The development and testing of a communication skills training intervention for healthcare professionals caring for people with dementia in acute hospitals

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Contact information of lead PI Country

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The development and testing of a communication skills training intervention for healthcare professionals caring for people with dementia in acute hospitals

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NIHR

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The project/programme is most relevant to:

Alzheimer's disease & other dementias

Keywords Research Abstract A key barrier to effective healthcare in acute hospitals is communication between staff and people living with dementia (PWD). Problems with both understanding and expression are impairments often seen in PWD. Healthcare professionals (HCPs) report being poorly prepared for working with PWD. Communication and cognitive disabilities are exacerbated by admission to hospital because of the illness or injury for which they have been admitted, delirium, pain and the unfamiliar and busy environment. Poor communication prevents a number of processes essential for good treatment and care including information gathering and imparting. determining need, expressing preference and ascertaining pain and distress. This research aims to develop and test a communication training intervention for HCPs in acute hospitals. Work Package (WP) 1 will be basic research on the content, linguistics, context, and facilitators that overcome communication challenges experienced between HCPs and PWD. We will video and observe up to 40 staff-patient encounters, yielding up to 400 minutes of data. We will use an approach called applied Conversation Analysis (CA) to analyse the recurrent and systematic patterns in the interactions, supplemented by observations to understand the contexts within which they occur. We will identify the practices that HCPs use in effectively addressing the challenges of interacting, for example, improving understanding, reducing resistance to care, easing distress. WP2 working with carers and actors we will develop a communication skills training intervention for HCPs based on the findings of WP1. The intervention will be modeled on communication skills training used in palliative care and will use simulation with actors as well as e-learning resources, including video recorded commentaries from patients and carers and real-life video excerpts of successful communication. We will write a manual for training others. WP3 will evaluate the intervention through a proof of concept study to establish effectiveness on intermediate outcomes measures: objectively-assessed competence (by researchers and carers) using blind-ratings of videoed simulated communication encounters and self-assessed confidence. Outcomes will be assessed at baseline (prior to training) and follow-up (4 weeks post-training). A before and after design has been chosen as an efficient research design for detecting changes in these outcomes at this stage of the development of this complex intervention, i.e. theory building and proof of concept testing. Qualitative interviews will explore the acceptability and experience of the training, perceptions of its effectiveness and impact on patients, and barriers or facilitators in transferring skills into practice. This research will generate fundamental knowledge about communication problems in dementia and how they can be overcome, whether the skills training can have an impact on the competencies and confidence of HCPs and the acceptability and transferability of the training. We expect our study to demonstrate improvements in communication skills in HCPs which should improve clinical care and patient outcomes; contributing to improvements in patient (and staff) experience and decision making, reducing distress, challenging behaviour and potentially use of sedative drugs. This research will also help us in setting future research questions, and assessing whether further evaluation of the intervention is necessary.

Lay Summary Further information available at:

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