Dementia & Drugs

Action Research

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Contents

1. Introduction

We engage in research every day and working with students to facilitate learning, we develop lesson plans, evaluate student work, and share outcomes with students, colleagues and other professionals. This is an ongoing process for all teachers in all sectors.

Sometimes a teacher may work alone but it is also common for a number of teachers to collaborate on a problem if it effects the curriculum/lesson delivery; in my centre support and guidance are available from administrators, colleagues, line managers, sector skill professionals, tutors and mentors.

As a professional there are types of research that are undertaken; it is important to plan action research specifically referring to a certain area with the intent that the research will inform and change practices I feel that we should be constantly researching and educating ourselves about our area of expertise.

We go through the process of qualitative and qualitative research, some subject areas can simply be covered using one method whereas other areas requires a partnership of both the methods.

"All research ultimately has a qualitative grounding" - Donald Campbell
"There's no such thing as qualitative data. Everything is either 1 or 0" - Fred Kerlinger (1999)

Qualitative research involves analysis of data such as words e.g., interviews, pictures, video, objects, etc it is text-based, can be valid and reliable: largely depends on skill and rigor of the researcher, primarily inductive process used to formulate theory, more subjective: describes a problem or condition from the point of view of those experiencing it. Time expenditure lighter on the planning end and heavier during the analysis phase

Quantitative research is fieldwork and is concerned primarily with process, rather than outcomes or products. Can be valid and reliable: largely depends on the measurement device or instrument used The researcher physically go to the people, setting, site, or institution to observe or record behaviour in its natural setting., it is descriptive in that the researcher is interested in process, meaning, and understanding gained through words or pictures. The process of quantitative research is inductive in that the researcher builds abstractions, concepts, hypotheses, and theories from details. Time expenditure heavier on the planning phase and lighter on the analysis phase

The research depends on each person's learning styles and as I am a visual learner, I like training that involves pictures, DVD's videos, discussions, debates, I also learn best by practising my skills "Practice makes perfect" so a hands on session is more suited, also the culture of the organisation plays a role in the preferred choice of methods.

Bell (1993) provides a useful checklist for planning your project, which identifies the following stages:

- Draw up a short list of topics;
- Select a broad topic for investigation;
- Refine the precise focus of the study;
- Decide on the aims and objectives;
- Draw up an initial project outline;
- Read enough to ensure you're on the right lines;
- Devise a timetable to enable you to check that all stages will be covered and time allowed for writing.

By the time you have completed all of these planning phases, you will be ready to write your research Proposal.

Through action research, teachers/researchers can scrutinise their teaching environments and respond to teaching problems in a scientific way: practical action research assists in understanding the teaching practice and helps in solving immediate problems.

This type of Action Research is associated with the historical and hermeneutical sciences, and so presumes that the meaning-making in a given situation is interpretative and deliberative (Grundy, 1987). Besides this, it aims to facilitate the practitioners' understanding and professional development (Zuber-Skerritt, 1996).

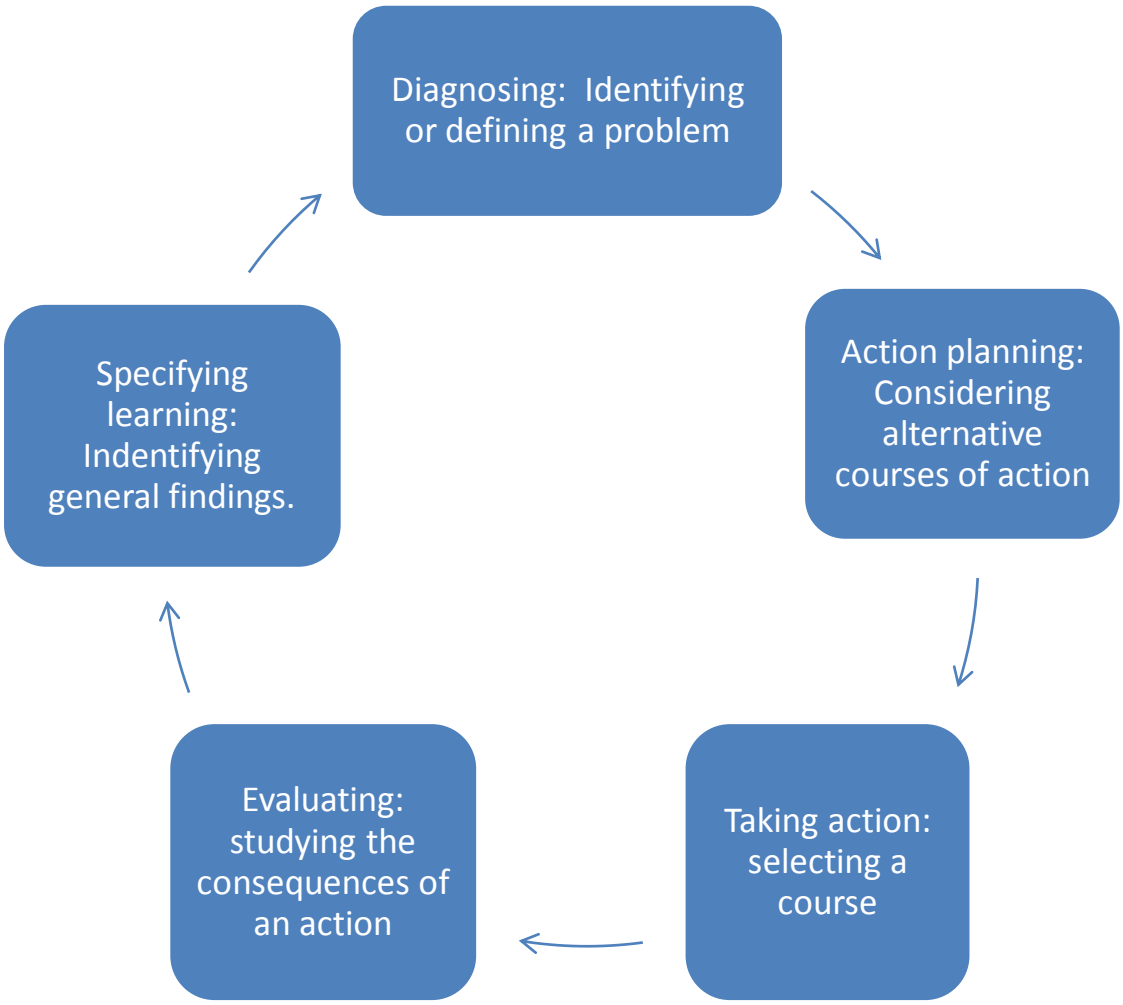
It aims towards generating understanding, and focuses on human interpretation, interactive communication, deliberation, negotiation and detailed description (McKernan, 1991)

Other aspects for my own development were to understand the importance of creating opportunities and means of evaluating and reflecting on my practice for the purpose of developing my knowledge, skills and understanding, reflecting on my complete self as a tutor, internal verifier, mentor, uncovering my underpinning knowledge and conducting action research.

There is a danger in beginning this process of reading too many articles and books etc. and losing sight of the parallel aim of reflection and gaining insight into personal methodology. Other professionals' approaches and models can be used as an example, but it best to evaluate these as they might not be significant for what I might wish to do, it is good practice to think and reflect on what I might actually do.

By choosing an action research the best methodology approach is relevant, not all action research can be carried out using one approach, I can choose a pedagogic focus (an element of practice) and then express the underlying and connected issues (elements of theory). The basic step is to start with a concept, read about it, and then think about the implications.

I have read Gerald Susman (1983): he identified five phases within each research cycle,
First step identify the problem, collect data for intervention and analysis for a more in-depth result, this is followed by a shared reasoning between several solutions, from which a single plan of action emerges and this plan is implemented. Data collected from research is further analysed and the problem is re-assessed and this process begins another cycle. So by following these steps we can continue forward with the problem till it is resolved.



I have been teaching in childcare and health and social care sector, and my background is childcare, it is vital to develop one's own perception of our strengths and weakness, by self evaluation and reflection I am able to identify areas I need to build on, develop and set goals for self-improvement. In my setting we carry out skills scans for all tutors, assessors and internal verifiers. With the introduction of the QCF framework I carried out skills scan for the units, my skills scan criteria for competence are based on knowledge (subject area specialty)' skills (hands on experiences of working in the sector), competence (experience built over time).
I then grade the result of the skills scan based on:

5 – excellent
4 - very good: very effective
3 – good: an acceptable level.
2 – fair: needs my attention, to update my performance
1 - poor; dissatisfied need to take immediate steps to improve
Once I carried out the skills scan I was able to identify the areas that I had marked as 1 and 2 and needed to develop e.g. administrating medication and working/supporting individuals with dementia, these are specialized areas and as a tutor and an assessor I wanted to build on my weak areas,

So the evaluation process I took was based four phases: preparation, assessment, evaluation, and reflection.

Preparation phase: what is to be evaluated (all units for health and social care), the type of evaluation (formative, summative, or diagnostic). These were matched against the criteria from the awarding body (CACHE).

Assessment phase: I identify skills/knowledge/competence gathering strategies.

Evaluation phase: to interpret the assessment information and make a judgment about learning outcomes.
Reflection phase: to consider if the evaluation process has been successful. Set targets for improvement and adaptation and undertake evaluation.

2. Administering medication:

a) For preparation: The first step was to discuss this with my line manager, she advised me to speak to the tutor for health and safety (social care adults), I had a meeting with the tutor and based on the information I got from her I planned for my action research with the cycle of questions, gathering data, reflection, and deciding on a course of action.

I made list of questions for action research:

Kurt Lewin is generally considered the 'father of action research'. He first coined the term "action research" in his 1946 paper *Action Research and Minority Problems*. He was interested in using action research to investigate conditions in organisations that would lead to social action; He proposed a process which was a spiral of steps involving planning, action and fact-finding about the result of the action.

What are the most important research questions and what are the particular areas that need to be explored further? The most important questions start with 'where' 'what' 'why' or 'how'?

What: CACHE Qualification Specification Optional Units CACHE Level 2 Certificate in Dementia Care (QCF) and HSC 375 administer medication to individuals. The national minimum standard that applies to care homes (personal care) states that 'all medicines, including controlled drugs, (except those for self administration) are administered by designated and appropriately trained staff'.

Why: I wish to gain knowledge/skills for delivering units based on dementia and medication and become competent in assessing the underpinning knowledge.

b) For assessment phase: Understand the administration of medication to individuals with dementia using a person-centred approach, support use of medication in social care settings, to prepare for, administer and monitor the effects of medication on individuals, provide support for therapy. How to record and store both prescribed and non-prescribed medications correctly. Understand and meet the nutritional requirements of individuals with dementia, contribute to support of positive risk-taking for individuals, contribute to supporting group care activities and facilitate person-centred assessment, planning, implementation and

Where: care settings including hospitals, nursing and residential homes, hospices, and community settings including the individual's own home and GP surgeries.

Will my research lead to a greater understanding, and fill a gap in current knowledge?
This will most definitely help me in building on my skills and knowledge and by practicing these skills in class session I will become competent. Also this will effect positively towards my CPD towards health and social care.

Am I replicating a previous study? If I am, in what ways am I improving and refining the research?

This is not replication as I have never trained for administering medication and supporting clients for demetia.

Who will be involved?
Care home, mentor, tutor, my line manager, me and the learners (for a session in which I will be observed)

Time scale:
12 days of tutorials, 6 hours preparation for SOW and lesson plan, 18 hours for tutorial and 2 hours for preparation for each session. Voluntary work in care home for 3 months one day session every week.

3. Research method

Carr and Kemmis (1986) define action research as a form of ***self-reflective enquiry*** undertaken by participants (teachers, students or principals, for example) in social (including educational) situations in order to improve the rationality and justice of (a) their own social or educational practices, (b) their understanding of these practices, and (c) the situations (and institutions) in which these practices are carried out.
My research was both Qualitative and Quantitative, information from care homes e.g. figures and graphs on types of medication in care homes, time and rota charts, on duty medication forms, procedures for medication, monitoring systems in place, law/regulation, legal implication, codes of practice, relevant service standards and codes of practice for health and social care in the four UK countries.

4. Literature Review

Has my literature review turned up a wealth of relevant information in this area?
There was a wealth of information available in care homes, on websites, key document to read and practice
http://www.rpharms.com/support-pdfs/handlingmedsocialcare.pdf
http://www.alzheimers.org.uk/site/scripts/documents.php?categoryID=200120&gclid=CMPH6-LWmasCFdQNfAodkhnQew

Books to read:
Telling Tales about Dementia by Lucy Whitman
Care-giving in Dementia by James Birren, Gemma M.M. Jones & Bere M.L. Mieson
Dementia Care by Trevor Adams,Charlotte L. Clarke (Eds), Caroline Cantley

According to Guskey (2000), educational problems and issues are best identified and investigated where the action is, i.e. at the classroom and school level. By bringing research into these settings and engaging those who work at this level in research activities (i.e. teachers), findings can be applied immediately and problems solved more quickly. Action research in education has also been called several different names such as: *classroom research, self-reflective inquiry, teacher research, teacher self-evaluation, teacher as researcher*.

5. Evaluation phase

My research project for administrating medication was based on all of the above elements as I could not choose one method to collect all the relevant information to build on my skills and knowledge, by this methodology of action research I was able to evaluate what I was doing, was the hands of practice that I teach to my learners effective, am I making an influence by providing high standard of teaching or I am just wasting my learners time and my own. I have a responsibility for my own thinking and action and I am accountable towards my learners, colleagues, senior staff and funding organization.

By following the laws/legislations I was able to understand the legal implications and ensure that during I was providing correct, relevant and valid information my tutorial sessions. My schemes of work and lessons plans reflected the changes in the sector and I was planning for the clients based in a variety of care homes.

I researched the current European and national legislations, national guidelines and local policies and protocols in relation to the administration of drugs, these gave a better me netter insight into the legal framework that govern care sector.

The Misuse of Drugs Regulations 1971 which regulates the availability of drugs which could be misused and could produce dependence such as cocaine. The controlled drug also comes under Control of Substances Hazardous to Health Regulation 2002 (COSHH).

The Misuse of Drugs Regulations 1985 – enable specified health care professional to possesses, prescribe and or administer controlled drugs.
A special cupboard in the medical room in the nursing unit is used to store controlled drug and a register with the patient's name, date and time for the dose to be given. When I request for controlled drug, the nurse will countersign my signature and check the balance in stock.

Medicine Act 1968 - This Act divides medicine into three categories:
a) Prescription only medicine (POM) – These are medicine prescribes by the doctor and obtained at the pharmacy and include controlled drugs.

b) Pharmacist medicine (P) – these can be supplied by the pharmacy without prescription.

c) General (GSL) – These are medicines that can be bought from the pharmacy or any supermarket commonly known as Home Remedies.

6. Theories and practices that I followed

I started by reading on the care homes policy and procedures and shadowing staff. The manager allowed me to shadow a qualified staff member after checking my references and CRB check; I was clearly explained my role and responsibility towards other staff members and clients of the care home. I made noted to use this as a reflective account for teaching my learners.

During my research I observed staff following correct procedure when administering medication by washing hands before handing out the medication. Staff checked that the person who is receiving the medicine is the one by checking on the picture on the Mar char and confirm by calling out their name. She gave the right dosage at the right time. I observed that if the client did not take medication for any reason the staff put the appropriate code such as 'd' for destroyed if they spat out their medication. Staff made sure the person had taken their medication and not passed it on to other service users. When she was satisfied the client had taken their medication, she signed on the Mar Chart. Police of the care home

clearly indicated the importance of reporting incorrect or wrong dose, “wrong medication, report and save life".

7. Care and Support:

During my research I observed the importance of offering verbal and non verbal support and reassurance to individuals and appropriate ways of doing this. The staff communicated with the clients depending on their level of understanding and according to their needs. For example: I observed a service user who couldn’t hear, so the staff touched her lightly and asked her if she wanted to take her medication. Reflecting on equality and inclusion I understood the purpose of seeking for approval, the client’s ability to hear doesn’t take their right to take or refuse their medication, “The basic Human Right”. I used this to base my lesson on UNCRC and cover the articles for equality and inclusion.

8. Pharmacology

My research showed that all the medications are stored in medication trolley and any extra medication is put in the cabinet secured against the wall. It is also kept locked under correct temperature. All medicines come with the dosage instruction and the instruction on how to store it. Some medicine such as the syrups and suspension such as antibiotic, insulin and some eye drops have to be stored in the fridge and the fridge has to be locked too. I used this information to research further and I read the care homes medication policy, I used this information an linked these with procedures for safe guarding venerable adults.

I also observed staff checking the method for administrating medication and the different routes for medicine administration used were: oral, rectal, pain patches, eye ointment and eye drops, nasal drops and applying topical ointments. The information which needs to be on label of medication both prescribed and non prescribed is: Patient’s name, date of birth, the name of the drug, route of administration, its dosage and how often and for how long and the expiry date. The significance of this information is that staff know to whom it is being administered to and for how long and when to discontinue the medication. This will also helps staff to monitor if the drug is effective after a certain period. I used this information to create case studies on good/bad practice for purpose of medication.

Material and equipment
By observing staff and asking questions during my research, I observed that when administering medication to clients, staff must make sure they have some medicine pots, spoons, water glasses, water jug, disposal bag and the medication file containing the Mar charts for the service users. My research showed that relevant documentations needed to be in place, policy and procedures to be followed for instruction and to take medication in the prescribed way for the medication to be effective. Staff must use the right equipment for administering the medication such as measuring cups for giving tablets and lactulose.

Procedure and techniques I observed and followed, when shadowing a qualified staff:
My research showed that when administering medication, staff turned to the Mar Chart for the individual, and checked by calling out the name of the individual and looking at the clients picture that was in the Medication file for easy identification.

During research when I questioned a staff she confirmed with clients what medication they are going to take and gave it out to them according to the instruction on the label and Mar chart.

Another key document that I observed staff use was medication administration form that staff used and updated after client had actually taken the medication, drug use and waste drugs forms where used by staff for all medication left over from the previous cycle this was recorded and sent to the clinical waste. and the duty nurse signed for it.

I made an account of a every situation I kept notes, verbal recording of my observations, transcripts of medication and methods of administrating medication, the time and rota of staff, effective management of medication systems by both the manager (maintaining confidentiality), styles of communication by staff for encouraging cooperation by clients i.e., it implies that it is factual and true.

Reflection phase: Once I read the laws, legislations and codes of practice I become aware of the legal aspects in handling and storing medication, incorrect medication have fatal side effects and can result in long term implication both in terms of health and loss of life, this helped me to improve my knowledge in the National Service Framework for Older People, Commission for Social Care Inspection Professional Guidance for the Administration and Management of Medicines and the National Minimum Care Standards and including medication tasks in any indemnity insurance

I gained the skills on how to effectively administer medication, the procedures I need to follow, I understood that the medication has to be checked on receipt and shortages notified to the pharmacy and after administering medication, all unused medication has to be counted and given to the nurse who will disposes it in the appropriate manner as required, by participating in administrating medicine routine I gained skills to provide an effective system of administration and management of medicines that focused on the needs of service users, their families and carers. I understood the policy for risk assessment to identify appropriate support for service users and the provision of appropriate training for staff that was undertaken by care homes, roles and responsibilities of care/support practitioners. I understand that carers must not offer any assistance with medication unless a risk assessment has been carried out and the level of support required has to be clearly documented, all carers have to follow the care plan, if a service user requires assistant then it has to done through family members and through contact with GP or pharmacist, under no circumstances should a medicine be given to a service user without their knowledge, a service user should never be forced to take medication against their wishes and all refusals should be recorded on the Medicines Administration Record Sheet (MARS).

By attending regular carer duties I have gained competence in the area of administrating medicine.

Based on self evaluation and reflection my goals for self-improvement for the coming year is to attend medication review and carry out 4 days of CPD at the care home. Read on changes in the care sector to keep breast with current best practice guidelines.

9. Dementia research project

Preparation phase**:** what is to be evaluated (all units for health and social care), the type of evaluation (formative, summative, or diagnostic). These were matched against the criteria by awarding body (CACHE). My main question was ‘How do I improve my teaching?’ Dementia care is not just about caring of any individual in a care home, this is for caring for very venerable adults, so I wanted to improve my understanding of how to plan and deliver lessons for learners working with an individual

with dementia in the care home, for me reading and attending training just isn't enough, being competent is about knowing and understanding what to do e.g. promote diversity, equality, inclusion, explains why an individual with dementia has unique needs and preferences, describes how an individual with dementia may feel excluded, describes why it is important to include an individual with dementia in all aspects of care practice and how values, beliefs and misunderstandings about dementia can affect attitudes towards an individual, what would a learner do if an individual with dementia forgets their name for purpose of medication, checks for ensuring?

Assessment phase: I identify skills/knowledge/competence gathering strategies. The methods I used for my action research were **observation**: this I did by looking and seeing. By observing staff in care homes I was able to get valid and a true representation of their role and responsibilities, hands on practice in care home helped me develop a very good understanding of how cognitive, functional and emotional changes associated with dementia can affect eating, drinking and nutrition, I developed the application of social skills and the awareness of the needs of others. Working alongside qualified staff I was able to reflect on my lesson plans and I made adaptation based on person-centered approach, the aim was to provide my learners with support to work flexibly and implement person centered approach and not concentrated on their learning only. It influenced my teaching, increased awareness of my readiness to be self critical and find solutions for my own development, class based tutorials are not favorite method of learning, I prefer to do hands on work, so CPD in a care home was ideal for me.

10. Data Collection

Interviewing:

Some of my data was collected by interview. I was aware that I was not speaking on behalf of others, also I didn't want to put people on spot and make them feel nervous, so I created a pre-structured questionnaires, according to my agenda of researcher (medication and dementia) I collect data from the various staff and service users viewpoints. I informed that I use a dicta phone for recording and asked for consent to use it to record interviews. I conducted less formal interviews with a list of broad questions and encouraged staff to give their own opinion on types of training they wish to undertake, how effective they find training and methods of training they enjoy the most, this method of interview is a laid back approach, I find this casual and clearly non threatening to anyone this is clearly a non-judgemental approach and indicates an interest in whatever is being said, no matter how boring or inconsequential or shocking. I use sentences e.g. 'One argument/view point I've heard from other people is ....., or What are your views? and or " so by summarises this it would be.... ,

Documents: during my research I carried a small note which serve as a diary and I collected data and after my research I created case studies based on my observations, medication recording documents, Mar charts, I created a list of Q/A for my learners on use of documents in the setting

- How are the documents used?
- On what occasions are they used?
- In which places are they used?
- Who uses them?
- Are they used with others?
- How do individuals and groups feel about them? How do they judge them?
- What adaptations can be made to make these documents more effective?

I attended **meetings** with the care worker, manager, occupational therapist, physiotherapist, pharmacist and dementia care advisor to build on my knowledge and skills in real life situations instead of case studies.

11. Evaluation phase

Evaluation is an important part of the teaching-learning process. This is a continuous activity that is closely linked with the curriculum, it is guided by the intended learning outcomes of the curriculum and this should be a positive experience and should be for purpose of self improvement. After undertaking dementia training and hands on practice I could identify the areas of improvement according to the QCF curriculum framework.

By attending **in house training** and practicing at the care home I was able to develop my knowledge, understanding and skills about how dementia can influence an individual's ability to communicate and interact, I also observed how memory impairment can affect the ability of an individual with dementia to use verbal language, how understanding an individual's biography/history can facilitate positive interactions, I was able to list different techniques that were used by qualified staff to facilitate positive interactions with an individual with dementia and I could explain how involving others may enhance interaction with an individual with dementia.

I was able to describe how the experience of an older individual with dementia is different from the experience of a younger individual with dementia, describe what steps are taken to gain knowledge and understanding of the needs and preferences of individuals with dementia from different ethnic origins and how to work in a person centered way with an individual with a learning disability and dementia.

I build a large question/answer base and gather data to show the process for learners and I was able to this by observing staff at the care home and GP and discussions with my mentor. I set a variety of activities that my learners can to in their care homes (with approval of the relevant professionals) to encourage intergenerational communication. Additional Resources that I added to my SOW and lesson plans were short films, The Notebook (2004) PG relates the story of an old man who is reading a story to an old woman in a nursing home. It turns out the story is that of their young life together to remind the woman, who is suffering dementia, of her past.

On Golden Pond (1981) PG is the story of three generations visiting a summer house by a lake. A prickly 80 year old English professor suffering the disorienting effects of mild dementia, forges a bond with a lonely boy and comes to terms with his relationship with his daughter.

12. Reflection phase:

My action plan was to solve problems in the delivery of medication and dementia units and to update my knowledge and skills according to the current qualification, so the process of action research involved both formative evaluation and summative evaluation. My line manger arranged for staff meetings on a regular basis and I shared my findings with the other staff, with the information I got from our potential learners the staff were able to tailor to set of tutorial plans, we devised one training session as in-house training which was in the care home and this involved other professionals, careers, family members working with clients with dementia, this involved sharing of reflective practice and less case studies. The second training programme planned was classroom based; this involved teaching, using case studies, documents and Q/A sessions.

After completing my action research I have gained insight into different roles and responsibilities of caring for people with dementia, I was able to form a partnership with the Music for Life organisation, I learnt the methods used by them to assist people with dementia for self expression and communication, to

remove emotional isolation and empower clients. Through the research action being completed by getting valid, reliable and relevant information on running dementia training, I have continued sharing ideas with the manager of the care home, this has helped me in getting current information, to keep abreast of the changes and the recent developments.

I store my data upon a computer so it is simple for me to organise data. I sub categorised this in medication and dementia and then created folders according to data and interview notes, this made it easier for me to create my SOW and lesson plans, potential learners for dementia units, costs analysis reports for both on site and off site training and documents for supporting hands on practice .

My organisation also discussed regarding providing courses, workshops for carers providing support to clients with dementia, and as a trainer I was able to plan sessions with hands on approach and the knowledge of dementia was not from just reading books, watching films but also from my own practice.

My next action research project is working in partnership with Somalian Muslim Women's Association to set up a training facility in Haringey.

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