

# Foundation Course Recommendations



For Your  
Retirement Lifestyle Center

# Foundation Course Recommendations

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# Keeping It All About The Residents

## Introduction

### Living Demonstration of Your Values – What You Bring to the Resident Experience

In the Foundation Course introduction, we learned how our attitudes and beliefs about aging influence how we engage with and serve the age 50+ you meet every day.

In the same way, your values announce to the world what is important to you and provide a compass to guide how you interact, communicate, and provide assistance.

Defining your own attitudes and values serve as your compass:

- Knowing and believing these values gives direction
- Living the values nurtures and strengthens your positive work culture, and
- Provides a better quality of service for your residents.

Ultimately, this “compass” supports a better work environment, resident experience, and business bottom line.

## Respectful Resident Experience!

**Remember:** Many of your residents have lived and are living a rich life, have contributed much to their communities, have a wealth of life experience and still have much to offer.

Always address your residents in the way they prefer - first name, or formal name.

Avoid referring to a resident as 'dearie.'

Unless it is an emergency, ask permission before you jump in to assist, and never touch a resident without their permission.

Slow down when necessary, and do not show impatience.

Always address the resident directly - do not speak through another adult child or companion.

Most of all - remember that they are a VALUED RESIDENT - every single engagement with you should leave them feeling valued, respected, and appreciated.

## Case Study 1 - Renu: Vision and Hearing

**Remember –**

**No One Should Have to Work Hard To Give You Their Money**

### Vision

- Make it easy for your residents to read your materials, signage and communications!
- Ensure adequate non-glare lighting in all entrances, exits, and traffic areas. Good practice to increase lighting up to 30%.
- Have magnifying aids in key areas such as:
  - Reception Counters
  - Offices
  - Desks
- Might want to consider branding a purse/pocket size magnifying cards with your logo and contact info.
- All print and signage must have good contrast - such as black ink on white paper.
- Avoid reverse print (white ink on black background) for your newsletters and bulletins. Ok for Headlines and subtitles, but not the primary text.
- Notice if a resident looks at you from the side when you speak to them. They may be experiencing loss of central vision because of macular degeneration.
- If a resident has a known visual impairment, always greet them by name, use your name, and introduce others who are present.
- Make sure they are aware of where you have positioned yourself for your engagement – do not assume that they have heard you approach them, and let them know when you are walking away.
- Ensure all directional signs are simple, clear, and easy to read.
- Answer all questions verbally - avoid using non-verbal communication such as just nodding in agreement. When possible use non-verbal cues along with a verbal response.

## Case Study 1 - Renu: Vision and Hearing (cont.)

### Hearing

- Slow Down Your Speech! Your resident will need to 'fill in the blanks' for any words that they did not hear while they are simultaneously processing the content of what you are saying.
- Make sure you have the resident's attention before speaking.
- Always face the person you are speaking to.
- Keep your hands away from your face while speaking, so it is easier for your resident to lip read and read your expressions.
- Answer all questions in a natural manner and maintain eye contact. Maintaining eye contact will ensure that you will always be facing the person you are speaking with. It may also be useful to use non-verbal cues along with the verbal response. Follow up any important conversation in writing.
- Lower your tone - do not raise your voice.
- Speak clearly - don't shout!
- If asked to repeat yourself, try to re-phrase.
- Hold conversations where there is little background noise.
- Recognize that communication through electronic devices such as PA systems, phones, and televisions can be less clear for many of your residents.

## Case Study 2 - Martin: Access and Mobility

**Remember -**

**People May HAVE A Disability – They ARE NOT Their Disability**

### Access and Mobility

- Canvass all your pathways and remove any obstacles, plants, banners, directional ropes that would interfere with walkers or wheelchairs.
- Look at your reception counters and add a convenient way to hang a cane – such as a standard hook.
- Make sure there is enough space for the resident to use a walker while transacting business at the reception counter and offices.
- Make sure button operated automatic doors are clearly marked.
- Ensure there is easy transition from room to room and that thresholds can be navigated with assistive devices.
- Remember that the assistive device is an extension of the residents' personal space - do not touch, lean on, or move the device without their permission.
- Avoid moving the device out of the residents reach - if this can't be helped return it to within their reach when requested.
- When pushing a person in a wheel chair – ensure they are ready to move, and describe where you are going.
- Don't be afraid to ask the correct way to handle their assistive device and how you can best help.
- When communicating with someone using an assistive device, kneel down to speak with them face to face - avoid looking down and towering over them.
- When showing residents to interior offices, make sure you point out automatic doors and wheel chair accessible washrooms.

## Case Study 3 - Pearl: Safety and Fall Prevention

For seniors, falls are the leading cause of unintentional injuries, and preventing falls may have the largest positive impact in helping a person remain independent as long as possible.

### Safety and Fall Prevention

- Ensure sturdy railings are installed for all pathways.
- Avoid using rope barriers - they give a false sense of support if someone stumbles or loses their balance.
- Avoid shiny floor surfaces – and make sure all pathways are non-slip.
- Entrance mats should have skid-proof backing and should be tacked to the floor.
- Make sure stair wells are well lit, with handrails on both sides.
- Scan your walkways, and be especially careful about areas where residents will transfer from a carpeted area to a non- carpeted and potentially slippery floor. If necessary, apply non-slip treatments.
- Keep decorative plants, educational racks, and marketing banners out of traffic areas.

## Case Study 4 - Mary: Sensory Changes, Communication; and Ageism

### Giving Directions or Instructions

- Face the resident directly
- Use short phrases
- If pointing, do not turn your head away in the direction where you are pointing
- Provide landmarks where possible
- Repeat and rephrase if necessary

### Engagement

**Remember:** A sense of connection and engagement with others and our community is a key element to successful aging –

Encourage all residents to remain active and to participate in community and sponsored activities.

Have local transit routes and schedule flyers handy.

Keep a list handy of telephone numbers for local cabs and handyDART.

### Sense of Smell and Taste

Taste and smell are tied together - and are important for safety and quality of life issues.

- A loss in taste and smell can result in reduced ability to notice if food has gone bad - or an inability to smell smoke and gas leaks.



## Case Study 4 - Mary: Sensory Changes, Communication; and Ageism (cont.)

### Sense of Smell and Taste (cont.)

In your resident communications and newsletters, consider providing these helpful tips:

- Encourage regular exercise.
- Keep air humidified in winter months.
- Explore creative use of herbs and spices and rely less on sugar and salt.
- Encourage hydration through increased water intake throughout the day.
- Encourage eating your meals with others.
- **\*\*A more significant loss in taste and smell can point to some medication conditions that require attention. It's important that they share these symptoms with their health practitioner. \*\***

### Ageism Reminder...

Remember to notice beliefs and assumptions you may hold that reflect negative stereotypes about aging.

Ask yourself if you would have made the same assumption about a younger person...

## Case Study 5 - Richard: Cognitive Changes and Arthritis

**Remember –**

**We continue to learn throughout our lifetime!**

### Cognitive Aging

- Some cognitive abilities (such as verbal skills and creativity) can actually increase with age.
- Do not automatically assume cognitive decline just because you may disagree with a residents' position or choice of action.

### Alzheimer's disease

- Most prevalent type of Dementia.
- Do not correct and try to bring them to your reality.
- Continue to treat everyone with respect and dignity.
- Make sure you are familiar with your office policy about what to do when the resident's mental capacity may be in doubt.

### Arthritis

- Make sure all door handles are ergonomic and offer ergonomic pens at the counters and desks.
- Offer chairs with arms for extra support.
- Choose sofas for waiting areas and offices that are not too soft or too low.
- White label large size letter openers and offer complimentary to residents.

## **Case Study 6 - Albert: Bringing It All Together**

You are a valued Member of the Age-Friendly Business® Alliance!

Everybody WINS!! By combining this training with your personal and corporate values, you are poised to re-define superior resident experiences in all the communities you serve

You know how to express these values daily and in an age-friendly way.

You have made that journey from your head to your heart and see the world through a slightly different lens.

You do make a positive difference in your resident's lives!

It is now time to celebrate you in your communities for your commitment to learn more and serve better!

