

# THE GEMS™ – SEEING MORE THAN LOSS IN THOSE LIVING WITH DEMENTIA

Wednesday

March 23<sup>rd</sup>, 2016

8:45 am – 11:45 am

## Workshop Description

The workshop offers an overview of Teepa Snow's Dementia Abilities Model, the GEMS™. The GEMS™ model compares different stages of dementia to the characteristics of precious jewels. This dignified metaphor defines normal aging as well as the many appearances, behavior changes, skill sets and needs of those living with the progressive effects of dementia. Understanding the GEM™ levels will lead to an adjustment of expectations, communication and hands on care to better meet the ever-changing needs of these individuals. The GEMS™ advocate that people living with dementia, when given just the *right care* in the *right setting* can still shine.

## Workshop Objectives

By the completion of this 2 hour workshop, learners will be able to:

- Describe the difference between the term dementia and Alzheimer's.
- Identify the four features that are true about all forms of dementia.
- Describe at least two characteristics of each of the six GEM™ levels.
- Discuss ways to adjust expectation, communication and hands on care to better meet the needs of someone at each GEM™ level.



Jointly Provided



## Who Should Attend?

RNs, LPNs, Nurse Practitioners, CNAs, Medical Assistants, Social Workers, PTs, PTA, OTs , OTAs and anyone who is new to the Positive Approach™ to Care – PAC

### **BIO:**

**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

The Mountain Area Health Education Center designates 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: 2.5 contact hours.

**Occupational Therapy:** Application has been made to the NCBOT for pre-approval.

## **AGENDA**

- 8:45 – 9:00 Registration, Refreshments
- 9:00 – 9:30 Introduction and Pre Test
- 9:30 – 9:45 Umbrella of Dementia – Four Truths about Dementia-Video and Discussion
- 9:45 – 10:00 Brain Failure – Video and Discussion
- 10:00 – 10:15 Break
- 10:15 – 10:30 Characteristics of the six GEM™ levels- Video and Discussion
- 10:30 – 11:00 Ways for caregivers to engage someone at each GEM™ level
- \* Learning activity and Discussion
- 11:00 – 11:30 Identify GEM™ level and ways to engage
- \* Scenarios, Learning Activity and Discussion
- 11:30 – 11:45 Evaluation and Post Test

### **Workshop Location**

**Mountain Home Care**

**2270 Hendersonville Road**

**Suite #4**

**Arden, NC 28704**

**Meet in our Resource and Training Center**

**Questions? 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: March 16, 2016**

**REGISTRATION FORM**

**Course Name:** The GEMS™- Seeing More Than Loss in Those Living With Dementia

**Date:** **March 23, 2016**

**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 #: \_\_\_\_\_ **Zip Code for Credit Card** \_\_\_\_\_

Expiration date: \_\_\_\_\_ 3 digit verification code: \_\_\_\_\_

Print Name as it Appears on Card: \_\_\_\_\_

Cardholder's signature : \_\_\_\_\_