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Background

Diagnostic and therapeutic deficits in care for patients with dementia are well documented in many industrialized countries. Due to demographic trends the number of affected patients will further rise within the next years. Accordingly, knowledge and competence of doctors taking care of these patients need to be "up to date". In the context of a cluster-randomized, three-armed trial "Initiative Demenzversorgung in der Allgemeinmedizin (IDA)", general practitioners (GPs) from the study region in Bavaria, Germany, were trained in evidence-based diagnosis and therapy of dementia.

Research questions

- Does a multifaceted educational intervention improve the knowledge of GPs?
- Is a potential knowledge gain correlating to the focus of the training sessions?

Methods

Basis for the educational training concept was the evidence-based guideline of Witten/Herdecke University (UWH). All participating GPs (n=137, January 06) received three hours training in diagnosing dementia. In addition a subgroup was trained for two hours in dementia therapy (n=90). The didactic concept included screen and oral presentations by experts, video and interactive elements.

At the beginning of the training sessions participants had to fill in a questionnaire with 20 multiple choice questions addressing diagnosis and therapy of dementia (pretest). This questionnaire had been validated in a pilot study. The same questionnaire was completed at the end of the training session (posttest). Differences between pre- and posttest (increase of knowledge) were compared using the Chi-square-test in general and between the two groups.

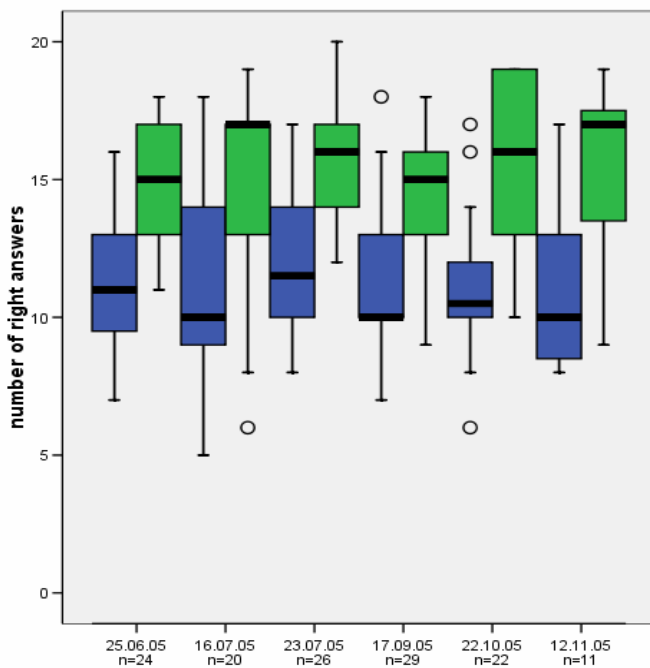


fig. 1: date of training (data of groups are pooled for each day)

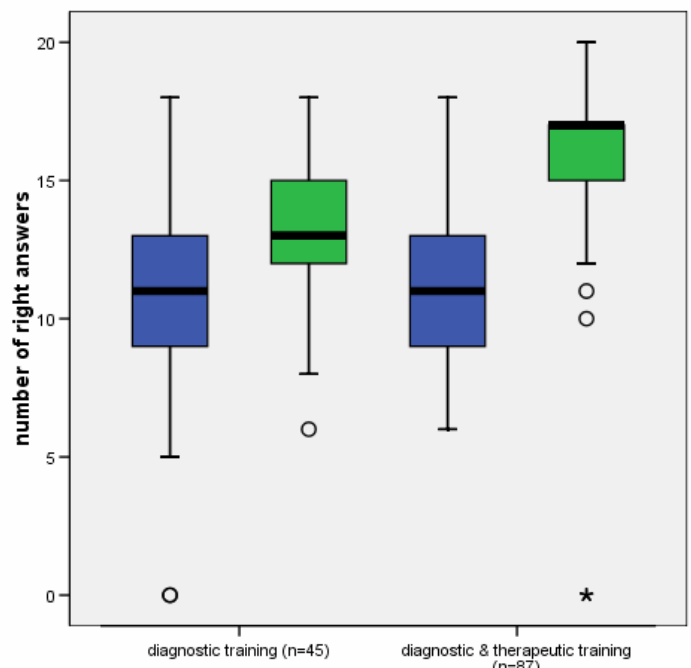


fig. 2: comparison of different training groups (data of dates are pooled for each group)

Results

By the end of January 2006, 137 doctors were trained. Comparing pre- and posttest (n=132), the mean gain of knowledge was 4.0 ± 2.6 correctly answered questions ($p < 0.001$, CI 3,6-4,5). There were no significant differences between trainings at different dates (fig. 1). In the group trained for diagnosis only (n=45), the gain averaged 2.0 ± 1.9 questions. The group with additional training for therapy (n=87) achieved a difference of 5.1 ± 2.3 questions ($p < 0.001$) (fig. 2). In total, the training quality received a positive rating by the participants.

Discussion

Participants of the evidence-based dementia training achieved a substantial gain of knowledge. The extent of knowledge gain was associated with attendance to particular training modules.

Further research questions:

- How long does the observed knowledge gain persist?
- Is the knowledge gain translating into an attitudes or behavior change?
- What are the effective ways of knowledge translation?

An ongoing trial (WIDA-study) will add further information about a blended learning concept for knowledge translation in the field of dementia.

Funding

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