



DVD CATALOG 2011-2012

CARE OF THE ELDERLY

Alzheimer's Disease
Preventing Elder Abuse
Perspectives of the Elderly
Elder Care
Long-Term Care Challenges
End of Life Care

2011-2012

Alzheimer's Disease ... 4
Preventing Elder Abuse ... 10
Perspectives of the Elderly ... 12
Elder Care ... 15
Long-Term Care Challenges ... 18
End of Life Care ... 20
Ordering Information ... 22
About MedSchool
Maryland Productions ... 23

VIDEO CLIPS AVAILABLE ONLINE



NEW RELEASES AND BEST SELLERS

Grace

Used by thousands of institutions across the country, this program is the ideal introduction to Alzheimer's disease for students in all health professional programs and for others working with the elderly. Order #AD200

Communicating with the Alzheimer's Patient

Breaking through the communication barriers resulting from Alzheimer's disease is essential for good care. Guidelines demonstrate how to "enter the world" of the Alzheimer's patient and "learn their language." Order #AD202

Alzheimer's, Facilitating ADLs

Providing ADL care to a person with Alzheimer's disease can present challenges to caregivers. This program provides strategies to facilitate this essential care. Order #AD235

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. Resident interviews. Order #RP101

Alzheimer's, The 36-Hour Day

The perfect video companion for the national best-selling book by Peter V. Rabins, MD, introduces Bob and Nancy, as they deal with stage one of the disease. Order #AD233

NEW RELEASE

Alzheimer's, The 36-Hour Day—Moving to Assisted Living

This DVD returns to Bob and Nancy 18 months after the initial filming. Nancy is having more difficulties with language and memory and is now living in assisted living.

Order #AD238

NEW RELEASE

Rabins One-on-One: Tips for Family Caregivers

Not every family has the opportunity to meet with Dr. Peter Rabins, now they do. "Rabins One-on-One" addresses what families have identified as some of the most difficult caregiving challenges. Order #AD240

NEW RELEASE

Resident's Rights: The Right to Quality ADL Care

Residents let us know that, ADL care is the most frequent and regular care they receive and their quality of life depends on it. Doing everything they can independently is important to them, but getting help when needed is essential. Order #RP120

NEW RELEASE

Resident's Rights: Why Residents Refuse Necessary Care

Residents have the right to refuse care. Finding out their reasons for making these poor health choices is the first step to helping the resident make good decisions. Order #CE651

NEW RELEASE

Resident's Rights: Strategies to Overcome Resistance to Care

Staff in long-term care and assisted living share their strategies to ensure that residents will not refuse needed health and personal care. Order #CE652



ALZHEIMER'S DISEASE

Strategies to improve
**communication and
facilitate care...**



Grace Notes

PETER V. RABINS, MD, MPH

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, MPH

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

NEW RELEASE

Alzheimer's, The 36-Hour Day Moving to Assisted Living

Eighteen months after the initial filming, the documentation of Bob and Nancy continues. Their lives have changed dramatically with Nancy's move to assisted living. Dr. Rabins speaks with them to find out what led to this change, and the emotional impact for them both. A brief assessment of Nancy reveals additional deficits in memory, language, and functional decline. This DVD includes special features offering additional information on Bob and Nancy and further discussion by Dr. Rabins. Order #AD238. No Rentals. Special Purchase Price \$50

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



NEW RELEASE

Bob and Nancy's 36-Hour Day Moving to Assisted Living

Bob and Nancy's journey with Alzheimer's disease continues 18 months later. Bob now visits Nancy daily in her new home at assisted living. Nancy somehow, sometimes understands that she and Bob no longer live together. At moments, the separation is tragically powerful for both of them. Yet both return to their love as the power for their lives, always looking for the best in each day. Order #AD239 No Rentals. Special Purchase Price \$50

▲ 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. It gives the extraordinary opportunity to witness firsthand the progression of the disease and the related symptoms. Documentary. 56 minutes. Order #AD200
Purchase Price \$200

ALZHEIMER'S DISEASE...

Alzheimer's Abuse

PETER V. RABINS, MD, MPH

Underreported and unrecognized Alzheimer's abuse is prevalent throughout long-term care. Dr. Peter Rabins and geriatric nursing assistants identify the signs of potential abuse for Alzheimer's patients. Agitation, catastrophic reactions, withdrawn behaviors, emotional distress, and isolation must not be accepted. Is it abusive to challenge a patient's reality and precipitate a catastrophic reaction? Does a chair tray or lap buddy result in extreme agitation? What happens when a patient can't verbalize pain? *Interactive discussion.* Order #AD232

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

Alzheimer's, Facilitating ADLs

PETER V. RABINS, MD, MPH

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 reinforcement. *Interactive discussion.* Order #AD235

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



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

Communicating with the Alzheimer's Patient

PETER V. RABINS, MD, MPH

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

The Alzheimer's Patient: Recognizing Pain

PETER V. RABINS, MD, MPH

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

Maintaining Independence and Involving the Alzheimer's Patient

PETER V. RABINS, MD, MPH

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

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

PETER V. RABINS, MD, MPH

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, MPH

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 Patients: Providing Person-Centered Care

PETER V. RABINS, MD, MPH

Improve your care of Alzheimer's patients by providing person-centered care. This approach to care includes: respecting the individual's past life and lifelong interests; and accepting the 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.* Order #AD236



ALZHEIMER'S DISEASE...

Behaviors Associated with Dementia: Case Presentations

This classic program is now available on DVD, presenting for viewers the unique opportunity to actually see behaviors associated with dementia, which may require special consideration and training for staff. Violent and oppositional behaviors, confusion, delusional thinking, and calling out are some of the behaviors documented. *28 minutes. Residents with Alzheimer's filmed in LTC.* Order #AD224

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, MPH
Symptoms of the disease include: loss of memory, mood swings, confusion, impaired cognitive processes, and loss of physical function. *33 minutes.* Order #AD211

The Rabins Response to the Challenging Behaviors of Alzheimer's

PETER V. RABINS, MD, MPH
"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.* Order #AD237

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

PETER V. RABINS, MD, MPH
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 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, MPH
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

Caring for Patients with Late-Stage Dementia

PETER V. RABINS, MD, MPH
This program provides the unique opportunity to observe Dr. Rabins work with nursing staff on an Alzheimer's unit as they check residents. The physical and cognitive decline associated with late-stage dementia is clearly visible and the changing and increasing care needs are discussed. It emphasizes providing comfort and companionship during these final days. *15 minutes.* Order #AD210



FAMILY CAREGIVERS AND SUPPORT GROUPS

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

PETER V. RABINS, MD, MPH
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, MPH
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. Relating their own experiences, they help caregivers recognize signs of burnout plus give practical suggestions to prevent meltdowns. Topics include: caregiver personality changes, signals of caregiver depression, increasing frustration, feelings of hopelessness, and social isolation. Order #AD209

NEW RELEASE Rabins One-on-One: Tips for Family Caregivers

PETER V. RABINS, MD, MPH
Not every family has the opportunity to meet with Dr. Peter Rabins, now they do. "Rabins One-on-One" addresses what families have identified as some of the most difficult caregiving challenges. Five specific care challenges are presented, each in a five-minute vignette. The DVD menu allows direct access to topics of interest. These videos are posted free of charge with other materials by Peter V. Rabins, MD, MPH, at The Jane Shapiro Family Education Program at the Johns Hopkins Memory and Alzheimer's Treatment Center, online at www.hopkinsmedicine.org/rabins_alzheimers. Order #AD240
No Rentals. Special Purchase Price \$50



PREVENTING ELDER ABUSE

*Knowledge, compassion, and
training prevent abuse!*

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

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

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—all can 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

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

Alzheimer's Abuse

PETER V. RABINS, MD, MPH
Underreported and unrecognized Alzheimer's abuse is prevalent throughout long-term care. Dr. Peter Rabins and nursing assistants identify the signs of potential abuse for Alzheimer's patients. Agitation, catastrophic reactions, withdrawn behaviors, emotional distress, and isolation must not be accepted. Is it abusive to challenge a patient's reality and precipitate a catastrophic reaction? Does a chair tray or lap buddy result in extreme agitation? What happens when a patient can't verbalize pain? *Interactive discussion.* Order #AD232

Personal Care ADL Neglect

GEORGIA STEVENS, PHD, APRN, BC
Most residents in long-term care have significant needs for care—bathing, dressing, toileting, 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

Hidden Abuse: Neglect of Individual Rights and Preferences

GEORGIA STEVENS, PHD, APRN, BC
More prevalent than any other form of neglect, and just as abusive, is the neglect of a resident's individuality. A resident who likes a quiet world is placed in a noisy environment. A vivacious resident is left in their room. A person who likes to decide on their personal appearance isn't given choices. Dr. Stevens works with nursing assistants to identify the ways to respect individual rights and prevent abusive situations. Order #AB407

Preventing and Reducing Negative and Abusive Responses

GEORGIA STEVENS, PHD, APRN, BC
This program 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



PERSPECTIVES OF THE ELDERLY

*Listen to who we are,
listen to our needs, and
understand our rights!*



NEW RELEASE

Resident's Rights: The Right to Quality ADL Care

Residents let us know that ADL care is the most frequent and regular care they receive and their quality of life depends on it. They explain why doing as much as they can for themselves is important, but why getting help when they need it is essential. Short cuts and rushing aren't appreciated. "This makes or breaks my day," explains one resident. Order #RP120

Resident's 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

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

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

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

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

Respecting Resident's 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.* Order #RP118

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

PERSPECTIVES OF THE ELDERLY...

My Pain Is Undertreated: The Resident's Perspective

Residents relate their pain 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." In addition to destroying quality of life, pain results in sleep deprivation, depression, anxiety, agitation, and decline in functional status. *Resident interviews.*
Order #RP107

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, makeup, eyeglasses, 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



Understanding Me: The Younger Resident's Perspective

Younger residents with chronic conditions and permanent disabilities speak out about their lives in long-term care. Expectations, dreams, and life plans have disappeared. Dealing with an environment developed for older individuals, they describe their daily quest for relevance and respect. For some it's frustration and anger. For others with support of family and the facility, they create a life of meaning in long-term care. *Resident Interviews.*
Order #RP110

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

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 the onset 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. Appropriate for staff, residents, and family members. *Resident interviews.* Order #RP104



ELDER CARE

*Caring for older people requires
special care, special skills, and a
special heart...*

Vital Signs: Vital Technique

LAURIE J. CONWAY, RN, MS

School of Nursing, University of Maryland

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. Content includes correct techniques to measure: tympanic and oral temperature; radial pulse; respiratory rate; oxygen saturation by finger probe; and manual and automated cuff blood pressure. Order #CE649

ELDER CARE...

Care Essentials: Vital Signs Plus

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; taking vital signs and their meaning; checking for pressure sores and ulcers; and recognizing changes in physical or mental status. *Interactive discussion, resident vignettes.* 23 minutes. Order #CE607

The Nursing Assistant: The Most Important Eyes

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

Care Means Caring

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

Pain: The Fifth Vital Sign

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. 23 minutes. Order #PN504

Assessing and Reassessing Response to Pain Management

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

Infections: Prevent Them

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

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

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

Recognizing and Preventing Emergencies

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

Resident Safety: Tips for the GNA

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

Restorative Care: Being a Motivator

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

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

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





LONG-TERM CARE CHALLENGES

Learning to manage conflict and disruptive residents...

NEW RELEASE

Resident's Rights: Why Residents Refuse Necessary Care

What does a nursing assistant do when day after day a resident refuses bathing, does not want to change clothes, and will not accept medication or allow vital signs to be taken? In this DVD, nursing home staff discuss the resident's right to refuse care; identify reasons why residents may be refusing care; and explain the importance of documenting and reporting when care is not delivered. Only by understanding reasons why residents are refusing care, can proper interventions be identified. Content by Elizabeth Galik, RN, CRNP, and Barbara Resnick, RN, CRNP, FAAN, FAANP. Filmed at Roland Park Place. Order #CE651

Conflict: Team Confrontations and Negative Staff Behaviors

GEORGIA STEVENS, PHD, APRN, BC

Find out from nursing assistants what situations trigger conflict and get practical solutions for conflict prevention, 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

NEW RELEASE

Resident's Rights: Strategies to Overcome Resistance to Care

Experienced staff in assisted living and long-term care understand the importance of recognizing and respecting the resident's right to make decisions. However, they also appreciate the importance of residents receiving necessary care to support positive health outcomes and quality of life. Find out about some successful strategies, including building relationships with residents, forming bonds of trust, reapproaching, prioritizing, and even bargaining and "bribing." Content by Elizabeth Galik, RN, CRNP, and Barbara Resnick, RN, CRNP, FAAN, FAANP. Filmed at Roland Park Place. Order #CE652

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. *Interactive discussion.* Order #CE644

Caregiver Stress Triggers

This program considers multiple demands placed simultaneously on the caregiver. Also addresses caregiver stress generated by combative, uncooperative, and confused behaviors. *Interactive discussion.* 27 minutes. Order #AB416

Mental Illness and the Older Person

PETER V. RABINS, MD, MPH

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

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

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

Caring for the Younger Resident

GEORGIA STEVENS, PHD, APRN, BC

Caring for the younger resident presents very different challenges. Young, impatient, often frustrated or angry, younger residents may take out their emotions on the care provider or on other residents. Nursing assistants present specific strategies for developing a different kind of caregiving relationship with these residents. *Interactive discussion.* Order #CE615



END OF LIFE CARE

*Giving the greatest gift of all, **final days of care***



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

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

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

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

NEW RELEASE

End of Life Care: The Family Caregiver's Perspective

This DVD documents the demands on the family caregiver during end of life care and provides for health professionals, social workers, and CNAs delivering care in homes an understanding of the issues faced by the family. This program follows the life of Marge, a family caregiver, as her husband's health problems escalate during his final year. Excellent for hospice. Based on the documentary "Marge and Walter." Order #ELC814

Pressure Sores: Tips for GNAs

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

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. Order #RP114

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about

MedSchool Maryland Productions and Video Press

Susan Hannah Hadary, Director

MedSchool Maryland Productions and Video Press are programs of the University of Maryland School of Medicine. Our mission is to produce and distribute programming that 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. Our current production, distribution, and web development team includes the talents of John Anglim, Christina Salmond, Sue Williams, and 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. She has also been honored by the Alzheimer's Association Greater Maryland Chapter. John Anglim is the recipient of multiple Emmy Awards for his photojournalism.

Most recently, Susan Hadary and John Anglim co-produced "Departing Rosewood," a documentary that aired in 2011 on Maryland Public Television. To find out more about our award-winning productions and production team, visit:

www.medschoolmarylandproductions.umaryland.edu.

We welcome contracts and commissions to produce video programming to meet your educational needs, training, and community outreach goals. For information, contact us at videopressmail@som.umaryland.edu or call our office at 800-328-7450.



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