

In this article...

- Rationale for using person-centred approaches in moving and handling
- Benefits of simulation to experience the patient's perspective
- Need for real-life, practical skills development in dementia care training

Teaching person-centred moving and handling through simulation

Key points

Poor moving and handling practice not only poses a risk to patient safety but also leads to distress and lack of dignity

Moving and handling should be person centred

Simulation can provide a window into the patient's experience of being handled and moved

Simulated learning must be conducted in a safe environment by a qualified instructor

The University of the West of Scotland offers moving and handling training that promotes patient involvement and dignity

Authors Mark Molesworth is lecturer in adult nursing; Anna Waugh is lecturer in dementia; Jo Oliver is lecturer in nursing; all at the University of the West of Scotland.

Abstract At the University of the West of Scotland, moving and handling training has been redesigned to incorporate person-centred approaches, helping students to learn how to reduce patients' distress, maintain their dignity and promote their involvement. Perhaps more than any other patients, those with dementia can experience poor moving and handling practice. The training uses simulation sessions and a toolkit to modify students' perceptions, so they can put themselves in the shoes of a person with dementia being handled and moved. This article describes this innovative training, its rationale and methods.

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Staff in health and social care settings often need to move and handle patients with mobility issues. However, training on this topic is often task focused, with superficial consideration of patients' wellbeing, comfort, safety and dignity. To enhance the experience of patients – particularly those with dementia – students at the University of the West of Scotland (UWS) have, since 2014, received patient-centred moving and handling training that uses role play simulation. This innovative training could be of interest to a range of health and social care professionals, particularly educators, who may be able to incorporate some of its aspects into their own courses.

Poor patient experience

The experience of people with dementia when using health and social care services has fallen below expectations (Kelly and Innes, 2013). For them and their families, admission to hospital often means increased stress and distress. Their poor experience in health and social care settings can be exacerbated by poor moving

and handling, which not only puts patient safety at risk but also leads to discomfort, distress and lack of dignity (Bit.ly/HSEMovingHandling). If the professional doing the moving and handling is not communicating appropriately, any patient may become anxious, fearful and agitated (Warren, 2016) – and even more so if they have dementia.

Knowledge and skills gap

When helping someone with mobility issues, it is crucial to use person-centred approaches and ensure moving and handling practice is adapted to the individual (Smith et al, 2016). Significant investment is being made into training programmes to equip practitioners with safe, compassionate and effective approaches to caring for people with dementia and their families, but the theoretical underpinnings of these programmes, and their efficacy, are unclear. Practitioners have highlighted the need for real-life, practical skills development to prepare staff to care for this cohort – there is still a gap in knowledge and skills that needs to be filled (Alushi et al, 2015).

Box 1. Additional recommendations for practice

- Moving and handling practice needs to be underpinned by professional, legal and ethical frameworks
- Patients with mobility needs and dementia must be encouraged to move as much as possible by themselves, so they maintain their abilities
- Person-centred approaches need to be considered during continuing professional development on moving and handling practice

Training informed by expertise

UWS offers undergraduate nursing programmes that help students attain a Skilled Level in the Promoting Excellence education framework (Bit.ly/NHSScotPromotingExcellence). Academic staff at UWS – home to the Alzheimer Scotland Centre for Policy and Practice – are immersed in dementia education and research, and involved in Scotland's National Dementia Champions Programme. This has allowed them to develop an understanding of what students need to provide effective care for people with dementia in a range of settings.

It was noted that approaches developed could inform moving and handling training at UWS, and that traditional skills acquisition in this area could be adapted to encompass empathy and communication skills training. The moving and handling training was redesigned to incorporate more sensitive risk assessment, as well as strategies for reducing patients' anxiety and agitation.

This redesigned training ensures future staff use moving and handling practices adapted to individuals, thereby improving safety, promoting involvement and maintaining dignity. It is delivered in line with the Scottish Manual Handling Passport Scheme (Scottish Government, 2014), which requires patients' needs, rights and dignity to be considered.

Simulated learning sessions

After guided e-learning, students go to a simulated learning environment that replicates health and social care settings. They:

- Consider how to provide dementia care that incorporates moving and handling patients in a safe, dignified manner;
- Reflect on what such care could look like in the real world;
- Develop appropriate risk assessments and care plans;
- Practise the plans in role plays in which one student is a nurse and one a patient;
- Reflect on both experiences.

These simulated practice sessions help students develop empathy and a deeper understanding of the experience of people with dementia. Students who 'play' nurses need to think carefully about how they

approach moving and handling, and be sensitive to the needs of those students who 'play' patients. Students who 'play' patients can experience sensory and/or cognitive impairment, produced with a simulation toolkit comprising equipment and accessories that reduce communication and/or motor skills (such as face masks, goggles, gloves, bandages, crutches). This allows them to perceive what people with dementia may feel when they are hoisted, moved in and out of bed, or subjected to other routine moving and handling procedures.

The layout of the environment is a key consideration when working with patients who have a long-term condition such as dementia (Sturman-Floyd, 2013a). During the simulated learning sessions, students are actively problem solving, as they encounter issues that require them to adapt the environment in ways they may not have previously considered. For example, recognising that a rug may appear as a hole in the floor to a person with dementia and responding accordingly is the most appropriate way to deal with this potential source of disorientation and anxiety.

Moving and handling is often challenging when staff care for bariatric patients (Sturman-Floyd, 2013b), and a similar training method has been used to improve students' moving and handling of larger adults. It is essential that staff display respectful attitudes and ensure the person is not treated in a way that makes them feel humiliated. The person must constantly be assessed for changes in mobility, stability and balance (Warren, 2016).

Challenges to training delivery

There are practical challenges to delivering this type of training. It is resource-intensive and requires input from experienced instructors willing to extend the boundaries of student learning. It puts students in the position of patients, which can elicit powerful emotional responses (Adefila et al, 2016). Such training must be undertaken in a safe, supportive learning environment, supervised at all times by a qualified and experienced instructor who gives students feedback. Instructors should have

up-to-date training certification, and additional risk assessments may be required.

Using this type of learning requires significant planning, including planning risk assessments, and rigorous debriefing sessions. Students' emotional safety needs to be treated as equal to their physical safety. Students must be given the chance to reflect on their experience, and help to translate their learning into practice. If these are not provided, they may be left feeling overwhelmed and powerless.

During debriefs, as well as the functional aspects of moving and handling, UWS students demonstrate far greater insight into person-centred approaches than they would have after traditional training.

Conclusion

Using patient-centred approaches during moving and handling procedures is essential, both for patients' safety and their well-being. Box 1 outlines additional recommendations for practice. As shown at UWS, in the right environment and with the right skills, moving and handling training can be adapted to encompass patient-centred approaches. Whether this type of training is adopted more widely, it is incumbent upon all those delivering moving and handling training to look at the issues from the patient's perspective. This will help ensure care is delivered with patients' needs and dignity in mind. **NT**

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