Educating for Inclusive, Caring Communities

Evaluation Exercise

A Way Forward

It would be unhelpful – indeed, impossible – to propose a one-size-fits-all solution that would suit every TEI's needs: there is too much inter-institutional variety in programme structures, denominational requirements, and existing provision for dementia education. Rather we propose a suite of five 'options' designed to be used in combination such that they might have an impact greater than the sum of their individual parts. As such, crucially, none of these options are designed to be used in isolation. Each has some limitations, and implementation would require careful consideration of, for example, delivery mode and timing, and whether and how to mandate student engagement.

Whereas, in most cases[1] the expectation that an institution will develop, deliver and mandate a full module or unit of teaching exploring dementia in depth is unrealistic, each of these smaller-scale options are proposed with feasibility in mind. By combining them, institutions might be more realistically placed to begin taking smaller, mutually-constitutive steps towards improving dementia education among future church leaders.

We invite each institution to consider what it already does well, and which two options it might utilise to enhance its activity in this area. To this end, we include an exercise to support these considerations at the end of this section.

We also advocate:

- ongoing evaluation of each option's effectiveness. As illustrated above, what works well at one institution does not necessarily always work as well in others;
- the importance of formation, and equipping students with transferable skills such that they become adept 'theological improvisers' alongside and, indeed, through each of these approaches;

- ensuring there is suitable pastoral support available for students who find the topic of dementia troubling, or for whom it has personal resonance;
- urging churches and their denominational authorities to support this work, not least financially, and through the broader endorsement and development of schemes and resources which explore what it means to be church, and to be a minister, in view of growing worldwide dementia incidences. Where applicable, denominations should work with TEIs to consider including explicit emphasis upon working with the elderly - including those with dementia and/or caring for those who have dementia - within formation criteria or expectations they set for ministers.

Dementia is a known, growing concern for which ministers currently are not consistently well-prepared. As such, we believe it merits specific, explicit consideration. We are conscious that it will not satisfy everybody to give it attention while leaving other important matters of justice and inclusion unconsidered. Equally, though, we sincerely hope that the composite approach and options proposed here could and might be adapted to other themes and topics which merit greater consideration.

Option 1 - Curriculum Time and Assessment

Despite pressures on their curricula, many TEIs already dedicate time within one or more modules – whether whole lectures or seminars, or examples and case studies - to exploring dementia; others designate it for explicit reflection or assessments. TEIs should consider their capacity to offer this, whether independently or in collaboration with external organisations or individuals. Dementia might most obviously fall within modules exploring: pastoral care; disability theology; discipleship;

---

[1] As noted, some TEIs have developed and utilised dementia modules – often to good effect. While we anticipate that, for most institutions, this would not be a helpful approach, we would be very pleased to hear from and support anyone keen to develop such a module.

or life-cycle ministry. While we advocate including dementia in a compulsory part of the curriculum or assessment, individual TEIs are best placed to assess whether it might be more feasible in an optional unit. They will also know best whether online or hybrid delivery would support such coverage. Additionally, dementia should be encouraged as a topic for theological reflection, both individual and corporate, in conversation with students' experiences (see further Option 3 below).

Such inclusion should be supported by a suitable reading and/or resource list – ideally maintained electronically and centrally such that it can be updated and referred to for several years post-ordination. This too could be developed collaboratively.

Option 2 – An Integrated Approach

All module convenors should review their course content for opportunities to integrate consideration of dementia and ways it might serve as an 'acid test' to disrupt norms and assumptions. This is particularly important for compulsory modules.

As an initial aim, convenors might identify three instances within a module's taught content, accompanying materials or assessment where dementia could be considered. These questions might provide a starting point for reflection:

- Does this topic make assumptions about people having working short-term or long-term memory? What might the absence of such a faculty mean for how we think about it?
- How might we do this differently to accommodate somebody who can be disruptive at unexpected times?

While this approach relies on widespread staff 'buy-in', it has the advantage of embedding dementia as a topic for consideration, significantly increasing the likelihood that all students will have explored dementia and its complexity from a range of perspectives before finishing their training.

Option 3 - Placements and theological reflection

Short- and long-term placements are already an important aspect of ministerial training. TEIs should consider how to bolster them to increase the number of students who have opportunities to encounter people living with dementia and their carers in structured, supported environments, and to reflect upon these encounters.

TEIs should review the placement opportunities they already offer, assessing how many are likely to facilitate encounter with people living with dementia or dementia carers. This will enable institutions to estimate what proportion of their student body will likely undertake such a placement. Where this proportion is low, TEIs should consider expanding their placement opportunities to include contexts and communities home to people living with dementia. In parallel, they should consider what resources and/or training might support students undertaking these placements, and how best to deliver this. This might valuably include a course in basic dementia awareness.

Such first-hand experience should be complemented by designated opportunities for theological reflection on dementia, whether individually, in small groups or one-to-one with mentors (or equivalents), building students' theological reflection skills.

Where such theological reflection takes place in groups, those with more first-hand experience

of dementia could lead others in exploring the issues raised. This would ensure that even in situations where a relative minority of students can undertake placements which expose them to dementia, their learning can nevertheless be shared.

Option 4 – Extra-curricular spaces

Incorporating consideration of dementia in non-assessed, non-curriculum spaces (which almost all TEIs already have) can alleviate pressure on the taught curriculum.

Each TEI will need to consider what their existing extra-curricular spaces look like to best assess where and how dementia might be incorporated within these. For example, those institutions where it is not realistic to run a dementia workshop annually might instead run one biennially, such that most students can attend once during the course of their training. Whether or not attendance should be compulsory ought to be considered in conversation – indeed, consultation - with practical and pragmatic consideration of what students will find most engaging and helpful.

Individual TEIs should consider how best to develop or host such extra-curricular opportunities in light of available time, expertise and resources. Running these activities in conjunction with other organisations, or opening them up to people other than students training for ministry, might alleviate some financial and practical burdens.

Like curriculum time and assessment, any extra-curricular sessions would also ideally be supported by a considered list of resources and further reading, and perhaps suggestions for reflection.

Option 5 – Befriender Scheme

The fifth and final option we propose is a befriending scheme, based on a model whose effectiveness in medical education has been demonstrated in recent years. It is a close parallel to the scheme run by Kenneth, albeit without an assessed component (pages 40-41).

In 2014, Brighton and Sussex Medical School and the University of Surrey, both in the south-east of England, collaborated with Alzheimer's UK to establish a mandatory programme for undergraduate medicine and healthcare students called Time for Dementia (Daley et al 2017; Banerjee et al 2017). Groups of two or three students are paired, based on location, with couples or individuals living in the community with a diagnosis of dementia. Across two years, the students visit once a term, for a total of six visits of approximately one hour. While conversation is the main emphasis, students are encouraged to offer practical support if they felt it was appropriate – for example, helping prepare lunch. Importantly, they do not offer medical care – indeed, doing so would almost certainly be beyond their professional capabilities, and therefore inappropriate. Students receive some preparatory training, but the scheme is not assessed except insofar as attendance is recorded.

Evaluations have suggested that Time for Dementia successfully improved students' felt preparedness for working with people living with dementia and their carers in the future. Community members also reported benefits of participating in the scheme, enjoying the students' company, and consistently opted to continue participating in the scheme with future cohorts (Daley et al. 2017; Banerjee et al. 2017; Cashin et al. 2019).

A befriending scheme for ministerial candidates might represent an effective way of ensuring all trainees gain first-hand experience working alongside people living with dementia and their carers. It could be paired with opportunities for theological reflection. It could also feed into formative or summative assessments, though consideration should be given to the relative merits of removing such pressures.

Developing and running such a scheme does have cost and administrative implications, likely proportional to the number of students in a cohort. Pooling resources across several institutions, or partnering with secular charities as in the case of Time for Dementia, might represent helpful ameliorating steps. Appropriate consideration would need to be given to training and to safeguarding.

References

Banerjee, Sube, Nicolas Farina, Stephanie Daley, Wendy Grosvenor, Leila Hughes, Molly Hebditch, Sophie Mackrell, et al. 2017. 'How Do We Enhance Undergraduate Healthcare Education in Dementia? A Review of the Role of Innovative Approaches and Development of the Time for Dementia Programme'. International Journal of Geriatric Psychiatry 32 (1): 68–75. https://doi.org/10.1002/gps.4602.

Cashin, Zoe, Stephanie Daley, Molly Hebditch, Leila Hughes, and Sube Banerjee. 2019. 'Involving People with Dementia and Their Carers in Dementia Education for Undergraduate Healthcare Professionals: A Qualitative Study of Motivation to Participate and Experience'. International Psychogeriatrics 31 (6): 869–76. https://doi.org/10.1017/S1041610218001357.

Daley, Stephanie, Zoe Cashin, Miriam Miller, Leila Hughes, Molly Hebditch, Juliet Wright, Wendy Grosvenor, and Sube Banerjee. 2017. '[P4–539]: Participating in Undergraduate Healthcare Professional Dementia Education: The Experience of People with Dementia and Their Carers'. Alzheimer's & Dementia 13 (7S_Part_32): P1557–P1557. https://doi.org/10.1016/j.jalz.2017.07.701.

An Exercise

This short exercise is designed to help TEI staff begin thinking about dementia education in the specific context of their institution, exploring what they already do well, how effective this is, and how they might – realistically – bolster their offerings.

1) Find five objects - you might find that different-coloured LEGO bricks, Smarties, M&Ms or Jelly Babies work particularly well. Each object or colour represents a different one of the five options proposed above. Lay all five objects out in front of you, and place a small container to your right.

2) Is your institution already facilitating any of these 'options,' fully or in part? If your answer is yes, put the object(s) corresponding to that option in the container to the right.

3) Are there any of these options completely unrealistic to implement in your institutional context? If your answer is yes, move the corresponding object(s) to the far left of the space in front of you.

4) Consider the remaining objects. What are the advantages and possible limitations of each of these? Make a note of any challenges you would foresee if you were to propose introducing each of these at your institution.

5) Based on these considerations, rank the objects still in front of you in order of how straightforward or feasible they would be to implement.

6) Return any objects you placed in the container at the end of stage (2) to the table in front of you, placing them at the top of the ranked objects from stage (5).

7) Focus on the top two ranked objects, asking: do these approaches primarily lend themselves to growing knowledge and understanding; values and dispositions; experience; or transferable skills? Do these two 'ways forward' emphasise different, complementary kinds of learning? What are they? Might another option help to counterbalance some or all of these options' weaknesses? If so, you may wish to change your selection of two options.

8) Reflecting on these two options, consider:
   - Any changes you would need to make to existing dementia provision at your institution
   - What support you would require to implement a new way forward at your institution.

Educating for Inclusive, Caring Communities