Examples of introductions and conversing

“Hello, My name is ______. I am a hospital volunteer working with the Geriatric Department and the Memory and Aging Center. Our focus is on patients that may have memory problems.”

It is easier to avoid the word dementia at this point. If the family knows they have dementia, they will likely say something like, “Well of course, you know ______ has dementia.”

“Our goal is to get information from you (the caregiver) related to your (wife’s, husband’s, mom’s, dad’s) routine, schedule or habits they have at home. This information will help the hospital staff take better care of your loved one during their stay. Do you mind if I ask you a few questions?”

☐ Remember to be sensitive to the patient in the room. Ask the caregiver if they would like to go to a room or place more comfortable and private. 14M has a nice room by the elevators and 14L’s solarium near room 1451 may be available.

☐ Be aware of the patient’s condition and sensitive to what it appears they can or cannot do. For our patients that are very ill and at the end of their life, your questions may focus more on what they like to listen to, what they like to be called, etc.

☐ Try to remember the information on the questionnaire and informally ask the questions to the family members. This may be a more comfortable way to have the caregivers respond to you.

☐ Many of our patients may have been admitted for a sudden onset illness, unrelated to their dementia disease. This illness may be treatable, and they may recover quite well and be able to return to their previous level of activity. Some may not return to their previous level; time will tell. If the family members state that the patient has not been feeling well in the past few weeks, and the patient’s present level of activity is questionable, ask them how the patient was functioning before this present illness started. On the Care Plan you can indicate this previous level by an asterisk, the updated care plan has a key on the bottom *Prior to Admission.