Dementia Education and Training for the Multidisciplinary Student Healthcare Workforce: A Systematic Review

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BACKGROUND

- Healthcare professionals across all specialties require the knowledge and skills to deliver high-quality, compassionate dementia care.
- Current training programmes vary in content and duration, often limited to brief placements taken up by the keenest students.
- While several programmes have been developed which aim to enhance dementia care competencies, few are evidence-based.

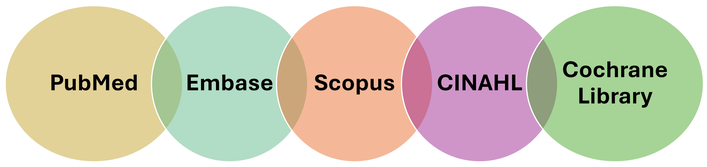
AIM

To systematically review existing evidence on the effectiveness of dementia education and training for health and social care students

METHODS

Database search

Combining terms related to 'education'/ 'training', 'staff', and 'dementia'



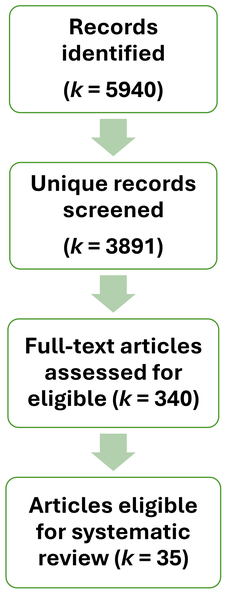
Eligibility criteria:

- Primary (quantitative, qualitative and mixed method) research studies
- Effectiveness of any dementia-specific training or educational intervention
- For health care or social work students (prior to award of a license to practice)

Risk of bias

- Mixed Methods Appraisal Tool (MMAT), designed to critically appraise quantitative, qualitative and mixed-methods studies included in systematic mixed-studies reviews.
- Studies rated **4+ out of 5 were high quality**, and **<4 were low quality**.
- High quality studies (*k* = 17) reporting a significant finding on a quantitative main outcome in a between-group comparison were labelled as **'high priority'**.

RESULTS



Studies were divided into six categories based on intervention content.

One high priority study evaluated the 'Time for Dementia', an experiential programme that combined skill-learning and reflective sessions with visits to people with dementia.
Improved Kirkpatrick Level 2 (learning) outcomes, attitudes and knowledge over two years of participation, supported from qualitative findings.

- Asynchronous, self-directed learning did not improve learning outcomes, relative to standard training.
- No patient reported outcomes were used to evaluate impact of training.
- Stakeholders agreed that consistent support during initial clinical encounters, with skills-based and reflective sessions, optimised student learning from patient-focused encounters.

Interventions categorised as:

1. Experiential learning (*k* = 9)
2. Skills training during clinical placement (*k* = 5)
3. Self-directed online learning (*k* = 4)
4. Dementia awareness (Dementia Friends) training (*k* = 3)
5. Experiencing and reflecting on simulation and fictional scenarios (*k* = 9)
6. Classroom-based learning (*k* = 5)

CONCLUSION

- Effective interventions **increased confidence and interest in careers in dementia specialties**.
- **Mandating evidence-based dementia skills programmes across specialties** could ensure effective skills development.
- Evidence based approaches could include **experiential learning modules in early years** of training, with **dedicated supervision** to support their implementation.

Future research could include patient outcomes to evaluate impact.

Find out more about DeNPRU-QM

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