Lessons from a Dementia Awareness Training Pilot and the Implications for Future Training Provision

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Background
Global figures for dementia are rising (Table 1), ensuring there are skilled health professionals to provide quality care for people with dementia is essential.

<table>
<thead>
<tr>
<th>No. People</th>
<th>Year</th>
<th>Country</th>
</tr>
</thead>
<tbody>
<tr>
<td>35.6 million*</td>
<td>2010</td>
<td>Worldwide</td>
</tr>
<tr>
<td>115.4 million*</td>
<td>2020</td>
<td>Worldwide</td>
</tr>
<tr>
<td>800,000*</td>
<td>2010</td>
<td>UK</td>
</tr>
<tr>
<td>1.7 million*</td>
<td>2021</td>
<td>UK</td>
</tr>
</tbody>
</table>

There is a gap in dementia care education (WHO, 2012). Health professionals recognise their lack of skills in this area. Staff receiving dementia training is low, even for specialist care providers, about 1/2, of specialist dementia care homes in the UK report they do not have dedicated staff training in dementia (All-Party Parliamentary Group on Dementia, 2009). The Alzheimer’s Society (2009a) emphasise the need for awareness in dementia to focus on health professionals ‘across the health and care sector [to] improve all aspects of a person’s journey through dementia’ and stress the important role nursing staff have in improving care and developing person centred approaches in the care of people with dementia. They identify dementia training as ’vital’ (Alzheimer’s Society, 2009b).

Aim
The evaluation aimed to:
• Assess the implementation and effectiveness of a pilot training programme run within the East Midlands, UK, developed jointly by The University of Northampton and a local National Health Service (NHS) Trust.
• Feed into the future training provision of this.

Evaluation Method
• Face-to-face 30min semi-structured interviews with NHS stakeholder managers, responsible for commissioning training (n=3);
• Face-to-face 30min semi-structured interviews with training facilitators (n=2);
• Participant questionnaire with open and closed questions about satisfaction, learning points and future training needs (n=74).

Participant questionnaires were analysed using the statistical package SPSS. Thematic analysis was applied to open questions and interview data.

Workshops
6 1-day training workshops were run, each at different venues across the locality. The training aimed to:
• Develop knowledge in person centred care;
• Develop knowledge of a socio-psychological model of dementia;
• Develop dementia champions;
• Engage with district and community nurses.

Findings
Figure 1: Participant satisfaction of training

<table>
<thead>
<tr>
<th>Rating</th>
<th>11th May</th>
<th>12th May</th>
<th>13th May</th>
<th>20th May</th>
<th>21st May</th>
<th>Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Good</td>
<td>22%</td>
<td>27%</td>
<td>25%</td>
<td>30%</td>
<td>27%</td>
<td>26%</td>
</tr>
<tr>
<td>Acceptable</td>
<td>54%</td>
<td>52%</td>
<td>60%</td>
<td>50%</td>
<td>55%</td>
<td>54%</td>
</tr>
<tr>
<td>Satisfactory</td>
<td>24%</td>
<td>23%</td>
<td>15%</td>
<td>20%</td>
<td>18%</td>
<td>19%</td>
</tr>
<tr>
<td>Not satisfied</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
</tbody>
</table>

- High levels of satisfaction were reported (Figure 1); administrative problems and poor venue facilities resulted in low levels of satisfaction on 16th March.
- District/community nurse engagement was difficult due to heavy work commitments and misunderstanding of the training’s relevance.
- A range of health professionals attended (e.g. Clinical Psychologists, Healthcare Assistants, Occupational Therapists, Senior Nursing staff).
- Multi-disciplinary training led to lively debate and shared experiences of caring for PwD.
- Person centred focus was a key strength.

Conclusions
• Further training in dementia care is required for health staff at all levels.
• Training provision for health care staff in the UK should focus on: person centred care; developing management strategies for care; inclusion of the voice of the PwD.

Implications for Nurse Training
• Nurse access to relevant dementia care training is important. Heavy work schedules should not be a barrier to training attendance.
• Training managers acknowledged difficulties in releasing staff, reporting a 1-day course was preferable, aiding staff absence planning and roster scheduling.
• Appropriate marketing of training to nursing staff could boost attendance. Ensuring aims and objectives are relevant to nursing roles with clear patient care benefits, is key.

Imagery: ‘Enabled me to reflect on my own practice and that of others.’ ‘Helped with understanding particular behaviours the reasons behind it and methods of management.’ ‘This explains their behaviour and put it in perspective, it enabled me to see the world from the dementia patient’s view point.’

Training participants: Learning points from the training
• Person centred care is at the forefront of dementia care and should form the basis of future training. The voice of the person with dementia should be included.
• Multi-disciplinary training can lead to improved knowledge and shared best practice in dementia care.

References

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The Centre for Health and Wellbeing Research

The Centre for Health and Wellbeing Research (CHWR) is the product of a partnership between the University of Northampton’s School of Health and NHS Northamptonshire. Launched in 2008, CHWR prides itself on working closely with commissioners and we strive to respond effectively to the needs and aspirations of our clients. We believe that the level of experience each member of our project teams brings to our studies significantly enhances the resultant outcomes.

The vision of the CHWR is to build a sustainable partnership for research that will support and develop a culture of using research to inform the evidence base for practice and improve the health and wellbeing of the population of Northamptonshire. The key research strands for the Centre are:

- Staying Healthy;
- Mental Health and Wellbeing;
- Quality and Innovation.

CHWR is fully resourced to undertake evidence review and primary data collection using both quantitative and qualitative evaluation methods (e.g. large questionnaire surveys, social surveys, one-to-one interviews, SPSS analysis, focus groups, in-depth discussion groups, semi-structured and open interviews, and tape transcriptions). All members of project teams have extensive experience of research and evaluation projects.

In addition, CHWR host conferences, monthly lunchtime seminars, and regular networking events. During 2012 & 2013 the conferences have included:

- A Healthy Northamptonshire: the value of evidence;
- Living with dementia – international, national and local support for people with dementia and their carers;
- Keeping well in the face of adversity: Long term conditions and mental health;
- Workplace wellbeing event incorporating the Peggy Kellam Memorial Lecture.

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Alison is a part time Researcher for the Centre for Health and Wellbeing Research at the University. Alison is an experienced researcher and has worked on a number of research projects for local and national organisations. She has expertise in managing both qualitative and quantitative research projects within the public sector. Recent projects include the evaluation of a dual diagnosis service (mental illness and substance misuse) and a remand bed service for forensic service users, a project to evaluate the effectiveness of a Care Home Scheme and conducting primary research to investigate the behaviours and attitudes of young people to alcohol in Northamptonshire. Alison is also undertaking her PhD in dementia and creative performance and is a member of the Dementia Research Network at the University of Northampton.