

SIDECAR - SKILLS IN DEMENTIA CARE: Linking the evidence about Higher Education and Psychosocial Care in Dementia across Europe



Project supported under the KA2 Strategic Partnerships for Higher Education (HE)

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PROJECT OVERVIEW

Although psychosocial interventions are receiving increased validation, actions to translate evidence into practice are inconsistent thus contributing to poor quality support and care for people with dementia and their carers

SiDECar is an **Erasmus+ project** (2018-2021) aimed to **promote the psychosocial knowledge** in academic, professional and public policy fields

TEAM PROJECT



ALMA MATER STUDIORUM A.D. 1088
UNIVERSITÀ DI BOLOGNA



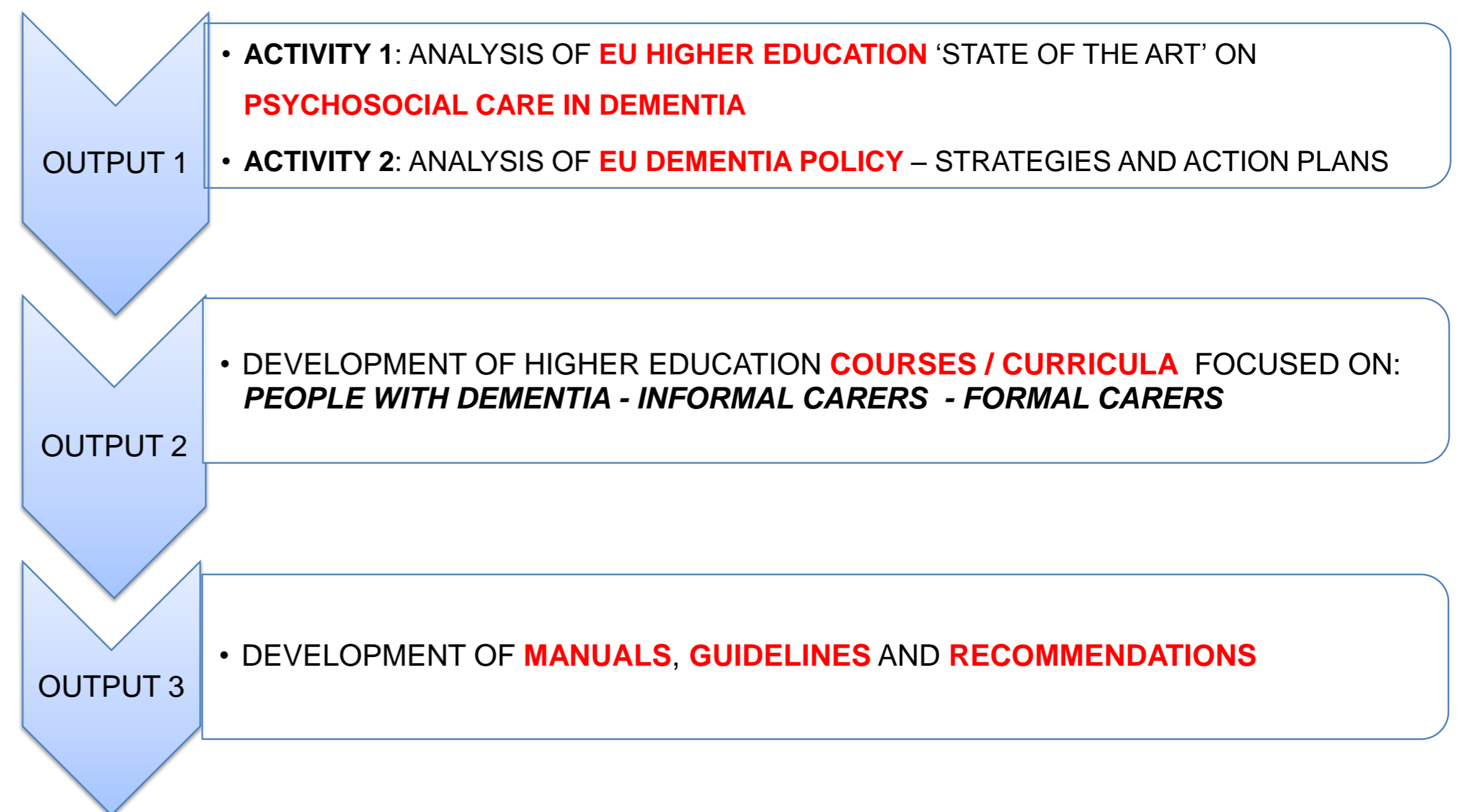
INSTITUT POSTGRADUÁLNÍHO VZDĚLÁVÁNÍ VE ZDRAVOTNICTVÍ



Maastricht University



UNIVERSIDAD SALAMANCA
CAMPUS DE EXCELENCIA INTERNACIONAL



ACTIVITY 1

OBJECTIVE

To identify to what **EXTENT** and in which **MODALITIES** psychosocial care in dementia is delivered to EU HE students

METHODS

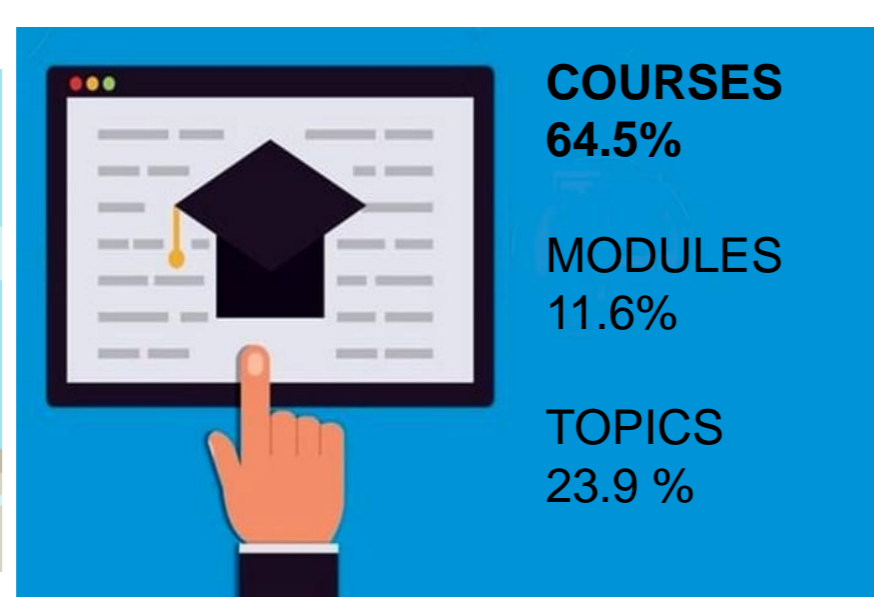
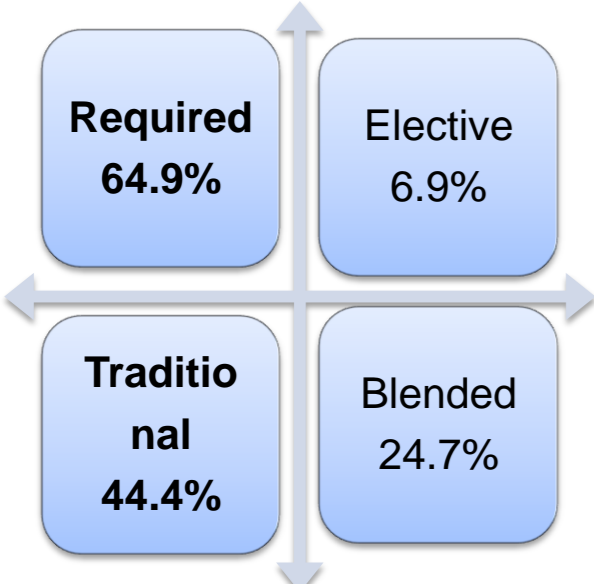
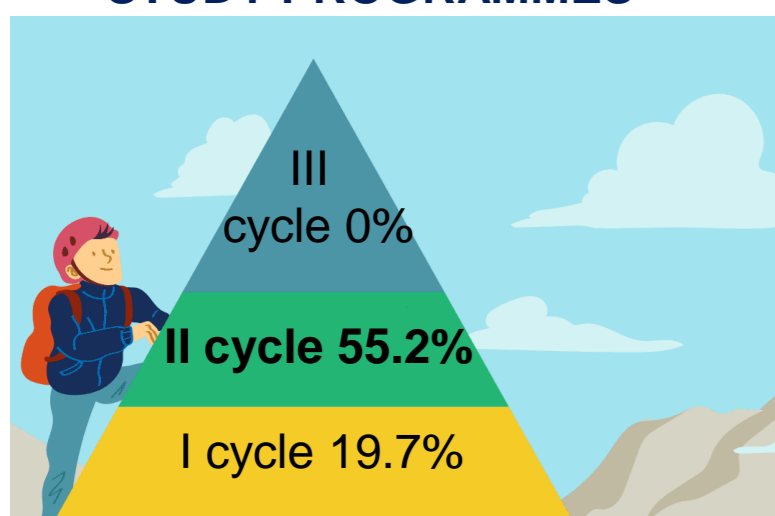
- 1) An ad-hoc made survey was sent to INTERDEM members and to EU experts
- 2) Same information was collected through an in-depth search on the websites of the consortium universities. It was about:

Name of teaching
Under or Post-graduate or PhD study programme (III levels, Bologna process)
Course or Module or Topic
Contents
Required or Elective
Delivered Traditionally or in a Blended modality
Number of hours and Credits (ECTS)

RESULTS

QUANTITATIVE: 261 inputs (1/3 survey, 2/3 manual search)

STUDY PROGRAMMES



| | Courses | Modules | Topics |
|----------|---------|---------|--------|
| I cycle | 8.5% | 9.3% | 1.9% |
| II cycle | 47.9% | 5.8% | 1.5% |

ECTS: **13.8** (sd= 10.41; n=150)

HOURS: **35.1** (sd=21.6; n= 31)

QUALITATIVE ANALYSIS

THEORETICAL INPUTS
4.6%

PRACTICAL INPUTS
19.9%

HEALTH-RELATED TOPICS
2.3%

AGING
17.4%

DISCUSSION

- **QUANTITATIVE ANALYSIS** Dementia teachings were mainly **Post-Graduate COURSES, REQUIRED** and **TRADITIONALLY** delivered
- **QUALITATIVE ANALYSIS** Dementia 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 rest of them presented many different titles. A very small number of them were featured with specific pharmacological and medical concerns or indicated the care-recipient. **The knowledge on psychosocial care in dementia is provided in scattered manners and it is mainly based on lecturers' individual expertise and sensibility**

ACTIVITY 2

OBJECTIVE

To analyze EU strategies and action plans to check **WHETHER** and **HOW** the topic of psychosocial care is treated. The **AMOUNT** and **CONTENT** of information along with its **COHERENCE** with scientific evidence were investigated

METHODS

- 1) A thematic analysis was carried out to identify:
 - a) Main **PILLARS** associated with the topic of psychosocial care
 - b) **WAYS OF PSYCHOSOCIAL INTERVENTIONS DELIVERY**
- 2) Second, an ad-hoc table was designed to collect data on:
 - a) **Type of psychosocial intervention**
 - b) **Target population/s**
 - c) **Staff qualifications**
 - d) **Agencies or Services**

RESULTS

The area of psychosocial interventions was addressed by **18 documents** out of 28 found across Europe

- **PILLARS: QUALITY OF CARE and EDUCATION/TRAINING**
- Psychosocial interventions were just **MENTIONED** as an appropriate care in 4 countries. Instead, in the remaining country policies some information was provided and it was classified as:

WAYS OF PSYCHOSOCIAL INTERVENTIONS DELIVERY

| Referral of non-pharmacological approach | Guidelines implementation | Education and Training programmes | Person-centred Diagnosis and Care | Networking and Strengthening of health and social services |
|--|---------------------------|-----------------------------------|-----------------------------------|--|
| | | | | |

- Almost no data on type of interventions, professionals and services involved was found and, if available, it was not in line with scientific evidence

DISCUSSION

- Overall, across all policy documents, it was unspecified how to provide psychosocial care and interventions thus leading to a scenario of **high fragmentation, incompleteness** and **low systematization** in the definition of dementia policies across Europe
- In 10 out of 28 documents no mention of psychosocial care was even found, and references were limited to medical treatment. For what concerns the remaining policies, **it is still unclear what such provision would actually look like, how it would be enabled, and how it would be assessed**

CONCLUSIONS

To allow the translation of the existing empirical evidence in support of the use of psychosocial interventions thus improving the quality of dementia care, multiple and simultaneous actions are needed: a) **Systematized, Evidence-based and Well-designed Education and Training programmes** (according to ISCED suggestions, a good balance of theoretical and practical contents) (Ottoboni et al., 2020); b) **Policies should be based on a comprehensive and well-integrated system of care where the topic of psychosocial care and interventions is embedded** (Chirico et al., 2020); c) **Continuous Advances in Research**

