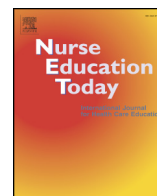




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## Qualifications for nurses for the care of patients with dementia and support to their caregivers: A pilot evaluation of the dementia care management curriculum

Adina Dreier<sup>a,b,\*</sup>, Jochen René Thyrian<sup>b,1</sup>, Tilly Eichler<sup>b,2</sup>, Wolfgang Hoffmann<sup>a,b,3</sup>

<sup>a</sup> Department Epidemiology of Health Care and Community Health, Institute for Community Medicine, University Medicine Greifswald, Greifswald, Germany

<sup>b</sup> German Center for Neurodegenerative Diseases (DZNE), Ellernholzstr. 1-2, Greifswald 17487, Germany

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### SUMMARY

**Background:** A substantial increase of people with dementia (PwD) is predicted for the future. Nurses are taking over important tasks to support PwD, which requires a specialized qualification.

**Objectives:** The aim was to identify points for revision and to further improve the Dementia Care Manager (DCM) curriculum as a basis for probable qualification of nurses caring for PwD.

**Design:** We conducted a summative evaluation study to revise the first version of the DCM curriculum.

**Setting:** The study was conducted in the primary health care setting.

**Participants:** Nurses and lecturers of the first theoretical and practical implementation were involved.

**Methods:** Questionnaire-based interviews with nurses and lecturers after every module during the theoretical qualification. Besides, nurses rated the curriculum after the end of the theoretical part and evaluated the DCM tasks and the usefulness of the curriculum contents after the practical phase in questionnaire-based interviews. Descriptive statistics were used for analysis.

**Results:** A total of five nurses and 33 lecturers participated in the first theoretical and practical implementation of the DCM qualification. Generally, nurses and lecturers assessed the curriculum contents as “very important” or “important.” In particular, the job-related issues, the variety of course topics and the close combination of theory and practice were highly valued. The practical implementation of the DCM was rated predominantly as “important” by nurses for the delivery of care for PwD. To optimize the theoretical DCM curriculum, participants suggested increasing the number of lessons for two of the modules (gerontopsychiatry, interdisciplinary case reviews). Furthermore, nurses preferred a longer practical phase, whereas some lecturers called for larger group sizes of participants.

**Conclusions:** The DCM qualification enhances nurses’ competencies to care for PwD. The curriculum regards an interprofessional, cooperative team approach as the potential to improve health care supply for demented people and to better support their caregivers.

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### Introduction

Due to the increasing number of elderly people, a substantial rise in the number of people with dementia (PwD) is predicted for the future. A high proportion of PwD require assistance in nursing care and support (Weyerer, 2005). Since many caregivers also need support in caring for their relatives with dementia, the role of the nursing profession in caring for PwD and their relatives will become ever more important.

However, managing PwD in the primary health care setting requires a further, specialized qualification for nurses. In addition to their vocational training, nurses need to acquire skills for the specific field of work in the ambulatory, network-based care for PwD. This stresses the importance of advanced training options focused on dementia, with the aims to improve the care for the PwD and to support the caregivers. Currently, there are a range of advanced training options in dementia but the majority focused on specific aspects for caring of PwD (e.g., case management, communication, or nursing interventions). An advanced training option, which addresses all aspects of dementia care management in primary care (e.g., diagnostic, medical and non-medical therapy options, nursing interventions, case management, inter-professional cooperation), is still missing. Such training requires transparent cooperation of all stakeholders in the network, as well as close cooperation between nurses and the general practitioners. While

\* Corresponding author. Tel.: + 49 3834 86 7741; fax: + 49 3834 86 7752.

E-mail addresses: [adina.dreier@uni-greifswald.de](mailto:adina.dreier@uni-greifswald.de) (A. Dreier), [rene.thyrian@dzne.de](mailto:rene.thyrian@dzne.de) (J.R. Thyrian), [tilly.eichler@dzne.de](mailto:tilly.eichler@dzne.de) (T. Eichler), [wolfgang.hoffmann@uni-greifswald.de](mailto:wolfgang.hoffmann@uni-greifswald.de) (W. Hoffmann).

<sup>1</sup> Tel.: + 49 3834 86 7592; fax: + 49 3834 86 19551.

<sup>2</sup> Tel.: + 49 3834 86 7591; fax: + 49 3834 86 19551.

<sup>3</sup> Tel.: + 49 3834 86 7751; fax: + 49 3834 86 7752.

general practitioners supervise diagnostic measures and treatment, nurses should take over a coordinating function. They analyze the nursing care, medical, and social needs and identify existing deficits. Primary tasks include (1) an assessment of the domestic care situation, (2) need assessment of PwD, (3) support needs of the caregivers, and (4) monitor PwD and their caregivers. Further tasks include prevention measures to delay the progression of dementia and to mitigate its consequences for the PwD's daily life. Based on their specialized dementia competencies and detailed knowledge about regional care and support options, nurses should coordinate an individual care plan for PwD and their caregivers. Apart from general practitioners, the following professions need to be involved: specialists in neurology, specialists in psychiatry, outpatient care, physiotherapy, ergotherapy, but also social workers, care support points, and support groups.

## Background

In industrial countries, dementia is the fourth most common cause of death after cardiovascular diseases, cancer, and cerebrovascular diseases. In 2008, more than 5.2 m people were living with dementia in the US. Caregivers provide care for an average of 16.6 h a day at home (Haupt et al., 2004). Furthermore, if only five percent of the current caregivers are no longer able to support their PwD in a primary health care setting in the US, a significant increase in nursing home places is expected (Alzheimer's Association, 2009). For 2020, the German Federal Ministry of Education and Research has predicted a total of 6.9 m PwD in Western Europe, 5.1 m in USA and Canada North America, and 11.7 m in China and other Asian countries (Federal Ministry of Education and Research, 2007). Currently, more than 2.0 m people have dementia in Germany, and this number is expected to rise significantly over the coming decades (Bickel, 2000; Weyerer, 2005). This figure is based on the assumption that in 50 years' time, effective measures to treat or prevent dementia will still not be available (Schnyder, 2007). With 82%, the great majority of PwD are living at home, which means that caregivers carry the main burden of care (Alzheimer Europe, 2006). Perhaps not surprisingly, for 41% of caregivers, the care for a PwD is a heavy burden (Gräsel, 2006, 2008; Grond, 2005). Combined with the current demographic trend toward an older population in Germany, which is also reflected within the nursing profession, these changes challenge the provision of adequate nursing care for PwD and support for their caregivers.

Consequently, an innovative supply concept for PwD is needed, in which nurses are to perform a variety of tasks that require specialized qualification. An analysis of the present vocational nursing training shows that, although dementia is becoming an important topic in teaching, it is still focused on treating the symptoms of dementia, and the diagnostic and medical therapy options. The nursing aspects, specific demands for communication and counseling, as well as an interprofessional cooperative team approach in dementia management are missing, stressing the need for an advanced training for nurses. Even though there is a variety of additional training options related to dementia available, none of these focuses on a network-based supply concept in the primary health care setting (Dreier et al., 2011).

To overcome this lack of available training, the German Center for Neurodegenerative Diseases (DZNE), in cooperation with the universities of Rostock and Greifswald, have developed the Dementia Care Management (DCM) concept (Thyrian et al., 2011, 2012; Eichler et al., 2014). This concept includes the development of an innovative qualification for nurses as Dementia Care Managers (Dreier and Hoffmann, 2012, 2013; Dreier et al., 2011). The DCM curriculum was developed in seven steps, starting with an expert survey to evaluate: (1) the scope of tasks of the Dementia Care Manager, (2) the training needs based on a comparison with the vocational nursing training, and (3) the specific qualification contents. Based on the results of this survey, the pilot of the curriculum was developed (Dreier and Hoffmann, 2012, 2013), followed by (4) the pilot implementation of the theoretical qualification modules and (5)

practical work as Dementia Care Managers. Finally, the process was evaluated in order to (6) revise the DCM curriculum.

The current study evaluates the first theoretical and practical implementation of the DCM qualification.

## Methods

In the evaluation, the following aspects were examined: (a) importance of the tasks of a DCM, (b) importance of the qualification contents, (c) identification of gaps, and (d) suggestions for improvement. The importance of the DCM tasks assessed in order to draw conclusions regarding the need of curriculum contents and qualification hours. The aim was to identify points for revision of the curriculum contents and to further develop the DCM qualification.

### Evaluation Concept

The first theoretical and practical implementation of the DCM qualification was conducted between January 16, 2012, and September 30, 2013. The theoretical training took place in conjunction with the nurses' professional jobs in block weeks and at weekends (Friday and Saturday). The practical phase comprised (a) assessment of PwD, (b) interview with caregivers, (c) assessment of the PwD and evaluation of the interview with their caregiver, (d) identification of interventions for the PwD and their caregivers, and (e) home visits to implement the interventions and monitor their effects. The preparation, implementation, and follow-up of specific interventions were also included in the practical phase and were conducted in close cooperation with the PwD's general practitioners. On average, each nurse visited the PwD and their caregivers three to four times in their homes during the first practical implementation. To rate the contents and structural construction of the DCM curriculum, a summative evaluation was conducted (Fig. 1) (Bortz and Döring, 2006).

Questionnaire-based interviews were conducted with nurses and lecturers after every teaching module throughout the theoretical qualification. In addition, the nurses rated the curriculum modules after the end of the theoretical part, and evaluated the DCM tasks and the usefulness of the respective curriculum contents again after finishing the practical phase. Each phase was based on questionnaire-based interviews. The DCM qualification is one integral part of the DelpHi-MV study (Dementia: life- and person-centered help in Mecklenburg-Western Pomerania), which is a GP-based cluster-randomized controlled intervention trial (NCT01401582).

### Participants

The overall goal was to develop, to test, and to evaluate the DCM qualification under routine care conditions. Therefore, nurses participate in the DCM qualification in conjunction with their professional jobs. To recruit participants, all home care services in Greifswald within a 25 km radius were contacted by mail providing a description of the study (study aims, methods, course of the study, and the data management) and an informed consent form. The majority of home care services in Greifswald and within a 25 km radius are characterized by a small number of employees. An extensive organization work was required to enable nurses to participate in the DCM qualification. Consequently, we recruit a small group for the DCM qualification. To participate, the following criteria needed to be met: (1) a successfully completed vocational nursing training, (2) at least 2 years of professional experience in ambulatory nursing care, and (3) previous professional experience in caring for PwD and supporting their caregivers.

### Lectures

To all 35 modules, lectures were recruited by mail providing a description of the study and an informed consent form too. The following

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