The Inclusive Virtual Dementia Tour®

By Melora Jackson

The Virtual Dementia Tour

Dementia is a difficult condition for many people to understand. There are many aspects to the experience of living with dementia and the Virtual Dementia Tour (VDT®) helps us better understand what dementia is like[1]. According to the estimated 3 million people worldwide who have taken the Virtual Dementia Tour, the awareness the Tour brings to the reality of dementia allows for better understanding of the needs of people living with dementia, which is the first step to improvement of care.

Studies indicate that adult learners show the strongest learning outcomes when given the opportunity to be an active participant in experiential learning, with direct feedback and concrete recommendations as if they are in the real situation. [2] Educational simulations result not only in improved professional competencies, but also in higher employee satisfaction.[3] The Virtual Dementia Tour takes something intangible like empathy and makes it tangible by allowing participants to see themselves as impaired and behaving in ways that simulate their own clients, customers or loved ones living with dementia.

Once a person takes the Tour, they are more aware of how to provide person-centered-care to those with dementia because they have just experienced what people with dementia are living with every day. This personal experience allows participants to examine how they would like to be treated and encourages them to use their experience as the example by which they treat people with dementia. Once they have walked in the shoes of a person with cognitive decline, staff state that they will be more patient, understanding, less hurried, and more sensitive to what is going on around the resident. Even simply turning on more lights, turning off the TV, turning on music and cutting down on loud, abrupt noise make all the difference to a person with dementia, and staff become more aware of these easy strategies after the experience.

Participants in VDT identify ways to change their own behavior to increase empathic person-centered care, however, without a model of what that should look like, many staff have difficulty applying those changes. With operating procedures, outside regulatory bodies, and implicit systems of care in place, many staff do not have the power or tools to effect the change without administrative involvement.

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1 Beville, PK: Virtual Dementia Tour® helps sensitive health care providers. Am J Alzheimer's Disease & Other Dementias. May/June 2002; 17(3): 183-190.
2 MaGaghie, 1999, p. 9, as quoted in Issenberg, McGaghie, Petrusa, Gordon, & Scalese (2005).
3 Bogo, Regehr, Logie, Katz, Mylopouolos, and Regehr (2011), De Vinci (2010).

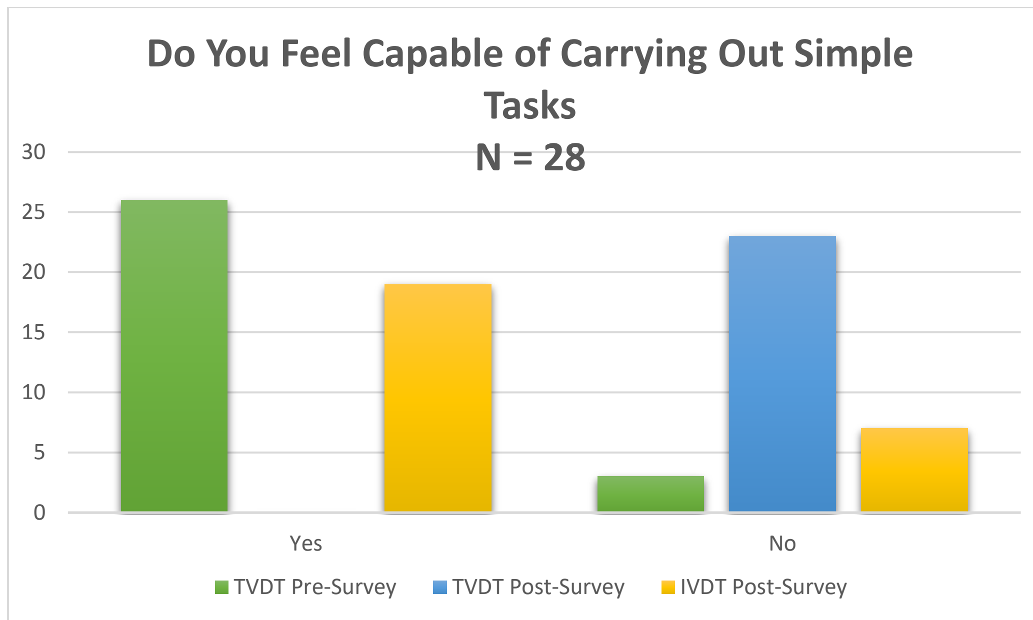
The Inclusive Virtual Dementia Tour

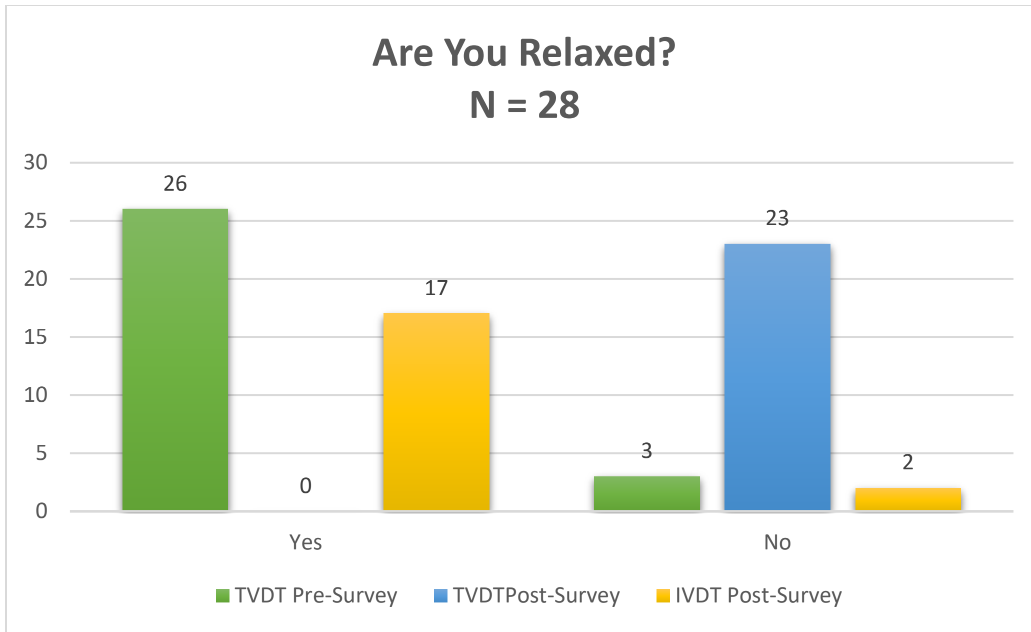
Now we can experientially show participants how to care for a person with dementia in a caring, patient, person-centered care role through the Inclusive Virtual Dementia Tour®. Our research shows participants clearly differentiate the quality of care between the model of standard care in the traditional VDT and the model of empathic person-centered dementia care demonstrated in the Inclusive VDT. Participants begin the development of strategies for better care based on the comparison of participants' personal experiences during the simulation.

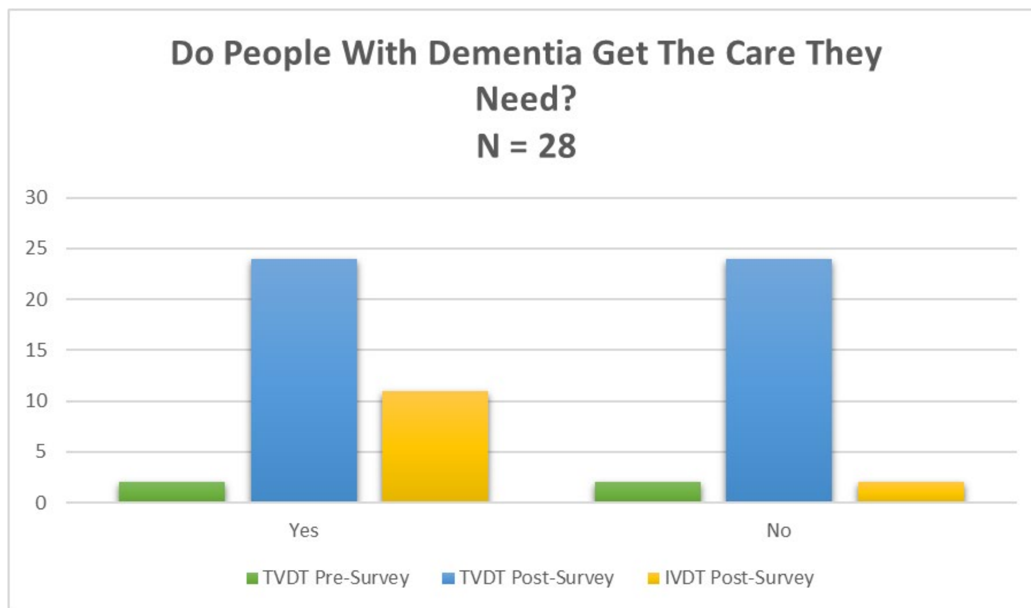
This training is excellent for leadership such as policy makers, administrators and others who can affect change in their organizations. There is value in taking staff at different levels through this experience, as well. From those with decision-making authority to those who provide direct care, there is valuable knowledge regarding ways to provide quality empathic person-centered dementia care.

Key Findings

The first three questions in the pre- and post-survey are yes or no responses. We found participants felt capable of carrying out simple tasks and were relaxed. Because most of the participants in this group work in the field of aging services, most responded no to the question asking if people with dementia get the care they need.

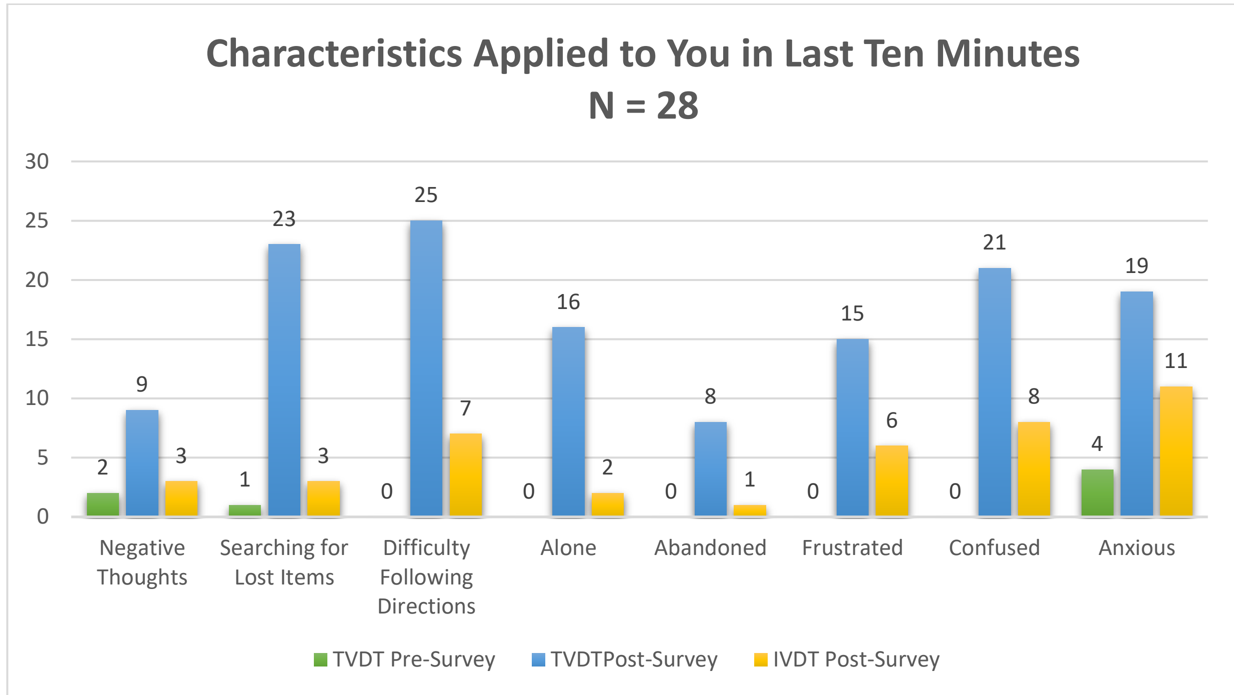




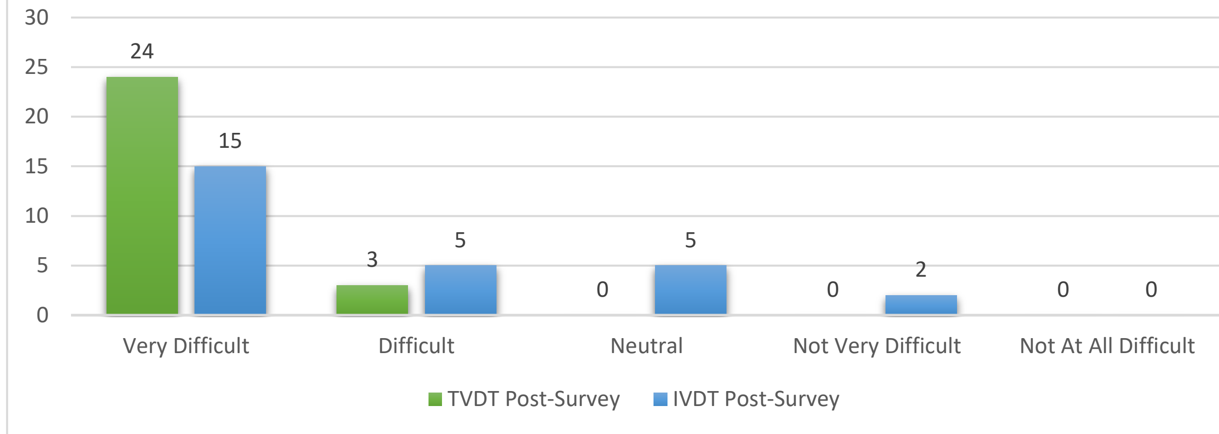


As expected, after the traditional VDT (TVDT), we see typical answers; participants did not feel capable of carrying out simple tasks, they did not feel relaxed, nor did they think people with dementia get the care that they need. Conversely, in the Inclusive VDT (IVDT) post-survey most participants felt they could carry out simple tasks and were relaxed once again. A few now indicated that people with dementia do get the care they need when it is as modeled in the inclusive VDT.

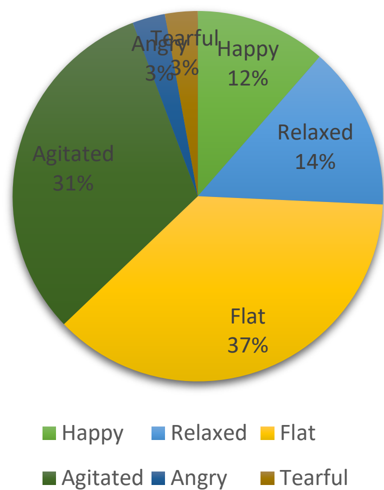
Participants were asked to circle the characteristics that apply to them within the last 10 minutes. The blue is the pre-survey. Almost no characteristics are chosen before the initial VDT. After the traditional VDT, characteristics were checked much more frequently by the participants. While the number does not go down as much as it did before the training began, the participants circled characteristics less frequently after the Inclusive VDT.

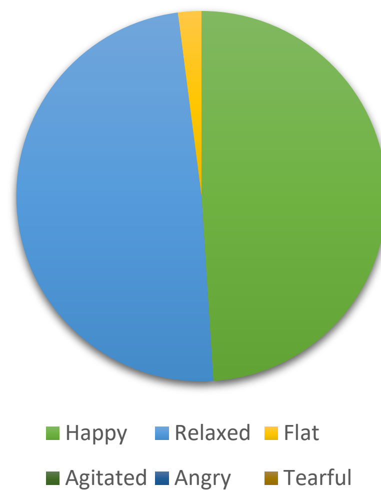


An additional question asks how difficult you think it would be to live with dementia after this tour. Not surprisingly after the traditional VDT most checked very difficult. After the inclusive virtual dementia tour, some still felt that life with dementia would be very difficult however a few felt that it would be less difficult or not very difficult. It is important to note that most of the participants reported during the debrief that they did not answer the question in the context of the experience they had just had in the inclusive tour. We are exploring the possibility of an exit survey at the end of the inclusive debrief session to see if there is a difference in attitudes.



Affect, or mood, of participants is measured in the Inclusive Virtual Dementia Tour. When compared to the traditional VDT, there is a dramatic increase in positive affect in the IVDT. Observations of participant affect (mood) show a change from negative and neutral expressions of emotion, such as agitation or flat affect, to positive expressions such as relaxed and happy.

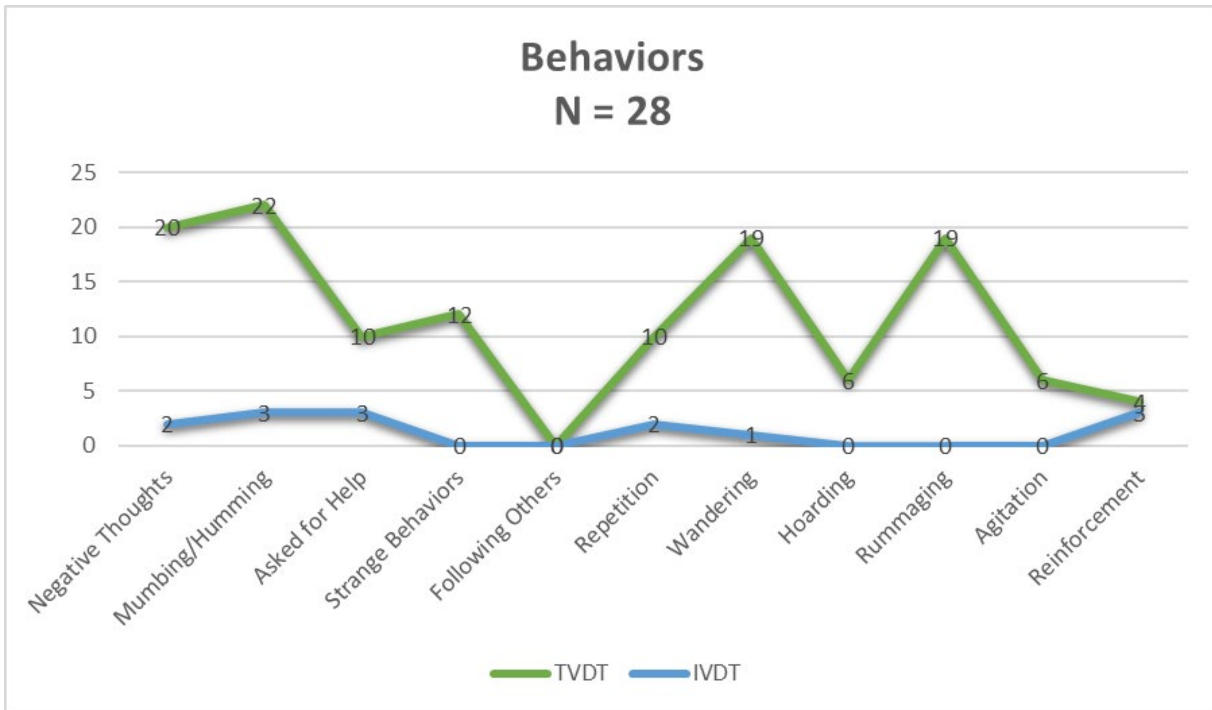




At the end of the second post survey which reviews the inclusive tour, there is a narrative question posed to the participant to list 3 differences they experienced between the first traditional VDT and the second Inclusive VDT. This is a summary of the responses:

- The participant felt welcomed and that the companion was pleasant kind and cheerful.
- They reported that they felt supported and cared about by the companion and other tour guides in the tour.
- They were pleased to have choices of activities to engage in, and many expressed gratitude for the praise and reinforcement they received during the 2nd experience.
- Several indicated their happiness to have someone stay with them.
- Additionally, participants were happy to do one thing at a time and feel less overwhelmed, to not feel badly about themselves, to be offered things that interested them specifically, and to be addressed by name.
- They found the experience reassuring and were pleased that the companion made sure that they were able to hear and kept them oriented and aware of what was happening.
- Most of the participants commented on the increase in lighting and less clutter in the room. They were also happy that the companion communicated and interacted *with* them rather than *to* them.
- They felt the tasks were easier when they were right in front of them versus having to hunt for items on their own.
- Overall, they felt more safe, comfortable, and appreciated being asked to do things instead of told to do things.

In the Inclusive VDT, the use of evidence-based and evidence-informed approaches to care for people living with dementia replace the tasks of the traditional VDT. These include evidence-based and evidence-informed approaches including sensory stimulation[4,5], Montessori techniques for people with dementia [6, 7, 8], Habilitation[9], and Best Friends Approach[10,11]. Other elements include aromatherapy, brighter lighting, weighted blankets, and comforting items.



Behavior observations did not vary as the development of Inclusive VDT was researched. Thus, we see similar behavior patterns to the early development of the IVDT. As expected, there are more behavior expressions in the traditional VDT.

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[4] Smith, B. C., & D'Amico, M. (2020). Sensory-Based Interventions for Adults with Dementia and Alzheimer's Disease: A Scoping Review. Occupational therapy in health care, 34(3), 171–201. https://doi.org/10.1080/07380577.2019.1608488.

[5] Prins, A. J., Scherder, E., van Straten, A., Zwaagstra, Y., & Milders, M. V. (2020). Sensory Stimulation for Nursing-Home Residents: Systematic Review and Meta-Analysis of Its Effects on Sleep Quality and Rest-Activity Rhythm in Dementia. Dementia and geriatric cognitive disorders, 49(3), 219–234. https://doi.org/10.1159/000509433.

[6] Sander L Hitzig, PhD, Christine L Sheppard, MSW, Implementing Montessori Methods for Dementia: A Scoping Review, The Gerontologist, Volume 57, Issue 5, October 2017, Pages e94–e114, https://doi.org/10.1093/geront/gnw147.

[7] Booth, S., Zizzo, G., Robertson, J., & Goodwin Smith, I. (2020). Positive Interactive Engagement (PIE): A pilot qualitative case study evaluation of a person-centred dementia care programme based on Montessori principles. Dementia (London, England), 19(4), 975–991. https://doi.org/10.1177/1471301218792144.

[8] Camp C. J. (2010). Origins of Montessori Programming for Dementia. Non-pharmacological therapies in dementia, 1(2), 163–174.

[9] Raia, P. (2011). Habilitation therapy in dementia care. *Age in Action*, *26*(4), 1.

[10] Feng, Z., Hirdes, J. P., Smith, T. F., Finne-Soveri, H., Chi, I., & Du Pasquer, J. N. (1990). Bell, V., & Troxel, D.(1994). An Alzheimer's disease bill of rights. The American Journal of Alzheimer's Care and Related Disorders & Research, September/October, 3-6. Bell, V. & Troxel, D.(2001). The Best Friends Approach to Alzheimer's Care. Toronto, ON: Health Professions Press. Brooker, D.(2007). Person-centred dementia care: Making services better. Philadelphia, PA. International Journal of Older People Nursing, 3(1), 1-2.

[11] BELL, V., & TROXEL, D. (2007). The Best Friends model of Alzheimer's care—a brief history and update. Alzheimer's Care Today, 8(2), 148-156.

Every form of the Virtual Dementia Tour includes a debrief discussion that serves as an integrations of the aspects of dementia that are simulated, the participant experience, recommendations for empathic person-centered dementia care practices. The Inclusive VDT includes a comparison of the participants' experience in the TVDT (standard care) and the IVDT (empathic person-centered care) that address the shift from tasks to optional activities, environment changes, presence of a companion helper, and the care approaches employed.

The goals of the Inclusive VDT are for participants to observe a difference in care, to model how good person-centered care can be achieved, how it will reduce behavioral expressions of need and fear, and to draw parallels between current care practices and person-centered care practices. The outcomes are an increase in insight and empathy, a model of effective care approaches and the provision of best practice recommendations to increase empathic person-centered care.

Conclusion

The Virtual Dementia Tour provides a solid model of what people living with dementia experience in a standard care environment. It is an effective tool for fostering understanding and empathy, providing a pathway to improving communication and care. The need for empathic person-centered dementia care is demonstrated and best practices are offered.

The Inclusive Virtual Dementia Tour provides an even deeper level of insight with a demonstration of empathic person-centered dementia care and how to accomplish it. Juxtaposing the difficult feelings that occur when you are given all the trappings of dementia and the feelings you have when you are honored, guided, and assisted allows people to do creative problem solving, utilize their empathy and make effective changes in care. The comparison of the two models offers a great deal of insight while simultaneously offering practical solutions to the participants.