

What works? in dementia training and education

What works in dementia training and education? A critical interpretive synthesis of the evidence

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Background

The need for an informed and effective dementia care workforce has been highlighted within a variety of national reports and policy documents [1-3]. Care for people with dementia is delivered across a range of sectors and settings and involves a wide range of clinical and support staff. Therefore the dementia workforce and its education and training needs are diverse. The National Dementia Strategy [2] and Prime Minister's challenge on dementia [4], have initiated a range of work programmes aimed at improving the lives of people with dementia and their families in England; at the heart of these initiatives lies effective workforce education and development. The government's mandate to Health Education England (HEE) recognises the need for effective, relevant dementia education and training for the entire health and social care workforce [5,6]. However, there is limited robust evidence about what effective dementia training and education for this heterogeneous workforce looks like.

Study aims and evaluation questions

Aim:

The aim of the research is to gain an understanding of what constitutes an effective approach to education and training for the dementia workforce.

Evaluation questions:

1. What does existing research evidence indicate are the most effective approaches to the delivery of education and training that can be applied to the dementia care workforce?
2. What do commissioned dementia training and education programmes that meet the Dementia Core Skills Education and Training Framework [7] look like?
3. How and to whom are dementia training and education programmes being implemented and delivered within health and social care organisations and what is their impact?
4. What are the hallmarks of an effective dementia education or training programme with regard to design, content and delivery?
5. How can the costs and value outcomes of dementia education and training be measured?

Kirkpatrick's model for the evaluation of training

Kirkpatrick outlined four levels to serve as a guideline for the evaluation of training and education programmes.

Level 1 - Reaction: Learners' reaction to and satisfaction with, the programme.

Level 2 - Learning: The extent to which learning has occurred including increasing knowledge, skills, confidence and attitude change.

Level 3 - Behaviour: The extent to which staff behaviour or practices have changed and whether participants are applying their learning in practice.

Level 4 - Results: Examines what results have occurred because of training; in this case, the impact of training on outcomes for people with dementia and their families or care practices.

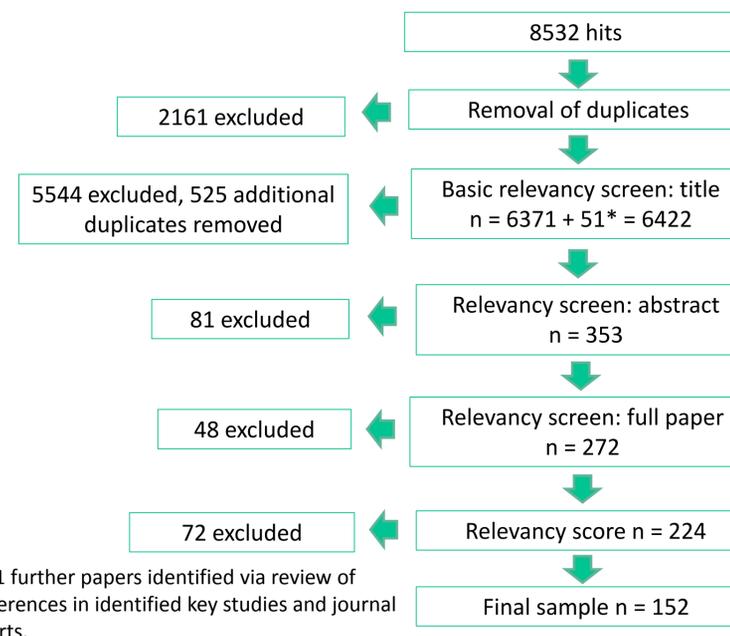
Search strategy

The following databases were searched: MEDLINE, PsycINFO, CINAHL, AMED, British Education Index, Education Abstracts, ERIC (EbscoHost), The Cochrane Library-Cochrane reviews, Economic evaluations, CENTRAL (Wiley), HMC (Ovid), ASSIA, IBSS (Proquest), Conference Proceedings Citation Indexes (Web of Science). Searches consisted of a combination of text words and subject headings for the following themes: Dementia/Alzheimer's, training/education, Staff Knowledge, Patient Outcomes. Inclusion criteria were studies written in English and published between 2000-2015.

Selection and analysis of relevant studies

Papers were subject to relevancy screen via title, abstract and full paper review. Data extraction was completed for relevant studies. Included studies were quality rated and this rating formed part of the analysis. Papers were analysed using an approach based on Critical Interpretive Synthesis (CIS) [9], a method that permits synthesis of large amounts of diverse literature.

Inclusion/exclusion diagram



Results

Reaction

Effective training:

- Is viewed as clearly relevant to learner's role
- Offers opportunities for discussion
- Underpins practice-based learning with theory
- Has materials that are clear and easy to understand
- Is delivered in a safe, open environment by a skilled trainer who is flexible and adapts to needs of group

- Learning via reading alone or through practice-based learning without accompanying theory is unlikely to increase knowledge
- Simulation or role play learning should include debriefing and reflection to support knowledge acquisition
- Staff attitude change is more likely for training of half-day duration or longer
- Staff confidence is most commonly increased where training contains discussion and interaction

Learning

Behaviour

Many staff attending training report seeing the need to adapt their practice post-training

Effective training:

- Avoids use of purely didactic delivery
- Includes a specific tool, method or approach to use when conducting assessments or delivering care
- Combines face-to-face delivery with a practical approach to application of learning in practice e.g. in-service learning, practice project or activities within the training delivery

Training that improves outcomes for people with dementia:

- Uses face-to-face delivery, discussion and activities that support application of learning to practice
- Is delivered by an experienced trainer
- Is over 1 hour in duration
- Is designed for a specific service setting type

Training leading to improved staff outcomes:

- Is usually of longer duration (8+ hrs total 1+ hr sessions) and provides training on a structured tool or delivery manual that assists application of learning in practice

Outcomes



Evidence review

1. Literature search and review of primary research published in international research and grey literature, on dementia education and training.
2. Review of systematic and narrative reviews on effective approaches to education and training programmes for health and social care staff. Kirkpatrick's model [8] was used to structure analysis of the literature.

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