

Taking simulation-based dementia education online

It is a national priority to give care staff the dementia care training they need to do their jobs effectively. One such programme - DEALTS2 - has been adapted for online delivery, say **Michelle Heward** and colleagues, and includes experiential learning that puts staff in the position of the person with dementia

➤ But the pandemic highlighted the need to find new ways of working to ensure continued delivery of effective dementia training. This required adapting the DEALTS2 toolkit to a new online format relying on “synchronous collaborative e-learning” – that is, learning via video platforms like Zoom – so that trainers were supported to do the job online. It is called the e-Learning Dementia Education And Learning Through Simulation 2 (e-DEALTS2) programme.

Co-production

We worked with South Warwickshire NHS Trust, Princess Alexandra Hospital NHS Trust, and Oxford Health NHS Foundation Trust to coproduce the e-DEALTS2 programme. Training was delivered to 18 members of staff from two NHS trusts (in five pilot sessions) and we evaluated the impact of the training on staff.

Synchronous environments usually use audio or video to enable the e-learning in a way similar to the traditional classroom as it allows real time sharing of experiences and interaction (Jara *et al* 2012; Tabak *et al* 2014). It involves using “online collaborative communication,” a practical teaching method that overcomes physical distance and allows the transmission of knowledge and experience from the trainer to the trainee online (Liang *et al* 2012). This was the method employed via Microsoft Teams for e-DEALTS2.

Implications for practice

- The e-Learning Dementia Education And Learning Through Simulation 2 (e-DEALTS2) programme puts staff into the shoes of a person with dementia, facilitating engagement and discussion between trainers and staff in a virtual environment (ie, Microsoft Teams or Zoom).
- A need for accessible dementia training that can be delivered to staff using a range of methods, including online and face-to-face, has been highlighted by the pandemic.
- Not providing effective dementia training to all health and social care staff can have a negative impact on the quality of care provided to people with dementia, as well as staff well-being and overall job satisfaction.
- Typically e-learning training does not make use of experiential learning approaches to facilitate wider understanding of how dementia impacts on the person.
- In some health and social care settings, dementia training can be deprioritised over other mandatory subjects.

Lessons learned

Post-Covid-19 we feel that having different options for training delivery will help to reach the various staff groups more effectively. In terms of what we have learned from this project, there are some key lessons around use of technology. This includes the need for trainers and staff to have access to technology with cameras to enable full participation and interaction.

Having one trainer to deliver the sessions has worked well for smaller groups, but there may be a case for more than one trainer for larger group sessions - one to facilitate and one to respond to technical issues and the chat function.

Next steps

We will continue to co-develop and refine DEALTS2, exploring opportunities to link

with e-Learning for Healthcare. We are also working with several care home providers to adapt the training materials, understand how they can improve care for people living with dementia, and evaluate their impact on this care.

Resources

DEALTS2 resources are freely available from www.hee.nhs.uk/our-work/dementia

Regularly project updates are posted on the Bournemouth University website at www.bournemouth.ac.uk/research/projects and click on “DEALTS2”.

References

Alsawy S, Tai S, McEvoy P, Mansell WJJ (2020) ‘It’s nice to think somebody’s listening to me instead of saying “oh shut up”’. People with dementia reflect on what makes communication good and meaningful.

Journal of Psychiatric and Mental Health Nursing 27 (2) 151-161.

Heward M, Board M, Spriggs A, Murphy J (2020) Design and evaluation protocol for ‘DEALTS 2’: a simulation-based dementia education intervention for acute care settings. *International Psychogeriatrics* 32(12) 1439-1448.

Heward M, Board M, Spriggs A, Emerson L, Murphy J (2021a) Impact of ‘DEALTS2’ education intervention on trainer dementia knowledge and confidence to utilise innovative training approaches: A national pre-test – post-test survey. *Nurse Education Today* 97 104694.

Heward M, Board M, Spriggs A, Blagden D, Murphy J (2021b) Barriers and enablers to implementing ‘DEALTS2’ simulation-based train-the-trainer dementia training programme in hospital settings across England: a qualitative study. *BMC Health Services Research* 21 946.

Jara CA, Candelas FA, Torres F, Dormido S, Esquembre F (2012) Synchronous collaboration of virtual and remote laboratories. *Computer Applications in Engineering Education* 20(1) 124-136.

Liang M, Guerra J, Marai GE, Brusilovsky P (2012) Collaborative e-learning through open social student modeling and Progressive Zoom navigation. Proceedings of the 8th International Conference on Collaborative Computing: Networking, Applications and Worksharing 252-261.

Skills for Health, Health Education England, Skills for Care (2015) *Dementia Core Skills Education and Training Framework*. Skills for Health/HEE/Skills for Care.

Skills for Health, Health Education England, and Skills for Care (2018) *Dementia Training Standards Framework*. Skills for Health/HEE/Skills for Care.

Tabak F, Rampal R (2014) Synchronous e-learning: Reflections and design considerations. *International Journal of Education and Development using Information and Communication Technology* 10(4) 80-92