>It deals with the social aspects of well-being.</p> <p>If required contents with regard to political, economical, legal and ethical conditions are to be added when teaching knowledge and skills. These can be found in the “Sternbild-Curriculum”.</p>

(C2)

Activities	Knowledge and skills	Competencies	Notes C 2
<p>To provide for psychological well-being of people with dementia</p> <p>Within the scope of their abilities and conditions the graduates of the training provide for a high level of psychological well-being. Hereby, they cooperate with specialists such as therapists and psychologists and other experts.</p>	<p>Knowledge about:</p> <ul style="list-style-type: none"> - Interrelation of physical, psychological and social health - Psychological disorders, especially different types of dementia and how to differentiate them - Psychological specifics with regard to hygiene and personal hygiene of people with dementia (refusal) and biographical specifics with regard to personal hygiene (town, country) - Psychological specifics with regard to diet, food and drink of people with dementia (biographical aspects) - Psychological meaning of mobility/mobility impairments with regard to people with dementia - Pain and dementia. Dealing with pain and people with dementia - The living world of people with dementia. Inner worlds, biography and psychological disorders; their role as determinants of social and communicative aspects 	<p>The graduates are able to: Link the acquired skills and knowledge about psychological disorders to the client's current social and physical situation, to plan and carry out realistic concepts and measures, which - under the given circumstances – improve the client's psychological well-being and/or prevent or slow down worsening.</p> <p>Hereby, they consider and respect transitions to other disciplines.</p>	<p>This is the third level in the hierarchy of the concretion.</p> <p>Level C 2</p> <p>It deals with the specialization of knowledge and skills for interacting with people with dementia. Providing for psychological well-being also means to include social and physical aspects of the client's situation in the decision-making process.</p> <p>A special focus is on taking into consideration the psychosomatic specifics of people with dementia.</p> <p>If required contents with regard to political, economical, legal and ethical conditions are to be added when teaching knowledge and skills. These can be found in the "Sternbild-Curriculum".</p>

(C3)

Activities	Knowledge and skills	Competencies	Notes C 3
<p>To provide for social well-being of people with dementia</p> <p>The graduates of the training provide for an adequate social environment. Their objective is to create a communicative situation for the client which is consistent with their social, physical and psychological condition.</p>	<p>Knowledge about:</p> <p>Social background for the behavior of the client with regard to hygiene and personal hygiene</p> <ul style="list-style-type: none"> - The communicative meaning of personal hygiene (skin, contact, physical closeness) - Social meaning of eating and drinking (biographical aspects) - The meaning of mobility and exercise with regard to people with dementia - Communicating with people with dementia - Concepts and models for creating communicative situations for people with dementia: games, memory training, carrying out everyday life activities, group work - Possibilities for activities for people with dementia - Models for assistance in everyday life - Organizing and arranging the life environment of people with dementia: safe environment. Aspects of orientation and disorientation 	<p>The graduates are able to:</p> <p>Link the acquired skills and knowledge and to apply these. They are able to assess the client's situation within the context and to plan and carry out adequate measures. They are able to communicate with people with dementia under difficult circumstances and on all levels (verbally, non-verbally, and tactilely). Hereby, they are able to recognize and to take into consideration the specific living worlds of people with dementia and to plan and carry out measures, which improve the social well-being.</p>	<p>This is the third level in the hierarchy of the concretion.</p> <p>Level C 3</p> <p>On this level of specialization knowledge about social interaction has to be transferred and applied to the work with people with dementia</p> <p>Here, the consideration of the interrelation between body, psyche and social environment is of importance.</p> <p>If required contents with regard to political, economical, legal and ethical conditions are to be added when teaching knowledge and skills. These can be found in the "Sternbild-Curriculum".</p>

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1. Module: Memorizing

Activities	Knowledge and Skills	Competencies	Notes
<p><i>Photos and scrapbooks</i></p> <ul style="list-style-type: none"> • Make a scrapbook with photos • Chose a scrapbook, glue photos together, and write down notes and memories • Write down names and happenings on the backside of family pictures • Try to remember the situation on the photos 	<p><i>Knowledge about:</i></p> <ol style="list-style-type: none"> 1. Memory and disturbed memories 2. Stimulate mental wellbeing 3. Register the psychological situation of older people, observe, and assess 4. Communicate, for example, share information, personal registration and interaction 5. Influence of dementia on communication – what happens with old and new memories? 6. How to behave if verbal problems of people with dementia arise – Clear the reasons for these problems 7. How to behave if verbal problems of people with dementia arise – Prevent confrontation 8. How to behave if verbal problems of people with dementia arise – Recommendations for dealing with problems 9. Health precautions – Physical activities and exercises for people with dementia 10. How to handle your own personal history and the history of the life of the elderly 	<ul style="list-style-type: none"> • The former students understand the influence on memory of dementia • They are able to understand and to deal with memory problems of people with dementia and they know various strategies about dealing with these problems • They are competent to use biography-work as a facility in their work • They are able to work in a multi-disciplinary team 	<p>Materials:</p> <p>„Sternbild-Curriculum“.</p> <p>„Care to communicate“</p>

2. Module: Exercise

<i>Activities</i>	<i>Knowledge and Skills</i>	<i>Competencies</i>	<i>Notes</i>
<ul style="list-style-type: none"> • Caregivers teach people with dementia how to exercise and motivate them to cooperate with daily activities • They support these activities by using music 	<ol style="list-style-type: none"> 1. The former students know about the various possible resources to help people with dementia to move 2. They know the basics of the anatomic-physiological conditions and pathophysiological changes of the mobility of elderly 3. They can offer adjusted exercises 4. They know how to motivate and positively support people 5. They know about the positive effects of exercising on people's feelings of wellbeing 6. They know about the importance of communication for group exercising 7. They know the supportive meaning of music to exercise 	<ul style="list-style-type: none"> • The former students know the meaning of people's stimulation and know how to maintain the various possibilities to exercise for the elderly's wellbeing • The former students can assess the elderly's needs and capacities • They know how to assign the various resources of exercise and motivate and support the elderly • They know how to document and include their observations in further health plans 	

3. Module: Communication

<i>Activities</i>	<i>Knowledge and Skills</i>	<i>Competencies</i>	<i>Notes</i>
<ul style="list-style-type: none"> • Portrayal and effect of a conversation 	<ol style="list-style-type: none"> 1. People with dementia and their observation of the environment 2. Amnesia, Aphasia, Apraxia, Agnosia, loss of abstract thinking, disturbing of assessments 3. Orientation of resources: expression, emotional needs, personality 4. Behavioral reactions from people with dementia and the behavior of people who surround them 5. Didactic structure (objectives, group size, place, time, methods) 6. Group & group dynamics 7. Thematic communications and activities 8. Methods about remembering 9. Methods about stimulation of orientation 10. Activating impulses, motivation 11. Rules on communication with people with dementia (attitude, body language, expressions etc.) 12. Special communication-techniques and guiding communication of people with dementia 	<ul style="list-style-type: none"> • The participants recognize changes in communication in terms of dementia and adjust their communication on nonverbal and verbal communication of people with dementia • The participants are aware of knowledge and techniques on how to care for relations, networks and social competences • They are able to shape a safe and respectful sphere • They are able to arrange group activities together with feelings of emotional, social, and physical wellbeing • The participants know of various methods making it easier to communicate with people with dementia, and methods supporting and retaining their way of communication, and are in a position to use these methods 	<p>The focus here is on keeping and stimulating the emotional wellbeing and also on social and communicative competences of people with dementia</p>

4. Module: Support everyday activities

<i>Activities</i>	<i>Knowledge and Skills</i>	<i>Competencies</i>	<i>Notes</i>
<ul style="list-style-type: none"> Support of body care 	<ol style="list-style-type: none"> Socio-cultural aspects of body care Dealing with feelings of shame and aversion Stimulation of physical and emotional wellbeing Observation of skin and signs of vitality Decubitus-prophylaxis Hygiene and physical care Dealing with supportive materials (bath lift etc.) Techniques of washing whole and sides of body Knowledge of various body-care products Care for hair, ears, facial hair, etc. Esthetical aspects: cosmetics 	<ul style="list-style-type: none"> The former students understand that the support of body care is about people's intimate areas and personal domains The former students know the meaning of sensuality and taste of a person with dementia They know how to deal with stimulating or obstructive behavior based on experiences with individual biographies The former students relate their behavior on the idea that needs and methods on body care are socially, culturally, and biographically determined 	<p>Body care is a way of caring and assisting where caregiver and client come most close to each other</p> <p>Distance and closeness play an important role</p>

5. Module: Culture

<i>Activities</i>	<i>Knowledge and Skills</i>	<i>Competencies</i>	<i>Notes</i>
<ul style="list-style-type: none"> Listen to music with people with dementia 	<p>Knowledge about:</p> <ol style="list-style-type: none"> Biological/bodily factors of care for elderly Sensual observations – seeing and hearing. Changing of senses caused by getting older Determination of neuromuscular possibilities and independence in terms of motoric changes when getting older Care for older people with disturbed observations- confidence Possibilities of medication... Documentation of sense perception's interference Communication assisted by TV and radio Non-verbal transmission and acceptance. Body language and eye-contact 	<ul style="list-style-type: none"> The former students know clients' cultures and various tastes of music They understand that music is a way to induce moods They are able to connect music with other resources of memorizing The former students know how to organize places for musical activities (Avoid overstimulation; avoid parallel noises) 	<p>Materials:</p> <p>„Sternbild-Curriculum“.</p> <p>„Care to communicate“</p>

6. Module: Support everyday activities

<i>Activities</i>	<i>Knowledge and Skills</i>	<i>Competencies</i>	<i>Notes</i>
<p>Cooking and other activities in the kitchen with the elderly</p> <ul style="list-style-type: none"> • Making salad, popcorn and other simply dishes • Finger food • Washing and preparing fresh food • Grinding nuts for baking • Washing vegetables • Writing down recipes from newspapers and magazines on paper • Making shoppinglists • Sorting recipes and searching pictures to illustrate • Setting the table 	<p>Knowledge about:</p> <ol style="list-style-type: none"> 1. Basics on food in general 2. Basics on changing food needs of elderly 3. The meaning of food: <ol style="list-style-type: none"> a. physiologically b. psychologically c. socially d. culturally 4. Knowledge about the communicative and social meaning of food 5. Knowledge about eating habits of the generation of the elderly 6. Cultural and esthetical aspects of food, such as table decoration, tableware, etc. 7. Historical and biographical knowledge; seasonal food, hunger, poverty, etc. 8. The meaning of meals for elderly people, especially in institutions 	<ul style="list-style-type: none"> • The former students know how to communicate cooking and eating as a familiar and positive activity • They know how to present and associate cooking and eating positively • They know how to connect cooking and eating with other activities that serve people's memory • Kitchen activities as a possibility to work with memory 	<p>Materials:</p> <p>„Sternbild-Curriculum“</p> <p>„Care to communicate“</p>

7. Module: Memorizing

<i>Activities</i>	<i>Knowledge and Skills</i>	<i>Competencies</i>	<i>Notes</i>
<ul style="list-style-type: none"> • Playing simple games with people with dementia • Playing simple games with balls and balloons. Solving crossword puzzles • Solving simple puzzles • Solving simple brainteasers • Playing with different materials and playing with dolls 	<p>Knowledge about:</p> <ol style="list-style-type: none"> 1. Problems with sensory perception –seeing and hearing 2. Meaning of playing as a form of communication 3. Care for elderly with a disturbed sensory perception – confidence, memory, medication... 4. Documentation of sensory perception’s interferences 5. Assignments of a specialized geriatric caregiver 6. Psychological principles at the organization for elderly care 7. Develop an individual profile – CLIPPER and therefore using the information of the interdisciplinary team 8. Develop an individual life-profile supported by CLIPPER 9. Develop an individual life-profile: graphics / diagram 10. Develop an individual life-profile. Plan 11. Develop an individual life-profile. Evaluation 12. (care to communicate) 	<ul style="list-style-type: none"> • The former students know how to organize playing in a way that sensory perception and exercising will be stimulated • They know how to connect plays with other activities for memory • Use of activities to memory things during play • Achieve multi-sensory stimulation 	<p>Materials:</p> <p>„Sternbild-Curriculum“</p> <p>„Care to communicate“</p>

8. Module: Everyday activities

<i>Activities</i>	<i>Knowledge and Skills</i>	<i>Competencies</i>	<i>Notes</i>
<ul style="list-style-type: none"> The expert/caregiver assists patients with planning and shopping step by step 	<ol style="list-style-type: none"> Persons with dementia and their perception of the environment Amnesia and loss of capacity in abstract thinking Disorientation in new environment and progressive disease, also in familiar circumstances The influence of the disease on their own behavior Methods for the working memory Methods to orientate Motivation Techniques for communications on handling people with dementia Group dynamics 	<ul style="list-style-type: none"> The expert/caregiver is able to identify client's cognitive profile and to assist the client with everyday activities The expert knows how people's brain works The expert knows about the influence of memory problems and disorientation of patients The expert can offer the patient tools to prepare shopping The expert knows how to create for this activity an accepting sphere 	<p>Focus of this activity is on skills about helping patients, making shopping routines easier if tools are at hand that make working memory and orientation better</p> <p>It is important to retain people's own routines</p>

9. Module: Memorizing

<i>Activities</i>	<i>Knowledge and Skills</i>	<i>Competencies</i>	<i>Notes</i>
<ul style="list-style-type: none"> The former student helps patients with preparing and planning groups on memorizing (decide about themes, who's participating, etc.) 	<ol style="list-style-type: none"> People with dementia and their physical, psychological, neuro-psychological, and social changes related to memory problems Memory disturbance and retrograde amnesia of patients with dementia Communication skills of patients with dementia The influence of the disease on patients Methods to stimulate retentiveness Memory-treatment-concepts Methods to stimulate motivation Special communication-techniques for people with dementia Group dynamics Connections between people's own biography, feelings, identity, and remembrance of people with dementia 	<ul style="list-style-type: none"> The former students are able to identify patients' cognitive profile Methods are at hand to facilitate connections and social competencies of people with dementia They are able to organize a safe and accepting sphere They know the connection between group activities and people's mental, social, and physical wellbeing They should know how memory and memory concepts work They should know about the effects of memory problems on people with dementia They are able to facilitate specific tools that enables patients to prepare and plan their group meetings 	<p>The focus of this activity is that caregivers are able to help patients with memorizing and telling their experiences and stories to other patients</p>

10. Module: Support everyday activities

<i>Activities</i>	<i>Knowledge and Skills</i>	<i>Competencies</i>	<i>Notes</i>
<ul style="list-style-type: none"> Assisting a person with dementia with intake of food 	<p>Theoretical knowledge about:</p> <ol style="list-style-type: none"> Basic requirements for elderly –preparing food – various sorts of food – techniques on dealing with food Oral intake of food and artificial diet Risks for eating disorders for people with dementia: weight-loss, dehydrogenation, congestion, intense dysphagia Disturbances of eating behaviors associated with dementia, lost of eating-skills, loss of appetite, incorrect use of cutlery, refusing food Socio-cultural and biographical backgrounds associated with food – eating habits- preferences Methods on: problem solution during meals on behavioral level Dealing with/answering problems on dysphagia Skills on: communication with people with dementia 	<p>The former students are able to:</p> <ul style="list-style-type: none"> Follow up diet prescriptions Control intake of food and patient’s weight Identify eating problems Recognize symptoms of lost appetite and guarantee food-taking Solve eating disorders on behavioral level Respect patients’ tempo and stimulate their autonomy on food and eating Recognize environmental elements and technical support to relieve the intake of food 	

11. *Module: Cultural activities*

<i>Activities</i>	<i>Knowledge and Skills</i>	<i>Competencies</i>	<i>Notes</i>
<ul style="list-style-type: none"> Conceptualize, planning and implementation of the activity „theatre visiting“ 	<ol style="list-style-type: none"> Knowledge about cultural and ethnic traditions Theoretical knowledge: <ul style="list-style-type: none"> Different forms of memory and their changes of people with dementia Executive functions Social skills of people with dementia Functional skills to work with dementia Orientation of dementia Methods on: <ul style="list-style-type: none"> Thematically centralization Implementation of a cultural activity Stimulation of motivation Rules of: <ul style="list-style-type: none"> Communication of people with dementia Discuss working with short-memories and corresponding strategies 	<p>The former students are able to:</p> <ul style="list-style-type: none"> Recognize changes and status from different ways of thinking and memorizing Recognize special requirements in terms of functional and social activities Recognize the working of various ways of memorizing of people with dementia Know how executive functions are influenced by dementia Know how to communicate with people with dementia Develop strategies to advance memory capacity and coordinate a discussion group Deal with common functional and disorientation problems of people with dementia 	<p>The proposed play is related to a cultural celebration: St George's Day</p>

12. Module: Support / Verbal Communication

Activities	Knowledge and Skills	Competencies	Notes
<ul style="list-style-type: none"> Communication about emotional or psychological requirements 	<ol style="list-style-type: none"> Knowledge about the following emotional requirements: - The need to be loved and to love The needs for safeness The requirement to feel important or to feel good (requirements of self-esteem) The need to be independent and to feel in control The need to be productive or to able to develop people's potentials (need of self-realization) 	<ul style="list-style-type: none"> The former students are able to: Identify and communicate the emotional needs of patients with dementia Stimulate patients to verbalize feelings for people they love Stimulate patients to verbalize feelings about the environment Stimulate patients to communicate about her/his own feelings Give positive feedback if people's attention focuses on positive characteristics Stimulate people to take care for themselves as long as possible Notice and acknowledge every sign and form of independent behavior Stimulate patients to talk about feelings associated with the several roles they play in life: their role as an individual, role as a partner, role as a parent, role as a patient, etc. 	<ul style="list-style-type: none"> Example: facilitate clients so caregivers do understand their emotional needs and take these needs seriously (acknowledgment) Identify and locate important persons (family members, friends, chaplain/priest) and organize visits. Help clients with orientation at home, explain how to recognize bathroom's door Communicate that caregivers care about clients Positive characteristics can be: kind voice, nice hair, beautiful smile Patient's participation on making decisions in terms of food and treatment Find ways on how to be productive, such as writing poems, dictating or writing a letter, reading, preparing shopping lists, etc.

13. Module: Mobility / Mobilization

<i>Activities</i>	<i>Knowledge and Skills</i>	<i>Competencies</i>	<i>Notes</i>
<p>Mobilization and Mobility</p> <ul style="list-style-type: none"> • Preparation of patient; • Preparation of room • Preparation of technical and sanitary aids (Zimmer frame, walking aids, walking sticks); • Mobilization of head and extremities • Moving the patient into a sitting position on the bed; • moving the patient into a chair; • raising and maneuvering patients into a standing position • Guiding patients and offering aid when walking 	<ol style="list-style-type: none"> 1. Graduates are aware that mobilization of patients with Dementia is essential for prevention of complications (Decubitus, Thrombosis) and in order to accelerate the healing process; 2. - Graduates are able to provide patients suffering from Dementia with any relevant information pertaining to the above 3. They are able to identify situations where mobilization is required and, in certain cases, must work together with medical personnel. 4. Participants must be aware of the technical terms pertaining to the mobilization of patients suffering from Dementia; 5. Participants are able to monitor the condition of a patient, including the duration and physical symptoms as well as any psychological or behavioral characteristics. 	<ul style="list-style-type: none"> • Graduates are capable of performing a diversity of roles. • They are able to give psychomotor stimulation to old people with Dementia. • They are competent in areas of importance such as the mobilization and positioning of people with Dementia and are able to perform such activities with sensitivity, care, patience, prudence and expertise; • Graduates are able to respect the decision of patients with Dementia to participate or not in the mobilization process. • 	

14. Module: Care

<i>Activities</i>	<i>Knowledge and Skills</i>	<i>Competencies</i>	<i>Notes</i>
<ul style="list-style-type: none"> • Starting the day with a person with Dementia • Waking up • getting out of bed • Morning body-care routine • getting dressed 	<p>The relationship between rest and sleep to being awake and active:</p> <ol style="list-style-type: none"> 1. Neuropsychological - ("early morning confusion" e.g. Exciccosis or disorders of the consciousness during the transition between sleep and awake) 2. Specific cultural particularities e.g. in the morning body-care routine and in the choice of clothes. 3. biographical (e.g. rituals, daily routines) 4. and all this in compliance with the specific conditions applicable to Dementia sufferers. 5. Methods of moving people with physical handicaps into and out of bed without causing injury to oneself. 6. Knowledge of basic body-care and of skin condition 	<ul style="list-style-type: none"> • Graduates are able to assess the particular characteristics of people with Dementia during the waking process and are able to adjust their own behavior accordingly. • They have the skills to apply the knowledge they have of Dementia in old people and of its effects on behavior, to the care they themselves practice. • They are able to use these competences in the specific task "starting the day with people with Dementia". 	

15. Module: Non-verbal communication

<i>Activities</i>	<i>Knowledge and Skills</i>	<i>Competencies</i>	<i>Notes</i>
<ul style="list-style-type: none"> Using and understanding non-verbal communication. 	<ol style="list-style-type: none"> Learning to understand the non-verbal communication of patients with serious Dementia, to help them achieve the best possible quality of life. Preventing feelings experienced by the graduate, such as annoyance / anger and frustration, from being transmitted to the patient. Offering adequate stimulation in order to improve the overall health of the patient. 	<p>Graduates are able to:</p> <ul style="list-style-type: none"> understand patient communication by his/her facial expression, the emotional tone of voice, body language, gestures or eyes; recognize which reactions are evoked in the patient through happiness, relaxation or irritation; use facial expression, eye-contact, body language and emotional tone of voice in order to understand the patient's interests, worries and concerns, or, in order to exert a calming influence on the patient. Ensure the most appropriate form of stimulation for an optimal, overall state of health and to create a living ambiance which supports this. 	<p>Supporting patients in their daily hygiene activities provides an ideal opportunity to exercise these skills.</p> <p>Such activities should also be carried out with a calm voice and a friendly smile.</p> <p>Inappropriate types of stimulation can contribute to a worsening of the psychological state of the patient: Too little leads to apathy and decline, while too much or inappropriate stimulation can lead to anxiety and panic.</p>

16. Module: Personal Hygiene

<i>Activities</i>	<i>Knowledge and Skills</i>	<i>Competencies</i>	<i>Notes</i>
<p>Personal Hygiene: ensures that the body is kept clean - particularly the skin which is permanently exposed to dirt and other influences in the environment. It comprises the following activities:</p> <ul style="list-style-type: none"> • Washing hands • Hygiene of specific body-parts: Teeth, face, feet, genitalia, beard, nails: Oral care, eyes, ears, • General hygiene (general bathing) • Preparing the room • Room temperature • Preparation of patient • Performing a full body-wash 	<p>Knowledge of</p> <ol style="list-style-type: none"> 1. the principles of hygiene, the underlying basics to avoiding infections. The sources of infection 2. Graduates know how to keep skin clean and understand the important aspects of maintaining skin function in order to protect the body from infection and to ensure the patient's physical and psychological feeling of well-being. 3. Knowledge of cleaning the materials required for personal hygiene 4. Knowledge of the use and effects of skin care products 	<ul style="list-style-type: none"> • Participants must be competent in understanding and respecting the rules of hygiene and of waste management and should know that this is a continuous process. • Participants should understand that hygiene in people with Dementia is critical to their sense of well-being and to their quality of life. • Participants should understand that body-care is an activity which affects and impacts house/home, the patient and the carer equally and is therefore an integral part of the day-to-day regime and of general communication. 	<p>Critically ill patients need to be given partial baths in bed.</p> <p>If the patient can be moved, they can sit on a chair in a normal bathroom while body-care is performed using a mobile shower.</p>

17. Module: Memory stimulation

<i>Activities</i>	<i>Knowledge and Skills</i>	<i>Competencies</i>	<i>Notes</i>
<ul style="list-style-type: none"> • Planning of memory stimulation sessions, in which albums of memories are created; • Preparation of materials for the creation of these albums; • Selection of the patient's most poignant memories and experiences • Creation of a text to describe the pictures and memories in the album (and which explains, in simple words, the significance of these to the respective people); • Addition of supplementary materials for interest (cuttings from newspapers and magazines which portray, for example, places or events which are important to the patient). 	<ul style="list-style-type: none"> • Knowledge of: • what a family album or an album containing memoirs is, the part that these can play and the significance they may have to a person with Dementia; • They are familiar with the basics of memory stimulation; • They understand that these albums provide a element of support to people with Dementia by enabling them to identify with their past experiences, with their memories and with themselves. 	<p>Graduates are able to:</p> <ul style="list-style-type: none"> • create a warm, friendly and clearly defined atmosphere; they are able to set up an intimate environment; they have essential skills such as being capable of setting up a happy, relaxed and communicative ambiance • they are able to help increase the client's confidence and his/her sense of belonging to the group • they understand and practice techniques pertaining to active listening; • they are able to create relationships between past and present in a patient with Dementia 	

18. Module: Personal Hygiene

<i>Activities</i>	<i>Knowledge and Skills</i>	<i>Competencies</i>	<i>Notes</i>
<ul style="list-style-type: none"> Supporting a patient with Dementia in daily activities pertaining to personal hygiene 	<ol style="list-style-type: none"> Social and cultural aspects of personal hygiene Cultural aspects: Specific cultural aspects in the area of personal hygiene, Personal hygiene history, body-care routines Hygiene and personal hygiene in the biographical sense (routines, rituals) Dealing with embarrassment and feelings of revulsion Monitoring skin and vital functions Prevention of Decubitus Use of medical and paramedical equipment (lifts, specialized baths etc) Knowledge in area of: Basic psychology and sociology of Dementia Anatomy, physiology and pathology of Dementia public health hygiene procedures Diagnosing patient condition 	<ul style="list-style-type: none"> Graduates are aware of the fact that in supporting a patient in areas of body care and personal hygiene, they are entering into the most intimate spheres of the patient. They are able to handle this issue. They are aware of the significance of physical closeness and contact. They are aware that certain aspects of personal hygiene, routines, biographical rituals and past experiences of a patient with Dementia can inhibit or stimulate them. Graduates are able to: cooperate within a multiprofessional team to ensure the individual hygiene of the client. take steps to ensuring the aesthetics and cleanliness of the bed and of the patient's immediate environment help the sick / dependent patient in managing defecation needs deploy necessary equipment, accessories and instruments in the execution of their hygiene-related activities Disinfection and maintenance of equipment and accessories deployed by the nursing staff Assist the sick and dependent person in 	

19. Module: Mobility

Activities	Knowledge and Skills	Competencies	Notes
<p>Mobility:</p> <ul style="list-style-type: none"> • performing • activities to music and motivating clients to participate 	<ol style="list-style-type: none"> 1. Knowledge of: the aging process. Anatomy and physiology of aging. Changes in the area of mobility. 2. Knowledge of physiotherapeutic and other procedures which can provide support 3. Concepts and ideas which can serve to provide motivation and support to mobility exercises. 4. Understanding of the positive influence of physical activity on the psychological sense of well being. 5. Significance of music as a motivator 6. Skills: <ul style="list-style-type: none"> • Diagnosing patient condition • Interpretation of the condition. • Deployment of specialized orthopedic and rehabilitative equipment • Communication with patients, family, team. 	<ul style="list-style-type: none"> • Graduates: • can assess the significance of physical activity for maintaining mobility. • They know the methods for motivating older people. • They are able to recognize and exploit resources / opportunities. • They are able to put individual concepts / methods into practice in order to achieve their goals. • They are also capable of: <ul style="list-style-type: none"> • assisting in the upholding of mobility activities; • offering support in the deployment of orthopedic and rehabilitative equipment. • providing a sense of psychological and physical security. • recognize and relieve care issues arising from the various levels of restriction or loss of motor function. • provide assistance with basic day to day needs • can ensure a secure environment; • is able to work in a multiprofessional therapeutic team 	

20. Module: Care

<i>Activities</i>	<i>Knowledge and Skills</i>	<i>Competencies</i>	<i>Notes</i>
<ul style="list-style-type: none"> • Beginning the day with a person suffering from dementia • Waking up • Getting out of bed • Personal hygiene • Getting dressed 	<p>Knowledge of:</p> <ul style="list-style-type: none"> • Basics of the Dementia condition • Rest / sleep versus awake / active • Neuropsychological causes of disorientation in the morning during the transition between sleep and waking up • Morning disorientation due to Exciccosis. • Special methods of supporting a handicapped person in bed • Knowledge of the basics of personal hygiene • Basic knowledge of the psychology, sociology and pedagogic; • Anatomy, physiology, pathology; • Public health and older people • Support concepts for ill and dependent older people • hygiene procedures • Skills: <ul style="list-style-type: none"> - Diagnosing patient condition - Use of specialist terminology - Deployment of specialized orthopedic and rehabilitative equipment - Communication with patients, family and team, - maintaining medical documentation - planning of an individual assistance, care and support plan for older people 	<ul style="list-style-type: none"> • Graduates are able to assess the particular characteristics of people with Dementia during the waking process and are able to adjust their own behavior accordingly. • They have the skill to apply their knowledge to their work with people suffering with Dementia. • They are able to exploit these skills in the specific task "starting the day with people with Dementia". 	

21. Module: Care

<i>Activities</i>	<i>Knowledge and Skills</i>	<i>Competencies</i>	<i>Notes</i>
<p>Planning and execution of a discussion session about personal history, memories and biography</p>	<p>Knowledge of: The awareness of Dementia sufferers of their surroundings. Amnesia, Aphasia, Agnosia, Apraxia, loss of abstract thought, Breakdown in ability to understand correctly Resources as focal point: expression of emotions, feelings, emotional needs of the Dementia sufferer Influence of the Dementia condition on the behavior of the sufferer. Didactic knowledge (target groups, number of participants, location, time, methods) Groups and group dynamic, theme-oriented communication, memory training, assistance with orientation and motivation, basics of facial expression, gesture, body-language, methods of conversing with a Dementia sufferer. Knowledge in: Basics of psychology with elements of pedagogy and sociology. Psychological changes in Dementia sufferer; Life goals and life goals of people in old age. Problem of society's attitudes towards people with Dementia. Dealing with conflict, mediation, intimacy and discretion Knowledge of the problems of loneliness, isolation, exclusion and poverty of old people.</p>	<p>Graduates are able to recognize changes in communication relating to the Dementia syndrome and can align their verbal and non-verbal communication accordingly. Graduates are able to deploy methods which aid in the maintaining, promoting, and developing of interpersonal relationships and social skills of the Dementia sufferer. Graduates are able to create a safe and trusted atmosphere. They are aware of the extent to which group workshops can influence the emotional, social and physical well-being of a Dementia sufferer. They know the methods used to relieve, encourage and maintain communication with a Dementia sufferer and are capable of recognizing which methods are particularly useful in the different contexts.</p>	<p>Focus is placed particularly in the areas of maintaining and promoting the sense of psychological well-being as well as the social and communication skills of the Dementia sufferer.</p>

22. Module: Care

<i>Activities</i>	<i>Knowledge and Skills</i>	<i>Competencies</i>	<i>Notes</i>
<ul style="list-style-type: none"> Stimulation of a Dementia sufferer by taking a trip outside into natural light 	<p>Knowledge:</p> <ul style="list-style-type: none"> It is a known fact that many old people suffering from Dementia live in a badly lit environment. Graduates are aware that this is not the primary cause of the Dementia, although it does have an impact on the general condition of the person and of his / her feeling of well-being. One consequence, however, is that the biological clock - the day/night rhythm - may be disturbed. This may advance the Dementia. This is more often the case in Dementia sufferers than in young people. Sufferers of Dementia should therefore be exposed more often to daylight. (even bright artificial light can help); up to five hours per day. Increased exposure to light helps prevent restless nights and can reduce behavioral problems. It increases the quality of sleep and improves the cognitive situation in a Dementia sufferer <p>Graduate skills:</p> <ul style="list-style-type: none"> Communication Handling of aids (wheelchair etc.) The ability to plan and execute trips out. 	<ul style="list-style-type: none"> The graduate is able to make an accurate assessment of the way the client is feeling and of his / her reaction to a trip. He / she is able to deal with uneasiness. He/she has the capacity to effect a trip into a new environment while sustaining communication and a feeling of security. He/she knows how to dress the client appropriately for the trip. The graduate is able to document the time the client spends in daylight (with a supplement for special artificial light for this purpose) 	

23. Module: Living environment

Activities	Knowledge and Skills	Competencies	Notes
<ul style="list-style-type: none"> Adjustment of the living environment to needs relating to movement, the undertaking of daily activities and to safety. Particular attention is given to the specific needs of to the behaviors of older people suffering from Dementia. 	<p>The following knowledge is required:</p> <ul style="list-style-type: none"> anatomical and physiological changes and their influence on mobility and motor function; Various activities: walking, meeting other people, individual and group activities; emotional and behavioral reactions to diverse factors in the Dementia sufferer's direct environment: Light, darkness, open/closed rooms, noise, seasons; Biography of an older person. Respect of private space and a secure and constant living environment. Adjustment of living environment to reduce risk of accident. Use of elements such as light, color, music, nature to increase sense of well-being, in order to facilitate periods of calm or activity. 	<p>Graduates:</p> <ul style="list-style-type: none"> are familiar with the daily activity routine and can allocate and prepare the appropriate space for the respective activities; are able to identify behavioral problems as well as the needs of older people suffering with Dementia and are able to find a means of changing / adjusting the living environment accordingly. are able to adequately deploy elements of the living environment to ensure the safety and the well-being of the resident; are able to stimulate communication, social skills, participation and activity through careful planning of daily routines / living environment 	<p>Example: Inappropriate areas of access are kept dark where those which are accessible are lit. This is based upon the fact that sufferers of Dementia tend to orientate themselves towards lit areas.</p>

24. Module: Day to day assistance

<i>Activities</i>	<i>Knowledge and Skills</i>	<i>Competencies</i>	<i>Notes</i>
<p>Assigning of nutrients according to physical needs.</p> <p>Identification of daily qualitative and quantitative needs of clients.</p> <p>Individual needs of clients are taken into account</p> <p>Ensuring a balanced distribution of meals throughout the day;</p> <p>Avoidance of excessive eating and mistakes.</p>	<p>Awareness of the importance of a balanced diet to ensure sustained physical energy;</p> <p>Knowledge of the relationship between diet and illness.</p> <p>Diet in old age.</p> <p>Awareness of the importance of intake from all five food-groups: Vegetables, fruit, confectionary, milk, yoghurt and cheese, meat, poultry, fish, pulses and nuts, eggs etc.;</p> <p>Dietary systems and curative nutrition</p> <p>Depending on the intake of food, the following coefficients apply:</p> <p>Knowledge of illnesses which can result from or be advanced by poor nutrition: Obesity, Diabetes, High blood pressure, Arteriosclerosis, Myocardial Infarction, Cancer.</p>	<p>Graduates are able to:</p> <p>identify nutrients appropriate to the physiological condition and to define the ingredients (qualitative and quantitative)</p> <p>understand the methods of careful preparation.</p> <p>understand which nutrients or preparation procedures are not recommended for old people or for sufferers of certain illnesses. amend diet plans easily.</p> <p>They are aware of the relationship between foodstuffs and sensitive conditions. The graduates are able to identify cultural and biographical tendencies in their client's diet and are capable of ensuring healthy nutrition while respecting the client's likes and dislikes.</p> <p>They are conversant with the documentation relating to the supply of nutrients.</p> <p>They understand the communicative aspects of dining and are able to create an agreeable ambiance in which aesthetics also play an important role.</p>	<p>The graduates must be aware of potential problems such as swallowing difficulties, loss of consciousness and a diversity of intolerances to certain nutrients.</p> <p>Focal topics are:</p> <p>Food hygiene</p> <p>Artificial nutrition</p> <p>Serious disorders of the digestive system</p>

25. Module: Support

<i>Activities</i>	<i>Knowledge and Skills</i>	<i>Competencies</i>	<i>Notes</i>
<p>Support with dressing up people with dementia</p> <p>To join in and inform people about the upcoming party</p>	<ul style="list-style-type: none"> • Feelings of safety and security as a result of communication with people with dementia • Habits, rituals and needs that are common for people • Knowledge of symbolism and meaning of clothes • Different cultural events for which clothes play an important role • Assess people's motoric possibilities and address dressing up, for example the use of buttons, zippers, putting on jewelry, makeup, hair-dress, shoes, etc. • Pay attention to and respect people's own preferences of dressing up: when possible, people with dementia chose their own clothes (if their choice is inconvenient, the purpose of it will be checked on logical thinking) 	<ul style="list-style-type: none"> • The former students know to adjust to changing possibilities of communication of people with dementia • They know people's biographical background, know how to incorporate and support this background • They know the various cultural events and how to dress up for those parties • They know how to assess people's feelings and moving skills and implement these in relation to each situation • They know how to include this activity in an individual care plan 	

26. Module: Support everyday activity with a therapeutic element

Activities	Knowledge and Skills	Competencies	Notes
<p>Stimulate a person with dementia to be exposed to more to daylight</p> <p>Creating a daily structured activity plan</p>	<ul style="list-style-type: none"> • Knowledge of the biorhythm and other factors that influence people's way of sleeping • Feelings of safety and security as a result of communication with people with dementia • Habits, rituals and needs that are common for people • Assess people's motoric possibilities and deal with facilities, such as wheelchair, etc. • Observing and noticing of the weather and dress properly 	<ul style="list-style-type: none"> • The former students know how to adjust to changing possibilities of communication of people with dementia • They know people's biographical background and know how to incorporate and support this • They know how to assess people's feelings and moving skills and implement these in relation to each situation • They know factors that influence sleep rituals and how to consider these as part of the individual care plan 	<p>Scientific studies show that many people suffering from dementia do live under bad light-conditions. This causes problems with seeing things in general, but it also has a negative consequence for their state of wellbeing. Because of the disturbed day-night rhythm the biological clock of people suffering from dementia is less stimulated. Moreover, light reaches their brains less easily than it does with younger people. More light prevents disturbed and restless nights, it reduces behavioral problems, it makes them sleep better and it results in better cognitive skills for people with dementia. This is why a person with dementia needs more light for about one to five hours a day (three to four times more than they are getting nowadays)</p>

27. Module: Support everyday activity

<i>Activities</i>	<i>Knowledge and Skills</i>	<i>Competencies</i>	<i>Notes</i>
<p>Support people with dementia with the preparation of a fruit salad</p> <p>Handling tools (knives, etc.), making a shopping list, offering the possibility to let people pay by themselves at the market</p> <p>Let people make their own choices on favorite fruits, and make sure they have sufficient money</p>	<ul style="list-style-type: none"> • Feelings of safety and security as a result of communication with people suffering from dementia • Habits, rituals of hygiene and needs that are common for various older people • Assess people's motoric possibilities and deal with facilities, such as knives to cut the fruit, etc. • Hygiene instructions • Observing and noticing people with dementia in public 	<ul style="list-style-type: none"> • The former students know how to adjust to changing possibilities of communication of people with dementia • They know people's biographical background, related to food, preparation, shopping, etc. • They know how to assess people's feelings and moving skills and implement these in relation to each situation • They know how to include this activity in an individual care plan • They know about the possible stigma of dementia, especially in public 	

28. Module: Support everyday activity stay independent

Activities	Knowledge and Skills	Competencies	Notes
<p>Support with washing people at a sink</p>	<ul style="list-style-type: none"> • Feelings of safety and security as a result of communication with people with dementia • Observing and noticing in terms of concept of basal stimulation • Habits, rituals on hygiene and various needs that are common for people • Assess people's motoric possibilities and know how to deal with facilities, such as wheelchair, towels, hair brushes, dentures, etc. • Knowledge about the skin of the elderly and how to apply various cosmetic care products • Hygiene instructions 	<ul style="list-style-type: none"> • The former students know how to adjust to changing possibilities of communication of people with dementia • They know people's biographical background and know how to incorporate and support it • They know how to assess people's feelings and moving skills and implement these in relation to each situation • They know how to implement this activity as part of an individual care plan • They know the various concepts of basic stimulation and are able to apply these concepts 	<p>Materials:</p> <p>Concept of basal stimulation</p>

29. Module: Dayly activities and memorizing

Activities	Knowledge and Skills	Competencies	Notes
<p>Gardening activities with dementia people</p> <ul style="list-style-type: none"> • watering, • weeding, • raking, • planting), • walks, <p>and social activities.</p>	<p>Knowledge about Natural physical factors in caring for elderly.</p> <ol style="list-style-type: none"> 1. Problems with sense perception – vision, hearing 2. Evaluation of motor possibilities in connection of age related changes in motor system. 3. Stimulating relaxation and pleasure in people with dementia. 4. Documenting of sensory disturbances 5. Observation and special cares for physical activity and physical comfort of elderly with dementia 6. Assistance in difficulties in understanding 7. Psychological principles of organization of the elderly cares 8. Developing and shaping leaving environment <ul style="list-style-type: none"> • Verbal transmission and accepting thoughts. <p>Physiological basis of memory. Transmission and</p>	<ul style="list-style-type: none"> • compensate for lost abilities; • promote self esteem; • maintain residual skills and not involve new learning; • provide an opportunity for enjoyment, pleasure and social contact; • be culturally sensitive. • Encourage movement • use activities during the gardening to create memories. • Achieving multisensory stimulation. • 	<ul style="list-style-type: none"> • Materials: • „Sternbild-Curriculum“. • „Care to communicate“

30.Module: memorizing

Activities	Knowledge and Skills	Competencies	Notes
<ul style="list-style-type: none"> • Celebrate the dementia patient's birthday, • other family member's birthday • friend's birthdays. • Go all out with decorations, cake, ice cream, presents. <p>Great fun and precious memories.</p>	<p>Knowledge about: An ongoing cognitive and functional assessment of strengths and limitations in every area of daily living—</p> <ul style="list-style-type: none"> • mobility, • showering, • dressing, • eating, seeing, • hearing and • communication <p>Working with biography. Assistance in difficulties in understanding Developing and shaping leaving environment Quality of life among mild, moderate and severedementia Nutrition – Nursing cares among disable and dement people - essence and principles. Old people like “Social group”(subcultural and other theories. Relationships between generations in the past and now. Developing of individual life profile–CLIPPER and using information from multidisciplinary team Developing of individual life profile. Working with CLIPPER. Developing of individual life profile. Working chart. Developing of individual life profile. Plan Developing of individual life profile. Evaluation</p>	<ul style="list-style-type: none"> • Stimulate memories. • Encourage movement • Achieving multisensory stimulation. • Set a positive mood for interaction • provide an opportunity for enjoyment, pleasure and social contact • Understanding differences between generations • 	<ul style="list-style-type: none"> • Materials: • „Sternbild-Curriculum“. • „Care to communicate“

31. Module: Dayly activities support

Activities	Knowledge and Skills	Competencies	Notes
<p>Craft activities for dementia people</p> <ol style="list-style-type: none"> 1. Preparing tactile crafts involving such supplies as <ul style="list-style-type: none"> • finger paints, • textured paper, • beads or • clay 2. Preparing storybooks - collection of photos from the dementia persons lifetime and their story 	<p>3. Knowledge about: Living conditions and social environment Conformity with weaknesses and disabilities Promoting mental well-being Influence of dementia over the communication – what happens with old and new memories Behavior among problems with verbal communication in dementia – clarifying of reasons for the problem. Behavior among problems with verbal communication in dementia – evasion of confrontation Behavior among problems with verbal communication in dementia – action in advisable way Behavior among problems with verbal communication in dementia – clarifying of dementia person feelings and consolation. Communication with memory album – creating and using. Helping of communication with old memories and life experience Helping dementia person to plan and to do his everyday activities. Communication with assistance of TV and video. Assistance in difficulties in understanding.</p>	<ul style="list-style-type: none"> ■ To understand influence of dementia over the abilities and skills ■ To evaluate problems with abilities and skills among dementia ■ To do an activity analysis ■ Breaking activities into steps. ■ Understanding the demands of each step required to complete the task 	<ul style="list-style-type: none"> • Materials: • „Sternbild-Curriculum“. • „Care to communicate“

32. Module: Dayly activities support

Activities	Knowledge and Skills	Competencies	Notes
<p>Dressing</p> <p>Selects appropriate clothing and dresses self</p> <p>Puts clothes on in right order</p>	<p>Knowledge about Physical or medical causes for problems dressing including:</p> <ul style="list-style-type: none"> • Depression or a physical illness can cause a loss of interest in personal hygiene. • Changes in gross motor skills, creating problems with balance or walking. • The changes with fine motor skills, causing problems with fastening buttons or closing a zipper. • Impaired vision in person with dementia. • The side effects of some drugs cause dizziness or stiff joints. • Evaluation of motor possibilities and possibilities for self-service in connection of age related changes in motor system. <p>9. Problems making decisions among dementia person</p> <p>10. Note cultural changes Importanse that the carer does not impose their own values about how often clothes need to be changed.</p> <p>11. Developing of individual life profile–CLIPPER and using information from multidisciplinary team</p> <p>12. Developing of individual life profile. Working with CLIPPER.</p> <p>13. Developing of individual life profile. Working chart.</p> <p>14. Developing of individual life profile. Plan</p> <p>Developing of individual life profile. Evaluation</p>	<ul style="list-style-type: none"> • Organise for the person with dementia to have a thorough medical examination to discover any possible causes or medication reactions contributing to problems with dressing. • Arrange to have the person with dementia’s vision or glasses checked. • Organise an evaluation for depression, particularly if the person is frequently unwilling to get up or get dressed in the morning. • Using the ‘task breakdown’ technique. This involves breaking the task into simple manageable steps and doing them one step at a time. 	<p>Materials:</p> <p>„Sternbild-Curriculum“.</p> <p>„Care to communicate“</p>