

Evaluating educational initiatives to improve palliative care for people with dementia: a narrative review



Mareeni Raymond, Alex Warner, Nathan Davies, Elora Baishnab, Jill Manthorpe, Steve Iliffe for the IMPACT research team



Dementia accounts for one in three deaths among people aged 65 and over, but end of life care for people with dementia is often sub-optimal.

Palliative care for people with dementia poses particular challenges to those providing services, and current policy initiatives recommend education and training in palliative care for those working with patients with dementia.

However, there are few evaluations of the effectiveness of dementia education and training.

This poster presents a narrative review undertaken in 2011-12 of evaluations of palliative care education for those working with people with dementia at the end of life.

Eight papers were identified that described and evaluated such palliative care education; none reported benefits for people with dementia.

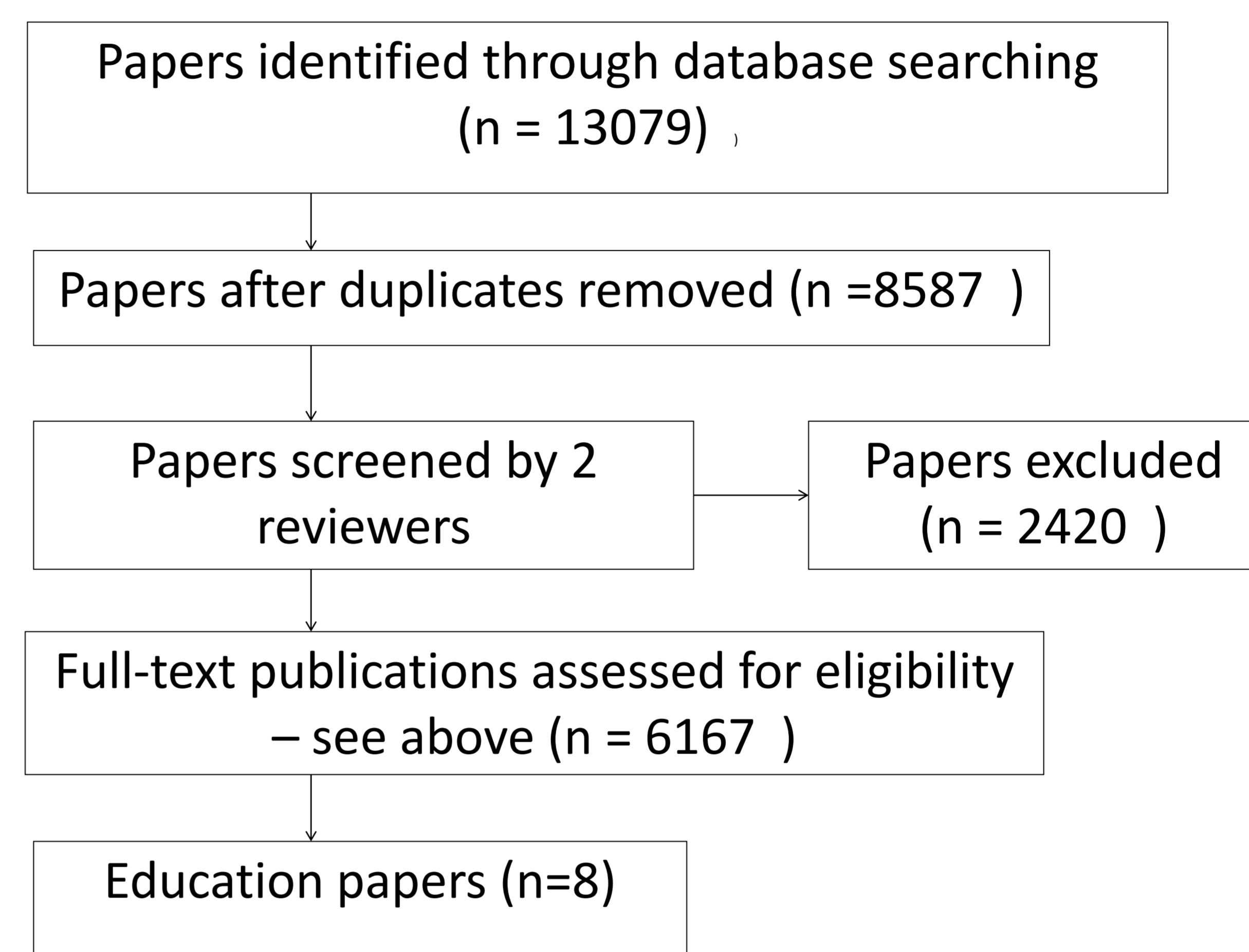
There is a clear need to develop and evaluate educational interventions designed to improve end of life care for people with dementia.

The search terms used were: palliative care, terminal care, attitude to death, or dying, end-of-life care, comfort care, symptom control, end stage disease, living will, advance directive, palliate, palliative and Alzheimer's disease, dementia, neurodegenerative diseases, Parkinson's disease, and aphasia. The following databases were searched: AMED, ASSIA, BNI, CareData, CINAHL, EBM, EMBASE, HMC, IBSS, Medline, PsychINFO and Social Science Citation Index. Titles and abstracts were screened by two reviewers and papers were then categorised according to their subject and main themes, education and training being one category.

Papers were included only if they: 1) described education or training for healthcare and social care professionals or

practitioners already in post (that is, in-service training or continuing professional development); 2) reported an educational intervention that had been evaluated; or 3) were reviews of educational interventions.

We excluded papers about the education of those working in palliative care that focussed on conditions other than dementia (e.g. cancer); papers published before 2000; and papers covering aspects of dementia not related to palliative care, for example medical treatments, social activities or diagnosis. A data extraction tool was used to collect information. Four reviewers read the papers and extracted the key points of the paper, identified the target audience of the educational intervention, country of origin, and limitations (see Table below). Each paper is summarised in Table 1 and its contribution is discussed below.



Authors, Year of Publication, Country	Target group	Type of study	Setting of study	Summary
Valente et al., 2010. USA	Psychiatric nurses	Survey (response rate) of a convenience sample	Conference where a sample of general psychiatric nurses attended and completed questionnaire,	A survey evaluated psychiatric nurses' knowledge and skills, their interests in end-of-life care, their perceptions of their potential roles in end-of-life care and recommendations for end of life care. There was variable knowledge and most were moderately to very interested in learning more, so there is some demand for learning demonstrated here.
Robinson et al 2009. Canada	Healthcare professionals (Clinical Nurse Specialists)	Focus group to assess the impact of an educational intervention	Residential or nursing homes	Describes an educational intervention for Clinical Nurse Specialists Potentially shows that an educational intervention such as a two day workshop can change the attitudes of healthcare professionals caring for people dying with dementia. There was no measure of impact on practice.
Arcand et al 2009 Canada.	Nursing home staff	Training for staff followed by interviews with relatives of deceased residents to assess impact of training.	Nursing home	Training for staff caring for patients with dementia in a nursing home. No statistical significance pre and post intervention.
Gnaedinger et al. 2008. Canada	Healthcare professionals (e.g. nurses, occupational and physical therapists, dieticians and social workers)	Development and trial of an education intervention evaluation	Non profit residential care facility (nursing home)	Describes creating an education programme to improve understanding and knowledge of end of life care for people with dementia for staff of a residential care facility. No results in this paper – results were published separately (see below).
Gnaedinger et al., 2010. Canada	Healthcare professionals (e.g. nurses, occupational and physical therapists, dieticians and social workers)	Preliminary results of Gnaedinger et al's., 2008 trial of an education intervention	Residential care facility (nursing home)	Discusses a qualitative outcome evaluation from staff and educator group interviews of those who took part in Gnaedinger et al. (2008) "The Dementia Difference" workshop. Staff identified seven changes in practice due to new perspectives, knowledge and skills including; decreased clinical nature of dying, increased knowledge, understanding and confidence.
Formiga et al., 2005. Spain	Hospital health professionals (not specified which)	Case note review to assess effectiveness of educational intervention on care and documentation.	Hospital	An educational intervention on the decision making of health professionals looking after patients dying with dementia in hospital. No significant difference in management of patients post intervention.
Mittman. 2005. US	N/A (Review)	Commentary and review. Summarises several conceptual or theoretical frameworks for quality improvement	General	The need for a multi-level approach; the need for improvement is recognised by organisations. Mittman calls for the building of new dementia coalitions to establish commitment and collaboration, A single set of authoritative clinical practice guidelines is suggested instead of the multiple and uncoordinated guidelines currently in existence. Lastly there is a recommendation that dementia is included in quality monitoring systems in the USA.
Chang et al., 2005. USA, UK, Australia	N/A (Review)	Discussion Paper/review	Discussed in relation to Aged-care facility staff	The paper outlines the benefits of a palliative approach and goes on to discuss a number of reasons why such an approach seems often to be lacking. The authors report a lack of skills in providing palliative care in aged care staff compared to acute care colleagues. They review current educational programs in undergraduate curricula and comment on the low priority that palliative care is often ascribed, although noting some measures to remedy this. They recommend GP specific training.