Workshop Description

This 3 hour workshop will help learners know how to approach and connect with those living with dementia, using Teepa Snow’s positive physical approach. The Learner will develop better observational skills to recognize and intervene effectively when vision changes occur with dementia. The Learner will also develop new skills related to approach, cueing and ability to connect with people living with dementia. The workshop emphasizes the value of matching helping behaviors to the person living with Dementia’s needs and retained abilities. The workshop will also address typical issues that occur as dementia progresses and how to promote a sense of control and self-direction in the person living with Dementia.

Agenda

8:30-8:45  Registration, Refreshments
8:45-9:15  Introduction and Pre Test
9:15-10:15 Visual Changes and Approach Skills
10:15-10:30 Break
10:30-11:00 Visual Changes and Approach Skills
11:00-11:15 Space Awareness
11:15-11:45 Hand-under-Hand Technique
11:45-12:00 Q and A, Post test
12:00 pm  Evaluation and Adjourn

Workshop Objectives

By the completion of this 3 hour workshop Learners will be able to:

1. Describe changes in visual processing when dementia is present.
2. Discuss the rationale that supports each step of the PPA process.
3. Demonstrate PPA in simulated situations, using at least 75% of all the steps with coaching support.
4. Demonstrate hand-under-hand technique in at least four possible applications.
5. Discuss the purpose and value of using hand-under-hand technique with people living with dementia.

Who should come?

RN, LPNs, Nurse Practitioners, CNAs, Medical Assistants, Social Workers, PTs, PTAs, OTs, OTAs, Spouses, Family Members and others who are new to the Positive Approach to Care (PAC)
Jean McGuire R.N. M.S.

Jean earned her Bachelor’s degree in Nursing from Duquesne University in Pittsburgh and her Master’s degree in Community Health from Boston University. She has taught nursing at Emory University in Atlanta and at Western Carolina University in Cullowhee, NC. Jean has worked as a nurse clinician in public health and mental health before joining Mountain Home Care in 2012. Today, Jean is proud to be a trainer in Teepa Snow’s Positive Approach to Care and feels strongly about the value that the Positive Approach to Care will add to Dementia care in Western North Carolina.

Continuing Education Units

RNs, Social Workers and Nurse Practitioners:

The Mountain Area Health Education Center will be designating this continuing education activity as meeting the criteria for 0.3 CEUs as established by the Nation Task Force on the Continuing Education Unit.

Physical Therapy: MAHEC, as part of the NC AHEC system, is a NCBPTE-approved provider of continuing competence for activities directly related to physical therapy.

NCBPTE: 3.0 contact hours

Occupational Therapy:

The NCBOT has pre-approved this educational activity for 3.0 CCA points.

Workshop Location:

Mountain Home Care
2270 Hendersonville Rd
Suite #4
Arden, NC 28704

Meet in our Resource and Training Center

Question?

Contact – 828-684-6444
REGISTRATION FEE: $45.00 PER PERSON

PAYMENT METHODS: Full payment must accompany your registration. Payment may be in the form of: cash, check (Payable to Mountain Home Care), Visa or MasterCard

In Person or by Mail: PO Box 517
Arden, NC 28704

By Fax -(credit card only) 828-684-6499

Online - (credit card only) info@mountainhomecare.com

Deadline for Registration:
April 10, 2017

REGISTRATION FORM

Course Name: Positive Physical Approach
Date: April 12, 2017
Location: Mountain Home Care, Arden NC

Registration Fee: ___ $45

NAME: ____________________________________________ Social Security # (last 4 digits only) ____________

Degree/Certification: ____________________________ Title/Occupation: ____________________________

E-mail address: ________________________________________________

Home Address: ________________________________________________

City: __________ State: ______________ Zip Code:

Home County: ____________________________

Home Phone: ____________________________

Work Phone: ____________________________

Employer: ________________________________________________

Department: ________________________________________________

Payment method: ___ Cash ___ Check ___ Visa ___MC

Credit card #: ________________________________________________

Expiration date: ________________ 3 digit verification code: ________________

Print Name as it Appears on Card: ________________________________________________

Cardholder’s signature: ________________________________________________