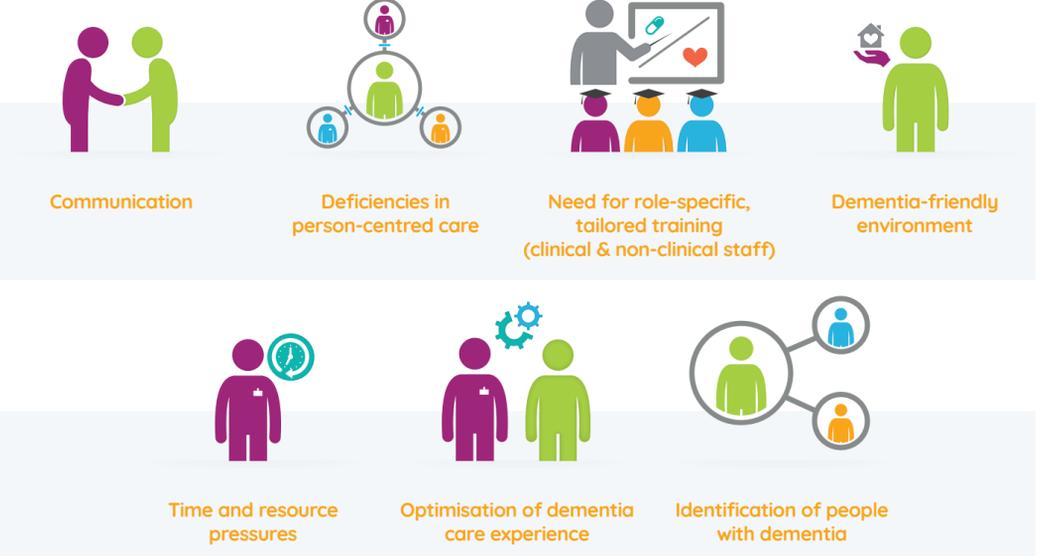


The Society & College of Radiographers (SCoR) undertook a review of a 2015 document, *Caring for People with Dementia in Clinical Imaging and Radiotherapy: A Clinical Guideline*. The review found published research had **the following themes about caring for people with dementia:**



## Main points from the themes:

**Communication**

**Hello!**

Staff must specifically ask if individuals and their carers have any questions or concerns.

Staff should reassure people that there is **time to listen to their concerns** and to answer questions.

People with dementia can have difficulties understanding, retaining and using cancer information. Staff and carers can help by **adapting language to help**.

Some people with dementia might find it difficult to keep track of time during examinations - **inform them how much time is left until end of procedure**.

Staff should reassure people that **they will not be left on their own**, e.g. when in an MR or CT scanner or having radiotherapy treatment, staff will be able to see that person and to communicate with them.

**Communicate with people at eye-level**, e.g. avoid "standing over the person" when the person is seated.

**Deficiencies in person-centred care**

Staff can have difficulties recognising and addressing **unmet needs of people with dementia**.

It is important for some individuals and their carers to **feel in control in unfamiliar environments**.

Partnerships between staff, the person with dementia and their carer, relatives and friends **can result in holistic care** (not focused solely on physical needs).

Each person with dementia is unique and will **need a personalised care package**.

People with dementia and carers may find it helps to **bring their own music/photos/items** that are comforting to them during the visit.

Hospital organisations can help with **improved identification for people** with dementia within their documentation.

**Need for role-specific, tailored training (clinical & non-clinical staff)**

Staff may not understand about the **different types and stages of dementia** or the ways that they can help people.

**Knowledge of the type of dementia that a person has** can be used to tailor interactions.

Each individual experience for a person can depend on the type or cause of their dementia, the stage of the illness, the individual's personality and, importantly, **the way others interact with the individual**.

**Dementia-friendly environment**

**Department design and layout** can make a big difference for the care of people with dementia.

There should be a **calming atmosphere**.

It is important to ensure the safe keeping of personal belongings for people with dementia. For example, lost **spectacles and hearing aids** affect the senses. **Slippers or walking sticks** left behind can affect mobility.

Consistency of teams. Try to arrange for **the same staff to care for people** e.g. radiotherapy appointments.

**Time and resource pressures**

Staff need **time to care** (clinical and non-clinical staff).

Staff need **time to train**.

Departments do not always **make effective use of volunteers** who would like to help.

People with dementia must be **offered longer appointment times**.

**Optimisation of dementia care experience**

**There needs to be collaborative working** - between staff across departments and organisations, the person with dementia, their carers, relatives and friends.

Recognise the importance of partnerships with carers to support each person with dementia. **Remember that carers need care and support too**.

**Identification of people with dementia**

To help with clear communication when a person has a diagnosis of dementia, departments should have a **question on imaging and radiotherapy referral forms or initial assessment forms** to include a request for information about a person's type of dementia and cognition.

The staff who will be caring for the person with dementia should ideally be **informed about the person's diagnosis, form and stage of dementia beforehand**.

Departments for **referral on to the person's General Practitioner** to follow up in cases of potential undiagnosed memory problems.