

# **Education, Education, Education**

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# The Cost and impact on the NHS

- Alcohol Strategy 2004
- Royal College of physicians report 2001
- Healthier Nation '92
- Models of Care for alcohol misusers 2006

1. Primary

Alcohol is a direct sedative:

Unconsciousness

Respiratory arrest- Death

2. Secondary

A. Medical

RS

Inhalation of vomit (especially the young)

CVS

Arrhythmia

CNS

Fits (D.T's)

GI

Oesophageal varices from cirrhosis

Pancreatitis

Blood

Clotting

Metabolic

Hypoglycaemia

Endocrine

Diabetes

B. Surgical

Trauma

-accidents esp. hand injury

-personal violence

3. Psychiatric

self abuse: overdose/trauma

self neglect –NFA

4. Drug Interaction

Legal (medication) illicit

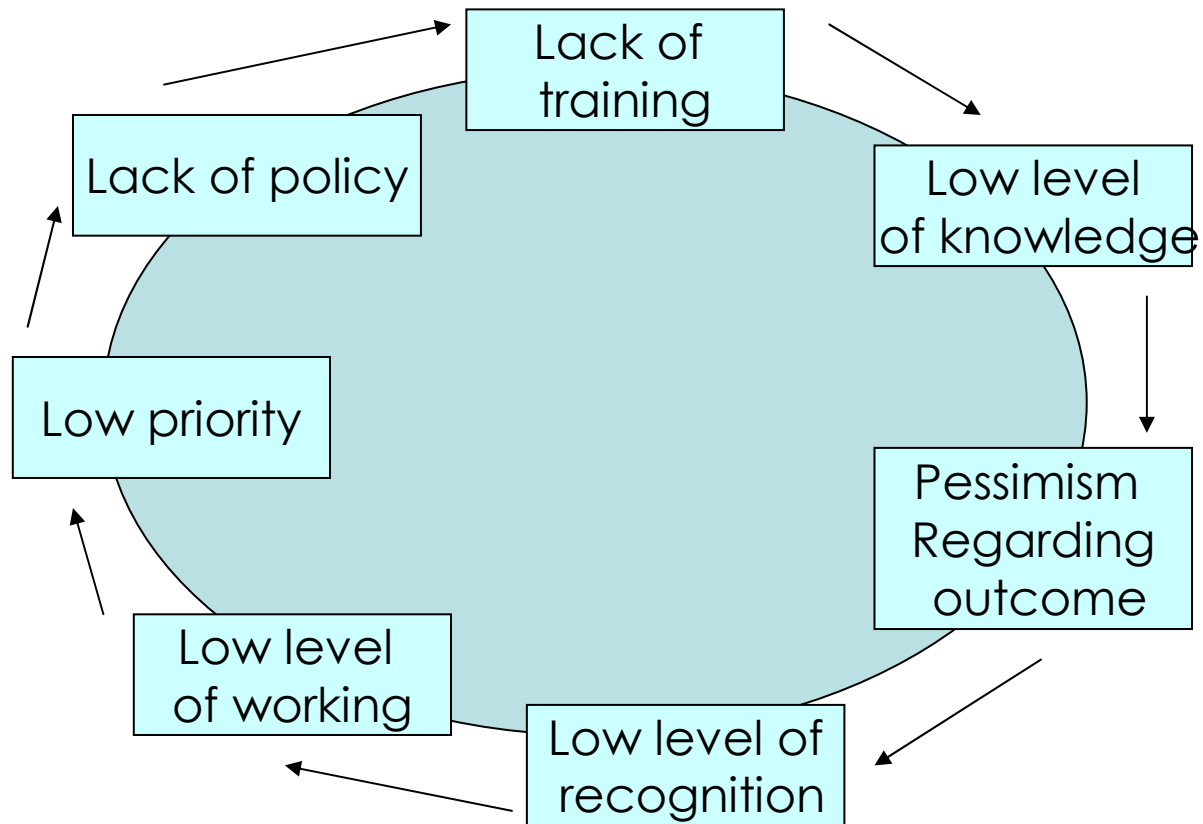
# Perceptions & attitudes

- Perceptions are learned and therefore can be unlearned.
- Attitudes influence our behaviour and gives reason to behave in a certain way.
- Reluctance to screen or to advice patients even when admission identified as alcohol related
- Recent evidence suggests attitudes are changing and this is through education & training and general awareness and acceptance of a physical and psychosocial elements to the illness.

# Knowledge

- Since 80's World Health Organisation (1989) & Advisory council on the misuse of Drugs (1990) encouraged schools of nursing to include alcohol misuse on curriculum.
- Current position 8hrs –RNs, 27hrs RMNs (on average)
- Medical students 2-6 hours

Perpetuating cycle of inadequate education & training at pre-professional level (Leckie et al 1984)



# Confidence

- May be due to anxiety and conflicts related to their role adequacy, legitimacy and support
- lack confidence & experience in effective clinical management due to limited coverage in nurse training and at post registration level.

# Method

- Longitudinal, prospective study using questionnaires to determine nurses' initial perceptions, knowledge and confidence
- Utilised Shortened Alcohol & Alcohol perceptions questionnaire
  - contained a series of statements
  - seven point scale ranging from 'strongly agree' to strongly disagree'

## The components of therapeutic attitudes

<b>Motivation</b> to work with drinkers	}	Therapeutic Commitment	}	Overall Therapeutic Attitude
Expectations of <b>work satisfaction</b> with drinkers				
<b>Task specific self-esteem</b> with drinkers				
<b>Role adequacy</b> Feelings of adequacy of knowledge and skills	}	Role Security		
<b>Role legitimacy</b> Feelings of the right to work with drinkers				

# Method continued

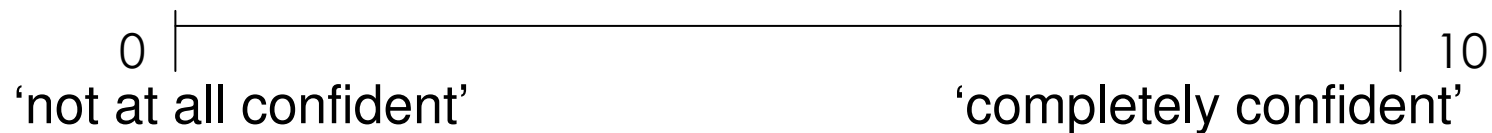
- Educational intervention developed and implemented
- Post intervention questionnaire administered to identify changes resulting from the training provided

# Sample

- Total population sample of all nurses working in the three main admission routes to the hospital; A&E, Medical Assessment Unit, Trauma Assessment Unit= 121 nurses.
- All invited to participate
- Sent letter of introduction & questionnaire which were anonymised by numeration codes
- All nurses who entered the study were given a questionnaire at the beginning and a second one 9 months later.
- Those who completed the first questionnaire but did not undergo the training were used as a control group- not true control because they were self selecting
- Enables identification of any differences in the sample of those who chose to participate and those who did not.

# The Questionnaire

- First contained background information about the nurses; and their awareness and knowledge of alcohol related illnesses.
- Second section assesses nurses' perceptions and attitudes towards caring for patients with alcohol related injuries or illnesses. Used validated tool called the Shortened Alcohol and alcohol problems perceptions questionnaire-SAAPPQ (Anderson & Clements 1987)
- Confidence pre and post educational intervention was assessed using a visual analogue scale



# Educational intervention

- 2 hours of intensive training
- The cost and impact of alcohol on the NHS, the individual, family and society
- Typical presenting complaints
- Definition of a unit of alcohol
- Guidelines for sensible drinking
- Calculating alcohol intake
- The need for effective detection
- Utilising the Alcohol Use Disorder Identification Test and the Clinical Withdrawal Assessment Tool.
- Identification and management of alcohol withdrawal and delirium tremens
- Utilising common law and capacity in clinical practice
- Identification & treatment of Wernickes Encephalopathy
- Community services
- Delivering a brief intervention

# Results

- 121 questionnaires distributed of these 60% (73) response rate of those returned
- 73% (53) response rate for second questionnaire. Overall response rate for both questionnaires was 44%
- Of 53 who completed follow up questionnaire 43 received training the remaining 10 were used as the control.
- Response rate of 50% and above is good for mailed questionnaires

# Results

- 73% had not received and previous training those who had, had received it from the author prior to study commencing
- Few nurses in emergency care see this as priority for their personal development as only 10% claimed to read professional journals on topic
- Appears nurses don't update themselves unless training provided through a structured programme

# Results

- Baselines levels of perceptions showed a mean score of 42 out of a possible 70.
- Improvement shown in the mean of all themes except task specific self esteem although only role adequacy was statistically significant ( $p < 0.01$ ).
- Overall therapeutic score ( $p < 0.01$ ) showing improvement in nurses' attitudes & perceptions
- Statistically significant improvement in knowledge ( $p < 0.01$ ) along with confidence ( $p < 0.05$ )
- Feedback for intervention very positive; one respondent said  
' I am now a more understanding and knowledgeable practitioner'

# Limitations of Method

- Small scale, self funded project and there not practical to involve other emergency departments in the UK
- Carried out in 3<sup>rd</sup> largest Trust therefore externally valid
- Some questionnaires not returned and no analysis to find out if difference between those who did or didn't respond.
- Self selecting for intervention and interventions took place over the 9 month period.
- Two hours for training too short
- Age range & grade distribution of senior staff under-represented

# What happened next?

- Asked by RCGP to sit on a steering group to look at education and training for GP's on Alcohol misuse and patient management. Similar to training current provided for drugs.
- Developed RCN accredited training with my colleagues Sue Gough & Pamela Thom which is currently the only RCN training for acute hospital staff in the country.

# Thanks to

- University Hospital Birmingham- Selly Oak- All staff how participated
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Thanks for listening

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