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Nurse Educator Scholarly Project

Dementia and Innovative Communication Strategies: A Simulated Role-Rehearsal with Nursing

Students

Katie Hill

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## Dementia and Innovative Communication Strategies: A Simulated Role-Rehearsal with Nursing Students

Nursing students can benefit from simulated role rehearsals to enhance communication skills to use with patients that have dementia. Dementia causes decline in executive functioning, cognitive impairment, and brain changes that can lead to personality changes and challenging behaviors (McCance & Huether, 2012), which may require innovative care strategies. Dementia also causes changes in the brain that affect communication (McKay & Hanzaker, 2013). Patients with dementia may need multiple techniques and approaches when it comes to communicating throughout the lifespan of their illness, and working with this population is becoming increasingly common due to the influx of elderly patients in the healthcare system.

### **Literature Review**

#### **Significance and Implications of Dementia for Nursing Students**

There are an estimated 5.1 million people over the age of 65 that suffer from Alzheimer's Disease and other types of dementia in the United States (Alzheimer's Association, 2015). This number is expected to grow as the population continues to age, and by 2025 there are expected to be 7.1 million people over the age of 65 with Alzheimer's Disease and other dementia conditions (Alzheimer's Association, 2015).

Communicating with dementia patients can be both challenging and rewarding. While patients with early dementia may be able to use verbal communication effectively, patients with advanced dementia are often unable to communicate in this manner. Additionally, patients with dementia are very susceptible to communication challenges due to cognitive impairments, stereotypes, and their social context (Savundranayagam, Ryan, Anas, & Orange, 2007). Therefore, it is imperative that all healthcare professionals are well informed on how to best

communicate with this growing population. While some of these skills are developed through experience in the clinical setting, nursing students should be instructed on foundational techniques to enhance their communication encounters.

### **Care Coordination Implications**

Due to the increased vulnerabilities present in this population of patients, care coordination is especially important to ensure that patient needs are met and optimal care is provided. The Alzheimer's Association (2009) has established a set of recommendations which serve as the fundamentals for effective dementia care. Dementia care is heavily influenced by the principles of person-centered care, which is care that is constructed around the changing abilities and needs of each individual patient (Alzheimer's Association, 2009). It is also important to remember that each person with dementia is a unique individual, and can have an array of different abilities and needs that can change over time as the disease advances.

Recommended practices for care include a comprehensive assessment and care planning, as well as understanding behavioral interventions and effective communication techniques (Alzheimer's Association, 2009). Regarding communication, these patients need to be given ample opportunities and sufficient time to express themselves effectively (Alzheimer's Association, 2009). Caregivers can aid in this process by speaking in simple and direct language, utilizing gestures, incorporating pictures and written words, and using verbal cues to help enhance the communication experience for both the patient and the caregiver (Alzheimer's Association, 2009).

### **Evidence-Based Communication Strategies**

Although at times challenging, communicating with patients that have dementia can be a rewarding and satisfying experience based on the implementation of evidence-based

interventions. The growing numbers of patients with dementia deserve communication techniques tailored to their needs, and the body of literature supports interventions applicable to all dementia patients.

The teaching session focused on introducing the students to three main evidence-based principles for communicating with patients that have dementia: personhood, using direct speech, and methods to manage challenging behaviors (Elkins, 2011; Ellis & Astell, 2010; Savundranayagam et al., 2007; Veselinova, 2014). These evidence-based innovative strategies and principles were introduced to the students prior to facilitated application in the selected learning activities.

### **Methods**

The teaching session was constructed based on the following learning outcomes: (a) describe or teach-back the appropriate use of one communication technique provided in the video scenario, (b) identify perceived confidence level related to communicating with dementia patients, and (c) examine select communication techniques for clients with dementia. These learning outcomes addressed both the cognitive and affective learning domains, and guided the design, implementation, and evaluation of this teaching session.

### **Description of Project Setting**

This scholarly project was implemented with seven nursing students in the clinical setting of a Bachelor's of Science in Nursing program. These students, in the second semester of upper-division coursework, were enrolled in a 'Psychiatric and Mental Health' course and clinical rotation, which addresses an array of illnesses including dementia. The clinical placement setting was at a long-term care facility with a memory care unit. This teaching session was

designed to teach students valuable skills to enhance their communication encounters with dementia patients, and to impact personal confidence levels for caring for patients with dementia.

### **Teaching Strategies and Learning Activities**

In order to achieve the identified outcomes, a variety of teaching strategies and learning activities were employed (see the detailed teaching plan in Appendix A). Following IRB project approval, students were first given an implied consent letter, which stated that students could opt-out of the pre and post-surveys for this educational project by simply not completing the evaluation tools. After students had completed the pre-test, a brief lecture was presented to ensure that all of the desired content on communication strategies was delivered (Rowles, 2012). The students then viewed a video case study scenario, which was used to help foster an affective connection with the material (Rowles, 2012), using principles of humanism to communicate the vulnerabilities of the population (Purdy, 1997).

Following the video, students engaged in a scripted role-rehearsal activity (Halstead & Billings, 2012), which integrated principles of constructivism by having the students engage in a rehearsal dialogue, using the educator as a facilitator (Brandon & All, 2010). This low-fidelity simulation activity helped the students practice skills and increase confidence, which is not always addressed in the classroom and often left to be acquired through actual experience (Lewis et al., 2013). Role-rehearsal also aids in addressing emotional situations (Lewis et al., 2013), and allows students to practice new skills in a low-risk environment. Debriefing was done with a group reflection of the experiences and observations of the students following the role-rehearsal activity. This debriefing included student reflection and discussion (Gummesson & Nordmark, 2012), and also included faculty-led questions to encourage students to share their feelings and

insights with the group. This reflection activity incorporated principles of both constructivist and humanistic learning theory (Brandon & All, 2010; Purdy, 1997).

### **Educational Resources**

There were a variety of educational resources, both internal and external, needed to implement and evaluate this education project. External resources included internet access to the video case study, and the curriculum standards that guide the course outcomes in the School of Nursing. Internal resources included the technology equipment available such as PowerPoint software, printing costs to produce the evaluation tools and simulation handout materials, and the time and expertise of the faculty preceptor in mentoring the educator through the planning and implementation of this educational project. The education project depended on the accessibility and functionality of these external and internal resources, and having an awareness of these resources helped to plan for any potential disruptions to the project.

### **Learning Theories**

Constructivist and humanistic learning theories were integrated to guide the design, teaching strategies, and evaluation methods of the teaching session.

#### **Constructivist Learning Theory**

In constructivist learning theory, “Learning should be an active process in which learners construct new ideas or concepts based upon their current or past knowledge” (Brandon & All, 2010, p. 90). This learning theory also encourages students to work in groups, using reflective exercises and dialogue (Brandon & All, 2010). The educator serves as a facilitator and a coach (Rolloff, 2010), leaving the learning to be discovered through a sharing of perspectives. In this teaching session, principles of constructivist learning theory were applied through the low-

fidelity role rehearsal simulation activity (Halstead & Billings, 2012; Rowles, 2012), and through the reflective debriefing following this activity.

### **Humanistic Learning Theory**

In humanistic learning theory, the educator also acts as a facilitator, and students draw personal meaning from the content by interacting with their classmates (Purdy, 1997). Students are also encouraged to develop their own self-awareness through critical reflection based on this learning theory (Robinson & Nagle, 2013). In this teaching session, the video case study example applied principles of humanistic learning theory by humanizing the content and reminding the students of the vulnerabilities present within this population. Additionally, reflective exercises were designed to help the students achieve growth through self-directed learning (Purdy, 1997).

### **Learner Assessment Methods**

To evaluate the learning outcomes, a Likert-scale and one-minute paper application exercise were used.

#### **Likert-Scale Questionnaire or Survey**

A Likert-scale questionnaire or survey (Appendix B) was used both pre and post session for students to evaluate their own confidence level related to communicating with patients that have dementia. Likert scales, or attitude scales, are effective at capturing how a person is feeling in that moment (Bourke & Ihrke, 2012). This evaluation tool was used to help give the educator objective data on what otherwise could be a relatively subjective outcome, and was a self-developed tool designed specifically for this teaching project.



### **One-Minute Paper**

In the one-minute paper (Appendix C), students were asked to describe one communication technique that could be applied to the video case study reference. Students were also asked to describe how this additional knowledge related to communicating with patients that have dementia will impact their confidence and professional nursing practice. This activity was intended to be brief, requiring the students to provide their responses in roughly one minute. This evaluation method was an efficient modality for the educator to assess the students' affective reactions and understanding of the content provided (Fisher, 2006).

### **Evaluation of Teaching Effectiveness**

Teaching effectiveness was primarily evaluated based on the ability of the students to meet the identified learning outcomes. In addition, two brief true or false questions were added to the post-test assessment, which was designed to assess whether the students perceived the teaching session to be a valuable learning experience, and if any new communication techniques were learned during the session. The educator was also mindful of the richness and depth of the reflection portion of the teaching session, which also served to help evaluate student engagement and interest on a more subjective evaluation level.

### **Results**

The sample size for this teaching session consisted of seven undergraduate nursing students (N=7). All seven students were female and primarily traditional students. To evaluate the teaching session, results were collected to measure the selected learning outcomes using a pre and post-test survey, and a one-minute paper. Additionally, effectiveness of the teaching session was analyzed for facilitator feedback and growth. These results have been analyzed for

significance and trends, through the examination of each individual outcome and evaluation method.

### **Outcome 1: Describe the Use of a Communication Technique**

To evaluate the ability of the students to describe the use of a dementia-specific communication technique, students were asked to complete a one-minute paper following the educational session with the following question: describe the application of one communication technique in the scenario provided in the video case study. Following this activity, a thematic analysis was completed to explore recurring trends in the students' responses (see Appendix D). Students were able to successfully identify the two primary communication techniques demonstrated in the video case example, personhood and direct speech. Personhood, which incorporates life history, preferences, and values into communication (Savundranayagam et al., 2007), was the most identified strategy. Direct speech was also identified by the students, which recommends the use of short sentences and yes/no questions (Elkins, 2011; Veselinova, 2014). This learning outcome was also evaluated informally through group discussion following the role-rehearsal activity. Students offered personal experiences and insight regarding dementia care during the discussion, including an expression of feelings and knowledge related to the topic.

### **Outcome 2: Perceived Confidence Level Related to Communication**

The students' perceived confidence level related to communicating with patients who have dementia was evaluated through a pre and post-test Likert-scale survey. Students were asked to rate their own confidence level based on four questions regarding their ability to: (a) effectively communicate with patients that have dementia, (b) assess the communication needs of patients that have dementia, (c) apply specific, evidence-based communication techniques

when communicating with patients that have dementia, and (d) educate patients, families, and colleagues on communication techniques for patients that have dementia. Overall, students demonstrated an increase in their personal confidence level following the completion of the teaching session (see Appendix E).

Additionally, students were asked to examine how this additional knowledge would impact their own confidence and professional nursing practice through reflection on the one-minute paper (Appendix D). The majority of the students identified that this teaching session increased their confidence level related to communicating with patients that have dementia, and two students also identified that this teaching session increased their personal knowledge related to the subject.

### **Outcome 3: Examine Select Communication Techniques**

Following the lecture, the examination of select communication techniques for clients with dementia was accomplished through the facilitated discussion. Students examined select techniques when completing their responses on the pre-test survey, post-test survey, and one-minute paper (Appendix D and E).

### **Teaching Effectiveness**

Students rated the teaching effectiveness of the session by answering two questions on the post-test survey. Students were asked to respond true or false to the following statements: (a) this educational session was a valuable learning opportunity, and (b) I learned new techniques for communicating with dementia patients or had a reinforcement of learning in this educational session. Overwhelmingly, students responded both questions indicating a 'true' response (see Appendix F).

## **Discussion**

### **Project Findings**

Positive project findings were identified and included the supportive role of learning theories in designing effective teaching sessions, and also how a variety of teaching strategies enhanced learning and complimented different student learning preferences. The increase in student confidence levels, and the ability of the students to accurately apply and describe communication techniques were anticipated, and the overall design of the teaching session aimed to achieve these results.

The use of both constructivist and humanistic learning theories enhanced the overall session and outcomes of the teaching session. Students were encouraged to reflect and work in groups to build a dialogue about the content (Brandon & All, 2010), utilizing principles of constructivist learning theory. Through the role-rehearsal dialogue and debriefing, students shared experiences and were able to collaborate and construct their own understanding of the topic. Humanistic learning theory was also highly supportive for teaching students about communication strategies for use with dementia patients. Students were able to critically reflect and develop their own self-awareness (Robinson & Nagle, 2013) with an appropriate context based on the video case example of the vulnerabilities present in this population.

A variety of teaching strategies encouraged students to participate and apply the content according to their own preferences. The introductory lecture provided an overview of content (Rowles, 2012), while the video case example and role rehearsal activities allowed students to connect with the material through a humanistic approach (Rowles, 2012; Purdy, 1997). The role rehearsal activity also allowed students to practice skills and increase their confidence in a low-risk environment (Lewis et al., 2013). The faculty-led debriefing also allowed students to share

their own experiences and insights with the group (Gummesson & Nordmark, 2012), which created a pool of shared meaning for the students and fostered a greater connection to the material.

### **Limitations**

The sample size for this project was limited to seven students, and this project should be replicated with a larger number of students. Additionally, the students that participated in this project were new to the clinical site, potentially limiting their contextual meaning related to working with dementia patients through their clinical experiences. Additionally, the facilitator did not have access to the students prior to the session to implement learner assessment, which may have impacted the content and teaching strategies offered in the teaching session.

### **Implications and Recommendations**

The primary recommendations for future research related to this topic would be to repeat this teaching session with a larger sample size and to implement learner assessment prior to the session. Nurse educators should aim to give students more opportunities to experience these vulnerable clinical situations, whether it be through the use of clinical assignments, role-rehearsal, or video case studies to help humanize the topic and solidify learning.

Additionally, if the facilitator had follow-up access with the students, it may be meaningful to repeat this content in the context of actual client experiences. For example, a client in the clinical setting could be selected, with a focus on how to achieve effective communication based on the application of the presented techniques and the client's individualized preferences and needs for communication. This would ensure that all students had proper context, and would give the students an opportunity to practice their skills in a real-life situation. Furthermore, although content related to methods to use for challenging behaviors

was included in the lecture content, highlighting this material more in the selected learning activities would help students further understand the implications of this content.

### **Challenges, Learning Insights, and Growth**

Through the design, implementation, and evaluation of this teaching project, learning insights, challenges, and professional growth have occurred. Primary challenges that occurred centered around coordination of project implementation after the design phase was completed. Because this project was not necessarily designed to fit into a specific nursing course, finding the appropriate venue to deliver the lesson took careful consideration and was more complicated than anticipated. Although selection of a course prior to design is not necessarily mandatory, it would have facilitated the process of implementation to ensure a faculty and course fit for the project. Eventually, the appropriate class and group of students was obtained, and the teaching session was an appropriate complement to the learning outcomes in the clinical environment.

Professional growth and learning insights that occurred included the realization that the careful selection of teaching strategies and learning outcomes can greatly enhance project outcomes and learning. A great deal of planning is required to be successful in achieving individual student learning and tailoring lessons to the needs of the student, both as a group and individually. Overall, this project has fostered insight and an appreciation for the role of the nurse educator.

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Appendix A

Teaching Plan

**Student Name:** Katie Hill

**Teaching Plan Title:** Dementia and Communication: Classroom Teaching Techniques for Nursing Students

**Purpose:** To provide undergraduate BSN students with techniques for use when communicating with patients that have dementia.

**Goal:** Increase students' confidence and understanding of the students when encountering these scenarios in clinical practice.

**Learning Context/Environment:** Mental Health Nursing clinical, second semester undergraduate students in the BSN program at the University of Portland, approximately 7 students.

<p><b>Project Outcomes</b> (knowledge domain level) 1. Cognitive: Describe or teachback the appropriate use of one communication technique in the provided video scenario. 2. Affective: Identify perceived confidence level related to communicating with dementia patients. 3. Cognitive: Examine select communication techniques for clients with dementia.</p> <p><b>Related Course/Program Outcomes or competencies</b></p>	<p><b>Learning Theories to support project focus</b></p> <ul style="list-style-type: none"> <li><b>Constructivism:</b> Students work in groups and knowledge is dynamic. Includes the use of reflective exercises and dialogue (Brandon &amp; All, 2010). The educator acts as the facilitator and coach (Rolloff, 2010).</li> <li><b>Humanism:</b> Students draw personal meaning from interactions with others. Includes experiential learning with growth through reflection (Purdy, 1997). This theory is useful when dealing with vulnerabilities, humanizing</li> </ul>	<p><b>Content Outline with key concepts</b></p> <ul style="list-style-type: none"> <li>-Identify common obstacles that can occur when communicating with dementia patients</li> <li>-Offer general suggestions and techniques that can be easily remembered and applied</li> <li>-Apply learning with scripted role-rehearsal, reflection, and video case reference application exercise</li> </ul>	<p><b>Method of Instruction</b> (teaching strategies &amp; activities for key concepts)</p> <ul style="list-style-type: none"> <li>-Likert scale pretest</li> <li>-Powerpoint lecture (Rowles, 2012)</li> <li>- Video reference/case study (Rowles, 2012)</li> <li>- Scripted role-rehearsal (Halstead &amp; Billings, 2012)</li> <li>-Reflection (Gummeson &amp; Nordmark, 2012)</li> <li>-Application exercise (1-</li> </ul>	<p><b>Allotted Time</b></p> <ul style="list-style-type: none"> <li>3 min</li> <li>10 min</li> <li>5 min</li> <li>10 min</li> <li>15 min</li> <li>1-5min</li> </ul>	<p><b>*Simulation &amp; Debriefing Plans (NESP only)</b> <u>Scripted role rehearsal:</u> This type of simulation integrates cooperative learning and demonstration (Rowles, 2012). Additionally, dialogue will help students make connections and application of the lecture material. Debriefing will be done with a group reflection of the experiences and observations of the students. Questions such</p>	<p><b>Session Resources for anticipated class enrollment</b></p> <ul style="list-style-type: none"> <li>-Projector with video capabilities</li> <li>-PowerPoint</li> <li>-Printed role-rehearsal document</li> <li>-Printed pre and post survey document.</li> <li>-Printed one-minute paper</li> </ul>	<p><b>Method of Learner Evaluation</b></p> <ul style="list-style-type: none"> <li>• Likert scale/attitude scale (Bourke &amp; Ihrke, 2012): To measure student confidence pre and post session, attitude scales measure how a student feels at that moment.</li> <li>• 1 minute paper: Have students describe a technique application based on the provided video reference. Helps educator</li> </ul>
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<p><u>NRS 321:</u></p> <ol style="list-style-type: none"> <li>1. Assimilate concepts from biological, psychological, social and nursing science in care of clients with acute and chronic mental illnesses</li> <li>2. Interpret responses to disruptions in health of clients with acute or chronic mental illness</li> <li>3. Apply nursing therapeutics that support the promotion, maintenance and restoration of mental health</li> </ol>	<p>learning. Encourages students to have self-awareness through critical reflection (Robinson &amp; Nagle, 2013)</p>		<p>minute paper) -Likert scale post test</p>	<p>3 min</p>	<p>as, “how did that make you feel?” will be included to allow students to explore their own perceptions of the activity.</p>		<p>assess students’ reactions and understanding of the content provided (Fisher, 2006).</p>
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Plans for potential issues, problems, or barriers: Potential barriers or issues the faculty may face is having enough time to complete all methods of instruction, or potentially even having too much time if students do not engage in the activities planned. To address this, the faculty will have discussion questions prepared to help assist the group reflection portion of the class. Potential barriers for students include being uncomfortable with the content delivered, and therefore not wanting to engage in the reflection discussion. Students may also hesitate to participate if they lack personal experiences to contribute to the discussion. The faculty hopes that placing the reflection at the end of the role rehearsal and video application will give students enough exposure to feel ready to participate in the debriefing. Other barriers exist in the form of technology malfunctions, and the faculty will arrive to the classroom with enough time prior to class to troubleshoot any issues that may arise.

## Appendix B

## Pre and Post-Survey

1. Please rate your own confidence level regarding your ability to effectively communicate with patients that have dementia.

Very Confident	Somewhat Confident	Neutral	Not very Confident	Not at all Confident
5	4	3	2	1

2. Please rate your own confidence level related to your ability to assess the communication needs of patients that have dementia.

Very Confident	Somewhat Confident	Neutral	Not very Confident	Not at all Confident
5	4	3	2	1

3. Please rate your own confidence level regarding your ability to apply specific, evidence-based communication techniques when communicating with patients that have dementia.

Very Confident	Somewhat Confident	Neutral	Not very Confident	Not at all Confident
5	4	3	2	1

4. Please rate your own confidence level related to your ability to educate patients, families, and colleagues on communication techniques for patients that have dementia.

Very Confident	Somewhat Confident	Neutral	Not very Confident	Not at all Confident
5	4	3	2	1

*Following the teaching session, please respond to the following questions regarding teaching effectiveness:*

5. True or false: This educational session was a valuable learning opportunity.

6. True or false: I learned new techniques for communicating with dementia patients or had a reinforcement of learning in this educational session.

Appendix C

One-Minute Paper

*Please respond to the following questions:*

1. Describe the application of one communication technique in the scenario provided in the video case study.

2. Describe how this additional knowledge related to communicating with patients who have dementia will impact your confidence and professional nursing practice.

## Appendix D

Table 1

*Thematic Analysis of One-Minute Paper*

Question	Response	Frequency/Occurrence (N=7)	Percent (%)
1. Describe the application of one communication technique in the scenario provided in the video case study.	1A. Personhood	5	71.4%
	2A. Direct Speech	3	42.9%
2. Describe how this additional knowledge related to communicating with patients who have dementia will impact your confidence and professional nursing practice.	2A. Increased Confidence	5	71.4%
	2B. Increased Knowledge	2	28.6%

*Note.* Student responses to one-minute paper questions. This table provides a thematic analysis of student responses to the one-minute paper evaluation tool.

## Appendix E

Table 2

*Student Confidence Levels*

Question	Pre-test		Post-test	
	Mean (N=7)	St. Dev.	Mean (N=7)	St. Dev.
1. Please rate your own confidence level regarding your ability to effectively communicate with patients that have dementia	3	1	4.28	0.49
2. Please rate your own confidence level related to your ability to assess the communication needs of patients that have dementia	2.57	0.79	4.14	0.69
3. Please rate your own confidence level regarding your ability to apply specific evidence-based communication techniques when communicating with patients that have dementia	2.57	0.97	4.43	0.53
4. Please rate your own confidence level related to your ability to educate patients, families, and colleagues on communication techniques for patients that have dementia	2.71	0.95	4.43	0.53

*Note.* Students' perceived pre-test and post-test confidence level. This table provides aggregate information of the student responses to the pre-test and post-test surveys. Answers provided were based on a Likert-scale, with 1 being 'not at all confident' and 5 being 'very confident'.

## Appendix F

Table 3

*Teaching Effectiveness*

Question	Percent (%) 'true'
1. This educational session was a valuable learning opportunity.	100%
2. I learned new techniques for communicating with dementia patients or had a reinforcement of learning in this educational session	85.7%

*Note.* Evaluation of teaching effectiveness. This table demonstrates student responses to teaching effectiveness questions included on the post-test survey.