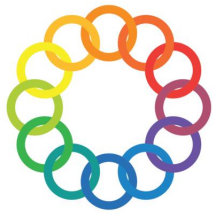


What works?

in dementia training
and education

What Works? in dementia training and education: study findings



What works?

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What we did

Three inter-related work packages

WP1: literature **review**

WP2: National **audit** of dementia training and **survey** of staff who have taken dementia training

WP3: In-depth **case studies** in 10 sites who show signs of good training practice spanning health and social care settings



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What were we interested in

1. Reaction – learners' reaction to and satisfaction with, the programme;
2. Learning - the extent to which this has occurred including staff knowledge and attitudes;
3. Behaviour – extent to which behaviour has changed as a result of the programme;
4. Results – impact of training on outcomes for people with dementia, their families and staff



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WP1 Summary

152 papers included in the review

Training most likely to be effective:

- Includes face-to-face delivery, group-based activities and discussion
- Is tailored to the staff attending so it is relevant to their role and service setting
- Is delivered by an experienced facilitator
- Combines theory/knowledge with opportunities to apply learning through practice/practice-based activities
- At least 3 hours duration; longer programmes more likely to be effective



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Subject		Target audience						
		Tier 1	Social care workforce group 1	Tier 2	Social care workforce group 2	Tier 3	Social care workforce group 3	Social care workforce group 4
1	Dementia awareness	●	●	●	●	●	●	●
2	Dementia identification, assessment and diagnosis			●	●	●	●	●
3	Dementia risk reduction and prevention			●	●	●	●	●
4	Person-centred dementia care			●	●	●	●	●
5	Communication, interaction and behaviour in dementia care			●	●	●	●	●
6	Health and well-being in dementia care			●	●	●	●	●
7	Pharmacological interventions in dementia care			●	●	●	●	●
8	Living well with dementia and promoting independence			●	●	●	●	●
9	Families and carers as partners in dementia care			●	●	●	●	●
10	Equality diversity and inclusion in dementia care			●	●	●	●	●
11	Law, ethics and safeguarding in dementia care			●	●	●	●	●
12	End of life dementia care			●	●	●	●	●
13	Research and evidence-based practice in dementia care			●	●	●	●	●
14	Leadership in transforming dementia care					●	●	●

Dementia Training Standards Framework



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WP2 Summary

- In total 614 respondents commenced the audit.
- 241 respondents who provided data pertaining to at least one package (386 packages reported in total)
- Two thirds of delivery modes used involved face to face teaching
- Cumulative impact of training on knowledge & comfort to deliver training

	No. of packages that address subject	No. of packages that addressed at least one subject level LO	Diff. between predicted and actual coverage of LOs	Number of LOs in Subject	Av. Number of LOs addressed	% of LOs addressed
Dementia Awareness	317	306	11	11	8.91	81
Dementia Identification, Assessment & Diagnosis	201	197	4	19	10.84	57
Dementia Risk Reduction & Prevention	182	174	8	10	5.03	50
Person-centred Dementia Care	332	289	43	11	7.85	71
Communication, Interaction & Behaviour	322	285	37	18	13.91	77
Health & Wellbeing in Dementia Care	270	238	32	18	10.04	56
Pharmacological Interventions in Dementia Care	112	103	9	14	6.63	47
Living Well with Dementia & Promoting Independence	298	249	49	17	8.97	53
Families and Carers as Partners in Dementia Care	267	227	40	18	11.19	62
Equality Diversity & Inclusion in Dementia Care	241	197	44	13	6.05	47
Law, Ethics & Safeguarding	168	140	28	16	9.08	57
End of Life Dementia Care	139	108	31	11	5.29	48
Research & Evidence Based Practice in Dementia Care	176	96	80	9	2.09	23
Leadership in Transforming Dementia Care	115	109	6	10	6.86	89

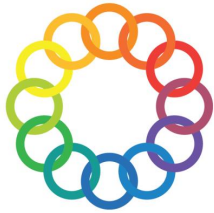


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WP 2 Summary

- Tier 1 dementia awareness training is widely offered and generally conforms to standards set out in the Training Standards Framework
- When Tier 2 training, for staff with regular contact with people with dementia, is offered it most frequently covers the subjects of *person centred care* and *communication*
- When training is offered in *Pharmacological interventions*, *End of life care*, *research and evidence based practice* and *Equality diversity & inclusion* there is poor correspondence with the content of the training in line with the Training Standards Framework



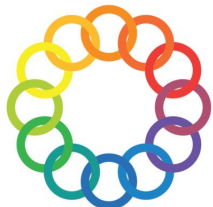
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Case studies

10 in-depth case studies

- (GPs, Mental Health Trusts, Acute Hospital Trusts, Care Home groups)
- Interviews and focus groups
- Questionnaires
- Analysis of training materials
- Observation of training
- Observation of care
- Patient/carer satisfaction cards and brief interviews

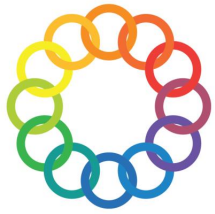


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Conclusions

- Delivering dementia training with acute hospital settings is challenging
- Attendance at training appears to be beneficial for staff knowledge, attitudes and skills
- It can be difficult to get staff released to attend training and there are high vacancy rates and reliance on agency staff
- Strong leadership including a present, proactive and strong dementia lead and supportive ward managers, supports delivery and implementation



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OVERALL FINDINGS



Training most likely to be effective

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- Includes face-to-face delivery
- Uses interactive group-based activities (e.g. discussions, learning activities, videos, scenarios)
- Is not didactic

(Review, survey, case studies)

I think practical sessions speak volumes, rather than PowerPoint presentations. Everyone's always like: 'It's death by PowerPoint, isn't it?' You sit there and you just think 'another slide, another slide, another slide' and you don't get people to engage with it, (Trainer AT044 046)

I find personally I understand things better when it's in a training setting, there is a group of you, when you know, giving ideas and all talking together about it rather than a question on a page (Staff member, Care Home site -042)



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Training most likely to be effective

- Covers fewer subject areas (survey)
- Is tailored to the staff attending so it is relevant to their role and service setting (review, case studies)

... what we wanted to do was to tailor training according to staff groups (Trainer AT044 045)

We tried to make it relevant to each clinical area so if you are working in the community around some of the scenarios and things and if you are on the wards. (Training Facilitator MHT062 001)

... but in terms of the content it was about getting it right and making it sure that we pitched it at the right level for staff, if that's the right words for that and that I covered the right topic materials so that they were going to be able go back and use it (Trainer MHT068 030)



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Training most likely to be effective

“I was feeling very confident with X. The way she did the training is very good”
(SC042 Focus Group1),

And obviously X is very personable as well as a trainer and presenter as well you know so yeah (Staff Member MHT062005)

- Is delivered by an experienced facilitator (review, case studies)
- Is of at least 3 hours duration with longer programmes more likely to be effective (review)



Training most likely to be effective

What works?

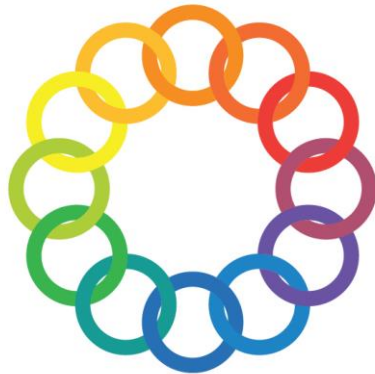
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“As a company X are really, really keen and up there to make sure the staff are fit for purpose, well trained and can deliver good care and they feel quite passionate about it I think” (Training Facilitator SC040)

So the reality is by sort of saying that this is a must, that we facilitate people have the availability to attend the training. So that's facilitated within the off duty etc. for people to attend. So it's not a matter of people trying to juggle things around. We facilitate you know the time for them to attend. (Ward Manager MHT062 022)

- Is supported by management
- Has clear leadership in the organisation
(survey, case studies)

Web-site address & Funding acknowledgement



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www.leedsbeckett.ac.uk/whatworks

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