A Starter Kit to Teaching Caregiving
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## Additional ACE.S Resources
Introduction

Research shows that less than one fifth of nurse faculty teaching in associate degree programs and less than one half of the faculty teaching in bachelor degree programs are prepared to provide students with a solid education in caring for the vast majority of older adults throughout our country’s communities. Thus, a majority of undergraduate nurse faculty have limited knowledge of or experience with the emerging body of knowledge related to the care of older adults and their mental health.

ACESXPRESS is a free digital resource series developed to provide concise the Advancing Care Excellence series and implementation strategies and opportunities for peer-to-peer communication and collaboration regarding teaching care of older adults. Through ACESXPRESS, the NLN and its strategic partners seek to foster a rich ongoing conversation among a diverse community of educators invested in improving care for this vulnerable population.

Educating faculty is the key to assuring that new nurses care properly for older patients. ACE.S is the go-to gerontological resource hub for accessing classroom-ready teaching tools and strategies. It has a wealth of information about upcoming faculty development events related to integration of care of older adults into nursing program curricula.
Teaching Strategy I
Caring for the Family Caregiver – Teaching Strategy

Overview of Teaching Strategy

Older adults, especially older adults with an underlying dementia are more vulnerable to developing delirium. The presentation of delirium characterized as an abrupt change in mental status caused by a physiological consequence of a medical condition is very frightening to family caregivers. The change in the level of functioning, abrupt behavioral changes sometimes marked by psychosis and agitation, and altered confusion is devastating. It is not uncommon for caregivers to believe that the presentation of symptoms is a rapid acceleration of the dementia. At times this can delay treatment and subsequently increase the risk of mortality in the patient.

Caregivers often feel guilty they did not seek treatment quicker. They may start making plans for a higher level of long term care in the face of the acute decrease in functioning. It is not uncommon for caregivers to feel burdened and burned out by frequent changes in mental status. The waxing and waning of symptoms exhibited by the patient can be both exhausting and confusing.

Helping caregivers better identify the change in mental status as potentially being a delirium can help them to feel more secure in the caregiving role. In addition supporting them during the often turbulent transitions between care settings can help with more favorable outcomes for them as well as the patient.

The inclusion of the family caregiver cannot be overlooked. This teaching strategy can be used to help students better learn how to help the family caregiver with education about dementia and delirium, resources for situational decision making and emotional support.

Learning Objectives
Students will:

- Assess the implications of stress on the caregiver
- Understand the role of the nurse in directing care to include the caregiver
- Utilize education about dementia and delirium, resources for situational decision making and emotional support for the family caregiver
- Understand the vulnerability of both the client and the caregiver during transitions to multiple care settings
- Assist the caregiver in making situational decisions

ACES Essential Knowledge Domains

- Complexity of Care
- Vulnerability During Transitions

ACES Essential Nursing Actions

- Assess Function and Expectations
- Coordinate and Manage Care
Getting Started

This teaching strategy focuses on the caregiver. It highlights the need to coordinate and manage care inclusive of the caregiver as an extension of identified patient. In addition it helps the student to better understand the need for educational and emotional support of the caregiver as situational decisions are determined and functional expectations are considered. It enhances the students’ human flourishing and spirit of inquiry.

This teaching strategy is designed to be used with the Millie Larsen case, but could also be easily utilized with any caregiver the student comes in contact with in any clinical settings.

There are several activities in this teaching strategy that can be done together or independent of each other. It is an excellent tool to use with members of a group, assigning each member or group one of the activities and having them report back to the larger group their findings.

The utilization of the Millie Larsen case study, specifically simulation scenario 2, provides an excellent start to understanding the needs of both the patient and the family caregiver.

Materials

Case Study: Millie Larsen

Millie Larsen is an 84-year-old Caucasian female who lives alone in a small home. Her husband Harold passed away a year ago and she has a cat, Snuggles, who is very important to her. Millie has one daughter, Dina Olsen, who is 50, lives nearby, and is Millie’s major support system. Millie is diagnosed as having delirium. Her mental status starts to clear after treatment of a urinary tract infection but almost falls walking to the bathroom. A discussion ensues regarding discharge plans and Dina is concerned regarding Millie’s ability to manage at home.

1. Utilize the caregiver preparedness tool to assess Dina’s readiness to take her mother home.
   - How would you interpret the results of the Preparedness for Caregiving Scale?
   - What areas of concern do you have for Dina in caretaking her mother at home?
   - How can you best support the caregiver to prepare for successful transition to home?
   - Develop a teaching guide and action plan to help Dina recognize and begin treatment of delirium in her mother should it occur again.

2. Develop a plan of care for offering Dina Olsen resources as she as she participates in discharge planning for her mother who has a resolving delirium and is functionally not quite
back to her baseline. Look at the resources provided by American Association of Retired People (AARP) as providing valuable information to Dina as she plans her mother’s care.

3. Consider the following questions as you think about the needs Dina Olsen may have now as a caregiver and how these needs may change based on her mother’s diagnosis of delirium.
   - How would you start to assess Dina’s needs as her mother’s primary caregiver
   - How would you collaborate with Dina and Millie to negotiate resources considering the risks and benefits of interventions
   - How might you initiate a conversation with Dina about caregiving? How would you access her readiness to accept resources such as those provided by AARP?
   - Prioritize 5 resources on the AARP caregiver resource page that you would refer Dina to as she plans care (see link below)


5. **Legal Planning**
   - What legal planning do you anticipate may be needed for Dina and Mille in the future?
   - What are the parameters of a power of attorney? A medical power of attorney? A legal power of attorney?
   - How would you initiate a conversation between Dina and Millie regarding advanced directives?
   - What are the components of advanced directives?

6. **Self-Care**
   - How can you help Dina think about a caregiver team?
   - What signs of burnout might you expect to see in caregivers like Dina?
   - What resources do you think may be helpful to alleviate caregiver burnout?
   - How would you define a caregiver strategy?

7. **Planning and Organizing**
   - What are the considerations in hiring in home help? How is this financed?
   - Look at the 12 Resources Every Caregiver Should Know About and identify what organizations may be helpful to Dina as she plans care:
     - What important documents are vital as Dina plans care for her mother?
     - Investigate the AARP app as a means of helping Dina to organize care for her mother

**Suggested Readings**


Dorothy F. Tullmann, PhD, RN, Kathleen Fletcher, RN, MSN, APRN-BC, GNP, FAAN, DELIRIUM
Geriatric Nursing Protocol: Delirium: Prevention, Early Recognition, and Treatment retrieved from
http://consultgerim.org/topics/delirium/want_to_know_more

Author Information

Laureen Tavolaro-Ryley, MSN, RN
Community College of Philadelphia, PA
lryley@ccp.edu
Teaching Strategy II
Utilizing Resources to Support Independence and Quality of Life Issues in Older Adults

Overview of Teaching Strategy
Feeling productive, relevant and independent are significant to the quality of life of most people. These qualities often become diminished with older adults as they are faced with maintaining dignity in the face of functional challenges. This teaching strategy focuses on working collaboratively with an older adult who has both physical and psychosocial challenges to find resources to maintain independence and strategize to optimize his quality of life. The student explores resources that may be helpful to the older adult, and develops a plan of care for this client based on the prioritized needs.

Learning Objectives
The student will:

- Explore resources to address physiological and psychosocial challenges of older adults
- Describe a collaborative approach in planning patient care
- Demonstrate an awareness of resources to support quality of life issues in older adults
- Develop an increased understanding of the financial ramifications of caregiving
- Discuss the difference between grief and loneliness

ACES Essential Knowledge Domains
- Individualized Aging
- Complexity of Care
- Vulnerability During Transitions

ACES Essential Nursing Actions
- Assess Function and Expectation
- Coordinate and Manage Care
- Make Situational Decisions

NLN Competencies for Nursing Education
- Human Flourishing
- Nursing Judgement

Getting Started
1. Listen or read Red's monologue. As you listen to Red talk, think about what measures could be taken to support his independence and to also maintain a balance between safety and quality of life. Think about specific comments that Red mentioned that would be concerning re:
Mental Health

- The possibility of depression
- The possibility of elder abuse
- The possibility of alcohol use
- Misunderstanding regarding his diabetes
- Loneliness

2. Explore the resources available on the American Association of Retired People (AARP) Caregiver Resource Center: As you explore resources, identify those that would help to maximize Red’s independence while also considering his limited finances. He is a veteran and may be eligible for additional resources based on this designation. Look at how AARP connects with these veteran resources: http://www.aarp.org/home-family/voices/veterans/?intcmp=AE-SEARCH-AARPSUGG-veteran-resources

- What strategies might you utilize to help Red better manage his appointments with his primary care provider? http://www.aarp.org/home-family/caregiving/providing-care.html
- Let’s assume that Red has Medicare A and B. How would you talk with him about maximizing this benefit? What does it cover? What does it not cover? http://blog.aarp.org/2015/07/16/amy-goyer-caregivers-guide-to-medicare/
- What if Red is still driving? What concerns might you have and how would you help Red and his family manage these concerns? http://www.aarp.org/home-family/personal-technology/info-2014/independent-living-technology-english.html

3. Now develop a plan of care for Red using the resources and considering the issues he talked about in his monologue. Explore tools that will aide in a standardized assessment of specific concerns such as depression and elder abuse. What are your concerns for Red? Prioritize your concerns for Red and prioritize the resources that Red would most likely use and could afford. Think about how you would use a collaborative approach with Red and his family to coordinate and manage care and maximize functioning while maintaining his independence.

4. Read the blog on family caregivers and financial loss: http://blog.aarp.org/2015/07/16/family-caregiving-worth-470-billion-a-year-aarp-finds/

- What are the benefits of having a family member as a caregiver?
- Are there any negative aspects to having a family member as a caregiver?
- How do you anticipate family caregiving changing in the future?
- As a nurse how would you assess the needs of a family caregiver and how might you direct them for help?

Materials

1. The AARP caregiver resource center offers diverse tools to address multiple concerns which affect older adults. The student should be directed to explore the site and search out resources that would be applicable to the Red case study. They will find a toolkit that may help their client with financial, organizational and insurance issues as well as practical information to negotiate challenges they may face.
2. **ConsultGeriRN.org**: the website of the Hartford Institute for Geriatric Nursing at New York University’s College of Nursing contains many evidence-based assessment tools. Those listed below from the Try This® and How to Try This Series® are recommended for the content related to the Red monologue. The tool, an article about using the tool, and a video illustrating the use of the tool, are all available for your use. *Click here to view the list.* Below is a suggestion of tools that may be appropriate in assessing Red:

- Some examples of assessment tools that can be used with Red are:
- Geriatric Depression Scale
- Elder Mistreatment Assessment
- Alcohol Screening and Assessment for Older Adults

**Suggested Readings**


**Author Information**

Laureen Tavolaro-Ryley MSN, RN
Community College of Philadelphia, PA
lryley@ccp.edu
Unfolding Case: Judy and Karen Jones

Overview:

Judy Jones is an 85-year-old widow. Joseph, her husband of 50 years, died seven years ago. Three years ago Judy was diagnosed with mild dementia, and her oldest daughter, Karen, moved back into the family home to provide support for her mother. Judy also has two sons who live about an hour away. Karen works as a teacher in the local public school, and Judy has been able to stay home alone during the day while Karen is at work.

Monologue:

As Judy is being admitted to the hospital with an upper respiratory tract infection, her daughter Karen describes her mother’s recent increasing forgetfulness and need for more assistance with activities of daily living. Karen is feeling very guilty about not realizing how sick her mother was, and is showing signs of caregiver strain. She states that she thought her Mom only had a cold and was annoyed because she was unable to sleep well because her Mom was coughing so much during the night.

Judy and Karen's Introductory Monologue
- Download Judy’s audio file.
- Download Karen’s audio file
- Download the script for the audio file of Judy and Karen’s monologue
- Download Instructor Toolkit ideas for use with Judy and Karen’s introductory monologue

Simulation Scenario 1

This scenario takes place 24 hours after Judy was admitted to a medical/surgical unit. An x-ray confirms a diagnosis of pneumonia. Judy has been getting out of bed and crawling on the floor trying to get the small children that are crying out from under her bed. The nurse will be expected to conduct a respiratory assessment and implement appropriate respiratory care interventions. The nurse will also assess Judy’s orientation using the Mini-Cog and CAM tools and will review her medications using the Beers Criteria.
- Download Simulation 1 Template
- Download chart materials appropriate for Simulation 1

Simulation Scenario 2

Another 24 hours has passed. Judy has been wandering the halls, eating food taken from the employee refrigerator, and she has pulled out her IV line. The nurse calls the resident and he increases her dose of Lorazepam. One objective of the simulation is for the nurse to administer Judy’s medications, including her IV antibiotic. Shortly thereafter, Judy becomes angry, confused, agitated, and starts screaming repetitively, “Why am I here?” The nurse will be expected to attend to Judy’s safety needs using non-pharmacological interventions and reassess Judy using the Mini-Cog, and Beers Criteria tools to determine if Judy’s behavior is related to her dementia and delirium or if it was precipitated by the increase in her dose of Lorazepam.
- Download Simulation 2 Template
- Download chart materials appropriate for Simulation 2
Simulation Scenario 3

Judy's pneumonia has resolved, but during her hospital stay she was diagnosed with atrial fibrillation and started on a new medical regimen. Judy is doing well physically and her delirium is somewhat improved, but she is having insomnia. She will be discharged to a sub-acute facility soon. This scenario takes place while Judy’s daughter Karen is visiting. Karen expresses concern about taking her mother back home after she is discharged from the rehabilitation center because she feels her dementia has gotten much worse. Karen believes she only has two choices: to resign from her teaching job and become a full time caretaker or put her mother in a nursing home. The nurse will be expected to use the caregiver strain index and explain to Karen the difference between delirium and dementia. The objectives also focus on selecting appropriate screening tools to reassess Judy’s cognition and to review the new medication ordered for her atrial fibrillation using the Beers Criteria.

- Download Simulation 3 Template
- Download chart materials appropriate for Simulation 3

Finish the Story Assignment

Learners have now seen Judy at three snapshots in time. What do they think his life will be like three months from now?

- Ideas on how this assignment could be implemented
- Download Instruction Toolkit for Use with All Simulations
- Download Faculty Guide for Behavioral Management

Author:
Jean Byrd, RN, MSN, CNE
Assistant Professor - Community College of Philadelphia
Philadelphia, PA
Advancing Care Excellence is an ongoing NLN initiative to improve the quality of care for vulnerable populations. Thanks to the John A. Hartford Foundation, Laerdal Medical, the Independence Foundation, Hearst Foundations, Independence Blue Cross Foundation, MetLife Foundation, and Community College of Philadelphia, the NLN Center for Excellence in the Care of Vulnerable Populations houses ACE programs for seniors (ACE.S), veterans (ACE.V), and Alzheimer’s patients (ACE.Z).

ACE programs provide free classroom-ready curriculum tools:

- Unfolding Cases
- Simulations
- Teaching Strategies

These free resources can be used in a wide variety of environments including hospitals, rehabilitation centers, long-term care facilities, and community settings.

ACE works in your nursing program:

- Fits within existing curriculum framework
- Refocuses content rather than adding new content
- Furthers students understanding of complexity of care
- Optimizes knowledge-based decision-making

Click here to access the full library of ACE resources.

Visit the NLN website to learn how to bring an ACE workshop to your institution.