

DEMENTIA CARE SPECIALTY SKILL COMPETENCY VERIFICATION CHECKLIST

Apprentice Name: _____ **Facility:** _____

RATING CODE: **4** = Adequate Skills & able to work independently; **3** = Moderate Skills & needs limited supervision; **2** = Limited Skills & requires loose supervision; **1** = No Skills or knowledge in this area. First rating completed and dated by instructor in classroom/lab; Second rating completed by nurse mentor on-the-job.

COMPETENCY & SKILL VERIFICATION DEMENTIA SPECIALTY	Rating	Date	Rating	Date
A. Incorporates an “Assisting” Role into Interventions for the Cognitively Impaired Resident to Facilitate Quality Care as a Member of the Healthcare Team				
1. Demonstrates patience, flexibility, sense of humor with team spirit and a desire to work on a dementia unit.				
2. Provides considerate, dignified and respectful care for the cognitively impaired.				
3. Provides personal freedom from restraints, mental and physical abuse.				
4. Assists the resident to function at his/her optimal level of function and involves the resident as much as possible in the decisions/choices, according to his/her functional capacity.				
5. Assists residents in meeting their psychosocial needs and by becoming knowledgeable of the residents’ background, interests, habits, family members, and functional needs and capabilities.				
6. Involved in and assists with a variety of activity-focused care activities.				
7. Observes resident behaviors to describe triggering events and results of the behaviors to the healthcare team.				
8. Utilizes the ABC protocol in an attempt to problem-solve and discover effective interventions.				
9. Monitors for changes in condition daily.				
10. Reports any changes in physical, social, behavioral or mental functioning to the charge nurse.				
11. Reports immediately any inappropriate aggressive, threatening, or sexual behaviors to the charge nurse, program director or social services.				
Comments: 				

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12. Utilizes the care plan for interventions and reports successful interventions to charge nurse and documents accordingly.				
13. Implements interventions to minimize the effects of disruptive behaviors and participates in care planning and/or behavior committees to evaluate effectiveness of these interventions.				
14. Assists/directs appropriate interventions of other caregivers including ancillary staff and family members.				
15. Recognizes signs of stress and strategies for coping with it in self and other caregivers and family members.				
16. Identifies and collaborates with the interdisciplinary healthcare team members and is aware of their functions on the unit: medical director, program director, recreational activity director, attending physicians, dietary manager, social work services, activity coordinator, and licensed nurses, nursing assistants, family members and residents.				
B. Demonstrate Effective Communication & Interaction with Cognitively Impaired Residents and Their Families				
1. Supports the resident's family members, as partners in care.				
2. Assists families to understand how to communicate in the remote past.				
3. Demonstrates effective communication skills by establishing good eye contact at eye level.				
4. Maintains good non-verbal behavior toward residents and family members (i.e., smiles, positive facial expressions, moves slowly, gentle touch, hugs, etc.)				
5. Shows respect for individual residents and family members and maintain compassion.				
6. Uses a warm and soothing tone in voice when responding with kindness and support.				
7. Makes a special effort to pay attention to and praise resident behaviors that are cooperative and pleasant.				
8. Makes allowances for cognitive, sensory, visual and hearing problems.				
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Dementia Specialist Apprentice Name:	Rating	Date	Rating	Date
9. Listens and responds to a resident without correcting or confronting.				
10. Listens for the “message behind the message” to validate feelings or needs.				
11. Allows enough time for effective communication to occur and gives the resident plenty of time to listen and respond.				
12. Uses non-threatening body posture to invite resident interest.				
13. Demonstrates the ability to use meaningful hand gestures to show the individual what you want them to do (i.e., hold the comb while mimicking hair combing).				
14. Speaks clearly, slowly, in short sentences, using familiar words, with an empathic tone of voice.				
15. Reminisces with a resident’s past experiences to encourage feelings of security and joy.				
16. Distracts or redirects a resident with an appropriate activity.				
17. Communicates with the resident about what needs to be done.				
18. Uses task segmentation to break down tasks into small steps and provide one instruction at a time.				
19. Completes each segmented task before moving onto the next instruction.				
20. Provides “clues” and suggestive words that the resident is searching for.				
21. Eliminates background noise and modifies the environment to maintain a calm therapeutic milieu.				
22. Offers two simple choices (i.e., “Would you like to wear the red sweater or green sweater today?” “Would you like coffee or tea to drink?”).				
23. Shows the individual familiar objects.				
24. Demonstrates the ability to use reality orientation, redirecting and validation therapy with a resident to assist residents to regain awareness of the present time/situation				
C. Demonstrates Effective Interventions for Managing Difficult Behaviors				
1. Provides comfort, physical gentle touch, and reassurance of safety, as necessary.				
2. Establishes and maintains a daily routine to avoid suspicious paranoia.				
3. Reduces “toxic” stress in the environment (i.e., noise, rush, clutter, glare, etc.).				
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4. Removes “overload” or “noxious” stimuli from the environment.				
5. Prevents catastrophic reactions by attending to antecedents or causes.				
6. Uses validation therapy to redirect residents away from inappropriate situations.				
7. Verbalizes and demonstrates various approaches for a resident who is resisting personal care that will maintain resident dignity and respect.				
8. Demonstrates appropriate interventions for resident who is yelling or screaming.				
9. Demonstrates use of therapeutic activities to de-escalate a resident who is anxious (i.e., quiet/soft rooms, placements of familiar objects within vision, walking to the side of the resident, hand-holding, gentle touch, etc.).				
10. Demonstrates use of distraction strategies as a therapeutic intervention (i.e., walking, dancing, hair brushing, nail care, flowers, aromas, textures, etc.).				
11. Assists the resident in “way-finding” cues for “looking for” items (i.e., signs, pictures, and familiar objects).				
12. Demonstrates therapeutic communication with family members and significant others, during resident visits.				
13. Demonstrates coaching techniques to help other caregivers and family members cope with the dementia process.				
14. Ensures adequate lighting by increasing light, as needed.				
15. Provides activities to meet a resident need or personal background history.				
16. Redirects any sexually inappropriate activity, as care planned.				
17. Monitors for behaviors indicative of pain, constipation, infection, etc.				
18. Provides time for rest periods to reduce risk of fatigue.				
19. Checks care plan for resident limitations and strengths.				
D. Provide Assistance and Sensitivity with ADL’s, Mobility, and Therapeutic Activities that will Maximize Functional Well Being				
1. Implements therapeutic activities appropriate for early, middle, and late states of dementia, including end of life care.				
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2. Demonstrates strategies for promoting independence in all ADL's, as resident is capable.				
3. Allows the resident to do as much ADL care as he/she is highest level of function.				
4. Participates in therapeutic approaches to care by assisting residents to carry out ADLs, as well as recreational and social activities.				
5. Promotes resident identity through capabilities, strengths and self-esteem.				
6. Respects the resident's dignity and desire for control.				
7. Involved in and adapts activity-focused care activities to be failure free.				
8. Implements care strategies that provide stimulation and encourage ADL's without increase resident anxiety or stress.				
9. Provides reassurance and gentle touch, as necessary during ADLs.				
10. Assists in resident "way-finding" activities and "looking for" familiar items, during ADLs.				
11. Moves slowly with each stage/phase of the ADL activity.				
12. Allows resident simple choices, when possible.				
13. Re-approaches at another time, if resident is not cooperative.				
14. Provides frequent rest periods.				
15. Offers fluid intake before and after ADL care activities.				
16. Demonstrates effective shower/bath techniques.				
17. Demonstrates effective dressing/undressing techniques.				
18. Demonstrates effective toileting techniques.				
19. Provides privacy, during dressing, bathing, toileting and incontinent hygiene care needs.				
E. Apply Nutritional Interventions to Maximize/Maintain Nutritional Well Being in the Cognitively Impaired				
1. Promotes a calm and pleasant atmosphere that supports optimal functioning for eating activities or meal times.				
Comments:				

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2. Maintains an environment which minimizes distractions during eating activities or mealtime.				
3. Demonstrates the ability to adapt to the dining experience that maximizes nutritional intake (i.e., offering small servings, introducing foods one at a time, etc.)				
4. Implements dietary modifications as may be needed to maintain nutritional status (i.e., food preferences, simplified table settings, physical/verbal cues, adaptive devices, small group seating, etc.).				
5. Provides high caloric nourishment and fluids to maintain appropriate weight and hydration in a way the cognitively impaired resident will accept (i.e., finger foods, frequent small meals, extra snacks, and frequent fluids.).				
6. Offers fluids mid-morning, mid-afternoon, and mid-evening, in addition to the mealtimes and recreational activities.				
7. Encourages residents at high risk for dehydration (due to pacing, medications, skin breakdown) to drink more fluids.				
8. Monitors and documents meal consumption and fluid intake.				
9. Monitors urinary output by observation and documentation.				
10. Monitors bowel movements by observation and documentation.				
11. Reports absence of bowel movements in 48 hours to the charge nurse.				
F. Demonstrates an Understanding of Effects of Psychoactive Medications and Observe for Side Effects				
1. Monitors number of behavior occurrences, as targeted behaviors or medication side effects.				
2. Reports target behaviors (i.e., aggression, anger, anxious behaviors, fear, exit seeking, excessive sleeping, sadness, crying, loss of appetite, insomnia, weakness, unsteady gait, abnormal facial/trunk/extremity movements, etc.).				
Comments:				
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Dementia Specialty Apprentice Name:				
3. Documents episodes of targeted behaviors and/or new behaviors according to facility guidelines.				
G. Maintaining a Caring and Safe Environment for the Cognitively Impaired				
1. Promotes a sense of belonging in a safe home-like environment.				
2. Limits noxious stimuli in the environment to minimize escalating behaviors or catastrophic reactions.				
3. Maintains a safe environment for residents and staff while de-escalating combative behavior.				
4. Implements appropriate interventions to minimize environmental stimuli that may increase a confused resident's agitation, i.e., noise levels, large groups, television, radio, etc.				
5. Maximizes safety and security to protect residents from physical harm: uncluttered walkways, conducts frequent observational rounding, ensures exit doors alarmed, staff sight lines to outdoor areas, etc.).				
6. Demonstrates/verbalizes appropriate actions to take to protect residents from psychological harm: when a resident is striking out at another resident, behaviors are aggressively threatening to others, exposing self or sexually inappropriate in public.				
7. Demonstrates the ability to maintain a safe environment for the wandering resident (i.e., maintains functional key pad locking systems, 15 minute outdoor checks, outdoor seating, secured tables/chairs, level walkways, etc.).				
8. Provides attention and redirecting activities before aimless wandering behaviors begin.				
9. Provides attention and redirecting activities before aimless wandering behaviors begin.				
10. Checks feet and shoes to ensure good skin integrity and comfort.				
11. Implements and describes system/schedule to monitor resident location.				
12. Demonstrates knowledge of or use of elopement alarms, frequency of egress door checks, and other actions to prevent wandering.				
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13. Demonstrates an understanding of the elopement/missing person procedure.				
14. Demonstrate maintaining safety from potential toxic substances that the confused resident may attempt to ingest.				
Comments:				

Apprentice Signature of Completion: _____ Date: _____

Nurse Mentor Signature of Completion: _____ Date: _____