

Unit Title:	Understand the process and experience of dementia
Unit sector reference:	DEM 301
Level:	3
Credit value:	3
Guided learning hours:	22
Unit expiry date:	31/03/2015
Unit accreditation number:	J/601/3538

Unit purpose and aim

This unit provides the knowledge of the neurology of dementia to support the understanding of how individuals may experience dementia.

Learning Outcomes The learner will:	Assessment Criteria The learner can:	Exemplification
1 Understand the neurology of dementia	<p>1.1 Describe a range of causes of dementia syndrome</p> <p>1.2 Describe the types of memory impairment commonly experienced by individuals with dementia</p> <p>1.3 Explain the way that individuals process information with reference to the abilities and limitations of individuals with dementia</p>	<p>Dementia Syndrome Dementia caused by a combination of conditions, sometimes called a mixed dementia</p> <p>Causes of dementia syndrome:</p> <ul style="list-style-type: none"> • specific diseases eg Alzheimer's, motor neurone disease, Parkinson's disease • cerebral vascular accident eg stroke in the brain • a group of conditions/brain disorders <p>An individual is someone requiring care or support</p> <p>Types of memory impairment:</p> <ul style="list-style-type: none"> • frontal lobe • parietal lobe • occipital lobe • temporal lobe <p>Processing information:</p> <ul style="list-style-type: none"> • visual processing -

Learning Outcomes The learner will:	Assessment Criteria The learner can:	Exemplification
	<p>1.4 Explain how other factors can cause changes in an individual's condition that may not be attributable to dementia</p> <p>1.5 Explain why the abilities and needs of an individual with dementia may fluctuate</p>	<p>occipital lobe</p> <ul style="list-style-type: none"> • body movement, language, spatial awareness and recognition - parietal lobe • auditory processing, language, words and memory - temporal lobe • higher intellectual functioning, planning, judging, controlling - frontal lobe • the brain as an entire system if one part is not working at the individual's normal level - causes confusion, hallucinations, delusions, mis-identifications, false beliefs, reality drifting into the past <p>Other factors:</p> <ul style="list-style-type: none"> • age • anxiety • poor physical health • poor sensory health • gender • ethnicity • medication <p>Why abilities and needs fluctuate:</p> <ul style="list-style-type: none"> • they change over time as a result of their condition • they are highly individual • they involve more than memory alone • dysfunction of one area of the brain will affect another • self awareness/identity awareness • anxiety • depression • mental health issues • loss of independence • loss of companionship • change of circumstance • stages eg Nolan (1995); Alzheimer's Association

Learning Outcomes The learner will:	Assessment Criteria The learner can:	Exemplification
	<p>3.3 Describe how myths and stereotypes related to dementia may affect the individual and their carers</p> <p>3.4 Describe ways in which individuals and carers can be supported to overcome their fears</p>	<p>profile</p> <ul style="list-style-type: none"> • carrying out reminiscence therapy • carrying out complementary therapy • communicating appropriately • providing creative activities • behaviour monitoring <p>Myths and stereotypes:</p> <ul style="list-style-type: none"> • those with dementia are unfortunate victims • may be viewed as needing pity • may be considered as the means of containing the individual/condition • may feel inadequate to deal with the condition • may feel they have a 'burden of care' • may consider they have been discriminated against <p>Effects:</p> <ul style="list-style-type: none"> • may feel stigmatised • may feel discriminated against • may feel inadequate • have a low self esteem • may feel isolated <p>Carers eg</p> <ul style="list-style-type: none"> • Partner • Family • Friends • Neighbours <p>Types of support:</p> <ul style="list-style-type: none"> • information and advice sheets • telephone support • booklets/leaflets • on-line discussion forums • Telecare • Carers' support networks • friends and family • respite care

Assessment

This unit needs to be assessed in line with the Skills for Care and Development QCF Assessment principles.

Candidates will have to produce a portfolio of evidence that meets the requirements of the learning outcomes and assessment criteria in full, taking account of the additional knowledge understanding and skills specified in the unit content.

The evidence can either be drawn from naturally occurring work based activities or alternatively centres can devise tasks/assignments or projects for candidates to complete to generate appropriate evidence. Any centre devised tasks/assignments or projects need to be cross-referenced to the appropriate learning outcomes and assessment criteria to ensure that full coverage can be achieved.

Further guidance on the assessment and evidence requirements and the delivery of the teaching of the content of this unit will be available as part of this unit specification.

Evidence requirements

Evidence could be presented using the following methods:

- through employment, for example, through witness statements
- by means of case studies, based on workplace experience or fictitious
- as a written 'Guide' to help care workers, both professional and informal, who care for individuals who have dementia
- by giving a powerpoint presentation with speaker's notes to formal and informal care workers
- through producing leaflets or handouts to provide information to care workers
- through oral discussion in the workplace or in a learning environment with supporting evidence, for example the questions asked and an outline of the answer or taped evidence
- as posters, where appropriate, providing the depth of the command word in the Assessment Criterion has been met.
- role plays in the learning environment or the workplace which are supported by witness statements
- essay writing with evidence being based on theoretical knowledge and practical experience

This list is not exhaustive but the depth of the command words within the Assessment Criteria must be met.

For their evidence candidates must:

- describe the causes of dementia syndrome for **two** individuals who have different types of dementia
- describe the types of memory impairment commonly experienced by **two** individuals who have different types of dementia
- explain the way that individuals process information with reference to the abilities and limitations of individuals with dementia
- explain how other factors can cause changes in an individual's condition that may not be attributable to dementia
- explain why the abilities and needs of an individual with dementia may fluctuate

- describe the impact of early diagnosis and follow up to diagnosis
- explain why it is important to record possible signs or symptoms of dementia in an individual in line with agreed ways of working
- explain the process of reporting possible signs of dementia within agreed ways of working
- describe the possible impact of receiving a diagnosis of dementia on:
 - the individual
 - the family and friends of the individual
- compare a person centred and a non person centred approach to dementia care
- describe at least **three** different techniques that can be used to meet the fluctuating abilities and needs of the individual with dementia
- describe how myths and stereotypes related to dementia may affect the individual and their carers
- describe **three** ways in which individuals **and** carers can be supported to overcome their fears.

Guidance on assessment and evidence requirements

This section provides guidance for tutors on the types of assessment activities that can be used and evidence to be produced that will ensure coverage of the learning outcomes and related assessment criteria.

Portfolios of work must be produced independently and centres must confirm to OCR that the evidence is the original work of the candidate. Recording documents are provided on the website for this purpose.

Wherever possible, candidates should be encouraged to put the theoretical knowledge into practice through real work or role play. Where role play is used this should reflect working practices in health and social care sector.

Examples of possible sources of evidence/activities/tasks/assignments are shown below but these are not exhaustive nor are the examples shown mandatory. These could include:

A Caring For Individuals Who Have Different Types Of Dementia

You are working in a setting where individuals with dementia are receiving care or you may use two case studies. Two case studies are suggested for your use if you are not able to access individuals who have dementia through employment.

Example 1: Lucy:

Lucy is 62 years old. She lives with her husband, Grant. Since having a stroke Lucy has become more and more dependent on Grant. Grant is 63 years old and is still working as a sales manager at a local car business. Because Lucy has developed very poor short-term memory, Grant has decided that he will have to stop working, as Lucy's condition is worrying him. He is afraid to leave her on her own for long, as she often goes shopping but forgets where she is and then wanders around. Twice she has been brought home by a policemen as she has told him 'that she can't remember where she lives'.

Grant has asked his daughter-in-law, who lives just a few miles away, to keep an eye on Lucy until he is able to finish working, but his daughter-in-law cannot visit every day to make sure she is alright as she has a part-time job.

Lucy has also become very isolated and withdrawn. Sometimes when she is speaking to Grant she suddenly stops talking and goes off and does something else. Lucy also becomes very impatient

and gets distressed when Grant asks why she has not prepared a meal or why she has pegged the dirty laundry on the clothes line.

Grant decides that he must take Lucy to see their GP, but when he suggests this to Lucy she gets really upset and refuses to go.

Grant visits the GP by himself to talk about the situation and an action plan is formed to help with the situation.

Example 2: Lee

Lee is 76 years of age and lives in a residential home. Lee agreed to live in the residential home when he was diagnosed with Parkinson's disease as he was unable to look after himself. Recently Lee has been acting strangely. He has begun to pace around the residential home. He sometimes shakes quite badly and walks quite stiffly because of his condition, but during recent weeks as he paces around he will suddenly stop, stare into the face of a resident and shouts quite fiercely at them. Other residents have complained that Lee is intimidating them.

At other times Lee will sit muttering to himself, and sometimes shouts and points at other people. He has also become very un-cooperative with staff, refusing to take showers or his medication. On one occasion he threw his lunch across the room and left the table shouting obscenities.

Lee's behaviour has been noted and recorded by staff and they have persuaded Lee to see his GP when the GP visits the residential home during the next few days.

Using the case studies or two individuals for whom you are caring, continue the case studies by answering the questions as fully as possible:

1. What are the causes of dementia for **two** individuals?
2. Describe how the memory impairment of **two** individuals with dementia has been affected.
3. Explain how **two** individuals process information. Make reference to the abilities and limitations of each individual.
4. Explain how other factors can cause changes in an individual's condition that may not be attributable to dementia.
5. For **two** individuals with dementia, explain why their abilities and needs may fluctuate.
6. Early diagnosis of dementia and the follow up to diagnosis is important. Describe why this is so.
7. Why is it important to record possible signs or symptoms of dementia in an individual in line with agreed ways of working?
8. Following agreed ways of working is important when working with individuals with dementia.
 - a) What are the agreed ways of working?
 - b) Why is it important to work in this way?
9. For **two** individuals diagnosed with dementia:
 - a) describe the possible impact on the individuals of this news
 - b) describe the possible impact on the family and friends of the individuals
10. What are the benefits of person centred care? Are there any disadvantages?
11. Describe at least **three** different techniques that could be used to meet the fluctuating abilities and needs of individuals with dementia.
12. How might myths and stereotypes related to dementia affect individuals who have the condition and their carers?
13. Often individuals and their carers will need support to overcome their fear of dementia. Describe **three** ways in which individuals and carers can be supported to overcome their fears.

Make sure your evidence covers all the requirements set out in the 'Evidence Requirements' section of these specifications.

OR

B Preparing a Workbook

Prepare a Workbook with answers for trainees who are working with individuals who have dementia.

The workbook should be A4 is size.

Two case studies should be given on which the answers are based.

The questions asked above should be used but may be formed in a different way. For example:

1 Describe a range of causes of dementia syndrome.

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Answers should be given in the spaces you provide.

Illustrations can be used.

Remember to meet the 'Evidence Requirements' particularly in relation to the command words eg describe, explain.

OR

C Training the Volunteers

You have been asked to provide training for a group of people who have volunteered to work on a regular basis with individuals who have dementia and their carers. They need to understand:

- the neurology of dementia
- the impact of recognition and diagnosis of dementia
- how dementia care must be underpinned by a person centred approach.

You must provide training to cover all the 'Evidence Requirements' given in the specifications. You can produce evidence for the training using three different ways:

- a mounted display giving information
- a powerpoint presentation with speaker's notes

- using active learning techniques, eg encouraging the group to participate in activities to help them acquire the facts. This could be research, practical work, games, question and answers, role play.

Witness statements will need to be completed by the assessor or tutor for any practical activities, eg the presentation.

Remember to meet the 'Evidence Requirements' particularly in relation to the command words eg describe, explain.

Guidance on delivery

OCR does not stipulate the mode of delivery for the teaching of the content of this unit. Centres are free to deliver this unit using any mode of delivery that meets the needs of their candidates.

Centres should consider the candidates' complete learning experience when designing learning programmes.

It is anticipated that there will be some formal teaching and input to develop fully the knowledge and understanding identified in the specification.

For AC1.1, 1.2, 1.3, 1.4 and 1.5 candidates could be asked to work in pairs. Each pair could be given a case study. These could be found on the internet site 'healthtalkonline' or from the 'Alzheimer's Society's, 'Living with Dementia' on-line magazine located at: www.alzheimers.org.uk/site/scripts/documents.php?categoryID-200241

For each case study the candidates need to suggest:

- the cause of dementia syndrome
- the type of memory impairment that is likely to have been caused
- the way that the individual in the case study is likely to process information, making reference to abilities and limitations of individuals with dementia
- other factors that can cause changes in an individual's condition that may not be attributable to dementia
- why the abilities and needs of individuals with dementia may fluctuate.

Candidates will need to carry out book and internet research to complete this task. When completed the answers could take the form of handouts that could be shared with the whole group.

Tutor input will then be needed to draw the information together to make sure that each individual in the group is sure of the meaning of each assessment criterion.

The information could be shared with the whole group and followed by discussion.

For AC2.1, 2.2, 2.3, and 2.4 and AC3.1 a Dementia Advisor could be invited to the centre to discuss with the candidates:

- the impact of early diagnosis and follow up to diagnosis
- the importance of recording possible signs or symptoms of dementia in an individual in line with agreed ways of working
- the process of reporting possible signs of dementia within agreed ways of working
- the impact on the individual and their family when an individual is diagnosed with dementia
- the comparison of the experience of dementia for an individual who is provided with person centred care as opposed to a non person centred approach

It would also be helpful if the Dementia Advisor or other guest speaker could bring samples of 'record keeping documents' with them so that candidates have the opportunity to see these and to discuss how they would be completed and why accuracy, time and dates are important.

The speaker will need to be directed to the topics that need to be covered within the assessment criteria. Candidates need to be prepared prior to the visit by drawing up possible questions to ask, making sure that these are relevant and sensitive.

The information provided could be shared with the whole group following the input. Those in the group who are employed could share with the whole group 'why' it is important to use the person centred approach and 'how' they do this in their daily tasks.

If the centre is able to access a relative or a group of relatives who are caring for an individual with dementia, it would be very helpful to the candidates if they could be invited to the centre, to discuss with the candidates the impact of diagnosis for them. Confidentiality would have to be ensured.

Visiting a residential home or a day care centre where individuals who have dementia are cared for would be very helpful when considering a range of techniques (AC3.2) that could be used to meet the fluctuating abilities and needs of individuals who have dementia. Candidates may find it helpful to prepare a recording sheet in preparation for such a visit.

Alternatively, watching a DVD which illustrates the techniques that could be used, followed by discussion, would be helpful. If a visit or a DVD is not possible tutor input will be necessary or a lead care worker could be invited to the centre to discuss the issues.

Individual or paired research could be used to investigate how myths and stereotyping (AC3.3) related to dementia may affect the individuals and their carers. If paired work is undertaken candidates could be asked to produce a powerpoint or handout to share with others. Alternatively posters could be made to illustrate the points being made, but it must be noted that the command word of the Assessment Criterion is 'describe' so a little in-depth written or oral response will be additionally required.

When considering the different types of support available to help individuals and their carers to overcome their fears of dementia (AC3.4) a guest speaker who has had experience of these types of support could provide input to the group.

Alternatively, a list of the different types of support could be made by:

- writing the type of support on individual cards
- mix the cards up so that when they choose a card the candidate does not know which type of support they are selecting
- asking each candidate to choose a card from the pile/list
- research through primary and secondary methods the type of support and how it is used
- to report back to the group when they have completed the task.

A short timescale should be given for this research.

National occupational standards (NOS) mapping/signposting

This unit has been developed by Skills for Care and Development in Partnership with Awarding Organisations. It provides a key progression route between education and employment (or further study/training leading to employment). It is directly relevant to the needs of employers and relates to national occupational standards developed by Skills for Care and Development.

NOS can viewed on the relevant Sector Skills Council's website or the Occupational standards directory at www.ukstandards.co.uk.

Functional skills signposting

This section indicates where candidates may have an opportunity to develop their functional skills.

Functional skills standards can be viewed at <http://www.qcda.gov.uk/15565.aspx>

Functional Skills Standards					
English		Mathematics		ICT	
Speaking and Listening		Representing		Use ICT systems	✓
Reading	✓	Analysing		Find and select information	✓
Writing	✓	Interpreting		Develop, present and communicate information	✓

Resources

Books

Dementia Care Training Manual for Staff Working in Nursing and Residential Settings; Danny Walsh; Jessica Kingsley Publishers (2006)

Dementia Reconsidered; T Kitwood: Open University (1997)

Enriched Care: Planning for people with Dementia; Hazel May, Paul Edwards and Dawn Brooker; Jessica Kingsley Publishers (2009)

Ethical Issues in Dementia Care: Making Difficult Decisions; Julian C Hughes and Clive Baldwin; Jessica Kingsley Publishers (2009)

Experiential Learning Experience as the Source of learning and Development; D Kolb; Prentice Hall (1984)

Living in the Labyrinth; Diana Friel McGowin; New York: Delacourt Press (1993)

Person-person: A Guide to the Care of those with Failing Mental Powers; T Kitwood and K Bredin; Loughton (1992)

The dementia care workbook; Gary Morris and Jack Morris; Open University Press (2010)

Dementia Reconsidered: The Person Comes First; T Kitwood; Open University Press;(1997)

NVQs in Nursing and Residential Homes; Linda Nazarko; Blackwell Publishing; (1996)

Care and the Registered Managers Award: NVQ Level 4; Christina Toft; Hodder and Stoughton; (2003)

Websites

www.ageuk.org.uk

www.alzheimers.org.uk/index.php

www.age-exchange.org.uk

www.bradford.ac.uk

www.alz.co.uk/carers/yourself.html

www.bbc.co.uk

www.bbc.co.uk/health/physical_health/conditions/dementia1.shtml

www.dementiacafe.com/news.php

www.atdementia.org.uk/

www.dasinternational.org

Organisations

Alzheimer's Society

Devon House

58 St Katharine's Way

London E1W 1LB

E mail: enquiries@alzheimers.org.uk

Carers UK

20 Great Dover Street

London

SE1 4LX

Email: info@carers.org.uk

Mind (National Association for Mental Health)

PO Box 277

Manchester

M60 3XN

Additional information

For further information regarding administration for this qualification, please refer to the OCR document '*Administrative Guide for Vocational Qualifications*' (A850).

This unit is a shared unit. It is located within the subject/sector classification system 01.3 Health and Social Care.