
brighton and sussex
medical school


Brighton University of


Canterbury

Overview of symposium

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- x
- x
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Key learning

- x
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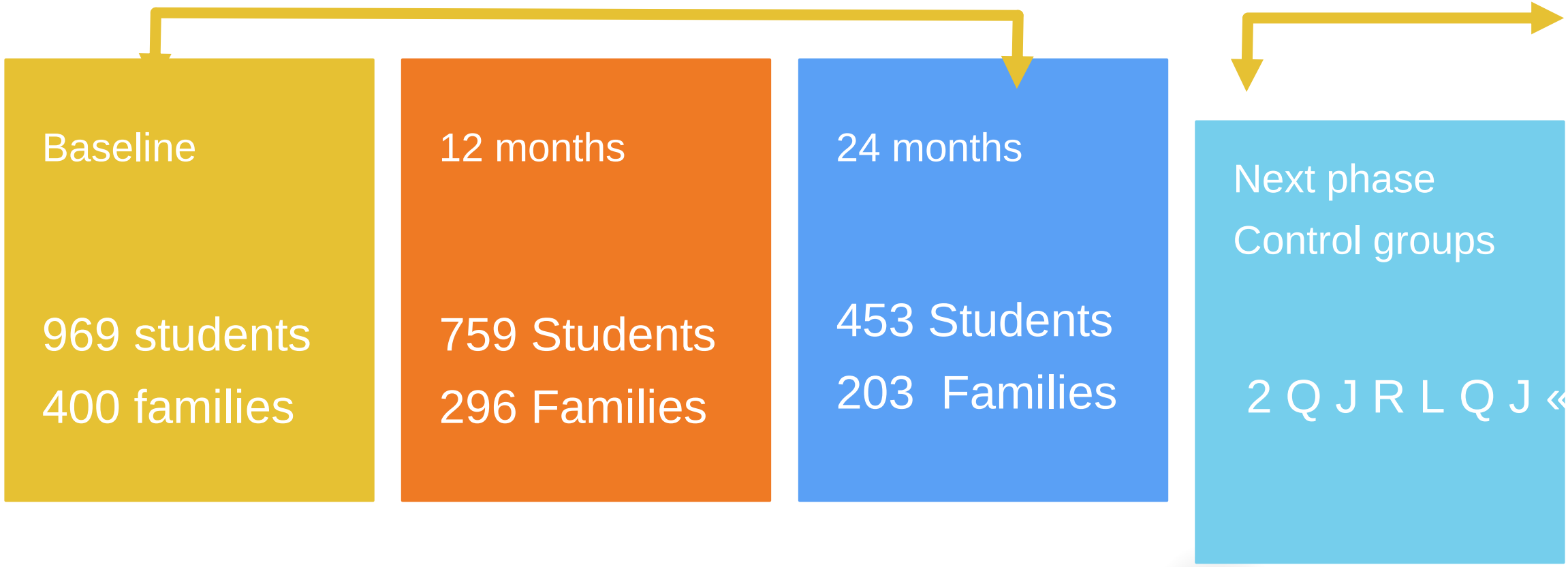
What is Time for DementiT6262(199)-10(is)-3( )]TJ 9 s ¾

Research study

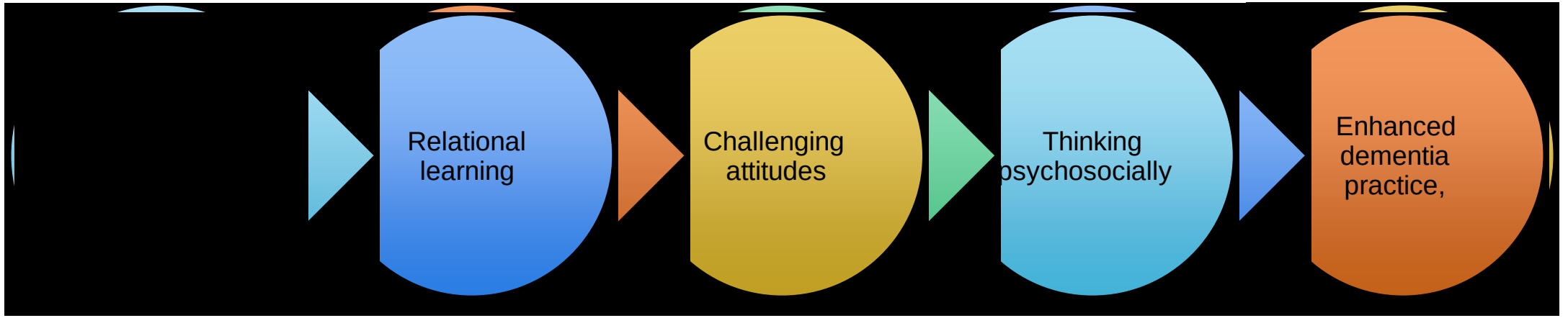
Phase 1: Quantitative Evaluation



Student outcomes
Change over two years

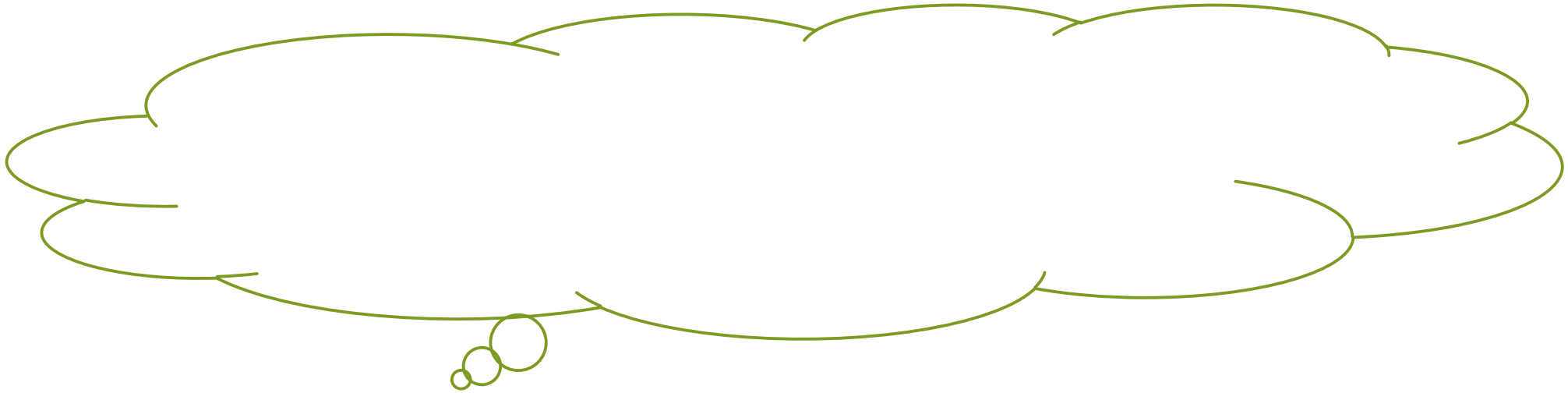
Measure	Range	Mean at Baseline	N	Mean at 24M	N	Change in Mean score
Alzheimer's Disease Knowledge Scale	0-30	22.9	692	24.9	302	+ 2.00
Approaches to Dementia Questionnaire	19-95	78.2	699	80.3	299	+2.10
Dementia Knowledge	0-20	15.1	661	16.5	300	+1.40
Medical Condition Regard Scale	11-66	54.2	700	54.8	299	+0.60
Dementia Attitude scale	20-140	112.1	700	118.9	297	+6.80
Jefferson Empathy Scale	20-140	116.0	691	116.5	293	+0.50

Qualitative Themes identified



CHALLENGING ATTITUDES

1. Changing attitudes towards person with dementia
2. Challenging misunderstandings about dementia/stigma
3. Promoting a positive view of working with patients with dementia



ENHANCING DEMENTIA PRACTICE

1. Improvement in clinical skills; e.g. communication & rapport
2. Personal development; e.g. confidence & patience
3. Applying skills to own practice

One student’s experience

Time for dementia What's next?

x

x

x

x

x

x

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UNDERSTANDING THE BARRIERS AND FACILITATORS

BACKGROUND

- Good quality education provided at undergraduate level is needed to prepare the next

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TIME FOR DEMENTIA

- To facilitate implementation in a new site, a core team supports each HEI
- Core team consists of research staff, the programme lead, an experienced administrator, D Q G $ O] K H L P H U · V 6 R F L H W \ 1 H W Z R U N 0 D Q D J H U
- A HEI faculty and pathway lead are identified in each site
- A suite of templates and guidance are provided to new sites
- Longitudinal programmes are not new
- An understanding of the common complexities involved across sites when implementing the programme is essential to support future roll out

STUDY AIMS

Investigate and understand the barriers and facilitators of implementing the Time for Dementia model of education into a HEI

Apply the findings to an implementation manual to guide new sites manage common barriers and facilitators

METHODS

Qualitative design, multi site study

Semi structured interviews with key sta
experienced implementing the
programme

Data collected between October 2018
December 2018

Data analysed an inductive approach
using thematic analysis

DEMOGRAPHICS




Participants (n=12)

Role:

$ O] K H L P H U · V Society n=2

HEI faculty Lead n=3,

HEI pathway lead n=3

Administrative n=3

Research n=1

Mean age 46 years

Gender female (n=12)

Average time working on Time for Dementia

17 months

RESULTS

Five key barriers and facilitators were identified

LEADERSHIP
FACILITATING FACTORS

LEADERSHIP BARRIERS

BUY-IN
FACILITATING FACTORS

BUY-IN BARRIERS

‡

look at where it fits in within your curricula, so it makes sense to the students and it engages
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TEAM COALITION FACILITATING FACTORS

TEAM COALITION BARRIERS

‡

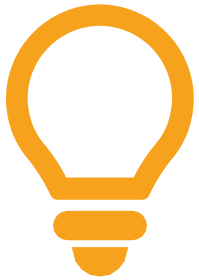
(administrator)

‡

TIME AND FIT
FACILITATING FACTORS

SUMMARY

- Curricular change is a complex task (6) and introducing a longitudinal programme can be daunting
- Leaders need to create a culture prepared to embrace change, they need to have the commitment and enthusiasm to make the change
- There was a of resistance reported
- A resilient approach
- Participants were motivated by their own core values and beliefs
- Perceived value acted as a major motivational factor influencing participants to implement and remain engaged despite challenges



SUMMARY

- Extrinsic factors were important motivational drivers for participants i.e. value for the organisation
- Buy-in and team coalition are essential to motivate change efforts
- The relationship between intrinsic and extrinsic factors can positively or negatively effect motivation, i.e. pressure, reward, punishment (7)
- Barriers to implementiation

FINAL STEPS

Apply the findings to an implementation manual

Share learning with wider team

Provide manual to new sites to guide effective implementation of the programme

REFERENCES

1. Banerjee S, Farina N, Daley S, Grosvenor W, Hughes J, Ledgerd R, et al. How do we enhance undergraduate healthcare education in dementia? A review of the role of innovative approaches and development of the Time for Dementia Programme: Enhancing undergraduate healthcare education in dementia. Int J Geriatr Psychiatry. 2017;32(1):68-75.
2. Tullo ES, Gordon AL. Teaching and learning about dementia in UK medical schools: a national survey. BMC Geriatr. 2013 Mar 27;13(1):29.

THANK YOU

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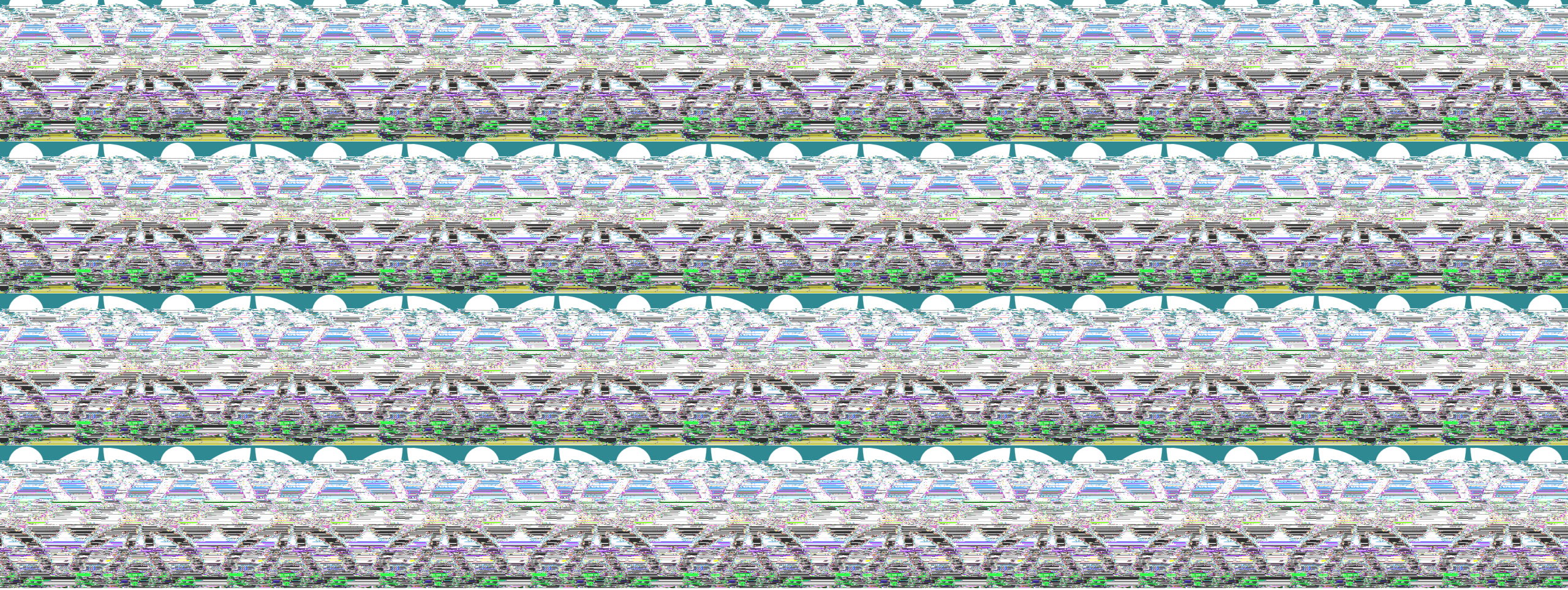

Prevalence of dementia (Prince et al., 2013)

Increased demand for quality care and competency in dementia care (Department of Health, 2013; World Health Organization, 2017)

Established lack of preference for older adults (Garbrah et al.,2017; Neville et al., 2014), less known but indicated in dementia (Chenoweth et al., 2010; McKenzie & Brown, 2014).

Preferences need to be understood for workforce planning.

Systematic Literature Review:

Systematic Literature Review:
Medical and nursing students' preferences for working with people with dementia; a systematic review

1. Previous studies suggest preferences towards working with older adults decrease over training (Gould et al., 2012; Happell & Brooker, 2001; Lee et al.,2006; Stevens, 2011; Zisberg et al., 2015).
2. McKenzie and Brown (2014)

Age & Ageism.

Aged care placement.

emotional personal demands and communication difficulties.

PROSPERO [CRD42018104647].

To assess student preferences during undergraduate training in relation to working with people with dementia.

1. How popular is working with patients with dementia and older adults and do these preferences change over undergraduate training?
2. What factors (including TFD) are associated with a preference for working with people with dementia?
3. What do students report as the reasons for their preferences?

This is a secondary analysis of data collected from 2014 -2018 as part of the TFD evaluation (Banerjee et al., 2017).

3 Timepoints: T1, T2 & T3.

Ranking exercise of career preferences (Stevens, 2011)

1(there most preferred)  11 (their least preferred).

‘Please explain why your Rank 1 is your most preferred career choice’

‘Please explain why your Rank 11 is your least preferred career choice’

‘Please explain your choice of Rank for a career working with ‘people with dementia’’

Research Question 1:

How popular is working with patients with dementia and older adults and do these preferences change over undergraduate training?

Research Question 2:

What factors (including TFD) are associated with a preference for working with people with dementia

	Mean	Std. Deviation	Pearson correlation	Sig.
T1 People with Dementia (1-11)	5.95	2.63		
University (UoS vs UoB)	0.16	0.37	0.07	0.700
Student Gender (Female vs Male)	0.11	0.31	-0.01	0.458
Ethnicity (White British/Euro Vs Other)	0.17	0.38	0.06	0.117
Student Age	24.88	8.03	-0.08	0.066
ADKS at T1 (0-30)	22.87	3.00	-0.04	0.212

	Mean	Std. Deviation	Pearson correlation	Sig.
T3 People with Dementia (1-11)	6.38	2.63		
University (UoS vs UoB)	0.08	0.28	0.00	0.480
Student Gender (Female vs Male)	0.10	0.30	-0.07	0.231
Ethnicity (White British/Euro Vs Other)	0.18	0.39	-0.04	

	Mean	Std. Deviation	Pearson correlation	Sig.
T3 People with Dementia (1-11)	6.38	2.63		
University (UoS vs UoB)	0.08	0.28	0.00	0.480
Student Gender (Female vs Male)	0.10	0.30	-0.07	0.231
Ethnicity (White British/Euro Vs Other)	0.18	0.39	-0.04	

	"I have had experience with dementia hence high rank, I feel confident working with people with dementia"
	"I find working with people with dementia are challenging but rewarding. I enjoy building a relationship with them" *"I love being able to empower them to live as independently as possible in their homes"*
(n=10)	*"Enjoy working with dementia patients"* *"I'm interested in the decline of the mind, especially interested in vascular dementia"*
(n=7)	*"Following placements working in a community mental health team for older people and on an acute elderly specialist dementia ward I've grown great interest to work within the field of dementia"*

	“I'm happy working with people with dementia but I prefer other disciplines”
	“I found dementia care understaffed, testing and stressful” Low down on my list because as an illness it tends to deteriorate so I find it more difficult to find the ways to win at work” “I had HCA experience and they have been one of the most difficult people to care of because it's distressing that they don't understand sometimes”
	“Minimal experience. Similarly, with ă d stresse “ l’]M ?] ˋ Ŏ

MCRS measures what extent students:

‘*view patients with a given medical condition as enjoyable, treatable and worthy of medical*

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