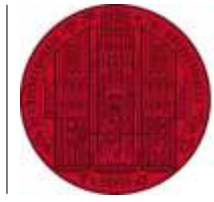




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A dementia training program for nursing staff working in general hospitals. The case of Greece

Mara Gkioka, MSc, Phd std.

Abschlusskongress des Graduiertenkollegs „Menschen mit Demenz im Akutkrankenhaus“, 16.04.2021, online

Prof. Dr. Sotirios Papagiannopoulos, School of Medicine, Aristotle University of Thessaloniki

Prof. Dr. Despina Moraitou, School of Psychology, Aristotle University of Thessaloniki

Prof. Dr. Magda Tsolaki, School of Medicine, Aristotle University of Thessaloniki



**Robert Bosch
Stiftung**

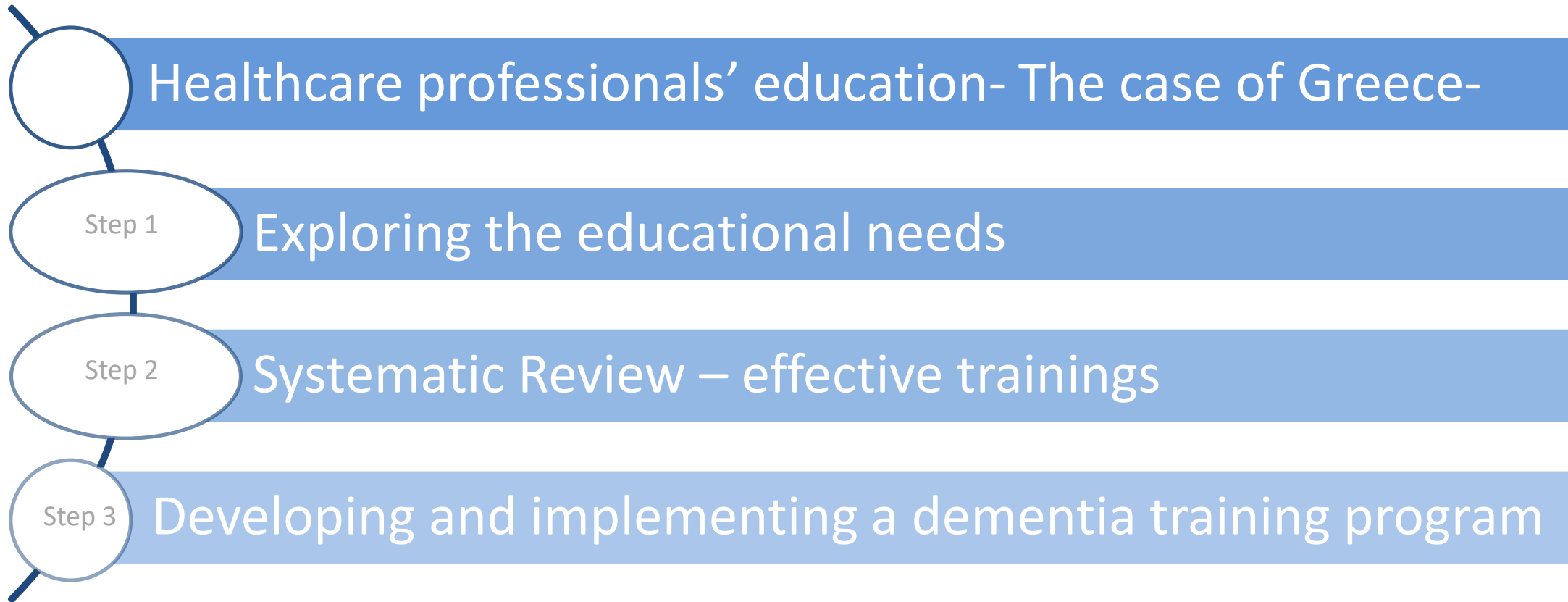
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PwD are vulnerable to hospital's surroundings



Background

PwD in General Hospitals



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1/4 of hospitalized patients have a dementia diagnosis



staying in hospital longer with negative outputs



difficulties due to the cognitive decline,
stressful/unfamiliar hospital environment and
staff's little knowledge about dementia



Special care

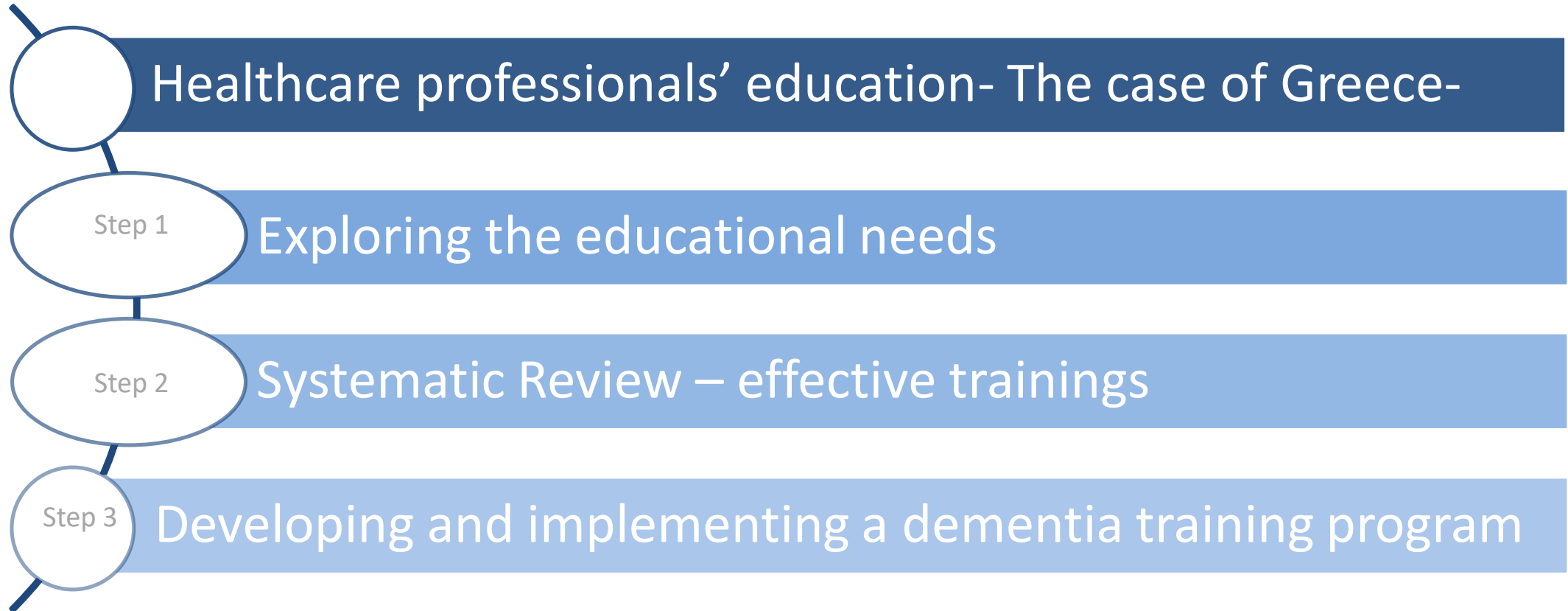
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Greek Dementia Strategy- 2014



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- Improve public awareness and reduce stigma
- Improve (early) diagnosis and treatment
- Improve support and care available at home
- Create support services for carers and families
- Improve residential/institutional care
- ***Improve training for healthcare professionals***
- Establish research programs that embrace innovative technologies
- Integration of care pathways and coordination of social and medical care
- Create legislation to support patients' rights





1) The Elderly Care Vocational Certificate (ECVC) Program

(informal & formal migrant carers)

- *A European Certificate of Elderly Caring*
- *E learning curriculum (theoretical and practical issues)*

2) Set care program

(formal carers)

- *An e-learning tool for the social home-care sector(10 modules including enhancement of basic caregiver's skills,)*

❖ Focused only on Basic education of carers in practical knowledge.

3) Positive care in dementia , a program by ADI

(formal & informal carers)

- *Workshop by experts in Alzheimer's disease (6 modules including personal centered care/ communication skill's enhancement)*



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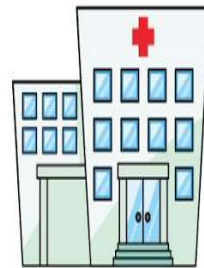
Training and counseling support
only **at local level...**

(Eurocarers report, 2017)



..providing mostly interventions for
caregivers in Alzheimer's day
centers.

(Karagiozi et al. 2017)



**Still no trainings in
professional caregivers of
General Hospitals.**

*"More education in General
Hospitals for specific
techniques in caring,
treatment, nutrition"*

(Sapountzi et al. 2006)





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So,

To develop such a training program...

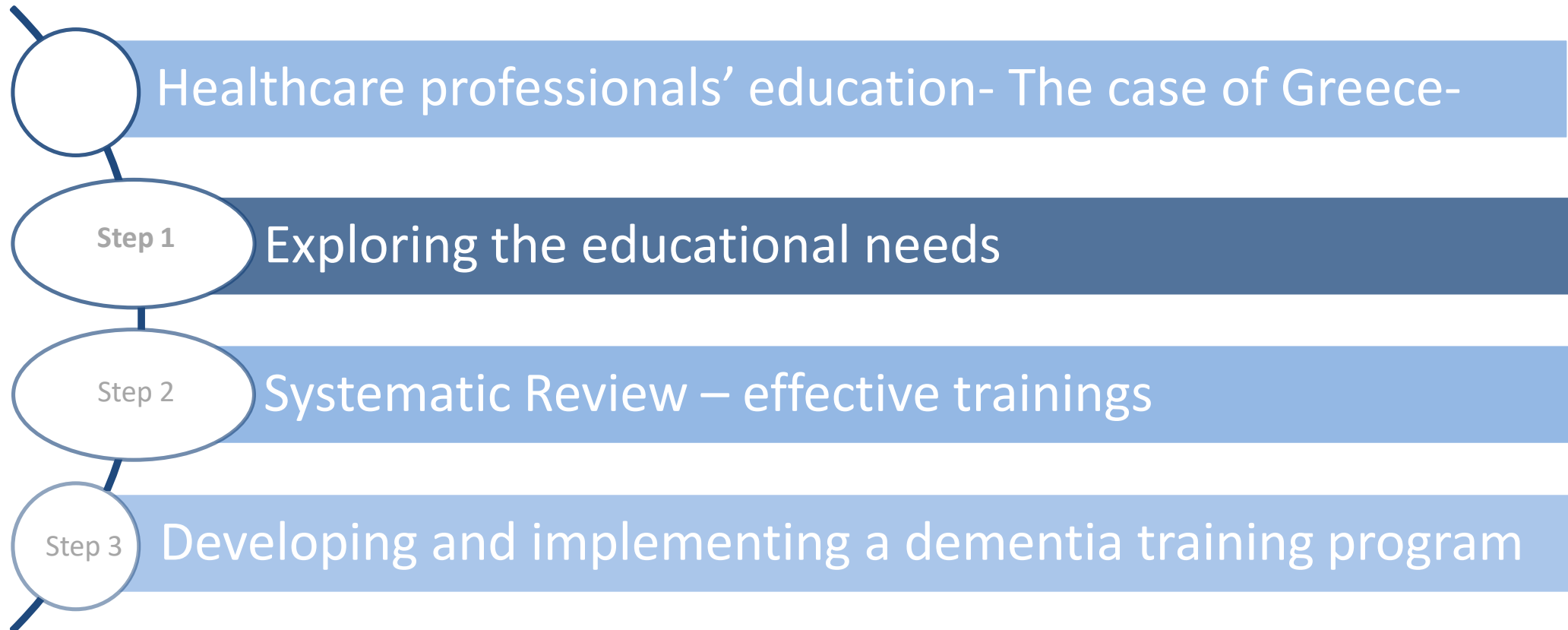
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Despina Moraitou⁴ · Brigitte Metz⁵ · Magdalini Tsolaki⁶ · Andreas Kruse⁷ ·
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Expectations of nursing personnel and physicians on dementia training

A descriptive survey in general hospitals
in Germany and Greece

Main results

Staff's preferences about a dementia training



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❖ Delivery:

- ✓ individual face-to-face seminars
- ✓ not less than 1 h each session
- ✓ on a regular basis
- ✓ ongoing support via in-service should be provided

❖ Content:

“General knowledge about dementia”, “Management of challenging behavior” and “Communication”

❖ Other aspects:

- ✓ practically oriented and interactive alongside theoretical content
- ✓ promote further development of clinical skills

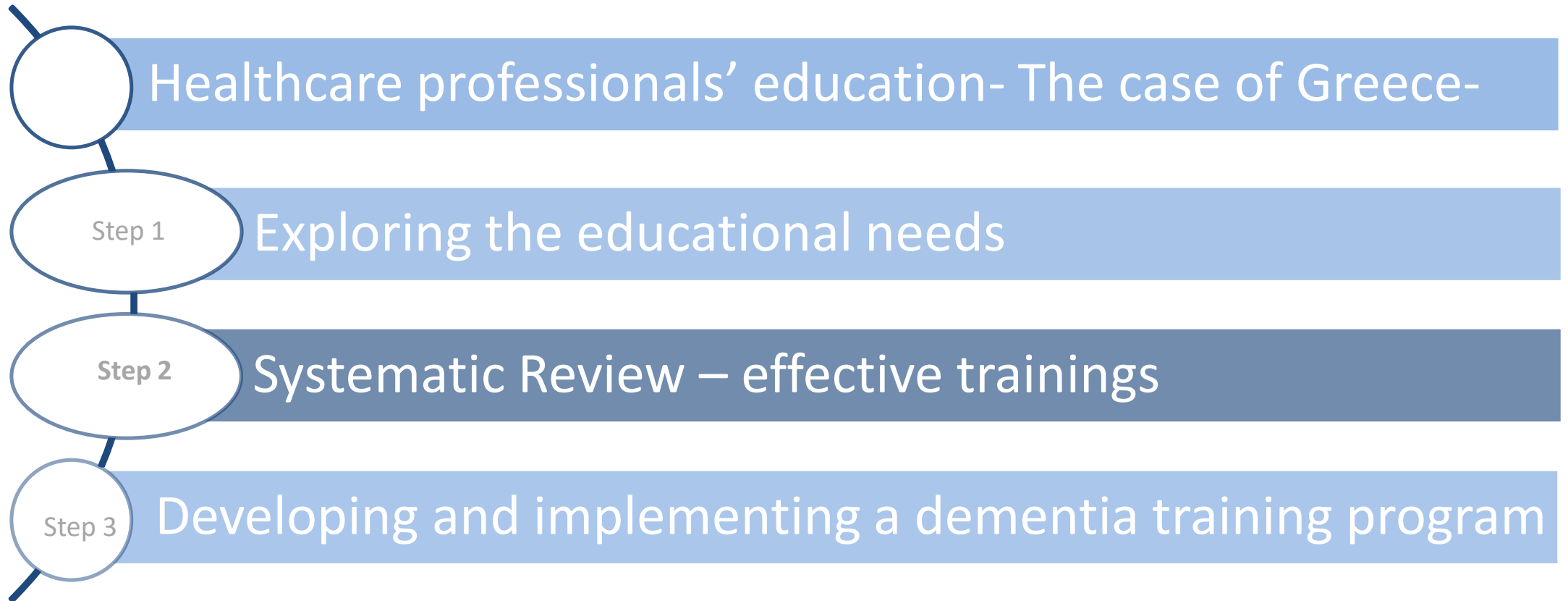
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1089

Evaluation and Effectiveness of Dementia Staff Training Programs in General Hospital Settings: A Narrative Synthesis with Holton's Three-Level Model Applied

Mara Gkioka^{a,b,1,*}, Julia Schneider^{a,1}, Andreas Kruse^c, Magda Tsolaki^d, Despina Moraitou^e and Birgit Teichmann^a

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Main results

Characteristics of effective trainings



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- ✓ Person-centered approaches,
(caring in a safe environment with high levels of respect and dignity, putting their needs /desires first)
- ✓ Diversity of the teaching approaches
(blended, such as action learning or experiential learning)
- ✓ Tools with direct application in clinical practice
(e.g. pain or delirium detection)
- ✓ “Champion” programs
(support and supervision)
- ✓ Programs proceeding in organization changes

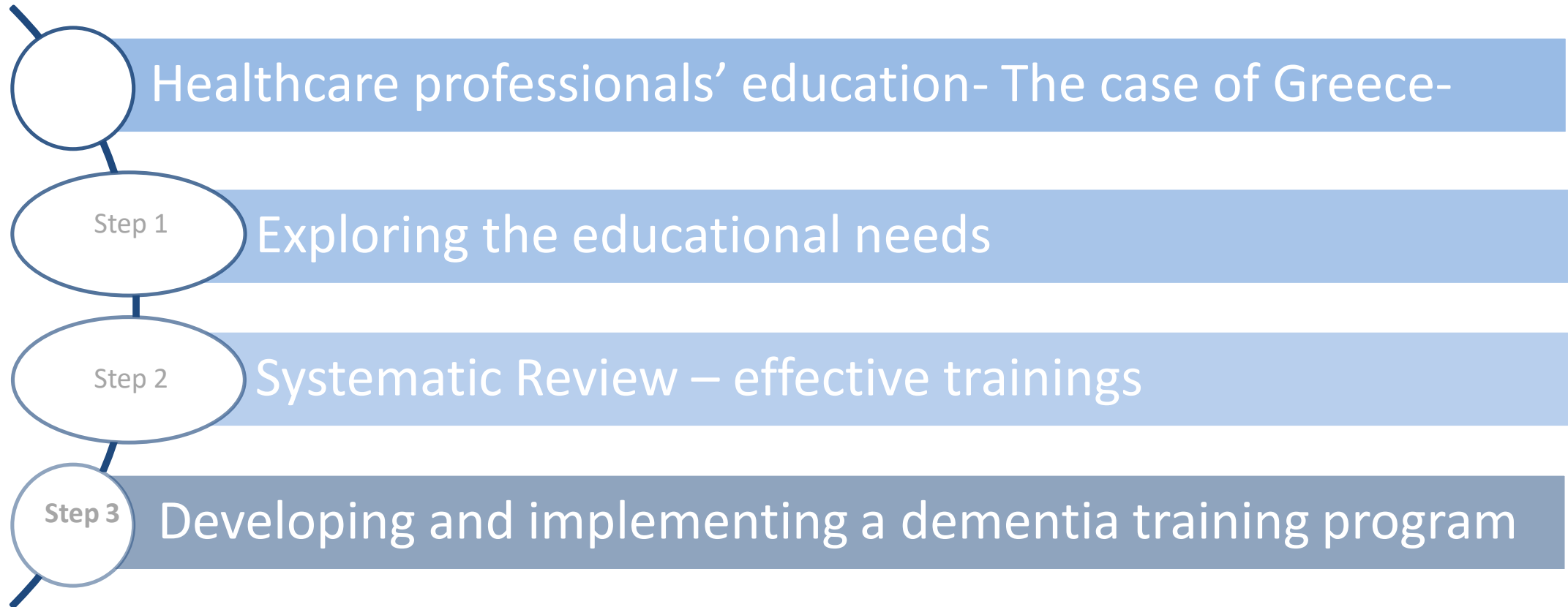
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Article

Effects of a Person Centered Dementia Training Program in Greek Hospital Staff—Implementation and Evaluation

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Methodology



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- ❖ A "Repeated measures design , non-pharmaceutical intervention
- ❖ 14 two-day workshops (9 h each)

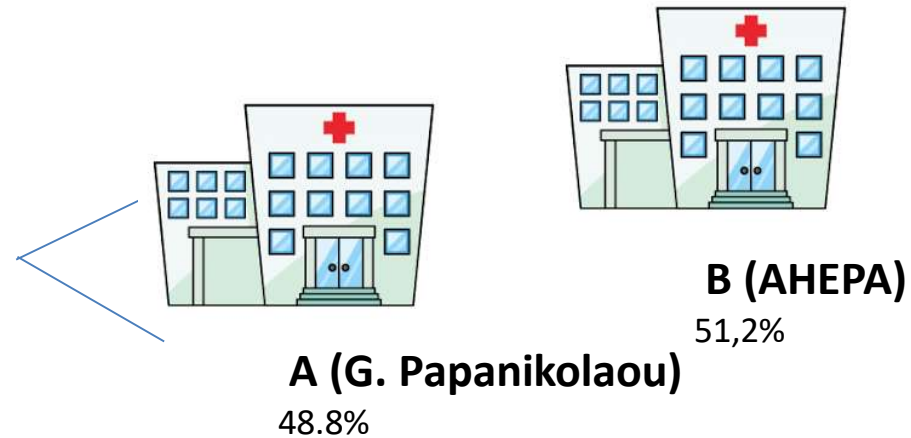


Participants N=242

Nurses
90,9%

Physiotherapists
2,5%

Other staff
4,5%



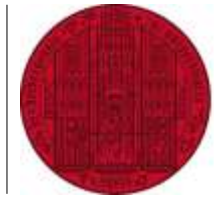
2 hospitals

(17 wards , administrator services,
labs, outpatient clinics)

Content



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6 Modules :

- ❖ General knowledge about dementia-Medical view of dementia
- ❖ Communication in dementia
- ❖ Personal centered approach in dementia
- ❖ Understanding and Dealing with challenging behaviors
- ❖ Care of dementia- Practices in activities of daily living
- ❖ Caring the carer –self care of the healthcare professionals

Material

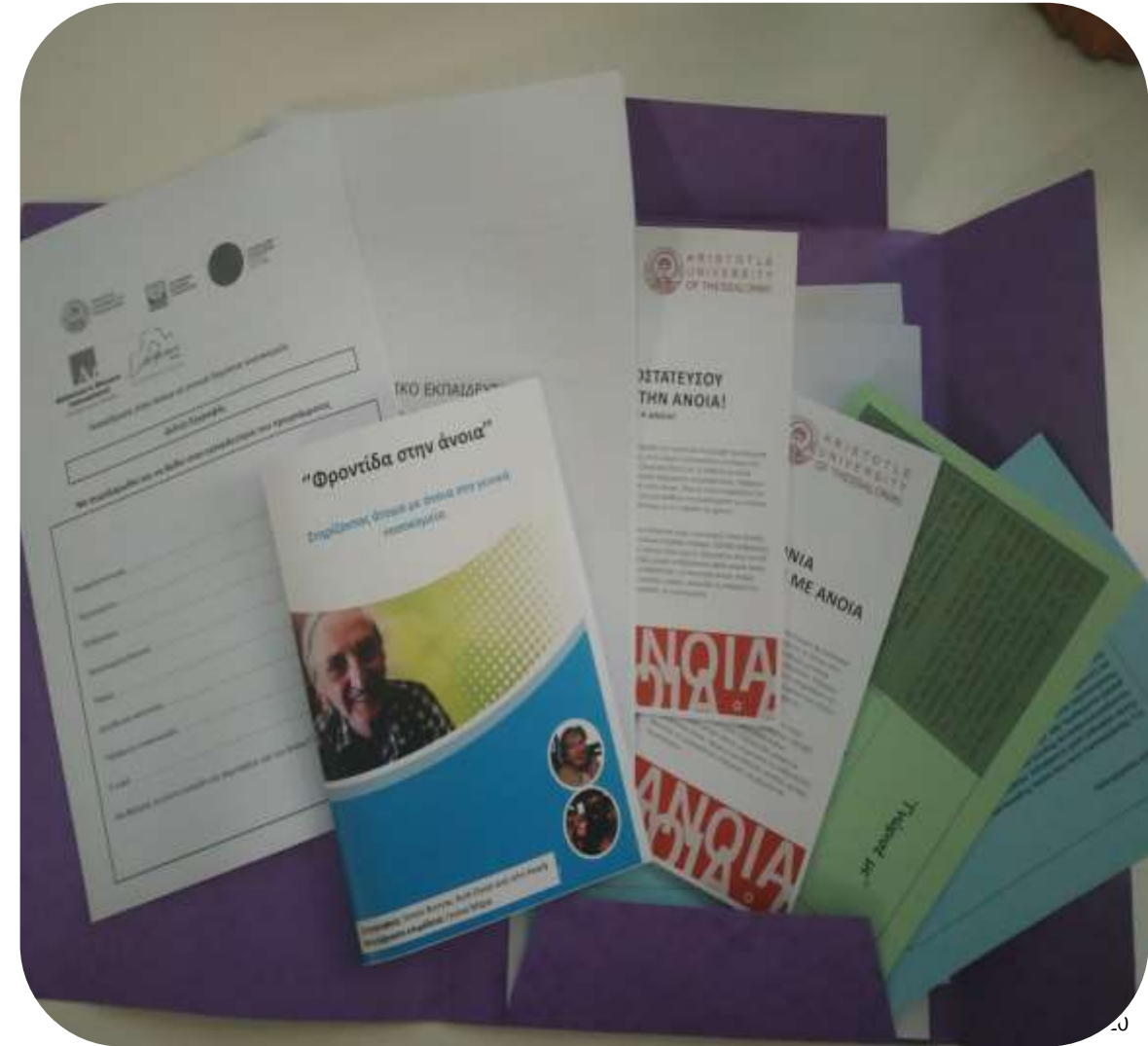


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- ✓ 2 informative leaflets
- ✓ A booklet with exercises
- ✓ A booklet for staff
- ✓ 7 cards with scenarios of challenging behaviors and possible solutions
- ✓ A “getting to know me card”, a patient document which is designed to stand by the hospital bedside
- ✓ A map with the rights of PwD
- ✓ Questionnaires and evaluation forms



Intervention phase

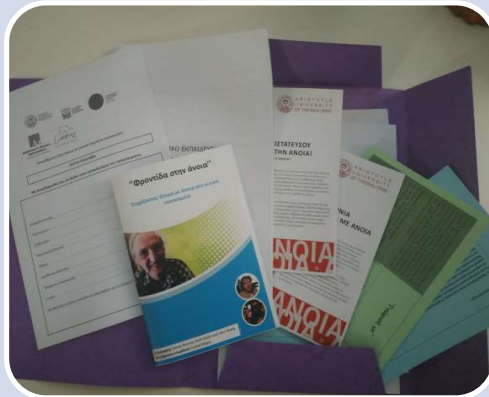


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Pilot study



N=20

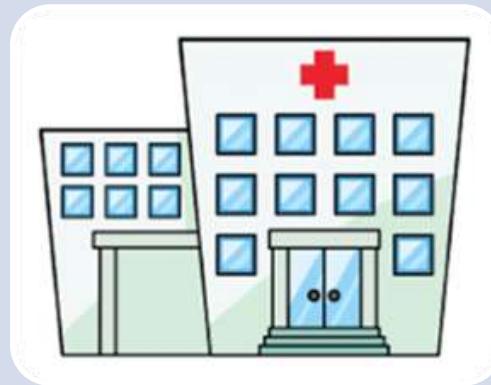
reflection accounts =>

minor changes :

1. videos' subtitles
2. Working or discussing with teams and not individually in booklet.

Main intervention

A



6 groups

(April 2019- February 2020)

n=117

Main intervention

B



8 groups

(October 2019- February 2020)

n=124

A = Papanikolaou hospital

B= AHEPA Hospital

Results

(Descriptives, N=242)



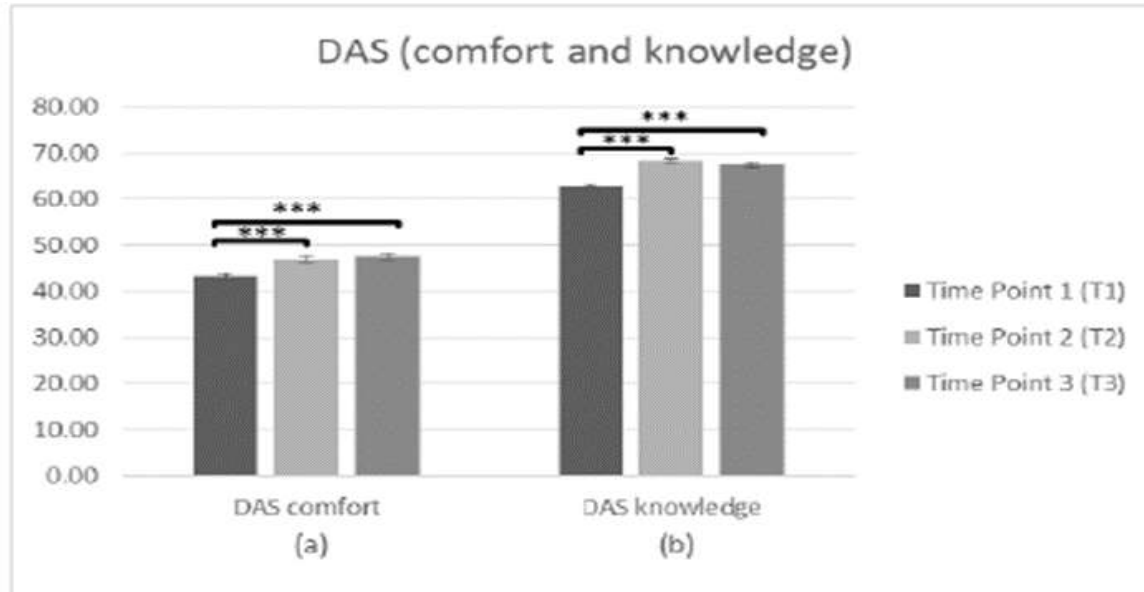
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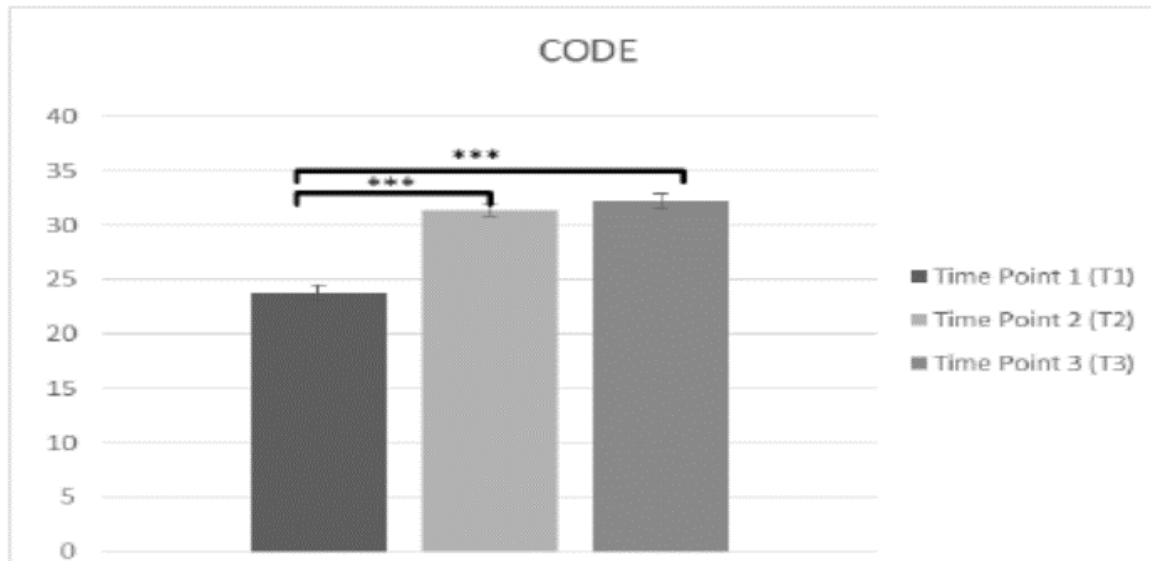
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Sex	Age	School education	Vocational Education	Working in hospital
Male (5,4%)	26-35 years (1,7%)	9-11 years (20,6%)	→ 4 years bachelor in nursing studies (73,1%) <ul style="list-style-type: none"> •master(s) (21,9%) •PhD (2,7%) •Other bachelors (3.3%) 	6-10 years (3,7%)
→ Female (94,6%)	36-45 years (21,9%)	→ = >12 years (76,0%)	2 years vocational education (private or public institutes) (25,2%)	11-15 years (9,1%)
	→ 46-55 years (64,9%)			→ >15 years (81,0%)

Results *(pre-post-follow up)*



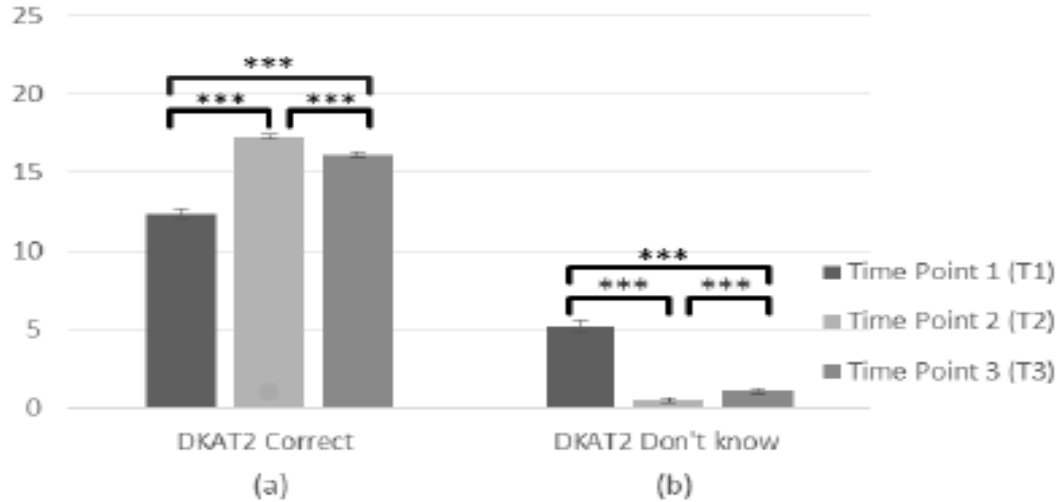
Better positive attitudes towards dementia after the training.
The changes sustain over time (time point 3)



Better confidence in care after the training.
The changes sustain over time (time point 3)

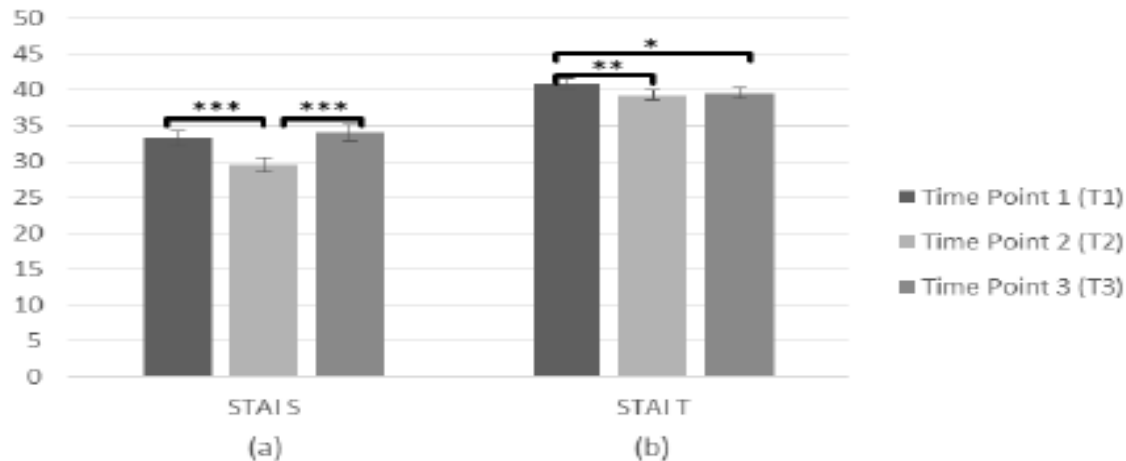
Results *(pre-post-follow up)*

DKAT2



Better knowledge after the training.
The changes sustain, with a slight decline over time (time point 3)

STAI S-T



Decrease of anxiety as trait and state after the training.
The changes sustain over time (time point 3) only for anxiety as trait.

Stat.sign. $P < .05$

Evaluation (post)



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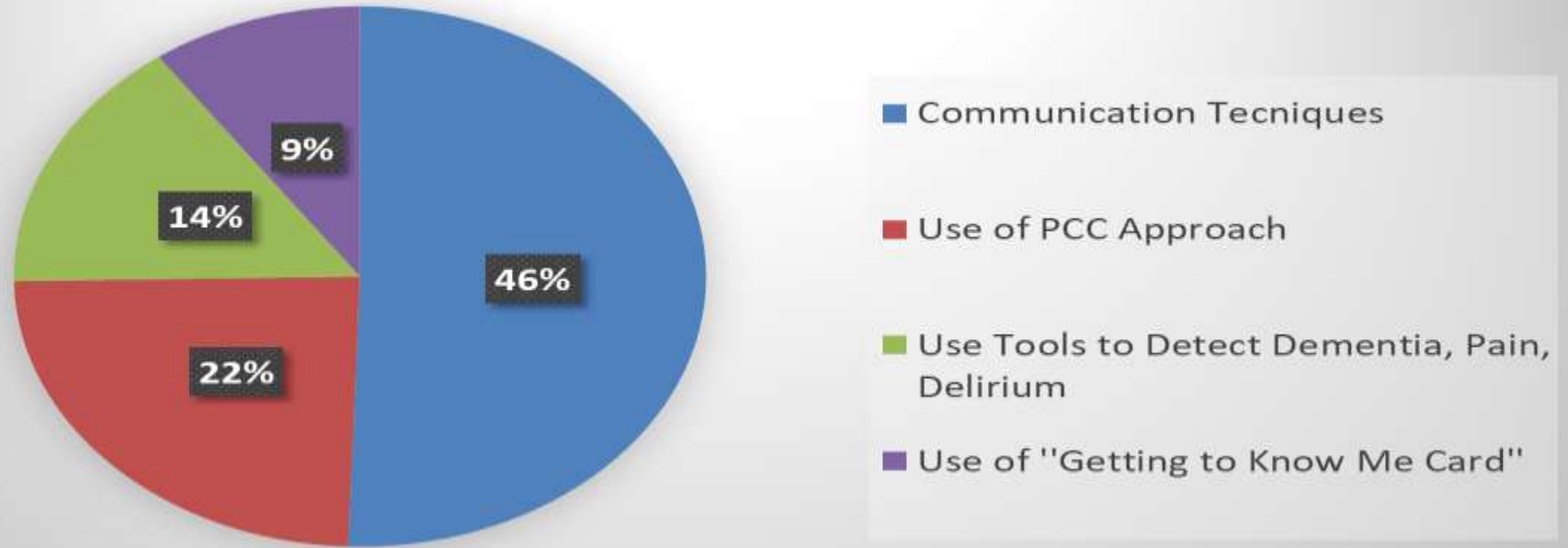


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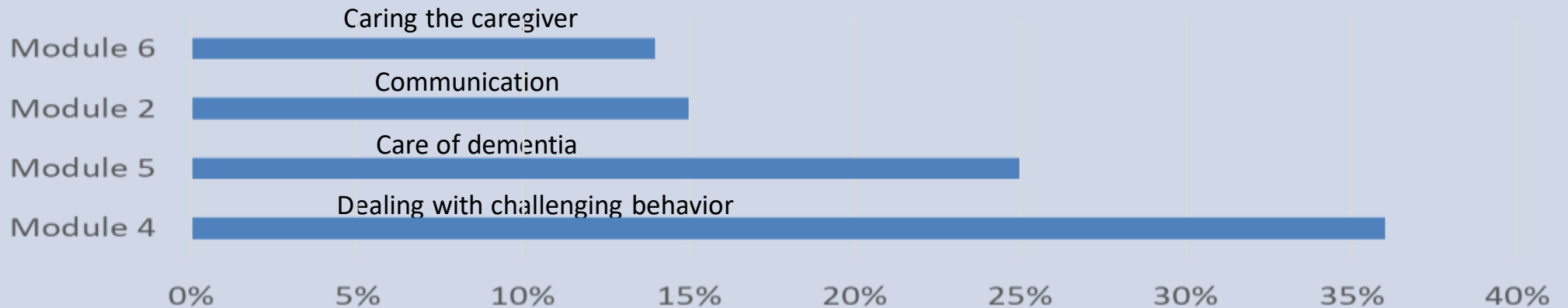
Overall program	Trainer	Material	How well organized	Training environment
Excellent: 85%	Excellent: 93.4%	Excellent: 77.8%	Excellent: 81.6%	Excellent: 62.8%
Very good: 14.5%	Very good: 6.4%	Very good: 19.7%	Very good: 18.4%	Very good: 33.3%
Fair: 0.4%		Fair: 7.6%		Fair : 3.4%
				Poor : 0.4%

Qualitative data (follow up)

In the last three months did you use any of the techniques you learnt?



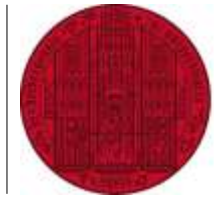
Most useful Module



Reflections



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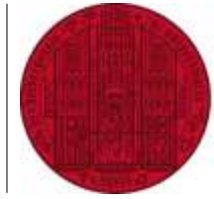
**Very useful. All
hospital staff should
be trained (B.C.)**

**Interactive a lot. Seeing
through the patient eye. Now,
I care with more empathy
(K.M)**

**Communication techniques,
videos and cards about
handling challenging
behaviors are all good tools
(A.G)**



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Thank you.

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