



GUIDANCE FOR AUTHORS 2019

TUESDAY 5TH - THURSDAY 7TH
NOVEMBER 2019
DONCASTER RACECOURSE

DEADLINE • MIDNIGHT 28 APRIL 2019
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Guidance for submitting your proposal for the UK Dementia Congress

Welcome to the guidance for submitting oral and/or poster presentations, workshops and other proposals for UKDC 2019. There are also examples featured inside for further reference.

#UKDC2019



1. Presentations

This section is relevant for presentations discussing change projects, practice development initiatives, service evaluations, implementation and evaluation of innovative interventions or services and research projects. Abstracts not selected for oral presentation will automatically be considered for poster presentation, unless the author informs us otherwise.

All presentation proposals should include the following:

- 1) Name of lead author/presenter, their post and organisation
- 2) Co-author/s and organisation/s
- 3) From the list of authors please state who will present (no more than two presenters per session)
- 4) Title of presentation
- 5) Please include a structured abstract containing the following sections
 - **Background** (75 words) – This is the context for your project. You should outline any relevant research, policy, best practice guidance or other evidence that presents an overview of what is already known in this area
 - **Aims** and (where relevant) research/evaluation/project questions – (100 words) This should clearly state what your project or initiative aimed to do or achieve. Where relevant there may also be additional research or project questions you set out to answer.
 - **Methods** – (150 words) This should give an overview of what you did and why. It should also outline any data collection methods you used, and what you measured to know if the project was effective.
 - **Results** – (150 words) What did you find? Relate this back to your aims and research/project questions. You should clearly identify what you achieved and things that went well, but also what you did not achieve, and any difficulties.
 - **Discussion and conclusions** (75 words) – what does this all mean for dementia care? What do you conclude from this project/research? Implications for practice.
 - **Limitations** – (75 words) what are the limitations of this work that others will need to consider if they are planning to do something similar.
- 6) Key points: Please identify, as bullet points, three things people will gain from attending your session.
- 7) Do you plan to include audio or video clips in your session?
- 8) Please submit an abstract/summary (300 words) of your presentation which will be included in the Congress programme if your proposal is selected.
- 9) Please submit biographies (100 words) for each presenter.

2. Workshops / Other Presentations

We encourage proposals that focus on exciting topics in creative formats that will stimulate lively interactions among delegates. Please note that the number of workshops available is limited. Workshop proposals not selected will automatically be considered for oral or poster presentation, unless the author informs us otherwise.

To propose a workshop or another type of presentation or session, please submit an abstract (up to 400 words) containing:

- Description of the workshop
- Purpose of the workshop and what delegates would expect to gain from attending the session

3. Symposia

Proposals for symposia should consist of 3 or 4 related presentations. Submissions should include an overview of the theme of the session (up to 50 words) and short abstracts (up to 100 words) for each presentation.

Example One – Research project presentation

Title of session The effectiveness of training in improving care home staff knowledge, attitudes, job satisfaction and caring efficacy

- **Background**

Improvement in care quality and staff knowledge and skills is identified within the National Dementia Strategy for England. Developing an informed and effective care homes workforce is a strategic component of improving care quality, however, there remains limited evidence about effective and sustainable staff training interventions for care homes.

- **Aims and (where relevant) research/evaluation/project questions**

This project aimed to identify the impact of a bespoke workforce development programme on the knowledge and attitudes towards dementia, job satisfaction and caring efficacy of staff working in five care homes. The project questions were, does completion of the bespoke training programme:

- Improve staff knowledge and attitudes towards caring for people with dementia?
- Increase their job satisfaction?
- Improve their feelings of being able to effectively to their job?

- **Methods**

Twenty staff in each of five care homes received a tailored one-day training programme on person-centred dementia care. The programme included reflection, experiential learning activities and activities asking staff to identify practice changes to implement after the course. We asked staff to complete three standardised measures (Approaches to Dementia Questionnaire, Experience of Working with Residents with Dementia Questionnaire, Caring Efficacy Scale) before and two weeks after completing the training programme. We conducted focus groups with up to five staff in each care home before and two weeks after completing the training programme.

- **Results**

We found a significant positive difference in scores on all three of the standardised measures across participants from the five care homes as a whole and in each home individually. In the focus groups staff reported the training had been particularly useful due to the practical nature of the learning activities. Many provided examples of things they had changed in their own practice since completing the training. Staff identified lack of time and lack of managerial support as a major barrier to delivering all of their planned changes. This was also identified as a barrier to attending training, particularly in one home where only 9 of the planned 20 staff were trained.

- **Discussion and conclusions**

Training staff on person-centred dementia care does seem to be beneficial to staff perceptions of their own ability to care for people with dementia and job satisfaction two weeks after training. Managerial support to attend and implement training in practice is needed to bring this about.

- **Limitations**

This was a small study in care homes that were all within a larger care home group. Impact was only measured two weeks after completion of the training programme therefore we do not know if the initial benefits were sustained. The measures and focus groups were based on staff self-report and we have no objective measure of whether what they felt had changed was actually observed in practice.

Example Two – Practice development initiative presentation

- **Background**

Approximately two-thirds of people with dementia live at home and many receive home care services. One of the greatest challenges to providers of home care services is provide quality care to this group. Last year Hollybush Homecare, a service where approximately 40% of clients have dementia, conducted a client survey which while showing good satisfaction levels, identified a range of areas where our service users and their families felt we could improve.

- **Aims and (where relevant) research/evaluation/project questions**

We aimed to find out what staff working in our home care agency felt would help to improve the service we deliver to this client group and to implement any changes we could. We then aimed to make a list of proposed changes, ask staff to help us prioritise from this list and then to implement the proposed changes.

- **Methods**

We asked staff to fill out a questionnaire specially designed to capture their views on the service we deliver to people with dementia, what they felt we do well and what they felt we could improve and how. We also conducted interviews with some staff during their monthly supervision sessions to follow up on answers and gain further detail. We then prioritised a list of 12 actions/goals that could be implemented within 6-months and which would be judged to make the biggest difference. We then developed an implementation plan which helped us monitor progress on achieving our goals which included monitoring service user satisfaction, staff reports of incidents, staff sickness and turnover rates and client hospitalisation rates.

- **Results**

Forty two staff (68%) filled out the initial questionnaire. Interviews were carried out with 21 staff. Staff identified a range of things they felt we were doing well including regular supervision and collection of detailed life history information on new clients when they entered the service. A list of 23 things we could do to improve the service was identified. Key actions for implementation included further staff training on dementia, better communication with clients and their families and setting a minimum visit time of 30 minutes for people with dementia. While there was no change in client hospitalisation or number of staff reported incidents, the service user satisfaction questionnaire showed an improvement and staff sickness was reduced by 12% compared to the same period in the previous year.

- **Discussion and conclusions**

The staff consultation process was effective in supplementing the previous client survey data to identify specific areas where our service could be improved. Staff reported they felt included in the changes that occurred and this showed positive benefits for some of our outcomes within 6-months. This was a time consuming process for the project team, but we feel the time invested produced positive results.

- **Limitations**

This was conducted in one small homecare service. We only measured a small number of client and organisational outcomes. We cannot be sure that changes seen on all our measures, for example staff sickness rates, are due to the practice changes implemented, as there are many other factors that can impact on this.