

CARE OF THE ELDERLY

Alzheimer's Disease

Perspectives of the Elderly

Long-Term Care Challenges

Preventing Elder Abuse

Elder Care Competencies

End of Life Care



DVD CATALOG 2010-2011

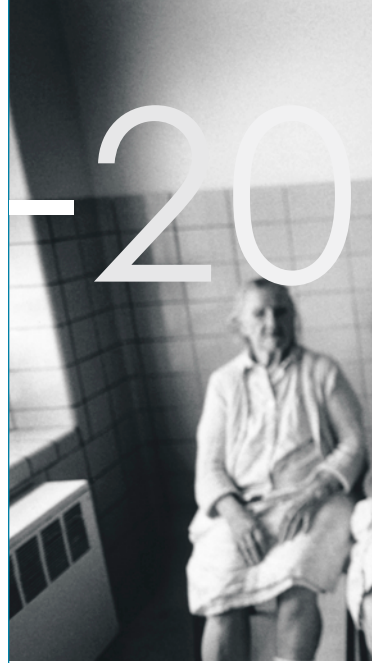
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SIGNATURE TITLES

Grace

Alzheimer's, The 36-Hour Day

Communicating with the Alzheimer's Patient

Speaking Out on Abuse: The Resident's Perspective

Why Elder Abuse Happens

The Nursing Assistant: The Most Important Eyes



new releases

Alzheimer's Patients: Providing Person-Centered Care

From the nationally recognized expert Peter V. Rabins, MD, this DVD provides a new approach to individualizing care for Alzheimer's patients. Staff suggestions focus on the importance of a resident's previous life and preferences. Order #AD236

The Rabins Response to the Challenging Behaviors of Alzheimer's Disease

Through years of experience working with Alzheimer's patients and their caregivers, Dr. Peter Rabins has come up with a simple response system to minimize disordered behaviors. Ask the 5 W's and you'll be well on your way to finding a solution. Order #AD237

Vital Signs: Vital Technique

Vital signs drive treatment decisions, so it's imperative for nursing assistants to gather data accurately and recognize and report abnormal values. Laurie J. Conway, RN, MS, gives a basic introduction to vital signs while demonstrating techniques to a student. Also addresses infection control and recognizing emergencies. Order #CE649

Resident Rights: The Resident's Perspective

This DVD, initially offered last year, immediately shot to the top best seller and should be mandatory viewing for all staff working with the elderly in long-term care or assisted living. Find out from the residents themselves about their right to respect, privacy, social interactions, choices, and much more. Order #RP117

Respecting Resident Rights: Individuality and Dignity

Hearing resident voices helps staff to provide person-centered care that respects individuality and dignity. Find out from residents who they are; what they need to be resilient and successful in their new long-term care home; and what they need from staff. Order #RP118

Alzheimer's: Facilitating ADLs

Ask anyone working with Alzheimer's patients about the most difficult moment of the day, and care providers and family members will let you know bathing and dressing can be a battle. Find out some simple ways to engage patients and make these essential activities non-stressful and even positive. Order #AD235



Grace

This classic program follows seven years in the life of Grace Kirkland and the inspirational caregiving efforts of her husband, providing a documentation of Alzheimer's disease from time of diagnosis until death. Tracking Grace from the first stage of the disease where she's already having short-term memory problems, the program continues to document her as she loses the ability to speak and finally her ability to walk and eat. *Documentary.*

56 minutes. Order #AD200

Purchase Price \$200

Grace Notes

PETER V. RABINS, MD

Using excerpts from the film "Grace," leading national expert Dr. Peter Rabins presents: the progression of dementia; the related symptoms and behaviors; and changing caregiver roles. Staff join in the discussion suggesting positive ways they handle similar behaviors in long-term care. Highly recommended for all of our "Grace" clients. Order #AD201

Alzheimer's, The 36-Hour Day

PETER V. RABINS, MD

An excellent introduction to Alzheimer's disease and to the nationally acclaimed best seller, "The 36-Hour Day." Peter V. Rabins, MD, introduces Alzheimer's through one family's experience providing a framework to better visualize the reality faced by caregivers. Dr. Rabins provides guidance for recognizing and managing behaviors associated with Alzheimer's disease as well as highlighting essential care tips. With Bob and Nancy, he explores both challenges and solutions past, present, and future of the 36-hour day. *25 minutes. Order #AD233*

No Rentals. Special Purchase Price \$50

ALZHEIMER'S DISEASE

*In some ways you really
have to **go into their world***

Bob and Nancy's 36-Hour Day

This program explores the reality of a morning in the life of Bob and Nancy who are featured in Dr. Rabins' new DVD, "Alzheimer's, The 36-Hour Day." At breakfast, Nancy can't remember the names of her grandchildren and begs for her brain to be returned. Today, the hints given by her husband and daughter just don't seem to work. Nancy's struggle to find the words and memories she needs vividly portrays Alzheimer's disease. Bob's reassurance and care portray the meaning of love. Order #AD234

No Rentals. Special Purchase Price \$50

Alzheimer's: Facilitating ADLs

PETER V. RABINS, MD

Often, dressing, bathing, grooming, and even meal times can present challenging situations when caring for people with Alzheimer's. From the patient's perspective it may seem like strangers are going through their clothes, forcing them to undress, and taking them to frightening places. Dr. Rabins and nursing staff share a strategy to facilitate ADLs using a step-by-step approach with simple verbal cues, positive facial expressions, body language, gentle guiding, and lots of positive re-enforcement. *Interactive discussion.* Order #AD235



Communicating with the Alzheimer's Patient

PETER V. RABINS, MD

Resident vignettes present the many challenges of communicating with Alzheimer's patients throughout the stages of the disease. As a result of communication barriers, these patients are often ignored. Knowing how to establish a link with these individuals is essential. This program provides actual demonstrations with residents and identifies guidelines regarding how to enter the world of the Alzheimer's patient and "learn their language."

Order #AD202

ALZHEIMER'S DISEASE ...

Alzheimer's Patients: Providing Person-Centered Care

PETER V. RABINS, MD

The person-centered approach to care includes: respecting the individual's past life and lifelong interests; and accepting individual's preferences in food, routine, clothing, and activities. Discover the importance of continuity of care and how to develop a nurturing relationship with verbal and non-verbal communication. *Interactive discussion with nursing assistants and patient footage. Filmed at Stella Maris. Order #AD236*

The Rabins Response to the Challenging Behaviors of Alzheimer's Disease

PETER V. RABINS, MD

"The 5 W's" is the simple and effective response system for minimizing disordered behaviors related to Alzheimer's disease developed by Dr. Peter Rabins. What is the problem behavior? Why is it a problem? When does the behavior happen? Where does it happen? Who is around when it happens? With this information, Rabins helps care providers develop guidelines for effectively minimizing disordered behaviors. *Interactive staff discussion and interviews of residents. Filmed at Alice Manor. Order #AD237*

Maintaining Independence and Involving the Alzheimer's Patient

PETER V. RABINS, MD

Resident vignettes explore ways to maximize independence, function, and life involvement. Content includes: encouraging independence; developing individualized plans responsive both to the stage of the disease and the previous interests of the individual; and avoiding activities that will be frustrating or potentially cause catastrophic reactions. "Once you find the door, you'll be amazed at what residents can do and what a difference it makes in their life." Order #AD203

The Alzheimer's Patient: Recognizing Pain

PETER V. RABINS, MD

No one should be in pain. While some residents can help the health care team by describing their pain, in many instances the person with Alzheimer's disease can't. Dr. Rabins helps caregivers identify ways in which they can determine if an individual with Alzheimer's disease is experiencing pain. Again, the key is knowing the residents well. Change becomes the "call bell" alerting staff to pain. Order #AD204





PETER V. RABINS, MD, MPH

*Richman Professor of Alzheimer's
and Related Disorders*

*Director, Division of Geriatric
Psychiatry and Neuropsychiatry
Johns Hopkins University School of Medicine*

Alzheimer's Disease: The Patient's Perspective

An extraordinary and rare glimpse into the world of Alzheimer's disease. For brief moments, Shana realizes the devastation of her illness and remembers her world as it was. With great anxiety, she acknowledges the perils she now faces.

Order #RP103

Alzheimer's Encyclopedia: Stage 1 Patient Assessment

PETER V. RABINS, MD

The seven patients documented in Stage 1 of Alzheimer's disease exhibit increasing memory and orientation impairment. Commentary by Dr. Rabins addresses both assessment and treatment planning.

15 minutes. Order #AD225

Alzheimer's Encyclopedia: Stage 2 Patient Assessment

PETER V. RABINS, MD

Eight patients present a progression in memory and communication impairment, comprehension deficits, perception problems, and functional decline. Commentary by Dr. Rabins addresses both assessment and treatment planning.

24 minutes. Order #AD226

Alzheimer's Encyclopedia: Stage 3 Patient Assessment

PETER V. RABINS, MD

Seven patients in the final stage of Alzheimer's disease illustrate increased physical impairment and functional decline, severe speech problems, and loss of speech. Commentary by Dr. Rabins addresses both assessment and treatment planning.

23 minutes. Order #AD227

Alzheimer's Encyclopedia: Stage 1-3 Patient Overview

This program presents a composite of all patient footage from stage one through stage three. There is no commentary in this program.

30 minutes. Order #AD228

Assessing the Mental Status of the Older Person

Dr. Rabins assesses the mental status of elderly individuals, ranging from normal to severely impaired. This is a unique opportunity for students in medicine, nursing, psychology, physical therapy, occupational therapy, social work, and nursing assistants to get hints on how you can both formally and informally assess the mental status of an individual.

Patient assessments. 34 minutes. Order #AD205

Recognizing the Emotional Needs of the Person with Alzheimer's Disease

PETER V. RABINS, MD

How can you assess the emotions of someone who has difficulty communicating with words effectively? In a discussion with nursing assistants, Dr. Rabins explores the long ignored reality of the importance of the emotional well-being of the Alzheimer's patients. Nursing assistants explain why a patient's emotions are key to quality care. "If you understand their emotional needs, the rest of their care just falls into place."

Order #AD229

Strategies for Nurturing the Emotional Well-Being of the Alzheimer's Patient

PETER V. RABINS, MD

Dr. Rabins and nursing assistants identify numerous strategies to incorporate emotional well-being into care for a patient. These include: connecting person to person; entering into the world of the person with Alzheimer's disease—even if this means accepting impossible realities; knowing treats and activities people enjoy; using physical touch to comfort and reassure; and empathizing with the confusion of their world.

Order #AD230

ALZHEIMER'S DISEASE ...

Alzheimer's Disease: Catastrophic Reactions and Other Fear-Induced Behaviors

PETER V. RABINS, MD

Catastrophic reactions and other fear-induced behaviors such as agitation or violent behavior are: disruptive to providing care; emotionally unsettling for the patient and the caregiver/staff; and potentially dangerous. In addition, fear may result in a patient withdrawing and not engaging in life. It may even contribute to wandering, calling out, and repetitive questioning. Dr. Rabins and nursing staff discuss common fear behaviors and how destructive they can be to residents, staff, and the facility. Order #AD206

Alzheimer's Disease: Positive Solutions to Minimize Fearful Behaviors

PETER V. RABINS, MD

Fear can generate a wide range of behaviors with Alzheimer's patients. Dr. Rabins and nursing staff talk about: the importance of realizing these behaviors may be fear based; recognizing the triggers for these behaviors; preventing these behaviors from happening; and developing positive solutions to minimize fearful behaviors. Order #AD207

Alzheimer's Disease Do's and Don'ts: Tips for Families and Friends

PETER V. RABINS, MD

Dr. Rabins discusses with family caregivers their experiences after a diagnosis of Alzheimer's disease. This discussion identifies the basic do's and don'ts of interacting with individuals with Alzheimer's disease. Simple to understand, obvious once you've heard it, the information in this program is a "golden book" for families. Excellent for any family learning about the caregiver role and for presentation in support groups. Order #AD208

Recognizing and Preventing Caregiver Burnout: Tips for Families and Friends

PETER V. RABINS, MD

When a caregiving situation appears hopeless, it's often a sign of "caregiver burnout." You may think you're alone, but the caregivers in this program let you know you're not. Topics include: caregiver personality changes, signals of caregiver depression, increasing frustration, feelings of hopelessness, and social isolation.

Order #AD209

Hi Buddy: The Developmentally Delayed Individual with Alzheimer's Disease

Hi Buddy introduces Roger, a 53-year-old man with Down's Syndrome and a diagnosis of Alzheimer's disease. Despite Roger's decline, he still retains the ability to win over the world with his smile and cheerful nature. Observe Roger at home, at work, and at a doctor's appointment where you will see areas of independence and where he now requires assistance.

Order #AD214

Signs and Symptoms of Alzheimer's Disease

PETER V. RABINS, MD

Symptoms of the disease include: loss of memory, mood swings, confusion, impaired cognitive processes, and loss of physical function. 33 minutes.

Order #AD211

Alzheimer's Disease: Responsive Care Plans

PETER V. RABINS, MD

Dr. Rabins helps viewers develop a basic care plan to minimize frustration for both the patient and caregiver. Order #AD212

Alzheimer's Disease: Minimizing Care Problems

PETER V. RABINS, MD

This program considers the most difficult behaviors to manage and suggests useful strategies to reduce caregiver stress, minimize time spent in non-productive interactions, and create a better quality of life for patient, family, and staff. 35 minutes.

Order #AD213



PERSPECTIVES OF THE ELDERLY

*Ask us who we are,
hear our voices!*

Speaking Out on Abuse: The Resident's Perspective

This is a must-see for all nursing staff, far more revealing than our first program on abuse. Residents relate with great emotion the dark side of long-term care experiences—a call bell is ignored when someone needs help; a person left in pain; thirst or hunger ignored; and staff attitudes that are negative and demeaning.

Resident interviews. Order #RP101

Resident Rights: The Resident's Perspective

Everyone working in long-term care needs to respect resident rights! Find out how residents define their rights as they discuss the importance of respect, privacy, social interactions, choices, medical care, and emotional support. *Resident interviews.*

Order #RP117

PERSPECTIVES OF THE ELDERLY ...

Abuse: The Resident's Perspective

Residents report what they feel is abuse, and their concerns may surprise your staff. Not only do their comments include the obvious, but also many situations or interactions that you would not think of as abusive unless you were a resident. Find out what it's like to be on the other side of care. *Resident interviews.* Order #RP102

Respecting Resident Rights: Individuality and Dignity

Content Advisors:

BARBARA RESNICK, PHD, CRNP, FAAN
ELIZABETH GALIK, PHD, CRNP

Hearing resident voices helps staff to provide person-centered care that respects individuality and dignity. Find out from residents who they are; what they need to be resilient and successful in their new long-term care home; and what they need from staff. *Resident Interviews.* *Filmed on location at Roland Park Place.* Order #RP118

Alzheimer's Disease: The Patient's Perspective

An extraordinary and rare glimpse into the world of Alzheimer's disease. For brief moments, Shana realizes the devastation of her illness and remembers her world as it was. With great anxiety, she acknowledges the perils she now faces. Vividly she describes her confusion, her frustrations at the loss of independence, and her growing fears of forgetfulness. Order #RP103

A Good Day in Long-Term Care: The Resident's Perspective

Have you ever stopped to think, what makes a good day for a resident in long-term care? With great conviction, they explain that a good day in long-term care can mean someone bringing you a drink when you are thirsty, being included in a favorite activity, or getting to sit next to someone you like in the dining room.

Resident interviews. Order #RP106

Care Includes Our Emotional Well-Being: The Resident's Perspective

Painful to hear, this program is a wake-up call to staff. Residents' emotions have been ignored for too long. Residents want staff to know they're not just a room number or a medical condition. Some speak with tears in their eyes and others hide their sadness, but any compassionate person will recognize their ongoing need for emotional connection. *Resident interviews.* Order #RP115



End of Life Decisions and Concerns: The Resident's Perspective

While elderly individuals express their preference for natural endings, they also reveal their confusion about options. Afraid if they request hospice or no life-saving interventions, this will mean starvation, pain, and isolation. Preferring to avoid direct discussions with health professionals or family members, they live their final years in unspoken fear. Topics include: limiting treatment, DNR orders, medical power of attorney, and feeding tubes. *Resident interviews.* Order #RP109

Understanding Me: The Younger Resident's Perspective

Long-term care designed for care of the elderly often needs to accommodate younger residents. This is now a reality in nearly every nursing home. Here are some tips from younger residents to help staff appreciate differences that must be addressed to minimize frustration and confrontations. This is a must-see to understand the different approach needed with younger residents. *Resident interviews.* Order #RP110

Living in Long-Term Care: The Resident's Perspective

What's it like to leave your home, your belongings, your world and enter a nursing home? Suddenly a stranger is your roommate, you don't decide what and when you'll eat, someone in the hall is always calling out. And then you discover, your quality of life depends nearly totally on your nursing assistants. *Resident interviews.* Order #RP112

Great Nursing Assistants: The Resident's Perspective

Find out from the residents themselves what makes a great nursing assistant. They'll tell you how it feels knowing that a call bell will be answered quickly; how much they appreciate food containers opened on a food tray; how good it is to know when they're in pain, they'll be taken seriously; and not surprising, how good it feels when someone takes the time to know them. *Resident interviews.* Order #RP111

Forever Beautiful: The Resident's Perspective

Residents make impassioned pleas to be kept clean and properly dressed when they are no longer able to care for themselves. Baths, finger nails, teeth, dentures, hair, make up, eye glasses, hearing aids, and clothes are all on their list. Nobody wants to sit around with uncombed hair or in a dress with food stains. "If we look good, we feel better." *Resident interviews.* Order #RP105

My Pain Is Undertreated: The Resident's Perspective

With increased awareness of the importance of pain management, it's surprising to walk through halls of a nursing home, and still hear moaning and voices calling out in pain. Residents relate their experiences with emotional raw intensity. Says one resident, "Sometimes it's so bad, I hear myself shouting out." Another one adds, "Tears just keep rolling down my face, I never thought I would cry from pain." Their pain results in sleep deprivation, depression, anxiety, agitation, decline in functional status, and lower overall quality of life. *Resident interviews.* Order #RP107

NURSING HOME HEROES: The Nursing Assistant's Perspective

To many residents, nursing assistants are family, caregivers, and the ultimate heroes. Inspire both students and staff with this emotional and motivational DVD. Dedicated nursing assistants share the love they have for residents and the rewards of this caring profession. GNAs make an incredible difference in the lives of older people and their career gives meaning to their life. Motivate, inspire, and develop pride. *Filmed at Stella Maris. Interviews and patient footage.* Order #CE642



Sexuality in Long-Term Care: Resident to Resident

GEORGIA STEVENS, PHD, APRN, BC

What concerns do staff have concerning resident-to-resident intimacy? What questions need to be asked? Does one or both of the residents have a diagnosis of dementia? Does either resident have a spouse or an adult child who does not approve of the new relationship? When appropriate, how can residents be given necessary privacy? What happens when inhibition control is diminished? *Interactive discussion.* Order #CE645

Sexual Advances Toward Staff

GEORGIA STEVENS, PHD, APRN, BC

A resident's age-related loss of inhibition and control may result in inappropriate verbal and physical advances such as touching or grabbing of staff. This can be unpleasant for staff and even become out of control if firm actions and policies aren't instituted. Nursing assistants talk about residents who turn friendly hugs into sexuality, who insist on touching breasts, or make ongoing verbal sexual propositions. Find out how staff solve the problem. *Interactive discussion.* Order #CE646

Conflict: Team Confrontations and Negative Staff Behaviors

GEORGIA STEVENS, PHD, APRN, BC

When staff conflicts get out of control, resident care can easily be disrupted, neglected, or jeopardized. Find out from nursing assistants what situations trigger conflict; practical solutions for conflict prevention and immediate resolution; and strategies for letting go of anger and other negative behaviors. Conflicts with supervisors, co-workers, family members, and residents are discussed. *Interactive discussion.* Order #CE643

LONG-TERM CARE CHALLENGES

Person-centered care
provides positive solutions

Conflict: The Disruptive, Chaos-Creating Resident

GEORGIA STEVENS, PHD, APRN, BC

Nursing assistants share their experiences of handling the disruptive resident with behaviors destructive to other residents, staff, and the entire community. They use distraction, redirection, and resident swapping. They try walking away, teaming with other staff members, setting limits, or requesting a psychiatric evaluation. They talk about their successful approaches and identify prevention strategies. When disruptive residents make unfounded complaints about care to their family members or nursing home administrators this can become a nightmare, even ending a professional career. Find out ways to make sure this doesn't happen. *Interactive discussion.* Order #CE644

Mental Illness and the Older Patient

PETER V. RABINS, MD

This program provides an overview of mental illnesses and related behaviors often observed in the elderly. These include: Alzheimer's disease, depression, confusion, delirium, anxiety, and paranoia. Excellent for staff in long-term care and as an introduction for students in nursing, social work, and medicine. *Lecture with patient examples.* 24 minutes. Order #CE604



Preventing and Reducing Negative and Abusive Responses

GEORGIA STEVENS, PHD, APRN, BC

Reviews a series of situations that can precipitate inappropriate caregiver responses. Appropriate and positive management for each situation is presented. *Interactive discussion.* 26 minutes. Order #AB417



Speaking Out on Abuse: The Resident's Perspective

This is a must-see for all nursing staff, far more revealing than our first program on abuse. Residents relate with great emotion the dark side of long-term care experiences—a call bell is ignored when someone needs help; a person left in pain, thirst, or hunger ignored; and staff attitudes that are negative and demeaning. *Resident interviews.* Order #RP101

Why Elder Abuse Happens: When Residents Push the Limits

GEORGIA STEVENS, PHD, APRN, BC

An angry resident, a hostile resident, an uncooperative resident, a slow resident, a resident with Alzheimer's disease can all trigger an elder abuse situation when a nursing assistant is under time pressure or other work-related stress. Staff explain what works to decrease frustration and anger and regain personal control with challenging residents. *Interactive discussion.* Order #AB400

Why Elder Abuse Happens: Why Staff Lose It

GEORGIA STEVENS, PHD, APRN, BC

Staff discuss the stress of working in long-term care, the importance of leaving personal problems at home, the importance of not letting anger and frustration build, and the role of team work to defuse potentially explosive situations. Even for those with a strong caring nature and compassion for residents, there are situations and combinations of factors that can escalate and trigger loss of control. *Interactive discussion.* Order #AB401

PREVENTING ELDER ABUSE

Staff training prevents abuse

Elder Abuse: Neglect

GEORGIA STEVENS, PHD, APRN, BC

Nursing staff consider neglect as a form of abuse. Includes: not responding to a call bell; not providing assistance when needed; allowing a resident to remain soiled; not observing and reporting significant change in an older person's physical or mental status; and not reporting signs of pain. *Interactive discussion.* Order #AB408

Elder Abuse: Abusive Verbal Interactions

GEORGIA STEVENS, PHD, APRN, BC

Interactive discussion includes: lack of verbal interaction while providing care; lack of responsive feedback to conversation; negative comments concerning condition or abilities; and ridicule, anger, and threats. *Interactive discussion.*

Order #AB409

Elder Abuse: Abusive Physical Interactions

GEORGIA STEVENS, PHD, APRN, BC

Care providers discuss unacceptable physical interactions, including: use of force when an older person cannot or will not cooperate; grabbing, hitting, or pushing a resident; and rough manner. *Interactive discussion.* Order #AB410

Personal Care ADL Neglect

GEORGIA STEVENS, PHD, APRN, BC

Most residents in long-term care have significant needs for care—bathing, dressing, toiletry, eating, and ambulating. Neglect in these vital areas contributes to functional loss, loss of self-esteem, health problems, pressure sores, and rapid declines in emotional status. Neglect of ADLs has devastating emotional and physical consequences. *Interactive discussion.*

Order #AB404

Behavioral Neglect: Triggering Aggression

GEORGIA STEVENS, PHD, APRN, BC

Residents' emotional, behavioral, and social needs are integral to quality of life. If neglected, agitation, aggression, or depression are inevitable and physical well-being is in jeopardy. This video identifies areas of behavioral neglect, why it happens, and the negative consequences not only for the resident, but also for staff and the facility. *Interactive discussion.*

Order #AB405



Vital Signs: Vital Technique

Competency: Vital Signs

LAURIE J. CONWAY, RN, MS

Vital signs drive treatment decisions, so it's imperative for nursing assistants to gather data accurately and recognize and report abnormal values. In this program, a nursing instructor demonstrates how to take the vital signs of an elderly individual and discusses normal and abnormal values. Specific guidance is given on what to do when abnormal values are discovered. Order #CE649

Care Essentials: Vital Signs Plus

Competency: Vital Signs

DEBRA WERTHEIMER, MD

Dr. Wertheimer does "resident rounds" with nursing assistants to let them know the importance of the information they must provide to the health care team. Content includes: vital signs and their meaning; checking for pressure sores and ulcers; and recognizing changes in physical or mental status. This program should be used for staff development by every nursing home and training program. *Interactive discussion, resident vignettes.*

Order #CE607

Resident Safety: Tips for the GNA

Competency: Patient Safety Standards

What circumstances can increase an older person's risk of falling? Danger arises from confusion, new medications, wandering, agitation, and new environments. Walkers, canes, wheelchairs, or cleaning supplies left in obstructive locations can become threatening obstacles. Being able to see and hear prevents falls, this means eyeglasses and hearing aides must be in working condition and worn. *Interactive discussion, resident vignettes.*

Order #CE605

ELDER CARE COMPETENCIES

*Vital signs, reporting changes,
infection control, oral hygiene,
reporting pain ...*

The Nursing Assistant: The Most Important Eyes

Competency: Observing and Reporting
Changes

DEBRA WERTHEIMER, MD

Nursing assistants explain important signs they look for when entering a resident's room. Discussion considers physical, emotional, and cognitive changes. Physical changes include a consideration of skin breakdown and the beginning of pressure sores, changes in vital signs, appetite, sleep patterns, and activity level. Emotional and cognitive changes include sudden onset of confusion, changes in mood, motivation, cognitive ability, an inability to follow instructions, and an inability to participate in activities of daily living. *Interactive discussion.* Order #CE600

Becoming an Extended Family Member

Competency: Respecting Client

DEBRA WERTHEIMER, MD

Nursing assistants discuss their role as extended family members, including: spending additional time with residents; knowing each resident; allowing residents to have choices; encouraging participation in activities; making sure residents are getting appropriate nutrients; and ensuring eye glasses, hearing aids, and dentures are in good condition. *Interactive discussion.* Order #CE601

Care Means Caring

Competency: Respecting Client

DEBRA WERTHEIMER, MD

Providing care to elderly individuals goes far beyond meeting the requirements stated in a job description. Care providers need to understand the physical, emotional, and social losses associated with the aging process and how to minimize these losses whenever possible. Meet nursing assistants who bring this to life in their daily care. *Interactive discussion, resident vignettes.* 24 minutes. Order #CE609

Recognizing and Preventing Emergencies

Competency: Patient Safety Standards

DEBRA WERTHEIMER, MD

Every care provider working in long-term care needs to be able to recognize emergency situations and prevent them whenever possible. Dr. Wertheimer and nursing assistants discuss signs and symptoms of heart attacks, strokes, choking, and hypoglycemia and what actions should be taken immediately. Resident testimonials describe personal emergencies and emphasize the critical importance of the nursing assistant's role. *Interactive discussion, resident vignettes.* 28 minutes. Order #CE608

ELDER CARE COMPETENCIES ...

You Can Save a Life: Reporting a Change in Mental Status to Ensure Prompt Treatment

Competency: Reporting Changes in Patient Condition

ELIZABETH GALIK, PHD, CRNP

ANN A. SCHEVE, MS, RN

The first sign of a life-threatening illness among long-term care residents is often a subtle change in mental status. Geriatric nursing assistants are in the best position to alert the health care team to this under-recognized and deteriorating disorder, also called delirium. Empower your staff to have confidence in their ability to identify, communicate, and intervene.

Clinical vignettes. Order #CE648

Pain: The Fifth Vital Sign

Competency: Reporting and Recording Pain

DEBRA WERTHEIMER, MD

Recognizing pain isn't always obvious, particularly with patients who are non-verbal or suffering from dementia. However, pain can be an indicator of a new or deteriorating medical condition. It is the 5th vital sign that must be checked for daily. Nursing assistants present guidelines for identifying, describing, and reporting pain. Order #PN504

Reporting Symptoms of Pain

Competency: Reporting and Recording Pain

DEBRA WERTHEIMER, MD

Dr. Wertheimer and nursing assistants assess several residents to demonstrate how to recognize and report symptoms of pain. Dr. Wertheimer emphasizes that staff need to get exact descriptions from residents who are able to speak. With non-verbal residents, nursing assistants must be on the look out for changes in eating, sleeping, and behavior, as well as for grimacing, changes in calling out, and changes in positioning. *Interactive discussion, resident vignettes.* Order #PN501

Assessing and Reassessing Response to Pain Management

Competency: Reporting and Recording Pain

DEBRA WERTHEIMER, MD

With input from residents and nursing staff, Dr. Wertheimer guides viewers to both assess and reassess responses to pain management. Both verbal and non-verbal residents are considered as well as residents with dementia. *Interactive discussion, resident vignettes.* Order #PN502

Non-Pharmacological Approaches to Pain Management

Competency: Reporting and Recording Pain

DEBRA WERTHEIMER, MD

Medication management is not always the answer to pain problems. And sometimes medications need to be used with other interventions. Residents and staff share with Dr. Wertheimer non-pharmacologic pain management that should be incorporated in all care. *Interactive discussion, resident vignettes.* Order #PN503

Infections: Prevent Them

Competency: Infection Control Precautions and Hand Hygiene

DEBRA WERTHEIMER, MD

STEPHANIE A. MAYORYK, RN, BSN, CIC
Infection Control Practitioner

This program presents the essential practical information long-term care staff need to prevent the spread of infections. The simple and straightforward must-do's presented in this program will protect patients, residents, and staff. Show this program once a month or once a week, whatever it takes to keep hands clean, the environment disinfected, and the staff safe with the appropriate use of gowns and gloves. *Interactive discussion, demonstrations.* 30 minutes. Order #CE602

Brush Those Teeth and Dentures: Mouth Care for the Dependent Elderly

Competency: Oral Hygiene

JANET YELLOWITZ, DMD, MPH

Director of Geriatric Dentistry

University of Maryland Dental School

To clean a mouth, you don't need to be a dentist or a dental hygienist. In fact, this program was developed for all caregivers, including nursing assistants, home health aides, and family members. Demonstrations show how to brush another person's teeth and how to clean dentures. *Demonstrations*. Order #CE606



Pressure Sores: Tips for GNAs

Competency: Skin Care

Pressure sores are clearly one of the most troublesome problems in long-term care. More than any other team member, the GNA must assume the vital responsibility of daily checking for skin problems. This program clearly presents what a pressure sore is; what puts a resident at risk for developing pressure sores; the stages of pressure sores; and how to prevent pressure sores. *Clinical vignettes include bedside examination of pressure sores and management strategies*. Order #CE603

Restorative Care: Being a Motivator

Competency: Range of Motion Exercises

BARBARA RESNICK, PHD, CRNP, FAAN

Sometimes it's not easy to get older adults motivated to do things for themselves due to ambivalence, physical pain, or fear. Dr. Resnick shows nursing assistants how to get older people to want to participate in nurturing their own independence.

Order #CE614

Restorative Care: Doing It

Competency: Range of Motion Exercises

BARBARA RESNICK, PHD, CRNP, FAAN

Staff can implement the guidelines for this restorative care approach in residential or daycare settings. It can be used if there is no formal restorative care program or as a complement to an existing program.

Order #CE613

Restorative Care: Everyone Can Do It

Competency: Range of Motion Exercises

BARBARA RESNICK, PHD, CRNP, FAAN

It's essential to provide care that promotes functional independence for older adults. This suggested restorative approach can be implemented in any setting—even by staff without advanced training. *Interactive discussion and demonstrations*.

Order #CE611

The Unopened Milk Carton

Competency: Feeding Patient

Encouraging and assisting older individuals to feed themselves promotes functional independence. Proper preparation of items on the tray enables residents to easily manage food independently either with a fork or fingers. Remember, an unopened milk carton or juice container may be an insurmountable barrier for residents. Demonstrations of eating and feeding provide essential guidance for nursing assistants, home health aides, and family caregivers. Order #CE630



Comfort Care for Residents Receiving Life-Prolonging Therapies

DEBRA WERTHEIMER, MD

Comfort care begins day one of admission to long-term care. In this program nursing assistants identify their role in providing palliative care throughout a resident's stay in long-term care, even while receiving life-prolonging therapies. This role includes: reporting symptoms; pain management; and other comfort care measures. Bedside conversations with residents reveal how comfort care improves their lives. Order #ELC800

End of Life Decisions and Concerns: The Resident's Perspective

While elderly individuals express their preference for natural endings, they also reveal their confusion about options. Afraid if they request hospice or no life-saving interventions, this will mean starvation, pain, and isolation. Preferring to avoid direct discussions with health professionals or family members, they live their final years in unspoken fear. Topics include: limiting treatment, DNR orders, medical power of attorney, and feeding tubes. Resident interviews. Order #RP109

Comfort Care for Residents Receiving Hospice in LTC

DEBRA WERTHEIMER, MD

Hospice programs and hospice options are now available in many long-term care facilities. For residents no longer receiving life-prolonging interventions, palliative care or comfort care becomes key. The treatment goal is now "Improving Quality of Life." Program includes discussion of pain management, symptom control, supportive interactions, nutrition, and special accommodations for bathing, meals, and rest. Essential viewing for staff caring for residents at end of life. Order #ELC801

END OF LIFE CARE

*The greatest gift of all is
good endings*

Withholding Artificial Nutrition and Hydration

DEBRA WERTHEIMER, MD

This is a vital area at end of life care. Make sure your staff understands it and is comfortable with it. More and more, residents and their families indicate through advance medical directives the desire to withhold artificial nutrition and hydration in the final days of life. Discussion includes: respecting the family's wishes; understanding the reasoning behind these directives; and continuing to provide the highest possible quality of care during these final days. Order #ELC802

The Challenge of Life's Journey: The Resident's Perspective

Residents share the age-transition journeys made in their final years as they face loss of function and on-set of age-related conditions. Hear about this experience as they go from community living to assisted living and finally to long-term care. Residents reveal their personal challenges in making these transitions and what staff can do to help. *Resident interviews*. Order #RP104



The Importance of Faith and Religion: The Resident's Perspective

Residents approaching the end of life discuss how faith and religion provide them strength and understanding. Looking forward to weekly services, holidays, and conversations with faith leaders, everything comes together for them through their belief. *Resident interviews*. Order #RP114

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about

MedSchool Maryland Productions and Video Press

MedSchool Maryland Productions and Video Press are programs of the University of Maryland School of Medicine, under the leadership of E. Albert Reece, MD, PhD, MBA, Vice President for Medical Affairs, University of Maryland; John Z. and Akiko K. Bowers Distinguished Professor; and Dean, University of Maryland School of Medicine. Our mission is to produce and distribute programming which will support better care for the elderly. We urge you to visit our website where you will find many more titles and video clips of our programs.

Current production, distribution, and website teams include the talents of John Anglim, Christina Salmond, and Sue Williams under the direction of award-winning Producer Susan Hannah Hadary.

Susan Hadary is the recipient of an Oscar® for the short documentary King Gimp and has received a Peabody Award, Emmy awards, and multiple top awards in national film festivals. Her documentaries have aired on HBO, TLC, Discovery, Discovery Health, and public television stations.

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