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Learning to communicate with people with dementia: exploring the impact of a simulation session for medical students (Innovative practice)

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Abstract:

There is a recognised need to improve undergraduate education within dementia care but little existing evidence to show what successful dementia-specific teaching interventions might look like. A simulation day was established, based on communicating with a person with dementia in a number of scenarios. This article aims to identify if this method of teaching within dementia care is successful. It is a qualitative study and draws on data from post-course questionnaire responses and field notes of the simulation day. The data offered rich insights into how the session allowed participants to be challenged and taken to their perceived thresholds of capability. It highlights that behaviours and skills can be learnt via simulation and leads to a transformative change in the language learners used, suggesting that learning may happen through threshold concepts.

Keywords:

Communication, Dementia, Medical Education, Simulation, Threshold concepts

Introduction:

Dementia is increasingly recognised as a common and important condition. In the UK, at least one quarter of acute hospital beds are occupied by patients with dementia, with admissions spread across a broad range of specialties (Royal College of Psychiatrists, 2005). The UK Department of Health (2009) highlighted deficiencies in knowledge, behaviour and skills of healthcare professionals caring for people with dementia and there is a recognized need improve undergraduate medical education in this field.

Despite this, Tullo and Allan (2011) note that there is little existing evidence to show what successful dementia-specific teaching interventions might look like and a need to build an evidence base for successful dementia-specific teaching interventions.

It is widely understood that communication with a patient with dementia or delirium can be difficult due to reduced cognitive abilities of the patient and changes in their understanding of language. There are specific approaches to help facilitate conversation with a person who is cognitively impaired (Goldsmith, 1997). Medical students are not generally exposed to situations like this so might lack confidence in dealing with such clinical scenarios as newly qualified doctors. To try to address this, a simulation day at a UK medical school was established, based on communicating with a person with cognitive impairment. The outline for the day is shown in Figure 1.

[Figure 1 near here]

The simulation is facilitated by doctors, nurses and occupational therapists, who have a special interest in dementia care. All have undertaken recognized simulation training. Trained actors play the role of the person with dementia. The participants are third year

medical students, whom all undertake a day of the simulation as part of their clinical module in Elderly Medicine. In pairs, students are required to manage the simulated scenarios. The scenarios typically last for 10 minutes with a 30 minute debrief and are realistic in terms of clinical practice. The scenarios are mapped to the undergraduate curriculum and include de-escalation, assessing capacity, and engaging with a distressed patient. An example of a scenario is shown in Figure 2.

[Figure 2 near here]

This study sets out to evaluate whether learning occurred and, if so, how this learning may happen through threshold concepts, to identify if simulation is a successful method of teaching about dementia care. Threshold concepts were originally described by Meyer and Land (2003) and describe a concept that is troublesome when initially faced and transformative in some way for the learner leading to a change in subjectivity.

Reaching a threshold is a critical moment of conceptual transformation in an educational experience are irreversible once grasped. It is recognized that with a shift in perspective often comes a shift in language expressed, which is reflected on and communicated.

Method

12 simulation days took place between October 2016 and June 2017. All third year medical students (n=145) undertook the simulation day and all completed a post-course questionnaire.

Two of the simulation sessions were observed (by RH) and field notes of the sessions were recorded verbatim, particularly focusing on quotes from the simulation debrief. Free text comments from the questionnaires and the field notes were analysed to identify key themes and using the theory of threshold concepts the authors looked for evidence of learners reaching or crossing thresholds (for example hesitant speech or changes in language). Themes were discussed and triangulated amongst the authors to reach inter-coder agreement and it was agreed that saturation had been achieved after the second observed simulation.

The questionnaire comments are highlighted within a dashed line and the field notes by a solid line:

Questionnaire comments

Field note comments

Results:

From the data, it became clear that during the debrief some learners felt uncomfortable in elements of the scenarios:

“...she [the patient] became rude and I felt like I was swimming without arm bands.”

It is recognised that undergoing transformation is an unsettling process which may involve managing troublesome knowledge.

Other examples of this include:

“It was quite tricky, she was very active [the patient] and I didn’t know what to do. I was like...oh my god, what do I do next?”

“I felt really unprepared- I haven’t experienced anything like this before”

Kneebone (2009) notes that handling troublesome knowledge, although uncomfortable for the learner, is necessary as is it bound up with a transformation essential for development and can move the learner into a whole range of more complex concepts. The learners are supported throughout the learning process from the faculty and the scenarios are based on real-life scenarios. Meyer and Land (2005) suggest that simplified versions of a complex problem can be counterintuitive as they block the later acquisition of deep understanding.

From analysis of the data, three overarching main themes emerged.

Theme 1: Learners feel more confident at managing situations that make them feel uncomfortable

It became apparent that throughout the session the learners felt more confident at managing situations that made them feel uncomfortable:

“I feel I know better what to do if a patient is offending you”

and another said

“Next time I won’t feel so intimidated if a patient shouts”

Throughout the day, learners spoke about methods to manage their own discomfort within scenarios:

“I feel more willing to repeat myself and not feel stupid or embarrassed”

Furthermore, some learners spoke about how trial and error within their scenario helped them to learn and as the session progressed learners appeared to have more confidence to trial new techniques when they reached a point of discomfort:

[Learner talking to other learner] “You tried a couple of different things when she [the patient] was walking around – I could see you trying to adapt what you were doing based on what was working and what wasn’t working.”

As well as managing when the learner feels uncomfortable in general in the scenario, it also became apparent that the learners felt more confident at managing uncertainty towards the role of, and communicating with, the multidisciplinary team (MDT).

[Discussing a patient who is distressed on the ward]“...I think ... suggest to the nurses to try and take the patient to the toilet and give them some pain relief before we get to the ward to assess the patient?”

“I didn’t want to ask the nurse [for analgesics] but after today I definitely feel more empowered to do so”

and

“I feel more confident at speaking to the MDT members about patients’ needs... I can’t believe in hindsight I didn’t consider it before”

Theme 2: Simulation develops learners' thoughts

Throughout the sessions, the learners recognised that they were challenging and developing their thoughts:

“The [debrief] discussions allowed me to view my actions not as either right or wrong but...”

and

“The session challenged my confidence; I thought I had felt reasonably confident before, but today I learnt...”

Learners displayed this during the sessions by tentatively questioning their own prior assumptions aloud within the debrief setting:

[Regarding a patient's hallucination] “So is it a good idea to go along with it or to challenge it?”

[Discussing bereavement] “But it was upsetting for the patient, so do you think that was appropriate?”

This allowed for learning points to be shared, and sometimes challenged, within the group. Learners voiced their own hypotheses about what may be underlying the behaviour of the patient in the scenarios, reaching a new level of understanding:

“They might be throwing magazines around the room because they miss their dog”

“I now appreciate that behaviour can be part of their condition [living with dementia] and not to take things so seriously.”

Theme 3: Learners are considering the language that they use

It was apparent that the learners' language with regards to dementia care was changing throughout the day:

"I don't know if would work well with demented...I mean a patient with dementia."

"I've learnt the importance of their [person living with dementia] unmet needs"

"There is a difference between someone being distressed and agitated... If you see someone as distressed... I think you are more likely to try and find out why."

In the post course questionnaire, students had insight that their own language use had changed throughout the simulation day:

"Not to use [the term] 'Demented people'"

"From today I will think more about the terminology I use"

And

"I will concentrate on the language and tone I use, they [a person living with dementia] are adults and should be treated like one"

Discussion:

This study aimed to explore whether learning occurs within dementia care through simulation methods, to establish whether simulation is a successful method to learn about communicating with a person with dementia.

The study highlights that the simulation day is successful in enhancing learning by leading to a transformative change in learner knowledge and behaviour. This learning occurs by taking learners to their perceived thresholds of capability and by challenging their thoughts and assumptions taking them to a new level of understanding.

Learners initially felt uncomfortable in the scenarios yet with support showed increased confidence in managing the scenarios that had led to their discomfort. Within the simulations, learners initially felt hesitant to engage with both the patient and to ask the MDT member for assistance (for example to give the patient an analgesic, to assist with toileting) but within the debriefs, and as the day progressed, there was an evolving confidence that the learners' felt empowered to interact with the patient and discuss concerns with the MDT.

During the sessions learners' thoughts were changing, with some learners even sharing these challenges with colleagues during the debriefs. Simulation and debrief is a teaching method that safely allows for learners' thoughts to be challenged, which may suggest why students can effectively reach a new threshold.

It was notable from these data, that the simulation led to a change in language used. It has been stated (Meyer, Land and Baillie, 2010) that a change in language does not necessarily represent new knowledge, as when students are introduced to a concept they

may begin to use the language of that discipline well before they have developed a true understanding of the use of such terms. However, a change in language may represent a threshold concept, as a shift in perspective is recognised to be associated with a shift in language. Perceptions are often expressed through words, which can be powerful and affect the way that we think about the concepts to which they apply. Therefore, as the learner gains new knowledge surrounding dementia care, and is changed by it, the shifts are manifested in a changed use of language.

Language within dementia care is important and often language portrayed by the media and health care professionals can be seen as negative and stigmatizing. Although language is not specifically taught within the simulation, the facilitators use neutral language when discussing a person living with dementia. George (2010) describes that subtle alterations in the way that we talk about certain conditions may contribute to a more humane approach to them. Hence a change in language from the learner is important as more appropriate use of language may, in turn, affect the way that people with dementia are treated within society

Limitations:

This study has several limitations. This study was conducted at a single institution within an undergraduate setting and was limited to medical students and hence its findings may only reflect the views of these subjects and limit its transferability to other settings. Secondly, two of the authors (RW, MAJ) were involved in the both design and delivery of the simulation sessions and research and hence the effect of being known to the students may have introduced bias. Lastly, the study focused on data from the

simulation session and did not look at how knowledge and behavior may change over time.

Implications:

With an increasing ageing population and patients with dementia being cared for across many inpatient specialities, dementia-specific learning is an important area within Medical Education. There are recognised deficiencies in knowledge and behaviour of health care professional's caring for those with dementia but currently, there is little literature on successful teaching interventions within dementia care. The study adds to the understanding of teaching and learning within dementia care and highlights that behaviours and skills in dementia care can be learnt via a simulation method, as shown by students reaching a new level of learning.

This study lays the ground work for further research into evaluating other teaching strategies for providing effective dementia-specific teaching interventions that can enhance learners' behaviours and skills in dementia care. Further research is also needed to evaluate the impact of learning through dementia-specific simulation in postgraduate learning to assess the impact on healthcare professionals caring for people with dementia.

Conclusion:

This study adds to the understanding of teaching and learning within dementia care, and highlights the strength of simulation as a method to learn about communication and how learning may occur through threshold concepts.

Figure 1: Outline of simulation day

09:00 - 09: 50	Introduction to communication with people with dementia and delirium
09:50 – 10:30	Scenario 1- Engaging
10:30 – 11:10	Scenario 2- De-escalating
11:10 – 11:25	Coffee
11:25 – 12:05	Scenario 3- Undertaking an assessment
12.05 – 12.45	Scenario 4- Responding
12:45 – 13:30	Lunch
13:30- 14:15	Scenario 5- Capacity
14:15 – 15:00	Scenario 6- Collateral history
15:00 – 15.15	Summary

Figure 2: Example simulation scenario

<p><u>Scenario:</u></p> <p><u>Patient Details:</u> Harry Jones, 83 years old</p> <p>Student brief: You are a medical student at a GP practice on placement. You are going into work, in the entrance there is an elderly man sitting on the floor, confused and disorientated. You should assess the situation and proceed as appropriate.</p> <p>Facilitator brief: Stage 1: Patient sitting on floor, refusing to get up. Clearly confused and disorientated. No cooperation from patient.</p> <p>Stage 2: Escalation- patient shouting, more paranoid, more distressed. The receptionist comes out of the GP surgery to pressure to move him.</p> <p>Stage 3: Further escalation, clearly hallucinating. Prompt for collateral history. Give up wallet. Daughter on phone.</p> <p>Stage 4: When daughter called de-escalate. Rapport and assessment. Manage to get him up off floor.</p>	<p><u>Examination (if needed)</u></p> <p>Physically intact, no injuries, no head injury.</p> <p>Role player 1: Stage 1: GP receptionist- on the surface helpful and concerned about the gentleman. Stage 2: A bit of pressure to get him up and gone as he's disrupting things for other patients and causing a scene Stage 3: Mention calling daughter. Prompt that name/number might be in wallet if participant doesn't think of it.</p> <p>Role player 2 (phone): Daughter, Michelle. When called you should be weary and fed up. Report that your Dad has Lewy Body Dementia so is always a bit muddled. If pushed say you will come and pick him up, but you'll be 15 minutes and are they sure he hasn't injured himself? You might sue the surgery if he has. Offer to speak to your Dad to reassure him (eventually).</p>
<p><u>LEARNING OBJECTIVES</u></p> <ol style="list-style-type: none"> 1. Gaining rapport and communication with a confused person 2. Reacting to hallucinating person/ reassuring 3. Understanding of importance of next of kin for reassurance 4. Communicating with carers and support for carers 5. Considering conditions for transfer to hospital 	<p><u>Props and room layout</u> Outside in carpark by entrance to GP Practice - put poster on wall with practice name and car park charges.</p> <p>Walking stick</p> <p>Wallet with daughter's name and number in it.</p>

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