

Health summit
June 28, 2017
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I would first like to thank you for inviting me to be a part of this very important day. As a member of ODAG our motto is nothing about us with out us. We feel we are experts in the area of the lived experience. We truly want to help guide others so that we can live well with dementia.

I would like to discuss accessible training and education for the frontline care staff. If you look at the PSW's or healthcare aides, they truly are your frontline care staff wheather in a nursing home area or at a persons home. I believe they're there to do a job and try the best they can do with there current training. It is most important that we educate them in the area of dementia. Why do I say this? Because an individual with cognitive impairment may not understand simple instruction. They may not be able to process the instructions. The other thing that the carer needs to be cognizant of the individuals needs, at that time and how to relate to person so that the client feel comfortable and not like they are being over powered.

When I looked at what education is available to psw's the only course I could find on dementia is offered in Toronto. It is a weeklong course. That is the first obstacle. Then have must pay out-of-pocket for it. I feel that we need to better support them because many of them can not afford to take that course. Also they can't afford to take the time off work because they will also not get paid. I believe that we need to implement a comprehensive training program where they will receive the required training. It is essential that they be paid to partake in this essential training. This would enable them to attain the necessary knowledge and skills required to provide care to those living with dementia.

The psw's are the staff who are spending the most care hours with the client. They know the client best and therefore observe the subtle changes. Yet How often are they included in the shift report or invited to a team conference.

I could go on and discuss each of discipline individually but I think the same applies to all, whether you're nurse, physician or, it still applies. As for the education process with these other disciplines I think they should also have continuing dementia education that is current. When I tried to find information on what training was available to the disciplines previously mentioned I was unable to find any.

I really feel that family physicians need to be trained about dementia. Why. this is for two reasons first they see fewer people with dementia than a gerontologist sees. The second being, when was the last time they had any formal training because we all know very well medicine changes very quickly and we have to stay on top of new information which would give them a better level of comfort in helping those patients with dementia.

I know that in the last dementia strategy, the college of physicians and surgeons obtained a grant in 2004 To develop a comprehensive multi-faceted medical education program for medical students, family medicine residents and practicing family physicians.

I don't know where that's at or whether that's totally fallen by the wayside. I think that, that might be the place to start and see if we can resurrect it And make it better. I truly feel that it's very important for persons with dementia to be involved in developing this education because their perspective on what their needs are need to be included and by doing this we will have a stronger education that is truly meaningful and helpful to the person living with the disease process.

As an example of good training if we look at Dr. Linda Lee's model of care in dementia

I think that this is a good place to start.

I fully believe that it is imperative to guide people with symptoms right from the moment of their diagnosis and let them know that there is life after diagnosis. supporting them right from the beginning, would make a big difference in their life.

When you receive a diagnosis you're in shock. It may take a couple days for it to sink and for you to start to formulate questions. therefore a return appointment within a week is recommended. It is at this time, were you would introduce the care team if it has not been part of the initial visits. By doing this we would be helping people to adjust and move forward and not get stuck in a depressed state in the beginning. I also believe, that we need to care pathway for dementia to guide us.

By implementing these things it would help people living with dementia to stay stronger longer. Which would keep them out of long term care facilities and in there homes. Thus lessening the burden and health care costs that we see now.

You have heard the saying that it takes a village to raise a child. Well I feel it takes that same village to support those living with dementia.

Sent from my iPad

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