

2011



# ABI pilot training Report

## Hungary

Project:

Development of a common training programme for long-term ABI caregivers (ABI)



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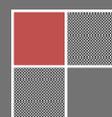
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RSZFK Nonprofit Kft. 01.06.2011



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## EXECUTIVE SUMMARY

Acquired brain injury (ABI) is common. ABI refers to any damage to the brain that occurs after birth. It is estimated that every 15 seconds someone sustains a brain injury and that every five minutes, one of those people will die and another will become permanently disabled. Each year in Europe a total of more than 1.000.000 people sustain some form of ABI. Of those who survive their initial injury, approximately 10.000 become permanently disabled and have to endure lifelong debilitating loss of function, according to the Brain Injury Association (EBIS).

ABI is potentially one the most devastating disabilities. The result of a brain injury is frequently a dramatic change in the individual's life-course, profound disruption of the family, and huge medical and related expenses over a lifetime.

Coping with the life-changing consequences of ABI may present great challenges and cause distress and concern for staff who provide direct care and assistance to people who have had an ABI, like new employed and thus low experienced professionals, direct care workers/support staff, and for staff in pre-existing community service models not specialized in ABI rehabilitation, care and support, like nursing homes for elderly people (who provide care for persons with ABI because of the increasingly growing number of people with ABI in the community and the lack of appropriate, custom-made services and programmes). As they are not likely to be fully aware of all the consequences or the effects of ABI on day-to-day functioning. They often find it difficult to understand brain injury because its effects are so varied and they are not easy to describe.

However if these changes are not understood or managed appropriately, there is a direct effect on the quality of care and support provided to persons with ABI and an increased risk that long-term psychosocial, emotional and behavioural problems may emerge. Furthermore if staff is underskilled, there is also a serious risk to their own health and wellbeing.

In December 2009 a Training needs survey and analysis was conducted in ABI partner countries to formally confirm the need for training and to establish a specific training programme around ABI that service providers and practitioners within felt would be most beneficial. The training needs survey

elicited an enthusiastic response and findings of this are documented in 4 National reports and 1 Trans-national report, available on the ABI project website [www.abi-project.eu](http://www.abi-project.eu).

The outcome of the training needs analysis was the development of the ABI Basic Learning Outcomes, which are the agreed definitions of the 10 main areas of learning /basic knowledge/ learners will undertake. The outcomes to be achieved are clearly stated so that learners know exactly what they have to be able to do, trainers know what training or learning is to be provided and organisations know the skill levels required of their people.

The ABI Basic Learning Outcomes led to the development of the ABI Training programme. The training is aimed at changing attitudes about ABI and to assist trainees in realising that they already possess the skills necessary for effective rehabilitation, care and support and to consider how to utilise these skills. The role of trainers is to offer some theory behind their practice. The ABI training is also an opportunity for all staff who work with the ABI Team to have a clearer idea of the remit of the ABI Team. An additional advantage of the training is to open up and strengthen communication pathways and to promote a joint person centred approach when working with brain-injured clients.

With the aim to have theoretical material that met the ABI Basic Learning Outcomes the ABI partners designed the ABI Guidelines. The goal of this educational tool is to support learners at training and to increase knowledge regarding ABI, to outline skills that are useful in working with persons with ABI, to highlight resources that may be of use to persons with ABI and their family members and to assist learners to feel more comfortable and confident in their interactions with persons with ABI.

At the 3rd ABI project meeting in Hungary in November 2010 it was agreed by the partners that the pilot testings of the training programme would run in 3 countries (Slovenia, France and Hungary) in a common format from April 2011 to May 2011 (Appendix 1) but with allowing each partner to create, choose and specify its appropriate own training methods considering the standards and requirements for professional practice in his country.

This report will detail the process of developing and organizing the pilot testings, the pilot delivery itself, feedback and what is the future for ABI training in project ABI partner countries.

## AIMS AND OBJECTIVES

The purpose of the pilot testings in Slovenia, France and Hungary is to get input from people representing future users about specific issues related to the ABI training programme (its content and its delivery format) and the ABI Guidelines and to locate points where both should be revised

The main aim of this report is to provide a detailed report on and evaluation of the pilot conducted in *Hungary*.

## INTRODUCTION

*Please, write in this section a brief overview of the pilot in your country:*

- 1. Development of the pilot (who organised it, the venue and location of the pilot, the date of the pilot, the duration of the pilot, was there any pre-pilot meeting for the trainers?, how were trainees/participants identified? )*

In Hungary, the RSZFK Nonprofit Kft./ RSZFK Nonprofit Lc. organized the ABI pilot training. The RSZFK Kft. is a registered adult-training institution (the institution's accreditation's registration number is AL-0547), so it is qualified to organize trainings.

Before starting a training, it is compulsory to report it to the Government Office in Vas County which will register it and make up a document about that. The registration number of the ABI training program is 18-0171-04. With this registration, the RSZFK is qualified to organize such a training several times in the future, as well.

The ABI pilot took place in Szombathely, in the residence of RSZFK Nonprofit Kft that is 116 11-es Huszár Street, in its 1st- floor training room. This training room is of 53.8 square metres, with a projector, a tv, a board, some computers, and is an air-conditioned and light room. Participants were provided catering during the training.

Documents in connection with the training:

- Adult training contract with participants
- Timetable
- Training register
- Attendance register
- Evaluation form
- Exam documents

The date of ABI pilot : April 6,12, 18,19,20, 2011

The date of exam: April 22, 2011

Ceremony of distributing certificates: 29 April, 2011

Before the training, in a pre-pilot meeting, the organizers had discussions with each of the trainers.

The number of participants was 14 .

Ahead of the training, the future participants were identified more than once :

- 14-17 February, 2011: we sent information about the ABI pilot to the leaders of the social partner institutions, the schools for disabled children, the rehabilitation hospital and the rehabilitation department of labour office

- 1-2 March, 2011: we sent information about the ABI pilot to the potential participants in ABI pilot

- March – April, continuously: Selecting trainees, trainers, observers

As in Hungary there are not yet trainings for specialists of the brain injured, this training aroused interest. We involved participants from a wider sector, that is, not only from the social sector but also from health rehabilitation and employment rehabilitation, as well.

## *2. Training content and schedule*

<b>Date</b>	<b>Starting time</b>	<b>Hours</b>	<b>Module</b>	<b>Trainer</b>
6 April, 2011	7.30	8	Module 1, Module 2.1. , 2.2	Dr. Záborszky Zita
12 April, 2011	8.00	6	Module 2.6. Module 3	Gelle Mária
18 April, 2011	8.00	8	Module 6 Module 7 Module 8	Simonné Janzsó Tünde
19 April, 2011	8.00	10	Module 4 Module 5 Module 9	Bay Gábor
20 April, 2011	8.00	2 2	Module 2 Module 10	Gelle Mária Kardos József
		<b>Total: 36 hours</b>		

3. The trainers (their name, profession/qualifications, their organisation)

Name	Profession/ Qualification	Organisation
Dr. Záborszky Zita	head physician, departmental head,  specialist head physician of the county	Markusovszky Hospital  Szombathely
Gelle Mária	counsellor of rehabilitation	the Government Office in Vas County  Employment Centre, Szombathely
Simonné Janzsó Tünde	psychopedagogue, mentalhygienist	Regional Training Centre of Szombathely
Bay Gábor	Social worker, social politician	Fogyatékos Személyek Esélyegyenlőségéért Közalapítvány (Public Foundation for Equal Rights of Disabled People), Budapest
Kardos József	trainer, expert of mentalhygiene	Kaluba Bt.  Szombathely

4. The participants (number, list of participants, the positions they held in their organisation, their profession/qualification)

	Name	Organisation	Status	Profession/ Qualification
1	Zsuzsanna Antal	RSZFK Nonprofit Kft.	head of department	university degree  not of social specialization
2	Sutáné Hoffer Helga	RSZFK Nonprofit Kft.  Integrated Support Service	head of service	college  of social specialization
3	Polcsik Csabáné	RSZFK Nonprofit Kft.  Integrated Support Service	Personal helper	OKJ upper  of social specialization

4	Györgyi Németh	RSZFK Nonprofit Kft. Fogyatékos Emberek Nappali Szolgálat (Day Service for Disabled People)	head of service	Upper, not of social specialization
5	Andrea Bozsik	RSZFK Nonprofit Kft. Fogyatékos Emberek Nappali Szolgálat (Day Service for Disabled People)	Caregiver	Specialized secondary school, of health and social specialization
6	Kludia Hajas	RSZFK Nonprofit Kft. Fogyatékos Emberek Nappali Szolgálat (Day Service for Disabled People)	Fellow-worker in therapy	College , of social specialization
7	József Kovács	RSZFK Nonprofit Kft. Rehabilitation Mentor Service	Rehabilitation mentor	College, not of social specialization
8	Gabriella Simon	RSZFK Nonprofit Kft.	Rehabilitation mentor	University, not of social specialization
9	Beáta Francsics	Változó Világért Alapítvány (Fund for Changing World)	counsellor	College, not of social specialization
10	Horváthné Dombai Margit	Vas Megyei Szakosított Szociális Intézet (Specialized Social Welfare Institution of County Vas)	Nurse	College, of social specialization
11	Júlia Fülöp	Vas Megyei Szakosított Szociális Intézet	Physioterapist	College, not of social specialization
12	Simon Józsefné Judit	Vas Megyei Kormányhivatal Munkaügyi Központja (Employment Centre of the Government Office of County Vas)	Head of Department of Service	College, not of social specialization
13	Adrienn Joós	Hospital, Zalaegerszeg	Trainer of nurses	Fully qualified nurse
14	Lakner	RSZFK Nonprofit Kft.	Work	College, not of social

	Tamásné	Integrált Foglalkoztatást Segítő Szolgálat (Integrated Support Service)	assistant	specialization
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5. *The observers (number, name, profession/qualifications, their organisation).*

	Name	Organisation	Status	Profession/ Qualification
1	Füzessy Józsefné	RSZFK Nonprofit Kft.	Managing directress	Arts graduation, specialist of economics, of employment and rehabilitation
2	Gelle Mária	Vas Megyei kormányhivatal Munkaügyi központ	Rehabilitation counsellor	Vas Megyei Kormányhivatal Munkaügyi Központ (Employment Centre of the Government Office of County Vas)
3	Mariann Magyar	RSZFK Nonprofit Kft.	Head of department	social worker, social politician

6. *Instructional methods and strategies used.*

<b>Module</b>	<b>Methods, strategies</b>
Module 1	<ul style="list-style-type: none"> <li>- Frontal teaching</li> <li>- Activity making the participants sensitive, providing the opportunity to live special life situations</li> <li>- Presentation of the aids in practice</li> </ul>
Module 2	<ul style="list-style-type: none"> <li>- Frontal teaching</li> <li>- Case studies</li> <li>- Best-practice examples</li> <li>- Role play</li> <li>- Film</li> </ul>
Module 3	<ul style="list-style-type: none"> <li>- Frontal teaching</li> <li>- Presentation, discussion of the case study</li> </ul>
Module 4	<ul style="list-style-type: none"> <li>- Frontal, interactive teaching</li> </ul>
Module 5	<ul style="list-style-type: none"> <li>- The participants work in pairs</li> <li>- Discussing, interpreting the case study</li> <li>- Situation game</li> </ul>
Module 6	<ul style="list-style-type: none"> <li>- Frontal teaching</li> <li>- Case studies</li> <li>- Best-practice examples</li> </ul>
Module 7	<ul style="list-style-type: none"> <li>- Frontal teaching</li> <li>- Practical lesson in need of theory</li> </ul>
Module 8	<ul style="list-style-type: none"> <li>Frontal teaching</li> <li>- Practical lesson in need of theory</li> </ul>
Module 9	<ul style="list-style-type: none"> <li>Frontal teaching</li> <li>- Practical lesson in need of theory</li> </ul>
Module 10	<ul style="list-style-type: none"> <li>Frontal teaching</li> <li>- Case studies</li> <li>- Best-practice examples</li> <li>- Role play</li> <li>- Practical lesson including training elements</li> </ul>

## **EVALUATION**

Feedback for the training was obtained through evaluation forms (Appendix 2) distributed at the end of the training to the participants and the observers that attended training.

### **Feedback 1: COURSE ENVIRONMENT**

The course circumstances and environment were checked by the trainees and the observers and also by the training assistant working in the ABI program, Szabina Stummer. The job of the working assistant is to ensure that the training room is suitably arranged corresponding to the methods used in the training, she also has to order catering and has to take care of the aids needed in the training (notebook, projector, board, felt pens, copies of ABI guidelines, etc.).

Pilot ABI participant evaluation form, average 4.9 (max:5)

Pilot ABI observers evaluation, average 5 (max:5)

Trainees were also given the opportunity to comment :

The technical equipments of the training was of high level!

I found the catering excellent and varied.

The breaks were short.

I missed coffeine-free coffee from catering.

## **Feedback 2: COURSE CONTENT**

*Please provide data how the different aspects were rated.(the average of all ratings).*

The observers and the head of the RSZFK training department, Mariann Magyar evaluated the training content. The Hungarian ABI project manageress, Zsuzsanna Antal held a few information meetings to the leaders and the staffs of the social, health and employment rehabilitation institutions to make the course clear to all. Before starting the course, the participants were again informed in detail on the ABI project and the goal of the training.

According to the evaluation of Mariann Magyar, the head of the RSZFK training department, the elements of the training content can be found in different trainings (nurse, social caregiver and nurse, social worker) , so not all the elements of the training are new to some of the participants. But these pieces of information have not yet been organized into the system of tasks relating to brain injured people, so the content so far known was put in a new light.

Observers comments:

Besides theory, we could hear a lot of practical examples. As for such a kind of training, it is extremely important to help the participants' work by giving practical examples.

The training content should be completed with getting to know good practice and the practice of giving personal help.

The training material is innovative, it approaches to brain injured people in a new way and with a new content.

Pilot ABI participant evaluation form, average 4.6 (max:5)

Pilot ABI observers evaluation, average 4.7 (max: 5)

The length of the training was considered proper by all the participants.

Trainees were also given the opportunity to comment :

The training content was extremely logical and well-built, with lots of new information for me.

I found very good to be able to take part in such a training in Hungary.

I cannot find out in each case where to make use of the information acquired here.

In my work, I cannot/do not use everything taught.

### **Feedback 3: EDUCATIONAL MATERIAL**

In Hungary, a change of government took place last year, which has had a basic influence on social and health provision and the legal regulation. Ministeries, institutions were reorganized and have had new scopes and spheres of activities. There have happened changes in occupation policy, and the new operation way of the social welfare system has not yet followed the changes with all its elements.

Observers comments:

Inaccuracies in the translated material need to be corrected.

It is very important that training/teaching material be co-ordinated with practice, just the same way as in this training.

The trainers' PP materials were made satisfactorily. They have proven unambiguous and easy to use.

The trainers involved local characteristics in their lectures.

Pilot ABI participant evaluation form, average 4.5 (max:5)

Pilot ABI observers evaluation, average 4.8 (max:5)

Trainees were also given the opportunity to comment :

Explaining the modules of the guidelines comprised everything.

More legal changes should have been made known. Not all the elements of the guidelines were updated.

Power point lectures were excellent and easy to follow, as well as the situation play (, the island of the blinds') and the questionnaire connected to Module 10.

### **Feedback 4: TRAINERS**

When selecting the trainers, the RSZFK insisted to choose trainers with lots of professional experiences, with authenticity, good performing skills and updated knowledge. As we could not choose trainers for each module from county Vas, we asked Gábor Bay from Budapest to be a trainer. The RSZFK had references of each trainer.

Observers comments:

Choosing the trainers was successful, we could get to know and listen to experienced, efficient trainers, skilled in their special line.

The trainers proved competent and at home in practice.

The trainers gave their lectures in an elaborated style and using quite a few different methods.

The trainers' preparedness was manifest, they had up-to-date information.

The lectures were varied and very colourful.

Pilot ABI participant evaluation form, average 4.7 (max:5)

Pilot ABI observers evaluation, average 4.8 (max:5)

Trainees were also given the opportunity to comment :

We could listen to well-prepared, great authorities in their special fields.

The group-members' feedbacks were always reacted to.

My opinion is that the trainers were competent, all of them made use of their practical experiences.

I considered the practical examples important, as well as giving 'solutions' to the situations mentioned by the participants.

### **Feedback 5: GROUP COMPOSITION**

The composition of the group is wide as they are from a few fields of professions: social, health rehabilitation, employment rehabilitation. Trainees of upper qualifications are dominating. As in Hungary there was not such a training previously, the managers of institutions first sent their fully qualified workers.

The RSZFK intends to accreditate the training so that it can enter the Hungarian education and training system.

All the participants thought the number of participants enough.

Trainees were also given the opportunity to comment :

I will offer the training to several of my colleagues.

I would give the possibility to people from the all over the country to take part.

### **Feedback 6: OVERALL IMPRESSION OF THE TRAINING PROGRAMME**

The RSZFK intends to accreditate the training so that it can enter the Hungarian education and training system.

Observers comments:

Thank you for giving us the possibility to take part.

Pilot ABI participant evaluation form, average 4.7 (max:5)

Pilot ABI observers evaluation, average 5 (max:5)

Trainees were also given the opportunity to comment :

Thank you for the RSZFK and the staff of the ABI project to make possible such a kind of training in Hungary, as well.

## **Feedback 7: OPPORTUNITIES TO IMPROVE THE TRAINING**

According to the observers, all the modules were important, they all logically built on one another, the material had a strong cohesion.

To prepare further materials would be essential, modules that could be built on the present training and can help to get knowledge of higher level.

A general conclusion: the training contained a lot of new information even for the fully qualified trainees and it gave them a new type of access to brain injured people and how to treat them and care for them.

Observing experts suggested the following about how to improve the training:

- A module on employment rehabilitation
- International practice with international trainer
- A module on how to deal with the family of the brain injured person

Trainees were also given the opportunity to comment :

- Participants would extend the content of the training, which would make possible for them to complete modules of higher level.
- They suggest to make the course practice more stimulating (by giving higher salary).
- I would slow down the pace of the course.
- I would extend the course material.
- I would improve the training, would build further modules on it.
- I would plan more time for the course.

Other suggestions referring to improvements:

- A module on employment rehabilitation
- I would include more situation practice
- More material on anatomy.
- I would go and see institutions dealing with brain injured people (I work as a personal helper, I deal with them at home.)
- I would include more lessons on topics of how to improve personality.
- I would include communication training.
- I would include burn-out training.
- I would include material on how to deal with patients in persistent vegetative state.
- I would include case discussions.
- I would like to learn deeper how to deal with the family of the brain injured person.

The most useful things acquired, by the feedback of the participants :

- my skill of empathy improved,
- what we learnt about the process of rehabilitation and care
- the complex rehabilitation in Hungary
- the values of the care of society
- the knowledge on anatomy and the rehabilitation from doctors' point of view
- Module 3., especially the information and knowledge in connection with networking
- Modules 1,2,3,5,8,9
- Positive communication and workplace safety.
- Risk analysis
- Recognizing and understanding the general consequences and affects of brain injury.
- Positive communication ( compensating strategies of communication difficulties, strategies for to manage communication problems)
- rehabilitation and care process

The least useful elements-as feedbacks from participants say:

- there are no such elements
- Modules 6,7
- Anatomy

## CONCLUSIONS

*Please report the conclusions about the ABI training programme you draw based on the data and the findings you have presented in previous sections.*

*When making interpretations for your evaluation report:*

- *Determine what your results say about your training programme. Compare results obtained with what was expected.*
- *Discuss which objectives were and were not met and give possible reasons why.*
- *Determine whether circumstances or events unrelated to the training contributed to or limited its success.*
- *Consider how different stakeholders would interpret the results.*
- *Discuss unexpected findings,*
- *Determine whether there is anything you would like to know about your training program that your results do not tell you.*

Based on the data, the following conclusions can be drawn on the ABI pilot

- the average evaluation points were between 4.5-5, which shows that both the participants/trainees and the observers evaluated the training as of high level.
- as in Hungary there is not such a training, it a long-needed one in the education and training system (despite the fact that certain modules were not unknown to everybody)
- the general conclusion is that the training comprised a lot of new information even for the highly qualified trainees and gave a new aspect of how to access to brain injured people and how to deal with them, how to care for them.
- there is no need to change anything about the intensity of the training or the number of hours for the modules

- the participants are looking forward to further modules with the help of which they will be able to improve their knowledge
- **suggestions for improvements , made by more than one participant :**
  - Module on employment rehabilitation
  - Module on how to deal with the family of the brain injured person
  - Informative matters on how to deal with patients in persistentvegetative state
  - international practice with international trainer
  - Trainings for caregivers of the brain injured (personality improvement training, communication training, burn-out training, case discussion)

The short-term aim was that the trainees would pass the exam. This aim was reached as all the participants could pass it and gained good results.

The long-term aim was to broaden the knowledge of those working with brain injured people, to make their work of higher level, so that the brain injured people would be able to take advantage of that. The degree of reaching these aims can be measured by the follow-up of the participants of the training, which is planned by the RSZFK.

The training gave expected results, there were no unexpected findings.

Both among the trainees and the observers there were stakeholders, so the points given in the evaluation show their opinions, as well. They all considered the training useful, necessary and effective. They would not intend to make any changes in the training composition, module content, number of lessons, or intensity.

Small mistakes –resulting from translation - should be corrected in the final version of the guidelines in Hungarian.

## RECOMMENDATIONS

*The “Recommendations” section of your evaluation report is a narrative list of suggestions for modifying or supplementing the training program in the future in order to improve its ability to meet its objectives and increase its success.*

*As you list your recommendations, it is useful to explain the basis for each recommendation and why you believe a particular recommendation will improve the training programme*

The pilot in Hungary did not produce results on the basis of which any elements or modules of the training program need modifying/changing.

## REFERENCES

## APPENDICES

**1. Appendix 1:**

- Technical part of the ABI training programme from Slovenia
- Technical part of the ABI training programme from France
- Technical part of the ABI training programme from Hungary

**2. Appendix 2.**

- Evaluation form for the participants
- Evaluation form for the observers