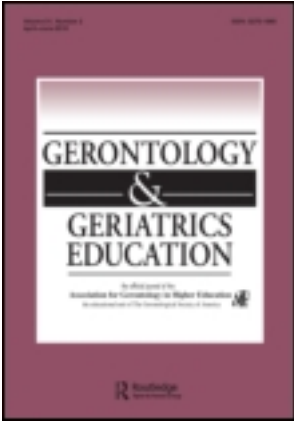


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An Evaluation of an Online Postgraduate Dementia Studies Program

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Education is key to addressing the challenges of providing high-quality care to the ever growing number of people with dementia. Although dementia education is required for multiple professions and disciplines working with people with dementia and their families and friends, there is a gap in knowledge of students' views about university-level online dementia education. This article reports on an evaluation, via an online questionnaire, of student views of the delivery modes and learning impact for the first online postgraduate program in Dementia Studies worldwide. The majority of our respondents (65%) reported their participation in the Dementia Studies program as broadening their thinking, with 61% reporting that it broadened their practice. Students also reported on the utility of initial face-to-face teaching and the extent to which they are able to apply their learning to practice. The article concludes by suggesting that a blended learning approach, comprising online and face-to-face teaching with an emphasis on reflexivity has the potential to meet the global demand for skilled dementia care practitioners and to create leaders in the dementia care field.

KEYWORDS *online learning, dementia studies, student views*

The authors thank their students for their enthusiasm to learn and for the time they took to share their views on the program.

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INTRODUCTION

The number of people with dementia is predicted to reach over 115 million worldwide by 2050 (Alzheimer's Disease International [ADI], 2010). In 2010 the total estimated worldwide costs of dementia was U.S. \$604 billion (ADI, 2010). The growing numbers of people who will be affected by dementia alongside the growing costs has led to a concern about how best to provide care for such increasing numbers worldwide (Alzheimer Society of Canada, 2010; Department of Health, 2009; French Government, 2008; Norwegian Ministry of Health and Care Services, 2008; Scottish Government, 2010). Alongside concern about the delivery of care provision has been a recognition of the need for quality education and training (Tsolaki et al., 2010) to help meet the need for a workforce that can sensitively and expertly deliver high-quality dementia care (Alzheimer Society of Canada, 2010; Department of Health, 2009; Scottish Government, 2010). This places an increasing demand on front-line workers to be competent to deliver services that meet the goals of policy and who can respond to increasingly complex and rapidly changing practice environments (Bowers, 2008). However, those requiring dementia education and training programs are likely to be nontraditional learners, or what has been termed mature students; defined (variably) as students older than age 25 who often have work and family commitments over and above their learning commitments (Wernet, Olliges, & Delicath, 2000) and who may not have experienced formal learning since leaving school. Thus, any education program for this group of workers needs to take account of their unique characteristics and needs.

Responding to the Need for Education and Training

The growing emphasis on education and training for front-line dementia care workers reflects policy concerns, such as difficulties in retaining workers, the smaller pool of people available to undertake such work due to changing demographics, and the need to retrain workers into health and social care professions (Innes, Macpherson, & McCabe, 2006). MacDonald and Cooper (2007) argued that providing education for all sectors of the dementia workforce is necessary to promote the quality of care that is now widely expected for people with dementia. Not only is an educated workforce essential for providing high quality care, it is also important for several other reasons including reducing care workers' stress, particularly in relation to "challenging" behaviors and improving communication between practitioners and people with dementia and their families (Bowers, 2008).

Despite the ideals of an educated and skilled workforce, there is evidence of a lack of dementia-specific knowledge held by health care professionals and workers, a reported lack of interest in acquiring such

knowledge (Angus, 2009; Sanders & Swail, 2009), and evidence of poor practice, arising at least in part from insufficient or inadequate education about dementia (Kelly, 2010). Rampatige, Dunt, Doyle, Day, and van Dort (2009), in their literature review on the effectiveness of continuing professional education for different health professionals, noted the inadequacy of postregistration teaching in dementia. Tsolaki et al. (2010), exploring medical postgraduate training, noted that medical staff, most often general practitioners (GPs) or neurosurgeons, receive variable amounts of training in dementia and in some instances have had no formal training until they enter their specialist field. Tsolaki et al. (2010) reported GPs' stated confidence in their diagnosis of dementia alongside their uncertainty and discomfort with delivery of "this devastating diagnosis." Hughes, Bagley, Reilly, Burns, and Challis (2008) in their study of the degree of knowledge and confidence of care home staff in caring for people with dementia revealed that though staff knowledge of dementia was reasonable, staff reported less confidence in dealing with behaviors associated with dementia such as agitation or anger. These studies indicate that where practitioners do acquire knowledge, this alone is insufficient for equipping them to deal with difficult or potentially stressful situations.

Competence and Reflexivity in Dementia Practice

Education is more than the acquisition of knowledge. The acquisition of knowledge is not in itself learning; "knowledge" or "know how" is connected to productivity and performance of the front-line worker within organizations (McIntyre & Solomon, 2000). Competence only develops when workers have the required knowledge, skills, and awareness that match the requirements of the job. Defining the competencies required for high-quality dementia care has been the focus of work in the United States, United Kingdom, Australia, and Europe. For example, in Florida, the decision was taken to establish nurse competencies with the explicit aim of improving dementia care (Williams, Hyer, Kelly, Leger-Krall, & Tappen, 2005). In Scotland, the Scottish Government (2011) developed an aspirational framework of knowledge and skills for all health and social services staff working with people with dementia, their families, and their carers. Each level of the framework specifies the incremental expertise, specific to their role in dementia care, which a worker must have. For example:

The Dementia Informed Practice Level provides the baseline knowledge and skills required by all staff working in health and social care settings including a person's own home.

The Dementia Skilled Practice Level describes the knowledge and skills required by all staff that have direct and/or substantial contact with people with dementia and their families and carers.

The Enhanced Dementia Practice Level outlines the knowledge and skills required by health and social services staff that have more regular and intense contact with people with dementia, provide specific interventions, and/or direct/manage care and services.

The Expertise in Dementia Practice Level outlines the knowledge and skills required for health and social care staff who, by virtue of their role and practice setting, play an expert specialist role in the care, treatment and support of people with dementia. (Scottish Government, 2011, p. 7)

Along with being applicable to staff working in all sectors, to organizations providing dementia care and to people with dementia, their families, and carers to ensure awareness of their rights and entitlements, this framework is also applicable to educators and trainers to inform the content of teaching. However, the problematic aspect of such an approach is how to assess application of knowledge and skills. Having capability and justified confidence to take effective action in unfamiliar and changing circumstances requires specialist knowledge and skills, the ability to manage personal learning and to learn from experience, the power to perform under stress, and the ability to communicate and collaborate effectively (Stephenson, 2003).

Schon (1983) suggested that one goal of education should be to create the reflective practitioner. The reflective practitioner is one who can draw upon past experiences to “solve” immediate problems. In this way, the reflective practitioner is constantly learning and relearning by drawing on past knowledge and experience, applying it to the situation at hand, and if necessary adapting past experiences to produce new solutions. A critical reflective approach to learning also helps the student when making difficult decisions—it allows the student to challenge institutional practices and encourages him or her to reflect critically and creatively on the “underside of dominant practices” (Angus, 2009, p. 20). Essentially, reflection is about recapturing the experience and thinking about it to lead to new understandings. The importance of encouraging reflective practice in dementia care cannot be underestimated, yet most research reporting on educating dementia care practitioners discusses skills training, for example, in relation to feeding skills (Chang & Lin, 2005; Chang, Wykle, & Madigan, 2006) or providing information with the aim of reducing problem behaviors (Chrzescijanski, Moyle, & Creedy, 2007; McCabe, Davison, & George, 2007; Moniz-Cook et al., 2008), or promoting a particular care approach (Innes, 2001), rather than reflexively embedding education into everyday practice.

Thus, education opportunities provide an important starting point for workers to develop their competence and confidence to deliver high-quality care. However, information needs to be integrated and simplified, then communicated to different audiences in the most appropriate way, without technical jargon (Choi, 2005), for example, by using a common language, a positive discourse, and developing an understanding of multidisciplinary

roles (Vaugh, Marland, Henderson, Robertson, & Wilson, 2011). Further, for education to be relevant, meaningful, and current, it is vital that dementia research is translated into practice (Draper, Low, Withall, Vickland, & Ward, 2009).

Online Learning in Dementia Studies

Online learning or eLearning is an increasingly popular method of delivering education and training (Innes, Mackay, & McCabe, 2006) and is likely to continue to develop as mobile telecommunications technology develops. The approach taken with the Dementia Studies program is blended learning: using a range of teaching methods such as face-to-face teaching, web-based teaching, opportunities for reflection and telephone or video conferencing sessions. Innes, Mackay, and McCabe (2006) in their discussion of online learning noted divergence of opinion as to its cost-effectiveness, work load, and appropriateness as a method of teaching. Their reflections on the opportunities and drawbacks of eLearning include the need to consider the degree to which this type of delivery differs from face-to-face teaching; requiring “front loading” of workload, critical reflection on success and difficulties to inform future delivery, ensuring access to online reading materials, and providing sufficient support from a distance. They also highlight the flexibility to students this mode of delivery offers and the importance of developing a learning community.

This article reports on a student evaluation of the delivery modes for the first postgraduate online program in Dementia Studies offered at the University of Stirling (MSc program and standalone modules). It contributes to the small evidence base reporting on the opportunities offered by online learning for postgraduate Dementia Studies provision for students and educators (Innes, Mackay, & McCabe, 2006) and the role of higher education in the provision of high-quality dementia care (Downs, Capstick, Baldwin, Surr, & Bruce, 2009; Pulsford, 2003): an area relatively neglected within educational gerontology.

PROGRAM DESCRIPTION

THE MSc program (comprising six postgraduate modules) and the postgraduate standalone modules require applicants to hold an undergraduate degree in a related topic, or equivalent vocational qualifications, and to work in the field of dementia care. All modules are delivered in the same format using a blended learning approach, and each lasts 15 weeks. Standalone modules are delivered as one-off courses and are run according to current demands. They are useful for those who want to gain in-depth knowledge and understanding of a topic without having to engage in a whole program of study;

an example of a popular topic is palliative and end-of-life care. These are not part of the MSc program as they are discrete modules, however their content is equivalent in complexity to the MSc program, and they are delivered in the same format. The MSc program comprises six modules: two taken in each year over 3 years of study. The program provides a multidisciplinary understanding of Dementia Studies, and the six module titles illustrate the key topics covered:

1. Understanding Dementia: Different Theoretical Perspectives
2. Working With People With Dementia
3. Education and Support for Paid and Unpaid Carers of People With Dementia
4. Living With Dementia: Care Pathways
5. Evaluation and Assessment in Dementia Care
6. Researching Dementia.

Students can exit the program if they wish at the end of each year of study: the first year leads to a post-graduate Certificate in Dementia Studies, the second year leads to a postgraduate Diploma in Dementia Studies, and the MSc is awarded at the end of the third year. Students have to complete the modules in year 1 to progress to year 2, and complete year 2 to progress to year 3.

Each module involves a face to face introductory day, followed by 14 weeks of online learning. The introductory day is held at the University in Scotland, and most students travel there to take part in the day. Students living at a distance from the University are supported to join the day or part of the day using webcam or videoconferencing links either individually from their own home or office or, in the case of groups in one locality, joining as a group using a single link. The introductory day includes lectures, group exercises, training sessions on the software platform and on accessing course literature, while also allowing time for students to network with each other. The online component of study is guided by a workbook (also provided in printed form), and students take part in online discussions and debates as well as undertaking individual study.

METHOD

Data were collected using SurveyMonkey, an online survey program. The survey was sent to all students who had completed or were in the process of studying either for a postgraduate award in Dementia Studies or studying on one of the postgraduate standalone modules at a UK university. The front cover of the survey explained the purpose of the study, giving

contacts details of the researchers and stated that by continuing with the survey students were giving their consent to take part in the study. The survey took around 20 minutes to complete and no incentives were offered to participants. The study was approved by the School of Applied Social Science Board of Ethics.

Students who responded to the survey were mainly drawn from the United Kingdom (88%) with 58% from Scotland; the remainder were from Ireland (6.6%), Singapore (1.3%), Malta (1.3%), Canada (1.3%), and Australia (1.3%). Students were asked about their current employment, purpose of study, experiences of blended learning including online learning, and their views on different components of the modules they had taken. Surveys were sent out in November 2010 to a total of 250 current students and students who had recently completed their studies. Seventy-six completed surveys were received: 61 completed online and 15 by post, resulting in a response rate of 30%. This is a relatively low response rate and may introduce bias into the results; students may have been more likely to respond if they felt either particularly negative or positive about their experiences. Key survey questions reported on in this paper are presented in Table 1.

The data collected within SurveyMonkey were downloaded in an Excel spreadsheet format and were checked and cleaned. The final spreadsheet was then uploaded onto the statistical package SPSS (ver. 19). Descriptive statistics were generated using SPSS and are used to illustrate the key findings from the survey.

FINDINGS

Student Characteristics

Eighty-five percent of respondents were students on the postgraduate program, and the other 15% were undertaking standalone postgraduate-level modules. Fifty-eight percent of respondents had completed one module, and 11% had completed the six modules of the MSc award.

As seen in Table 2, students held a range of roles working directly and indirectly with people with dementia. Some held more than one role, and nearly one half were in a management position. Those answering "other" included one speech and language therapist, one academic researcher, and one medical doctor. Students worked for organizations within all sectors: government, private, and not-for-profit, with some working across more than one sector. All students had studied previously, and most held undergraduate degrees. A wide range of degrees are held by students, most commonly nursing and social science degrees. Those who do not hold degrees will be students with considerable experience in the field and equivalent vocational qualifications. Some people hold more than one previous degree as illustrated in Table 2.

TABLE 1 Key Survey Questions

-
- How did you find out about the course?
 - Why did you choose the university for your studies?
 - Why did you choose this program/module?
 - From a scale of 1 to 5 how useful are the face-to-face learning opportunities at the introductory days?
 - From a scale of 1 to 5 how useful are the module workbooks?
 - From a scale of 1 to 5 how useful was the last the introductory session you attended?
 - From a scale of 1 to 5 how useful is WebCT?
 - Did the last introductory session allow you to network with other students, meet the teaching team, learn about the library, learn about WebCT, Other
 - Please rank the following in order of importance to you during the last introductory session
 - Network with other students
 - Meet the teaching team
 - Learn about the library
 - Learn about WebCT
 - Other (please specify)
 - Please rate the following in terms of how useful they were during the last introductory session using a scale from 0 to 5
 - Lectures
 - Group exercises and discussions
 - Handouts
 - DVD and discussion
 - Question and answer sessions
 - I would wish to attend an introductory session in the future. (1 = *strongly disagree* to 5 = *strongly agree*)
 - Do you have any suggestions to improve or change the introductory sessions?
 - How might the workbooks be improved?
 - How might WebCT be improved?
 - How much do you agree with the following sentence: Would do the module if it was delivered completely online—with no face to face introductory session. (1 = *not at all* to 5 = *definitely*)
 - Using a scale from 0 to 5 please can you rate your satisfaction with the following:
 - Satisfaction with tutor support
 - Satisfaction with assignment feedback
 - Satisfaction with e-learning support (WebCT and general)
 - Satisfaction with university library support (Talis List and general)
 - Satisfaction with specialist library support
 - Has the module/program changed any aspect or your working life/practice?
-

Why Choose the Dementia Studies Program?

When evaluating the program one important question was to find out how students came to know about and choose it. Most students had found out about the program via Internet options such as the University website (36%), general Internet searches (36%), and distribution lists (16%). Students also heard about the program from previous and current students (8%) and work colleagues (36%). There were no obvious differences according to where students lived as to how they gathered information about the program. Work colleagues were a popular source of information in Scotland

TABLE 2 Student Characteristics

Characteristic	No. of responses	% of respondents
Main role in current job		
Management	34	46
Consultancy	8	11
Trainer	16	22
Assessor	9	12
Practitioner	42	57
Other	3	4
Employment sector		
National Health Service	29	38
Local authority	18	24
Private	14	18
Nonprofit	12	16
Other	3	4
Profession		
Nurse	37	50
Social worker	15	20
Occupational therapist	8	11
Manager/senior worker	10	14
Other	4	5
Undergraduate degree obtained		
Social science	12	17
Social work	6	8
Nursing	27	38
Psychology	1	1
Health services management	9	13
Occupational therapy	6	8
Other	16	22
None	9	13

Note: contains multiple response categories.

and Northern Ireland, perhaps unsurprisingly as there are University offices in these locations. Students from Singapore and Canada also found out about the program through work colleagues.

Students selected the location as their place of study for a number of reasons relating to the reputation of the University and a specialist center located there, and also because of the online nature of the program: 59% of respondents chose the program for this reason. Students living outside the United Kingdom chose the program because of the reputation of the University and because the program was delivered online. Students decided to embark on study for a number of reasons: most cited continuous professional development as a reason for study (76%), but interestingly nearly as many (75%) also cited personal interest. This suggests that students on the program are strongly invested in their learning professionally and personally, reflecting the motivations of adult learners generally (Knowles, 1990; Morris, 1996). Twenty-five percent of students funded their own studies giving further evidence of their commitment to

learning. Others were funded by employers (38%) or a combination of both (13%), and 10% were in receipt of University sponsorship. All students from outside the United Kingdom were self-funded or part-funded by their employers.

Evaluation of the Delivery of the Program

Students were asked for their views on the different delivery modes for the modules they studied; in particular the one-day face-to-face teaching day and the 14 weeks of online delivery

Face-to-face delivery. The introductory day at the start of each module provides opportunities for face-to-face learning, and 57% of students found this useful or very useful. Thirty-three percent of students found the sessions neither useful nor not useful. Twenty-one students (29%) gave some more detailed views of the introductory day. Of these, one third positively reported that they provided opportunities for getting to know others on the course. Other positive feedback included sharing experiences, discussions about the assignments, finding out the background to the program, visiting the campus, learning about the software (WebCT), and the interactiveness of the day. Just a small number of respondents were from outside the United Kingdom (8), two of these students commented negatively on the face-to-face teaching; and these comments related to information technology (IT) problems with the webcam connection. Information on whether students attended the introductory day virtually or in person at the University was not collected in the survey.

Table 3 summarizes students' views of the different components of the introductory day held at the University.

Respondents commented:

Without the introductory sessions I would have felt lonely doing the course but meeting the other students and the lectures helped a lot, it made it easier when posting on the board or e-mailing the lecturers.

TABLE 3 Student Views on Introductory Days

Introductory days allowed respondents to. . .	No. of responses	% of respondents
Network with other students	60	85
Meet the teaching team	59	83.
Learn about the library	43	61
Learn about WebCT	51	72
Learn about assignments	3	4

Note: includes multiple response categories.

Undertaking an online course is a new and alien way of learning for me. Having an introductory session enables face to face time for questions, answers, discussions and opinions to be shared without potential barriers such as time delay and clarification of interpretation. Networking with colleagues is enabled when you can put faces to names.

Others felt less positive about the introductory day, with reasons including the cost of attending the University and problems encountered on the day with enrollment and accessing the module websites. However, when thinking back to the last introductory day they attended, 62% of students reported this as useful or very useful with just 12% reporting it as not very useful or not at all useful.

When ranked, the most important elements of the introductory day were found to be meeting the teaching team and learning about the online learning platform, with less importance given to visiting other facilities at the University and having the opportunity to ask questions. Networking with other students was also ranked highly. Unsurprisingly, students on their first module ranked the sessions about the online learning platform as most important. Other elements of the introductory days ranked highly by the students included lectures from the teaching team and the lecture hand-outs.

Online delivery. Comprehensive, structured workbooks are provided for each module, guiding students through the content on a week-by-week basis. Although hard copies can be printed by students and are also provided at the introductory day, the module websites are set up to reflect the content of the workbooks with links to reading materials, discussion boards and relevant external websites.

Ninety-nine percent of students commented positively on the workbooks stating they were either useful or very useful. One student commented: "I find the workbooks a valuable guide to the course they help to steer you in the right direction and their content is very useful." When focusing on the learning platform used to deliver and support online learning, 93% of students stated this was useful or very useful, with only one student reporting that this was not useful. When asked for further comment on this, six students reported problems with the online delivery, with comments including: "it takes a long time to learn," "there are not enough online resources," "library access is difficult," and "there are browser compatibility issues."

Positive comments on the learning platform included appreciation of the discussion board facility (39% of respondents), the ease of accessing literature through the electronic reading list (17% of respondents), and the opinion that the module websites were well structured and easy to use (22% of respondents). One student commented:

TABLE 4 Impact of Learning for Practice

Response	No. of comments	% of respondents
Broadened thinking	43	65
Broadened practice	40	61
More confident	14	21
Affected work environment	4	6
Ability to pass information to others	27	41
Influenced decision making	2	3
Inspired new interest	1	2
Changed career or specific job	2	3

Note: contains multiple response categories.

I was very apprehensive about the discussion boards but very quickly became comfortable using them. I found this a fabulous resource for sharing opinions and experiences with others, and receiving information and feedback from them. The recommended reading on the Talis List (electronic reading list) was also very useful.

Sixty-four percent of respondents felt that the online learning platform did not require any improvements. Others did provide suggestions for improvement: one student suggested adding photographs and short biographies of individual students, and another thought an opportunity during the module for a live online seminar or discussion would improve the online aspects of the course. Respondents reported positively on the support provided by IT support staff with no respondents reporting dissatisfaction with this service.

Learning into practice. Students were asked to reflect on how their learning had affected their practice at work. Ninety-seven percent of respondents felt that their learning had changed their working life and practice, with 86% of students describing a positive impact on their practice (see Table 4). One respondent felt that the program could be improved by inclusion of explicit guidance on how to translate learning into practice.

More detailed comments were provided on the different ways their learning had influenced practice, for example, respondents commented that undertaking the module or program increased their confidence in their work and they were able to pass their knowledge on to others more successfully.

Much more confident in talking (advise/teaching) about issues related to care of people with dementia. Much broader range of knowledge of connected issues such as technology and I have been really affected by learning about the personal experiences of People with dementia and the importance of communication. I love the fact much of the improvements are in the hands of visionary managers—it is not just about money.

This program has given me a greater insight into the person with dementia, it has made me more aware of how people perceive someone with dementia and the stigma attached to it. Since I have started this

course it has given me great confidence to apply my knowledge in a more skilful way within my workplace and indeed has shown just how far behind we are in recognising the potential the person with dementia has. I am constantly applying much of my knowledge in my workplace and it is already having a very positive effect on both residents and staff.

These accounts indicate that the knowledge acquired through the program has had an impact on their practice and on the practice of colleagues they work with. Some respondents provided more concrete examples of using their learning in their practice and disseminating their new knowledge and skills to others. Examples of how students cascaded their learning to their colleagues and within their organizations are illustrated below:

I've changed the way care plans are written to reflect a more person centred approach, I can suggest to staff different ways of trying to communicate with people and I've set up a small life story group.

It is not just about money, I am currently working on developing a new model of care which puts activities, interactions and communication at the heart of daily life and care planning, involving staff residents and relatives.

I am more confident in my care of patients with dementia. I encourage involvement of relatives and close friends to inform staff of personal detail which facilitate person-centred care. There have been changes made to the signage in the ward to promote a more dementia-friendly environment. My colleagues have been amazed by the positive results achieved by very simple changes.

As adult learners, most of the students are juggling their studies with their employment as well as social and family life. For many, it is a struggle to fit everything in but overall the impact of their learning is positive. The comment below sums this up:

Just my thanks. I was unsure about how suitable this course would be for me or my ability to balance its demands within my life. It's been a journey but a really enjoyable one that have provided me with greater confidence and self-belief as not only do I have an improved knowledge and understanding of dementia but also the knowledge that I was able to balance all the complicated factors in my life and complete the course.

This reflects the generic concern of adult learners (Knowles, 1996) who need to juggle a multitude of responsibilities while developing their knowledge to improve their practice and is similarly reported on as a concern by Whyte, Lugton, and Fawcett (2000) in their study of nurses studying for a Master's degree in nursing.

DISCUSSION

Our evaluation demonstrates that students in the dementia field value the flexibility offered by a blended learning approach. Although our findings are based on a small sample, with a low response rate (30%) typical of surveys, with a predominantly UK-based student group and therefore having limited generalizability, they do demonstrate the importance of ensuring appropriate delivery of education to dementia care practitioners who are combining study with work. Face-to-face teaching is the traditional approach in higher education; but, to widen access, online learning provides a way to work and study at the same time. Face-to-face teaching is therefore a critical component of the blended learning program for our participants, yet the online delivery is crucial to enable practitioners to study while working. The positive evaluation of face-to-face and online delivery reflects the different learning styles (Honey & Mumford, 1982) that can be accommodated by a blended learning approach. Adult learners bring years of personal experience as well as work experience when they are engaged in learning. They will have developed preferences and perhaps prejudices for teaching techniques that may respond well or not so well to their preferred learning style. By ensuring different learning styles were accommodated in the design of the program discussed above, students were facilitated to learn and encouraged to apply their learning to practice.

When considering the needs of adult learners, education theories have often been criticized for not taking into account the experiences adult learners bring to any learning situation. Thus, in 1970 the term *andragogy* was coined (Knowles, 1990) to describe the art and science of helping adults to learn. Knowles (1996) suggested that adults have a tendency to problem solve and that they do this by drawing on their life experiences. In addition, the different life experiences individuals have will have an impact on their approach to learning. For example, women may have different background experiences, conflicting demands on their learning, and have perceptions about what others expect of them in a learning situation (Morris, 1996). Our findings demonstrate that students on this program have adopted a reflective approach to their learning and practice and have applied new knowledge to their practice situations. Being able to reflect on their practice was a key benefit of the program from the students' perspectives.

Students on the postgraduate Dementia Studies program evaluated and reported on in this article clearly make connections with their learning and practice, demonstrating a positive response to Pulsford's (2003) question as to whether higher education can make a positive impact on care practice. The majority of our respondents (65%) reported their participation in the Dementia Studies program as broadening their thinking, with 61% reporting that it broadened their practice. In this way they demonstrate that they are "reflective practitioners" (Schon, 1983). Experiential learning is another

useful concept when considering the ways in which adults learn. Kolb (1984) developed the concept of a learning cycle where individuals draw on their experiences when faced with a practical problem. The cycle comprises:

- Experience: An individual experiences something, for example, aggression from a person with dementia.
- Reflect on experience: The individual then reflects on that experience and the way he or she responded, for example, fearfully, avoiding the person, or attempting to control the aggression.
- Think about and develop new resources for future action: The individual considers alternative ways to respond to the situation in the future.
- Experiment with new resources in practice: A similar situation arises and the individual now responds drawing on the new resources he or she has acquired.

Our findings demonstrate that students were engaged in a reflective process and could see the benefits of the different components of their learning on their approach to their practice and learning itself. They also used their experiences and learning in a way similar to Kolb's (1984) description of a learning cycle. Forty-one percent of our respondents reported passing information on to others, demonstrating again the impact of their learning for their own practice, but also potentially for the practice of those they work with. In this way, those studying at postgraduate level can be leaders in their field to bring about improvements. This resonates with the framework of knowledge and skills developed by the Scottish Government (2011) and the UK quality standards (National Institute of Clinical Excellence, 2011). It has been reported previously that online delivery in dementia education opens access to learning for students who are practitioners (Innes, Mackay, & McCabe, 2006), but also that face-to-face teaching provides an opportunity to create a sustainable learning community (Innes, Mackay, & McCabe, 2006), the students from this study clearly value face-to-face and online learning formats, demonstrating the value of this blended approach to learning.

Engaging a front-line worker in the process of work-based learning will only lead to long-lasting change and development in practice should the culture of the workplace support the changes and innovations that are seen to result in good practice. However, as Innes (2009) suggested, the ideals such as person-centered care (Kitwood, 1997), choice, dignity, or equity, as set out by policy do not necessarily reflect the reality of those practicing "in the field"; indeed achieving these ideals in an ideal setting is difficult enough without adding to this the cultural, ethnic, geographic, and demographic diversity of the dementia care field in modern society. One way to facilitate lasting change put forward by Angus (2009) is investment in "leaders": people who are able to join the abilities needed to care and also the abilities needed to manage. Only then can flexible, passionate, and talented

leaders be developed (Angus, 2009). The investment in leaders is essential, as they will be the leaders and motivators of the workforce who deliver the “hands-on care” to people with dementia and support their families. Ultimately, Meisen (2010) argued that working with and caring for people with dementia and their families is “a subject of its own, a specialty that should be based on a high level of expertise and a professional approach” (p. 478). Those participating in the education program discussed in this article have engaged in learning and practice development and can be seen as the potential future leaders in the dementia field.

CONCLUSION

Given the increasing numbers of people with dementia worldwide (ADI, 2010), Dementia Studies is a crucial area for geriatrics and gerontological education to ensure high-quality care provision and support to people with dementia and their families, yet other than the evaluation of short training programs (as opposed to formal University provision), it has hitherto received little evaluation. This study indicates that increasing knowledge about dementia was perceived by students engaged in University-based education as useful for their practice. Indeed, online learning offers a unique opportunity for practitioners from diverse locations to learn and share their experiences while maintaining their work roles. University-level education accessed “in the field” not only helps to bring status to a group of workers historically falling into the “Cinderella” category (Pulsford, 2003) of the general workforce and those working with older people specifically, it also provides a research evidence base for practitioners to use, learn from, and reflect on, ultimately leading to improvements in the provision of dementia care. The topics covered in the education program discussed in this article demonstrate the richness of Dementia Studies and the degree of learning required to ensure skilled practitioners in the field. Further research is required to explore the impact of university-delivered dementia education at two levels: first for perceptions about dementia care professionals’ roles and second to examine the benefit and impact of students’ learning on their practice.

REFERENCES

- Alzheimer Disease International. (2010). *World Alzheimer report 2010*. London, UK: Author.
- Alzheimer Society of Canada. (2010). *Rising tide: The impact of dementia on Canadian society*. Retrieved from http://www.alzheimer.ca/en/get-involved/Raise-your-voice/~media/files/national/advocacy/ASC_rising%20Tide_Full%20Report_eng.ashx

- Angus, J. (2009). Leadership: A central tenet for postgraduate dementia services curricula development in Australia. *International Psychogeriatrics*, 21(Suppl. 1), S16–S24.
- Bowers, B. (2008). A trained and supported workforce. In M. Downs & B. Bowers (Eds.), *Excellence in dementia care: Research into practice* (pp. 414–437). Berkshire, UK: Open University Press.
- Chang, C. C., & Lin, L. C. (2005). Effects of a feeding skills training programme on nursing assistants and dementia patients. *Journal of Clinical Nursing*, 14, 1185–1192.
- Chang, C. C., Wykle, M. L., & Madigan, E. A. (2006). The effect of a feeding skills training program for nursing assistants who feed dementia patients in Taiwanese nursing homes. *Geriatric Nursing*, 27, 229–237.
- Choi, B. (2005). Understanding the basic principles of knowledge translation. *Journal of the Epidemiology of Community Health*, 59, 93.
- Chrzescijanski, D., Moyle, W., & Creedy, D. (2007). Reducing dementia-related aggression through a staff education intervention. *Dementia*, 6, 271–286.
- Department of Health. (2009). *Living well with dementia: A national dementia strategy*. London, UK: The Stationary Office. Retrieved from http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_094058
- Downs, M., Capstick, A., Baldwin, C., Surr, C., & Bruce, E. (2009). The role of higher education in transforming the quality of dementia care: Dementia studies at the University of Bradford. *International Psychogeriatrics*, 21(Suppl. 1), S3–S15.
- Draper, B., Low, L., Withall, A., Vickland, V., & Ward, T. (2009). Translating dementia research into practice. *International Psychogeriatrics*, 21(Suppl. 1), S72–S80.
- French Government. (2008). *3rd plan Alzheimer 2008*. Retrieved from <http://www.plan-alzheimer.gouv.fr>
- Honey, P., & Mumford, A. (1982). *The manual of learning styles*. Maidenhead, UK: Ardingly House.
- Hughes, J., Bagley, H., Reilly, S., Burns, A., & Challis, D. (2008). Care staff working with people with dementia: Training, knowledge and confidence. *Dementia*, 7, 227–238.
- Innes, A. (2001). Student centred learning and person centred dementia care. *Education and Ageing*, 16, 227–249.
- Innes, A. (2009). *Dementia studies, a social science perspective*. London, UK: Sage.
- Innes, A., Mackay, K., & McCabe, L. (2006). Dementia studies online: Reflections on the opportunities and drawbacks of eLearning. *Journal of Vocational Education and Training*, 58, 303–317.
- Innes, A., Macpherson, S., & McCabe, L. (2006). *Promoting person centred care at the frontline*. York, UK: Joseph Rowntree Foundation.
- Kelly, F. (2010). Abusive interactions: Research in locked wards for people with dementia. *Social Policy & Society*, 9, 267–277.
- Kitwood, T. (1997). *Dementia reconsidered: The person comes first*. Buckingham, UK: Open University Press.
- Knowles, M. (1990). *The adult learner: A neglected species* (4th ed.). Houston, TX: Gulf Publishing.

- Knowles, M. (1996). Andragogy: An emerging technology for adult learning. In R. Edwards, A. Hanson, & P. Raggatt (Eds.), *Boundaries of adult learning* (pp. 82–98). London, UK: Routledge.
- Kolb, D. (1984). *Experiential learning*. Englewood Cliffs, NJ: Prentice Hall.
- MacDonald, A., & Cooper, B. (2007). Long-term care and dementia services: An impending crisis. *Age and Ageing*, *36*(1), 16–22.
- McCabe, M. P., Davison, T. E., & George, K. (2007). Effectiveness of staff training programs for behavioral problems among older people with dementia. *Aging and Mental Health*, *11*, 505–519.
- McIntyre, J., & Solomon, N. (2000). The policy environment of work based learning: Globalisation, institutions and the workplace. In C. Symes & J. McIntyre (Eds.), *Working knowledge: The new vocationalism and higher education* (pp. 84–98). Buckingham, UK: Open University Press.
- Meisen, B. (2010). Care-giving in dementia: Contours of a curriculum. *Dementia*, *9*, 473–489.
- Moniz-Cook, E., Elston, C., Gardiner, E., Agar, S., Silver, M., Win, T. & Wang, M. (2008). Can training community mental health nurses to support family carers reduce behavioural problems in dementia? An exploratory pragmatic randomised controlled trial. *International Journal of Geriatric Psychiatry*, *23*, 185–191.
- Morris, M. (1996). Part-time: Whose time? Women's lives and adult learning. In R. Edwards, A. Hanson & P. Raggatt (Eds.), *Boundaries of adult learning* (pp. 221–231). London, UK: Routledge.
- National Institute of Clinical Excellence. (2011). *Dementia quality standards*. Retrieved from <http://www.nice.org.uk/aboutnice/qualitystandards/dementia/>
- Norwegian Ministry of Health and Care Services. (2008). *Dementia plan 2015*. Oslo, Norway: Author.
- Pulsford, D. (2003). What can higher education contribute to dementia care? *Journal of Dementia Care*, *11*(4), 27–29.
- Rampatige, R., Dunt, D., Doyle, C., Day, S., & van Dort, P. (2009). The effect of continuing professional education on health care outcomes: Lessons for dementia care. *International Psychogeriatrics*, *21*(Suppl. 1), S34–S43.
- Sanders, S., & Swail, P. (2009). Caring for individuals with end-stage dementia at the end of life: A specific focus on hospice social workers, *Dementia*, *8*, 117–138.
- Schon, D. (1983). *The reflective practitioner: How professionals think in action*. New York, NY: Basic Books.
- Scottish Government. (2010). *Scotland's national dementia strategy*. Edinburgh, Scotland: Author.
- Scottish Government. (2011). *Promoting excellence: A framework for all health and social services staff working with people with dementia, their families and carers*, Edinburgh, Scotland: Author. Retrieved from <http://www.scotland.gov.uk/Publications/2011/05/31085332/0>
- Stephenson, J. (2003). Ensuring a holistic approach to work-based learning: The capability envelope. In D. Boud & N. Solomon (Eds.), *Work-based learning. A new higher education?* (pp. 86–102). Buckingham, UK: Open University Press.
- Tsolaki, M., Papaliagkas, V., Anogianakis, G., Bernabei, R., Emre, M., Frolich, L., . . . Winblad, B. (2010). Consensus statement on dementia education and training in Europe. *Journal of Nutrition, Health & Aging*, *14*, 131–135.

- Waugh, A., Marland, G., Henderson, J., Robertson, J., & Wilson, A. (2011). Improving the care of people with dementia in hospital. *Nursing Standard*, *25*(32), 44–49.
- Wernet, S., Olliges, R., & Delicath, T. (2000). Post-course evaluations of WebCT (Web course tools) classes by social work students. *Research on Social Work Practice*, *10*, 487–504.
- Whyte, D., Lugton, J., & Fawcett, T. (2000). Fit for purpose: The relevance of masters preparation for the professional practice of nursing. A 10-year follow-up study of postgraduate nursing courses in the University of Edinburgh. *Journal of Advanced Nursing*, *31*, 1072–1080.
- Williams, C. L., Hyer, K., Kelly, A., Leger-Krall, S., & Tappen, R. M. (2005). Development of nurse competencies to improve dementia care. *Geriatric Nursing*, *26*(2), 98–105.