

Module 3: Understanding the MDS 3.0

This final module is designed to help the practicing recreational therapist pull the ARROW training concepts together in real life scenarios and to provide evidence of changes in his/her nursing home. Begin by watching and listening to the information about MDS 3.0. in the presentation. Then move on to the assignment of treating three cases with evidence based recreational therapy interventions. Finally, you will need a tri-fold presentation poster board (available at office supply stores). Prepare a poster of one or more interventions, programs, or advances you have made at your facility since beginning this training. After you finish the poster please take a digital photo and email it to llbuettn@uncg.edu . We would also love to have your poster displayed at the July 31, 2009 ARROW conference at UNCG.

Completion of this learning module will take a minimum of 10 hours over a period of a month and upon completion you will be awarded 1.0 CEUs from UNCG.

Objectives/Assignments:

1. Participants will describe the major changes in MDS 3.0
2. Participants will plan for recreational therapy interventions in three or more sections of the MDS 3.0 as evidenced by completing real life scenarios.
3. Take multiple choice final test
4. Create a poster to indicate the changes you made in your practice to be displayed at the July 31 ARROW Conference at UNCG.

CEUs available: 1.0 (10 hours)

To Receive Continuing Education Credit submit copies of: Three cases, digital photo of poster providing evidence of advances, and module evaluation form.

- On the next page you will find an example scenario of how a recreation therapist would utilize the MDS 3.0 to come up with a treatment plan.
- Following that you will be given 3 scenarios for which you will: a) write the RT order. b) Propose an intervention. c) Provide evidence to support the intervention. d) Propose an evaluation method.

Sample Scenario (Delirium Section C 1300)

- **Scenario:** Mr. Jones is a new admission to the post-acute care unit of your nursing home. He was treated for a hip fracture and was started on hospital based rehabilitation before being discharged to your facility. In his MDS 3.0 interview it became clear Mr. Jones had delirium and poor concentration.

- *Inattention and disorganized thinking each scored a “2” indicating delirium.*

- You get a request for RT treatment for mentally stimulating activities from the physician in your facility.

- **RT order:** RT for poor concentration 2x per day for 5 days.

- **Proposed RT intervention:** Use brief interactive cognitive activities twice per day until delirium symptoms improve. Activities will be graded to the current functioning of the resident and one step harder to increase focused time. See the protocol chart below with the possible interventions.

Cognitive Interventions by Level of Difficulty

Category	Difficulty	Activity	Instructions/Materials
Attention	Easy		Recite the alphabet or count to 10
Moderate	Dot to dot		On-line sheets available
Difficult		Word search sheets	Book or other store
Disorientation	Easy	“Draw” number 8 in the air, one arm then the other. May continue by asking to draw other numbers or letters	Brain Fitness Book (Fitzsimmons, 2007)
Moderate		“Finger Math” Ask to show 4 fingers. Ask to show using both hands; ask to show using a different combination. Continue with other numbers.	Brain Fitness Book
		Maneuver toothpicks to form name	Brain Fitness Book
		Calendar work: Give client calendar, have client identify the month, how many days, any holidays etc	Brain Fitness Book
Difficult	Pick-up sticks		Toy store
		Clock work: Provide sheets with clock faces showing	Brain Fitness Book