Nurse Education Today 63 (2018) 87–93

Contents lists available at ScienceDirect

Nurse Education Today

journal homepage: www.elsevier.com/locate/nedt

A feasibility study of dementia communication training based on the VERA framework for pre-registration nurses: Part II impact on student experience

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ARTICLE INFO

Keywords:
Dementia communication
Person centred communication
Student nurse
Curriculum
Quasi-experimental design

ABSTRACT

Background: People living with dementia have complex communication needs, especially during acute hospital admissions. The VERA framework (validation, emotion, reassurance, activity) was designed to promote person centred communication between student nurses and people living with dementia, but there is limited evaluation of its impact.

Aim: To measure the impact of dementia communication training (based on VERA) plus older adult unit (OAU) placement on students' ability to recognise opportunities for person centred (PC) communication compared to OAU placement alone.

Method: A control pre-post-study design was used. Dementia communication training plus follow-up during OAU placement was delivered to 51 students (5 OAU, two hospitals) while 66 students (7 OAUs, five hospitals) acted as controls. The primary outcome was students' ability to recognise PC communication assessed using case vignettes. Data were collected using electronic survey and focus group interviews. Data analysis used independent non-parametric Mann-Whitney *U* test and thematic analysis.

Results: In total 52 students (response rate 40%) completed surveys at the end of placements (38 intervention, 14 control group students). In the intervention group, participants were significantly more likely to identify PC responses with a mean score of 10.5 (SD 3.0) compared with 7.5 (SD 3.0) in the control group ($p = 0.006$). In focus group interviews ($n = 19$ students), the main themes were connecting with patients, VERA in practice, communication challenges, and learning environment. VERA was described as a flexible approach that added to participants' communication toolkit. The learning environment, complexity of patients and organisational resources were important contextual factors.

Conclusion: The VERA framework has potential as a foundation level dementia communication training intervention, but it requires more rigorous testing. Nursing can lead the way in developing and embedding evidence-based, interdisciplinary dementia communication training in preregistration curricula.

1. Introduction

In acute care settings, high quality care for people living with dementia is fundamentally dependent on effective, competent and compassionate communication by all staff, especially nursing. Yet, despite the growing proportion of people in acute hospitals with dementia (Timmons et al., 2015), there are deficits in staff capability to meet the physical and emotional needs of this group of patients (WHO, 2016). Dementia training can be ad-hoc and often limited to awareness raising rather than developing specific communication skills and strategies (Jackson et al., 2016).

The inadequate preparation of qualified staff, is compounded by a lack of compulsory foundation level training in preregistration curricula for all health care professionals (HCP) (Alushi et al., 2015). One of the difficulties for educators is the lack of consensus on what constitutes foundation level communication skills in dementia and no readily available evidence-based training packages (Wood et al., 2016). This article is the second of two reporting on a feasibility study of a foundation level dementia communication training based on the VERA framework (Blackhall et al., 2011).

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https://doi.org/10.1016/j.nedt.2018.01.024
Received 21 August 2017; Received in revised form 7 December 2017; Accepted 19 January 2018

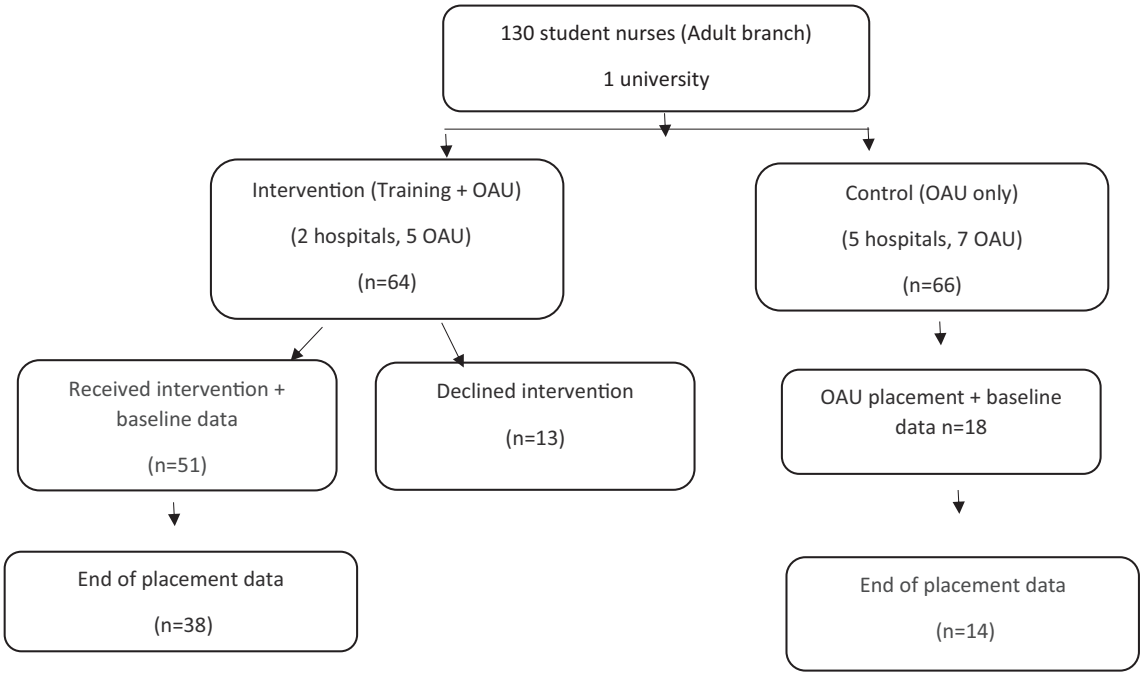

Fig. 1. Study design flow diagram.

2. Background

Systematic reviews suggest that any type of dementia training is welcomed by staff and students as it increases awareness and knowledge, but such training does not necessarily result in behaviour change (Alushi et al., 2015; Eggenberger et al., 2013; Machiels et al., 2017). There are well documented contextual reasons for why it is difficult to maintain new behaviours in practice (Michie et al., 2014), especially behaviours as complex as person centred communication with people living with dementia.

However, one of the greatest opportunities to leverage change across a complex system is to embed fundamental skills during the core training of those who will work in that system. Hand hygiene, recognition of the deteriorating patient and cardio-pulmonary resuscitation are good examples of specific skills in preregistration curricula that enabled foundation level, standardised skill sets in the qualified workforce which are built upon through post-qualification training.

This study sought to add to the emerging evidence base on the VERA framework in developing foundation level dementia communication skills (Hawkes et al., 2015). The following hypothesis was tested: student nurses who receive dementia communication training during their older adult unit (OAU) clinical placements can more frequently recognise opportunities for person centred communication, using case vignettes, compared to students undertaking OAU placements alone. Instruments to measure the main outcomes (person-centred communication and dementia communication confidence) were also developed as part of the feasibility study.

3. Methods

A quasi-experimental control pre-post-study design was used. Students from one university undertaking OAU placements in seven acute care teaching hospitals, from April 2016 to December 2016, were eligible to participate in the study.

The OAU placements were a standard part of students' programme and were not influenced by the study.

The target sample size was 80 subjects (40 per group) to allow for drop out. Teare et al. (2014) recommend a minimum of 70 subjects (35 per group) to estimate the pooled standard deviation for a continuous variable. Two hospitals (5 OAU) were selected to receive the intervention and five hospitals (7 OAU) acted as the control sites (due to limited resources, random allocation was not possible). Only dedicated OAU were selected, one hospital had a specific dementia unit, however, patients with dementia constituted a significant portion of patients on all units. The units had a similar bed capacity (28–32 beds) and staffing levels. Students in both groups were encouraged to avail of any Trust dementia training and received standard supports available to all students (mentors, link lecturers, clinical tutors).

3.1. Intervention

The intervention consisted of a 2.5-hour face-to-face dementia training based on the VERA framework with follow-up short reflective discussions during clinical placement facilitated by lecturers (Naughton et al., under review). Students received the training at the start of their OAU. The duration of placements ranged from four to twelve weeks and the numbers of students per unit ranged from 1 to 8. In total there were 130 eligible students, 66 in the control and 64 in the intervention group.

3.2. Recruitment Strategy

Ethical approval for the study was provided by the University Ethics Committee (HR15/162270). Eligible students were sent study information and an invitation to participate through their university email account. Students in the intervention group signed an informed consent form prior to training while students in the control group completed anonymised surveys (return of the survey indicated consent to participate). Students in the control group were offered the training at the end of their placement.

In the intervention group 80% (51/64) of eligible students participated in the training session, and 59% (38/64) completed post-placement surveys. Recruitment from control sites was low at 21% (14/66) (Fig. 1).

3.3. Data Collection

Students in the control and intervention sites completed online