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A case study evaluation of a dementia communication skills training course for healthcare practitioners working in the acute hospital

Submission date
19/10/2023

Recruitment status
No longer recruiting

Registration date
21/11/2023

Overall study status
Completed

Last Edited
21/11/2023

Condition category
Mental and Behavioural Disorders

[X] Prospectively registered
[X] Protocol
[_] Statistical analysis plan
[_] Results
[_] Individual participant data
[_] Record updated in last year

Plain English summary of protocol

Background and study aims
People with dementia often get distressed when they are in the hospital, including being agitated, aggressive or repetitively calling out. They can find it difficult to make clear what they want to say or to understand others. Poor communication can lead to poor care and the way things are said can calm or inflame a difficult situation. The study team examined video and audio-recorded episodes of care for people with dementia, which staff anticipated were going to be difficult. These video recordings were analysed to identify teachable communication that avoids or resolves distress in practice. A dementia communication skills training course was developed, and a 'train-the-trainer' course to teach clinical educators to deliver our course. This study will assess whether this course is valued by the staff attending it; whether it improves their knowledge, skills, and confidence; changes their communication behaviour and has an impact on patient distress.

Who can participate?
Clinical educators with a role to provide dementia education to HCPs, healthcare practitioners, and ward managers in one of the designated wards aged over 18 years old. Patients with dementia admitted to a participating healthcare of the older person ward.

What does the study involve?
The study team will train educators from 3-4 hospitals in England and ask them to provide training to staff on 2 wards (up to 290 staff members across the three hospitals). The study will examine whether the educators deliver the course as intended and by how much it improves staff communication skills. It will measure trainees' knowledge, and confidence before and after the course. The study will also observe real-life interactions between staff and their patients before and after the training, and rate them using a checklist of communication skills and patient reactions on agitation scales. The barriers and facilitators to implementing the training will also be measured. The educators, staff, patients, family carers and managers will be interviewed to find out how the new skills help patients and any barriers to using them in

practice. This training has the potential for a substantial impact on patient experience and well-being.

What are the possible benefits and risks of participating?
Clinical educators might find the dementia communication skills course interesting, and enjoyable and that it helps them and staff in their hospital to deliver better care to their patients. Clinical educators could be helping to improve the hospital care of patients with dementia. Clinical educators might find reflecting on caring for patients with dementia is upsetting.
Health Care Practitioners might find reflecting on this important aspect of clinical care distressing. The trainers are clinical educators who will be experienced at delivering this type of training. Health Care Practitioners may enjoy the training course and learn better communication skills needed for good care of patients with dementia. Attending the course can be used for Health Care Practitioners professional revalidation.
Ward Managers might find it useful to reflect on how a training course has impacted on the culture of care on their ward. The risk of harm is very low.
For patients there is very little risk of harm. Patients might find that talking about the care they received when they were distressed makes them feel more distressed. The researchers are skilled at talking to patients who are distressed and will be able to support them.
The researchers cannot promise the study will help the patients directly. It is hoped that the information obtained will help staff to care better for people in a similar situation to them in the future.
Consultees might find that talking about the care their relative has received when they are distressed makes them feel distressed. The researchers are skilled at supporting people who are distressed. They cannot promise the study will help their relative directly. It is hoped that the information obtained will help staff to care better for people in a similar situation to their relative in the future.

Where is the study run from?
Queen's Medical Centre, Nottingham (UK)

When is the study starting and how long is it expected to run for?
August 2023 to December 2024

Who is funding the study?
National Institute for Health and Care Research (NIHR) (UK)

Who is the main contact?
Prof Rowan Harwood, rowan.harwood@nottingham.ac.uk (UK)

Contact information

Type(s)
Public, Scientific, Principal investigator

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Additional identifiers

Integrated Research Application System (IRAS)
325423

Central Portfolio Management System (CPMS)
57049

Protocol serial number
23035

Study information

Scientific Title
VOICE2 dementia communication skills training: a longitudinal case study evaluation

Acronym
VOICE2

Study objectives
This study aims to give Healthcare Practitioners (HCPs) the communication skills to avoid, de-escalate or resolve distress and challenging behaviours amongst hospital patients who have dementia, in the context of NHS clinical practice. A 'train the trainers' course has been developed to enable hospital clinical in-house skills educators to deliver the VOICE2 course and teach HCPs these communication skills adapted for different clinical contexts and learners' backgrounds.

Ethics approval required
Ethics approval required

Ethics approval(s)
Approved 29/08/2023, HRA and Health and Care Research Wales (HCRW) (Castlebridge 4 15-19 Cowbridge Road East, Cardiff, CF11 9AB, United Kingdom; +44 (0)2920 230457; Wales. REC7@wales.nhs.uk), ref: 22/WA/0023

Primary study design
Observational

Study design
Mixed methods longitudinal case study

Study type(s)
Other

Health condition(s) or problem(s) studied
Dementia

Interventions
A dementia communication skills training course for healthcare practitioners working with patients with dementia in the acute hospital (the VOICE2 course). A dementia communications skill 'train the trainer' course for clinical educators to learn how to deliver the VOICE2 training course. The VOICE2 course will include a combination of narrated PowerPoints, group discussions, reflective exercises, case study exercises and video-based simulation exercises.

This is a mixed methods longitudinal case study. Measures include numbers and profession of HCPs attending training, satisfaction with training, confidence in delivering training (for clinical educators), questionnaires to measure changes in knowledge related to training, dementia confidence, barriers and facilitators to putting the learning into practice. Through qualitative interviews we will be understanding the value of the course, the barriers and facilitators to delivering the course and to putting the training into practice and the impact on patient care and patient experience.

Observations of care will establish if the VOICE2-trained healthcare practitioners do change their communication behaviours and explore whether the changes have a positive impact on patient care. Observations of the clinical educators delivering the VOICE2 course in their hospital will provide data on how the course is implemented in practice. Ward routine incident reporting will measure changes in incidents of violence or aggression.

Intervention Type
Behavioural

Primary outcome(s)
1. Reaction to training is measured using a post-course evaluation questionnaire on satisfaction and usefulness of the VOICE2 course. Learning: assessing knowledge, attitudes, and confidence are measured using pre- and post-course questionnaires:
1.1. A communication knowledge in dementia test
1.2. The Confidence in Dementia Scale (9-item scale assessing self-efficacy, measured on a 5-point Likert scale)
2. Behaviour and demonstration of taught communication skills are measured using the validated 23-item 'Influences on Patient Safety Behaviours Questionnaire' adapted to the VOICE2 training (the 'Putting VOICE2 dementia communication skills learning into practice questionnaire'). The researchers will collect data pre-training and 1-3 months post-training on the perceived barriers and facilitators for Health Care Practitioners putting their learning into practice. This questionnaire is based on the Theoretical Domains Framework of behaviour change, an evidence-based framework drawn from implementation science. Health Care Practitioners will be asked to indicate their agreement with each statement on a 5-point Likert scale from Strongly Agree to Strongly Disagree.
3. Training impact is measured using the Cohen-Mansfield Agitation Inventory, observational version (CMAI-O), and the Pittsburgh Agitation Scale during the direct ward observation periods and observed interactions. The CMAI-O consists of 29 items forming 4 sub-scales: physically aggressive behaviour (e.g., hitting others), physically non-aggressive behaviour (e.g., pacing), verbally aggressive (e.g., swearing) and verbally non-aggressive behaviours (e.g., repetitive sentences). The CMAI-O incorporates both the frequency and severity of behaviours associated with agitation and allows the quantification of agitated behaviours into a continuous measure. The Pittsburgh Agitation Scale measures intensity of agitation on four domains; aberrant

vocalization, motor agitation, aggressiveness, and resisting care, each scored on a 5-point Likert scale.
4. Care for patients in distress and perceptions of the usefulness of the communication skills taught, are evaluated using interviews with a sample of up to 5 HCP participants from each participating ward 1-3 months post-training. Interviews will last approximately 30 minutes. The researchers will include representatives of the roles and across the different sites and participating wards. They will ascertain how they have, if and how they are using the skills, how they fit in with their prior experience, skills, and knowledge, and if and how the communication skills were benefiting patients or staff. They will ask about barriers to implementation, including ideas about 'critical mass'. Interviews will be aided by a topic guide, specific for each group interviewed.

Key secondary outcome(s)
1. Clinical educator's experiences of the 'train-the-trainer' course, (how well it prepared them to deliver, their plans for and actual delivery of training within the hospital, adaptions to how materials have been delivered and any barriers and facilitators), are evaluated using semi-structured interviews with all the clinical educators after they attend the 'train the trainers' course and again 3 months later. Interviews will be conducted either face-to-face or remotely via Microsoft Teams. Interviews are expected to last 30 minutes each. They will be video or audio-recorded and transcribed verbatim.
2. Perceptions of the accessibility of training, staff ability to implement learning into practice and the impact this has had on staff communication are evaluated using interviews with the ward managers from each participating wards (up to 12). Interviews will last approximately 30 minutes.
3. For 1 month before, and 1 month after, training, the researchers will make available on the wards, and invite completion of, survey cards for patients with dementia and visiting family members or friends. These cards will be modelled on the NHS Family and Friends Test and invite the participant to respond to each of the four questions on 6-point Likert scales, and to make free text comments. The cards take 2 minutes to complete. It will be made clear on the card that by completing the card, the patient, family member or friend is consenting to their responses being included in the research. Patients and carers completing the survey cards will be asked if they would like a 10-minute 'chat' about their views on care quality. This will be either face-to-face on the ward or via telephone.
4. Quality of care and management of distress, during the observation periods before and after training, are evaluated using 10-minute unstructured conversational interviews with patient participants or family members, friends and informal carers of patient participants (n = up to 60) who have been present with the patient participant and observed care delivered. Field notes will be made immediately after the conversation, and subsequently typed for analysis. No personal details will be collected about the family member or friend, who will be providing proxy information on care quality, where the patient, because of their cognitive impairment, is unable to give this information themselves.
5. Incidents of challenging behaviour on participating wards recorded on the Datix reporting system, for 3 months before, and up to 6 months after, training.

Completion date
31/12/2024

Eligibility

Key inclusion criteria

Clinical Educators:
1. Employed by the site NHS Trust or an associated trust (for example the mental health trust providing liaison psychiatry services), with a role to provide dementia education to HCPs
2. Able and willing to attend the VOICE2 'train the trainers' course and to deliver the training to healthcare practitioners in the participating NHS Trust
3. Aged over 18 years old

Healthcare Practitioners:
1. A healthcare practitioner working on one of the designated wards
2. Willing and able to complete all follow-up questionnaires and be interviewed and/or observed
3. Aged over 18 years old

Ward Managers:
1. A ward manager or deputy manager of a participating ward
2. Willing and able to be interviewed
3. Aged over 18 years old

Patients:
1. A diagnosis of dementia recorded in the medical notes
2. Admitted to a participating healthcare of the older person ward
3. Prone to distress as confirmed by the clinical team
4. Capacity to give informed consent or consultee willing to give agreement on whether the person with dementia would wish to take part
5. Willing to be interviewed and/or observed

Participant type(s)
Patient, Health professional, Carer

Healthy volunteers allowed
No

Age group
Mixed

Lower age limit
18 Years

Sex
All

Key exclusion criteria
Clinical Educators:
Unwilling or unable to attend the train the trainer's course dates and to complete all parts of the evaluation

Healthcare Practitioners:
Unable or unwilling to attend training dates and complete all parts of the course
Unable or unwilling to be interviewed and observed delivering care

Patients:
Likely to die within the next week (on an end-of-life pathway) or judged by the clinical team to

be too unwell to participate
Lacking the capacity to give informed consent and unable to find someone willing to act as a consultee

Date of first enrolment
27/11/2023

Date of final enrolment
31/07/2024

Locations

Countries of recruitment
United Kingdom

England

Study participating centre
Nottingham University Hospital
Nottingham
United Kingdom
NG7 2UH

Study participating centre
Chelsea and Westminster Hospital
369 Fulham Road
London
United Kingdom
SW10 9NH

Study participating centre
West London NHS Trust
1, Armstrong Way
Southall
United Kingdom
UB2 4SD

Study participating centre
Leeds Teaching Hospitals
Leeds
United Kingdom
LS9 7TF

Sponsor information

Organisation
University of Nottingham

ROR
https://ror.org/01ee9ar58

Funder(s)

Funder type
Government

Funder Name
National Institute for Health and Care Research

Alternative Name(s)
National Institute for Health Research, NIHR Research, NIHRresearch, NIHR - National Institute for Health Research, NIHR (The National Institute for Health and Care Research), NIHR

Funding Body Type
Government organisation

Funding Body Subtype
National government

Location
United Kingdom

Results and Publications

Individual participant data (IPD) sharing plan
The datasets generated and/or analysed during the current study will be published as a supplement to the results publication

IPD sharing plan summary
Published as a supplement to the results publication

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Participant information sheet	Clinical Educator version 1.1	02/08/2023	16/11/2023	No	Yes

Participant information sheet	Clinical Educator Short version 1.1	02/08/2023	16/11/2023	No	Yes
Participant information sheet	Consultee version 1.1	02/08/2023	16/11/2023	No	Yes
Participant information sheet	HCP version 1.1	02/08/2023	16/11/2023	No	Yes
Participant information sheet	HCP Short version 1.1	02/08/2023	16/11/2023	No	Yes
Participant information sheet	Patient version 1.1	02/08/2023	16/11/2023	No	Yes
Participant information sheet	Short version 1.1	02/08/2023	16/11/2023	No	Yes
Participant information sheet	Ward Manager version 1.1	02/08/2023	16/11/2023	No	Yes
Participant information sheet	Ward Manager Short version 1.1	02/08/2023	16/11/2023	No	Yes
Protocol file	version 1.1	02/08/2023	16/11/2023	No	No