Getting to Know Me

Ruth Elvish, Simon Burrow, Kathryn Harney and John Keady introduce a new training programme for all staff working in general hospitals

The care of people with dementia in general hospitals has become a major policy issue and integral to the successful delivery of both the National Dementia Strategy in England (Department of Health 2009) and the First Minister’s Challenge on Dementia (Department of Health 2012a). This emphasis is timely as it is estimated that 25 per cent of general hospital beds are currently occupied by people with dementia (Department of Health 2012b), with the same report highlighting that there is significant scope for improving the training needs of staff working in such environments (p29).

In an effort to bridge this particular educational gap, staff at the University of Manchester and Greater Manchester Health NHS Foundation Trust have worked with a number of local stakeholders, including acute NHS Trust staff, people with dementia, and family caregivers to design, pilot and evaluate an accessible and time-limited training programme. Launched in 2010, three years by the Greater Manchester Health Innovation & Education Cluster (GM-HIEC), the Getting to Know Me training programme is divided into six parts and takes about six hours to complete. Delivery of the training is flexible, and it can be completed over one day, two half days, or one full day at a time.

The first part of the programme focuses on the development of the Getting to Know Me programme. Some of the main components of the written evaluation feedback have included these typical statements:

• People who have dementia may act in a certain way but there is meaning in every behaviour.

• If I am asked...more aware of seeing the person, rather than the dementia.

A senior nurse for older people commissioned by the participating NHS Trusts said: “It’s so important for the care of people with dementia that all staff understand them and how best to meet their needs. The programme can be delivered in a very flexible way which means it can be tailored to suit the needs of the workforce and benefit greatly from the training and therefore so have our patients.”

The Getting to Know Me training programme was officially launched at the University of Manchester on 11 July 2013 and present were Ann Johnson and Mike Howarth, who both have a diagnosis of dementia, and Brian Briggs who cared for his wife who had dementia. Ann Mike and Brian were a key part of the team who helped to design the Getting to Know Me training programme and all took part in the DVD to share their experience of hospital care.

One of the conditions of the GM-HIEC funding for the project was that the materials should be evaluated by the Primary Healthcare Trust and help to inform practice. Accordingly, the entire contents of the Getting to Know Me training programme, including the video clips, is available to download for free. It can be found at: www.gm-hiec.org.uk. The authors would be interested in receiving feedback from practitioners in acute hospital sites who choose to utilise these training materials.

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References


Richard Elvish is a clinical psychologist, currently taking a short career break from NHS practice and university based research. Simon Burrow is a Teaching Fellow and postgraduate lead for the MSc Dementia, University of Manchester. Kathryn Harney is the Associate Director of Research at Greater Manchester West Mental Health NHS Foundation Trust and currently is a Professor of Older People’s Mental Health Nursing at University of Manchester.

From left, Brian Briggs (family carer), Ann Johnson and Mike Howarth (both living with dementia) and Pat Graham, Senior Nurse for Older People at Bolton NHS Foundation Trust, were all involved in developing the training programme and are pictured here at the launch event.
Formal evaluation of the roles should be undertaken to establish the business case for the dementia clinical nurse specialist role in care homes, and identify the most effective practice model.

Structural support for relatives and families

The FoTE Admiral Nurse has been able to work in the traditional role of the Admiral Nurse much more (that is, support of family carers) due to the smaller size of the organisation compared with OSCT. The FoTE Admiral Nurse meets the families of all new residents and facilitates information giving and awareness support sessions which include an introduction to the different types of dementia, their pathologies and the resultant effects on communication and behaviour. In addition to the relatives’ groups the FoTE Admiral Nurse supports relatives one-to-one and will be alongside them as they continue on their journey with a loved one with dementia. The OSCT MHL Admiral Nurse established care home memory support cafes. The cafes provide an informal environment where both residents and couples or families can meet in a facilitated group and get help, advice, emotional and practical support and skills from both family and the MHL Admiral Nurse. The relief expressed by attendees from the community, having finally found a group where they felt understood and that all four of these zones are tangible. For example: You share your thoughts and feelings without feeling silly. Daughter.

I know what I have been through and can share this experience with others whose wife is now living in long-term care.

The cafes also act to lessen the anxiety associated with coming into care, helping to make the transition to care a bridge between the community and the care home. Inevitably from a commercial perspective, an opportunity for care homes to attend to choose an OSCT home as a positive choice.

Making a difference

In the survey the OSCT care teams were also asked to outline situations or scenarios where the intervention and advice of the MHL Admiral Nurse had been of particular help. Below are some direct quotes from a selection of home managers.

We received a resident with dementia who was diagnosed with anosognosia and support for staff caring for her with Long Covid dementia, and help in dealing with difficult families.

A resident was admitted in an emergency situation. Once in the home she presented very differently and her dementia was far more advanced than we had first thought. The (MHL) Admiral Nurse came into the home, spoke with family and offered support and ideas to help this lady to settle.

Conclusion

This overview of some of the areas of practice that both the FoTE Admiral Nurse and the OSCT MHL Admiral Nurses have either supported with or developed, illustrates the scope and varied nature of their work in the care home sector presents for clinical nurse specialists. It is interesting to note that the MHL evidence-based model for improving quality of life in care homes are reflected in many of the areas of the MHL Admiral Nurse practice.

The initial objectives and remit for the posts have been surpassed for both organisations. The synergies of working collaboratively with the specialist professional organisation Dementia UK and the evidence base of My Home Life has not only supported the posts but is particularly effective in the experience of OSCT.

For evaluation of the roles should now be undertaken to not only attempt to establish the business case for the dementia clinical nurse specialist role in the care home sector, but also to identify the most effective practice model for the care home sector, a model that will support front line care teams and managers to improve quality of care and quality of life for residents and their families, recognising the extensive body of research knowledge that is now developing in this area.

References

Dementia UK (2018), My Home Life - Dementia: The National Dementia Strategy (Department of Health).


Liang and Buxton (2013) Care of Elderly People UK Market Survey.