



Chattat¹, R., Chirico¹, I., Ottoboni¹, I., Janssen², I., Dassen², F., de Vugt², M., Cruz Sanchez³, M., García-Peñalvo³, F., Franco³, M., Povolná^{4,5}, P., Dostálová^{4,5}, V., Holmerová^{4,5}, I

¹Dept of Psychology, University of Bologna, Bologna Italy; ²Dept. of Psychiatry and Neuropsychology, Maastricht University Medical Center, Maastricht, The Netherlands; ³Psychosciences Research Group of IBSAL, Salamanca University, Spain; ⁴Charles University, Faculty of Humanities; Institute for Postgraduate Medical Education

PROJECT TEAM



ALMA MATER STUDIORUM A.D. 1088
UNIVERSITÀ DI BOLOGNA



INSTITUT POSTGRADUÁLNÍHO
VZDĚLÁVÁNÍ VE ZDRAVOTNICTVÍ



Maastricht University

VNIVERSIDAD
DE SALAMANCA
CAMPUS DE EXCELENCIA INTERNACIONAL

PROJECT AIM

Dementia represents a public health priority worldwide. The number of studies in support of the use of psychosocial interventions for people with dementia, families and professional caregivers is constantly increasing. Despite this evidence, research results struggle to be transferred into Higher Education and, thus, into practice. **In order to foster this translational process, the SiDeCar will develop an international curriculum of studies aimed at increasing psychosocial care knowledge in dementia (PSCD).**

PROJECT OBJECTIVES



- A1: Analysis of EU Higher Education 'state of the art' on PSCD
- A2: Analysis of national dementia strategies, action plans and guidelines across Europe focusing on PSCD



- Study programme development



- Curriculum exploitation: guidelines, manuals, recommendations

01.A1

OBJECTIVE:

Measure to what extent PSCD is delivered

METHOD

- Survey / data collection

DATA ENTRIES

- INTERDEM members / EU experts
- In-depth search on EU Uni. websites.

DATA

Affiliation/ country; Teaching name, Parent teaching name; Bologna process cycle; Course/ Module/ Topic; Contents; If required or elective; If traditional or blended; N. of hours, ECTS, stud.; Web-site references

01.A1 RESULTS

QUANTITATIVE DATA: Cumulative analysis

	Aggregate data	Internet search	Survey
Data	303	75%	25%
First cycle	19%	14%	3%
Second cycle	62% (31% NA)	58%	4%
Courses	58%	50%	8%
Modules	31%	23%	8%
Topics	10%	.3%	9%
Required	62%	57%	1%
Elective	13% (25% NA)	11%	5%
Traditional	38%	34%	4%
Blended	21% (41% NA)	19%	2%
ECTS	12 ± 10 (n = 192)	12 ± 10 (n = 174)	9 ± 10 (n = 18)
Hours	35 ± 22 (n = 44)	39 ± 21 (n = 19)	29 ± 22 (n = 25)

QUALITATIVE ANALYSIS: Content analysis on teaching activity titles

3% PSCD from **theoretical perspectives** (theories, perspective)
 28% PSCD from **practical perspectives** (planning, interventions, therapy, approach, rehabilitation, practical)
 5% PSCD from medical cut (medicine, assessment, pharma)
 13% reference to aging (older, elder, aging)
 12% reference to PWD, informal or formal caregivers

“Dementia” and “Care” (N = 36):

86.4% second cycle activities; 5.4% first cycle courses, NA = 8.2; 29 courses, 7 modules, no topics

Study programmes:

Psychology, Neuropsych.; Clinical psych.; Applied cognitive psych., Neurosci and neuropsych.rehabilitation; Psych. science and techniques; Social and territorial policies; Health and social care; Nursing, midwifery and social work; Advanced care in dementia, Nursing - Dementia care; Health care practice; Medicine.

01.A1 DISCUSSION

PSCD teachings activities were mainly required, traditionally delivered post-Graduate courses lasting one semester.

The teachings were delivered within many degrees (Medicine, Psychology, Social Science etc.).

Teachings whose titles indicated that psychosocial care in dementia was the main topic were few; the others had many different titles.

A very small number of activities specifically addressed the topic within pharmacological / medical area or indicated the care-recipient.

The knowledge on PSCD does not appear to be systematically provided across Europe, but mainly based on lecturers' individual expertise

01.A1 CONCLUSION

To foster and then stabilize the translation of the evidence supporting psychosocial interventions it is necessary to:

- Systematize evidence-based and well-designed education and training programmes (Ottoboni et al., Submitted);
- Base policies focused on a comprehensive and well-integrated system of care (Chirico et al., Submitted);
- Keep on doing research on psychosocial care in dementia domain.

