



Queensland University of Technology
Brisbane Australia

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Research Focus

The View from Here: educational program creates momentum for positive change

Kate Nayton, Elaine Fielding and Elizabeth Beattie describe how they developed a successful program to educate hospital staff about dementia care. The program may soon be trialled in other acute care facilities.

Staff in acute settings are responsible for an increasing number of people with dementia, yet few have dementia-specific training and skills underpinning their practice. In 2012 the Nurse Unit Manager (NUM) of a general medical ward in a large, urban hospital approached the Queensland Dementia Training Study Centre (Qld DTSC) to provide an educational program to enhance the quality of care for patients with dementia.

Staff were generally not confident in their ability to communicate effectively with people with dementia in order to gain their trust and co-operation in completing necessary clinical tasks such as taking blood. In addition, people with dementia often need more assistance with the activities of daily living (ADLs), such as eating and drinking and can exhibit behaviours such as agitation or getting lost, that require extra staff attention. As a result of these issues, this ward, not atypically, chose to employ costly special assistance staff (specials) to help care for people with dementia. This article describes how a customised program was developed to educate ward staff about dementia care with the goals of increasing their knowledge and, ultimately, improving care quality and reducing the use of specials. The program was intended to serve as the first step in a larger ward-managed change process of improvement in dementia care. After specifying how the education program was developed and delivered, this article describes outcomes, lessons learned and recommendations.

Development of the 'View from Here' program

Based on the idea that acute care staff would benefit from visualising what it would be like to be a patient with dementia, the program was named *The View from Here: Skills in Dementia Care for Acute Settings*. It was developed to meet the explicit requirements of the recipients and involved the following:

- Review of literature on dementia care, assessment tools, specialising, and person-centred practice in acute settings.
- Examination of materials from existing available workshops and educational programs designed for acute care staff.
- Consultation with an expert panel and with the nursing staff from two other acute care facilities with existing dementia-specific care pathways and protocols.
- Measurement of the baseline levels of knowledge, attitudes and care practices of participating staff.
- Observation of staff and patient interactions on the ward.

In order to meet the needs of an actively functioning care environment, the following considerations were balanced: 1) minimal staff downtime; 2) maximum opportunities for staff attendance; and 3) a

multidisciplinary audience of assistant nurses, endorsed enrolled nurses, registered nurses, clinical nurses and allied health (particularly occupational therapists and social workers). These considerations led to the choice of an outcome based, microteaching approach. This approach, consisting of a series of brief (in this case, 25-minute) sessions with clearly articulated, measurable outcomes, encourages transfer of training to practice in workplace settings (de Vries 2008; Thelen, Herr, Hees & Jeschke 2011). Other ideas concerning the approach came from a similar program recently conducted in New Zealand designed to reduce the use of specials in the acute care environment (Dick, LaGrow & Boddy 2009). Although not solely focused on the care of people with dementia, it provided a good example of an in-service educational program embedded into a larger ward culture change process.

In choosing the specific content to be covered, the development team balanced theory and practical content, as well as providing opportunities for staff to claim professional development points. Given the variable level of knowledge and experience of staff in the area of dementia care, the initial session was the most theoretical, establishing the theme of the program, its relevance to the participants, and providing foundation knowledge regarding two fundamental areas: dementia as a disease resulting in progressive cognitive impairment and the philosophy of person-centred care that underpins current best practice, thereby ensuring that future sessions were supported by a common understanding of these concepts. One novel approach taken was to develop the specific content of only sessions one to three before the program started. Thereafter, content was developed based on evaluations and discussion during previous sessions and in consideration of the identified needs of the group. This led to the inclusion of content in two areas not identified through the initial literature review process.

The final seven content areas covered were:

1. Neurobiology & Patient-Centred Care
2. Communication Strategies
3. Information Gathering and Bedside Tests
4. Approaches to Pain Assessment
5. Activities for the Inpatient Setting
6. Behavioural Observation and Pharmacology
7. The Environment.

To maximise opportunities for staff to be involved, each session was delivered a total of four times, twice as a stand-alone 25 minute session, and twice as a component of a 'block' evening delivery (with multiple sessions back-to-back).

Outcomes

The program had a total of 49 participants who attended at least one session from a total, potential participant pool of 54. Not all participants were able to attend all sessions, but 55 per cent attended four or more (of the seven) sessions. At the end of each session, participants filled out an evaluation sheet. The feedback received was very positive, in particular, participants felt confident that they would be able to apply what they had learned to caring for people with dementia in the ward environment (average scores on this evaluation item were about 6 out of a possible 7 for most

sessions). The feedback below demonstrates that participants felt that what they had learned in the sessions would help them on the ward:

- [I will have] “more understanding of what a dementia patient’s behaviour is”
- [there will be] “improved quality of care for patients with dementia”
- [there will be] “better management of delirium and dementia and less staff frustration”
- [I] “found this would benefit the ward”
- [Referring to suggested activities for people with dementia] “Minimal tasks that I thought would be able to be ‘realistically’ implemented on our ward”

In general, the post-session evaluation data revealed the following benefits of the program:

- It was successful as a brief, accessible introduction to the rapidly developing body of knowledge regarding evidence-based acute care for patients with dementia. For example, staff developed clinically relevant skills in the use of dementia-specific assessment tools (eg for identifying pain in patients unable to verbalise it).
- It was appropriately tailored to how acute services approach dementia care – it was accessible enough (in terms of the ‘pitch’ and amount of information) to ensure the maximum number of staff developed a broad understanding of the appropriate language, care principles, and approaches to management of significant issues (such as pain and BPSDs), thus laying the groundwork for future practice change.
- It helped to identify staff who might have a particular interest in the area of care of patients with dementia and who could benefit from further, more in-depth education, becoming important resources to the ward team as ‘dementia champions’.

A vital element of the program was a post-program workshop, held one week after the end of the educational sessions. The workshop was attended by the NUM and self-identified dementia champions and its purpose was to enhance sustainability and ongoing cultural change on the ward. Participants developed an action plan based on content addressed in the education sessions and consisting of 17 identified areas for practice improvement with monthly meetings to manage implementation. One recommendation was to improve communication between assistants in nursing/specials and nursing/allied health staff with regard to specific patients with dementia by using a chart identifying likes, dislikes and suggested approaches to be taken with that patient. Related to this was developing a fact sheet for family carers suggesting personal items for them to provide and activities while visiting their relative with dementia in the acute care environment. One of the major recommendations was for the dementia champions to stay up-to-date with new approaches to caring for people with dementia and communicate those to others on the ward.

Lessons learned and recommendations

The development, delivery and evaluation of the seven-session educational program has resulted in several lessons learned and recommendations for future development and delivery of programs for improving acute care of people with dementia and reducing the use of specials. These include:

- If feasible given scheduling constraints, sessions could be lengthened to allow for further discussion.

- Delivering the content over multiple sessions encourages continuing learning and culture change. On the other hand, the provision of block delivery of sessions could be useful for some participants needing to catch up on missed sessions or whose schedule makes attendance at multiple sessions difficult.
- Ideally presenters/facilitators in programs of this nature are clinicians with recent, relevant acute care experience, as well as considerable experience with patients with dementia. The relevant experience of the presenter in this instance was crucial to the success of the program.
- The development of a post-program action plan with specific follow-up intervals is fundamental to sustainability.

Future directions

Research data was collected by the Dementia Collaborative Research Centre: Carers and Consumers during the project and those results (eg any change in the number of specials used before and after the program's implementation) will be available shortly. Given the success of the program the Qld DTSC is considering trialling an edited version of the *View from Here* program in additional acute care facilities. Anyone interested in the program or in participating in further trials can contact Sandra Jeavons, Centre Manager, Queensland Dementia Training Study Centre, Queensland University of Technology on s.jeavons@qut.edu.au.

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Kate Nayton was Queensland Dementia Training Study Centre Project Co-ordinator (Acute Care Initiatives). Elaine Fielding is a Research Fellow at the Dementia Collaborative Research Centre: Carers and Consumers (DCRC: CC), Queensland University of Technology, Brisbane. Contact Elaine at Elaine.fielding@qut.edu.au; Professor Elizabeth Beattie is DCRC: CC Director and Queensland Dementia Training Study Centre Deputy Director. Contact Elizabeth at Elizabeth.beattie@qut.edu.au.

References

de Vries P (2008) Microtraining as a support mechanism for informal learning. *eLearning Papers* 11 1-9.

Dick A, LaGrow S and Boddy J (2009). The effects of staff education on the practice of 'specialling' by care assistants in acute care settings. *Nursing Praxis in New Zealand* 25(1) 17-26.

Thelen A, Herr S, Hees F, Jeschke S (2011) Microtraining for Workplace-Related Learning. *Automation Communication and Cybernetics in Engineering* 347-357.