Colleen Fritsch Demonstrates Dementia Friendly @ Work for Healthcare Training

Hi, I'm Colleen. And what I think I'll do today is just pretend I am standing in the lunchroom of a dental practice. I'll address the dental staff and I'll just do my presentation as I usually do. During the interactive parts, I'll try and play both roles, let you know the kind of feedback I've gotten from the clinics that I've talked to so far. And hopefully that'll give you a good enough experience so that you can feel more prepared to go out and lead these sessions. So here's how I begin. Thank you for coming today. and for being willing to participate in helping your dental practice become more friendly and supportive and understanding of people who are living with cognitive impairment, whether it's Alzheimer's or dementia or another cognitive impairment.

My name is Colleen Fritsch, and I've been part of the Dementia Friends program for the last six years. And the thing that excited me about this program six years ago— is the thing that keeps me excited about it today. What if you could give me an hour and a half of your time, and individually and collectively, we could make things better for people living with Alzheimer's or dementia. I believed that six years ago and I believe that today. And so here I am. Now, maybe some of you are here today because you want to learn more about Alzheimer's or dementia, because you know someone or have known someone. Living with Alzheimer's or dementia. And maybe some of you are here because you want to understand more about the disease and the disease progression.

And maybe some of you are here today because your employer said you need to attend. This is something they wanted you to do. Whatever brings you here doesn't matter. What matters is that at the end of today, you and your team here will be better equipped to understand, support, and treat people in your community living with Alzheimer's or dementia. So we've got a lot ahead of us today. I'm going to give you just a few facts about Alzheimer's and dementia and the warning signs of Alzheimer's disease. I'm going to talk about some communication tips and strategies, and we're going to do a planning activity together. We're going to talk about creating a dementia-friendly physical environment. Are there things you could do here, within the confines of this practice, that would make this easier for someone with Alzheimer's or dementia to navigate?

We'll do a case study. And then at the end, I'll give you some resources. And resources and services that support people living with Alzheimer's or dementia, and then I'll have a call to action. So in front of you, you have the participant's guide, and I'll try and guide you along to where I am in case you get lost as we work through that process. So let's find out where we're starting from. Could I ask— Four of you— to

just tell me one word that comes to your mind when you hear the word dementia. And I'll frequently hear loss, confusion, frustration, sadness. And I repeat those words back to them and I say, 'Now here's my question for all of you. When you hear those words, do you think those words were mostly positive or negative? Right. Every time I do this, the words are mostly negative.

Think about those words for a moment. Were those the words that sprang to your mind? If those are the thoughts you have when you hear the word Alzheimer's or dementia, how might those thoughts affect how you will interact with that person? Today we're going to kind of chip away at some of those preconceived notions about Alzheimer's or dementia. And let's begin by looking at some facts. So let's start with the difference between Alzheimer's and dementia. Does anyone know the difference between Alzheimer's and dementia? Be prepared here, trainers, to hear some things that aren't right. But maybe there's someone in the group, or you will lead them to the understanding that dementia is an umbrella term that describes an overarching series of diseases of the brain.

All of these diseases have two things in common. First of all, They all affect a person's ability to complete everyday tasks. And they will all inevitably lead to brain death. Of all those different diseases of the brain under the umbrella of dementia, the number one form of dementia is Alzheimer's disease. Alzheimer's accounts for 60 to 80% of all dementias. So. Black and Hispanic Americans are at greater risk than white Americans for developing Alzheimer's disease, and we think that's due to the health and economic disparities that are now finally getting some more attention. They are also less likely to be diagnosed for those same reasons. Women are twice as likely to develop Alzheimer's disease than men. Anyone know why?

No, it's not because of hormones. It's because we live longer. And the number one risk factor for one day developing Alzheimer's or dementia is getting older. And since women live longer, they're more likely to develop Alzheimer's or dementia. Overall, one in 10 people over the age of 65 and one in three people over the age of 85 suffer from Alzheimer's disease. Whether it's been diagnosed yet or not. Wow. One in 10 people over the age of 65 suffer from Alzheimer's disease. Wow. I was speaking with Jonah before I came here today, and he told me that approximately 30% of your patient base is age 65 and older. So if you're the dentist or the hygienist and you're seeing maybe 10 patients a day, that's 50 patients a week that you're seeing.

Based on 30% being over the age of 65, that's roughly 15 people that you see each week over the age of 65. If one in 10 suffers from Alzheimer's or another dementia, that means that one to two people that you're dealing with each week likely have Alzheimer's disease. Now, if you're the office staff, if you're the scheduler, if you're the receptionist, you're maybe dealing with 50 people a day. That's maybe 250 people a week. And that means that 75%. I'm sorry. That's 75 people who are age 65 and older. Which means that you're dealing with seven to eight people each week

that may be living with Alzheimer's or dementia. I hope that helps you understand that this material that I'm going to present to you today is relevant and can impact the patients that you see on a regular basis.

This is a real opportunity. When working with people with cognitive impairment, if they are simply in an environment that understands and can accommodate their needs. So if you turn to page three and four of your participant's guide, you'll find the 10 early signs and symptoms of Alzheimer's disease. And on the left-hand column, you'll see the 10 early signs and symptoms as provided by the Alzheimer's Association. And then, in the right-hand column, is a list of how these signs or symptoms might be reflected in the behavior of someone here in your clinic. So with that, let's begin. Number one, the first warning sign or red flag is memory loss that disrupts daily life. There's a difference between forgetting and memory loss.

If someone says, 'Colleen, you were supposed to pick me up.' And I go, 'Oh, that's right.' I'm so sorry. That's forgetfulness. If my friend says, 'Colleen, you were supposed to pick me up.' And I say, 'When did we make that plan?' Maybe it's somebody else that was supposed to pick you up. That's a memory that is lost. That I can't get back. That you refreshing my memory doesn't replace for me. For a person with Alzheimer's or dementia, it's usually recently learned information. They forget important dates. They find themselves repeating themselves. Or they need to rely on notes or someone else for information that they used to be able to give you on their own. For instance, Colleen can we just verify your date of birth today? Thanks.

My husband to fill out that, to give her that information, right? Now, obviously I used to know that. Today, I don't. Or a patient just tells you they're having trouble remembering things. And by the way, the Alzheimer's Association says when it gets to that point where the person needs to admit that they're having memory problems, they're really having significant memory problems. And if they haven't gotten a referral for a follow-up appointment and having a test for that, it's probably time that they should. The second sign is challenges in planning and solving problems. So what's called the executive function of the brain gets eroded by this disease. And so then the person has problems with numbers, including step one, step two, step three, step four. Or including: That'll be $2.50, and the person gives them $25. So numbers become a problem and that means sequencing becomes a problem.

So a person may suddenly have trouble following the regimen of brushing their teeth, flossing their teeth. Taking their diabetes medications, whatever it is that they've done before, but now the steps get all confused and they can't successfully do that anymore. Or they tell you that, then, they're having trouble with their bills and they're sure they've paid them and they just don't know what's going on. The third sign is difficulty completing familiar tasks at home, at work, or at leisure. As the disease progresses, everyday things become more and more difficult to do. Maybe it's because of the sequencing involved. Maybe it's just because that long-term,

everyday part of their brain is now becoming affected by the disease.

So a diabetic patient may tell you they're falling behind in their insulin and they're no longer able to manage their diabetes and that might be affecting their overall health. Or they tell you they had trouble finding your office and had to actually stop and ask for directions even though they've been a patient of yours for years. The fourth sign is confusion with time or place. Now I don't know about you, but sometimes a Tuesday looks a whole lot like a Wednesday. But I can say, oh that's right. I was at my granddaughter's ballet practice last night, and that's on Monday, so today must be a Tuesday. I can figure it out. But for a person with Alzheimer's or dementia that whole metronome that keeps track of the passing of time is disrupted by this disease and so they may forget their appointment. Or they may call frequently and say, 'Is today my appointment? Is today my appointment?' because they know they've got trouble remembering things. And they really don't want to be embarrassed by missing their appointment. But they can't figure out which day it is.

The fifth sign is trouble understanding visual images and spatial relationships. I had no idea about this until I learned about the Dementia Friends program. Part of their brain that processes visual images gets distorted by this disease. And so the person will either lose their peripheral vision and therefore is more easily startled and more easily susceptible to falls, or they could lose their depth of field.

So if they're walking up a gray set of steps and there's a black welcome mat at the top, a person with Alzheimer's or dementia might stop. Because that looks like a hole and they don't want to fall in the hole. Or if there's sitting down and you ask them to fill out a white form that's sitting on a white countertop, they might just stand there and look at you because they can't tell where the form begins and ends because of the countertop. But it's just that simple once you understand that. To put, like, a little placemat underneath there, a little rubber mat gives it a little color distinction that helps them out just a little.

Alright. The sixth sign is problems with words and speaking or in writing. And this can be kind of perplexing when you're talking to a person so words just leave them. And they don't come back. So you and I have all had that, oh, what is that thing? What is that thing? And then, eventually, after the conversation's over and people have left, eventually you remember what word that was you were trying to find. But for a person with Alzheimer's or dementia, that word is gone. But they really want to communicate with you. So they make up a new word. Okay. Hand clock. Could you hand me that liquid pencil? Now, it doesn't do any good to say 'watch' or 'pen'. That's not helpful because the part of their brain that stores that word isn't functioning. But look at what creativity it took on their part coming up with that word so that they could communicate with us. I think that's amazing.

The seventh sign is misplacing things and losing the ability to retrace their steps.

Now, anybody lost their cell phone lately, their car keys, their glasses? Right. We lose things all the time, but we can go, well, I remember the last time I used was here and then this and then this. Let's see what we're doing. We're sequencing. We're sequencing backwards, right? But for a person with Alzheimer's or dementia, they can't do that anymore. So what are they likely to say? Why did you steal my purse? Now, if they've been in your clinic and they've finished with their dental exam and it's time for them to leave and they're going to find their purse and they can't find their purse.

They literally can't imagine where their purse is. Clearly you must have taken it. You're the only other person in the room. But if you understand that they literally cannot imagine where their purse is. What's your response going to be? Oh, you know, Colleen, I saw it when I came in. Wait, I think it's right over, sure, it's right here in the corner, right underneath the chair. Here's your purse. Because it's not that I think you're a thief. Really, it's not. It's that I literally cannot imagine where it is. I'm asking for help in the only way I can think to ask for help.

The eighth sign is decreased or poor judgment. And maybe part of that is. Gee, it looks like a lovely day. I'm going to go for a walk even though it's only 20 degrees out and I might not be appropriately dressed. But maybe part of that is also you know, I feel kinda useless. My family doesn't need me anymore. And then I get a call from this guy named Michael in Florida. And I've won $250,000. And if I just send Michael $3,000 and he's going to tell me how to do that, he's going to fill out all that paperwork for me. And he's going to send me that $250,000. And I know my family needs that money, right? So a person with Alzheimer's or dementia is two to four times more likely to fall for those insidious scams. So as professionals, as bankers, as your accounting department, we just need to be a little bit more vigilant. If someone who's always paid their bill on time suddenly sends you $25 on a $250 bill—maybe there's something going on there. And maybe they need a little extra help.

And then the ninth sign: withdrawal from work or social activities. And maybe that makes a little bit more sense now. If I can't process all of the visual images around me, if I can't understand all of the words flying around me maybe it's just easier for me to stay home. For me to not put myself out there. For me to not go to my appointment. Then how much more vulnerable does that make that person? Their overall long-term health, as well as to their mental and emotional well-being. It's our opportunity to be understanding, to provide an environment where they can feel safe and welcome, and keep them connected to the community.

And then the tenth sign is changes in mood or personality. Or maybe if I'm feeling left out. Maybe if I don't understand everything that's going on around me. Maybe I might get a little depressed. Maybe you might get a little frustrated, maybe even a little angry. So if you notice a patient that has been pleasant and cheerful all along and is

suddenly sullen, someone who has been outgoing and fun-loving and is suddenly angry, maybe you could do a little bit more exploring about what's going on with them. And maybe help them identify some red flags that might mean they need to seek a deeper diagnosis.

So that's the 10 early signs and symptoms of Alzheimer's. Or dementia. And with that as our understanding, I want to give you some tips on how to communicate with someone living with Alzheimer's or dementia. So I'm on page five now of your participant guide. I want to be clear that communication is a basic human need. I want to understand you and I hope you want to understand me. And that will be important to me to the last day of my life. Whether I am living with Alzheimer's or dementia or any other condition. But Alzheimer's disease damages areas of the brain responsible for communication, and we've talked about that. They lose some of their words, right? It can feel for them a bit like trying to have a conversation in a language they studied in high school.

And if you studied a foreign language in high school, Spanish, French. For me, it was German. Hey, hhey. Right? And if you were in a room filled with people who were fluent in that language now, and you were trying to keep up, how would that go? And then, heaven forbid, one of those people, fluent in that language, turns to you and asks you a question. It can take a person living with Alzheimer's or dementia up to 20 seconds to understand what is being asked of them. Process that information. Formulate a response. And then articulate the response. Let me give you an example of what 20 seconds is like. Hey Colleen! Do you have any plans for this evening?

[20-second pause]

It's Tuesday. Absolutely. My daughter's coming over and we're going to wrap presents tonight. We've got a party coming up. So that was 20 seconds. How did that feel? Kind of like a long time. Now that you know that a person living with Alzheimer's or dementia might need up to 20 seconds to translate all those words that you're using—that sound like a foreign language—to have them make sense, and then articulate a response. I bet you you'd give them 20 seconds. I know I'd give you 20 seconds and I'm sure you'd give me 20 seconds. Alright. So then, with that, is our understanding. Let's just recap. Many aspects of communication remain as strengths, including the desire to communicate. The ability to make up new words that'll help lead us to an understanding of what they're trying to say.

People with Alzheimer's disease continue to be able to participate in aspects of conversation. And they're able to read nonverbal and emotional aspects of communication long after their ability to understand and use words is impaired. This means that patients will increasingly rely on your tone of voice, your facial expressions, and your body language just as much as, if not more, than the actual words you use. That is probably the single most important thing I'm going to say to

you today. So let me please say it again. This means that patients will increasingly rely on your tone of voice, your facial expressions, and your body language as much as if not more than the words that you use. So then how do we turn all of that into some communication tips?

Number one. Treat the person with dignity and respect. And I knew the minute I walked into this clinic today, that that is part of your DNA. That is absolutely the way you treat every patient. Let me just give you an example. Colleen, have you been having any problems since your last visit? And I turned to my husband and he says, 'Not that she said to me.' Then your eyes need to come right back here to me. Oh, Colleen, that's good news. No more problems in your jaw or at the base of your ear. I look to my husband, he says, 'Not that she's said lately.' And again, your eye comes back to me. Because if you start having that conversation with him, how does it make me feel?

At the very least, it makes me feel diminished. Invisible. And maybe just a little insulted. All right. So just understand that your relationship is still with me, even if I need to rely on someone else for my part of the conversation. The second tip might sound a little strange. Be aware of your feelings. But be aware of your feelings and how they are transmitted through your facial expression, your body language, and your tone of voice. So it's been a bad day. You were a little late getting to work. You haven't quite gotten caught up on the paperwork. You're a little bit behind on the scheduling. You're going to have to cut your lunch break short. And this afternoon, you've got that kid coming. And oh, my goodness, he is such a problem.

And did you notice how I started speaking a little faster and how my voice started rising and my shoulders tightened up? Sure. And if the person I'm talking to is living with Alzheimer's or dementia, they get that too. And now their anxiety level just went from here to here. Because they can sense your anxiety and they're going, uh-oh, I screwed this up. I'm going to screw this up. I'm not going to be able to help. This isn't going to go well, right? They don't want to be a problem. They're afraid they're going to be a problem. And as soon as they see that tension ratcheting up in you, it ratchets up with them as well. All right. My third tip. Approach from the front. Identify yourself. And keep good eye contact.

When I'm at my dentist's office and I'm sitting in that chair, we'll talk about that chair. When I'm sitting in that chair, my head is toward, sorry. My head is towards the door. So I can't see what's going on around me, right? So then someone comes in and says, 'Well, hello, little lady. How are you? Are they talking to me? Am I in the right room? What am I doing here, right? A person with Alzheimer's or dementia needs a little help. And you can be of significant help if you simply come from the front. So even if my head is to the doorway, come all the way into the room. Turn. Face me. Put a smile on your face.

Relax your body language and talk to me in a friendly, clear tone that starts out with, 'Hi, Colleen.' I'm Jenna, your hygienist today. It's so good to see you. All right. So now, number one, I know you know me because you called me by my name. I don't have to remember your name. You just told me what it is. It's Jenna. And you've told me what our relationship is. You're my hygienist. You're my dentist. Whatever. You're my doctor. You're my PCA. Whatever your role is. Tell me that. This is going to go well. If possible, if I'm sitting down, come to my level. Why? Number one because it's easier for me to see the smile on your face. Right? And it's also easier for me to feel like we're on the same level.

We're literally you're literally not talking down to me. All right. Use positive body language and allow time to respond. And that's back to that 20 seconds. I know you're on a schedule. I know you've got work to do. I know you've got things that need to be done in a timely fashion. The best way to get me to help you meet that is to give me the time and the understanding that I need in order to successfully give you the information you need to help me. Be patient and supportive, and now you know what I call the secret sauce. The secret sauce is your tone of voice. Your body language. The smile on your face. Be patient and supportive. And with just that, you can say to them, 'We're in this together.' I've got no problems whatsoever.

I'm happy to help you answer these questions and get through this visit. And then respond slowly and calmly to distress. Now imagine this person is in an environment they're not sure of. Their brain has been working hard, hard, hard, to understand all the visual images, to take in all of the audio images that are coming at them. And, and they're doing their best but they just can't keep up. By the way, you're flying around them doing all sorts of different work as well, right? And so they just might, despite your best effort, get frustrated. They might get frightened. They might get distressed. Your job is to simply stay calm. Stay understanding. Apologize, even if it's not your fault. Colleen, I'm so sorry. I didn't say that well. You're doing a wonderful job. We're going to be done here in just a minute. And if you're not able to calm them down, then maybe say, 'I'm so sorry.' Maybe I'm not the right person to help you. Let me go get my manager. We'll be right back. And then bring in— it doesn't matter if it's the actual office manager, or if it's the receptionist, or whoever has a moment—just come in and again be reassuring, be calming, and be understanding.

All right, a couple things to avoid. Avoid criticizing and correcting. And my motto is, if it doesn't matter, it doesn't matter. So if you say, 'How are you today?' And they say, 'I don't know, I can't stand this cold weather anymore.' And it's actually 75 degrees and lovely out, there's no reason to say, 'oh, but it's such a lovely day.' No. It doesn't matter. Let them be wrong and let them believe they are right. All they want is a little validation. Avoid arguing. If it's not a matter of their safety or someone else's safety, then let it go. So if they say, 'Yeah, I wanted my teeth to be whiter, so I started soaking my dentures in bleach overnight.' Well, gee, then you might want to have a conversation with them about, you know, here's an idea that's even better than

bleach. Let me talk to you about whatever. I'm sure you guys know better treatments than soaking it in bleach because that might not be a healthy thing for them to do.

But if they're saying, 'No, I don't brush my teeth anymore,' but you're looking at their mouth and their gums are healthy and they're looking great, then really you don't need to say, 'Oh, no, no, no,' you're doing just fine. Let them be all right with being wrong. So, so far we've talked about some tips. And just to sum them up: slow and calm. Friendly, supportive. That's great. And arguing and criticizing and correcting when it doesn't matter. Not so great.

All right, I've been doing a lot of the talking. Let's move on to page six of the participant guide. And I'm going to give you guys a little task to do. Like communication, planning is an important skill that is impacted by dementia. Without it, even seemingly simple tasks that we do every day may be confusing or overwhelming to people living with dementia. Actually, you'll be surprised at how often you and I plan in our day. It's not like we have to create a business plan. It's not like we have to do a SWOT analysis. But yeah. Every day and almost every minute. Planning our next steps. So let's just see how many steps are involved in planning a simple task. Let's assume that there's a new patient coming to your clinic for the first time. And I want you to work together in groups of three to four people each. And come up with a step-by-step list of instructions for registering at the front desk.

So here's step number one. They've just walked through the main door to the building. And then the very last step is going to be they're now sitting in your waiting room waiting to be called for their appointment. This is their first time at your clinic. And I want you to work together to come up with a list of all of the steps they need to take in order to check in at the front desk. and wait for their appointment. And I'll give you about five minutes to do this. So take your time. So when I do this, oftentimes I'll get, well, you walk to the front desk, you give them your name and you sit down. Really, that's all they have to do. Yep.

Now, in some of the…someone inevitably, by the way, will chime in, well, no, if they're a first-time patient, they have to do the forms. And if it's an urban or a suburban dental clinic or health clinic, I have found that those forms have generally been done online and been submitted. Or they've been done online, printed, and the new patient is bringing them in with them. In the rural outstate part of Minnesota, it has been more a matter of they walk in, they're given these forms and they have to fill them out. And so doing this step by step. They will say, well, they need to fill out the forms. And I'll say, how many forms? By the way, the average is five.

And then I will say, so do they just stand there at the front desk and fill them out? Well, no, they can go sit down. All right, so that's another step. They go to the desk, they get the forms, they go sit down. They fill out the forms. They return the forms. And then I'll say, if someone hasn't added this to the list, I'll say, what about their

insurance cards? Do you need to see any ID, any insurance cards? Well, yes. So they need to hand that to us. And I said, Well. But it doesn't, you don't just hand out the insurance cards. It's for a man—you reach in your back pocket, open your wallet. Pull out your insurance card, hand your insurance card. Wait for them to come back, return them to your wallet. Fold your wallet and put your wallet back in your back pocket. And if you're a woman, it's the same thing, only in and out of the purse. So there are a few more steps, I think, like six more steps in there in getting those insurance cards out.

All right. So by the time we're done and that person is finally sitting in the waiting room waiting for their appointment, we usually have about 12 to 14 steps, depending on the clinic itself. And so then I debrief. And as I debrief, I'm questioning them. I'll ask each group. How many steps did you have? Did you? Did you? Did you? And then I'll take one of the middle ones. Usually it's six to eight steps.

And I'll have them read the list. And then together we'll work on adding. Oh, this group over there forgot that step, but they remembered this step. And so we put together and eventually accumulate a list. And in the process, they're all understanding that. What they take for granted isn't all that easy. Right? All right, so then I conclude it this way. How might, if a person in your office is having trouble with any of those steps, how might you help them? And generally, they'll get that somebody needs to come around from behind the reception area. Take that, sit with that person and help them fill out those forms. Maybe even decide which forms need to be filled out right now for this appointment and which forms can be filled out in their subsequent appointments, right?

And then I say so, if you're that person, walking into a new office for the first time. And you're overwhelmed and you're trying to process all of those images, and someone comes alongside and helps you, how might that make sense? You feel, well, certainly, like this is where they belong. Like it's all right for them to be here. Like they're going to be taken care of while they're here. Exactly. And isn't that what you want? And then I conclude by saying most people, most of us, take simple everyday tasks for granted. But when you actually break things down, you can find things are actually kind of complex. For someone with dementia who has problems with memory, with communication, with planning, with decision-making, it's possible to continue to perform daily tasks. But only if they have some support. And some help with these everyday tasks. If we can help identify the step that they're having trouble with, if we can potentially make it, simplify it, or offer them support with that one particular step without taking over for them, without taking away their dignity or their self-confidence but just providing some friendship and support, we can make it possible for them to number one, Be successful in their clinic visit. And number two, feel supported in the process. Excuse me.

I want to talk now about the physical environment here at the clinic. And I'm on pages

seven and eight of your handout. Now that we understand the visual changes, the mental processing changes, the sequencing changes going on in the brain of a person living with Alzheimer's or dementia, maybe we can take a fresh look at the environment here. And see how we might be able to make it more user-friendly for people living with cognitive impairment. So the first is the entrances. They should be clearly visible and understood as an entrance. Make sure the glass doors are clearly marked. And by the way, clearly marked on the glass doors. I've been at dental practices where they say, 'They keep pushing on the glass panel next to the door rather than pushing on the door.' But that's where the name of the clinic is.

The name of the clinic is right next to the door, so of course they think that's where they need to go. Thank you. So just make it simple. Put the information right where they need the information. Avoid rugs and that's because of the visual changes going on. If they're having problems with depth perception and they have to step up onto a rug and then step down off of a rug. Even if it's just a slight distance. That can be an issue for them, and they can think it's a hole that they might fall through. It doesn't mean don't have rugs in your front entranceway, but make sure they're the rubber matted rugs, the ones that they're not likely to trip and fall over and that aren't really thick. They should be thin. Accommodate what you need in terms of weather absorption and what that person needs in order to safely navigate it. Signage, like I said, should be clear. At eye level. And right where it needs to be. Where it's informing you. So again, a restroom sign off to the side of the restroom door isn't going to be very helpful. If you can move that restroom sign right there to the middle of the restroom door, it's much more helpful. Avoid using highly stylized fonts. So, make it clear. Make it easy for them to understand so they don't have to try and decide what is a serif and what is a sans-serif, and they can just read the sign. Lighting is another thing for you to take a look at.

If you'll take a look in your lobby and in the areas as you walk through, if you can keep the lighting consistent and even and bright that's very helpful, including some natural light kind of helps them navigate as well. But if there are pools of darkness and pools of light, their eyes are trying to process all of that information while they're walking through, and they're afraid of what looks to them like holes. The flooring should be plain, not high gloss. And of course, not slippery. Bold patterns on carpets and curtains or wallpaper cause perceptual problems because their brain gets stuck trying to figure out what that is instead of paying attention to where they're going. If it's possible for you to have or create a family or a unisex restroom, that would be helpful as well. I know that's not always possible. But if you think—walking in your front door and registering for an appointment and sitting down has a lot of steps, imagine the steps in using a restroom, especially a restroom that you're not comfortable with.

So, perhaps, if I'm coming to your clinic for the first time, I might ask my husband to accommodate, to accompany me into the restroom. And so, if there was a family or a

unisex restroom, we would both be more comfortable than either the two of us going into the women's room or the men's room. And then, if possible, create a calming space. For those rare times when a person with Alzheimer's or dementia becomes distressed, angry, frustrated, scared, in pain, whatever. If you can create a room without the music playing in the background in a quiet, well-lit area away from all of the noise and confusion, where they can calm down, have the opportunity to make eye contact with you, to understand your caring and concern for their distress. That would just make their day just a little bit easier. So a quiet area for someone when they're feeling anxious. The layout of any area should be free of clutter, and arranged so that it's easy to move around. I know you've got the examining chair there, and then you've got the utility thing, and then you've got the computers so that you can monitor. And just be sure that if and when you step away from that room, that person, if they get confused and try and get up, can safely navigate. That also means avoiding hazards.

In the lobbies, back before COVID, many clinics had coffee pots in the lobby area. But for a person with Alzheimer's or dementia, that black coffee in that brown coffee pot—amen. A black coffee maker is just a little bit too hard to see, and they might grab the wrong part of the pot when trying to get themselves a cup of coffee. Or, if you have those trays in the office area that have, uh, needles, scalpels, whatever—on them. If you leave the room, make sure that that tray is put away as well. Because that person with Alzheimer's or dementia might not be able to recognize those silver implements on that silver tray, that might be a potential hazard for them. All right. Are there things that you've seen—um, with your physical environment— that might have caused problems?

Invariably, when I asked this question, and for those of you that are trainers, I should have asked this question. Back when I gave them the 10 warning signs and symptoms of Alzheimer's or dementia, that's when I should have asked this question. Is there anything you've seen In your clinic that you were reminded of when I gave this the list of the 10 early signs and symptoms? And invariably they will talk about people walking into, one, people would walk into a pillar because the pillar was painted the same color as the wall, and so the people didn't recognize it as being an obstacle and ran into it. Or at another clinic, invariably, the subject of the chair comes in.

Whether it's the dental chair, or the table in a doctor's office, invariably they'd say, 'People don't know how to get on it.' I don't understand that people don't know how to get on it. And I challenge that. I tell them, you know, you guys are used to those chairs. You guys are used to those beds because you see them all the time. They're weird. The dental chair, especially, it starts like this and then it goes like this and then it goes like that again. But it's just this simple. If you just, as you're walking them into the examining room, if you just pack on where you want them to sit, say, if you'll just sit right here and put your feet up, that's all it takes for them to understand how to

successfully navigate that chair or that examining table.

Lots of other ideas. Let's see, what are some of the other things that they've talked about? They talk a lot about people missing appointments and how they're working to remind them. They all have technology that can help do that, you know, send a text message. But for a person with Alzheimer's or dementia, chances are they're not going to be able to navigate that smartphone. So we've talked about call the day before and then call the morning of and maybe even call an hour and a half before the appointment and just turning their understanding into acting on behalf of the person living with Alzheimer's or dementia.

So thank you for letting me take that break. I'm going to go back now to, we've just finished the know how to create a dementia-friendly environment. And I end that by saying, if you will turn to page eight of your participant guide, I want to give you just a minute. Please write down one or two ideas that are going on in your mind now about how you might change the physical environment here. To make it more user-friendly for someone living with Alzheimer's or dementia. And then, maybe in your next staff meeting, you can take a look at some of these suggestions and come up with ideas for moving forward in that direction. So now I'm going to move into the, while they're doing that, I get my manual set up so that I'm ready to move into the optional case study. And here's how I do that.

So let's see if we can put all of this together. As we look at the case study that's on a separate handout there with you with your participant guide. And let me just read this case study for you. An 85-year-old man who has been a patient of your clinic for the past 15 years arrives for his dental appointment, which is actually scheduled for next week. He appears confused and upset and says he is sure his appointment is today. He lives about eight miles away, but reports that it took him a few hours to find your office. He said he got lost and had to stop a few times to ask for directions. Your office manager notes he showed up last week as well, was confused about the timing of his appointment and got upset when his appointment date was clarified.

She said she gave him an appointment card with the correct day and time clearly written down, which he put in his wallet. What would you do next? What could you do to ensure the well-being and safety of this patient? And so now I send them back into groups of three or four like they did for the planning activity and let them work through the next steps for this patient. I think this is a fascinating case study because it allows them to see it from all perspectives. The office staff’s, the receptionist’s, the scheduling clerk, the dental hygienist, the dentist. They can all get involved in solving this patient's problem. And I think that works well. Especially if they're in mixed groups so that, so that there are people who are in the office, front office, together with the people who are doing the patient support, who are together working on this case study. It usually takes them a good eight to 10 minutes to do this, which is fine. Because that's the kind of time we have to allow it. And then we come back. Now you

and I are lucky. Because we have the expert tips. We kind of know where we're guiding them. But. Let's bring them back together and walk through it. And here's how I start. As I view this case study, thanks for all the great discussion, by the way. That was amazing.

As I view this case study, there are four things that I am worried about. The first is the patient's level of anxiety. Who came up with any good ideas on how to deal with this patient's level of anxiety? Now, the tips I'm wanting them to come with come back to me with are: that they are number one, going to get this gentleman sitting down, calm, relax, preferably out of the waiting room and in a quieter area. And when we get to that point in the discussion, I'll usually say, 'Yep,' because if he's riled up and there are people behind him listening to him, that's just going to ratchet him up to prove that he's right and he's right and he's right more and more because he's frustrated. So if they can get him into a calmer environment, getting him sitting down, maybe offer him a glass of water, a cup of coffee, whatever, to help calm him down. That's very helpful.

Then I say, 'The next concern I have is, what about his appointment? I mean, seriously, how likely is it that you could add this man into your appointment, and if you can't, then what are you going to do? And now the response is varied. So I have found that in some communities, they have room in their schedules to add an unexpected patient. Maybe in about 20% of them. But in most of them, that's simply not doable. And so they have to find a workaround for this. Most of them will say, 'We'll have him meet with someone just to talk about what's going on.' And I'll say, 'Great news.' As important as important as a medical appointment is.

Most people don't wake up saying, 'Gee, I hope I'm going to the doctor today.' 'Gee, I hope I'm going to the dentist today.' Something's going on that is reminding this man that he needs to go see the dentist. So this is great, great ideas. Let's do some investigative interviewing to find out what's going on. And that can be as simple as Mr. Jones, we really appreciate how dedicated you are to your dental health. We care about your dental health, too. Is there something going on that you're concerned about? Are you experiencing pain? Whatever, whatever, whatever. Now that also gives them an opportunity, if they can uncover what's going on. Then maybe, as the hygienist, as the hygienist assistant, maybe whoever can do some triage. Say, well, let me have you meet with our x-ray technician.

Let's take some x-rays so that we can diagnose what's going on. Now, I'm just making this up. And I tell them that I'm making it up. I'm certainly not a dental professional. And so I'll, you know, whatever I can say to, and let's have you meet with the hygienist and have her do some examination of your gums. And then we can schedule a follow-up appointment for you and we can take care of that problem. And guess what? That follow-up appointment is going to be next week. But it's fine, at least he feels heard. He feels understood. He knows we care. And we're actually

moving the process forward for when he comes in next week.

Then I tell him, now we're doing great work here, you guys.We've taken care of, or at least begun taking care of this man's issues. What about his transportation home? And here the responses vary widely. I almost feel guilty telling you the different responses that I've had. So first of all, here in the Twin Cities, an option is Uber. Or Lyft. Again, it's we need to deal with this man's comfort level in doing that. Call the emergency contact. To which I say, that's great, your emergency contact. That's on one of those five forms they filled out when they came in, right? It's his son in New Jersey. Now what? I was in one town and they said, we'll call the police. And I said, 'Okay,' but a police, now what's his anxiety going to do when a police officer comes in a squad car with his gun and his nightstick, and he puts him in the car with the no handles on the back? No, no, no. We'll call Tom down. He's the police officer in town. And everybody knows Tom. And Tom knows everybody. And he'd just come in his his regular car and pick the guy up and give him a ride home. Okay. So there is great difference between the way different communities can handle that. Obviously, that's not something that would be feasible in the seven-county metro area. But. But my point is to make sure that they understand. They have an obligation to safely get this gentleman home.

And one of the clinics I was presenting this at, they said, 'Whoa, whoa, whoa.' But if we have a staff member take them home, what about our liability? Which I said, once you know that it's taken this man hours to get to your clinic and he had to stop and ask for directions, if you let him get in his car and drive himself home, how liable are you? And so now they've taken this on and are beginning to problem solve. And there are lots of different ways to get this man home, whether it's calling his church in a smaller community, calling his church, calling his faith community, having the office manager and her assistant follow him home. Having the office manager drive him home and the assistant follow him. You get the idea. There are lots of opportunities. And then I ask my last question. So then, what are your opportunities for this man's long-term, ongoing health and safety?

And this is where we talk about getting that emergency contact in place. If he has a power of attorney, or a health care directive, getting the people involved who he has chosen. In that case, if need be, doing a vulnerable adult report on him. If push comes to shove, clearly this man, at least, at this point in time, should not be driving. And so, maybe we need to contact the State of Minnesota Department of Public Safety and ask them to review his ability to drive safely on his own. Last-ditch effort. That would be the last step you'd want to take. But, clearly, you need to take some sort of action so that someone other than just your office knows that this man shouldn't be driving.

All right. So then we end with Mr. Smith, Mr. Jones, whoever. I just changed his name. Right. And then we come back to you guys did great. And it really feels,

maybe, the way I felt when I came, that you and your team can do an amazing job of helping people with Alzheimer's or dementia feel supported and cared about in their community. Before I leave, I want to talk to you about some resources that are available to your patients. In your participant guide is the website and the 800 number for the Alzheimer's Association. They are great for finding caregiver support. Finding navigators to help navigate the whole journey of Alzheimer's. Also for understanding what research and studies are going on. That would be the Alzheimer's Association.

There is also the website and the 800 number for the Senior LinkAge Line. They're great with resources. The time has come to bring a home health aide in. What home health aides are in my area, what home health aides are in Aiken, Minnesota, or it's time to move dad into memory care, or how do I know what Medicare is going to cover? all of those different connections about where do I go, where do I go. Go to the Senior LinkAge Line, and they'll tell you what are the best resources in your area. And then you as trainers, by the way, may also have resources in the area. And if you want to add that to this list as well, this is the time you would present that to them in the training.

And then as a provider, as a dentist, hygienist, a doctor, a nurse, you may want more information as well. And I hope you will consider going to Act on Alzheimer's and that's actonalz.org. And they have some more specific information for you as the patient care provider. We've covered a lot today. I've given you some facts about Alzheimer's and dementia and the 10 early signs and symptoms of Alzheimer's disease. We've talked about communication tips and a planning activity. We've talked about creating a dementia-friendly environment here. And then we've done that amazing case study. And finally, we've given you some resources that support patients living with dementia. As you learned today, there are a number of reasons why a person may appear confused or act differently than usual.

Your role is to notice. Help the patient feel safe and supported. And if needed, conduct or refer them for further diagnosis. We can also help by slowing down, ingesting the environment, and connecting patients and their family with the resources that they need. I promised you at the beginning that there would be a call to action. And if you will look again at the box at page eight, in the box on page eight of your participant guide, I'd like you to write down one idea you learned today that you will implement in the next month to help your workplace be more dementia friendly. I'll give you just a minute to do that as it's front of mind for you now.

And then my hope is that as you care for your next three or four patients, whether they have cognitive impairment or not, as you go through what you do every day with every patient, you will just hold in the back of your mind how this might feel to a person living with Alzheimer's or dementia and how you might change just slightly your normal procedures and processes just to see to the comfort and assurance of

that person living with cognitive impairment. Most of all, I want to thank you all for being here today. For providing the time, for showing the interest, and for caring for the people in your community. I know you provide excellent care for your patients and I hope today I've provided one little bit more that makes it a little bit easier for you and for your patients with cognitive impairment. Thank you.

So that's it, everybody. I hope that works. I hope that was enough information. I'm sorry that I missed that part about after I do the 10 early signs and symptoms of Alzheimer's or dementia, I then ask them what kind of behaviors they've seen. That they're now understanding differently because of the 10 early signs and symptoms. And that really is important because it gets them involved. It's early on in the presentation and it gets them involved in starting to imagine and process what I'm seeing. But anyway, now I'm babbling. So I'll let you go. Thank you. I look forward to the good work that you and I are going to be able to do in the future for people in our state living with Alzheimer's or another dementia. Have a good day, you guys. Bye-bye.