A2.4: Treatment Fidelity in Nursing Home Research: A Case Example of Where We Are and Where We Need to Go

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Abstract Categories:
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Abstract:
Introduction: A treatment fidelity plan plays an important role in a research team's ability to assure that an intervention has been implemented as intended. The purpose of this presentation is to describe the treatment fidelity plan for the Restorative Care Intervention for the Cognitively Impaired (Res-Car-CI), a two tiered self-efficacy based intervention, which aimed to change care behaviors in nursing assistants (NAs) who work with nursing home residents with cognitive impairment. Hypothesis: There will be sufficient evidence of treatment fidelity in five areas of the Res-Care-CI Intervention. Treatment fidelity is a significant aspect of research design because it can potentially influence the validity of a study, the effect size of the tested intervention, and statistical power.
Method(s): Utilizing recommendations by the Behavior Change Consortium (Bellg et al., 2004; Resnick et al., 2005), the treatment fidelity plan was planned and evaluated with regard to design, training, delivery, receipt, and enactment.

Results: There was sufficient evidence of treatment fidelity across 4 out of 5 areas. Intervention design was consistent with self-efficacy theory. To assess training, we noted adherence on the part of the interventionists. Delivery of the intervention to NAs was demonstrated by their 100% completion of all 4 restorative care classes. NAs documented that restorative care was delivered to residents on 16 ± 8 days each month or 61 ± 40 minutes each day. There was evidence of NA receipt of the intervention as demonstrated by a significant increase in restorative care knowledge (F=6.43, p=.001). There was limited evidence of intervention enactment by NAs based on a brief observational measure of restorative care performance.

Discussion & Conclusions: Treatment fidelity plans help to increase the likelihood of demonstrating outcomes, accurately interpreting findings, and increasing the success of future interventions. Additional treatment fidelity measures to be included involve the use of technology for teaching NAs, inclusion of a Goal Attainment Form for resident enactment, and revised behavioral observation of NAs. In so doing, assurance of treatment fidelity related to restorative care interventions would be strengthened.

Abstract History:
This abstract has not been presented or accepted for presentation in whole or in part at the SNRS or other scientific meeting.

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