



FELLOWSHIP PROGRAM REPORT 2013

BACKGROUND

The Dementia Training Study Centres Program is supported by the Australian Government and aims to improve the care of persons living with dementia through the provision of evidence-based dementia education to health professionals across Australia.

In the period 2011-2013 the Victoria and Tasmania Dementia Training Study Centre (Vic/Tas DTSC) offered Fellowships to health professionals for a period of six months to enable them to conduct a workplace project focused on knowledge translation and practice improvement in the care of people with dementia.

The overarching aims of the Fellowship program are to develop an effective model for the translation of knowledge into practice, to improve the care of people living with dementia and to increase the capacity of individual health professionals to effect change.

Further Fellowships will be awarded in 2014. Importantly, the Fellowship program will be expanded to a national program under a framework developed by the Vic/Tas DTSC and the Queensland DTSC.

MATERIALS AND METHOD

Recruitment for the Fellowship program was via the DTSC website and email invitation to a database of health professionals who undertook DTSC dementia training. Selection was through a peer review process. Evaluation of the Fellowships was a 2 part process:

1. Development of a clinical audit tool to measure changes in work place practices. The audit was conducted pre and post project implementation to measure the degree to which practice had actually changed.
2. Semi-structured interviews (recorded) were conducted with both Fellows and their managers at the commencement of the program and again a couple months after completion of the program in order to ascertain their perceptions regarding the role of the program in supporting practice change. The program mentors were also interviewed at the end of the program to understand how well their role was utilised by the Fellows and to understand barriers and enablers. Follow up interviews with Fellows and managers occurred 3 months following the completion of the project to assess sustainability.





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RESULTS

1. KEY BENEFITS

Practice changes that benefit persons with dementia

- Improved processes that lead to practice change such as development of behaviour management plans, referral systems, new staff orientation and comprehensive information gathered for individualised care plans
- Expansion of support for carers and families such as establishing carers support groups and greater understanding of the needs of families

Increased knowledge in the area of dementia

- Increased staff knowledge of person-centred care i.e. greater focus on individual care needs
- Raised awareness regarding dementia including the needs of persons with dementia
- Placing an evidence base behind concept mapping
- Consultation process with families
- Staff education including the sharing of resources
- Mentor advice and support

Up-skilling of staff in caring for people with dementia

- Staff up-skilled through mentoring, education sessions, training, workshops, meetings and discussions
- Bringing staff together from many disciplines through project implementation
- Positive change of attitude towards persons with dementia by non-nursing care staff

Passing knowledge onto other staff

- Collaborative team approach
- Mentoring of other staff
- Delivering workshops to staff

Better care for residents through new knowledge

- Education of carers through carer group workshops
- Increasing knowledge in new ways e.g.
 - development of an Ageing Advisory Group Strategy at Corrections Victoria
 - senior volunteers network driven by a volunteers co-ordinator
 - staff and volunteers undertaking 'tool kit' approach with residents

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2. LONGER TERM BENEFITS

- Engagement with aged care facility for ongoing education leading to best practice
- Continue to support improvement in health professionals' knowledge base as this leads to improved service
- Maintain and expand collaboration and networking with aged care facility staff, especially management. This can be effective through ongoing engagement with Fellows and mentors

3. CHALLENGES TO PRACTICE CHANGE

- Short timeframe of the Fellowship program
- Appropriate project design
- Bringing about a change in staff attitudes
- An increase in workload

4. ENABLERS TO PRACTICE CHANGE

- Adequate utilisation of mentors, especially initially
- Experiencing problems enabled the identification of better ways of doing things
- An increased knowledge base
- The empowerment of staff
- Organisational support

5. SUSTAINABILITY

- Foundational knowledge base to build on
- Trying to embed in culture – meetings, education, mentorship
- Networking with other Fellows, DTSC and mentors

'We can influence thinking and work practices into the future care of residents or older people living with dementia. Keep up the fantastic work.'

'.....greatly improved teamwork across disciplines within the facility and the sustainability of the practice changes initiated.'

'I am so grateful to the support I received from the CEO. It would not have had the positive results if she had not been on side.'





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CONCLUSION

The Fellowship Program model appears to be effective in facilitating attitude change, assists in staff development and, on early indications, leads to practice change for the benefit of persons with dementia.

To continually improve the Fellowship program the DTSC has identified some areas for redevelopment including:

- Extend the timeframe for the Fellowship program as many Fellows stated that 6 months was too short a timeframe to get a project up and running and evaluated;
- Expand communication with mentors that enables more input during the application process and project development work with the Fellows;
- More timely communication with Fellows and mentors to ensure their availability for all the workshops and opportunities for presentation, and
- Expand communication with facility managers to promote the Fellowships, engage management support, involve managers in Fellow's presentations and facilitate ongoing collaboration.

