

Paramedics and dementia

Paramedic students are learning more about dementia care, but how many intend to work in the field? **Joanne Brooke** and **Marlon Stiell**'s study produced some worrying findings

Dementia requires a person-centred, holistic approach to care which considers the unique challenges faced by each individual. It is essential that health care professionals are competent in a range of skills to support and care for people with dementia as this will form a major part of their role in many cases (Clissett *et al* 2014). Care of people with dementia has been included in many undergraduate programmes for health care professionals such as nursing and medicine (Alushi *et al* 2015), but has only recently been acknowledged in paramedic science programmes (Ross 2012).

Historically, the ambulance service has of course been responsible for taking acutely unwell adults and children to local hospital A&E departments (Craggs & Blaber 2012). But the increasing complexity of patients' needs, including the growing prevalence of dementia, has placed additional demands on ambulance services (King's Fund 2016). Therefore, the scope of paramedic practice must be widened to include the development of psychosocial skills (Gaisford 2014), which can help prevent people living with dementia in their own home from being unnecessarily transferred to hospital (Tavares *et al* 2016).

Dementia care objectives for practising paramedics have been introduced by the Association of Ambulance Chief Executives (2017), such as delivering person-centred care, recognising early signs of dementia, and developing inter-professional working partnerships to improve health and health outcomes for people with dementia. Paramedics can choose to specialise in complex older persons' care.

But the requirement to gain knowledge and skills in dementia care can run contrary to the expectations of new paramedic students. They often see the role of a paramedic as involving advanced technical clinical skills and may join the ambulance service because they "want to save lives", seek a "high stress dangerous work environment", or want the opportunity to develop clinical practice (O'Meara *et al* 2012).

A recent study explored how paramedic students developed their knowledge and skills to support people with dementia and their families during a crisis (Brooke & Stiell 2017). This study highlighted how a small number of students were surprised

that they had regular calls to people with dementia and it acknowledged the need to develop undergraduate education with a view to strengthening students' knowledge and advanced communication skills. In England, there is now a move to reconfigure paramedic education at this level to ensure that care of older people is a prominent component (Ham 2017).

A balanced understanding of the impact of dementia is required, one approach being "Time for Dementia" (Banerjee *et al* 2017). This initiative in southern England - regular structured meetings with the person with dementia and their family at home - has been embedded in medical, paramedic science and nursing undergraduate programmes at two locations. But it is unique and there is still a gap in our understanding of paramedic students' willingness and intention to work with people with dementia and whether they would enjoy or dislike doing so. Neither do we know how these factors change from the beginning to the end of the undergraduate programme.

The aim of our study was to explore paramedic students' attitudes to working with people with dementia along four dimensions: willingness, interest, likelihood, and intentions. We also wanted to find out if they thought they would enjoy or dislike this aspect of their work.

Study method

We used a validated questionnaire, "Future Work Intentions in Dementia Care" (McKenzie & Brown 2014), and distributed it via the online software Qualtrics, ensuring that it was accessible by a single link and appropriately formatted for desktop computers, laptops, phones and tablets. It included six questions, covering willingness to work in dementia care, interest in this kind of work, likelihood of going into it, and whether the students actually intended to go into it. Students were also asked whether they would enjoy or dislike the work, and a range of answers from "strongly agree" to "strongly disagree" was possible for each of the six questions. We also collected demographic data on the students, such as gender, age and ethnicity.

Participants were paramedic students entering the first year or completing the third year of their studies at a higher

Dr Joanne Brooke is reader in complex older persons care at Oxford Brookes University and Marlon Stiell is senior lecturer in paramedic science at the University of Greenwich

education institute in the south of England. Students were introduced to our study during lectures and a link to the online survey was put up on their Moodle programme page. While it was a small sample drawn from one university, the findings do give an insight into the attitudes of paramedic students to dementia care.

Study results

A total of 71 paramedic students completed the online questionnaire: 41 were first year students and 30 were third year students. The majority of students (71%) were aged between 18 and 25 years of age, and of English heritage (88%).

Questionnaire results demonstrated both positive and negative trends from the first year to the third year across the dimensions we surveyed (see table).

Discussion

Overall, combining all the figures signifying agreement (see table), third year paramedic students (when compared to first years) showed slightly greater willingness to work in dementia care and were a little more likely to enjoy it, although a few more also agreed that they would dislike doing it. Combining the figures signifying disagreement, very few disagreed that they would be willing to work in the field and there was no difference between first and third years. Fewer third years than first years disagreed that they would enjoy working with people with dementia and more third years disagreed with the suggestion that they would dislike it.

So, these figures for willingness, enjoyment and dislike are generally positive. But, paradoxically, this did not translate into having an interest in or an intention to work in the field. Far fewer third years planned to (i.e. intended to) work in dementia care or said they would be interested in doing so. When the two groups were asked whether it was likely

they would work in dementia care, again third years scored below first years. Since the latter figures are more directly concerned with actual career intentions than the former, the findings are worrying in the context of an ageing population and rising prevalence of dementia.

It may be that third year paramedic students had less interest in or intention to work with people with dementia because of a lack of educational content on dementia and person-centred care in their undergraduate programmes. These programmes tend to focus on patient interactions as a series of events required by assessment tools (Halter *et al* 2011) and paramedic students have reported difficulty with person-centred care because they have no standardised assessment tool to apply (Voss *et al* 2017). The College of Paramedics has called for the inclusion of dementia, Alzheimer's disease, Parkinson's disease, palliative care and end of life care in the undergraduate curriculum (2015), while individual higher education institutes have begun to implement different approaches to cover these requirements.

Elements that should be expanded in undergraduate education have been identified by paramedic students and include advanced communication skills and emotional support and guidance (Brooke & Stiell 2017). Advanced communication skills were deemed necessary to support students to understand the needs of people with dementia and obtain informed consent, while adjusting to the uniqueness of each person. Emotional support and guidance were seen as essential, first year paramedic students in particular saying it would help in coping with the sadness they felt at the impact of dementia. Third year paramedic students on the other hand expressed helplessness, as they felt they were treating an "event" and not the dementia, so not really supporting the person.

It is evident from our research that emotional support and guidance should urgently be incorporated in undergraduate programmes, whether delivered in higher education institutes or by experienced paramedics when completing clinical placements. This support will only be effective with increased education on dementia and a person-centred care approach. ■

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	Strongly Agree	Agree	Somewhat Agree	Neither Agree or Disagree	Somewhat Disagree	Disagree	Strongly Disagree
I would be willing to work in dementia care							
1st Year Students	50%	28%	15%	5%	/	/	2%
3rd Year Students	47%	37%	13%	1%	/	/	2%
Difference	-3%	+9%	-2%	-2%	/	/	0%
I am interested in working in dementia care							
1st Year Students	23%	30%	23%	20%	2%	2%	/
3rd Year Students	13%	27%	27%	33%	0%	0%	/
Difference	-10%	-3%	+4%	+13%	-2%	-2%	/
It is likely that I will work in dementia care							
1st Year Students	25%	20%	33%	17%	/	5%	/
3rd Year Students	17%	17%	37%	20%	/	10%	/
Difference	-8%	-3%	+4%	+3%	/	+5%	/
I would dislike working in dementia care							
1st Year Students	/	2%	5%	20%	8%	30%	35%
3rd Year Students	/	3%	7%	10%	13%	33%	33%
Difference	/	+1%	+2%	-10%	+5%	+3%	-2%
I plan on working in dementia care							
1st Year Students	20%	25%	20%	25%	5%	5%	/
3rd Year Students	7%	20%	27%	30%	7%	10%	/
Difference	-13%	-5%	+7%	+5%	+2%	+5%	/
I would enjoy working in dementia care							
1st Year Students	15%	13%	28%	33%	10%	2%	/
3rd Year Students	7%	23%	30%	30%	3%	7%	/
Difference	-8%	+10%	+2%	-3%	-7%	+5%	/

First and third year students' attitudes to working in dementia care

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