Evaluation of the *Support for Training* Program

Initiative #1 – Staff Education and Training
Ontario's Strategy for Alzheimer Disease and Related Dementias

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OVERVIEW OF REPORT

One of the programs within Initiative #1 – Staff Training and Education of Ontario's Strategy for Alzheimer Disease and Related Dementias involved the provision of funding to support participation in training by staff working in long-term care (LTC) homes, Community Care Access Centres, and LTC community services across the province who provided service or support to persons living with Alzheimer Disease or related dementias (ADRD). The educational programs that were eligible for support (reimbursement) were: 1) specific courses on dementia and working with individuals with dementia (e.g., courses within the Dementia Studies Certificate Program and Niagara College Program) and 2) the Enhancing Care Program from the Alzheimer Society of Canada.

In order to gain some insight into the impact of these educational programs, a set of evaluation questions were included in reimbursement forms completed by participants after completing the relevant program The questions asked about the relevance of the subject area to the participant's work, the impact of the education on their confidence in working with individuals with ADRD, and whether the participant planned to make any changes in how they cared for individuals with ADRD as a result of participating in the training program.

This report summarizes the evaluation data collected from reimbursement forms completed between 2002 and 2003. The first part of the report describes the feedback from participants in the *Dementia Studies Certificate Program*, *Niagara College Program* and other approved programs; the second part of the report describes the feedback on the *Enhancing Care Program*.

Part I: Dementia Studies Certificate Program (2002-03)

Under Initiative #1 tuition support was provided to eligible participants in:

1) Dementia Studies certificate programs: *Working with Dementia Clients Multidiscipline* (post-certificate program) and *Dementia Studies Multidiscipline* (post-diploma/degree program). These were offered by 12 Ontario Community Colleges. The courses were available in several formats including classroom, off-campus, and on-line.

2) Niagara College Programs: *Psychogeriatrics 1/ Gerontology 108*, a 45-hour comprehensive dementia training course offered only by Niagara College, and which could have been taken alone or as part of the Gerontology or Geriatric Mental Health Certificate Programs; and *Psychiatric and Cognitive Disorders in the Elderly* (MTLH 9254), which was an in-depth course on common psychiatric disorders as they related to the elderly population.

3) Other education programs dealing with ADRD that were approved by the Initiative #1 Work Group.

To qualify for tuition support applicants had to meet one of the following two criteria:

- Applicants had to be a member of a recognized professional college or a current staff member of a LTC home or community agency that was a member in good standing of one of the following:
    - Alzheimer Society of Ontario
    - Ontario Association for Community Care Access Centres (OACCAC)
    - Ontario Association of Non Profit Homes and Services for Seniors (OANHSS)
    - Ontario Community Support Association (OCSA)
    - Ontario Home Health Care Providers Association (OHHCPA)

- Ontario Long-Term Care Association (OLTCA)

- Applicants had to be paid health care providers delivering services for a LTC home or community agency that received funding from the Ministry of Health and Long-Term Care (MOHLTC).

Results

Applications for reimbursement were completed by 538 individuals.

Courses Completed by Reimbursement Applicants

Applications for reimbursement were made most frequently for participants of the Overview of Dementia course and the Psychiatric and Cognitive Disorders course (see Table 1).

Table 1: Courses Completed by Reimbursement Applicants

Course Name	Percent (Number)
Overview of Dementia	35.3% (189)
Psychiatric and Cognitive Disorders	19.0% (102)
Communication and Interpersonal Skills	12.5% (67)
Caregiving Skills	9.9% (53)
Working with Dementia Clients	5.6% (30)
Ethics and Legalities	4.6% (25)
Evaluation/Program Planning for Managers	3.2% (17)
The ART of Quality Dementia Care	2.0% (11)
Dementia Studies: Research and Development	1.5% (8)
Psychiatric and Cognitive Disorders (MTLH)	0.9% (5)
Clinical Field Placement	0.6% (3)
Challenging Behaviours	0.6% (3)
Palliative Care Level 1	0.4% (2)
Other (not specified)	0.2% (1)
Alzheimer's Course	0.2% (1)

* Percentages may not sum to 100% because of missing values.

Colleges

The majority of applicants had taken courses at George Brown (Toronto) or St. Lawrence College (Brockville, Cornwall, and Kingston Campuses); fewer applicants submitted for reimbursement of courses taken at other colleges in the province (Table 2).

Table 2: College at which the Course was Completed

College	Percent (Number)
George Brown College	26.6% (143)
St. Lawrence College	21.9% (118)
Georgian College	10.6% (57)
Algonquin College	10.2% (55)

Mohawk College	8.2% (44)
Conestoga College	4.8% (26)
Fanshawe College	3.7% (20)
Centennial College	1.7% (9)
Cambrian College	1.5% (8)
Sir Sandford Fleming College	1.1% (6)
Durham College	0.6% (3)
Niagara College	0.6% (3)
Northern College	0.4% (2)

* Percentages may not sum to 100% because of missing values.

On-line Courses

Very few applications for reimbursement were for courses that were taken on-line.

Table 3: Was the course taken on-line?

	Percent (Number)
No	91.4% (492)
Yes	4.8% (26)

* Percentages may not sum to 100% because of missing values.

Relevance and Confidence Ratings

The majority of applicants (86%) indicated that the education program they attended was "quite" or "very relevant" to their work (see Table 4). Only one applicant indicated that the education program was not relevant to his/her work.

Table 4: Relevance of Education Program to Work

	Not Relevant 1	**Slightly Relevant 2**	**Fairly Relevant 3**	**Quite Relevant 4**	**Very Relevant 5**	**Mean (SD)**
In thinking about this educational program, how relevant was it to your work?	0.2% (1)	1.5% (8)	7.6% (41)	27.5% (148)	59116% (318)	4.50 (0.73)

* Percentages may not sum to 100% because of missing values.

The majority of applicants (75%) indicated that prior to attending the education program they were "fairly" or "quite" confident in their ability to provide care. Following the education program, the majority of applicants (94%) indicated that they were "quite" or "very confident" in their ability to provide care (only 280 applicants provided these ratings for their confidence level prior to the education program). A comparison of the mean ratings of confidence prior to and following the education program revealed that the mean confidence rating was significantly higher following the education program, $t(533) = 27.01$, $p = .001$.

Table 5: Confidence Ratings

	Not Confident 1	Slightly Confident 2	Fairly Confident 3	Quite Confident 4	Very Confident 5	Mean (SD)
How confident were you in your ability to provide care prior to attending the training? (N = 534)*	1.7% (9)	8.6% (46)	36.2% (195)	39.0% (210)	13.8% (74)	3.55 (0.89)
How confident are you now in your ability to provide care? (N = 534)**	0	0.6% (3)	5.0% (27)	39.8% (214)	53.9% (290)	4.49 (0.66)

* Percentages may not sum to 100% because of missing values.

The majority of applicants (56%) indicated that they planned to change their work as a result of the education program (see Table 6).

Table 6: Is there anything related to your work that you plan to change or do differently?

	Percent (Number)
No	30.1% (162)
Yes	56.3% (303)

When asked to identify what they planned to change or do differently as a result of participating in the program, most applicants identified changes related to care strategies; others indicated that the educational program had increased their awareness of specific issues to ADRD (see Table 7).

Table 7: Work activities that applicants planned to change or do differently as a result of the program.

Care strategies

- *"Scheduling activities and routines differently to avoid difficult behaviour."*
- *"This training was quite informative and educational. I have gained a much better understanding of the disease process and have learned many new coping strategies which I find very useful and effective when providing care to the confused client."*
- *"As a result of attending this training course I can improve the quality care for dementia clients. Now I know more how to:*
  - *utilize effective communication strategies*
  - *develop techniques for the management of daily activities*
  - *use strategies for planning effective care*
  - *develop strategies to recognize and manage challenging behaviour and catastrophic reaction and even stress"*
- *"To plan activities for my client that would be geared to her interests and capabilities that might diffuse her restlessness and boredom and confusion"*

- *"I have found including the family in initial care plan creates a great partnership and a win-win situation.*
- *"Increase type of aids used "in home" so that client can stay independent in their own home longer."*
- *"Slow down, attempt to decrease frantic activity in working area when dealing with dementia clients"*
- *"Presently our facility is renovating, making suggestions for a more environmentally friendly environment for our dementia residents."*
- *"Applying more client-centred holistic care."*
- *"Reduce size of Diners Club associated with individuals with memory loss."*
- *"Incorporate the ABC approach in dealing with behaviours."*
- *"I now have the skills to plan and evaluate programs more effectively. This results in better programming which positively affects the clients."*
- "*Use less orientation with clients, more often enter their reality i.e. client told me he was 105 yrs old. (He's 83). Don't correct him – simply respond "What a wonderful gift to live a long healthy life" or some such not totally agreeing with him – but agreeing with the thought and there is no need to "correct" the client which would cause more doubt and decreased self esteem."*
- *"I am more aware of my client's needs/moods/interests and how I can use these in a positive way to accomplish ADL's."*

Improve communication skills

- *"Use the communication skills that I learned."*
- *"Using more focused means of communicating."*
- *"Approach dementia clients quietly and calmly, speak clearly"*
- *"Change my verbal skills to less complicated (i.e., simple concept) when addressing clients with Alzheimer [Disease] - Give them more time to respond."*
- *"Better communication strategies (with residents) i.e., <u>time</u> for responses. Close-ended questions (As opposed to open-ended)."*
- *"We learned a lot about how to communicate verbally and non-verbally. I will always face residents at eye level when I am speaking to them. Stop what I'm doing and really listen. Always announce when I'm leaving so the resident is not talking to an empty room."*

Improve assessment

- *"Be more vigilant and more observant in different behavioural changes in clients and try to report more often their ongoing stages of change."*
- *"Encourage families to have family member with early onset dementia to be evaluated for type of dementia (or cause). Now I'm more aware of reversible forms and would want to know if it could be corrected or put on meds in early stages to slow it down (if Alzheimer's)."*
- *"Seek the reason behind behaviour rather than managing the behaviour."*
- *"Behaviour observation chart, apply learning to work, feel better prepared and more knowledgeable."*

Change in attitude towards clients and family members

- *"Being more understanding and patient both to the client and their family."*
- *"I will be more patient with my client…"*
- *"It changed my view and attitude towards a person with Dementia. I'll be more understanding and be able to recognize one person's individuality not the disease."*
- *"The course reminded us to treat people with respect and to avoid infantilization"*

- *"I understand now that people with A.D. have the right to refuse our care or instructions. We have to be able to recognize their ability and to respect their right to decide for themselves (legal/ethical issues)."*
- *"I will be more tolerant of clients with dementia, because when they are saying or doing something mean I now realize this is not the person but the disease. I plan to be more patient; and understanding."*

Use of resources

- *"I feel I can advise and refer my clients to appropriate resources more effectively as a result of taking this course."*
- *"Seek additional resources."*
- *"Use outside of facility resources more often."*

Staff education

- *"...teach our fellow staff who were unable to attend the course."*
- *"Sharing my knowledge with HCAs on my shift has helped them to understand behaviours and some of the underlying causes."*
- *"Educate more co-workers on Ethics and Legalities. It is an important issue that many have limited knowledge in."*
- *"Increasing opportunities to train other staff working with persons with dementia."*
- *"Spend more time with staff teaching them what I have learned so it can be implemented."*
- *"Continue to educate my staff."*
- *"On-going education for HCAs. To help them understand different behaviours when they occur and how to deal with them."*
- *"Explain to staff (home support) what they can expect if their client has dementia."*
- *"As a staff development coordinator I will reinforce the importance of ongoing education to maintain competence."*
- *"Try to be more supportive of staff efforts and coworkers."*

Education and support to families

- *"Try to educate the family, give tips to them on how to cope with the situation."*
- *"I'm better able to provide counselling to families of Alzheimer's clients. In particular, I'm better able to help educate families re: the disease process and caregiving stress."*
- *"More support to family members of resident."*
- *"Able to be more supportive to family."*
- *"Be more mindful of family needs and direct to community resources."*
- *"Provide more info to caregivers and to family visitors matched with individuals with memory loss."*
- *"Understanding how hard it is on families to have loved ones placed in a home, how traumatic for the family."*

Continuing education

- *"Read more articles more critically."*
- *"I plan to continue my education in this field and further expand my knowledge and career choices."*
- *"As a result of taking this course, I plan to continue my education in the field of dementia so I can better care for my residents."*

Awareness

- *"This course has made me more aware of the extra problems and concerns that clients have along with their dementia."*
- *"I think I'm more aware of early signs of dementia."*
- *"Better able to distinguish symptoms that are a result of a dementing illness vs. psychiatric illness."*
- *"I have a better understanding of the knowledge that the PSW/HCA have"*
- *"Plan to deal with Alzheimer patients with more understanding of disease process. Will be able to distinguish between Alzheimer and normal aging more readily."*
- *"Understanding of disease process, so able to answer questions from staff and family with more confidence in information."*
- *"Be more aware of the effect of the environment on clients who have dementia."*

Part II: The Enhancing Care Program

The Enhancing Care Program is an assessment process designed to assist LTC homes to enhance the care of residents with ADRD through the development of Care Enhancement teams and the implementation of the Alzheimer Society of Canada's *Guidelines for Care*. Trained individuals from local Alzheimer Society Chapters serve as facilitators for this program. Qualifying facilities could apply for reimbursement that included an honorarium to acknowledge the time spent by the on-site coordinator and reimbursement for the costs associated with materials, meetings, and travel (if applicable). Criteria for reimbursement are similar to those outlined earlier for the Dementia Studies programs.

Results

Thirty-two applications for reimbursement for the Enhancing Care Program were filed. Thirty-one of these applications were made by LTC homes. This information was not provided on one application.

Location

The majority of reimbursement applications were for programs that were conducted in the East region of the province, with fewer applications distributed in other regions across the province (see Table 10).

Table 10: Distribution of Reimbursement Applications across the Province

Region	Percent (Number)
East	68.8% (22)
Central South	9.4% (3)
Central West	6.3% (2)
North	6.3% (2)
Southwest	6.3% (2)
Toronto	3.1% (1)
Central East	0

Approximately 44% of the reimbursement applications were for homes that were located in urban areas (see Table 11).

Table 11: Distribution of Reimbursement Applications across Urban and Region Communities

	Percent (Number)
Rural	40.6% (13)
Urban	43.8% (14)

Goals for Care

Reimbursement applicants were asked to list the top three goals that their Enhancing Care Team identified and planned to address as a result of undertaking the program. Applicants identified goals related to care strategies, communication, staff, family and volunteer education and support, environmental design, resource information, and leisure activities (see Table 12)

Table 12: Goals Identified by Enhancing Care Teams

Care Strategies
- *"Snoezelen therapy"*
- *"Ongoing review and evaluation of restraint policy (chemical and physical)"*
- *"Individualization of Care Plans- one resident care plan to be reviewed by each shift each day, mini care plan to be put into each resident's closet"*
- *"Strategies for Difficult Behaviours"*
- *"To develop flexible plans of activity reflecting resident needs not staff routine"*
- *"Develop plans that will allow residents to safely wander indoors and out"*
- *"Increase the number of volunteers to allow for more one on one time with the resident"*
- *"Initiate an "Enhancing Care Committee" to meet frequently"*
- *"To identify behavioural challenges and develop strategies to alleviate responses"*
- *"Develop an Activity plan sheet for each resident"*
- *"Involve families in development of life story-boards for residents"*

Communication
- *"The results of the individual evaluations should be shared with the aids"*
- *"Develop a mechanism to share the resident's personal history with all the staff within the next six (6) months"*
- *"Improved communication to all departments regarding care plan changes"*
- *"Better communication between departments, dietary and housekeeping to attend nurses report thus having current information regarding residents"*
- *"Create a form to gather resident's family history so staff could understand better the resident. Organize a family committee to help communication"*
- *"Establish a more formal pastoral care team/contact"*

Staff Education and Support
- *"Training in the behavioural difficulties with the different stages of Alzheimer Disease"*
- *"Increased the awareness of role that every department can play in providing activation"*
- *"Provide education opportunities for existing staff on Alzheimer Disease"*
- *"Establish an education program on dementia"*
- *"A mechanism should be put into place to recognize staff burn-out"*
- *"Establish a staff support group within the next six (6) months if indicated through a staff survey"*
- *"Ensure staff are trained to identify stressors and how to manage them"*
- *"To put in place mechanism to recognize staff burnout"*

Family Education and Support
- *"Improve information for family caregivers"*
- *"Family Support Program"*
- *"To involve family members more as part of the care team with more info and support"*
- *"Information package for families of new residents"*
- *"Establish regular family meetings for education and support"*

Volunteer Education and Support
- *"Develop a specific orientation program for volunteers and implement a bridge system for new volunteers"*
- *"Train volunteers and family regarding the process of Alzheimer Disease and related disorders, behaviours of persons with Alzheimer Disease and related disorders, and communication strategies for persons with Alzheimer"*
- *"Training for volunteers – have discussed with Alzheimer Society Education Coordinator to provide in the new year*"

Environmental Design
- *"Make [home] more homelike – Spa room…sitting room."*
- *"Improve physical design"*
- *"Evaluation and modification of dining room layouts, to be aesthetically pleasing with good traffic flow"*
- *"To make the units' dining room more recognizable and homelike for residents"*
- *"Camouflaging of some access doors"*

Resource Information
- *"Set up a resource centre on the unit related to dementia care"*
- *"Provide more resources regarding Alzheimer Disease"*

Leisure Activities
- *"Annual patio party for residents "spring has sprung"*

Quality of Care

The majority of applicants (N=27) indicated that prior to attending the education program the quality of care provided to those with ADRD in their home/organization was "good" or "very good"; the average (mean) rating reflected that the quality of care provided prior to the program was "good" (see Table 13).

Table 13: Quality of Care Ratings (N = 31)

	Poor 1	Fair 2	Good 3	Very Good 4	Excellent 5	Mean (SD)
How would your Enhancing Care Team rate the quality of care provided to persons with Alzheimer Disease and related dementias in this facility/organization prior to participating in the Enhancing Care Program?	0	6.3% (2)	53.1% (17)	31.3% (10)	6.3% (2)	3.37 (0.68)

* Percentages may not sum to 100% because of missing values.

The majority of applicants (N=31) indicated that the quality of care provided in their home/organization would be enhanced as a result of the participating in Enhancing Care Program (see Table 14).

Table 14: Will the quality of care be enhanced as a result of participating in the Enhancing Care Program?

	Percent (Number)
No	0
Yes	96.9% (31)

When asked to explain why they thought that quality of care would be enhanced by participation in the Enhancing Care program, applicants identified a number of reasons, specifically that the program: assisted them to identify needs and goals for enhanced care, highlighted the need for a multi-disciplinary approach to care and a client-centred approach to care, and provided them with an opportunity to reflect on their current care practices (see Table 15).

Table 15: Explanations for why the Enhancing Care Program will improve quality of care

Program assisted them to identify needs and goals for enhanced care

- "*We ended up having many objectives to improve care. It gave us a direction for further development of each program."*
- *"The program gave us the opportunity to self-reflect as a group of how we provide care to our residents suffering from dementia and their families. We are able to identify areas for improvements and establish a concrete action plan to address them."*
- *"Needs were identified and once goals are met, the team feels that these will be other steps that they've accomplished to ensure better care for our residents."*

Program highlighted the need for a multi-disciplinary approach to care

- "*It became clear that not all departments were aware of routines and of how changes in these routines affected them. Not all disciplines were well educated about dementia."*
- *"We became very aware of the fact that departments were not always aware of each other's goals. Already we are communicating better. Dietary and housekeeping attend report. We have had a 3-night lecture series on dementia already for everyone – 84 attended. We are much more aware of how important all input is. A joint orientation program is in place."*
- *"The program did help the team which was made from the participation of all level staff and family members. We understand better, Alzheimer disease and other dementias and we know how to work together to care for out residents."*
- *"The participation of staff from all departments will certainly make a difference when planning the individual care of [those with] Alzheimer Disease."*

Program highlighted the need for a client centred approach to care

- *"Care planning has evolved to include deeper social history so staff understand "the person"*
- *"Our motto is "Remember we work in the resident's home, they don't live in our work place" and we hope to live up to it.*
- *"Client centred approach; Individualized care plan and mini care plan will ensure more consistent care and approach."*

Program provided an opportunity to re-evaluate current care practices

- *"We have had "gentle care" team for 10 years. We have expanded this team for the enhancing care program. This gave us a chance to evaluate how and what we were doing and get us "back on track". Also helped us get more disciplines involved. Great exercise!"*
- ***"**The program gave us the opportunity to self reflect as a group on how we provide care to our residents suffering from dementia and their families."*

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