



The Hospital Virtual Dementia Tour®

By Melora Jackson, MS, CDP, DCCS

The Virtual Dementia Tour

Dementia is a difficult condition for many people to understand. There are many aspects to the experience of living with dementia and the Virtual Dementia Tour (VDT®) helps us better understand what dementia is like¹. According to the estimated 3 million people worldwide who have taken the Virtual Dementia Tour, the awareness the Tour brings to the reality of dementia allows for better understanding of the needs of people living with dementia, which is the first step to improvement of care.

Studies indicate that adult learners show the strongest learning outcomes when given the opportunity to be an active participant in experiential learning, with direct feedback and concrete recommendations as if they are in the real situation.² Educational simulations result not only in improved professional competencies, but also in higher employee satisfaction.³ The Virtual Dementia Tour takes something intangible like empathy and makes it tangible by allowing participants to see themselves as impaired and behaving in ways that simulate their own clients, customers or loved ones living with dementia.

Once a person takes the Tour, they are more aware of how to provide person-centered care to those with dementia because they have just experienced what people with dementia are living with every day. This personal experience allows participants to examine how they would like to be treated and encourages them to use their experience as the example by which they treat people with dementia. Once they have walked in the shoes of a person with cognitive decline, staff state that they will be more patient, understanding, less hurried, and more sensitive to what is going on around the resident. Even simply turning on more lights, turning off the TV, turning on music and cutting down on loud, abrupt noise make all the difference to a person with dementia, and staff become more aware of these easy strategies after the experience.

Participants in VDT identify ways to change their own behavior to increase empathic person-centered care; however, without a model of what that should look like, many staff have difficulty applying those changes. With operating procedures, outside regulatory bodies, and implicit systems of care in place, many staff do not have the power or tools to effect the change without administrative involvement.

¹ Beville, PK: Virtual Dementia Tour® helps sensitive health care providers. *Am J Alzheimer's Disease & Other Dementias*. May/June 2002; 17(3): 183-190.

² MaGaghie, 1999, p. 9, as quoted in Issenberg, McGaghie, Petrusa, Gordon, & Scalese (2005).

³ Bogo, Regehr, Logie, Katz, Mylopoulos, and Regehr (2011), De Vinci (2010).

The Hospital Virtual Dementia Tour

The need for dementia training in hospitals is critical.¹ Few hospitals have specific protocols for care of patients with dementia, yet current research indicates that one third of hospital populations have dementia.² People with dementia have longer stays and poorer treatment outcomes than other patients.³ Additionally, the readmission rate for patients with dementia is 8.2% versus 3.5% of other diagnoses. In the emergency department, patients with dementia are twice as likely to be admitted to the hospital.⁴

Nurses may find it a challenge managing hospital patients who are living with dementia, often due to their lack of training in this specialty area. Sometimes hospital staff have these patients sitting for hours in hospital corridors, or even wheel the bed out into common areas, so the patient can be observed by staff at all times.

The Hospital Virtual Dementia Tour (HVDT) focuses specifically on the challenges a person with dementia experiences as a patient. The HVDT simulates what a visit to the hospital feels like for a person with dementia. Besides being sick or injured, the patient with dementia faces unique challenges.

The simulation is designed to be conducted in vivo with tasks that are typical of what is asked of patients. This gives participants insight and the opportunity to elicit best practices for mitigating the difficulties a patient may have while in the hospital. Participants translate their own experience into approaches and practices that ensure a better outcome for patients as well as staff and other personnel. The Hospital Virtual Dementia Tour informs empathic, person-centered care.

The goals of the HVDT are to reduce stressful interactions between hospital staff and patients, decrease inappropriate interventions such as use of psychotropic medications and restraints, improve staff efficiency and satisfaction, improve family and patient satisfaction, and shorten lengths of stay and consequent secondary issues. This, in turn, should result in significant cost savings to the hospital and lower the number of incident reports.

¹ Forya, Bridget (2013) Dementia Should be “Core Element” of Training for Acute Care Staff <https://www.nursingtimes.net/roles/older-people-nurses/hospital-audit-reveals-lack-of-basic-dementia-training/5061057.article>

² Gaugler, J., James, B., Johnson, T., Marin, A., & Weuve, J. (2019). 2019 Alzheimer’s disease facts and figures. *Alzheimer’s & Dementia*, 15(3), 321-387.

³ Mezey, M., & Maslow, K. (Revised 2016). Recognition of dementia in hospitalized older adults. *Try this: Best Practices in Nursing Care for Hospitalized Older Adults with Dementia*. D, 5.

⁴ Phelan, E.A., Borson, S., Grothaus, L., Balch, S., & Larson, E.B. (2012). Association of incident dementia with hospitalizations. *JAMA*, 307(2), 165-172.

Key Findings

The combined results from two initial Hospital Virtual Dementia Tour trainings, one urban and one rural, demonstrated the need for dementia training. Prior to the training, staff educators were asked a series of questions to determine the current practices addressing the needs of patients with dementia:

Question 1: What is the current protocol your hospital uses with dementia patients?

Responses:

“We do not have a specific assessment tool for dementia or a protocol that guides care for dementia patients.”

“If orientation X 4 is poor, we implement safety precautions for falls and aspiration. Our patients fall under Altered Mental Status.”

“HCH doesn’t currently have a protocol for dementia patients. This is why I’m so passionate about training staff to care for them. I talk to staff constantly about different ways of relating and providing care.”

Question 2: A brief summary of complaints from family or staff members of dementia patients.

Responses:

“We have not been tracking comments specific to patients with dementia.”

“Uneducated families questioning why staff would ask the patient questions ‘when they know they have dementia & [the patient] doesn’t know the answers’.”

“Too much noise & the person is agitated & no one can figure out why. Even staff talk loudly & doesn’t explain what they are doing to the patient.”

“Dementia patient is left in the dark all day, then families & staff both complain that they seem more confused than usual & it just isn’t clearing.”

“Staff complains that the patient is being intentionally difficult.”

Question 3: What is an approximate number of patients your hospital treats with dementia per month?

Responses:

“I will try to get that number.”

“At least 10 a month that have official diagnosis (60 bed hospital).”

In addition, a staff questionnaire was completed prior to the training. Staff included nurses, direct care workers, physical and occupational therapists, phlebotomists, radiology technicians, housekeeping service workers, security personnel, and administrators. The majority of responses were from nursing staff.

Narrative questions were compiled into the most common answers. While some of the responses were positive and practical, many responses were concerning and point to the need for sensitivity training.

How do you know the patient has dementia?

- Repeating things
- I don't always know
- Confusion/disorientation
- Diagnosis
- Inappropriate actions
- They are crazy and can't remember
- Can't answer questions/follow instructions
- Memory loss

What do you do differently when you know a person has dementia?

- Fall precautions
- Bed alarms
- Safety concerns
- Help them normalize
- Monitor closely
- Have more patience
- Take time with them
- Speak more concretely
- Try to reorient
- Don't ask too many questions and stay in the moment

What is the most difficult thing about caring for a patient with dementia at the hospital?

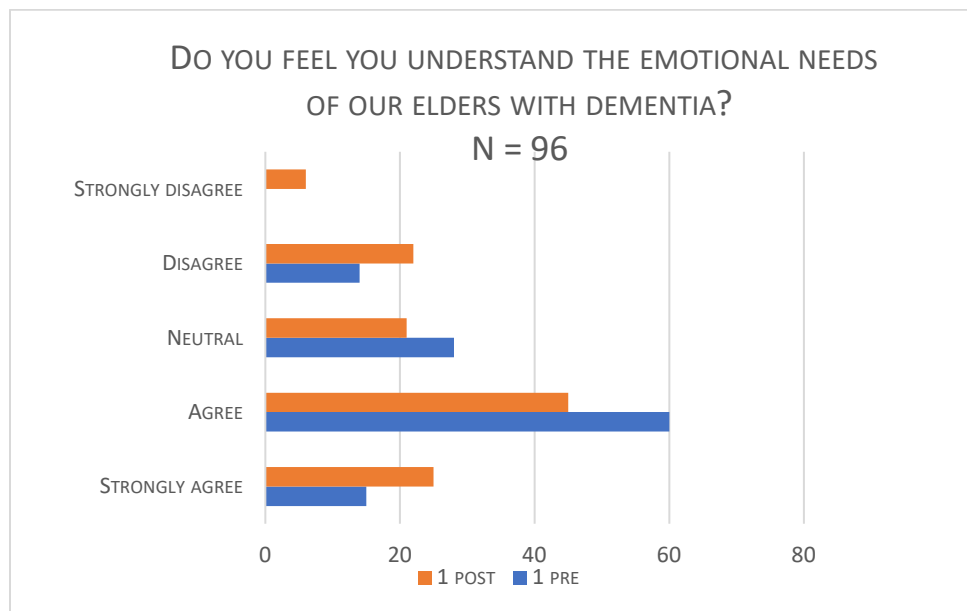
- Getting patient to cooperate
- They are mixed in with everyone else
- Lack of time
- Unpredictability
- Communication
- Having to do everything for them
- Fall prevention/maintaining safety
- Retelling the same event
- Helping them stay inside

What do you do when patients get angry?

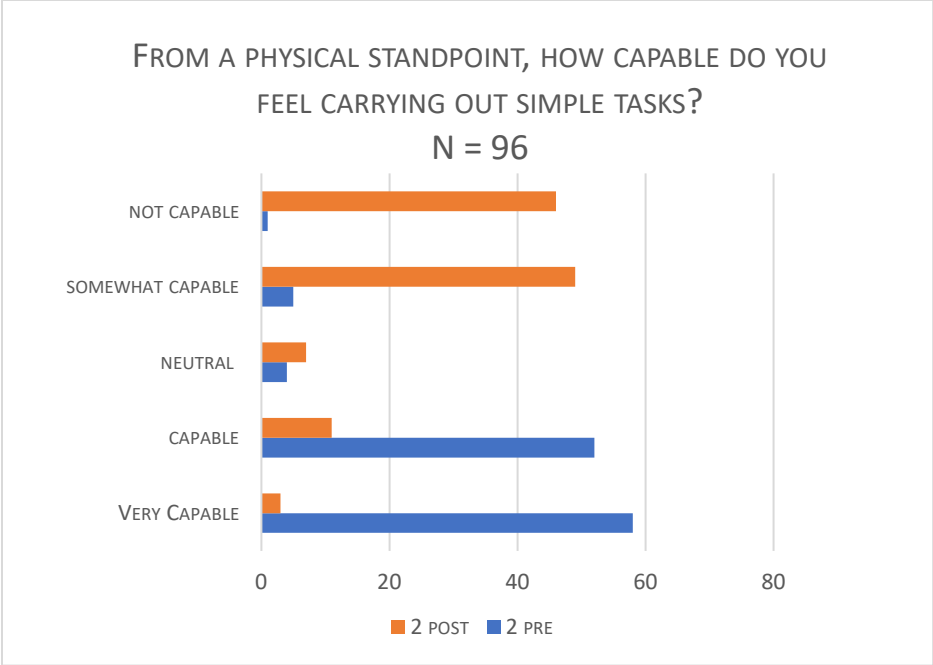
- Speak calmly & quietly
- Clear room and turn down the lights to let them relax
- Don't force them
- Sedatives
- Reassure
- Redirection
- Talk to them
- Attempt to get family/someone patient trusts to help

Participants completed a survey of their attitudes toward patients with dementia, and then a second survey immediately following the simulation. Results from pre- and post-surveys of participants in the HVDT training showed a change similar to what is observed in the traditional VDT, with response shifts from pre- to post-survey.

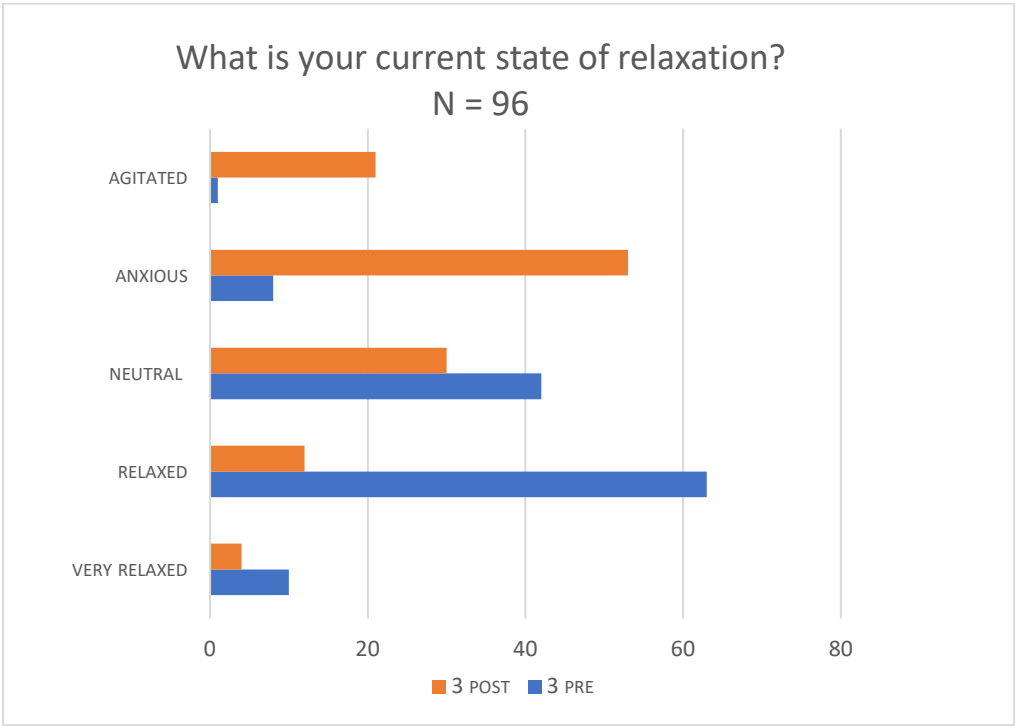
When completing the post-survey, participants were asked to answer the questions thinking about the last few minutes while in the simulation room.



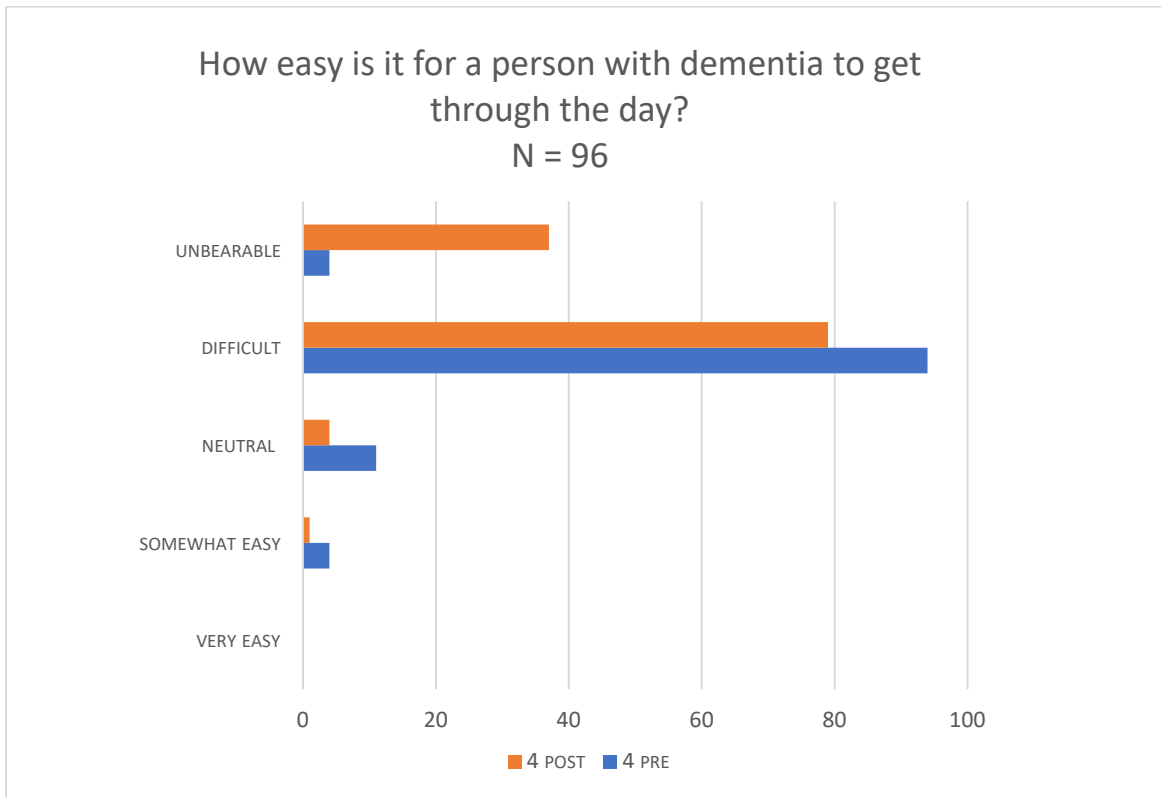
While the majority of participants indicated they felt they understood the emotional needs of older adults with dementia prior to the Tour, those numbers decreased. During the following discussion, many participants self-reported that the emotional needs of individuals with dementia were underestimated.



As with all forms of the Virtual Dementia Tour, this question has a significant change before and after the Tour. Participants indicated feeling incapable and expressed appreciation for the level of difficulty their patients with dementia face with even simple tasks.



While a few participants indicated some anxiety prior to the Tour, the majority indicated they were relaxed or neutral in their state of relaxation. The level of anxiety and agitation rose considerably following the Tour. It is important to note that after completing the post-survey, the participants went directly to a debrief discussion and displayed more relaxed or neutral affects when they completed the debriefing.



This question had less change in responses from pre- to post-survey. It is likely this is because participants work in the field of healthcare and had some measure of empathy for others prior to the training. It should be noted that approximately half of the participants from the rural hospital site had previously had dementia sensitivity training and most of those same participants also worked in nearby long term care communities. Thus, it will be important to collect data on hospital staff who have not previously had dementia sensitivity training to determine if this is a typical response to this question.

Following the simulation and post-survey, each participant attended a debriefing discussion to compare their experience with that of their patients with dementia that focused on brain changes in dementia, the parallel between their own behavior and people with dementia, and what could be changed to make the patient’s experience more comfortable and appropriate. The debrief serves as an integration of the aspects of dementia that are simulated, the participant experience, and recommendations for empathic person-centered dementia care practices.

Conclusion

The Hospital Virtual Dementia Tour provides a sound model of what people living with dementia experience in a hospital environment. It is an effective tool for fostering understanding and empathy, providing a pathway to improving communication and care. The need for empathic person-centered dementia care is demonstrated and best practices are offered.

While additional measures of staff and systemic changes to care in the hospital setting are needed, data from the surveys, self-reports, and anecdotal information indicate the impact of the HVDT to change the care experience for patients with dementia and their families.