

Assessing the educational impact of the dementia champions programme in Scotland: Implications for evaluating professional dementia education



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ABSTRACT

Increasing numbers of people with dementia are living longer with a higher likelihood of requiring hospital care for physical conditions including falls, infections and stroke (Boaden, 2016). However, the literature is replete with descriptions of poor care and hospital care experiences that have fallen well below the expectations of people with dementia, their families and friends. Although poor care is unacceptable, it is unsurprising given that dementia education for health and social care professionals is often inadequate and inconsistent. This results in most healthcare staff being ill-equipped and lacking the confidence to work with people living with dementia.

The first of Scotland's National Dementia Strategies committed to “improve the response to dementia in general hospital settings including alternatives to admission and better planning for discharge” (Scottish Government, 2010). The educational response was the commissioning of the Dementia Champions programme. Since 2011, the programme has developed over 800 health and social care professionals working in general hospital and related settings to be change agents in dementia care.

This article will outline the theoretical underpinning of the programme and present pooled results from four cohorts (2014–2017) ($n = 524$). A repeated measure design (pre and post programme) was used to measure attitudes towards people with dementia; self-efficacy and knowledge of dementia. The findings suggest that the education had a statistically significant positive effect on all intended outcomes, indicating the potential for practice change. We discuss these findings in relation to the literature, and respond to the calls for high quality evaluation to measure the effectiveness of dementia education, the challenges and potential directions for measuring educational effectiveness and capturing transfer of learning.

1. Introduction

In 2009, the Alzheimer Society reported unacceptable variations in the quality of care received by people with dementia and their families with some care described as mediocre or neglectful. Bed occupancy rates for people with dementia in the UK are estimated to be as high as 50% and the care experiences of people with dementia in general hospitals continue to fall well below expectations (Boaden, 2016; Elvish et al., 2016). For people with dementia, admission to hospital can result in increased mortality, increased length of stay and an increased likelihood of being discharged to a long-term care setting (Dewing and Dijk, 2014).

The first professional preparation of many health and social care staff to work with and care for people with dementia and their families could be considered inadequate and inconsistent, with many undergraduate programmes having no or limited content on dementia care

(Pulsford et al., 2007; Collier et al., 2015). There is a particular lack of dementia education amongst professionals who work outside of mental health, this is an international concern (Hvalič-Toužery et al., 2017). Post-qualifying education has been the predominant strategy to equip staff with knowledge about dementia and improve the quality of dementia care in hospitals across the UK. Following a commitment to improve dementia care in general hospitals in Scotland's first Dementia Strategy (Scottish Government, 2010), the Scottish Government funded NHS Education Scotland to commission a collaborative education programme to educate qualified staff to become change agents in dementia care.

There is however a lack of clarity and knowledge about what effective learning looks like and how we can effectively measure the learning that takes place (Elvish et al., 2014). This article adds to this field of knowledge by outlining the theoretical underpinnings and educational context of Scotland's National Dementia Champions

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programme and illuminating this through providing contemporary findings from the last four cohorts of this programme (2014–17). The aim of doing so is to understand the measurable impact the programme has on participants and to reflect on the extent to which the programme is effective in meeting its aims.

1.1. Scotland's National Dementia Champions Programme

The key aim of the programme is to enable the Dementia Champions to support and lead change in the workplace, so they can improve the experience, care, treatment and outcomes for people with dementia, their families and carers in general hospitals and at the interface between hospital and community settings.

They are expected to:

- Demonstrate leadership through modelling positive, non-discriminatory, evidenced-based personalised care,
- Work in partnership with family and friends,
- Develop educational activities to disseminate their learning,
- Implement a change management plan with their team with the aim of improving the experience of people with dementia in their care area.

The programme is open to professionally qualified health and social care staff. NHS Education Scotland works with Alzheimer Scotland Nurse/AHP consultants, senior NHS staff and Scottish Social Service staff to identify participants with the prerequisites to engage fully in the programme. The criteria for participation includes having the necessary cognitive ability, evidenced by a professional qualification along with self-efficacy and motivation, both characteristics associated with a moderate or strong relationship with learning transfer (Burke and Hutchins, 2007). Further criteria include being IT literate and being in a role where they have opportunity and support to change practice. The programme is educationally aligned to the enhanced level of Promoting Excellence, Scotland's national knowledge and skills framework for health and social care staff working with people with dementia (Scottish Government, 2011).

1.2. The Theoretical and Evidence Base of the Programme

Human rights, values-based care and an understanding of the social model of disability (Durell, 2014) form the theoretical spine of the programme. All education and interactions are underpinned by the PANEL principles of human rights enshrined in Scotland's Charter of Rights for People with Dementia (Scottish Parliament's Cross Party Group on Alzheimer's, 2009). The PANEL principles are; participation, accountability, non-discrimination and equality, empowerment and legality (Scottish Human Rights Commission, 2018). Commitment to these principles is made visible by the education team modelling exemplary practice in the participation of people with dementia in the design and delivery of the programme. The learning outcomes were developed following a review of the literature and are discussed in Banks et al. (2014).

Fig. 1 outlines the theoretical and pedagogical approaches used by the education team.

The theoretical perspective of person-centred care as defined by Kitwood is the conceptual framework of the programme (Kitwood, 1997). Its application to the education of staff working in and around general hospitals facilitates the challenging of stigma and the deficit based definition of and approach to people with dementia that prevails in many hospital settings (Cowdell, 2010; Boaden, 2016; Digby et al., 2017). The education helps participants understand the potential for malignant social psychology; that is, the processes and interactions that depersonalise the person with dementia (Kitwood, 1997). Developing an understanding of person-centred care and the potential for depersonalisation in hospital highlights the interplay and influence of staff

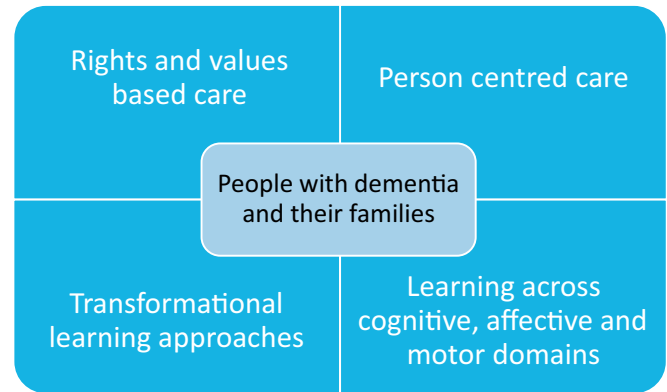


Fig. 1. The underpinning pedagogical approach of the champions programme.

on the psychological and physical well-being of people with dementia. It also provides participants with an alternative perspective, one that challenges the medical model of dementia.

The pedagogical methodology combines the approach of adult learning, mentoring by personal tutors and modelling of best practice in attitudes and values. In line with the theory of transformative learning, the facilitative actions by the education team support discourse learning which values the diversity of experience, arguments and perspectives while supporting the participants to access the frame of reference of people with dementia and their friends and family (Mezirow, 2006). Facilitated by direct interactions with people living well with dementia, the participants are supported to critically reflect upon their definitions and framing towards people with dementia. One example that supports active reframing is people with dementia opening the programme on the first day, this is followed by a further three opportunities for participants to experience engagement with people with dementia living well with their diagnosis and their family carers. These opportunities are facilitated in a manner where people with dementia and family members are equals in the learning endeavour and occupy an expert by experience role.

High levels of challenge are underpinned by high levels of support as participants, in their peer groups, are enabled to hear, see and feel the potential experiences of people with dementia when they are using health and social care services. Through learning experiences, targeted towards the cognitive, affective and psychomotor learning domains, awareness of the complexity of the experience of people with dementia is repeatedly illuminated. In addition to increasing knowledge and skills, these learning interventions are targeted directly at the societal stigma mirrored within hospital settings (Digby et al., 2017). This learning is further affirmed with participation in a community activity and the writing of a reflective account of the experience.

Appreciative Inquiry approaches by Cooperrider et al. (2008) inform the change agent work the participants do in their practice area. The first practice based assignment is to assess what is working well and less well in their care areas. The second practice based assignment participants collaboratively design a change plan to improve care for people with dementia using improvement science approaches. Thus, the programme design, content and pedagogy takes account of another component that can facilitate effective learning transfer, the intervention design and delivery (Burke and Hutchins, 2007). The third factor of effective learning transfer is work environment influences (Burke and Hutchins, 2007). As outlined above the programme sits within a multi-layered policy and practice response to dementia, participants are encouraged to engage with Scottish Social Service staff and Alzheimer Scotland Nurse/AHP consultants and other colleagues in a dementia related role throughout the programme and work in collaboration with them on their change action plans. Participants also have online access to NHS Education Scotland resources and communities of practice as

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