Evaluating an education project in mental health of older people

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This article describes the development and evaluation of an education and training pathway for older people’s mental health. It aimed to increase the knowledge and skills of non-specialist NHS-registered and support staff working on acute wards for older people. The article makes recommendations to improve future training.

To enhance the delivery of appropriate care to older people with mental health problems, and to ensure carers and service users are well informed, The National Service Framework for Older People (Department of Health, 2001) and the Audit Commission (2000) advocate that mental health services develop training to support staff working with older people in the primary and secondary care sectors.

To meet this recommendation the Local Health Partnership Trust, together with West Suffolk Hospitals NHS Trust, commissioned a project and put in a bid for funding. The work also meets the requirements of The NHS Plan (DoH, 2000).

The project

The remit was to develop an education and training pathway for improving the knowledge and skills of non-specialist NHS-registered and support staff working at West Suffolk Hospitals in the assessment, care and treatment of older people with identified mental health problems. This would enable staff to:

● Assess patients;
● Form care plans;
● Carry out planned care;
● Support patients.

These skills are important because nurses play a crucial role in assessing patients, and offer a fundamental, holistic perspective on meeting individual, family and community needs (UKCC, 1997).

The nurse educator was to deliver the training packages, evaluate them on a sessional basis and evaluate the project when it concluded, generating recommendations from the results.

To keep the size of the workload manageable within the agreed budget and time constraints, the project focused on 105 ward nurses and allied health professionals at Walnut Tree Hospital in Sudbury, Suffolk.

Key learning outcomes and success criteria were developed (Box 1) in order to satisfy health care professionals’ requirement to improve their knowledge, develop their skills and sometimes change their attitudes, as described by Wattis and Curran (2001).

Developing the workshops

Networking enabled the nurse educator to explore, and compare and contrast, other projects and initiatives. The subjects to be covered were researched from a variety of sources, not only to give the workshops a depth of evidence/research-based information, but also to ensure the information was current and credible in line with the requirements set out by the Modernisation Agency (2004).

Two tutors from Suffolk College of Health offered to support the project by examining the content before the workshops were held. This was carried out to ensure content was up to date, current and credible.

Line managers – the older people’s mental health services (OPMHS) service manager and the OPMHS clinical team leader in the locality – supervised the project.

The nurse educator carried out an assessment of educational need via primary data from:

● Meetings with ward and day hospital managers (sisters/charge nurses) who could identify their own and

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REFERENCES


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FIG 1. ATTENDEES’ RATING OF WORKSHOPS

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CLINICAL DEVELOPMENT
their staff’s educational needs through staff professional development processes/appraisals;
● Staff needs assessment questionnaire;
● User and carer questionnaire.

The programme should be evaluated using the following methods:
● Assessment and appraisal of set learning outcomes in the reflective practice homework, which was adapted from Johns (1995);
● Assessment and appraisal of the completed evaluation questionnaires;
● Assessment of a questionnaire that is sent out to all non-attendees.

Box 1. The project’s learning outcomes

The learning outcomes and success criteria that were applied to this project were:
● Greater understanding of the mental health problems experienced by older people;
● Improved ability of staff to detect mental health problems in patients;
● Increased skills and knowledge of the management of these problems;
● Wider knowledge of the resources that are available to help older people who have mental health problems and also their carers;
● Improved liaison and networking between general and mental health services, as well as primary and secondary care services.

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Method of delivery
The workshops were based on adult learning – pedagogy as described by Quinn (2000) comprising self-directed learning, further reading and reflective practice homework. Learning was applied to practice, and evidence of this was provided in the homework.

Emotional intelligence – described by Evans and Allen (2002) as including the ability to manage your own emotions and read someone else’s at the same time, and to use this to guide your thinking and actions – was incorporated into the workshops. This was to give staff greater self-awareness in order to enable them to have more effective interactions with patients and to help them deal emotionally with highly charged situations.

Communication was the first workshop as the nurse educator thought this was the most important aspect of working with any patient. Understanding how to communicate effectively can prevent problems throughout the patient journey. Communication was also a central theme throughout the other three workshops.

References


Evaluation
To evaluate the effectiveness of the workshops, attendees were asked to carry out a piece of reflective homework that would also help them to put learning into practice on the wards. In addition, 77 evaluation questionnaires were given out. The response rate was 96 per cent (74 replies were received).

Wattis’ Model of Structured Reflection (1995) was used for the reflective practice homework, and of the 77 given out only 10 were returned (a response rate of 13 per cent). Lastly, 99 non-attendee questionnaires were sent out and seven of these were returned (a response rate of seven per cent).

Results
The evaluation questionnaires indicated that 79 per cent of attendees felt the workshops were either ‘good’ or ‘very good’ (Fig 1).

The reflective practice homework that was returned was regarded as a positive response to the programme, as it helped the facilitator to evaluate whether learning was being put into practice. The work required staff to identify a patient to work with as a case study and to find time to carry out this extra work. These studies were confidential and therefore are not reported here. However, the overwhelming finding was that staff had incorporated the learning into their practice and were applying person-centred care.

The non-attendee questionnaires gave lack of time due to staff shortages as the reason for not attending and confirmed a desire to attend had they been able.

Discussion
Despite in-session evaluation being very positive, attendance remained low, with only 46 out of 105 staff attending (44 per cent of those invited to attend). Overall there were 77 attendances owing to some people attending more than one workshop.

According to Wattis and Curran (2001), workshop models of teaching are generally preferred, and attitudes are changed by exposure to people with different attitudes in favourable circumstances. This is supported by Nightingale (2004), who states that the success of long-term mental health awareness-raising initiatives shows that a prolonged approach is essential if entrenched attitudes are to change.

After consultation with senior sisters and ward/unit managers, the sessions were held at staff handover time to enable as many staff as possible to attend. The questionnaires did not ask for staff to state their grade, but to enable as many staff as possible to attend. The questionnaires did not ask for staff to state their grade, but to enable as many staff as possible to attend.

Although this level of uptake was disappointing, the nurse educator concluded that learning outcomes had been met and that an increase in skills and knowledge about older people’s mental health had been achieved. The nurse-educator believed person-centred care was being applied according to the reflective practice homework that had been submitted.

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Conclusion
The workshops were successful because learning outcomes appear to have been achieved. On reflection there are a number of conclusions to be drawn from the project, including ideas that would benefit the project and that would have made a difference (Box 2).

Recommendations
To ensure the work of the project is not wasted, and to support research showing it is vital that training is sustained (Nightingale, 2004), the workshop packs need to be:

● Incorporated into an induction pack for new staff;
● Part of a postregistration training pathway, in a similar way to those for nutrition and continence;
● Mandatory training for qualified/unqualified staff;
● Incorporated into an NVQ package, and preregistration nurse training;
● Offered to local residential/nursing homes for staff;
● Offered to social services staff;
● Offered to primary care teams.

Senior staff need to be engaged and accept the need for training. However, it takes time to implement change, to get staff interested and motivated, and to establish new ways of working and thinking.

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