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A dementia communication training intervention based on the VERA framework for pre-registration nurses: Part I developing and testing an implementation strategy

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ABSTRACT

Background: People living with dementia experience progressive difficulty in expressing physical and emotional needs. Health care staff including student nurses require training to develop compensatory communication strategies. However, there is no standardised foundation level dementia communication training within pre-registration curricula.

Aim: This article describes the theoretical underpinnings and development of a foundation level dementia communication skills training based on the VERA (Validation, Emotion, Reassurance, Activity) framework.

Method: The training strategies drew on behavioural change theory using the COM-B model and Gagné's 9 Events of Instruction. The VERA framework was operationalised using a multicomponent teaching strategy. The intervention was refined based on quality improvement Plan-Do-Study-Act cycles with feedback from people living with dementia, facilitators and student nurses. Data collection used semi-structured questionnaires ($n = 51$) and four focus group ($n = 19$) interviews with students. Data analysis involved descriptive statistics and thematic analysis.

Results: The intervention was a 2.5-hour face-to-face training session delivered at the start of students' older adult unit placement with follow-up reflection sessions during placement. Training was delivered to 51 students, all students described the training as useful and would recommend it to their peers. Elements of the training that were highly valued were: opportunities to express concerns in caring for people with dementia, applying the VERA framework using role play and outlining realistic expectations of VERA. Students recognised the need for on-going training especially for more complex patients.

Conclusion: Combining behaviour change and education theory with stakeholder feedback strengthened the development of VERA as a foundation level dementia communication training for pre-registration nurses.

1. Introduction

Dementia is one of the leading health and social care challenges in the 21st Century. Globally, an estimated 46.8 million people live with the condition which is predicted to increase to 74.7 million by 2030 (Alzheimer's International, 2017). Reflecting this population prevalence, between 25% and 42% of patients admitted to acute care settings have dementia (Timmons et al., 2015). There is substantial evidence of inadequate care received by older people and people with dementia in acute care (CQC, 2014). The reasons are multifaceted, but are partly attributed to staff failures to recognise and respond to unmet physical and emotional needs (Clissett et al., 2013; CQC, 2014; Dewing and Dijk, 2014). Health care staff, especially students, readily admit to deficits in knowledge and skills to effectively engage with people with dementia (Scerri and Scerri, 2013; Clissett et al., 2013; Dewing and Dijk, 2014) with calls for specific dementia communication training.

This is the first of two articles reporting on the development and feasibility testing of a dementia communication intervention based on the VERA framework (Blackhall et al., 2011) for student nurses. The article outlines the theoretical principles and iterative development of

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the intervention based on stakeholder feedback from people living with dementia, facilitators, and students.

2. Background

National and international policy has highlighted inadequate preparation of the current and future health and social care workforce to meet the growing dementia challenge (Elliott et al., 2012; NICE, 2017; WHO, 2016). In the UK, the Dementia Core Skills Training Framework (Health Education England, 2015) outlines three tiers of dementia knowledge and skill. Tier 1 applies to all health and social care staff with potential contact with people with dementia and implicitly includes student nurses. Across each of the three tiers, effective communication skills are a core competency with an expectation that all health and social care staff are 'able to communicate effectively and compassionately with people living with dementia' (HEE, 2015, p. 13).

Within a dementia context 'effective communication' is a superficially simple concept. An effective communicator needs to take account of a person's altered reality and sense of time and place; fluctuation in cognitive ability; prior life experiences and perhaps emotional trauma; sensory deficits; altered sense of risk or behavioural boundaries; reduced ability to retrieve, process, rationalise and retain information and articulate needs; with occasional episodes of distressed behaviour (Allan and Killick, 2014). On top of which may be other acute illness, including delirium or depression and the unfamiliar, often frightening environment of acute care. There is a tendency to reduce this complexity to a simple list of 'Do's and Don'ts'. While core communication principles are valuable, effective communication, that takes account of the person's individuality, optimises capacity to interact and facilitates meaningful involvement, requires lifelong learning and refinement. However, there needs to be a starting point, with foundation level training that enables all health care staff, including students to develop the same core communication building blocks and understanding of dementia specific needs. Yet despite over 30 years of research, there is no national or international consensus on what constitutes foundation or post-foundation dementia communication training.

2.1. Student Nurses and Dementia

In acute care settings, student nurses, during their clinical placements, are part of the front-line workforce with the most sustained contact with people with dementia and their families. They provide direct nursing care and often have greater opportunity to interact with patients through daily activities and social communication compared to qualified staff. Evidence suggests that student nurses hold largely positive attitudes towards older people and have a reasonable knowledge of dementia as a clinical condition (Liu et al., 2013, Scerri and Scerri, 2013). However, students report feeling ill-prepared, under confident and even fear engaging with people with dementia, especially in the presence of distressed behaviour (Liu et al., 2013; Garbrah et al., 2017; Hammar et al., 2017). Central to students' negative experiences is an inability to relate or communicate due to patient disability, which can be compounded by observing and modelling task-focused communication used by qualified staff (Nilsson et al., 2012; CQC, 2014). There are repeated calls for innovation in preregistration curricula for all health care professionals to better equip students to work with older people and people with dementia (Collier et al., 2015; Elliott et al., 2012; Garbrah et al., 2017; Hammar et al., 2017).

2.2. Dementia Communication Interventions

Systematic reviews by Eggenberger et al. (2013) and Machiels et al. (2017) focused on communication skills training for normative or "daily care" interactions in dementia. They identified between 6 and 12 trials, but none were conducted in acute care settings or involved students. In general, dementia training improved staff's knowledge and self-reported competence in communication skills, but the impact on staff behaviour change was less consistent. The training interventions tended to be multicomponent with a small number using follow-up strategies to maintain staff motivation (Eggenberger et al., 2013, Machiels et al., 2017). The trial papers focused on reporting statistical results and often contained a superficial description of the intervention development process. There is an even weaker evidence base for dementia training in preregistration curricula for healthcare professionals. Alushi et al. (2015) identified nine studies, none used a randomised control trial design and the intervention theoretical frameworks tended to be poorly articulated. This weak evidence base, has resulted in a failure to operationalise 'daily activities' dementia communication in standardised foundation level training (Jackson et al., 2016). In preregistration health care programmes, such training should be theory and evidence based; easily applied and replicated; practical in busy clinical environments; and deliverable at scale.

2.3. Theoretical Underpinnings

The dementia training intervention described herein incorporated the VERA framework described by Blackhall et al. (2011) and adds to the emerging evidence for VERA as a foundation level dementia communication training (Hawkes et al., 2015). The theoretical perspective underpinning the intervention design was behaviourist and combined Gagné's 9 Events of Instruction (n.d.) with Michie et al. (2014) Behavioural Change model for intervention design.

The goal of the intervention was to enable behavioural change whereby students could operationalise more consistent approaches to person-centred interactions with people living with dementia through increased knowledge and confidence in their skills. The Michie et al. (2014) COM-B model was used to inform the selection of behavioural change strategies to influence the capacity (c), opportunity (o) and motivation (m) of students to adopt and apply the communication techniques in practice (Table 1). While the actual content and flow of the training session aligned with Gagné's 9 Events of Instruction (Table 1 supplemental file).

2.4. VERA Framework

The core of the training introduced students to the VERA framework (Blackhall et al., 2011), which consists of four concepts: Validation, Emotion, Reassurance, Activity. The framework is influenced by a person-centred care model (PCC) and Validation Therapy. The ethos of VERA is to accept and enter the inner emotional and personal world of the individual. It explicitly values the individual; accepts the individual's perspective has meaning; and aims to create a social environment based on respect and positive interaction between the person with dementia and carers.

The VERA framework was developed at Anglia Ruskin University to support student nurses to operationalise PCC within the context of a clinical environment and their position as 'novice' learners. It sought to address students' uncertainties regarding 'the correct approach' to communicating when a person has dementia. For example, a key question asked by many students is 'Do you go with what the person is saying or do you try to bring them back to reality?'

This reflects an underlying tension between Reality Reorientation as a therapeutic approach to optimise and retain cognitive function (Spector et al., 2000) and Validation therapy as an approach to accepting the person's reality and emotional response as legitimate and responding with empathetic listening and searching for meaning (Neal and Barton Wright, 2003). The evidence base for either approach is weak and care staff should determine the most appropriate approach based on knowledge of the individual (NICE, 2017).

VERA focuses on the person's emotional state rather than on actions or what is said. The carer explores the unmet physical and/or emotional