SAMPLE LEARNING EXERCISES:

1. *Perception or Paradigm Shift Exercises*
   These exercises are associated with slide 10 in the power point presentation. The actual paradigm shift slides are located at the end of the presentation. Describe this as an exercise to help understand that each of us has typical ways of viewing the world that may not be shared by others and that are not the ONLY way the same situation may be perceived. Project the slide of the duck/rabbit; ask participants what they see. Typically some see the duck, others the rabbit...some may need assistance seeing both. Then move to the two vases/silhouettes and ask the same question. Finally, show the woman; many participants have difficulty seeing either the old woman or the young woman and will need assistance. Verbally note that the drawings are exactly the same, yet there are at least two ways to view them. Forcing oneself to take the other view…the one that does not come naturally...is what we must learn to do in order to understand elders’ behavior as communication of an unmet need.

2. *Behavior Monitoring Log*
   Give a copy to each participant. Walk them through the various components and how it might be used. The Behavior Monitoring Log should be used in the following two exercises as well. It may be considered for adoption as an assessment tool for routine use on the units.
3. **Video Clips**

A short video is provided as part of this learning module and can be located on the same webpage as the rest of the Module 5 materials. This video shows an example of three concepts from the module: wandering, self-protective behavior/resistance to care and repetitive vocalization. Each clip contains discussion questions and can be integrated into the presentation as described in the speaker notes.

4. **Practical Exercises.**

Identify one or more older adults who display behaviors that are challenging to the staff.

a. Assign participants in pairs or threesomes to complete a behavioral monitoring log by observing and documenting behavior around the clock for at least three days. The team should also gain as much information as is available (chart, other staff, family members) about the individual as a person including pertinent life story, cultural background, past habits and usual behavioral patterns, preferences and pleasures, remaining abilities, current health problems. Use the information gained to speculate about the meaning of the behavior observed, i.e. what need(s) are being communicated through behavior, and how can they be met in an individualized fashion. Follow-up meetings to discuss the case, either on the unit or back in the training group would be helpful. Look at how such assessments can be routinely built into the ongoing care planning process on each unit.

b. Alternately, share information about one or two cases during the inservice session and discuss possible meanings, what additional information should be sought, and so on. The intent here is to broaden and expand the group’s framework for thinking about behavior and its meanings to an older person rather than to ‘solve the problem’ for the specific individual.

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TLC for LTC

Geriatric Education Center of Greater Philadelphia