



Evaluation of an education program to enhance palliative care for people with a dementia and their families

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**European Certificate
In Holistic Dementia Care**

The certificate is an accessible, practical, informative and concise programme specifically aimed at professionals working with people who have dementia.

The course covers the basic principles of different dementia diagnoses and palliative care. The contents are aimed at the areas of palliative dementia care that often cause the greatest concerns to health professionals and to patients. These include symptom management, dilemmas, communication issues, and managing challenging behavioural and psychological symptoms.

Through the handbook, case histories and supporting video materials the course is focused on helping busy clinicians to increase the specific knowledge and skills necessary to better tend patients with both dementia and palliative needs, irrespective of setting.

The course fee is £400. For upcoming course dates please visit our website: nihospice.org/certificate_in_dementia



Background



- Providing palliative care to patients with dementia can be challenging
 - difficulties assessing and appropriately managing physical, psychosocial and spiritual needs
- By increased collaboration and training for HCPs in both palliative and dementia care services, patients with dementia and their families can hopefully receive improved multidisciplinary support.

Aim



The aim of this research was to evaluate the effectiveness of a multidisciplinary distance learning course in improving the knowledge and skills of HCPs caring for patients with dementia

The Intervention



- European Certificate in Holistic Dementia Care (ECHDC)
 - 8 week multidisciplinary home study certificate programme
 - Developed by both palliative care specialists and old age psychiatry professionals
 - Based on the course structure of the European Certificate in Essential Palliative Care
 - Piloted in 2014- course now runs twice a year
 - Course involves
 - an introductory evening session
 - approx. 10 hours of work per week (reading the course handbook, using online learning resources and an online support forum)
 - writing a portfolio
 - a final assessment

Methods

- A prospective mixed methods longitudinal cohort study
- *Phase One* - prior to commencement of the course
 - Baseline knowledge assessment (true false format) - two different papers in crossover order, cluster randomised by site
 - Self-efficacy questionnaire (based on EAPC White Paper recommendations)
 - Demographic data collection
- *Phase Two* - at the end of the course
 - Knowledge assessment
 - The same self-efficacy questionnaire
 - A retro-pretest evaluation of self-efficacy
 - Questionnaire about overall views on ECHDC
 - 2 focus groups

Inclusion and Exclusion Criteria



- All participants in the ECHDC were invited to participate
- There were no exclusion criteria

Results

- 48 participants completed the ECHDC in September 2015 across 4 sites
- 3 sites were involved in the research study
 - 22 (45.8%) completed pre-ECHDC assessments
 - 21 (43.8%) completed post-ECHDC assessments
 - Northern Ireland Hospice, Belfast (11)
 - Our Lady's Hospice, Dublin (6)
 - Milford Care Centre (4)

Demographic Data

Age	20-29	3
	30-39	8
	40-49	5
	50-59	4
	60+	1
Gender	Male	1
	Female	20
Occupation	Doctor	4
	Nurse Band	13
	Social Worker	2
	OT	1
	Other	1

- Wide range
 - years of experience
 - experience in palliative or dementia care
 - current place of work (specialist and generalist)

Knowledge and Self-Efficacy Results

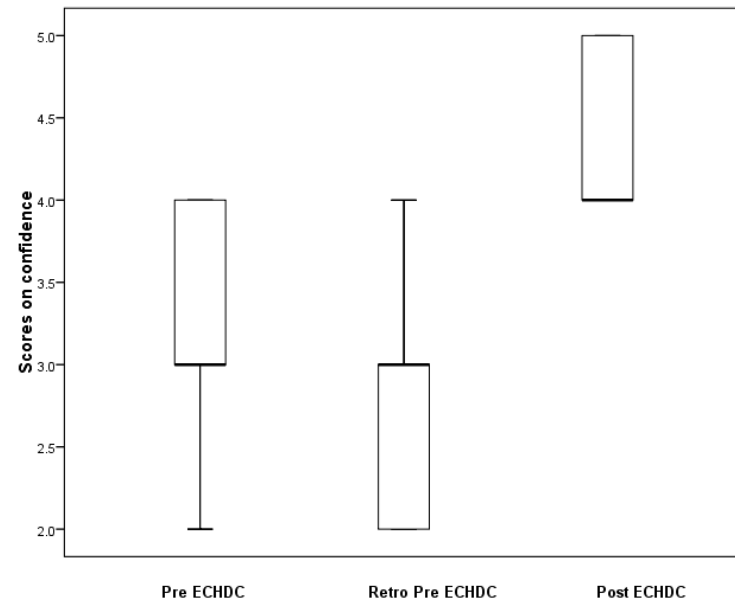


- Knowledge
 - Average scores improved significantly from 47.7% to 66.1% ($p=0.0005$)
 - All participants' scores improved except for one which stayed the same
- Self-efficacy improved significantly ($p=0.00005$) from pre course to post course
 - Average retro-pretest scores were all lower than pretest scores

Overall Confidence

Significant increase ($p=0.0005$) in participants self rated overall confidence in their knowledge and skills to do their job well and provide excellent palliative care to patients with dementia and their relatives / carers.

Medians, IQRs, maximum and minimum for overall confidence



Overall Views on ECHDC



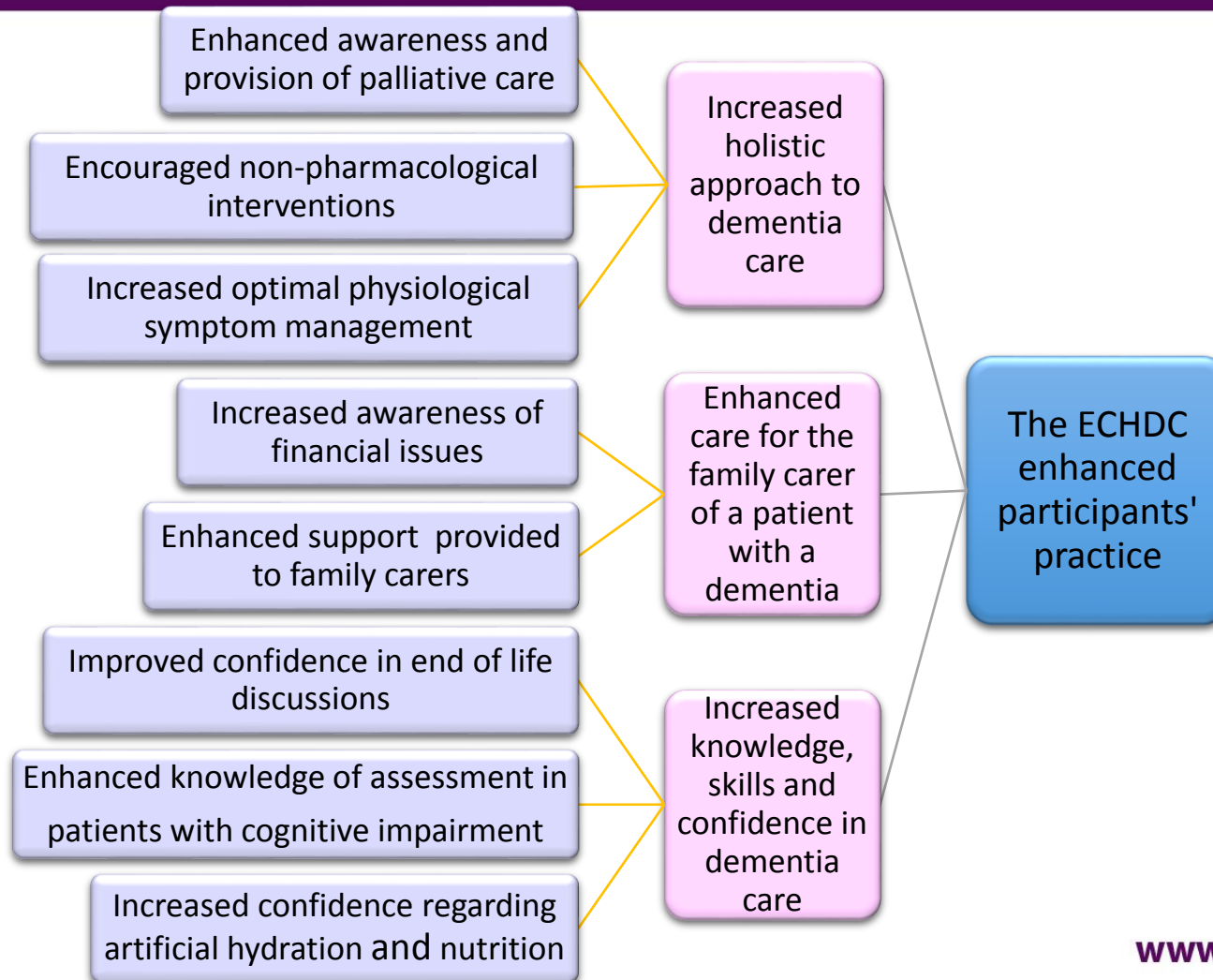
- 21 (100%) felt they had learnt through participating in ECHDC
- All enjoyed participating 'a lot' (17) or 'a little' (2) (2 unanswered)
- All felt it had improved the care they provided for patients (20 'a lot', 1 'a little')
- 100% felt the format of ECHDC helped translate knowledge into practice
- 100% would recommend the course to other HCPs in their area

Focus Group Results



- 2 focus groups were conducted at 2 sites
- Participants included
 - specialist palliative care nurses (3)
 - clinical nurse managers (2)
 - registered nurses (2)
 - GP (1)
 - social worker (1)
 - dementia support worker (1)
 - specialist registrar in palliative medicine (1)
 - OT (1)

Key Themes from Focus Groups



Quotes from Focus Groups

“I think I probably focused quite a lot on learning about the drugs for managing dementia and that would have been something that I wanted to learn about - the drugs side effects and interactions. It was one of the things I learned. I think I was surprised however by how much I learnt about interacting with the person, the individual with dementia rather than focusing on the drugs.” (DP10, P2)

“I very rarely have much input with carers especially with training or education and how to deal with behavioural or psychological symptoms. So I feel like I’m really, really going to incorporate that into my practice now. So definitely from an OT point of view it [the course] was amazing.” (DP8, P14)



**Northern
Ireland
Hospice**

“The course has changed the way that I look at dementia and in the palliative approach [to dementia] as well....We want to treat patients with a dementia but how far are we going to treat them? ... It has changed completely my point of view [regarding artificial hydration and nutrition].” (DP6, P16)

Strengths and Weaknesses



- Strengths
 - 3 sites
 - Cluster-randomised cross-over design to prevent cross contamination and confounding due to recall for the knowledge assessments
 - Combined both quantitative and qualitative data to demonstrate the benefits of the ECHDC
- Limitations
 - Not within the scope of this study to look directly at the impact on patient care, or if the improvements were sustained over time

Conclusions



- Through an 8 week distance learning course, participants from a wide variety of healthcare backgrounds showed statistically significant improvements in knowledge, self-efficacy and overall confidence in the palliative care of patients with a dementia.
- The course was felt by participants to improve the care they provided for patients and carers.
- Both distance and e-learning courses are potentially a time efficient and cost-effective way to educate geographically diverse HCPs
- In an era of limited resource and challenges for HCPs to attend face to face education sessions, this format allows for flexibility in timing and supports different learning styles.

Acknowledgements and References



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References

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