

# Hand in Hand: A Training Series for Nursing Homes



# TOOLKIT





Hand in Hand: A Training Series for Nursing Homes

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**Hand in Hand: A Training Series for Nursing Homes**

## **Orientation Guide**

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## Overview of Hand in Hand: A Training Series for Nursing Homes

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### Background

Section 6121 of the Affordable Care Act of 2010 requires CMS to ensure that nurse aides receive regular training on caring for residents with dementia and on preventing abuse. CMS, supported by a team of training developers and subject matters experts, created this training to address the need for nurse aides' annual in-service training on these important topics.

### Mission

The mission of the Hand in Hand training is to provide nursing homes with a high-quality training program that emphasizes person-centered care in the care of persons with dementia and the prevention of abuse.

## Introductory DVD

Before using the Hand in Hand training, watch the DVD titled “Hand in Hand: A Training Series for Nursing Homes, An Introduction for Facilitators and Administrators ” to get a better understanding of the purpose of the training and the many ways it can benefit your nursing home and the residents in your care.

This introductory DVD contains three short videos:

- A welcome from Karen Schoeneman, Technical Director (retired), CMS, Division of Nursing Homes.
- Person-centered approach to care of persons with dementia by Dr. Allen Power, geriatrician.
- Hand in Hand in action, a video showing some elements of the training being delivered.

It also contains pdf versions of this Orientation Guide and the instructor guides for all six modules, in case you need to print additional copies.

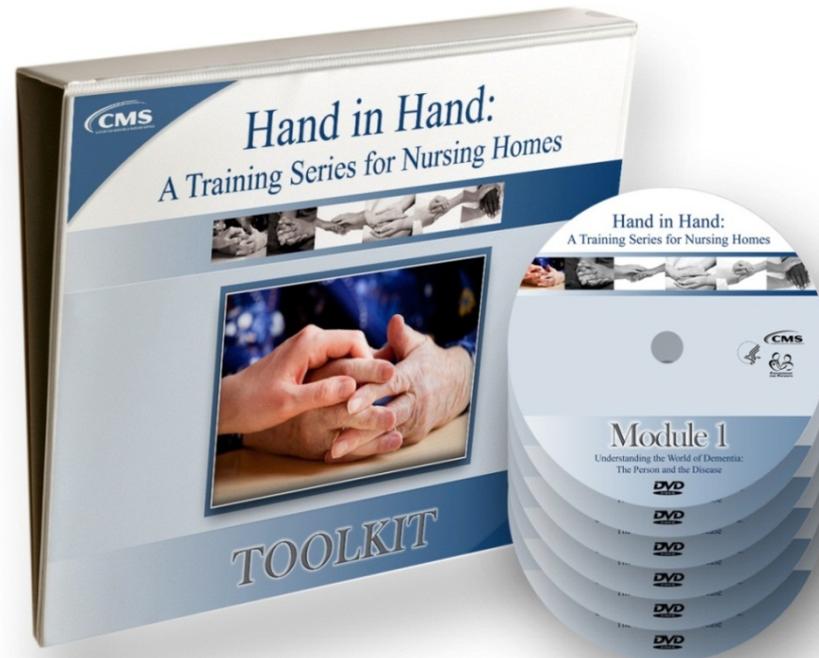


## Course Description

The Hand in Hand training materials consist of six one-hour video-based modules, each of which has a DVD and an accompanying instructor guide, and this orientation guide. The modules are:

- Module 1: Understanding the World of Dementia: The Person and the Disease
- Module 2: What Is Abuse?

- Module 3: Being with a Person with Dementia: Listening and Speaking
- Module 4: Being with a Person with Dementia: Actions and Reactions
- Module 5: Preventing Abuse
- Module 6: Being with a Person with Dementia: Making a Difference



The modules, and the lessons within each module, are designed to be presented in order from module 1 through module 6. Modules 1 and 2 are designed to establish a foundation in providing person-centered care to persons with dementia and in recognizing abuse. Modules 3 through 6 build upon that foundation. We strongly suggest that you follow the recommended sequence of the modules and lessons.

## About the Videos

The Hand in Hand training allows participants to watch and discuss realistic interactions with persons with dementia and scenarios where abuse has or might have occurred. The video clips are designed to be the focal point of the training; they are impactful and memorable. Thought-provoking questions provided in the instructor guide and on the discussion screens that follow the video clips help participants to understand the learning points and to apply them to their own work experience.



It is important to effective facilitation and to participants' positive training experience that you note the following points about the video clips in this training:

- Most of the clips focus on a particular learning point to meet the module objectives. Many other issues or concerns will likely come to mind as you watch a clip, but it is important to keep the discussion focused on the intended learning point.
- Several clips are used more than once, but the discussions that follow these clips highlight different learning points. Participants are asked to look at the clip with a different learning point in mind.
- Some of the clips, especially those in Module 2: What Is Abuse? and Module 5: Preventing Abuse, portray graphic abuse situations and may be disturbing to some participants. Please be sensitive to this fact and inform participants ahead of time.

If you or the participants would like to watch a particular clip, or if you would like to show a single clip during a staff meeting or in a 10-minute training, you can easily access all of the clips in each module from the last screen in the module.

## Learning Objectives and Key Points

The learning objectives and key points in each module are outlined below.

### Module 1: Understanding the World of Dementia: The Person and the Disease

This module is a foundational overview of dementia. By the end of this module, participants will be able to:

- Define dementia.
- Identify the symptoms of dementia.
- Identify irreversible types of dementia.
- Identify conditions that may present with dementia-like symptoms.
- Recognize that dementia affects people differently.
- Develop empathy for persons with dementia by better understanding their condition.
- Understand that we must meet persons with dementia in their world.



Some key points in this module are:

- Dementia is not a specific disease. It is a term that describes a wide range of symptoms associated with a decline in memory and at least one other thinking skill such as concentration, language, judgment, sequencing, visuospatial skills and orientation.
- Symptoms of dementia include challenges with memory, concentration, orientation, language, judgment, visuospatial skills and sequencing. The actions and reactions of persons with dementia are related to one or more of these challenges.
- There are a number of irreversible causes of dementia, including Alzheimer's disease, mixed dementia, Parkinson's disease, Lewy body dementia, vascular dementia, frontotemporal dementia and others. The most common irreversible cause of dementia is Alzheimer's disease.
- Some conditions that might present with dementia-like symptoms are B-12 deficiency, medication side effects, depression, thyroid or endocrine problems, infections, electrolyte problems, dehydration and others. If these conditions are treated, the dementia symptoms may decrease or go away. Persons with dementia who have these conditions might also have changes or increases in their dementia symptoms.
- Many residents have common conditions that cause discomfort and can make dementia symptoms worse, including constipation, acute or chronic pain, lack of sleep and others.
- Delirium caused by a new or worsening medical problem may cause increased confusion or problems with thinking and functioning, especially in residents with dementia. It is very important to notify the nurses so that they can assess the resident further.
- Changes in the brains of persons with dementia cause them to experience the world differently. We must try to understand their experience by being with them in their world. Seeing things from their perspective helps us to understand the frustrations and confusion they experience. It also helps us to recognize that we must adjust the way we act, and interact, to meet their needs.

**Module 2: What Is Abuse?**

This module is a foundational overview of abuse. By the end of this module, participants will be able to:

- Understand CMS's definition of abuse.
- Identify different types of abuse.
- Recognize abuse.
- Identify reporting procedures for abuse and suspicion of a crime.



Key points in this module include:

- CMS's definition of abuse includes willful infliction of injury, unreasonable confinement, intimidation, punishment and deprivation of goods or services that are necessary to attain or maintain physical, mental and psychosocial well-being. Abuse results in physical harm, pain or mental anguish.
- Different types of abuse can occur at the same time. The types of abuse discussed in this module are:
  - Verbal abuse—includes using spoken, written or gestured language that includes insulting, offensive or disapproving terms to any resident regardless of age, disability or ability to comprehend.

- Mental abuse—includes, but is not limited to, humiliation, harassment and threats of punishment or deprivation.
- Physical abuse—includes, but is not limited to, hitting, slapping, pinching, kicking and controlling behavior through corporal punishment.
- Sexual abuse—occurs when there is sexual contact and the resident does not, or is not able to, provide consent.
- Neglect—the failure to provide goods and services to residents that are necessary for their physical, mental and social well-being.
- Involuntary seclusion—means separating a resident from other residents or from his or her room, or confining the resident to his or her room or other area against the resident’s will.
- Misappropriation of resident property—includes deliberately misplacing a resident’s belongings or money, or using a resident’s belongings without his or her permission.
- Abuse can be the result of escalated situations between staff and residents.
- Many times we do not actually witness abuse as it occurs, but might see signs that abuse has occurred. It is through really knowing residents that we can recognize changes that indicate something is wrong. All changes in a resident need to be reported to a supervisor.
- Possible signs of abuse include physical signs such as bruises, scratches and pain; fear; hesitating to talk; loss of eye contact; changes in behavior or mood; depression; crying; being suspicious of others; aggressiveness; withdrawing and isolating oneself; changes in attitude toward a caregiver; and nervousness.
- It is a violation of State and Federal laws to neglect or abuse a resident.
- All staff are required to report suspected abuse or neglect.
- Abuse must be reported immediately to the nursing home administrator or a supervisor, who then is required to inform the administrator.

- Suspicion of crime must be reported to both the State Agency and local law enforcement immediately, within 2 hours if there is serious bodily injury and within 24 hours for all others.
- Basic elements to include in an abuse report are who, what, where and when. Reports should be as detailed as possible and include facts rather than interpretation.
- Anybody can be a part of the “circle of abuse,” including the person who was abused, the abuser, the person who witnessed the abuse, the person who heard about the abuse, and the person who notices signs of abuse. We all have a role in identifying, reporting and preventing abuse.

### **Module 3: Being with a Person with Dementia: Listening and Speaking**

This module is about communicating with persons with dementia. By the end of this module, participants will be able to:

- Explain why persons with dementia have unique communication needs.
- Identify strategies for communicating with persons with dementia.
- Recognize the impact of their interactions with persons with dementia.
- Understand how to look for meaning in the verbal and nonverbal communication of persons with dementia.



Key points in this module include:

- Being with persons with dementia means understanding their world by trying to see it from their perspective—by being with them where they are.
- Communication involves sending and receiving information—listening and speaking. Persons with dementia have challenges in both areas, so we must learn to look for the meaning in their verbal and nonverbal communication.
- The brain changes that cause dementia symptoms, including challenges with memory, concentration, orientation, language, judgment, visuospatial skills and sequencing, impact a person with dementia’s ability to communicate. Persons with dementia want and need to express themselves and connect with others, and they communicate this in different ways.
- Effective strategies for communicating with persons with dementia include:
  - Always identify yourself.
  - Call the person by his or her preferred name.
  - Be at his or her eye level.
  - Make eye contact.
  - Sit down with him or her if possible.
  - Really listen to the person.
  - Pay attention to your body language.
  - Use visual and verbal cues.
  - Pay attention to the body language of the person with dementia.
  - Speak slowly.

- Speak in short, simple sentences.
- Be patient.
- Give the person enough time.
- Be specific.
- Ask one question at a time.
- Give one direction at a time.
- Repeat questions or instructions.
- Ask how you can help.
- Tell the person what you are doing.
- Reassure with words and touch.
- Look for the feelings behind the words or actions.
- Connect through laughing.
- Avoid using *no*, *don't* and other negative words.
- Don't argue with a person with dementia.
- Just as staff experience frustration trying to understand what persons with dementia are communicating, persons with dementia experience frustration with their communication challenges.
- Communicating with persons with dementia encompasses more than words. It involves understanding the meaning and feelings behind what they are saying, so that we can respond to their emotions and fulfill their needs.

- When we take the time to communicate effectively, we actually save time and reduce stress in our work environment.

#### **Module 4: Being with a Person with Dementia: Actions and Reactions**

This module is about understanding the actions and reactions of persons with dementia as forms of communication. By the end of this module, participants will be able to:

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



Key points in this module are:

- Being with a person with dementia means understanding his or her world by trying to see it from his or her perspective—by being with the person where he or she is.
- When we think about behaviors of persons with dementia, we may often think of them as negative, bad or challenging. When we reframe behaviors as actions and reactions, it helps us understand that behaviors are a form of communication. It forces us to dig deeper to understand why the person is acting that way.

- There are many reasons why persons with dementia might act the way they do. These reasons might be related to health conditions, medications, communication, the environment, the task itself, unmet needs, a resident's life story and your interactions with that person.
- When we understand the meaning of the actions and reactions of persons with dementia, we are better able to respond to them and fulfill their needs.
- Each person with dementia is an individual. Being with a person means seeing things from his or her unique perspective and responding to that person as an individual.
- To identify ways to respond to a person with dementia, ask yourself the “three P’s”: (1) How can I prepare?; (2) How can I prevent?; and (3) How can I be present? Preparing includes anticipating actions or reactions of persons with dementia and thinking about how you or someone else should respond. Some actions and reactions of persons with dementia might be prevented by redirecting, using a different approach, or identifying triggers. Being present means responding to a person's actions and reactions as they are happening.
- Sometimes the best response to persons with dementia is to be with them, reassure them, and let them know you are there for them.
- There is no one-size-fits-all way to respond to persons with dementia. Different persons have different reasons for their actions and require different responses. Sometimes responses work one day but not the next. Some responses work well for one caregiver but not another.
- The actions of some persons with dementia might result in their being unnecessarily medicated. When we understand the reasons behind the actions of persons with dementia, we can step into their world and identify a way to respond to the actions that fulfill their needs and avoids unnecessary medication.
- Taking the time to understand and knowing how to best respond to the actions of a person with dementia can save time and reduce stress in the work environment.
- All behavior has meaning. It is up to us to understand the meaning so that we know how to respond to persons with dementia.

**Module 5: Preventing Abuse**

This module is about preventing abuse of nursing home residents. By the end of this module, participants will be able to:

- Identify types and signs of abuse.
- Evaluate how a series of actions and reactions might lead to abuse.
- Recognize how abuse might be prevented.
- Respond to abuse if they see it happening.
- Report abuse and suspicion of crime.



Key points in this module are:

- CMS's definition of abuse includes willful infliction of injury, unreasonable confinement, intimidation, punishment and deprivation of goods or services that are necessary to attain or maintain physical, mental and psychosocial well-being. Abuse results in physical harm, pain or mental anguish.
- Types of abuse include verbal, mental, physical, sexual, neglect, involuntary seclusion and misappropriation of resident property.

- Many times we will not actually witness abuse as it occurs, but might observe signs that abuse has occurred. It is through really knowing residents that we can recognize changes that indicate something is wrong. All changes in a resident need to be reported to a supervisor.
- Possible signs of abuse include physical signs such as bruises, scratches, and pain; fear; hesitating to talk; loss of eye contact; changes in behavior or mood; depression; crying; being suspicious of others; aggressiveness; withdrawing and isolating oneself; changes in attitude towards a caregiver; and nervousness.
- Abuse situations are sometimes the result of a series of actions and reactions that escalate. This chain of events is often preventable.
- There are many reasons residents might act the way they do. Understanding why helps us to better understand what they are experiencing and what they need—even if we never know exactly why. Then we can better understand how to respond. Understanding why will help us to find a better approach to a situation and prevent the series of events that might lead to abuse.
- We can prevent abuse by putting ourselves in the shoes of our residents, looking at our own actions, knowing residents well and knowing ourselves (and our limits).
- Different ways to respond to a resident include trying later, stepping into their world, tagging out and taking a breath. If a resident does not want to do something at that moment, try to approach him or her at a later time. Step into the world of the resident by accepting his or her reality. When you are at your limit with a resident, see if a coworker can help you. Take a breath and find ways to calm yourself.
- In some cases you might witness abuse happening and might need to intervene at that moment. The SAFE acronym helps you remember to try to safely STOP the abuse, be ALERT and alert others, be a FRIEND to anyone involved in the situation by remaining calm and reassuring, and call 911 if there is an EMERGENCY.
- You are required to report all suspected abuse.
- Abuse must be reported immediately to the nursing home administrator or a supervisor, who then is required to inform the administrator.

- Suspicion of crime must be reported to both the State Agency and local law enforcement immediately, within 2 hours if there is serious bodily injury and within 24 hours for all others.
- Basic elements to include in an abuse report are who, what, where and when. Reports should be as detailed as possible and include facts rather than interpretation.
- Anybody can be a part of the “circle of abuse,” including the person who was abused, the abuser, the person who witnessed the abuse, the person who heard about the abuse, and the person who notices signs of abuse. We all have a role in identifying, reporting and preventing abuse.

### **Module 6: Being with a Person with Dementia: Making a Difference**

This module is about being with persons with dementia where they are in their experience of dementia. It is about the difference you make in their lives every day. By the end of this module, participants will be able to:

- Explain what it means to meet persons with dementia where they are.
- Recognize the importance of focusing on the strengths and abilities of persons with dementia.
- Identify ways to connect with persons with dementia where they are.
- Recognize their role in making a difference in the lives of persons with dementia.



Key points in this module are:

- Meeting persons with dementia where they are means understanding and accepting their reality, knowing who they are as individuals, knowing where they are in their dementia, and recognizing and honoring their strengths. Dementia symptoms tend to worsen with time, and over time persons with dementia will be in “different places” and have different needs.
- Meeting persons with dementia where they are requires good communication. We must pay attention not only to the words persons with dementia tell us, but also to their nonverbal communication and behavior.
- Persons with dementia are whole individuals who have strengths and abilities as well as weaknesses and disabilities. Recognizing their strengths helps us to see persons with dementia beyond their diagnosis—not as problems to be solved or as tasks that need to be accomplished, but as individuals with human needs that we can help fulfill.
- Persons with dementia are “still there” and every interaction with a person with dementia is an opportunity to connect with him or her. Every human being, including persons with dementia, has basic needs for comfort, attachment, inclusion, occupation and identity. Even when helping a person with dementia with everyday tasks such as bathing, eating or dressing, we can find ways to connect and fulfill their emotional needs.<sup>1</sup>
- As a person’s dementia progresses, he or she might have difficulty communicating with words. We can continue to connect with persons with dementia, wherever they are in their progression, through the five senses of touch, sound, smell, sight and taste.
- Each person who lives and works in a nursing home makes a difference in the lives of everyone around him or her, staff as well as residents. You have the opportunity to make someone’s day better with even a small act of kindness.

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<sup>1</sup> Tom Kitwood, *Dementia Reconsidered: the Person Comes First* (New York: McGraw-Hill Open University Press, 1997).

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## Person-Centered Care

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The Hand in Hand training series is based on person-centered values. Person-centered care is an approach to care that honors and respects the voices of residents as individuals and those working closest with them. It involves a continuing process of listening, trying new approaches, seeing how they work, and changing routines and organizational approaches in an effort to individualize and de-institutionalize the care environment.



Medical/Institutional Culture

VS



Person-Centered Care

Person-centered care is part of the culture change movement in long term care, a paradigm shift in the way we care for people. It is about changing a medical and institutional culture to one that focuses on the individual, honors the choices and unique needs of residents, and creates true homes in which residents can thrive and live meaningfully. Culture change also means changing the work environment in long term care, so that we honor and respect those working closest to residents, especially nurse aides. Culture change means making deep system changes in the way nursing homes operate so that nurse aides are empowered to make decisions and have the tools they need to care for residents in the best way possible. This includes changing from a “facility-based” culture to a culture of home and community. Person-centered care is how we make this change.

Person-centered care values choice, dignity, respect, self-determination and purposeful living. Person-centered care honors an individual's goals and preferences. Specifically with dementia, this approach looks past the diagnosis to the person, emphasizing communication and relationships between residents and caregivers.

Person-centered care is not about more things to do. It is how we do things. It becomes what we do every day. It is about finding a decent and kind way to serve residents that makes their lives and the lives of their caregivers more meaningful—a common-sense approach to bringing care back into caregiving and enriching the lives of those who live and work there.

Other values of a person-centered care approach are:<sup>2</sup>

- Know each person.
- Put the person before the task.
- Risk taking is a normal part of life.
- Promote the growth and development of all.
- Respond to spirit, as well as mind and body.
- Each person can and does make a difference.
- Community is the antidote to institutionalization.
- Do unto others as you would have them do unto you.
- All elders are entitled to self-determination wherever they live.
- Relationship is the fundamental building block of a transformed culture.

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<sup>2</sup> Pioneer Network Values and Principles

- Shape and use the potential of the environment in all its aspects: physical, organizational and psycho/social/spiritual.
- Recognize that culture change and transformation are not destinations, but a journey—always a work in progress.

### Person-Centered Care and Dementia

The *Being with a Person with Dementia* modules are based on person-centered dementia care. In person-centered dementia care, we regard the person as a whole, not just as his or her symptoms or medical diagnosis. Rather than focus only on their losses, incapacities, or disabilities, we focus on their strengths and abilities and on their value as an individual.



Person-centered dementia care is based on the work of Tom Kitwood, a British gerontologist.<sup>3</sup> Dr. Kitwood believed that the personhood of persons with dementia could be upheld through their positive interactions with others. Personhood refers to a person's sense of self, which is often developed in relationship to how others see or treat us. This is why, in person-centered care, there is a strong emphasis on creating positive relationships with persons with dementia, knowing them as individuals, and taking every opportunity to create a positive moment or interaction. Sometimes just being with a person with dementia is the best support we can give.

<sup>3</sup> Tom Kitwood, *Dementia Reconsidered: the Person Comes First* (New York: McGraw-Hill Open University Press, 1997).

Throughout this training, we refer to people who have dementia as persons with dementia. This is intentionally different from terms such as dementia patient, dementia resident or dementia victim. These terms, although not intended to be hurtful, can diminish a person to just his or her disease. In person-centered care, persons with dementia are persons first. They have personalities, emotions, interests, life stories and strengths—and they also have dementia. When we say *person* with dementia, it reminds us to think of the person first and to look at the whole person. Dementia is just one part of the person.

### **Person-Centered Care and Prevention of Abuse**

According to the National Association of State Units on Aging and the National Center on Elder Abuse, “Employees must be able to recognize the signs and symptoms of abuse and believe that they can report allegations to management without suffering negative consequences themselves.”<sup>4</sup>

Training is essential to abuse prevention. The Hand in Hand training helps participants recognize the signs and symptoms of abuse and teaches them how to respond to and report abuse. It also emphasizes that person-centered care principles can play a role in preventing abuse by helping caregivers put themselves in the shoes of residents, look at their own actions, know themselves and their limits and know their residents as individuals.

### **Summary**

Person-centered care approaches are transforming how we think about caregiving in nursing homes. The Hand in Hand training series embeds person-centered principles seamlessly throughout, in order for you and your participants to get a better sense of how these principles are applied and the positive results they will yield.

Seeing these principles in action will help you evaluate your current practices, adjust them, and apply person-centered principles to enhance the lives of those you care for, as well as your own.

For more information on person-centered care see the Resources.

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<sup>4</sup> National Center on Elder Abuse and National Association of State Units on Aging, *Nursing Home Abuse Risk Prevention: Profile and Checklist* (National Center on Elder Abuse, 2005) 7.

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## Preparing to Facilitate Hand in Hand

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The materials accompanying Hand in Hand: A Training Series for Nursing Homes have been designed to be as easy and intuitive to use as possible. However, it is vital for all facilitators to familiarize themselves with the instructor guides, DVDs, videos and activities before presenting the modules. Practice will enhance everyone's experience.

It is especially important to rehearse using the DVD and associated video clips to get used to the DVD navigation and to make sure that the videos play and display correctly on your system.

Again, be sure to review the materials and practice with the DVD presentation until you feel comfortable. Then, your delivery will reflect your confidence and mastery of the content.

The following section of the orientation guide will walk you through the use of each component.

## How to Use the Instructor Guide

The Instructor Guide (IG) will guide you, the instructor, through the training process. The guide includes instructional materials and instructor guidance. Each element is designed to help you deliver the training effectively.

Hand in Hand: A Training Series for Nursing Homes Module 1: Understanding the World of Dementia

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### II. Warm-Up Exercise: Human Scavenger Hunt

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**Warm-Up Exercise—Slide 2 of 5**

**Instructor Guidance:**

 **Instructor Goals**

- To encourage participants to become comfortable talking to one another.
- To help participants get to know one another better.

**Materials Needed**

- Human scavenger hunt worksheet.
- Prizes.

The human scavenger hunt worksheet can be found in the Appendix, page A-3. You will need to make one copy for each participant.

You might want to give an example about yourself. This opens you up to sharing personal information and allows participants to get to know you better.

**Notes:**

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Centers for Medicare & Medicaid Services 6

Sample IG Page

**Clock/Time**

Each lesson has an estimated time to help you stay on track. You'll see the time inside the clock in the top right corner of each lesson's title page. For example, the Warm-up Exercise: Human Scavenger Hunt in Module 1 should take no more than five minutes.

**DVD and Instructor Guide Page Numbering**

All DVD presentation slides have a lesson reference number in the lower right corner. For example, if you are presenting a lesson with 10 slides and you are on the third slide, your DVD presentation will show "3 of 10" in the lower right-hand corner of the slide. All pages in the IG have corresponding slide references that match the number on the DVD presentation slides.



Current slide

Total number of slides in current lesson

DVD Presentation Slide

**Instructor Guide Supports the DVD Presentation**

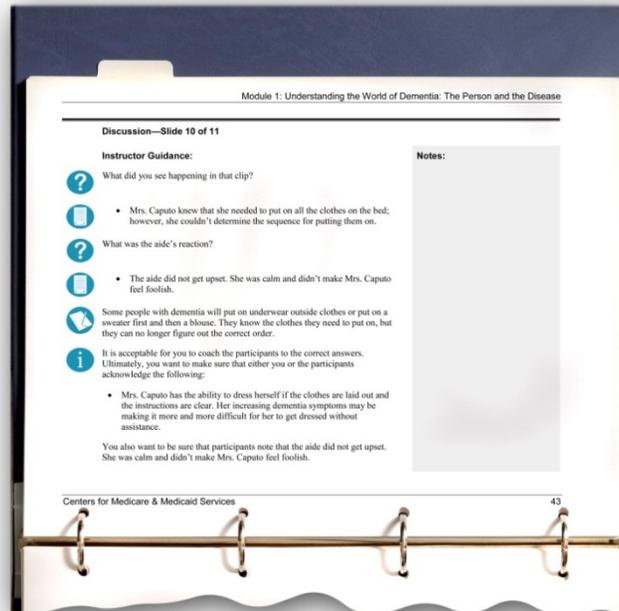
Each DVD slide is supported by two types of pages in the IG: instructor guidance (top page) and instructor action (bottom page). This design allows you to effectively and thoroughly present the material with a minimum of preparation time. However, it is highly recommended that you read each page carefully and take notes in the space provided as well as practice with the DVD before presenting the material to your participants. Watching the video clips and knowing the recommended teaching points for each group discussion will help to create a better learning experience.



## Instructor Guidance

Instructor guidance pages provide goals and objectives, background information, instructional or facilitation tips, suggested answers and other information that will help you deliver the lesson in a smooth and efficient manner.

### Instructor Guidance



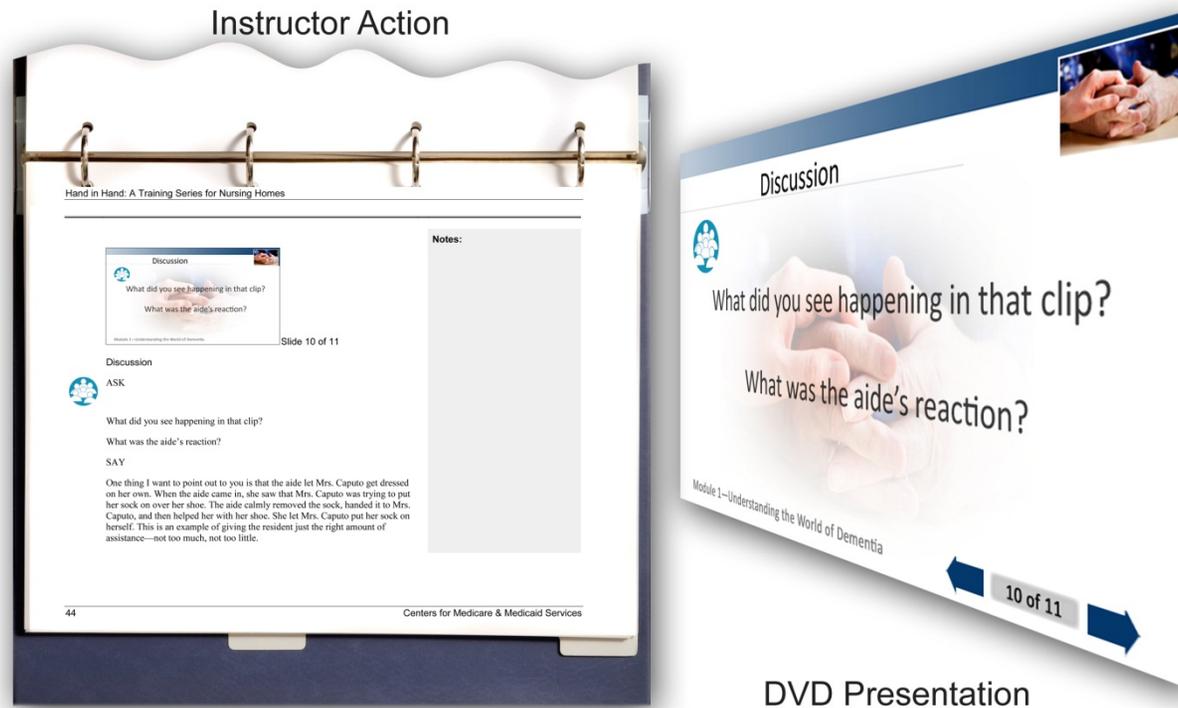
DVD Presentation

Notice that the instructor guidance page corresponds to the DVD presentation screen and provides suggested answers to the questions you are prompted to ask on the instructor action page. Notice, too, that icons on this page help you find information quickly. You may want to use the notes column to add examples or information you want to cover with participants.

Be aware that not every topic has additional instructor guidance. Those pages will say “No instructor guidance for this slide.”

### Instructor Action

The bottom pages relay instructor actions in the form of DO, SAY or ASK prompts. While you should not read verbatim from the IG, the scripts provided for SAY and ASK steps will guide you through the lesson. DO instructions provide guidance for various exercises and actions, such as moving forward to the next video clip.



Notice that, in this example, you will ask two questions about the clip. Those two questions also appear on the DVD presentation slide. The questions are designed to stimulate discussion about the video clips that participants have just seen and/or to support specific teaching points. For those questions that support specific teaching points, you will find suggested answers on the accompanying instructor guidance page.

### Instructional Icons

Throughout the IG, the icons in the chart below prompt you to perform instructional activities.

### Instructor Guidance Icons

Icon	Description
	<b>Instructor Note</b> —Indicates a note for the instructor. These notes are extra information that you may or may not decide to share with the class during the lesson.
	<b>Easel Chart</b> —Indicates easel chart should be used. You may want to ask a participant to assist you. This involves the participants and gives you more ability to interact with the class.
	<b>Handouts</b> —Indicates information sheets or worksheets used to enhance information or complete exercises in the lesson, or for participants to use outside the classroom or on the job.
	<b>More Information</b> —Indicates that more information or additional discussion questions are provided for reference, background or use in the lesson.
	<b>Person Centered</b> —Indicates that the instructional material provides information on a person-centered approach to care or the person-centered philosophy.
	<b>Question</b> —Indicates a discussion question.
	<b>Answer Key</b> —Provides suggested answers for review questions and group exercises.

**Instructor Action Icons**

Icon	Description
	<b>Play</b> —Advancing to the next screen will play the video clip.
	<b>Stop</b> —Stop the video clip.
	<b>Discussion</b> —Indicates classroom discussion.
	<b>Exercise</b> —Represents a group exercise, paired activity or an icebreaker.
	<b>Review</b> —Indicates a lesson review.
	<b>Key Point</b> —Indicates a point that you must emphasize to participants.

### How to Use the DVDs

The DVD presentations that you will use during the training include the slides and video clips that accompany the IG.

#### DVD Menu

The lessons in each module are designed to be presented in the order listed on the module menu. To begin a lesson, simply click the lesson title on the menu.

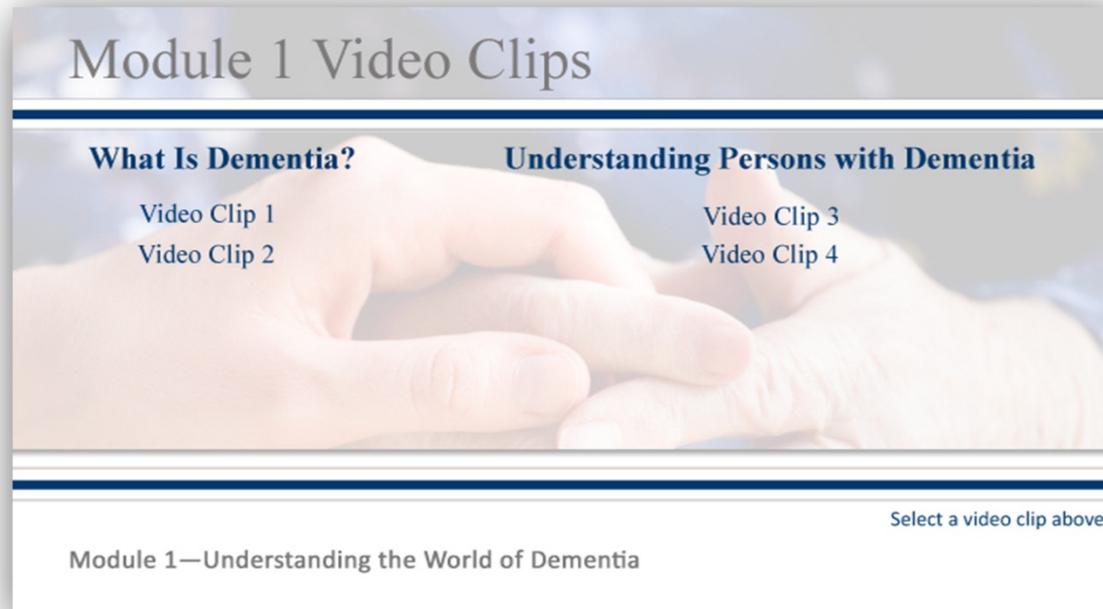
When you have completed all the screens in a lesson, the DVD will return you to the module menu. Select the next lesson title—which will be highlighted—until you have presented all lessons in the module.

Clicking the forward button from the module menu will take you to the video review option.



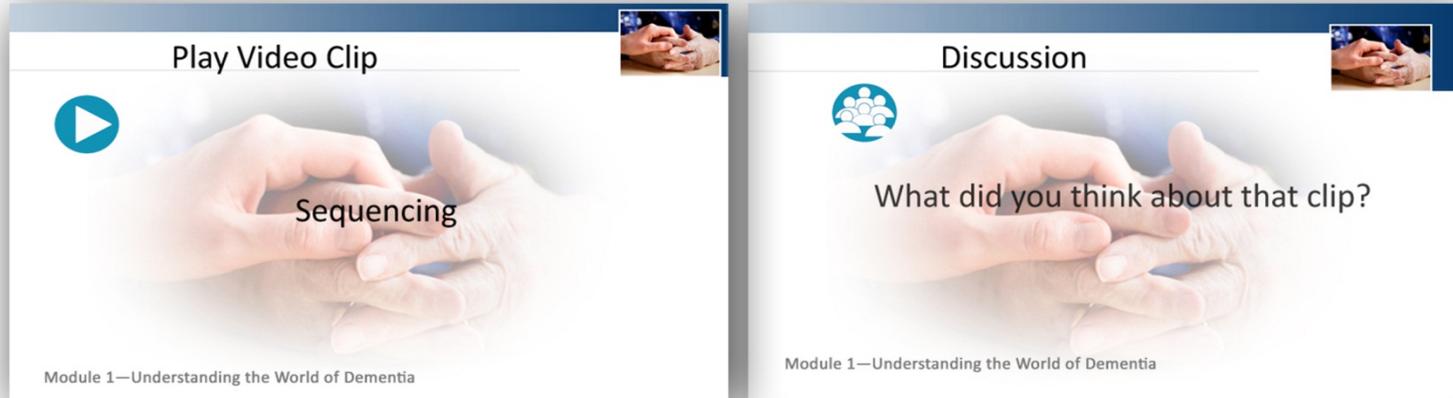
**Video Review Option**

The screen after the DVD menu, the final screen of each module, is an index listing all of the video clips contained in that module. This screen provides quick access to any clips you want to show again or review with your participants.



**Video Clips**

Each video clip is preceded by a screen that informs you that a clip will play when the forward arrow is selected. Once you select the forward arrow, the video will play and automatically advance to the next screen, which displays discussion questions for that clip. After the discussion screen, you will need to click the forward button to move to the next screen.

**Equipment**

This DVD-based course can be played on a computer or DVD player and television. A remote control is required if using a DVD player and a TV.

**Handouts**

Copies of all handouts for each module are included in the appendix of that module. Directions for using the exercise handouts and distributing other handouts appear in the appropriate places in the IG.

**Troubleshooting**

If you have participants who require subtitles/captioning for the video clips, be sure to turn on that option for them. Different DVD players have different defaults—some default to subtitles being turned on. Consult the user’s manual for your specific player for how to turn subtitles off if you do not want them on.

If you are experiencing problems playing the DVDs on your DVD player, you should consult the user’s manual for your specific player for possible solutions.

If the videos look odd or distorted when played, you may have to adjust the format settings for your TV or projector. The videos are designed to be displayed in a standard 4:3 ratio (letterbox format). Playing the videos in widescreen format may cause the picture to appear distorted. For information on how to change the format settings for your specific display, consult your user’s manual.

If you are experiencing problems with playing the DVDs on a PC or Mac, possible solutions include:

- For slow video start or stuttering play, try closing all other programs running on the computer. Older or less powerful computers may take longer to begin playing videos or may experience stuttering during playback.
- For problems on PCs or Macs, ensure you have the most current version and updates for the DVD player software you are using.
- If you cannot hear audio on the videos, ensure that your computer has speakers, that they are on and that the volume is not muted and is adjusted to a sufficient level.
- If the DVD stops in one place or freezes on a screen, try closing the player, ejecting the DVD and reinserting the disc.
- If the DVD will not play, try cleaning the disc and attempt to play it again.
- If the DVD will not start at all, try it on a different machine.

If you received a damaged DVD or have lost a DVD, you may download an ISO file or request a replacement DVD at [www.cms-handinhandtoolkit.info](http://www.cms-handinhandtoolkit.info). The site also includes an option for requesting technical assistance.

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