**Dementia Training Design and Delivery Audit Tool (DeTDAT) v4.0**

This audit tool is designed to help you consider indicators of evidence-based best practice in relation to the design and delivery of dementia training and education. It is based on a review of literature carried out as part of the *What Works in Dementia Training and Education? study.[[1]](#footnote-1)*

It is designed to be completed with reference to the accompanying DeTDAT Auditor’s Manual. This provides more detail on each item and guidelines for how to allocate scores, as well as possible evidence sources that could be used to inform the scores. However, we recommend that the training plan, any written materials and observation of the actual delivery is used to complete the audit. The manual also provides details on how to interpret your score and what you can do with the results.

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| **Name of training programme/resource** |  |
| **Length of training programme/completion time** |  |
| **Target staff group for programme/resource** |  |
| **Audit undertaken of** | **Full programme** |  | **Individual session/module (name)** |  |
| **Name of auditor** |  | **Date of audit** |  |
| **Components of training drawn on to complete the audit e.g. training plan, training materials, observation of training delivery, discussion with trainers etc** |  |

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| **Assessment area** | **Score** | **Evidence** |
| **General (applicable to all training)** | **0 = No****1 = Partial****2 = Yes** |  |
| **Design, content and materials** |  |
| 1. Training has been designed for/tailored to specific service setting and job role of learners who will attend
 |  |  |
| 1. Training maps onto the intended, relevant Dementia Training Standards or Framework[[2]](#footnote-2) subject area(s) and associated Learning Outcomes[[3]](#footnote-3)
 |  |  |
| 1. Training content covers all learning outcomes in a depth that is relevant to the Tier and learners’ job roles
 |  |  |
| 1. Training includes interactive learning activities
 |  |  |
| 1. Training includes group discussion
 |  |  |
| 1. Training includes knowledge-based/theoretical content
 |  |  |
| 1. Training includes use of written, video or in person case examples/vignettes/scenarios as a basis for discussion
 |  |  |
| 1. Training includes learning activities that involve the application of what is learnt in a practice-based situation
 |  |  |
| 1. Training includes introduction of structured tools, methods or approaches to care delivery
 |  |  |
| 1. Training materials are clear and easy to follow e.g. are jargon free, clearly laid out, take into account educational background of learners etc
 |  |  |
| 1. Training materials are succinctly written, are an appropriate length for their mode and purpose and can be completed in the allocated time
 |  |  |
| 1. Learners are able to bring their own practice examples and problems for discussion
 |  |  |
| 1. Training includes opportunities for learners to engage in practice-based problem solving
 |  |  |
| 1. Consideration has been given to the full costs of developing and delivering training and the potential benefits
 |  |  |
| **Training length** | **0 = No****2 = Yes** |  |
| 1. Training is at least 3.5 hours in total
 |  |  |
| 1. Training is at least 8+ hours in total
 |  |  |
| 1. Individual training sessions are at least two-hours duration
 |  |  |
| **Practical issues** |
| 1. Learners are provided with detailed information about the format of and commitment(s) the training involves ahead of attendance
 |  |  |
| 1. Training can be delivered flexibly to meet the needs of an individual group or service e.g. content can be adapted to group, flexibility to deliver in one or multiple sessions, is not required to be delivered to set script
 |  |  |
| **Facilitator qualities** |
| 1. Facilitator is experienced in the delivery/facilitation of training
 |  |  |
| 1. Facilitator is knowledgeable about the subject area and/or has clinical experience of working with people with dementia
 |  |  |
| 1. Facilitator creates a safe environment for discussion and asking of questions
 |  |  |
| 1. Facilitator adapts the training to meet the needs, issues and concerns of a learner group
 |  |  |

**Additional delivery methods**

The following methods of delivery are only recommended to be used alongside group-based, face-to-face training delivery if deemed appropriate for the content.

**In-service or practice-based learning**

In-service or practice-based learning is learning that takes place entirely within a service setting. It can include shadowing or working alongside a more experienced colleague, being observed in day-to-day practice and receiving feedback, mentoring or coaching or taking part in a placement in a service setting other than a learner’s usual workplace (this list is not exhaustive).

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| **In-service or practice-based learning** | **0 = No****2 = Yes** |  |
| IS1: In-service/practice-based learning builds on classroom-based theory/knowledge-based learning |  |  |
| IS2: In-service mentor/facilitator is allocated dedicated time to support in-service learning |  |  |
| IS3: Learner is allocated dedicated time to engage in in-service learning activities |  |  |
| IS4: In-service learning takes place in care environments where practice is supportive to learning and is at least of adequate quality. |  |  |
| IS5: In-service learning takes place in care environments suitable for the planned learning activities |  |  |
| IS6: In-service learning is facilitated by an experienced mentor who is able to effectively support learning of required skills  |  |  |

**On-line, web-based or e-learning**

On-line or web-based learning includes all forms of learning completed via a computer or other electronic device. It is usually completed individually or as self-directed learning. It may involve training by visiting a web-site and reading information and/or watching audio-visual content or it may be a specific e-learning package where learners work through a series of activities. It may or may not include exercises and tests of knowledge. E-learning can be useful with some groups of staff and for some content, but should be used with careful consideration as to whether this is appropriate for the content and learners.

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| **On-line or web-based learning** | **0 = No****2 = Yes** |  |
| OL1: Training includes the opportunity for learners to engage in group learning and discussion with a facilitator and other learners |  |  |
| OL2: Training materials are interactive e.g. include video clips, quizzes, exercises and activities |  |  |
| OL3: Specialist IT support is available to all learners at point of need if technical issues are encountered |  |  |
| OL4: Web-based learning is appropriate for the skills, facilities and IT literacy of the targeted learners  |  |  |

**Simulation, experiential learning and role-play**

The terms simulation, experiential learning and role play cover a broad range of learning activities from high fidelity work using simulation suites, scenarios and equipment, through to low fidelity reflective exercises. In this section the term ‘simulation’ will be used to represent these full range of teaching and learning approaches.

Simulation/experiential learning/role play can be beneficial under the right circumstances, with a skilled and experienced facilitator. However, if used without adequate preparation and debriefing, it can cause distress to participants, which may cause long-term effects for them, their learning and their willingness to engage in future learning activities. There is also a risk that simulation/experiential learning/role play can trigger a negative emotional response or distress in participants.

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| **Simulation, experiential learning and role-play** | **0 = No****2 = Yes** |  |
| SL1: Simulation/experiential learning or role play takes place in a broader context of face-to-face learning and discussion |  |  |
| SL2: Learners have an opportunity to build trust and rapport with facilitator and other learners ahead of use of simulation/role play/experiential learning activities |  |  |
| SL3: Simulation/experiential learning/role-play is used alongside knowledge/theory-based learning |  |  |
| SL4: Training includes time for learner preparation ahead of the simulation/experiential activity/role-play  |  |  |
| SL5: Learning experience includes formal debriefing of the activity and specific learning e.g. for people to discuss how they are feeling, what worked well, what they could have done differently etc |  |  |
| SL6: Learning experience includes the opportunity for wider discussion of emergent issues and thus for the implications of the simulation/experiential activity/role-play to be contextualised within wider theory and practice |  |  |
| SL7: Learning experience includes the opportunity for learners to engage in positive or best practice simulation/experiential/role play activities where they are able to identify, experience and apply desired practice(s)  |  |  |
| SL8: Provision is made for immediate and ongoing support of learners who may become distressed during simulation/experiential/role play activities |  |  |
| SL9: At least one of the facilitators of Simulation/experiential learning/role play should have prior experience in use of such techniques |  |  |
| SL10: Simulation/experiential/role play scenarios have been piloted/tested and refined ahead of use within formal training delivery |  |  |

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1. **Surr, C.,** Gates, C., Irving, D., Oyebode, J., Smith, S.J., Parveen, S., Drury-Payne, M. and Dennison, A. (2017) Effective dementia education and training for the health and social care workforce: A systematic review of the literature. *Review of Educational Research.* DOI: 10.3102/0034654317723305 available to download for free from [www.bit.ly/2hYYkJB](http://www.bit.ly/2hYYkJB) [↑](#footnote-ref-1)
2. For England: Skills for Health, Health Education England and Skills for Care (2015) Dementia Training Standards Framework. <https://hee.nhs.uk/our-work/dementia>**;** for Scotland: Scottish Government (2011). *Promoting Excellence: A framework for all health and social services staff working with people with dementia, their families and carers* <http://www.gov.scot/Publications/2011/05/31085332/0>; for Wales: Care Council for Wales, NHS Wales, Public Health Wales & Welsh Government (2016). *Good Work: A dementia learning and development framework for Wales*. <https://socialcare.wales/resources/good-work-dementia-learning-and-development-framework>; for Northern Ireland: Health And Social Care Board (2016). *The dementia learning and development framework* <http://www.hscboard.hscni.net/download/PUBLICATIONS/dementia/26092016_Learning_Development_Framework.pdf> [↑](#footnote-ref-2)
3. For England: Refer to the accompanying What Works study *Dementia Training Standards Framework Learning Outcome Mapping Tool.* [*http://www.leedsbeckett.ac.uk/school-of-health-and-community-studies/what-works/*](http://www.leedsbeckett.ac.uk/school-of-health-and-community-studies/what-works/) [↑](#footnote-ref-3)