The National Dementia Education Programme
Needs Analysis

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Background

- Idea for programme
- Aims of project
- Membership of steering committee
  - Appointment of project officer
- Literature Review
  - Need for specialised education in dementia
  - Importance of a needs analysis
- Pilot programme
Methodology

- **Quantitative: Postal Questionnaire**
  - Developed by steering group, based on work by McCarron & McCallion (2005) & Lintern et al. (1996)
  - Stratified random sample of nurses from An Bord Altranais register database
  - Care Attendants: Multistage sampling
    - Cluster random sampling
    - Stratified random sampling

- **Qualitative: Series of focus groups**
Results

- **Postal Questionnaire**
  - 2389 questionnaires distributed to nurses, 26% response rate
  - 1941 questionnaires distributed to care attendants, 28% response rate

- **Focus Groups**
  - community, residential, acute, intellectual disabilities and mental health.
Training Received

- 83% of nurses and 78% of care attendants have not received training in dementia.

- Where received, great deal of variation in length and type of training.
  - 14% of nurses and 43% of care attendants received 1-2 hours training.
  - 44% of nurses and 30% of care attendants received half day/full day training.
Approaches to Dementia
Questionnaire

- Scores for person-centred ethos reasonably high, while hope scores more ambivalent.

- Impact of Training
  - For nurses, half day/full day training had significant impact on person centred scores.
  - For care attendants, only those who attended FETAC level 5 HCA course had significantly higher person-centred and hope scores.
Development of the Education Programme

- Need to expand on traditional training if attitudes as well as knowledge are to be affected.
- Need to close the theory/practice gap.
- Education programme needs to be innovative in both content and delivery.
Content

- Factual evidence based knowledge and skills development
- Top rated learning topics for all areas:
  - Recognising signs and symptoms of dementia
  - Understanding of early, middle and late stage symptoms and related behaviours
  - Working with the families of persons with dementia
  - Designing day programmes to meet the needs of persons with dementia
Content cont’d

◆ Skills development for all areas
  - Communication (with person with dementia, with family members, between healthcare professionals)
  - Reflective Skills (reflect on own assumptions, fostering individual patient care, discuss real life examples of person-centred care, maintaining dignity, overcoming fears)
◆ Area specific information and skills needed
Delivery of Education Programme

- Inclusive
  - Rolled out to all levels of staff
  - Given to all members of staff
- Nurses and care attendants identified same information and education needs – multidisciplinary education.
- Delivered in person-centred way, taking into account experience of adult learners.
Delivery of Education Programme

- Wide range of educational tools
  - Use of case studies
  - Role play
  - Classroom style learning
  - Workshop discussions
  - Video vignettes
  - Hands-on experience

- Mixed media approach will help to close the theory/practice gap.
Supporting Change

- Importance of management support
- Importance of peer support
- Development of information sharing/discussion networks
- Regular updates on best practice
- Access to a peer expert in dementia
Accreditation

- Accreditation important in order for knowledge to be recognised and respected, and to be able to have influence on the structure of the organisation.

- But more important to get information out to people – accreditation tends to be a long process and can put some people off.
Challenges

- Cultural Challenges
- Time/Resource Constraints
Conclusion

- Need for a core generic education programme for all staff in all areas of work, combined with area specific specialised education modules.
- Need for the education programme to have a strong practical aspect, including case studies, hands on experience and opportunities for discussion and reflection of individual attitudes, assumptions and challenges met.
Conclusion cont’d

- Inclusive training, building communication networks and ongoing management and peer support necessary for ensuring lasting change.