



brighton and sussex
medical school



University of Brighton



Time for Dementia

A new way of learning

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Sussex Partnership
NHS Foundation Trust


**Surrey and Borders
Partnership**
NHS Foundation Trust

Kent and Medway 
NHS and Social Care Partnership Trust

What is Time for Dementia



- **Novel educational programme for future health professionals to learn about dementia**
- **Introduced in 2015 at Brighton and Sussex Medical School and University of Surrey**
- **Longitudinal contact between students, a person living with dementia and their carer**
- **Visit family in their own home**
- **Pairs of students visit 3 times per year for 2 years**
- **Aim to improve knowledge, attitudes and empathy towards people with dementia**

Progress to date



Students

- Successful phase 1 roll out
- HEE KSS funding extends further roll out
- UoB, CCCU, UoG joins programme
- New disciplines
- 2600 students take part

Families

- Across Kent, Surrey, and Sussex
- To date over 1300 families have taken part
- 448 current active families involved in the programme

One student's experience



Time for Dementia

Student Experience

Aparnaa Velayudhan

Brighton & Sussex Medical School

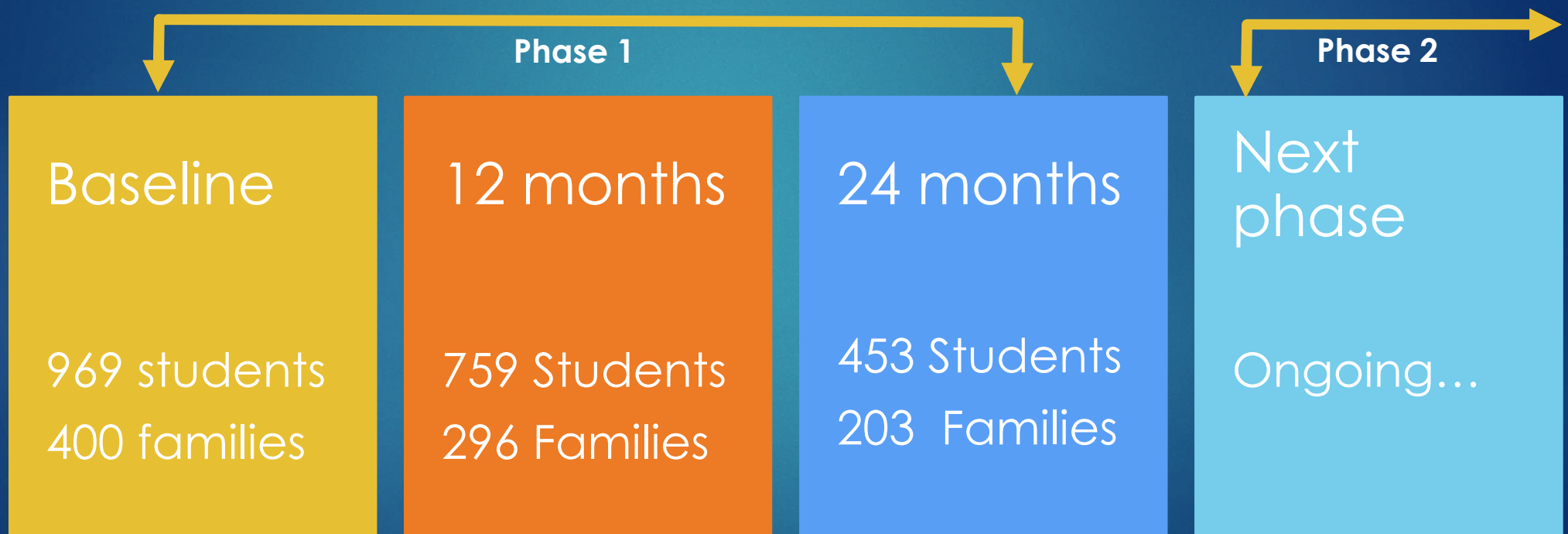
3rd Year Medical Student

Evaluating Outcomes and Experiences

- ▶ Time for Dementia is a novel approach
- ▶ Based on similar models in North America
- ▶ Main differences include its mandatory aspect, longitudinal, includes person with dementia and carer
- ▶ Mixed method research design
- ▶ Quantitative questionnaires
- ▶ Qualitative interviews and focus groups
- ▶ Phase 1 completed in 2018
- ▶ Phase 2 ongoing



Phase 1: Quantitative Evaluation



Student outcomes

Change over two years



Measure	Range	Mean at Baseline	N	Mean at 24M	N	Change in Mean score
Alzheimer's Disease Knowledge Scale	0-30	22.9	692	24.9	302	+ 2.00
Approaches to Dementia Questionnaire	19-95	78.2	699	80.3	299	+2.10
Dementia Knowledge	0-20	15.1	661	16.5	300	+1.40
Medical Condition Regard Scale	11-66	54.2	700	54.8	299	+0.60
Dementia Attitude scale	20-140	112.1	700	118.9	297	+6.80
Jefferson Empathy Scale	20-140	116.0	691	116.5	293	+0.50

Student Satisfaction Survey

64%
Agreed or
Strongly agreed

Time for Dementia has improved my attitudes towards dementia

72%
Agreed or
Strongly agreed

**Time for Dementia increased knowledge of psychosocial issues
e.g. effects of dementia on the family, resources available to
support**

31%
Agreed or
Strongly agreed

**Time for Dementia increased academic knowledge of dementia
e.g. biochemical understanding of dementia**

Student Experience Qualitative Research

- ▶ 39 individual in-depth interviews
- ▶ 5 focus groups
- ▶ Completed 12 and 24 months
- ▶ 39 medical students, 15 adult and & 10 mental health nursing students and 13 paramedic students
- ▶ Free text satisfaction response surveys 12 (n= 541) and 24 (n= 278) months
- ▶ Thematic analysis



Qualitative Themes identified



UNDERSTANDING THE IMPACT OF DEMENTIA ON THE FAMILY

1. Understanding person with dementia and carer's perspective
2. Understanding how families view professionals and services
3. Understanding the global impact of dementia

"...they're telling us how it affects them financially, the effect that has on their physical wellbeing, their stress and everything...it's not just a health issue, it's not just a social issue, it's everything, it's somebody's entire lifestyle and it can have such a huge effect..."

(Adult nursing Student)

RELATIONAL LEARNING

1. “Real life” learning is easily absorbed and retained
2. Relationship with family
3. Benefits to learning in a student partnership

“My partner has had quite different experiences with people with dementia in the past to me, so it’s always quite interesting when we come out like, we’ve both taken really different things from the discussion”
(Medical Student)

CHALLENGING ATTITUDES

1. Changing attitudes towards person with dementia
2. Challenging misunderstandings about dementia/stigma
3. Promoting a positive view of working with patients with dementia

“He (person with dementia) is still quite switched on, and he makes jokes and stuff, which is, I wasn’t expecting that at all. Because you know, in...films and stuff, dementia is...so stereotyped ...it’s not really like that at all...”
(Paramedic Student)

THINKING PSYCHOSOCIALLY

1. Shift in thinking from a medical to psychosocial perspective
2. Person centred care & seeing the person behind the diagnosis
3. Understanding coping

*"I previously placed too much emphasis on the medical treatment of dementia. The psychosocial aspects of care may actually have the biggest impact on quality of life and outcomes for the patient."
(Medical Student)*

ENHANCING DEMENTIA PRACTICE

1. Improvement in clinical skills; e.g. communication & rapport
2. Personal development; e.g. confidence & patience
3. Applying skills to own practice

“The experience will definitely make me more empathetic with patients with dementia and their family worries while they are in hospital. I will also take more time to read the ‘This is me’ booklets that are sometimes with patients”
(Adult Nursing Student)

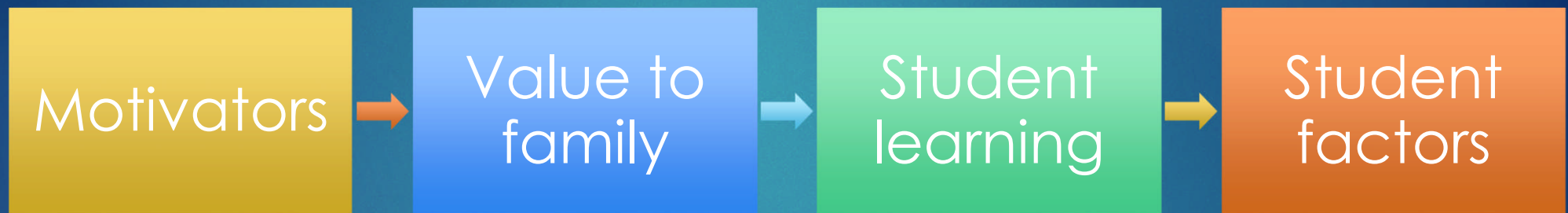
Family Experience

Qualitative findings

- ▶ 37 interviews with person with dementia and their carer
- ▶ Completed at 12 and 24 months
- ▶ Free-text response satisfaction surveys.
- ▶ Person with dementia at 12 months (n=202) and 24 months (n=135)
- ▶ Carer at 12 months (n=273) and 24 months (n=208) months
- ▶ Thematic analysis of data



Qualitative Themes Identified



Supporting implementation in new sites

- ▶ Core Team
- ▶ Identified Faculty Lead
- ▶ Identified Programme Lead
- ▶ Implementation manual and materials
- ▶ Set up period of 12-24 months



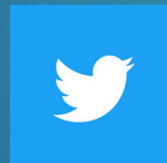
Time for dementia What's next?

- ▶ Complete phase 1 quantitative analysis
- ▶ Publish findings and outcomes
- ▶ Complete phase 2 evaluation
- ▶ Time for Autism

Thank you for listening



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