

Engaging Informal Caregivers on a Blended Learning Course - From Theory to Practice

Preview of the handbook

-Presented on webinar March 23rd 2021

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Table of contents

Introduction	4
PART A - THEORY.....	5
What is blended learning?	5
Conceptualisations of blended learning	5
Blended learning models	6
Choosing an appropriate model	8
PART B – PRACTICE	10
1.Learning Context.....	10
2.Types of learner	10
3.Focus	11
4.Learning Relationships	12
5.Different ICTS	13
6.Pedagogy.....	13
7.Time	14
8.Place.....	14
Pilot 1: Blended Learning Model:.....	14
Pilot 1 Feedback	16
Response to Feedback	17
Landscape Changes Between Pilot 1 and Pilot 2	18
Pilot 2 - Blended Structure.....	19
Feedback on Pilot 2.....	20
The Final course	21
Conclusions and Reflections	21
References	23
APPENDIX A: Background.....	25
The partner organisations.....	25
Home Based Care-Home Based Education (HBC-HBE)	25
APPENDIX B: Final Course Structure	27
Later Stage Dementia Care - Blended Learning for Families.....	27
Unit 1 - Introduction to Later Stage Dementia Care.....	28
Unit 2 - Later Stage Symptoms.....	28
Unit 3 - Transitions in Later Stage Dementia Care.....	29
Unit 4 - Emotional Well-Being for the Person with Dementia.....	29

Unit 5 - Coping and Self-Care.....	30
Unit 6 - Person-Centred Communication Approaches.....	31
Unit 7 - Review, Reflect and Look Ahead	31

Introduction

This Blended Learning Handbook is designed to assist educators who are working with groups of learners who may be experiencing heightened emotions. It may be useful to educators or educational or online learning developers who are interested in knowing more about blended learning. We hope that by setting out a range of models and providing a commentary on our practice, other interested parties will gain a better understanding of how to develop blended learning programmes.

This seems important to us because as Allan (2007) suggests, the increased interest in blended learning among educators is related to the affordances it offers, and these include:

'...making learning more accessible, engaging and relevant; providing more flexible learning opportunities; reducing the amount of time spent on face-to-face learning activities by shifting the balance to more blended learning activities; integrating practitioner-based experiences with classroom-based learning; developing programmes that are relatively cheap to repeat or use with large groups of learners' (Allan, 2007, p. 2).

This Handbook defines the concept of 'blended learning'. It will also explore and outline a range of blended learning delivery models. These models have been applied in our Later Stage Dementia Care course for family carers of people with dementia. Project partners have used feedback from tutors and learners during the project to inform the final version of the course, not only in terms of content but also in terms of the nature of the blend.

This Handbook is divided up into the following sections: Part A will look at definitions of the term 'blended learning'. It will look at the learning theory that supports blended learning approaches. And it will also set out several blended learning models. Part B is concerned with the application of the models during our Later Stage Dementia Care project. It will set out how we chose our particular model, how we implemented it, and what we learned during the project. It therefore provides a real-life commentary on the implementation of blended learning to deliver a social and emotional course.

PART A - THEORY

What is blended learning?

The simplest definition of blended learning is that it is *'a mixture of face-to-face and e-learning'* (Allan, 2007, p. 4). Or as Graham (2006) writes *'Blended learning systems combine face-to-face instruction with computer-mediated instruction'* cited in

(Hrastinski, 2019, p. 565). Adding to

these definitions Garrison and Kanuka

(2004) write that blended learning is *'the thoughtful integration of classroom face-to-face learning experiences with online learning experiences'* (Garrison and Kanuka 2004, p. 96). Another simple definition of the term blended learning is *'the use of traditional classroom teaching methods together with the use of online learning for the same students studying the same content in the same course'* (Cleveland-Innes and Wilton, 2018, p. 2). Picking up on this theme Allen and Seaman define blended learning courses as a *'Course that blends online and face-to-face delivery. Substantial proportion of the content is delivered online, typically uses online discussions, and typically has a reduced number of face-to-face meetings'* (Allen and Seaman, 2010, p. 5). It is the second sentence of this definition that probably causes most debate and discussion among educators. Namely, how should educators divide up the blend of face-to-face and online elements to maximise effectiveness of a blended learning course? This Handbook seeks to address this very question.

Blended learning is the thoughtful integration of classroom face-to-face learning experiences with online learning experiences.

Garrison and Kanuka (2004)

Moving on from trying to define blended learning it is important to look at various conceptions of what the term may mean in practice.

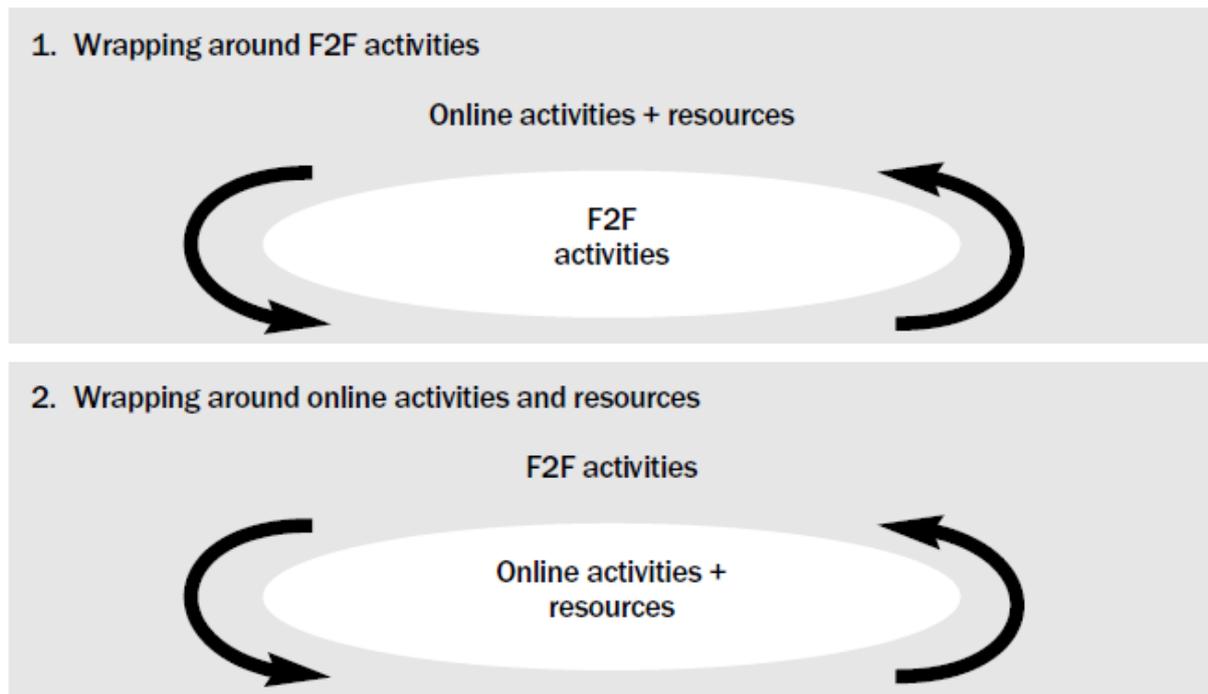
Conceptualisations of blended learning

Moving on in time, the affordances and opportunities offered by the internet increased greatly from the early 2000s. And in more recent years the spread of high-speed broadband and increased bandwidth has allowed for greater opportunities to develop e-learning courses and for these to be accessible by a larger group of learners. This is important because according to Cleveland-Innes and Wilton (2018) *'Many findings on blended learning show an increase in learners' ability to learn collaboratively, think creatively, study independently and tailor their own learning experiences to meet their individual needs.'* (Cleveland-Innes and Wilton, 2018, p. 1).

Given these developments Hrastinski (2019) offers several conceptualisations of blended learning. These include:

Quality conceptualisation – where we use blended models because we can develop a delivery structure based on the advantages of *both* the face-to-face and online teaching and learning strategies. These advantages could include extending face-to-face classroom time by using a

Figure 2: 'Wrap around' models of blended learning.



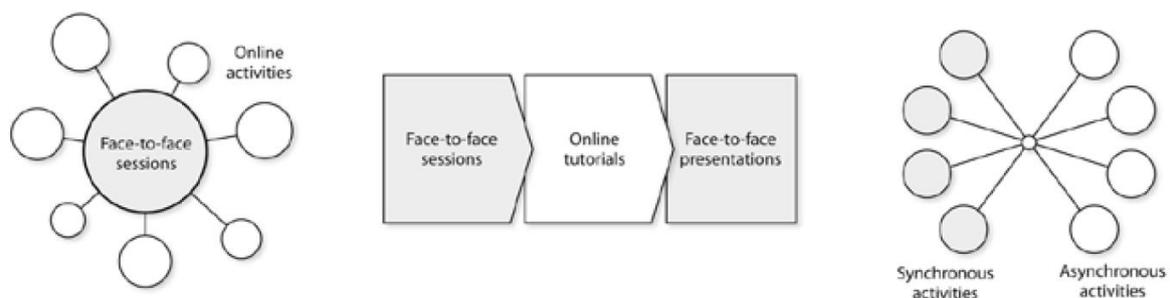
Source: Allan (2007) p. 8

The first model above places face-to-face learning in the centre of the model. It has online activities and resources to support the dominant face-to-face delivery of materials, communication and learning activities.

While the second model place the online activities at the centre of the model, with face-to-face activities as a support to the dominant online delivery mechanisms.

Another way of representing blended learning models has been put forward by Cleveland-Innes and Wilton (2018), and this is set out in Figure 3 below.

Figure 3: Cleveland-Innes and Wilton Models of blended learning



Source: Cleveland-Innes and Wilton (2018), p. 3

The model on the left has the face-to-face classroom at its core, and this is supported by online activities (very similar to the first Wrap Around model in Figure 1 above).

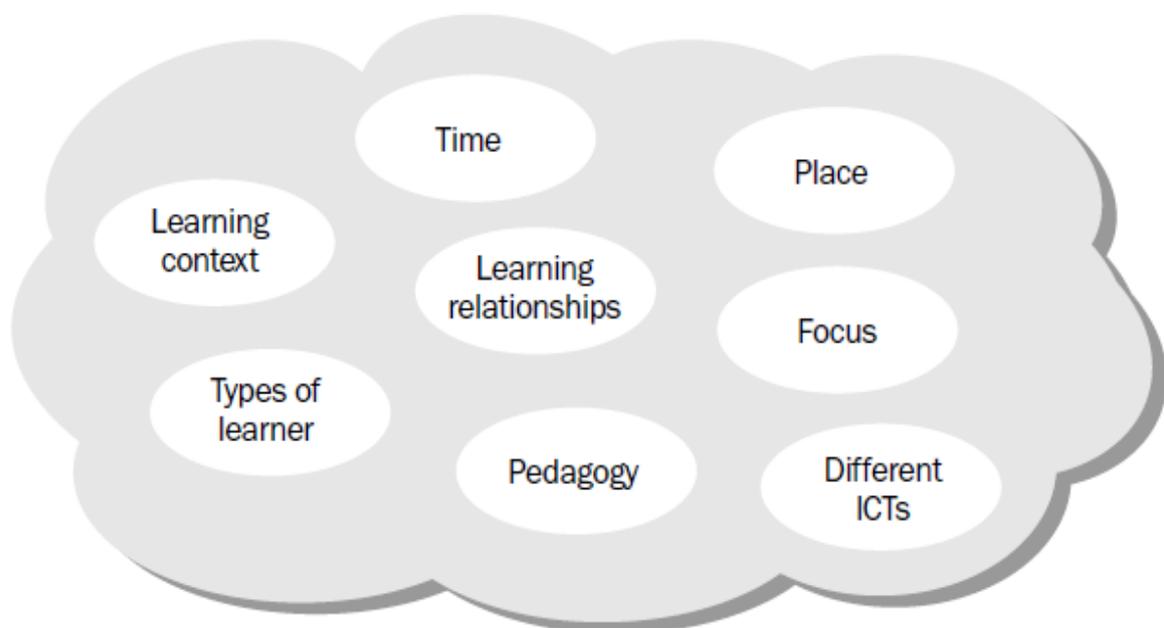
The model in the middle Cleveland-Innes and Wilton call the 'blended block model' (or 'programme flow model') which consists of blocks of learning suitable in distance learning, where *'distributed learners or working professionals may have limited opportunities for classroom-based learning and therefore begin with a block of intensive face-to-face sessions, followed by blocks of online study and collaboration through online tutorials'* (Cleveland-Innes and Wilton, 2018, p. 3).

The model on the right above is fully online and could be considered blended through the provision of a mixture of synchronous (real-time) and asynchronous events. With modern technology participants and tutors can communicate in real time online, via chat or video conferencing, or separated by time and space, for example in online discussion forums or on social media. Commenting on a Facebook or blog post is an example of asynchronous communication.

Choosing an appropriate model

Given the range of definitions, conceptualisations and models, how should educators approach blended learning design? It can be useful to look at the landscape or environment in which we are located. Figure 4 below is an attempt to outline the landscape of blended learning and can be used by educators who want to build a blended course. They would need to consider their landscape, and their landscape should inform some of the key decisions they will make about the nature of their blend.

Figure 4: Landscape of blended learning



Source: Allan (2007) p.5 adapted from Sharpe et al. 2006

In the following section we will start to sketch out the components of our own landscape. This will help the reader contextualise our project and may act as a catalyst in getting to know their own context.

PART B – PRACTICE

1. Learning Context

The Later Stage Dementia Care course is a non-formal course, which means there is no end exam, or certificate to be obtained. However, the learning goals are extremely important for our students. Given their situation, they need to develop the theoretical knowledge to understand dementia and to reflect on their caring situation. The overall aim is to improve the skills for caring for their loved one and to further develop the confidence and understanding in their role as a carer and decision maker.

The participants, or learners are adults (further descriptions is provided below under '2. Types of learner'). Another recent Erasmus+ funded project outlines some interesting characteristics of adult learners:

'As an adult, you often are better skilled and have much more knowledge than you are conscious of. That is why a reflection approach is so important in most all adult learning and education. And that is why dialogue and learning in social settings are so important. And it is also the reason for why many online education programs have physical gathering for the students some time(s) during a course. This is called blended learning, mixed learning, or flexible learning.' Bjerkaker (2021)

The Later Stage Dementia Care -Blended Learning for Families course is developed by three non-profit organisations: one college educating nurses, a national Alzheimer organisation and an organisation for flexible and online education (see 'Appendix A').

Pre-existing insights

The Later Stage Dementia Care -Blended Learning for Families is a follow-on of a previous Erasmus+ project: The Home Based Care - Home Based Education which was, and is, a fully online course for people who care for loved ones in all stages of dementia. After the course we asked the learners to take a survey to inform us of a potential need for a follow-on course. 96% of the respondents felt they would find a follow-on course on late-stage dementia care useful, and 85% wanted the course to be either online or blended. There were also interviews with some of the participants. All the insights from this project were used in creating the blended model for the Later Stage Dementia care course. (Read more in 'Appendix A')

2. Types of learner

Our learners have a number of characteristics, including:

The target group of learners are family carers of people with dementia. They are unpaid, informal carers who have normally not chosen this role (Care Alliance Ireland, 2015). Rather they are responding to circumstances to offer a range of support to their loved ones. They could be the primary or main carer or the secondary carer.

They are motivated for learning: From the face-to-face 'Insights into dementia' and fully online 'HBC-HBE' courses we know that this target group is highly motivated to deliver the best care they possibly can. From academic literature we know that family carers of people with dementia have a

particular set of needs including the need for information and support, education about dementia and psychosocial support – see (Whitlatch and Orsulic-Jeras, 2017) for more details.

They have varying skills and motivation for learning online: When recruiting, we strongly emphasise that this is a blended course and participants must be willing and able to navigate and communicate online. But there are no purely face-to-face based courses that specialise in the later stage dementia care, so these carers only have a choice between a blended course and no course at all. Carers often find themselves short of time as they have sometimes to deal with emergencies and incidents at home and/or combine caring for a parent with caring for young children, which can hinder their ability to participate in more formal learning courses. The group will benefit from having a range of learning activities and the flexibility to choose their own time and modality for learning as well as what learning content they find most appropriate.

They are in a stressful situation: Traditionally, research has pointed out that this target group has high levels of stress and carer burden (Brennan *et al.*, 2017). They need support and a platform to ‘tell and share their stories’. This allows them to express their pent-up emotions and feelings in a safe space with fellow family carers who can appreciate and understand their feelings. This has led to strong peer-to-peer relationships.

3.Focus

Dementia is a syndrome – usually of a chronic or progressive nature – in which there is deterioration in cognitive function (that is the ability to process thought) beyond what might be expected from normal ageing. It affects memory, thinking, orientation, comprehension, calculation, learning capacity, language, and judgement.

World Health Organisation (2017)

Later stage dementia and end of life care

This course deals with later stage and end of life dementia care. It is therefore particularly emotional for tutors and learners. Though it is a contested concept we attempted to define later stage dementia care as the care of a person who has dementia for some years and therefore whose symptoms are more likely to be more severe and challenging for the carer. Similarly, we defined end of life care as comprising care during the last months, weeks, days and hours of the person with dementia, just before death.

The course content

The topics to be covered on the course were developed through initial and ongoing consultation with family carers of people with dementia, as follows:

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- Survey of those who completed previous Home Based Care – Home Based Education (2017)
- Research carried out by Dr Martha Doyle and Dr Marita O’Brien (2017)
- Indicative topics presented to individual family caregivers for feedback (2018)
- Pilot Course learner evaluations (2019 and 2020)

In addition, we used:

- Feedback from tutors (2019 and 2020)
- Literature review on best practice palliative care and dementia research

The weekly topics were:

Week No.	Pilot 1 (2019)	Pilot 2 (2020/21)	Final (2021)
1	Welcome	Welcome to the course	Welcome to the course
2	Introduction to later stage dementia care	Introduction to Later Stage Dementia Care	Introduction to Later Stage Dementia Care
3	Symptom Management	Symptom Management	Later Stage Symptoms
4	Transitions in Later Stage Dementia Care	Transitions in Later Stage Dementia Care	Transitions in Later Stage Dementia Care
5	Emotional Well-Being	Emotional Well-Being for the Person with Dementia	Emotional Well-Being for the Person with Dementia
6	Coping and Self-Care Strategies	Coping and Self-Care	Coping and Self-Care
7	Communicating in Care	Communicating in Care	Person-Centred Communication Approaches
8	Course Wrap-Up	Course Wrap-Up	Review, Reflect and Look Ahead

4.Learning Relationships

The course was designed to follow the main principle for the existing courses from The Alzheimer Society of Ireland: Tutor facilitating mutual sharing of experience between the carers is (at least) as important part of the course as the instructional delivery of theory and best practice.

This ties in with the pedagogical approach. In our course relationships between learners was very important given the emotional nature of the course objectives. We sought to develop a strong sense of support and openness among learners. Our tutors played a crucial role in this process. Their support, honesty, authenticity and humanity were crucial in supporting learning relationships.

As this is mainly an online course the technical support for learners, especially around access to the live video meetings, was very important. The support needed to be personal, customised and timely.

5. Different ICTS

The Alzheimer Society of Ireland has their own Moodle learning management system. A learning management system can be defined as 'a software application for the administration, documentation, tracking, reporting, automation and delivery of educational courses, training programmes or learning and development programmes' (Wikipedia, 2021). Moodle has a range of activities that can encourage learner interaction including Discussion Forums (text-based chat), Choice (where learners answer questions), and BigBlueButton (the built-in video conferencing software). In addition, learners can upload assignments. Educators can place learning resources – books in our case, which are downloadable. Books include text-based information supplemented by videos and hyperlinks to appropriate supporting documentation. The participants accessed the Moodle content and video meetings from a range of devices; mostly laptops, but also including smart phones, tablets and iPhones / iPads.

In one of the groups the participants created their own WhatsApp group for communication. WhatsApp has the advantage of being a familiar tool for the carers and of being accessible to them for as long as they want even after the course ends. An important reason for choosing to deliver the course inside an LMS, even though it means the participants will need more support, is for the course provider to have control of the access to the group so that only registered course participants can join the conversation.

6. Pedagogy

Our pedagogical approach is informed by a social constructivist worldview. This posits that learners come together and through their interaction with each other, the course tutors and with course materials they come to a new, shared, and deeper understanding of learning goals.

There may also be elements of behaviourism, where individual learners are guided by the behaviour of their peers and tutors. The experience and honesty of our tutors many of whom have experience of caring for a close family relative through all stages of dementia plays a key role in connecting with and supporting our learners.

We used a range of pedagogical tools to try to engage learners on these difficult and emotive topics. We used Moodle books to present course content. The content of books was a mixture of plain descriptive text, embedded videos, photographs, and graphs / figures. The idea was that information would be delivered clearly but also using different mediums to cater for a range of learners' preferences. For example, the videos were intended to - and proved useful for - communicating the emotional sides of communication and other aspects of caring. They would show 'the beautiful in the ugly'. But an emotional video in an emotional learning situation can of course provoke very strong feelings and course designers and tutors need to be conscious as to not be manipulative in the use of videos.

We also used Case Studies as a vehicle in an effort to make learners think about emotive topics as 'outsiders'. So, we created a number of fictitious characters who were impacted by later stage dementia and each week we described their experiences and challenges almost like a soap opera.

This allowed us to address real life situations and decisions that our case study characters needed to make along the dementia journey. The idea was to create some distance between our learners and their experiences. We hoped that our learners might empathise with our case study characters.

7.Time

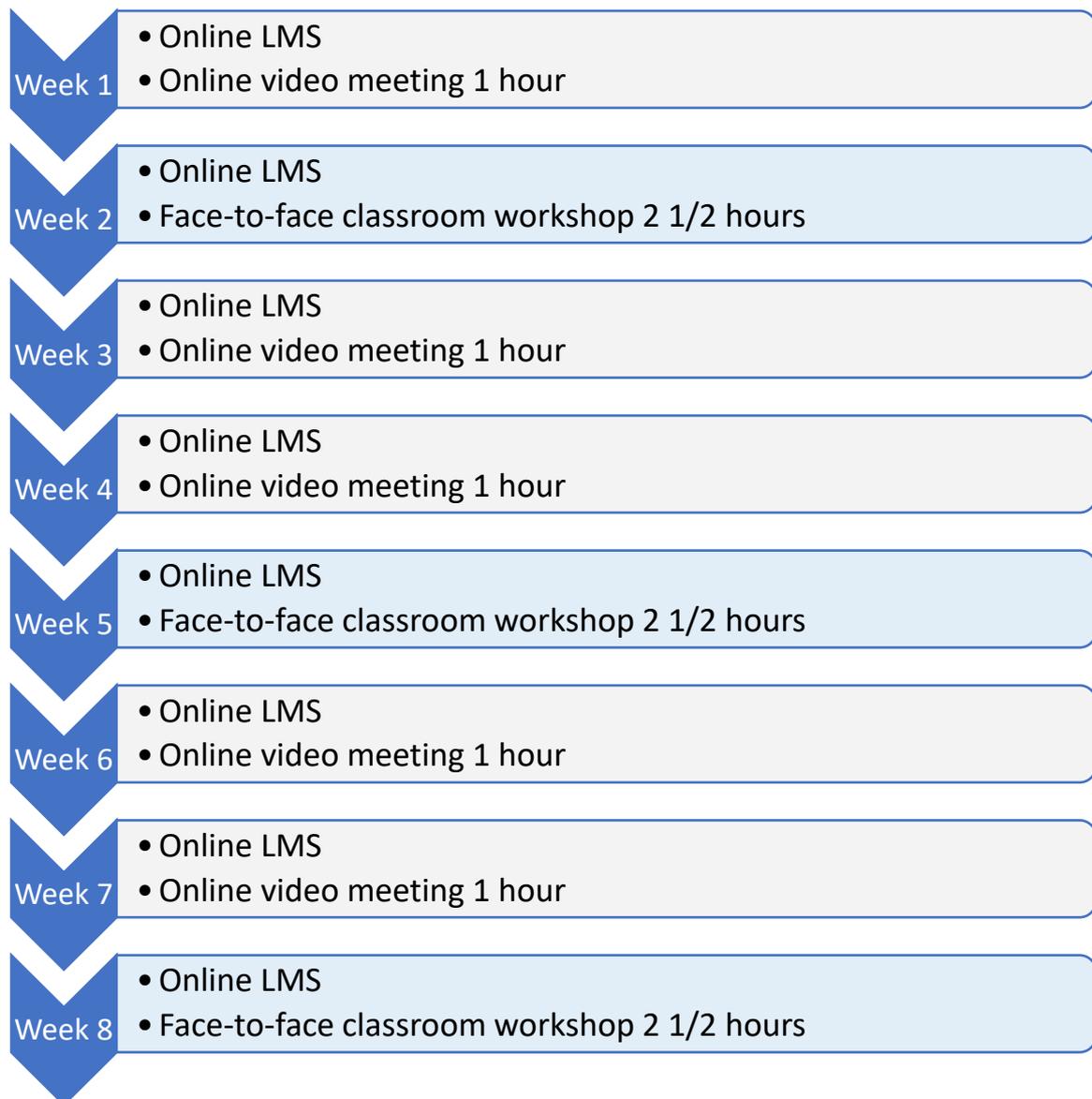
As discussed in part A, the blend in 'Blended learning' is traditionally seen as a blend between online and face-to-face learning activities, but as shown in Figure 3, it could also be argued that it is the blend between synchronous and asynchronous activities. In this project the synchronous, or 'live' activities were the video and face-to-face meetings. This proximity in time, or 'closeness' allowed learners to be more socially engaged with each other. The asynchronous dimension would be accessing the learning materials (books, videos etc) on the learning management system, providing the flexibility for the learners to access them at a time that suited their schedules. This can be especially important to people in a busy care situation, but the asynchronous learning activities and accessibility of the learning materials also provides time for reflection, for revision and for taking the time needed to learn.

8.Place

Our learners were distance learner adults. Evidence from video meetings would suggest most learners accessed course materials from their own homes. This is practical in the sense that the learners don't have to travel, which saves time and (as have proved especially important during the pandemic but can be important to people who live with fragile family members) don't need to take risks of catching diseases. But learning from home can also mean the disadvantage of having people disrupting the learning sessions. So even if *attending* an online course can be more accessible to a carer, the actual *learning* can be more difficult.

For the face-to-face elements of the first pilot course, learners travelled to a local hotel and an Alzheimer Society of Ireland Day Care centre. It should be noted that some learners travelled more than 300 km round trip to attend face-to-face workshops during Pilot 1.

Pilot 1: Blended Learning Model:



Each week learners and tutors meet either through one-hour synchronous video meetings or longer 2.5 hours face-to-face classroom workshops. Given the emotional nature of the course, we decided to spread out the longer face-to-face workshops evenly (at regular intervals) throughout the course in weeks 2, 5 and 8 as depicted above.

Given that the course was a mixture of 'Online Wrap Around' (Figure 2.2 Part A) we decided that the first week should be fully online so that learners could become familiar with the Moodle platform. In Week 2 learners met together face-to-face for a longer 2.5-hour workshop.

In Pilot 1 the live video meetings were hosted via Google Meet. For many learners' the live video meetings were the core of the course. The study confirmed that the feeling of being alone in your struggle as a carer can be overwhelming, and that meeting other carers was helpful for the respondents. One respondent in the study said that everyone helped each other, and everyone has different insights and different ways of coping mechanisms and things that work.

Pilot 1 Feedback

We obtained feedback as follows:

Learner Feedback:

- Weekly written feedback in the Moodle course,
- Oral informal feedback in the meetings,
- Statistics on engagements in the Moodle platform,
- End-of-course-evaluation-form,
- National University of Ireland Galway conducted interviews with carers and tutors (An Evaluation of a Family Carer Training Programme for Carers of People Living with Advanced Dementia).

The forum, and the participation, we all spoke of our own experience and were able to help each other on the journey as each person had a different take on things. The fact we were all in the same boat, on different decks.

Participant pilot 1

Learner feedback on Pilot 1 in general was very positive. Learners expressed satisfaction about the course materials, the affordances of meeting face-to-face and the online platform. The main issue was that they felt they needed more guidance on how to access the online aspects of the course especially the video meetings. Some also felt that more thought should go into the case studies.

Learner Satisfaction Levels Pilot 1:

Pilot 1 Level of satisfaction (n=17)	Dissatisfied	Satisfied	More than satisfied	Very satisfied
	0%	35%	17%	47%

Individual learner comments capture what led to these satisfaction levels:

"Meeting and sharing experiences, videos, learning gained."

"The forum, and the participation, we all spoke of our own experience and were able to help each other on the journey as each person had a different take on things. The fact we were all in the same boat, on different decks."

"That it was online meet ups as I would have found it a challenge to meet every week in person."

"Being able to share experiences and stories: video clips."

"I liked the flexibility and could put in the study when it suited me."

Tutor feedback:

Our tutors found the course very emotional to deliver. While this was challenging at times, tutors could also see the benefits of the course on learners' knowledge and confidence as the course progressed. There was also some concern that some of the main concepts contained in the course books were not clearly understood by all learners, for example, the ethical framework to decision making.

Course designer feedback:

It became evident during the pilot 1 course that more support was required around accessing live video meetings. New paper and video-based materials were developed before the end of Pilot 1. These were also used for Pilot 2.

National University of Ireland Galway study feedback:

Feedback from learners and tutors interviewed for the NUIG study were generally very positive. The study found that learners and facilitators had 'a positive view' of the blended learning approach, learners found being able to access the materials online 'helpful'. In addition to the online component, learners valued the face-to-face. They concluded that '*A blended care training programme for dementia caregivers in the advanced stages can help to increase caregiver knowledge and skills*' (Smith *et al.*, 2020).

Response to Feedback

What we did to make Pilot 2 more accessible, and easier to access:

Case studies: We made changes to the case study content, and we clarified in more detail the rationale for using case studies. Clearer guidelines were developed to support learners engage with case studies.

Learning materials: Acting on learner feedback, tutors re-read all course books and were invited to edit all pages of all books for wording, accuracy of message, user-friendliness and accuracy of subject matter.

To increase **accessibility and usability** we created audio versions of all course books. We use Audacity software. Audio books were placed directly underneath the books on the Moodle page.

Key concepts: To promote deeper learner engagement on elements of the course we re-worded content around the ethical framework as we thought it was perhaps too theoretical and not very user-friendly.

Learner support: We created an extra 'how to' video to help learners in the initial stages of the course called '*How to Access BigBlueButton Video Meetings*'.

Landscape Changes Between Pilot 1 and Pilot 2

Learning Context: COVID-19

Our first pilot course was delivered in late 2019. We were due to deliver our second pilot course in late spring 2020. However, just one week before we were due to start recruiting for the course, the COVID-19 pandemic hit.

The sudden appearance of COVID had two big impacts on the course:

- 1) The daily life changed for a lot for both people with dementia and their carers as they did for the rest of the society. People with dementia and their carers experienced social isolation due to closing down of a range of support services and the reduction in visiting to nursing and each other's homes.
- 2) In terms of course delivery, we were no longer allowed to meet face-to-face. All interaction had to be online.

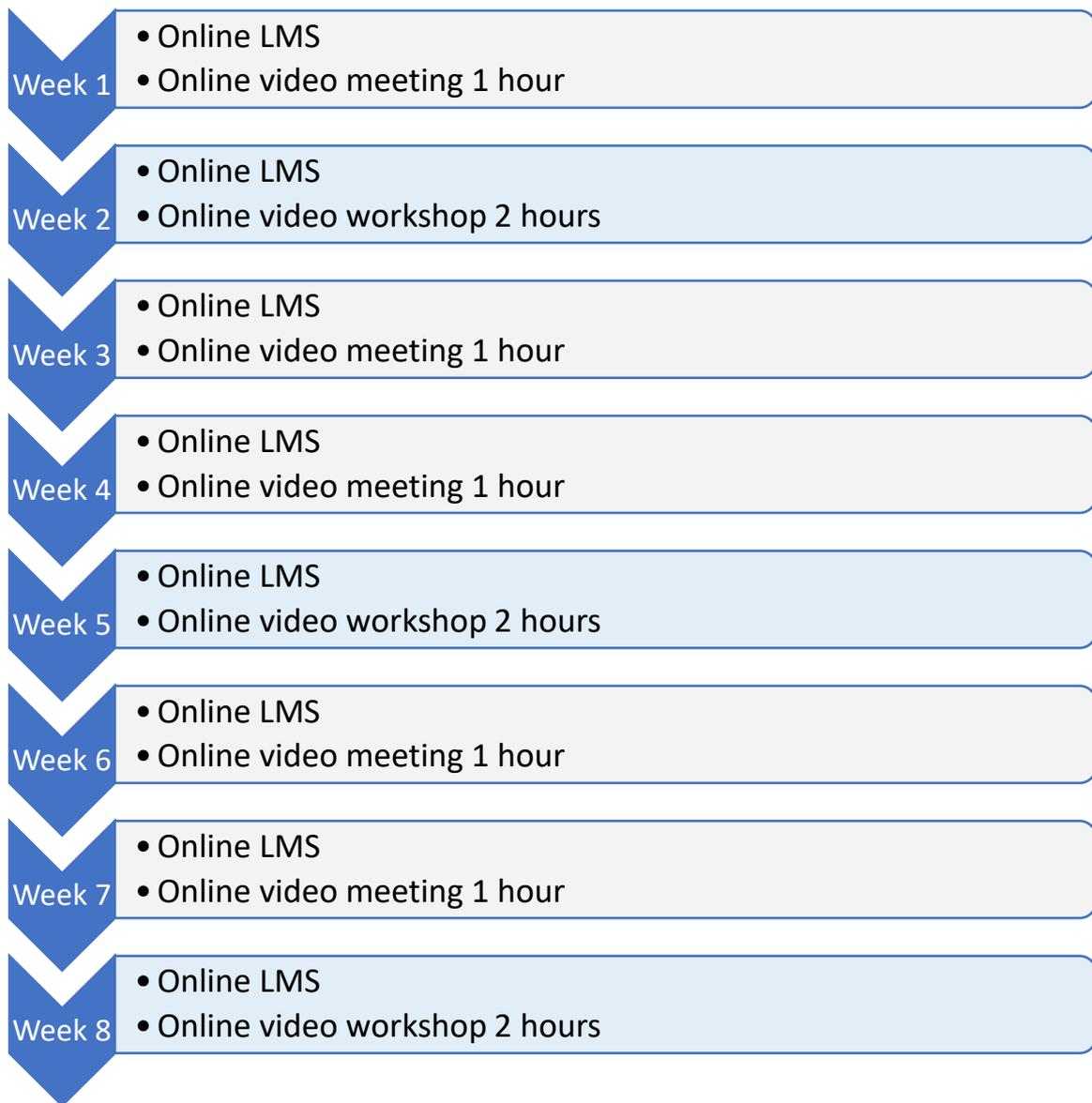
Given the continued uncertainty around protocols relating to social distancing and the banning of gatherings of people, we sought and were granted a 6-month extension of the project. We used this time to develop the course materials and to plan for a potentially fully online delivery model. The project was now due to finish on 31st March 2021.

In October 2020 we decided to deliver a fully online version of the course as the second pilot. Recruitment began in November and the course started in early December 2020.

Different ICTs

The Moodle platform we used was upgraded from Moodle 3.1 to Moodle Workplace (Moodle 3.10.2). This allowed us to use BigBlueButton video conferencing software which is integrated into Workplace as a Plug-in. In practice this meant that learners had direct access to video conferencing for our video meetings and tutorials within Moodle.

Pilot 2 - Blended Structure



Feedback on Pilot 2

We obtained learner feedback as follows:

- Weekly written feedback in the Moodle course,
- Oral informal feedback in the meetings,
- Statistics on engagements in the Moodle platform,
- End-of-course-evaluation-form.

I enjoyed the meetings once a week when we were able to discuss that week's topic.

Participant pilot 2

Learner Satisfaction Levels Pilot 2 –

Pilot 2 Level of satisfaction (n=14) & % change since Pilot 1 (n=17)	Dissatisfied	Satisfied	More than satisfied	Very satisfied
	0% (0%)	7% (-28%)	21% (+4%)	71% (+28%)

Learner satisfaction for Pilot 2 was higher than for Pilot 1.

The following quotes from learners on Pilot 2 on what they liked about the course gives an insight behind their satisfaction levels:

"The tutors were excellent; they allowed an open safe space for us. The case study was excellent for making me think about how to manage caring for my mum. I enjoyed the video meetings and being able to put faces to names, whenever my broadband would cooperate."

"I liked that it was gradual and relaxed, despite being very harrowing coursework. I was apprehensive before taking the course, but I settled into it every week. I liked the case study and the 2 facilitators, both individually and together, they complemented each other."

"I liked both the information and the learning that others are going through very similar, yet very different experiences. I learnt a lot not only from the course materials but also from the other participants."

"That it took us through the different stages and taught us how best to handle the different stages and different situations."

"I liked how the needs of the carer/family are included in this course."

"Leaders ...made it very personal".

"I enjoyed the meetings once a week when we were able to discuss that week's topic".

The Final course

The outline for the final course is shown in Appendix B below.

For the final version of the course, we made a number of further changes:

1. We changed the titles of some of the modules, for example we changed the Communication module from 'Communicating in Care' to 'Person-Centred Communication Approaches'. The rationale is to reinforce the importance of a person-centred approach which is one of the key themes of the course. We also removed the word 'Management' from the End of Life and Later Stage Symptoms module. We felt the term 'Management' implied mastery over the symptoms, but the reality is it is impossible to have complete control over dementia symptoms.
2. We renamed the final module from 'Course Wrap-Up' to 'Review, Reflect and Look Ahead'. We felt that it would be important to end the course by asking learners to think about where they are now in their care journey and to try to look ahead to what the future might look like, highlighting changes or strategies that they would like to implement. Two new Discussion Forums were introduced to facilitate this reflective exercise.
3. We again reviewed all pages of all the textbooks to check for clarity of message. For example, we introduced definitions of some terms (person-centred care) in the Book: 'Introduction in Week 2'.
4. We added new Resources on the final week of the course as another downloadable source of information that we felt could be useful to learners. It contained links to a range of publications, reports and web pages about later stage and end of life care as well as guidelines about long-term care.
5. We updated the References document on the final course week. The References document contained all the sources of information from academic journals and books quoted in the course books. It also contains links to all the videos we have placed in the course text books on the Moodle page.

Conclusions and Reflections

We have learned a great deal from developing and delivering this blended learning course. Our conclusions may not be generalisable for other contexts or types of courses. But for an informal, adult learning context in which there are emotional topics, we believe our conclusions are important and worth sharing.

In no order we feel the following points are worth noting:

1. An iterative approach is recommended to pilot test materials and the nature of the blend.

2. Set up plenty of avenues of feedback from learners and others involved in the delivery and development of the course.
3. From feedback we know that blended learning is flexible, and participants appreciate the convenience of it.
4. You must build in appropriate support for learners. These supports could include:
 - technical support - forums and availability of expertise
 - 'how to' or 'show and tell' resources, walking the learner through a series of steps required to complete a particular task.
5. From feedback and independent research, we know that our blended learning course can increase skills and knowledge of family carers looking after a person in later stage dementia.
6. Try to engage learners in different ways by providing options for them. For example, some learners prefer interacting via text-based forums, others (almost everyone!) liked the video tutorials.
7. Keep it simple. We used books as they are a simple way of delivering information. As there was quite a lot of text and the materials were emotional, we interspersed the text with embedded videos, graphics and photographs.
8. Consistency is also important. For example, the layout on the Moodle page was similar every week. We held the video tutorials and workshops on the same evening, and they started at the same time every week.
9. Labelling activities in Moodle. Try to make sure that the text on the activity is clear and descriptive. For example, 'Discussion Forum: Say hello to your fellow participants' tells learners what is expected of them. Conversational style seemed appropriate to us for a course that was informal, and which sought to engage learners.
10. The role of tutors is crucial even in a course where there is a lot of self-directed learning. Tutors play a crucial role in reinforcing and confirming course content, in what they say and how they say it. For a course about the delivery of dementia care, this is even more important, given that communication and connection is key to maintaining relationships.

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APPENDIX A: Background

The partner organisations

The Alzheimer Society of Ireland (ASI)

A Non-Governmental Organisation established over 35 years ago by two family carers of people with dementia. Since 2009 ASI has been supporting family carers who look after people with dementia by providing specialist education and training. The background to the development of family carer training came from ASI staff recognising the stresses and strains that family carers were experiencing on an ongoing basis. In more recent times there has been a growth in academic research on family carer stress and burden (Osaki *et al.*, 2016; Svendsboe *et al.*, 2016; Brennan *et al.*, 2017).

Flexible Education Norway

Fleksibel utdanning Norge (FuN) organizes 50 Norwegian providers of flexible education. These include independent distance education institutions, public universities and colleges, private institutions and training centres for business and industry and provide an extensive range of subjects, courses and study programs from primary to university level, as well as customized courses for professionals. FuN collaborates with different departments under the Ministry of Education and Research, especially Skills Norway, and work continuously to increase quality and skills in online education and teaching and to support development of digitally enhanced education. FuN's members comply with strict rules for quality in flexible education, including online education. FuN has developed its own quality standards for, and with, its members, and also a guide for online tutors. Both are available in English.¹

Ic Dien

Roeselare, Western Flanders, Belgium: Ic Dien is a nurse college, located in Roeselare, Western Flanders, Belgium. It has over 200 students and specialises in nursing, geriatric nursing and psychiatric care and in home nursing. The scope of vocational nursing studies fits the project initiative splendidly. Ic Dien has a wide variety of students between the ages of 18-55. They come from different cultural, social and emotional backgrounds. Ic Dien is known for the high quality and standard of knowledge and practice. Employers actively seek to take students from the school on work placement. The education system is based on 4 weeks theoretical courses followed by 4 weeks practical courses on the work field. This means that students can immediately practice their knowledge in real work situations.

Home Based Care-Home Based Education (HBC-HBE)

The Later Stage Dementia Care -Blended Learning for Families is a follow-on of a previous Erasmus+-project. The Home Based Care - Home Based Education (HBC-HBE) project involved the same

¹ Quality standards: https://issuu.com/fleksibel_utdanning_norge/docs/kvalitetsnormene_netting
Guide for online tutors: https://issuu.com/fleksibel_utdanning_norge/docs/quality_education_netversion

partners and took place from 2015-2017. It was, and is, a fully online course for people who care for loved ones with dementia. It was based on and followed the same content and structure as an existing course that had been running face-to-face for several years. During the HBC-HBE project the pilot was followed by several cycles with evaluation and further development of the course (Olstad, Vansteenkiste and Timmons, 2018). We used the experience and feedback from these courses in the planning of the Later Stage Dementia Care course.

Identified need for Later Stage Course

We surveyed those who had completed the HBC-HBE online course, 140 attendees, and received 70 responses.

We received the following feedback:

- 96% felt they would find a follow-on course on late-stage dementia care useful.
- 48% expressed a preference for the follow-on course to be online.
- 37% expressed a preference for the follow-on course to be blended.
- 15% expressed a preference for the follow-on course to be face to face.

Bearing in mind that the responders had all completed the online course, and would probably be biased to the online learning, we assumed that a blended course would meet the needs of our entire target group.

In addition to the survey, we also had interviews of both participants on the online course and the face-to-face course conducted by Dr Martha Doyle who presented her findings at the dissemination conference at the Dublin City University, June 8th, 2017. One important finding was that the motivation for choosing the online course varied from not really wanting to participate in the sharing exercises to the need for flexibility to not having any other available training options.

APPENDIX B: Final Course Structure

Later Stage Dementia Care - Blended Learning for Families

Welcome to the course

We are pleased you are joining us on this blended learning programme. This blended learning programme is a mixture of online and face-to-face provision. However, because of current COVID-19 restrictions we are unable to meet up at a face-to-face venue. Therefore, all the meetings will take place online, and all of the materials will be available on this Moodle platform.

This course is likely to bring out feelings of high emotion in what is a difficult topic. We will present materials openly and honestly in an effort to engage you as learners. There may be times when you find this very challenging.

This is the final version of the course which has been pilot tested with four cohorts of learners. The course was developed with the support of a grant from Erasmus+.

Course participants should spend about three hours on the course each week. This will include reading through the materials contained in the books, participating in forums and attending the 'live' online video meetings.

We do hope you find the course interesting, helpful and informative. This week we will meet for a one hour video tutorial, and you will find details and the link to the meeting below.

[Course Announcements Forum](#)

We will use this forum to post out information announcements to you. Unlike our other forums, you cannot reply to our posts on this forum.

Course Materials

[Book: How to use Moodle](#)

[Book: Course Overview](#)

Share and Connect

[Forum: Say hello to your fellow course participants](#)

[Forum: Let us know if you are having any technical issues](#)

[Join Our Video Tutorial \(1 hour\)](#)

Feedback

[Questionnaire: How have you settled in?](#)

Unit 1 - Introduction to Later Stage Dementia Care

This week you will meet your tutor and the other carers at a longer two-hour (face-to-face or online) workshop. Prepare for the workshop by recapping the different types of dementia in the Book: What is dementia? It would be great if you could also read the Book: Introduction and discuss the case in the discussion forum. You will need about one hour to go through the two books. The course works best if you read through the resources below starting from the top and working your way down to the last resource.

Course Materials

[Book: What is dementia?](#)



[Audiobook - What is dementia?](#)

[Book: Introduction](#)



[Audiobook – Introduction](#)

Share and Connect

[Forum: Unit 1 Case Study](#)

[Join Our Extended Face-to-Face / Online Workshop \(2.5 hours\)](#)

Feedback

[Questionnaire: Can you give us some feedback?](#)

Unit 2 - Later Stage Symptoms

This week there are two books to read. The first is the Book: Later Stages Symptoms. And the second concentrates more specifically on the end of life stage and is called Book: End of Life Symptoms.

Maybe you want to read them from start to end, or maybe you need to browse and see what is relevant for your loved one. Either way, prepare for spending about two hours on studying this week, including our live video tutorial meeting.

Course Materials

Preview of the handbook -Presented on webinar March 23rd 2021

[Book: Later Stages Symptoms](#)

 [Audiobook: Later Stages Symptoms](#)

[Book: End of Life Symptoms](#)

 [Audiobook: End of Life Symptoms](#)

Share and Connect

[Forum: Unit 2 Case Study](#)

[Forum: Unit 2 Discussion](#)

[Join Our Video Tutorial \(1 hour\)](#)

Feedback

[Questionnaire: How was the course this week?](#)

Unit 3 - Transitions in Later Stage Dementia Care

This week's theme is transitions or changes that are important as the person you are caring for moves through the dementia journey. We would like you to consider these changes and how they apply to your own changing role. Please read through Book: Transitions. We will have our one video tutorial this week where you can discuss these issues further.

Course Materials

[Book: Transitions](#)

 [Audiobook: Transitions](#)

Share and Connect

[Questionnaire: Home Care Indicators](#)

[Forum: Unit 3 Case Study](#)

[Join Our Video Tutorial \(1 hour\)](#)

Feedback

[Questionnaire: Could we ask for your feedback please?](#)

Unit 4 - Emotional Well-Being for the Person with Dementia

This week we are focusing on the emotional wellbeing of the person with dementia. We will have a two-hour (face-to-face or online) workshop later this week. It would be useful if you could prepare for the workshop by working through the materials below, especially the Book: Emotional Well-Being for the Person with Dementia.

Course Materials

[Book: Emotional Well-Being for the Person with Dementia](#)



[Audiobook: Emotional Well-Being for the Person with Dementia](#)

Share and Connect

[Forum: Unit 4 Discussion](#)

[Join Our Extended Face-to-Face / Online Workshop \(2.5 hours\)](#)

Feedback

[Questionnaire: How was the course this week?](#)

Unit 5 - Coping and Self-Care

This week we are concentrating on coping and self-care for you the family carer. Please read through the Book: Coping and Self-Care in preparation for our one-hour video tutorial.

Course Materials

[Book: Coping and Self-Care](#)



[Audiobook: Coping and Self-Care](#)

Share and Connect

[Forum: Unit 5 Case Study](#)

[Join Our Video Tutorial \(1 hour\)](#)

Feedback

[Questionnaire: How was the course this week?](#)

Unit 6 - Person-Centred Communication Approaches

This week we are looking at communicating while caring. In particular, we will examine communicating with formal and informal care providers. This will include family interactions and also looking at communication issues with formal care providers such as long-term care establishments. Please read the [Book: Communication in Care](#) before the one-hour video tutorial.

Course Materials

[Book: Communication in Care](#)



[Audiobook: Communication in Care](#)



[Conversations about care: are you having a Family Meeting?](#)

Share and Connect

[Forum: Unit 6 Case Study](#)

[Join Our Video Tutorial \(1 hour\)](#)

Feedback

[Questionnaire: We would like your feedback please](#)

Unit 7 - Review, Reflect and Look Ahead

There are no new materials this week. So, we will use the time this week to review materials from previous units. This will give you a chance to digest and reflect on what are the key learning points for you to take on your care journey.

Course Materials

[Book: Course Summary](#)



[Audiobook: Course Summary](#)



[References List](#)

This is a list of books, articles, video referred to during the course.

Share and Connect

[Forum: Your Reflections](#)

[Forum: Looking Ahead](#)

[Join Our Extended Face-to-Face / Online Workshop \(2.5 hours\)](#)

Feedback

[Final Course Evaluation](#)

Useful Resources

[Useful Resources](#)



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