This gave champions the chance to establish relationships with colleagues in mental health.

EVALUATION

To ensure a robust evaluation, we designed three questionnaires for distribution to:
- The champions;
- The mentors;
- Charge nurses within the participating hospitals.

Dementia champion feedback

A total of 11 questionnaires were distributed to the champions and 64% (n=7) were returned (Fig 2). Respondents were asked if they had found the programme interesting, pertinent to areas of their work and a good learning experience. The choice of responses ranged from “poor” to “very good”; all respondents rated it as good or very good.

An overarching theme from the placements was that champions were able to access ideas from mental health settings that were transferable, for example in using multisensory equipment and communication aids. They made links with mental health colleagues and felt they could continue to use them as a resource on dementia.

The champions found the supported sessions valuable, not only for the information provided but also because they could share ideas for practice and bond with each other. One said: “With the information we have gained from the four components, we can make changes and improvements to how we carry out care when patients are affected by dementia and pass this on to other staff.”

Overall, 85% of the champions said their confidence in dementia care had improved as a result of completing the programme and that they wanted to continue their development through further coursework and regular dementia champion meetings.

Mentor feedback

A total of 11 questionnaires were distributed to the mentors and 55% (n=6) were returned.

Mentors said that they had received enough information about the programme before it started, that the learning environment was appropriate, and that the DSDC resource and supported sessions were both invaluable.

One mentor said: “I think there is a contrast between the two clinical areas, enabling staff from the Biggart [Hospital in Prestwick] to see what would be workable in their clinical area. We were able to bounce ideas off each other to see if tactics used within our ward would be feasible in their ward.”

In hindsight, we feel that devoting more time to what was expected from the staff during clinical placement would have ensured mentors were better prepared.

Charge nurse feedback

Seven questionnaires were distributed to the charge nurses and 57% (n=4) were returned. Respondents indicated that the champions had made some or a marked impact.

One said: “I’ve noticed my participant is now reflecting on how she and other staff work, and is starting to try and educate staff at the bedside, to change attitudes and see things from the patient’s perspective.”

CONCLUSION

An integrated approach to delivering awareness and training will improve and enhance the knowledge and skills of staff. This pilot programme has shown that collaborative working in devising and implementing a dementia champion programme can establish working relationships across services and provide a chance to debate the care and management of dementia patients within general wards.

A major challenge in national dementia strategies is to enable carers to continue looking after their loved ones safely and effectively with the necessary support.

In response to this, and through the involvement of family carers and a guest speaker from Alzheimer Scotland in the programme, the champions are in the process of developing resources and support networks for carers in general hospitals.

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