

# Promoting the use of play-based strategies to enhance the patient experience

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## An opening thought...

“It is important **not** to assume that people with Alzheimer’s Disease have lost understanding or knowledge. It is too easy to think that they do not know simply because they do not communicate. We need to take on the challenge of finding ways to communicate successfully, to try different routes to find common ground.”

(Harley et al, cited Alzheimer’s Society 2015)



# Aim of the presentation

This presentation will explore *how* the use of play-based techniques and resources can contribute to the provision of imaging and radiotherapy services that are responsive to, and supportive of, the needs of people who have dementia and the carers who look after them.

There are three central themes:-

- Building relationships and making connections
- The role of the environment
- Communication



# Links to the SCoR guideline objectives

Section 3 of the SCoR (2015) *Caring for people with dementia...* identifies a series of related questions to be answered about:-

- The workforce's need for understanding dementia and its manifestations
- Optimising staff behaviours towards people with dementia
- **Strategies for optimising the technical outcomes of interventions and improving patients experience**
- **Suitability of the practice environment**



## Background

People *with* dementia have identified psychological and emotional barriers that inhibit their ability to cope, with over 66% of the 500 people surveyed citing a lack of confidence as well as anxiety about becoming confused as significant barriers to their participation (Green and Lakey 2013).

These effects are likely to be increased when accessing healthcare services, leading to additional stress and vulnerability which will need additional care and support.



# Why 'play'

Majzun (2011) advocated the use of play for adults in healthcare settings, suggesting much could be learned from paediatric hospitals, with particular reference to adults need to play, and how this can enable:-

- engagement
- provide distraction
- help to develop coping strategies for all concerned



## Doing something we already do...

We all play – when we dream, imagine, create, experiment, take risks, try something new. Every time we have to step outside the box – try something different – to reach a patient, to solve a problem, to come-up with a new policy, we are playing with ideas.

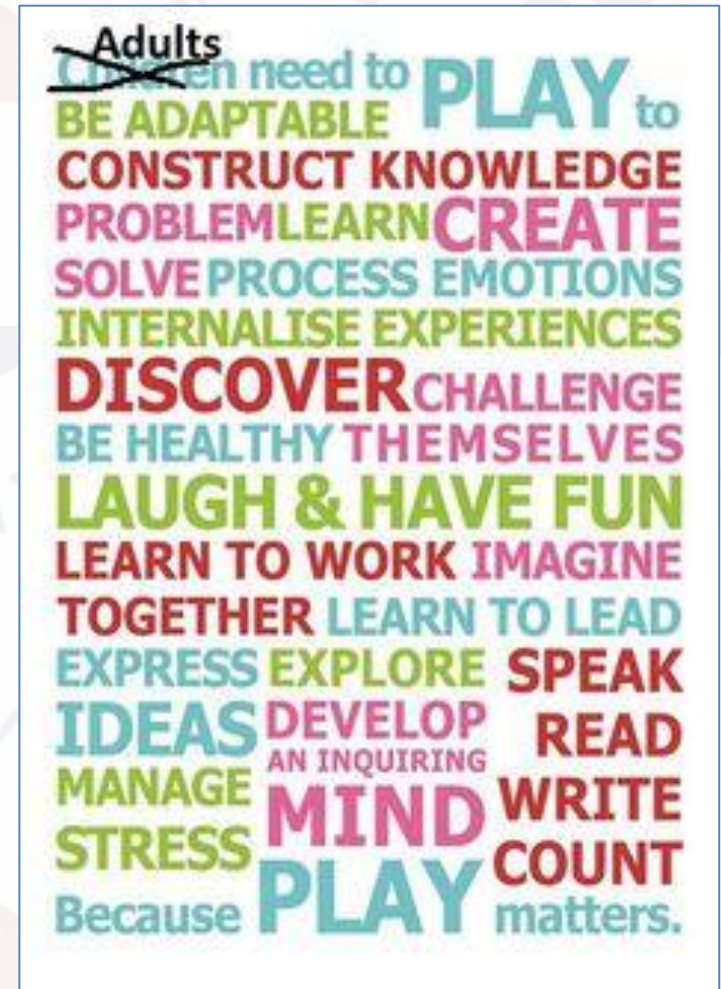
We cannot predict what will happen but we are open and accepting of how things might unfold.



# Defining the use of play within healthcare

Play is not an added extra but an integral tool in our communication kit. We sometimes call it creativity or inventiveness.

The difference between play and other tools in our toolkit is that it is not just about what we think about something but encompasses what we do, and what we feel.



# Social Learning Theory – Albert Bandura

## Reciprocal determinism

Our thinking, behaviour and the environment are constantly interacting and changing the way we think and feel. What, how and where we do things are linked together and each will affect the other.

## Self-efficacy

How an individual personally perceives and responds to differing situations. It links observational learning, social experience and reciprocal determination to define the individual's own beliefs as to how well they can manage and succeed on any given task.

(Allen and Gordon 2011)

# Dementia Positive

“Dementia is not just another medical diagnosis... We can learn a great deal about the experience of dementia and the person’s needs directly from those involved. This learning should be the basis for the development of good services.

Providing the best support for the person with dementia means understanding the needs and experiences of those around them too (whether they are family members or paid/volunteer staff)”  
(Dementia Positive 2015)

# You are ahead of the game

## Putting relationships at the heart of the NHS

Living with physical or mental health conditions can be a long road, but our relationships with partners, family and friends are what make the journey better.

Three cheers for carers and families

Relate and NPC research report

March 2015



### The Best Medicine?

The importance of relationships for health and wellbeing

Sarah Handley, Iona Joy, Cecilie Hestbaek and David Marjoribanks

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# Building relationships

## A patient is a person first

### Finding the person behind the diagnosis...

- Time spent on preparation saves time later. Get to know the patient AND the carer. Be interested and engaged by their personal story
- Introduce patient passports
- Introduce staff profiles - 'My name is... and I like cats/cream/cakes/singing... a radiographer is a person too – reveal the person behind the uniform
- Notice the positives, not just the challenges

# Guidance and play based strategies

‘I worry about making mistakes and don’t participate in activities. Life used to be so easy, now I have to think hard about everything.’

Play can circumvent the thinking process – using feelings and behaviours as routes to mutual understanding.



# The importance of humour

“Humour ... has considerable merit in providing a means of access to otherwise inaccessible territory. As well, its power to transform the moment is too vital to be ignored.”

(Dean 2003)



# Environment

## Creating a safe space. We need a 'play-space'

- Minimise potentially distressing stimuli in waiting areas (machines, surplus of printed material, bright lighting)
- Introduce age/stage-appropriate props – magazines, photos, pictures, music in the background (popular songs from the war years, jazz to Elvis), doodle pads
- Consider a small number of interesting objects that can serve as positive distraction or initiate conversation (e.g. chess board, button box, seaside souvenirs)
- Following familiarisation, encourage patient/carer to bring personal comfort objects on repeat visits

# Environmental adaptations

“We now have ... an inpatient room which has been decorated with a wall vinyl that is in line with the Trusts dementia friendly policies”.

Radiology Services  
Walsall Healthcare NHS  
Trust



# An NHS Dementia ward

## Spot the play related features



“Drawing on our knowledge and previous experience of how shape, form, colour and light can positively contribute to improving the healing environment...”

(Images and text courtesy of Boex 2015)

# Two simple ideas



“A fish tank and changing LED lit screens add calming interest to the space with the translucency allowing a clear line of sight for staff across the ward space”



“A sensory board enables stimulation for patients and provokes interaction with staff and family. The board features inter-changeable panels that can be updated dependant on the patients background”.

Images and text courtesy of Boex (2015)

# Communication

## Making a connection... relax-respond-enjoy

- 60% of communication is non-verbal. Remembering this reduces the perceived disadvantage of those with limited verbal skills
- It is more important to listen than to speak, to observe than to do. We all talk too much. Smile, pay attention: talk less!
- Don't rush in: take a minute or two to prepare and relax (breathing/stretching exercises)
- Observe: take another few minutes to observe the patient's behaviour and absorb what you see. How does the patient move, use their body/hand/face, focus attention – accept and allow (if safe to do so)



# Positive strategies to reduce distress

(requires information from carer or observations)

- Agitated patients may need to move around, have something to do – expect and allow this as far as is practicable
- An age/stage appropriate distraction box (a tub of fun)
- Activity aprons/ waistcoats (“keeping hands busy and conversation flowing”)



- Props – teddies/demonstration dolls. Have these available but allow patients to initiate any exploration
- Pictorial timetables for both imaging and radiotherapy
- ‘Show and tell’
- Use low tones, lots of repetition, mirroring of patient vocalisations
- Invite the use of transition objects
- Trust your intuition. Go with what feels right – this is something we do as parents, partners, friends and children, but is generally discouraged in the ‘rule-dominated’ workplace.



# Using the concept of Storyboards

Storyboards are graphic representations that provide the viewer with a detailed view of a project (or in this case, the treatment journey).

Similar to preparation books used with children and young people, storyboards for patients with dementia should be individual and personalised where possible, including images of the patient at each point of the treatment routine to embody the experience and aid location in the experience.

This is a positive strategy that is already being partially used in the Sussex Cancer Centre.

# Visual schedules

Skinner identified that by breaking information down into 'bite sized chunks' when preparing *children* to undergo a complex procedure may help them to turn the procedure into a manageable task... the same applies to adults.

This can be done visually as an alternative method of communication, especially for schedules or routines... check out this website for free resources to help you...



<http://do2learn.com/picturecards/VisualSchedules/index.htm>

## A closing thought...

Using play as a strategy for people with dementia may raise some questions, however we hope that this presentation has shown how play can highlight the...

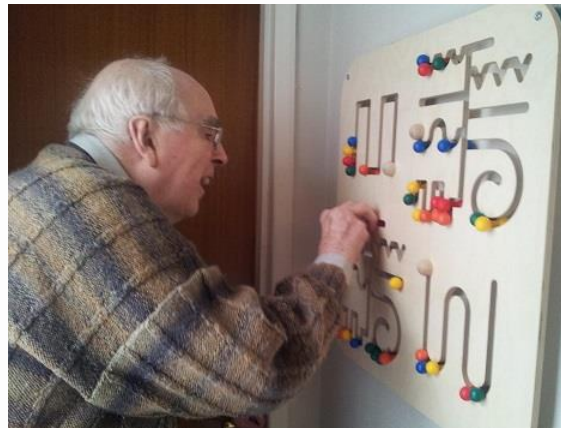
“humanity that lies within all of us, at any stage of life. [Play] reinforces, rather than diminishes, the importance of respect and dignity within all human interactions”

(Ellis and Zeedyk 2014)



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# References

Allen, S. and Gordon, P. (2011) *How children learn 4: Thinking on special educational needs and inclusion*. Practical Pre-School Books.

Alzheimer's Society (2015) *Living with Dementia November 2008*.

[http://www.alzheimers.org.uk/site/scripts/documents\\_info.php?documentID=783&pageNumber=3](http://www.alzheimers.org.uk/site/scripts/documents_info.php?documentID=783&pageNumber=3)

Alzheimer's Society (2010) *Living with dementia booklets: Keeping involved and active*.

[http://www.alzheimers.org.uk/site/scripts/download\\_info.php?fileID=731](http://www.alzheimers.org.uk/site/scripts/download_info.php?fileID=731)

Boex (2015) *Dementia Ward*. <http://www.boex.co.uk/project/dementia-ward-design/>

Dean, R. (2003) Death, Humor and Spirituality: Strange Bedfellows? In: Cox, G.R. and *Making Sense of Death: Spiritual, Pastoral and Personal Aspects of Death, Dying and Bereavement*.

Dementia Positive (2015) *Our philosophy*.

<http://www.dementiapositive.co.uk/our-philosophy.html>

Ellis, M. and Zeedyk, S. (2014) *Rethinking Communication: The Connected Baby guide to advanced dementia*. Dundee: Suzanne Zeedyk Ltd. Publishing.

Green and Lakey (2013) *Building dementia-friendly communities: A priority for everyone*. London: Alzheimer's Society.

Majzun, R. (2011) Coloring Outside the Lines: What Pediatric Hospitals Can Teach Adult Hospitals, *Pediatric Nursing*, 37 (4): 210-211.

NHS Leadership Academy (2013) *The Healthcare Leadership Model*.

<http://www.leadershipacademy.nhs.uk/resources/healthcare-leadership-model/>

Society and College of Radiographers(SCoR) (2015) *Caring for People with Dementia: a clinical practice guideline for the radiography workforce (imaging and radiotherapy)*. SCoR.