How dementia training has developed in a decade

On the 10th anniversary of one of the earliest dementia training courses, one OT tells Andrew Mickel how they're still training - and learning

While dedicated teams of dementia experts training professionals in person-centred care has developed as a norm in recent years, it wasn't always that way.

Helen Lambert is an OT working in a dementia training team for Abertawe Bro Morgannwg University Health Board (the team also receives additional funding from Bridgend County Borough Council). Alongside a second OT she job-shares one full-time post with, and a full-time mental health nurse, they deliver modular training sessions to staff on how to deliver person-centred dementia care.

The team started in November 2002, at a time when such training only existed in discrete pockets, says Helen.

'There had been some quite widely publicised cases of abuse in the local area, and rather than employing more staff on the ground they decided to invest in training,' she says.

'It was innovative at the time and no-one else was doing it in the UK. We literally started with a blank sheet of paper,' says Helen.

The pair went to care homes to identify what training people had received around training, and quickly found the answer: typically, none.

They developed a modular training system that covers everything from the different variants of dementia to communication, legal issues and physical aspects of care. Further modules have been added, including food and drink and pain management, to the current 10-module structure. Together they total 30 hours of training, but can be taken separately.

Says Helen: 'We give information and hope to make a difference in terms of practice and what people are doing. We are quite challenging in the training and use videos which are hard-hitting. We make no apologies for that because it does make people think.' People in training then think about what it is to be that person - they're someone's nana or mum, someone who has brought up children. I think that actually impacts at the end of the day in the quality of the care people receive.'

The team focus on care homes and domiciliary care, but they also have given training to mental health professionals, general ward and A&E staff, plus study days for staff with less frequent contact such as porters and radiographers. In the last decade, 11,000 modules have been taken.

And the effect can be subtle but effective. 'After the training, one of the girls in A&E said that how she'd basically let a gentleman with dementia sit and roll bandages rather than telling him just to go back to bed,' says Helen. 'Rather than him getting agitated and have staff get wound up, they just let him do what he wanted to do in a safe way.'

The problem with training such as this is that the effects can be difficult to chart, so they decided to find a way to find if it was working. The team have been supported by staff at Swansea University to conduct action research into the effect of the training, from which they are now looking at the need for refresher days to help solidify what people learn on the course.

And given the success of their own training sessions, the team were invited by CO1 to give a masterclass in dementia, training other OTs in how to give training themselves.

'What we've tried to do is pass on what we've learnt over the years and the pitfalls,' says Helen. 'We started by getting people to think about who their audience is and how they're going to deliver the training. If you have got an hour, what can you reasonably achieve in that hour? What do you need to learn about the audience and their knowledge base, and the different teaching strategies and how people learns best? You have to think about who you are training, the knowledge they have and are starting with, how long you have to do a session, what you're trying to achieve - attitudes, principles of person-centred care or facts on dementia.

'And you have to have the passion as I think that comes across in the training.' The team are continuing to lead on their person-centred care, but it's the passion that keeps them focused on the job.

'My nana is 98 and has dementia,' says Helen. 'One of the questions posed to me in the masterclass was, how can you do this when it's so close to home? Don't you get affected by it?

'I think I'm almost doing it for the other nanas. If I can make a difference for her and other people like her, that's what does it for me.'

- Andrew Mickel, OTnews journalist

Members can express interest in hosting a COT masterclass by emailing: louise.couach@cot.co.uk