

Peer enabled dementia care - Using group problem solving to promote relationship focused, resident-centred care

Presented by

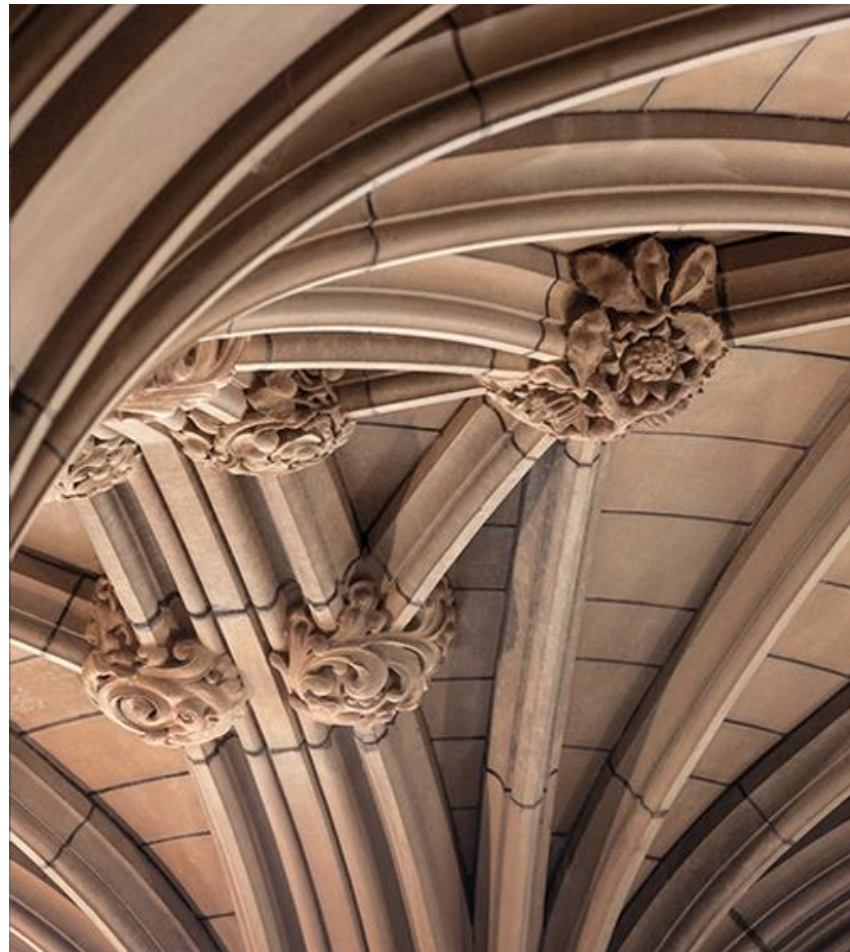
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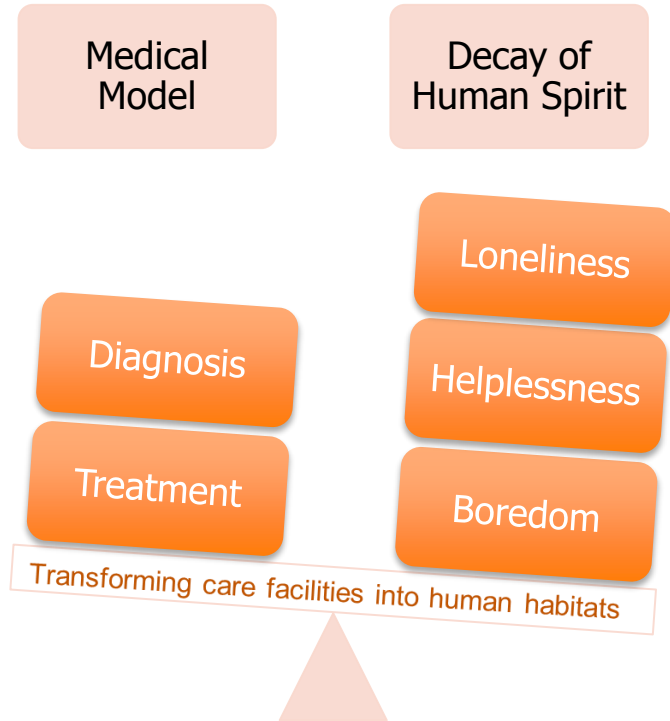
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The Culture of Care in Aged Care Facilities



Confusion between care, treatment & kindness (Power, 2010)

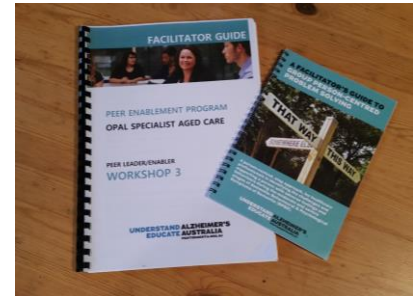
SPECIALIST AGED CARE PEER ENABLEMENT PROGRAM

Program Goal: To develop unified leadership teams to mentor staff in the translation of enhanced person centred dementia knowledge and skill that enables person centred, relationship focused thinking, values and care behaviour for people with dementia, families and staff.



The University of Sydney

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Overview of Peer Enablement Program

- 3 month program
- 2-day workshops monthly x 3
- Weekly problem-solving meetings with staff
- Telephone support from Alzheimer's x 3 occasions

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Program resources/tools

- Participant guide to the program
- Session/topic modules with content, videos and articles suitable for sharing
- Lesson Plan on delirium superimposed on dementia
- Copy of the Facilitator Guide to Group Person Centred Problem Solving
- Templates for staff reflection and leader reflection
- Template for summarising problem solving activity and outcomes
- Copy of the CAM tool suitable for sharing
- Copy of the Abbey Pain Scale for Advanced Dementia suitable for sharing
- Copy of medications that may cause adverse effects in people with dementia

Why is this program structured in this way?

- Recognition that care manager's lead change
- Facilitator provides supportive learning partnership
- Paced activities and cumulative learning in complex environments
- The tools needed to sustain ongoing change become familiar with ongoing use

Why is this program structured in this way?

- Evidence demonstrates that this style of learning increase person –centred, relationship focused care, enriches knowledge and relationships, increases staff satisfaction and retention, empowers decision making among those directly involved with residents, reduces behaviours of concern and increase wellbeing.

Leading care culture change in facilities

- Care managers don't need more to do as leaders but a different way of leading that is more satisfying for them and develops staff abilities.
- Transformational approach is most suited to complex, changing work environments where staff work with elements of uncertainty and require inspired leaders to guide them, challenge and empower them. This nurtures high levels of care and staff loyalty.

Transformational leadership

Exercise 1 - pairs

THINK/SHARE

Transformational leadership

Exercise 2 - Group

THINK/SHARE

Transformational leadership

- The idea of transformational leadership emphasises that quality and change arises from the relationships managers have with staff

Visible

Engaged

Know people by name

Know what's important to the individual

Knows how to include them in decision making

Knows how to reach their heart not just head

Walks the talk of person centredness

Inspirational leadership

- Features that characterise a person's leadership that inspires and transforms people's thinking and behaviour:

Idealised influence

Intellectual stimulation

Individualised Consideration

Inspired Motivation

Bass Bernard M. From Transactional to Transformational Leadership: Learning to Share the Vision, Organizational Dynamics
strandtheory.org/.../From_transactional_to_transformational_-_Bass.pdf

Transformational learning

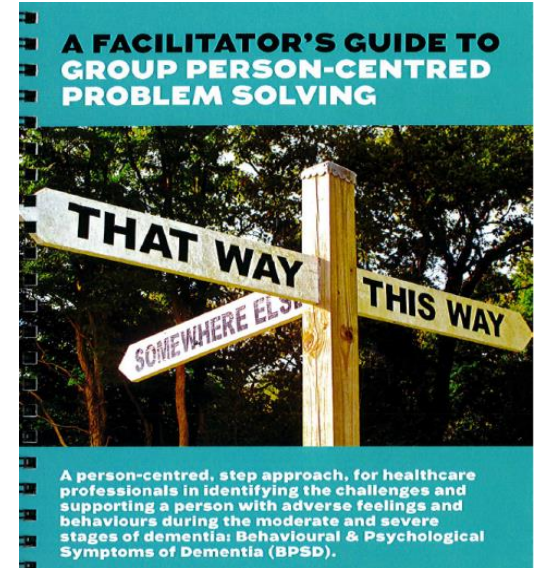
- Learning through solving real life problems in the workplace enables this kind of learning to take place.
- The leader constructs the supportive learning environment in which staff experience and reflect upon their care activity, beliefs and perceptions.
- Problem solving activity enables staff to test out new ways of being that create the internal conflict required to experience disharmony in their thinking and generate readiness for new ideas.

Principles of adult learning that transform thinking and behaviour

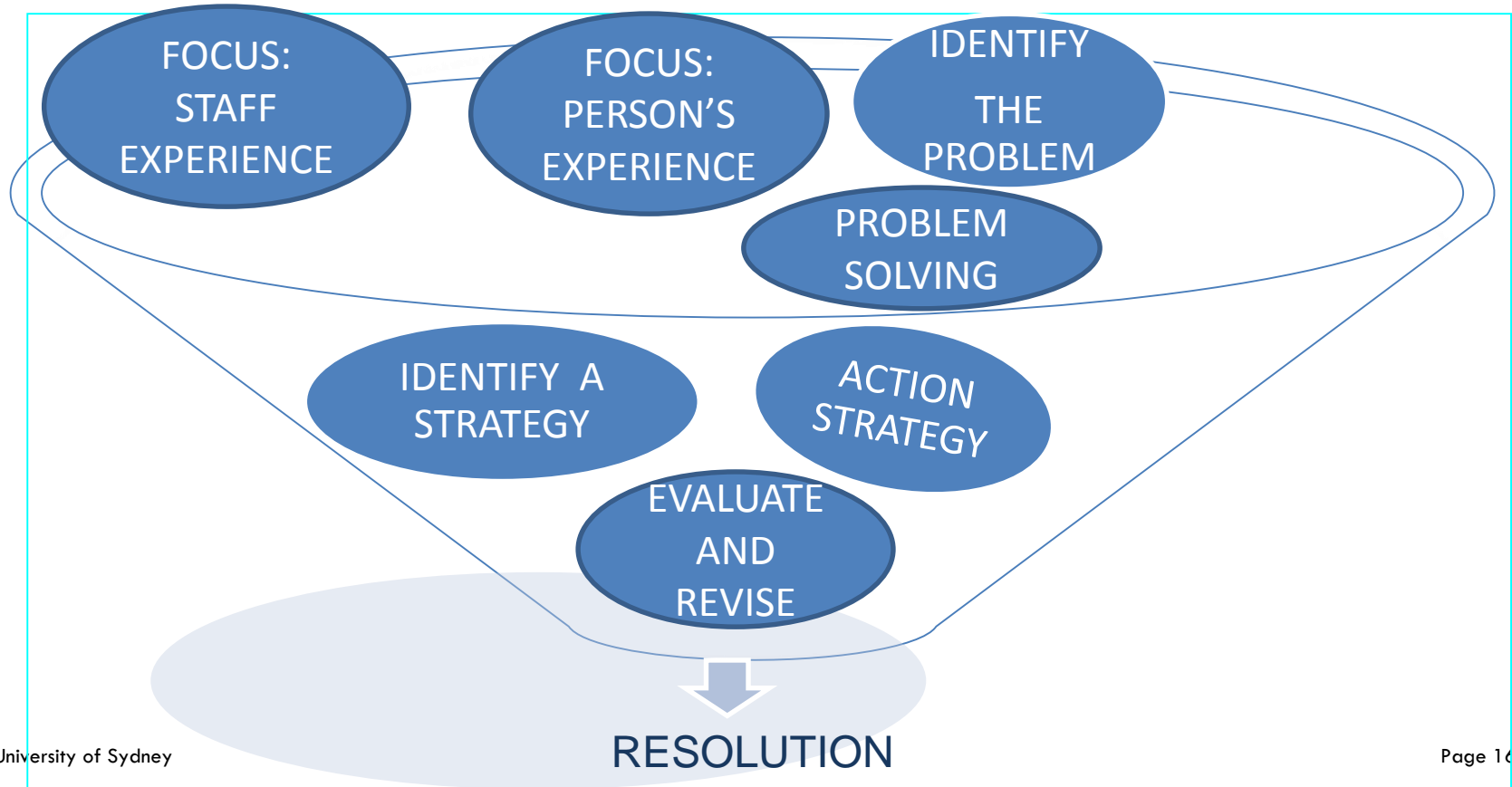
- Selective, immediate, relevant, useful
- Learning can be dramatic or acquired through workplace experience
- Life experiences and habits of mind influence thinking
- Involves changing people's thinking; their ways of constructing meaning
- Involves a level of anxiety
- Emotional intelligence
- It is not possible to return to old mental habits.

Steps to problem solving method

- STEP 1 Staff experience
- STEP 2 The person's experience
- STEP 3 The problem identified
- STEP 4 Problem solving ideas
- STEP 5 The strategy for problem solving
- STEP 6 Action the plan/strategy
- STEP 7 Evaluate the outcome



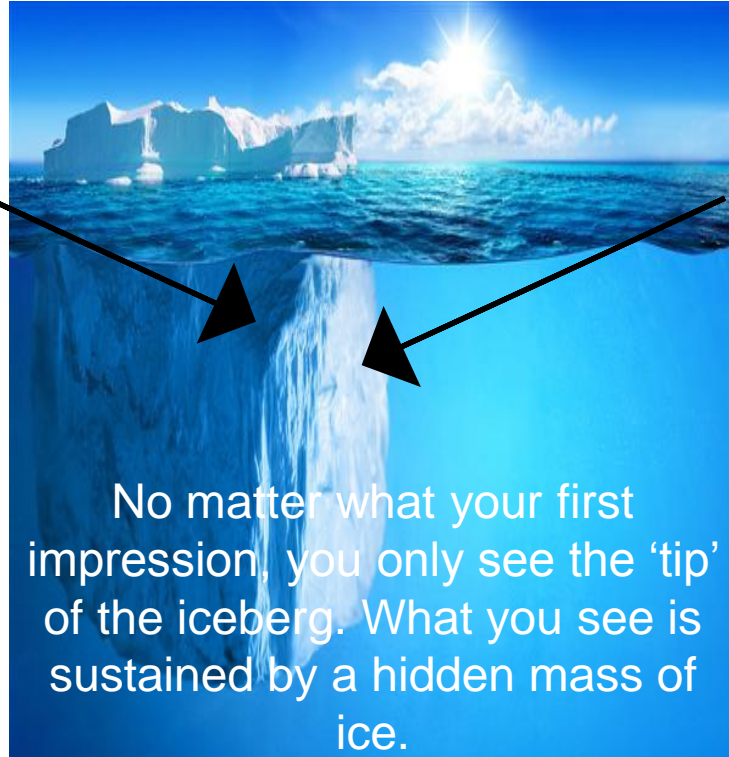
Stages in peer group person centred problem solving



Group problem solving – Unseen causes of behaviour

Effects of:

- Brain damage
- Pain
- Medication
- Infection
- Thirst
- Hunger
- Constipation
- Sleep disruption



Need to experience:

- personhood
- meaningful relationship
- purpose in life
- meaningful activity

***Need to sense safety;
security;
love;
belonging;
self worth; and
esteem***

Research Question

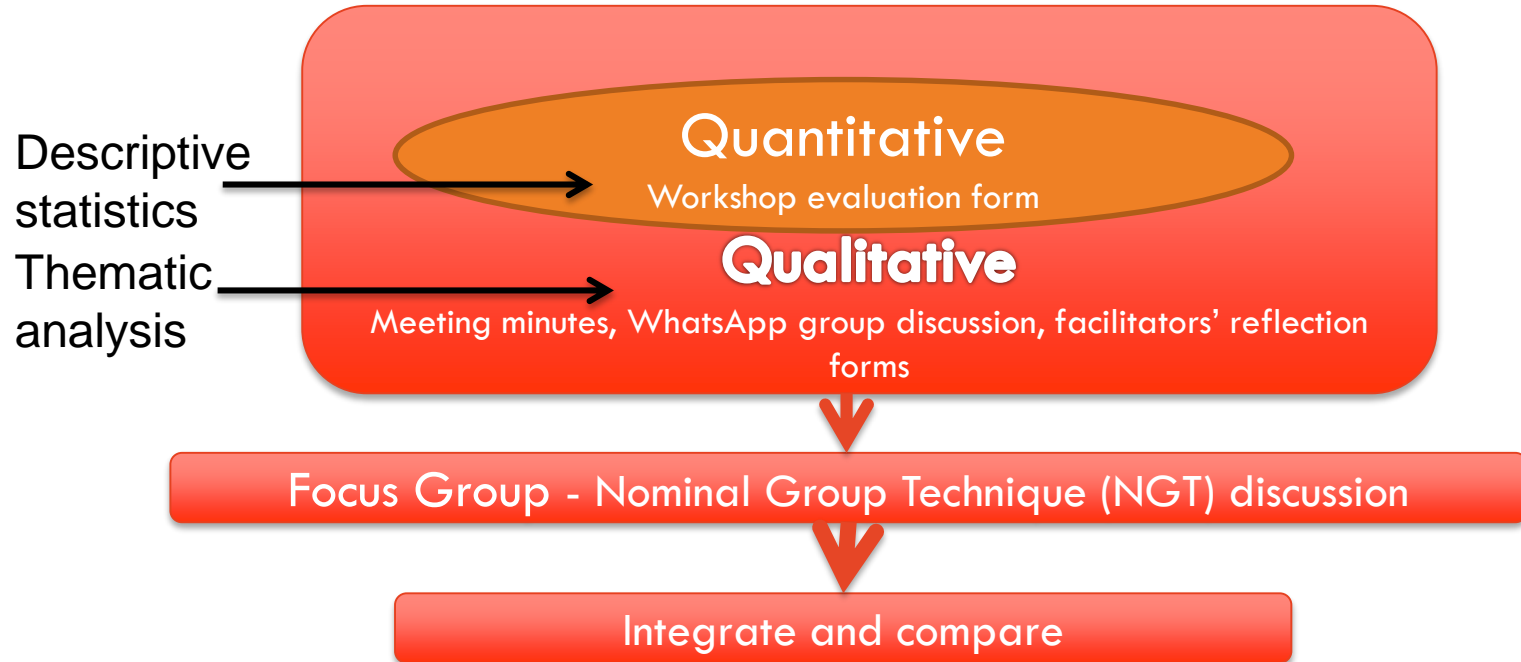


What are the facilitators' perceived values of the peer enablement program for supporting the advancement of person-centred care practice of older people with moderate to advanced dementia?

- a) How does the peer enablement program support the participants in becoming transformational leaders of person-centred care?
- b) What do the facilitators perceive as barriers that may hinder the implementation/development of the person-centred care practice?

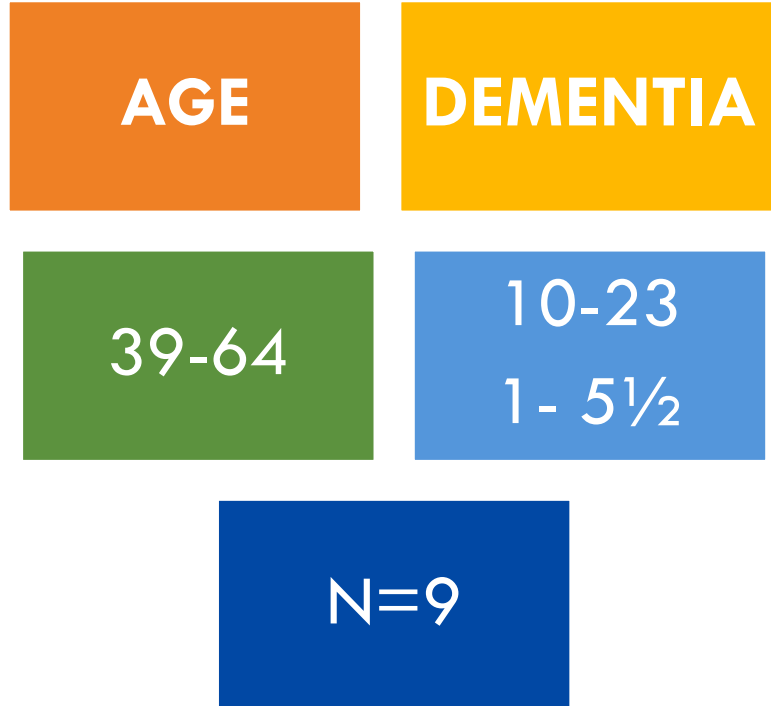
Method

Embedded mixed method study (Creswell, & Plano-Clark, 2011)

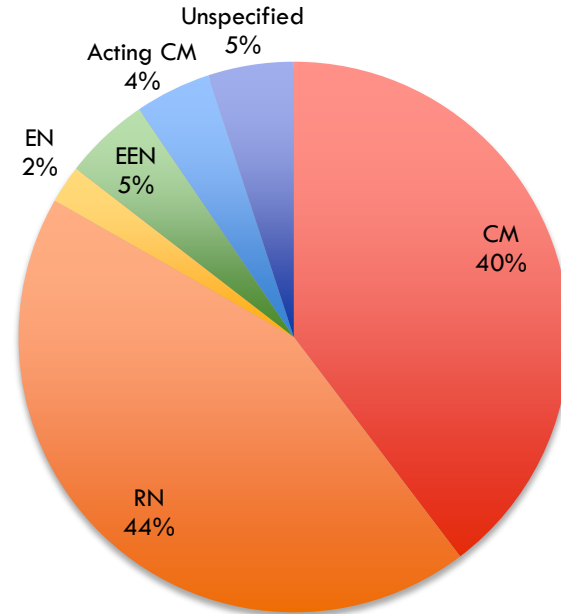


Preliminary Findings

Facilitators

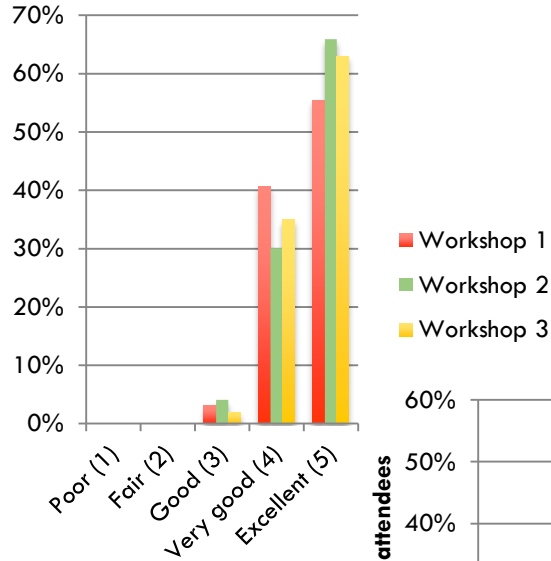


Attendees

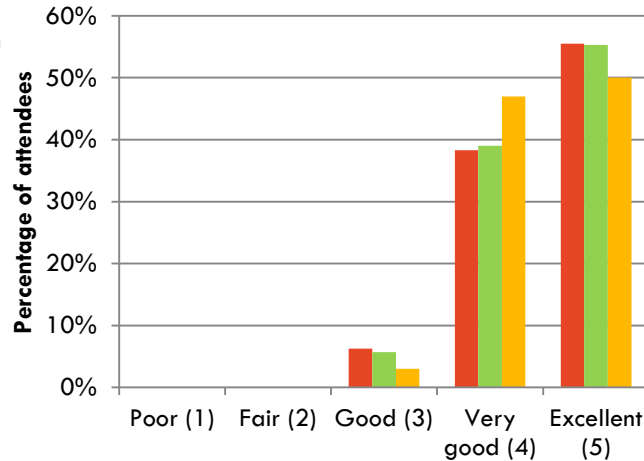


Preliminary Results – Evaluation forms

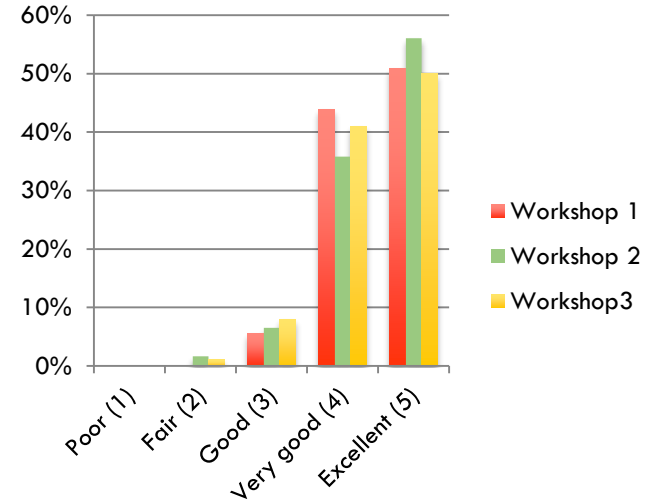
Rating of the facilitator



Training materials



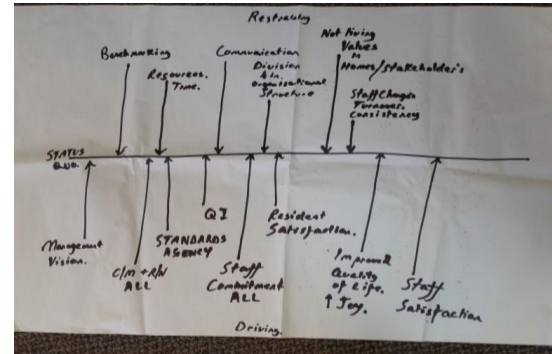
Training content



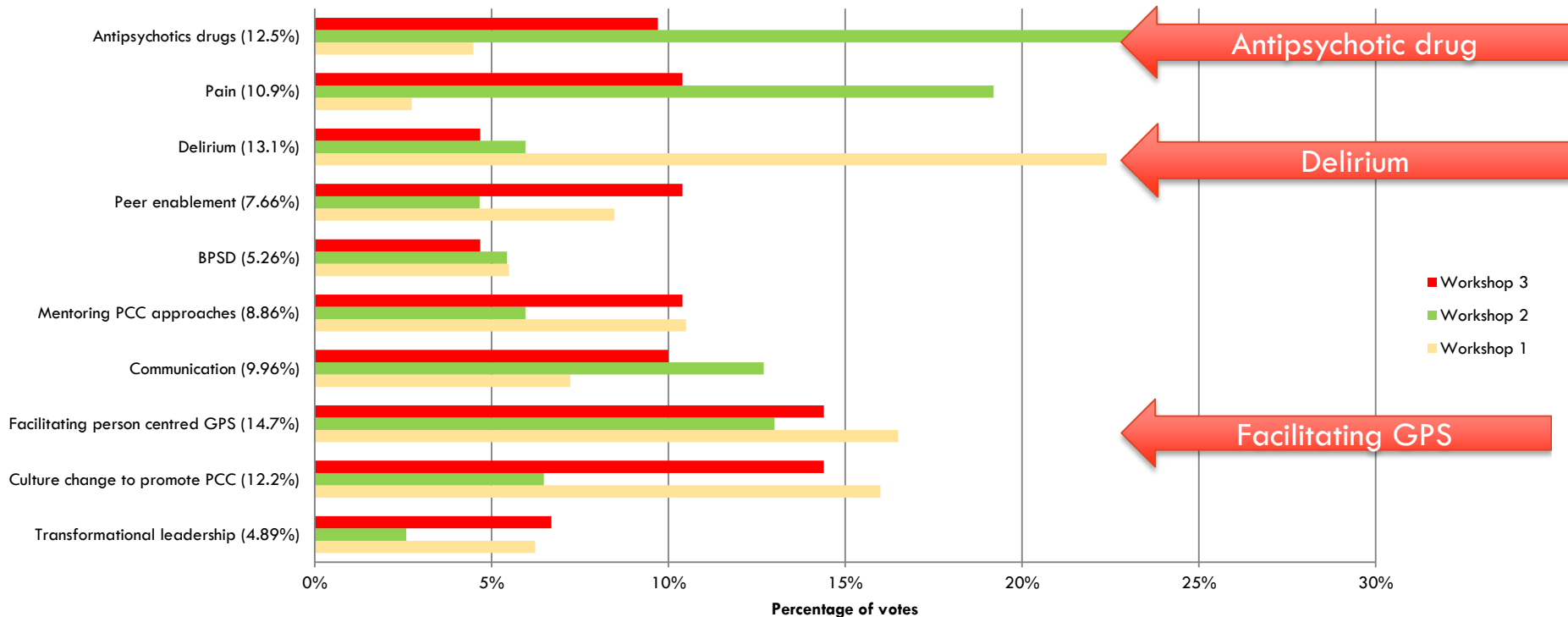
Learning objectives achieved

Top three learning objectives

1. To appreciate that **behaviour is an expression of a person's lived experience** (91.4%)
2. To improve ability to **distinguish delirium from dementia** (90.6%)
3. To improve skills in **observing and assessing pain in a person with dementia** (87.8%)

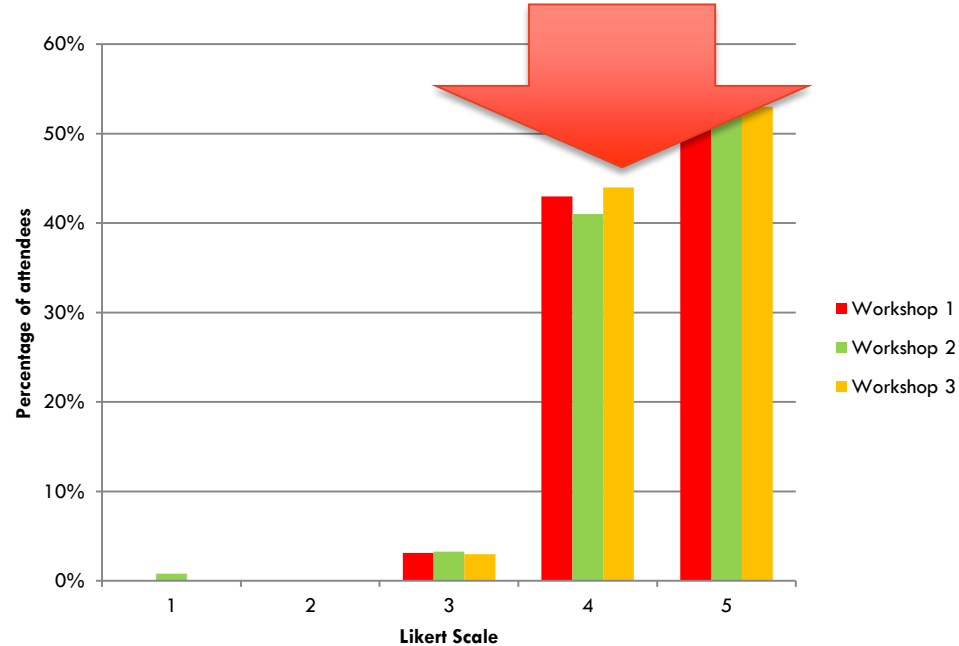


Personal insights gained



Experience in the PEP

I feel that I will be able to use what I have learnt (on the Likert Scale)



Preliminary Findings - Documentation

Peer enablement

Attendees' differences in knowledge and skills

Knowledge transformation

Attendees' attitude/engagement

Peer leaders/ enablers

Peer support during workshop

Workshop preparation

- *Unprepared for workshop*
- *Clarifying workshop content*
- *Support/encouragement among facilitators*

Learning environment

- *Facilitators' facilitation skills*
- *Implementation of group Problem Solving Model in facilities*

Organisational environment

- *Constraints at the workplace*
- *Support from the organisation*

Peer Enablement

Practical application of knowledge	Challenge to apply knowledge to practice
Outcomes	Positive outcomes of PEP for staff, residents and family
Leadership skills	Increase in confidence Develop occupational identity Promote relationship-focused care

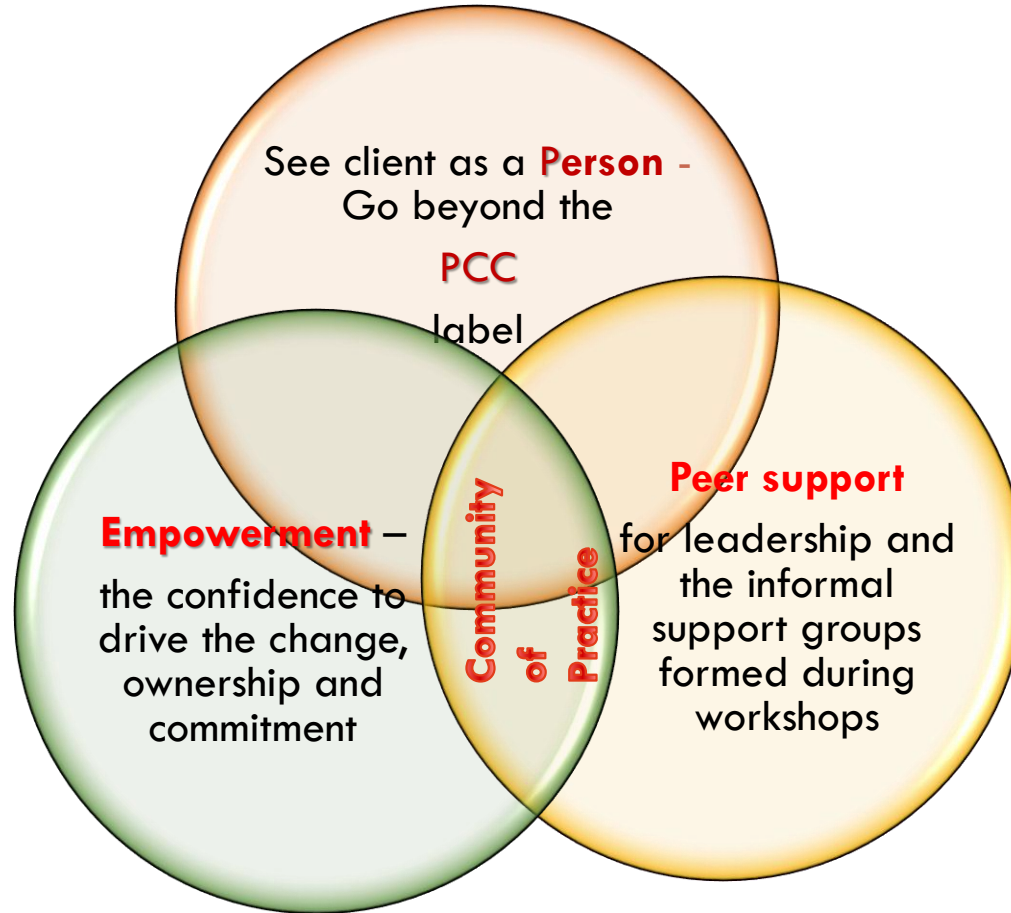
*‘...everyone absolutely love it – love the problem-solving, every single team in her hub. Said that one team had chaos break out on a shift and **the staff said could they meet without the team leaders – they just want to carry on with the problem-solving.**’*

(Skype meeting 3, F8)

Focus Group Findings (NGT)

List of statements/ideas to the research question:	Total	Ranking
<u>In your opinion what value did the peer leadership/peer enablement program add to the advancement of person-centred care practice of older persons with moderate to advanced dementia?</u>		
Peer support for leadership and enablers (informal support groups formed during workshops)	16	1 st
Empowerment (confidence to drive the change, ownership, commitment)	15	2 nd
Help staff to see client as a person (not just tick boxes; not a behavioural problem)	13	3 rd
Going beyond the person-centered care label: recognition of valuing people in general; using person-centered principles not just for the residents but also for staff and family members	13	3 rd

Conclusion



Practical session & Case study



References available from presenter.

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Acknowledgements

- Alzheimer's Australia NSW
- Ling Chan & Judi Weaver
- Care staff in residential aged care facilities

"You matter because you are you, and you matter to the end of your life. We will do all we can ... to help you ... to live until you die."

Dame Cicely Saunders (1918 - 2005)

Thank you!