

## KNOWLEDGE OF DEMENTIA COMPETENCY TOOL

Name: \_\_\_\_\_ Location: \_\_\_\_\_ Date: \_\_\_\_\_

### Purpose & Background:

This tool was created to help direct care worker staff members understand their level of knowledge in seven areas of dementia competency in order to provide good dementia care. Questions focus on seven areas identified as dementia competencies, including knowledge of dementia disorders, person-centered care, care interactions, life enrichment support, understanding behaviors, interacting with families, and worker self-care. This is designed to help direct care workers identify areas of growth and gain the knowledge they need when working with individuals with dementia and their families.

### Use of the Tool:

This tool has been piloted with direct care workers in day centers, home care, assisted living and nursing home settings. It has been demonstrated to be a reliable measure of knowledge of dementia competencies and can be used to determine the extent of knowledge in this area. It can also identify areas of growth and which competency areas a direct care worker may want to obtain more information or training. Its relationship to on the job behaviors and skills has not yet been investigated.

### Answering the Questions:

Below are 82 questions, both multiple choice and true/false. Completing these questions should take between 30-45 minutes to complete. Carefully read each question and think about what would be the best way to respond to the situations presented. Circle the best answer with the information you are provided, but only choose one answer for each question. There is a glossary of terms at the end of the tool to aid you in answering the questions. You may begin.

- 1) Shortly after breakfast, Ms. Hook comes up to you and tells you that she did not get her breakfast this morning. You know, however, that she ate her breakfast in the morning because you helped her to eat it. How do you respond?
  - a. "You have already eaten this morning, Ms. Hook."
  - b. "Let's go to the kitchen then and get you something to eat."
  - c. Ensure that she gets a bigger meal at lunchtime.
  - d. "Ms. Hook, it is not nice to lie."
  
- 2) What is a common reason for physical aggression in a person with dementia?
  - a. A sense of privacy
  - b. Comfortable surroundings
  - c. Loss of control
  - d. Boredom

- 3) Ms. Schwartz has moved recently and before the evening meal has made a third attempt to leave “to fix supper for my children and husband.” What should you do or say?
  - a. “This is your home now; your children are all grown.”
  - b. Direct Ms. Schwartz to sit in a chair near you every time she gets up so you can keep an eye on her.
  - c. “Supper has already been made, Ms. Schwartz.”
  - d. Sit with Ms. Schwartz and ask her to tell you about her family.
  
- 4) Ms. Prince is straightening papers in the office. This most likely indicates that she
  - a. Is bored and looking for something to do.
  - b. Is obsessive and rigid.
  - c. Is trying to get a reaction from her caregivers.
  - d. Is inappropriately seeking out caregiver attention.
  
- 5) Someone with dementia is aggressive. Which of the following would you NOT consider as a possible cause?
  - a. He is in pain.
  - b. He has an infection.
  - c. He is uncomfortable.
  - d. He has dementia.
  
- 6) Mr. Andrews has dementia and is standing at the front door trying to get out. He tells you that he needs to go walk his dog. What would be your best initial response?
  - a. “Tell me about your dog.”
  - b. “You no longer live with your dog, Mr. Andrews.”
  - c. “Dogs aren’t allowed to live here.”
  - d. “There is no dog here.”
  
- 7) Behavior problems are sometimes the result of a person with dementia misinterpreting the environment around them.
  - a. True
  - b. False
  
- 8) Mr. Calkins gets irritated easily and starts swearing at anyone who doesn’t do what he wants. What should you do to stop him from doing this?
  - a. Swear back at him to show him what it is like.
  - b. Ask him politely to stop swearing and if he doesn’t, send him to his room.
  - c. Show him you are upset so that he will know to stop.
  - d. Ignore the swearing and pay more attention when he speaks without swearing.

- 9) A care plan to reduce agitation
- Should always include medication.
  - Always requires that the agitated persons change their behavior.
  - Usually requires that the caregivers change their behavior.
  - Should be the same for every person.
- 10) You are assisting Mr. Pitt with his personal care in the evening, but Mr. Pitt is resistive of care. What is your best FIRST strategy?
- Get another caregiver to make sure that Mr. Pitt cooperates.
  - Go away and come back in 15-20 minutes and try again.
  - Continue providing personal care quietly and quickly.
  - Sit down and try to reason with him.
- 11) Ms. Williams is sitting in a busy area banging her fist on the table. This banging happens only during times when there are a lot of people around and the area becomes noisy. Because of the banging, other persons move away or hurry by if they can. Keeping in mind where the behavior occurs and what happens after the behavior, you would BEST prevent banging by
- Firmly telling her “No banging Ms. Williams” each time.
  - Giving her some crackers to stop her for a while.
  - Having her sit in a less busy area.
  - Calmly reminding her not to bang her fist on the tray.
- 12) Mr. Price has lived alone for a long time and is not used to having many people around him. Mr. Price often kicks, hits, or pushes away from caregivers or persons who come close to him. The best way to respond to Mr. Price’s behavior is:
- Take him to his room, because he does not like to be around people.
  - Continue to bring him out into large group activities until he becomes comfortable with others around him.
  - Only approach him when you absolutely need to.
  - Ask his family how he preferred to interact with others in the past and provide similar experiences.

- 13) What is often present when a person with dementia is calling out and screaming?
- Personality problems
  - Physical pain or discomfort
  - Comfortable surroundings
  - Satisfactory hearing
- 14) Persons with dementia in the same stage of the disease process will like to do the same things.
- True
  - False
- 15) A caregiver wants to decrease a person's negative behavior. The care plan directs the caregiver to pay no attention to the behavior. One caregiver becomes alarmed when he notices that the negative behavior increased shortly after the plan started. How would you respond to the alarmed caregiver?
- It is normal for the behaviors to increase before they decrease when a behavior is ignored.
  - This is proof that the person will not change his behavior.
  - This means that the caregivers are not following the care plan.
  - Other behaviors not addressed in the plan will decrease.
- 16) Which of the following statements is true concerning the use of physical restraints with persons with Alzheimer's disease?
- Restraints may lead to physical injury.
  - Restraints are required for persons' safety.
  - Restraints are comforting & provide limits.
  - Restraints tend to calm agitated persons.
- 17) A person with dementia is unable to tell you what special things he likes. Which of the following is the BEST way of learning what he likes?
- Find out what all the other persons like and choose the most popular reward.
  - Watch the person to see what he/she responds to or spends time doing.
  - Understand that because he has dementia, he probably no longer has a preference.
  - Try several things you personally find enjoyable.
- 18) Distracting persons with dementia is an effective behavior management technique.
- True
  - False

19) You walk toward Ms. Miller from the side of her wheelchair and she tries to hit you. What may be a possible reason for this behavior?

- a. She does not like you as a person.
- b. Ms. Miller is not a kind person.
- c. She cannot see from the side and is frightened by your sudden appearance.
- d. Ms. Miller no longer cares about how she acts.

20) You have noticed that a person with dementia stands at the doorway to his room with his pants unzipped several times a day. Which of the following would you try first to stop this behavior?

- a. Walk with him to his room and scold him for unzipping his pants.
- b. Watch to find a pattern to his unzipping, that is, what is happening when he unzips and what happens after this behavior.
- c. Keep him from going into public places so that others do not copy the behavior.
- d. Hold his hands and tell him that unzipping his pants in public is “bad”.

21) Pain or depression can cause agitated behavior and can be hard to detect.

- a. True
- b. False

22) Mr. Jing, who was born in China, keeps to himself and pushes you away any time you make eye contact with him. What is the BEST way to handle this?

- a. Ask if Mr. Jing has a history of mental illness.
- b. Find out if his background affects his comfort with your approach.
- c. Approach him the same way and he will get used to you.
- d. Avoid him as he is uncomfortable with you.

## Glossary

**Aggressive/Aggression:** characterized by physical attacks, threats, invasions. Can be physical or verbal aggression

**Agitation/Agitated:** an unpleasant state of emotional arousal and increased tension.

**Alzheimer's disease:** A brain disease that impairs memory, thinking and behavior. It is progressive and degenerative, the leading cause of dementia and is irreversible and incurable.

**Care plan:** a specific document describing the plan of care. Usually involves information from many disciplines and should be changed as a person's needs change.

**Complex/Complexities:** Having multiple factors associated with and influencing a given situation

**Culture:** The behaviors, beliefs, and characteristics of a particular social, ethnic, or age group

**Delirium:** A temporary state of mental confusion and fluctuating consciousness resulting from high fever, intoxication, shock, or other causes. Symptoms include anxiety, disorientation, hallucinations, delusions, and incoherent speech.

**Dementia:** Progressive decline in memory, concentration, and judgment, resulting from an organic disease or a disorder of the brain. Other symptoms include changes in speech, such as forgetting words, poor problem-solving, and difficulty learning new skills.

**Depression:** Feelings of dejection, withdrawal, loss of interest, and sadness most days that affects the person's ability to function.

**Diabetic:** A disorder of carbohydrate metabolism characterized by inadequate production or use of insulin and resulting in excessive amounts of glucose in the blood and urine, excessive thirst, weight loss, and in some cases progressive destruction of small blood vessels leading to such complications as infections and gangrene of the limbs or blindness.

**Disorientation:** Mental confusion or impaired awareness, especially regarding place, time, or personal identity. Loss of one's sense of direction, position, or relationship with one's surroundings.

**Environment:** the sum of surrounding events, things, conditions, or influences; surroundings; milieu.

**Ethnicity:** Pertaining to or characteristic of a people, especially a group sharing a common and distinctive culture, religion, language, or the like.

**Feeder:** Slang term used to refer to persons who require assistance with feeding.

**Geri chair:** Chair specifically designed for use with older adults. It reclines, and can prevent persons from easily getting out of a seated position.

**Hitter:** Slang term used to refer to persons who are likely to physically hit others, especially during care.

**Hostility:** Unfriendly disposition, resentful, oppositional, threatening.

**Legacy:** A personal story handed down from an ancestor or a predecessor from the past.

**Lewy Body disease/dementia:** Second most frequent cause of dementia associated with abnormal structures, called Lewy Bodies, in the brain. Gradual start and progression of cognitive decline.

**Major Depression:** Psychological disorder characterized by sadness and lack of energy and stamina, poor appetite, loss of interest in usual activities, and increased episodes of tearfulness lasting most days for more than two weeks and affects the person's ability to function.

**Obsessive:** Repetitive and uncontrollable thoughts. Being fixated on an idea or behavior.

**Passive:** Not participating readily or actively; inactive participation.

**Personal care activities:** Activities of daily living (ADLS) such as bathing, grooming, dressing and eating.

**Pet therapy:** Therapy which uses pets such as dogs and cats to help increase the mood of clients.

**Reminiscing:** Informal chat with someone with dementia about their past. Involves remembering and sharing familiar events and memories.

**Resistiveness:** To remain firm against actions, effects, or force. To withstand.

**Restraints:** Any device used to keep a client from moving about freely. Preventing a resident from moving using force, physical items (i.e. lap belts), or chemicals.

**Rigid:** Unable or unwilling to change one's behavior or position.

**Stimulation:** The act of arousal of the body or of individual organs (such as the brain) to increase functional activity. Can be physical or mental.

**Symptom:** An indication that a given disease may be present because of a physical or emotional sign. For example, a runny nose is a symptom or indication that a person may have a cold.

**Vascular dementia:** Dementia associated with vascular events in the brain. An abrupt onset of cognitive deficits and step wise pattern of decline.

**Wandering:** Continuous walking with no destination.

# Knowledge of Dementia Competency Tool Answer Key MASTER

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Total Score \_\_\_\_\_

Sub Scores: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_ 5. \_\_\_\_\_ 6. \_\_\_\_\_ 7. \_\_\_\_\_

C/I = Correct/Incorrect

Section	C/I	1	2	3	4	5	6	7
1	D							
2	D							
3	B							
4	B							
5	C							
6	C							
7	D							
8	D							
9	A							
10	D							
11	A							
12	B							
13	D							
14	A							
15	C							
16	A							
17	A							
18	D							
19	A							
20	A							
21	B							
22	A							
23	D							
24	A							
25	C							
26	C							
27	C							
28	A							
29	A							
30	C							
31	B							
32	C							
33	B							
34	C							
35	D							
36	B							
37	B							
38	B							
39	C							
40	C							
41	C							
42	B							
<b>Sub total</b>								
<b>Section</b>	<b>P</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>

Section 1=Knowledge of Disorders, 2=Person Centered-Care, 3=Care Interactions, 4=Enriching the Person's Life, 5=Understanding Behaviors, 6=Interacting with Families, 7=Worker Self Care

Section	C/I	1	2	3	4	5	6	7
Sub-total								
43	C							
44	B							
45	B							
46	D							
47	C							
48	B							
49	A							
50	B							
51	C							
52	C							
53	A							
54	C							
55	C							
56	B							
57	A							
58	B							
59	B							
60	A							
61	A							
62	B							
63	A							
64	C							
65	D							
66	B							
67	B							
68	B							
69	A							
70	B							
71	A							
72	C							
73	B							
74	A							
75	A							
76	B							
77	B							
78	C							
79	A							
80	B							
81	A							
82	B							
<b>Section</b>	<b>P</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>
<b>Possible</b>	82	16	22	23	15	22	13	11
<b>Incorrect -</b>								
<b>Correct =</b>								
<b>X Percent</b>	1.22	6.25	4.52	4.35	6.67	4.52	7.70	9.10
<b>% Score</b>								