TRACK PROJECT

TRAINING AND RECOGNITION OF INFORMAL CARERS SKILLS

TRACK TRAINING PROGRAMME

EVALUATION REPORT

LICENSE AND COPYRIGHT

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DOCUMENT SUMMARY

This report presents the "Assessment of Intellectual Output 3", "Course for informal caregivers", of the European project TRACK, a training programme for carers caring for relatives with Alzheimer's. This report analyses whether the implementation of the training programme in the 3 agreed countries (Germany, Spain and France) has met the following objectives:

- 20 participants trained per country
- 20 participants responded to surveys
- 75% of users considered they had benefited from the training
- Tangible facts to improve the basic training programme.

PRESENTATION OF THE TRAINING

Target group: first-time carers caring for relatives with mild Alzheimer's

Prerequisites: possess basic digital competences to be able to do online training, possess basic language skills in the country's language.

Technical prerequisites: have a computer with a graphics and sound cards, and an Internet connection

Duration: 20 hours over 6-8 weeks

Course delivery:
The training course is delivered by a trainer who understands the caregivers' situation globally but also who specifically knows their paths as carers for Alzheimer's patients. He/she in charge of:

- Providing theoretical information relevant to the participants' expectations and understanding,
- Bringing in experts who will provide valuable additional input
- Supporting the "professional caregivers-tutors", or other relevant professionals who will help the carers to come up with relevant practices.

In each face-to-face session, the trainer provides pedagogical content to complement online training modules or sometimes also a professional expert's lecture on the target topic.

Teaching method: focused on the learner. The trainer is a facilitator who enables the learner to acquire the knowledge he/she is interested in through work based on the material handed out or shared with peers.

Training objectives: At the end of the training programme, carers will be able to:
- Understand the disease and its consequences in daily life
- Establish an efficient relationship with the person cared for and share with a network of peers
- Maintain independent living at home

Training content: the proposed training programme design is based on skills identified and divided into three concurrent and adapted learning pathways.

- **Understanding the disease and its consequences in daily life**: the objective of this pathway is to teach carers basic skills which will help them understand the path they are committing to and the deterioration process they will face. This pathway includes all the information necessary for the carer to better understand her/his role and anticipate the different changes which will affect her/his loved ones and her/himself.

  Activity 1.1: Alzheimer's disease and its progression.
  Activity 1.2.: Identification of emotional and behavioural disorders.
  Activity 1.3.: Overview of support systems and their objectives.

- **Establishing an effective relationship with your loved one and being able to interact in a peer network**: to help the carer maintain a relationship and quality of life with her/his loved one as well as for herself/himself, despite the progression of the disease and cognitive decline.

  Activity 2.1: Communication tailored to your loved one's disorders.
  Activity 2.2: Taking stock of your caregiving situation.
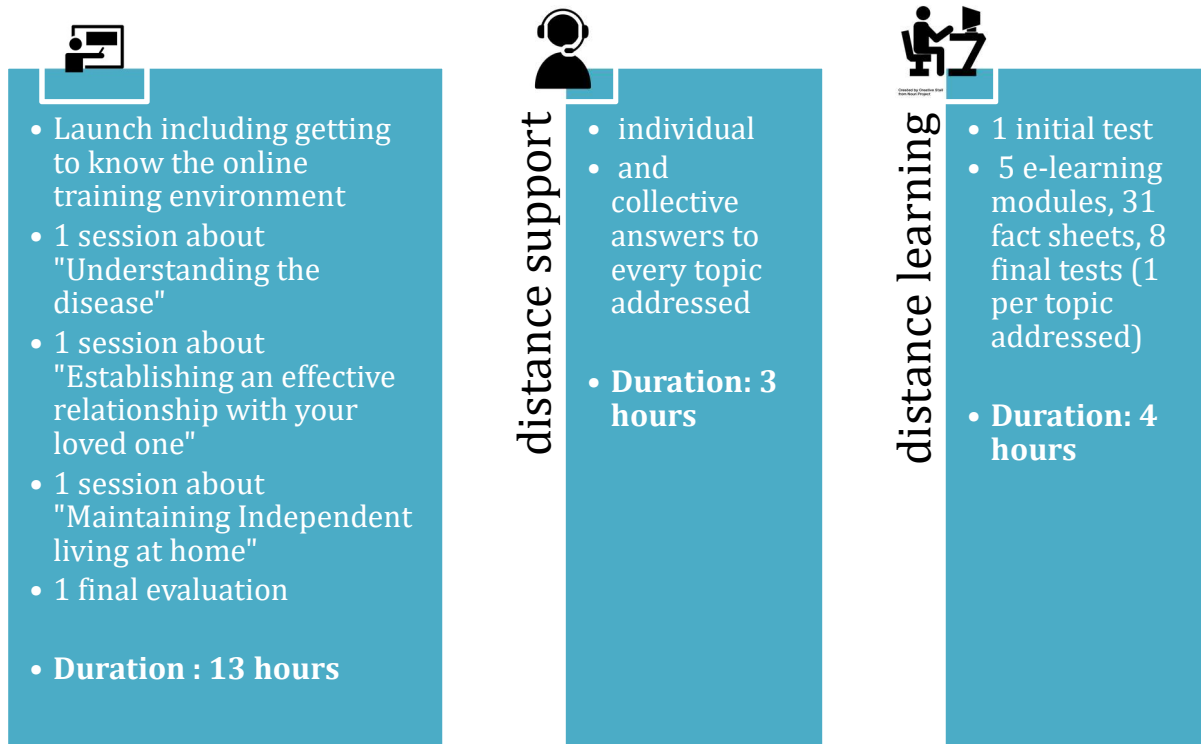 Activity 2.3: Managing difficult and stressful situations.

- **Maintaining independent living**: the objective of this pathway is to develop the carers' specific skills in order to help them provide safe homecare to their loved ones.

  Activity 3.1: Maintaining daily routines.
  Activity 3.2: Helping with everyday tasks.
  Activity 3.3: Simulation games/Role-plays.

Organisation of the training programme: blended learning (face-to-face and online)

distance support

distance learning

- Launch including getting to know the online training environment
- 1 session about "Understanding the disease"
- 1 session about "Establishing an effective relationship with your loved one"
- 1 session about "Maintaining Independent living at home"
- 1 final evaluation

- **Duration : 13 hours**

- individual
- and collective answers to every topic addressed

- **Duration: 3 hours**

- 1 initial test
- 5 e-learning modules, 31 fact sheets, 8 final tests (1 per topic addressed)

- **Duration: 4 hours**

1. METHODOLOGY

To get the participants' and trainers' feedback in the three countries, different **questionnaires** were created based on Donald Kirkpatrick's[1] evaluation template. The evaluation focused on level 1 (how learners responded) and level 2 (what learners learnt). The evaluation of level 3 (transferring skills into real situations) or level 4 (outcomes) was not possible within the TRACK project, as checking that carers use their newly acquired skills in daily life was not part of the application, given the total duration of the project and the implementation times of the training programme at the beginning (January 2017) and at the end (August 2017) of the recruiting process.

	Trainers	Teachers + Tutors
Knowledge of the target audience	Registration form to be completed online by either the learner or the training provider ➔ German questionnaire ➔ Spanish questionnaire ➔ French questionnaire	
Assessment of initial competences	Initial 20-question test as part of training ➔ See the English version in the training programme	
Assessment of final competences	8 tests to check skills acquired at the end of each topic addressed ➔ Test your knowledge in the training programme	
Assessment of the relevance of the system	On-the-spot paper-based satisfaction survey during the last face-to-face session typed by the trainer afterwards ➔ German questionnaire ➔ Spanish questionnaire ➔ French questionnaire Post-training paper-based satisfaction survey in the final recap, 2 weeks after the last face-to-face session. The trainer will enter the answers online afterwards. ➔ German questionnaire ➔ Spanish questionnaire ➔ French questionnaire	Post-training phone satisfaction survey completed by the trainer in the final recap session ➔ German questionnaire ➔ Spanish questionnaire ➔ French questionnaire Post-training paper-based satisfaction survey for tutors to be handed to the trainer and completed online by the trainer. ➔ German questionnaire ➔ Spanish questionnaire ➔ French questionnaire

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[1] http://www.kirkpatrickpartners.com/Our-Philosophy (Kirkpatrick D.L. and Kirkpatrick J.D. (2006), *Evaluating Training Programmes: The Four Levels*, Berrett-Koehler).

# 2. 20 TRAINED CARERS?

SOME FIGURES

Here are some key figures of the training programme implementation in the three countries.

	Germany WBS	Spain Diputación de Jaén	France La compagnie des aidants	TOTAL
Dates	2 May – 9 June, 2017	29 April - 31 May, 2017	24 April – 31 May, 2017	n/a
Enrolled	23	29	24	**76**
Participants	21	21	22	**64**
Pathways completed	15	20	14	49
Respondents to questionnaires	20	18	15	**53**

All countries

people who registered 76

people who began the training 64

people who answered forms 53

people who completed the training 49

ANALYSIS

Despite a good level of engagement in the training programme and preventive measures implemented by our partners (prior contact and broad recruitment)**, the objective of 20 people trained per country is only partially met.** While at least 20 people started the programme, not all completed it.
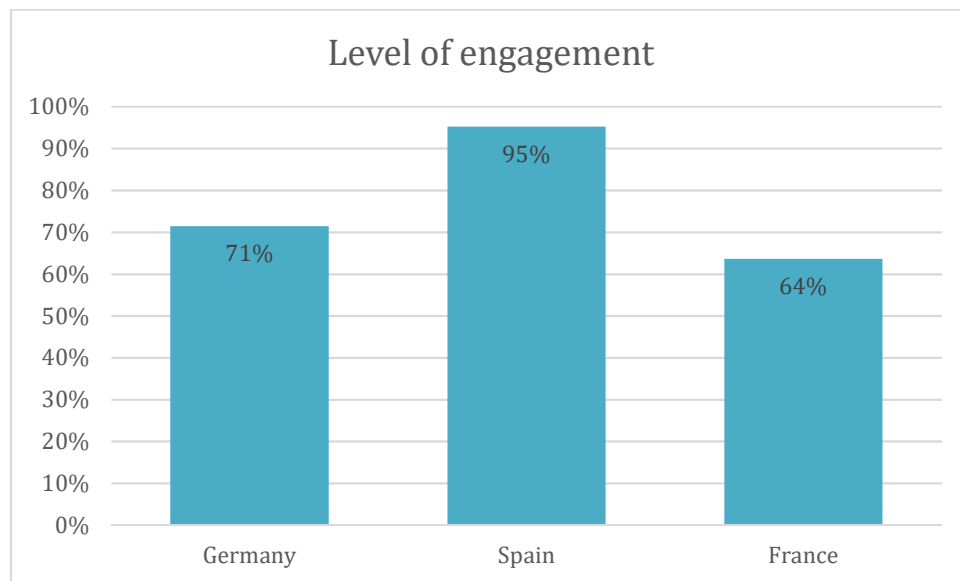

This dropout rate can be mostly explained **in two ways**:
- In most cases time was not sufficient, which means interest declines when there is not much time available, and the risk of dropout is high.
- Three people mentioned their lack of interest in the content: which wasn't well delivered (form) or didn't meet expectations (substance).

For people enrolled who in the end didn't start the training programme, the interest factor can be excluded and the issue was then availability.

We can observe that over a half of them is currently employed and mostly full time, which **confirms the assumption that the target audience has little availability**. This can explain the dropout from the programme.
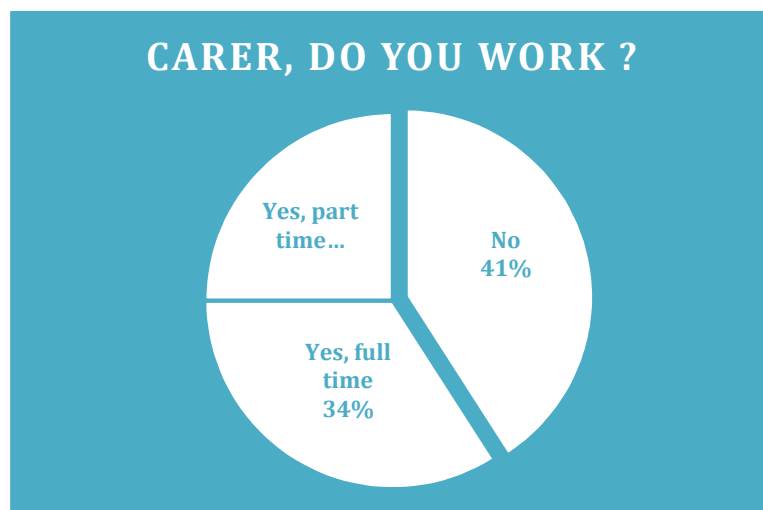

Aware of the dropout possibility and the chance of it increasing because of the target audience's lack of availability, the partners have all implemented **preventive strategies** to have at least 20 people start the programme, as above mentioned.

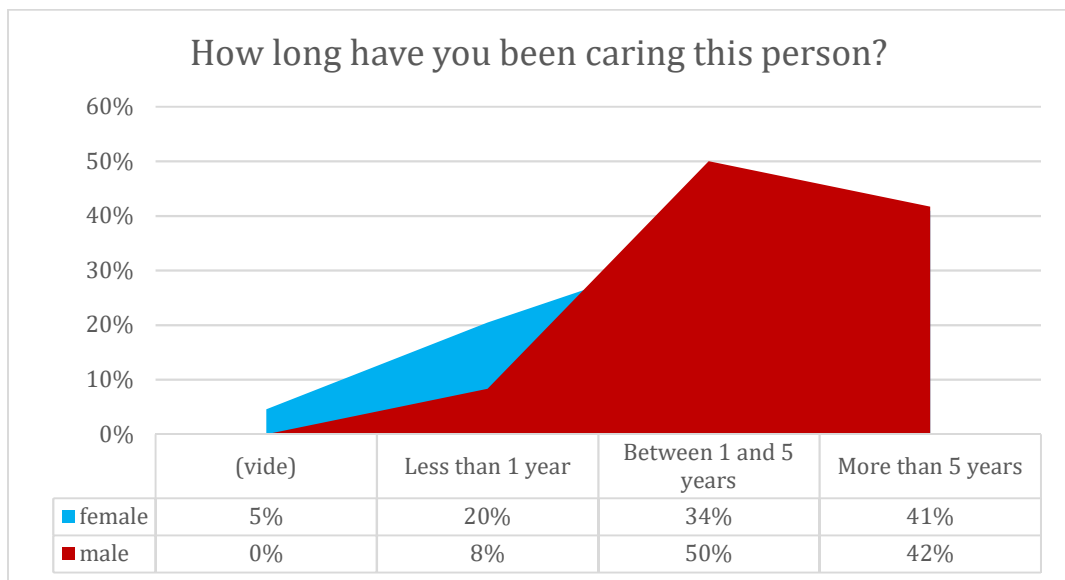A USER-CENTRIC TRAINING DESIGN

It was created using the information collected during the **focus group** to meet to the carers' needs and expectations. The pedagogy is based on benevolence, focuses on the learners who are at the heart of the learning process, helps identifying, sharing with peers, and evaluating the development of competences.

BROADER RECRUITING

The partners have tried to have around 30 people participating per country. However, it was very difficult in each country to identify enough carers over a given time and for **13 hours of face-to-face training**. Besides, it was difficult to recruit as many men as women. Here are the global figures (see annex I for full details).
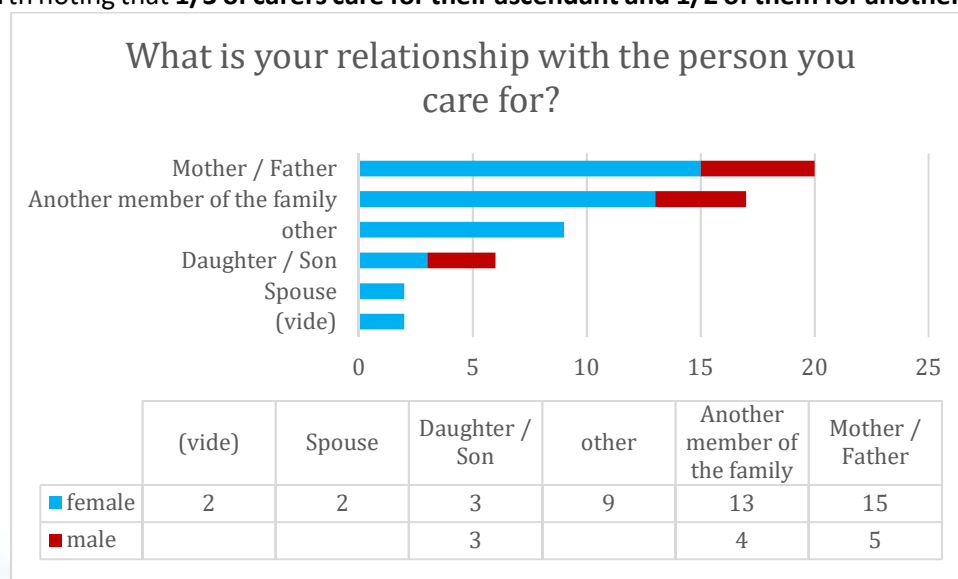

77%   23%
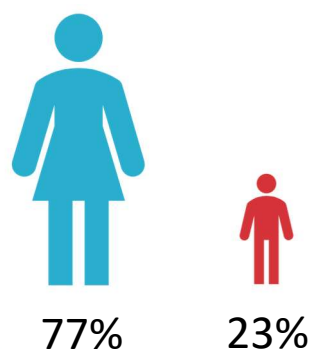
This broadening had one major consequence: only **1/5 of the carers** who attended the training programme can be considered as first-time carers, the primary target audience of this programme.

How long have you been caring this person?

	(vide)	Less than 1 year	Between 1 and 5 years	More than 5 years
■ female	5%	20%	34%	41%
■ male	0%	8%	50%	42%

As a result, **4/5** of the learners' groups were **experienced caregivers**. Their expectations may thus have changed (they have learnt many basic skills by themselves, their loved one's disease may be at a moderate or severe stage, etc.) and this has an influence on their answers and global satisfaction with the training contents. It will therefore be difficult to draw any precise conclusions about it.

It is worth noting that **1/3 of carers care for their ascendant and 1/2 of them for another relative**.

What is your relationship with the person you care for?

|	(vide)	Spouse	Daughter / Son	other	Another member of the family	Mother / Father
■ female	2	2	3	9	13	15
■ male			3		4	5

A VERY FLEXIBLE TRAINING ORGANISATION

- In France, **face-to-face training sessions have grown in number** to adapt to carers' availability (15 meetings instead of 5 initially planned).
- In Germany, the course was organised **as initially planned,** with 5 meetings.
- In Spain, no face-to-face session could be organised because of the **lack of availability** of the carers. So, the trainer provided individual guidance by calling the carers regularly to make sure the training objectives were met.

THE TRAINING COURSE ANSWERS A NEED

64 people started the training, 49 completed it and 53 completed the survey. **Considering the audience's low availability, these results may be seen as very positive. They tend to confirm** the relevance of this training course in terms of meeting the carers' needs.
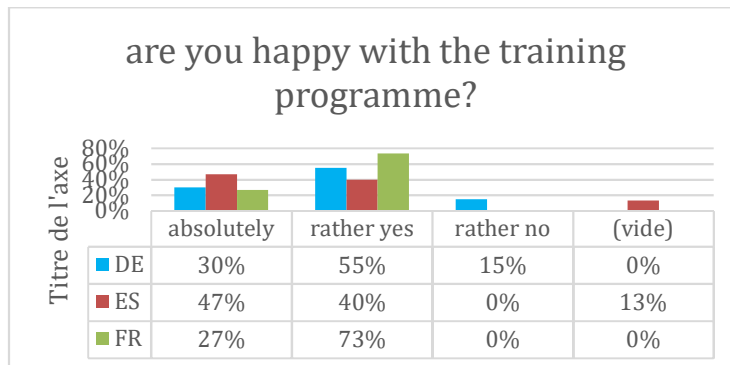
The analysis of the time spent in training and reasons for dropout also supports this conclusion. Only 3 carers stopped training due to a lack of interest, less than 3 hours after the beginning of the course.
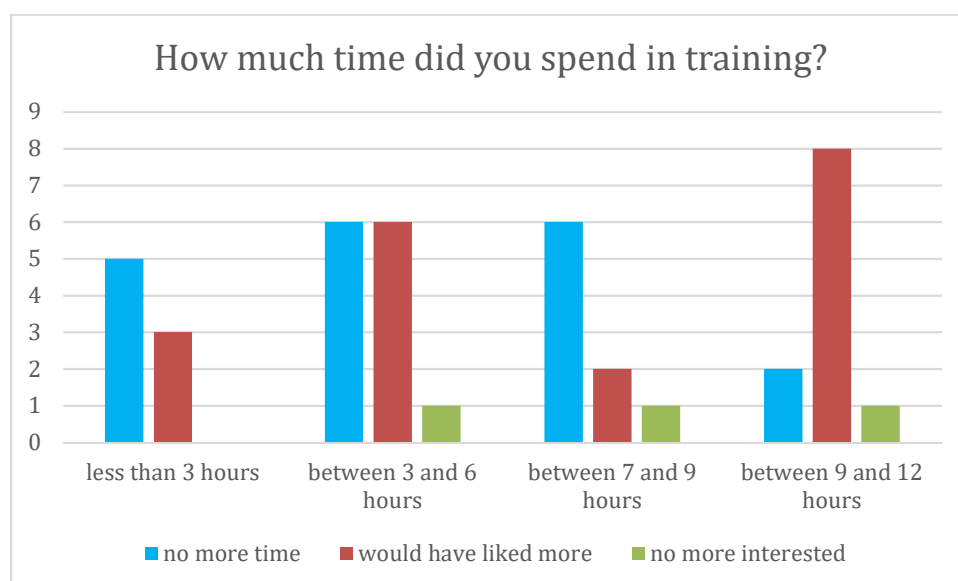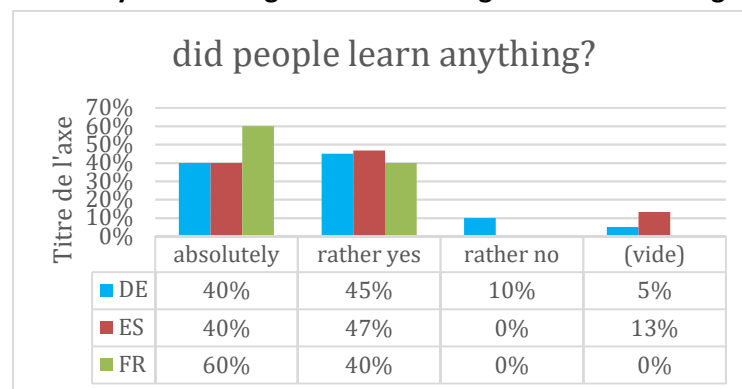
3. RELEVANCE OF THE TRAINING PROGRAMME

Regarding the objective in terms of the training course quality, at least **75% of users consider that they have learnt something.** Here are the results [2] :
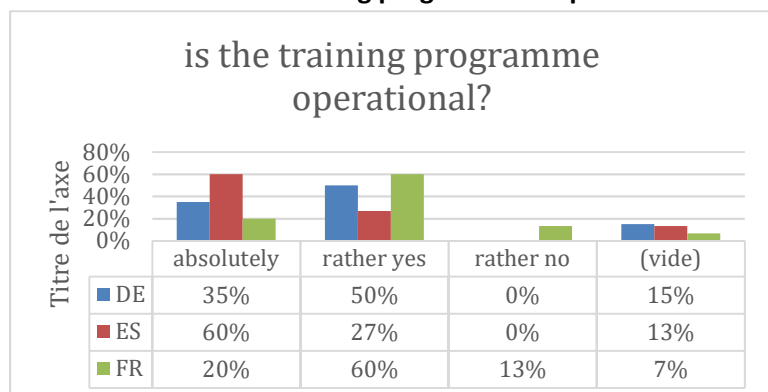
90 % of carers are happy with the programme…

are you happy with the training programme?

	absolutely	rather yes	rather no	(vide)
DE	30%	55%	15%	0%
ES	47%	40%	0%	13%
FR	27%	73%	0%	0%

… 90 % say the training course have taught them something

did people learn anything?

	absolutely	rather yes	rather no	(vide)
DE	40%	45%	10%	5%
ES	40%	47%	0%	13%
FR	60%	40%	0%	0%

… and 84% of the carers consider the training programme is operational.

is the training programme operational?

	absolutely	rather yes	rather no	(vide)
DE	35%	50%	0%	15%
ES	60%	27%	0%	13%
FR	20%	60%	13%	7%

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[2] All results to the survey -on the spot and after- are available for the three countries in Annex III.

From their point of view, it is a success, as one of the **French participants** explains it:

> **Sandrine Attia**
>
> je suis ravie de cette formation avec cette part autonome par ordinateur !
>
> J'ai vraiment apprécié le système de questionnaire sur lequel on revient et identifie nos erreurs .
>
> Je suis impatiente de découvrir tous les documents mis a notre disposition et de compléter mes connaissance et d'améliorer mon rôle d'aidant auprès de maman mais aussi des nombreuses personnes qui n'ont pas eu la chance encore de prendre le temps pour se former...MERCI à toute l'équipe.
>
> 👍 11 mai, 00:30
>
> Vous avez trouvé cela intéressant.
>
> Répondez à ce message...

as well as a Spanish **participant**:

> **Trinidad Muñoz de la Fuen...**
> Alumna
>
> Excelente información , trabajo en ayuda a domicilio y desconocía algunas ayudas disponibles.
>
> | FICHA RESUMEN DE LA 1ª SESIÓN
> | IPERIA L'INSTITUT
>
> 👍 27 April, 18:27
>
> Ana Jódar has found this interesting.
>
> **Ana Jódar** Me alegro de que la información sea de tu interés Trinidad.
> 2 May, 12:01 · 👍 I like · 👍 1

NET PROMOTER SCORE

The **net promoter score** is calculated by subtracting the number of detractors by the number of promoters, leaving out the passive ones, i.e.: (Yes + absolutely) – (not at all + no).
So, to measure the satisfaction with this training experience, the carers were asked whether they would recommend this training programme to a third party. **70% answered yes,** so the **global net promoter score is 60**.
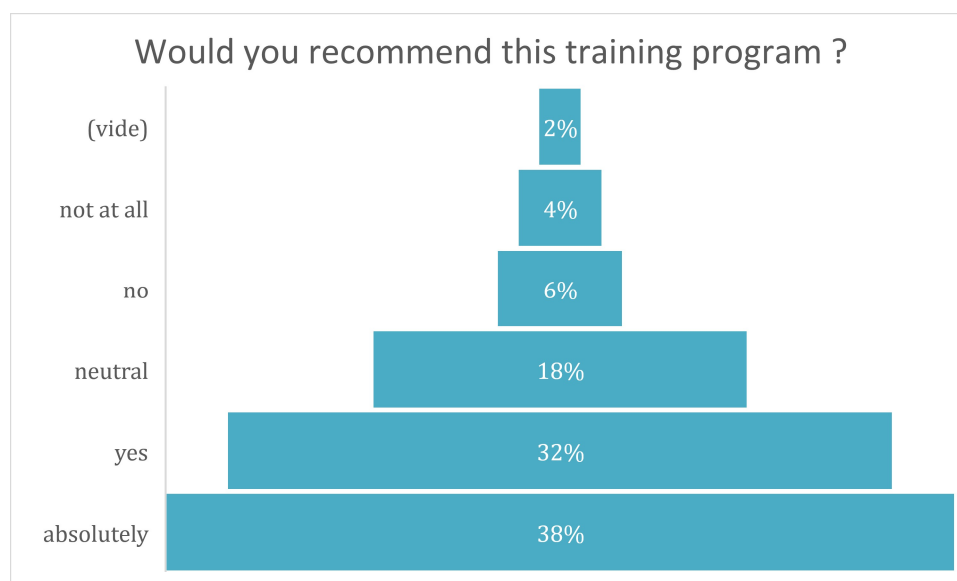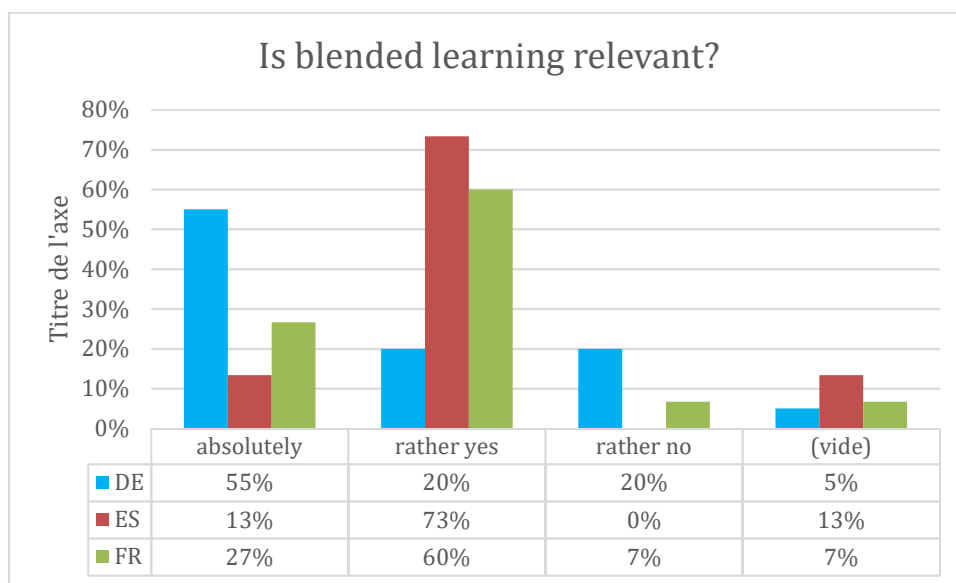

However, it is worth noting that **answers vary from one country to another**, as Germany is a lot less enthusiastic about the programme than France or Spain.


	not at all	no	neutral	yes	absolutely	(vide)
DE	10%	15%	30%	25%	20%	0%
ES	0%	0%	7%	40%	47%	7%
FR	0%	0%	13%	33%	53%	0%
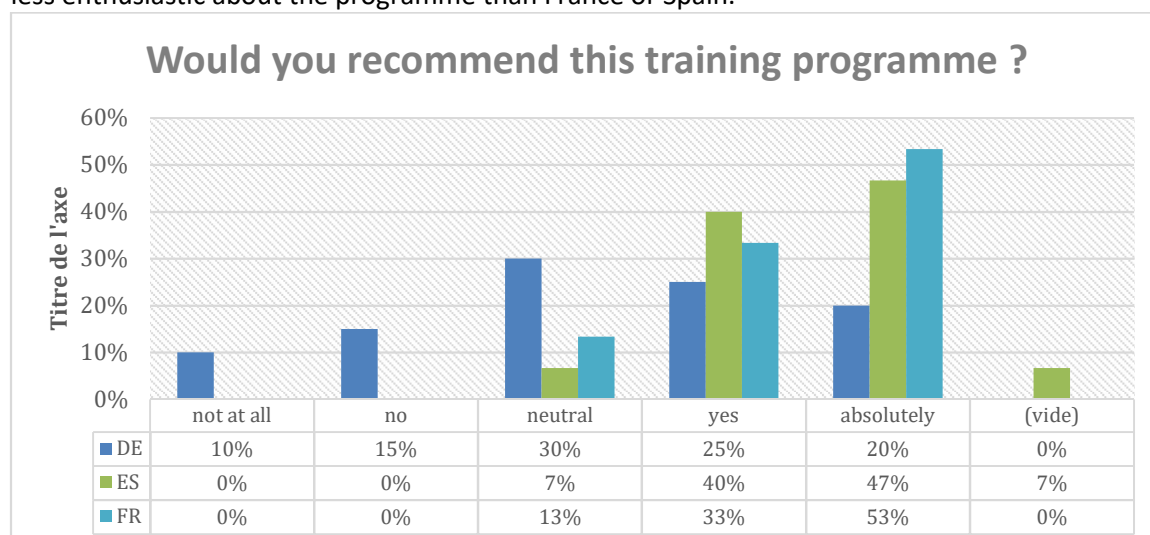
To summarise, we can consider that the quality of training is highlighted by the carers. Like Philippe, a French carer, who says "It allows you to easily access information, which is what you need when you become a caregiver." **Some aspects should however be improved** to increase the impact of this tool (see next section) even more.

Project TRACK_IO3 Course for informal caregivers – Evaluation report.

4. AREAS FOR IMPROVEMENT?

The organisation of the programme combining face-to-face sessions and online training (blended learning) is still being debated. France used the training organisation proposed, while Germany says they didn't like the online training part, and the training programme in Spain was 100% online. **However, according to the customer survey results, caregivers like this format**, including those that had a different one.

Is blended learning relevant?

	absolutely	rather yes	rather no	(vide)
DE	55%	20%	20%	5%
ES	13%	73%	0%	13%
FR	27%	60%	7%	7%

Less than 1/2 respondent wishes the training programme was longer, the majority did not say anything, which makes us think that the length of training is globally adequate.
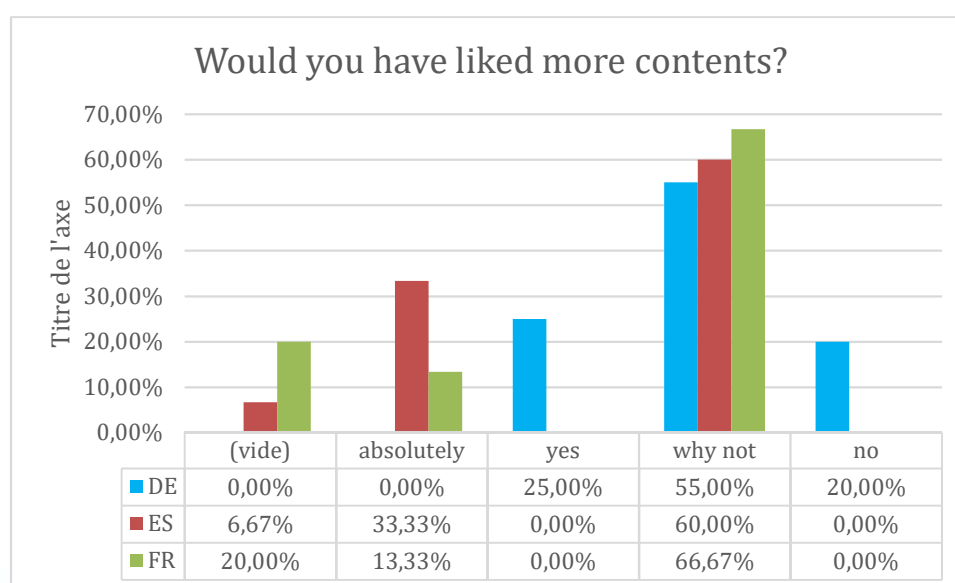

Would you have liked more time?
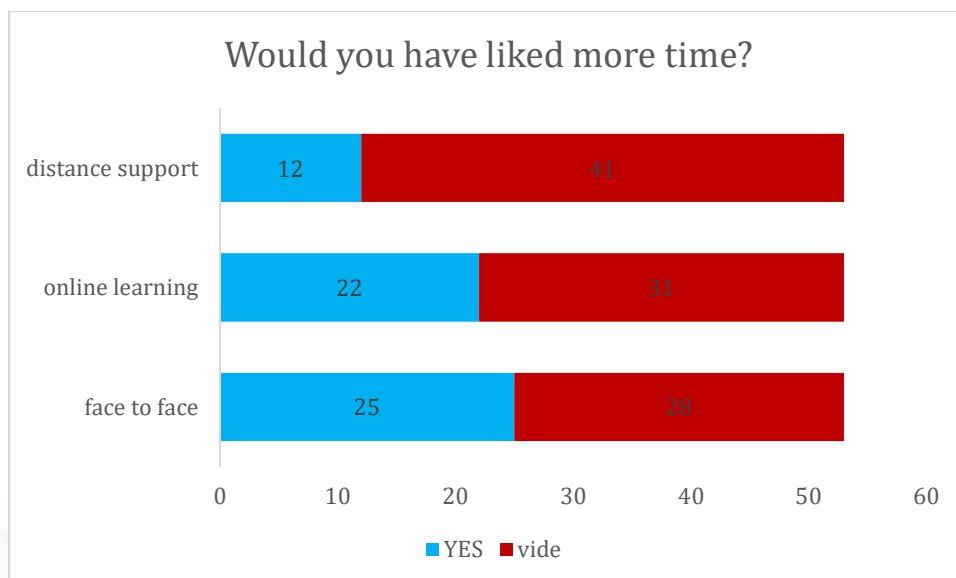
France brought in some experts: a sophrologist for the part dedicated to stress management, and a trainer specialised in Alzheimer's disease. Getting other experts -such as professional caregivers- to come and add their input to this training course for first-time carers was not possible. They are too busy with their own work.

More than the organisation, it seems like **the key factor of success** of this training programme is the **trainer's flexibility and ability to** adapt to what the audience wants and its availability. As a training facilitator, her/his ability to adapt to the audience and her/his involvement in the individual mentoring programme to help carers acquire the skills are key to the programme's success. To help her/him achieve that, she/he needs good tools.

The time necessary to train trainers should not be underestimated as they must be totally comfortable with the training organisation, and especially the alternating face-to-face and only sessions, as well as the online training environment.

Both trainees and trainers underlined that **the face-to-face sessions were too ambitious for the time frame allocated**. They also regretted that **messages were too one-dimensional,** the situations were not varied enough to represent them and for them to get the help they're looking for.

In general, the quantity of contents seemed adequate; to the question: would you have liked more contents, 60% of the participants answered in a rather measured way "why not."

Would you have liked more contents?

	(vide)	absolutely	yes	why not	no
DE	0,00%	0,00%	25,00%	55,00%	20,00%
ES	6,67%	33,33%	0,00%	60,00%	0,00%
FR	20,00%	13,33%	0,00%	66,67%	0,00%

Globally, the topics addressed seemed to meet the carers' expectations but the more experienced carers say they would appreciate additional contents specifically related to caregiving tasks (putting on compression stockings, lifting your loved one who has fallen from her/his bed, etc.).

Regarding e-learning contents, the schedule and intercultural and budget constraints of the project have led us to choose the "rapid learning" module, based on visuals and an artificial voice to add a human touch to the programme.

The e-learning resources were generally liked. There was no problem in terms of using them. Depending on the country, the artificial voice may be strongly rejected. Whereas it was not a subject of discussion in Spain and Germany, the French did not like the artificial voice.

There is no general agreement about **graphics**. Some find them old-fashioned, some modern; some would prefer more colour whereas others like the simplicity of black and white.

Some people regretted there was no video.

We have also chosen to systematically provide **a summary sheet** for each topic addressed during the training course. These are appreciated by the trainees who love leaving with some training material.

Quizzes were highly criticised. The idea was welcomed as most carers wanted to measure their progression. The actual implementation did not get their approval though. This is first due to the mismatch between the procedure and the questions. Several answers are possible and even if they are not all selected, there is no point for this question. Although some special attention was given in order to get some positive feedback, the procedure seemed too brusque for the learners. Besides, the fact that several answers are possible makes them difficult to answer. This results in low scores, repeated failures, which is hard for the carers who need to be praised and supported. The objective of this training programme is also to contribute to making carers feel valued, so they can leave with a positive image of themselves. As it stands, this has not been achieved and needs improvement. Besides, these quizzes aim to evaluate the level of skills acquired (summative evaluation) [3]. This is probably a mistake. At this point in the training programme, it would seem more relevant to restart the learning process (formative evaluation) and postpone the summative evaluation to the end of the training programme.

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[3] All the results to the quizzes are available in Annex II.

SUMMARY

At the end, the analysis of the trainees' and trainers' qualitative and quantitative feedback enables us to globally make a list of things that work in the current system as well as identify the weak areas and those that need to be improved in priority before testing the programme with the target audience again.

- teacher's engagement
- infosheets
- multimedia contents
- topics

- Blended learning
- LMS
- Train the trainer

- Quizzes: should be easier & more rewarding
- Face to face contents: should be simpler
- Messages: should be more varied

5. CONCLUSIONS

With the evaluation of this project, we can make a list of **strong and weak areas** and thus implement the basic programme for carers of loved ones affected by mild Alzheimer's disease:

- Make sure that trainers' training allows them to have **full command of the training programme and the online training environment** (contents and time needed to learn)
- Adjust the training programme organisation to the audience's **needs and availability.**
- Tailor the training content to the audience's level and expectations
- **Be modest and realistic about the training session contents**
- Adapt exercises to the audience's expectations
- Choose various situations to help identification
- **Offer multimedia resources** to provide total freedom in the training programme organisation
- **Systematically plan to have printable and storable resources** to satisfy the learners' need to leave the programme with "reassuring" material.
- Add some e-learning resources to give a human touch to the programme and prefer natural voices
- **Use quizzes between each session to regulate the learning process**
- Make sure the questions allow for success (simple and adapted to the training software functions)
- **Plan to set up an initial and a final test** to evaluate the skills required during the whole length of the training programme.

ANNEX I CARERS' PROFILES

77%   23%

1/3 caring for a mother or a father
1/2 caring for another family member
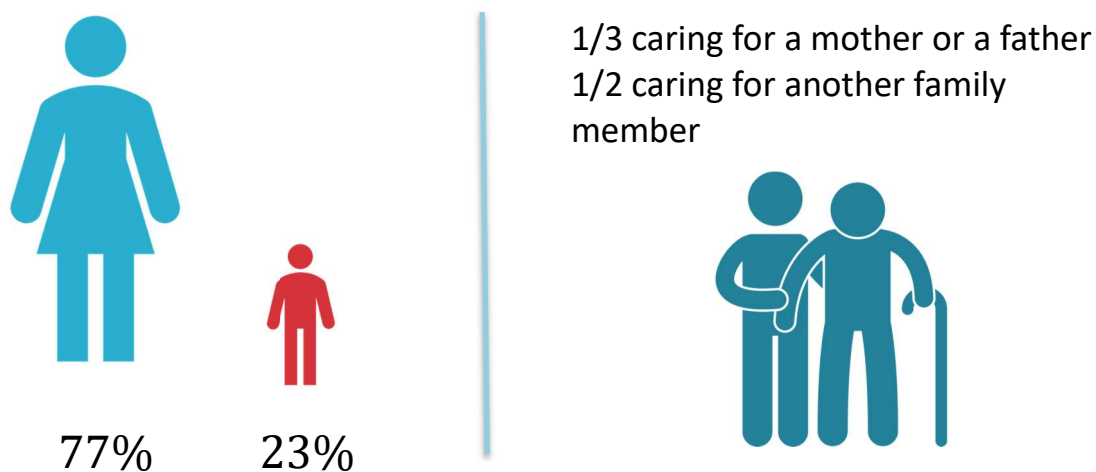
1/5 carers for less than a year

CARER, DO YOU WORK?

Yes, part time
25%

No
41%

Yes, full time
34%
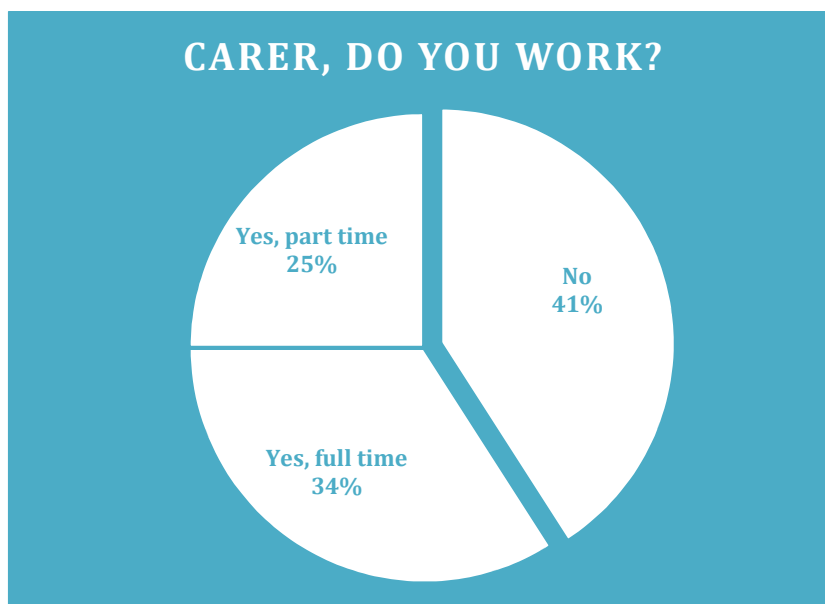
Sources: registration forms from the three countries.

ANNEX II QUIZ RESULTS

		DE	ES	FR
Enrolled		23	29	24
Participants		21	21	22
Pathways completed		15	20	14
Average score (on all the quizzes)		**47%**	**53%**	**55%**
	Lower	32%	19%	10%
	Higher	64%	78%	78%
Average score initial quiz		37%	23%	42%
	Lower	20%	0%	10%
	Higher	60%	60%	85%
Average score quiz 1		43%	61%	64%
	Lower	0%	20%	10%
	Higher	80%	100%	90%
Average score quiz 2		59%	42%	62%
	Lower	30%	0%	40%
	Higher	90%	80%	90%
Average score quiz 3		16%	65%	47%
	Lower	0%	17%	0%
	Higher	50%	100%	67%
Average score quiz 4		63%	54%	66%
	Lower	40%	10%	10%
	Higher	80%	90%	90%
Average score quiz 5		43%	41%	59%
	Lower	20%	10%	10%
	Higher	70%	70%	100%

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Average score quiz 6		45%	74%	81%
	Lower	0%	30%	0%
	Higher	80%	100%	100%
Average score quiz 7		52%	50%	66%
	Lower	33%	17%	17%
	Higher	100%	83%	92%
Average score quiz 8		75%	66%	71%
	Lower	60%	20%	0%
	Higher	100%	90%	100%

ANNEX III SURVEY RESULTS

Zufriedenheitsumfrage 1: Lernende

20 réponses

Würden Sie sagen, dass ...
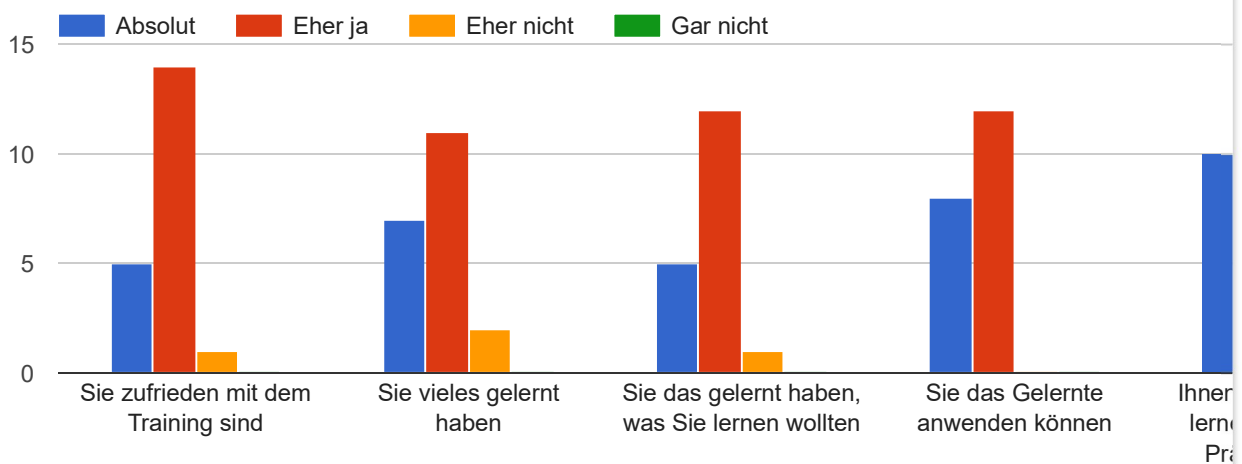
Erzählen Sie uns, was genau verbessert werden kann...

0 réponse

Il n'y a actuellement aucune réponse à cette question.

Der Inhalt

Waren diese Themen relevant?
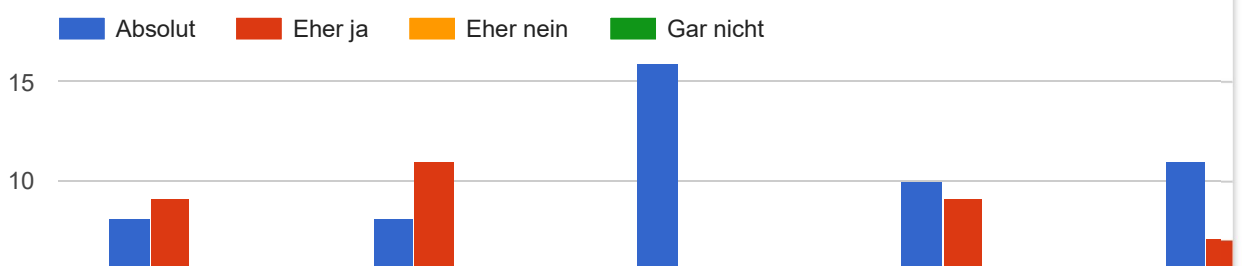
Cuestionario de satisfacción 1 (participantes)

21 réponses

Diría usted que...
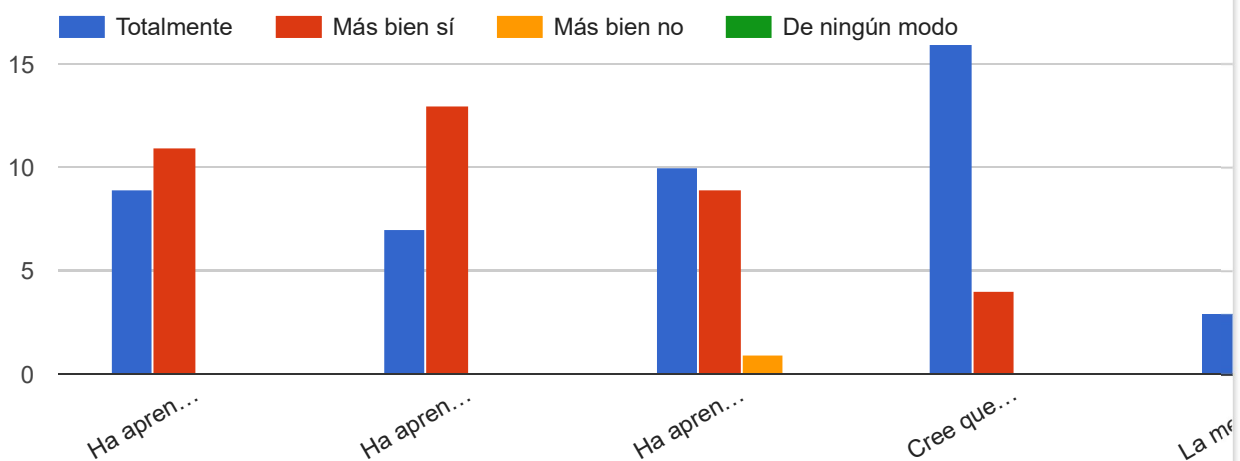
Déjenos saber que podríamos mejorar

7 réponses

Las respuestas de los test un poco liosas

me hubiera gustado ver más videos

Las ilustraciones eran muy esquemáticos deberían ser mas realistas y con vídeos sobre las situaciones expuestas

Me hubiese gustado más vídeos.

No se si se trataba de mi conexión wifi o de si el programa de formación track era en demasía lento al conectarse, lo cierto es que durante el proceso de formación on line he pasado mucho tiempo en espera de un módulo a otro.Por lo demás, la formación me ha parecido muy amena y gratificante,reseñando además que los contenidos del programa están explicados de manera clara y cercana a todo tipo de personas independientemente de su nivel académico,por
lo que es de elogiar.

La verdad esque ha sido un curso muy positivo

Los contenidos con mas claridad

Questionnaire à chaud

15 réponses

Diriez-vous que ...
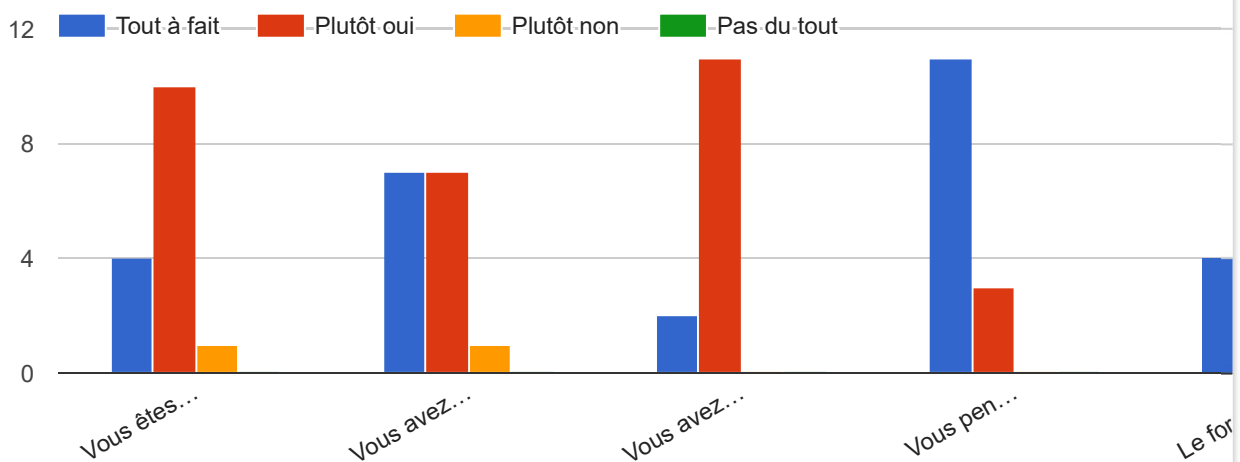
N'hésitez pas à nous apporter des précisions sur ce qui vous a plu ou manqué !

5 réponses

La formation en ligne n'est pas ergonomique et pas pratique du tout. on ne sait pas où on en est du parcours. il n'est pas visuel et il y a trop de documents à lire. C'est trop long. Pas attractif et manque d'interactivité.

Durée des seance en salle trop longue

Au moment des quiz, on devrait avoir la possibilité de poser des questions si on ne comprend pas certaines choses.

Les supports écrits auraient besoin de mieux préciser les situations en fonction des "stages" de la maladie. Sur la partie internet il manque de suivi sur le déroulement ou l'on en est et sa progression ainsi qu'une vision par rapport au présentiel.

Un peu perdu dans l'ensemble des formations fournies. Participer les échanges et exercices en salle plutôt que l'effort de connaissances.

Les sujets abordés en formation
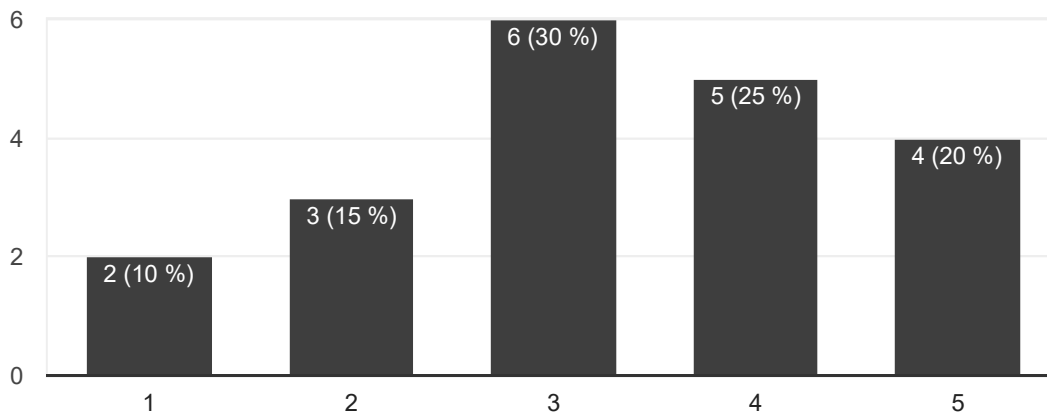
Zufriedenheitsumfrage 2: Lernende

20 réponses

Würden Sie sagen, dass ...
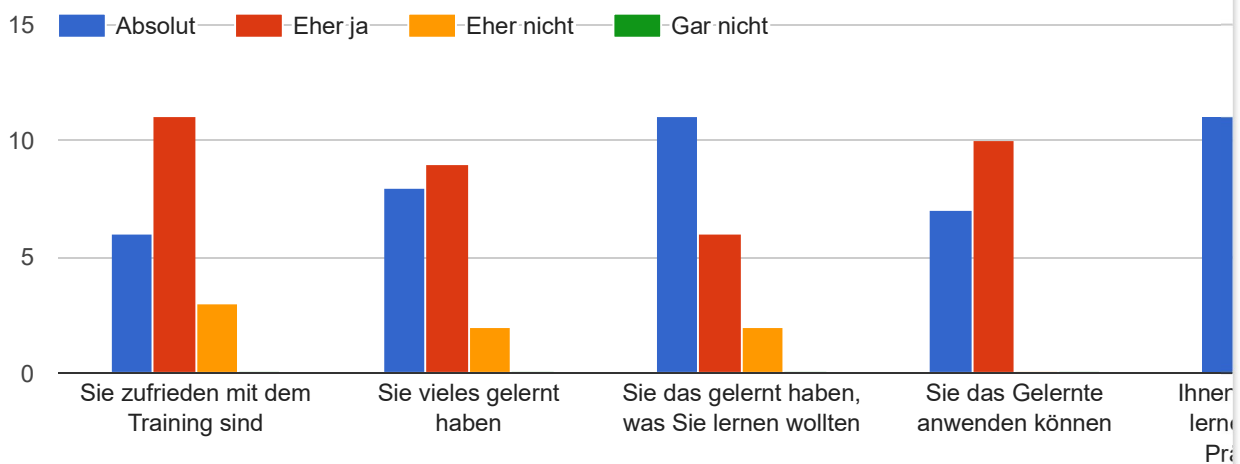
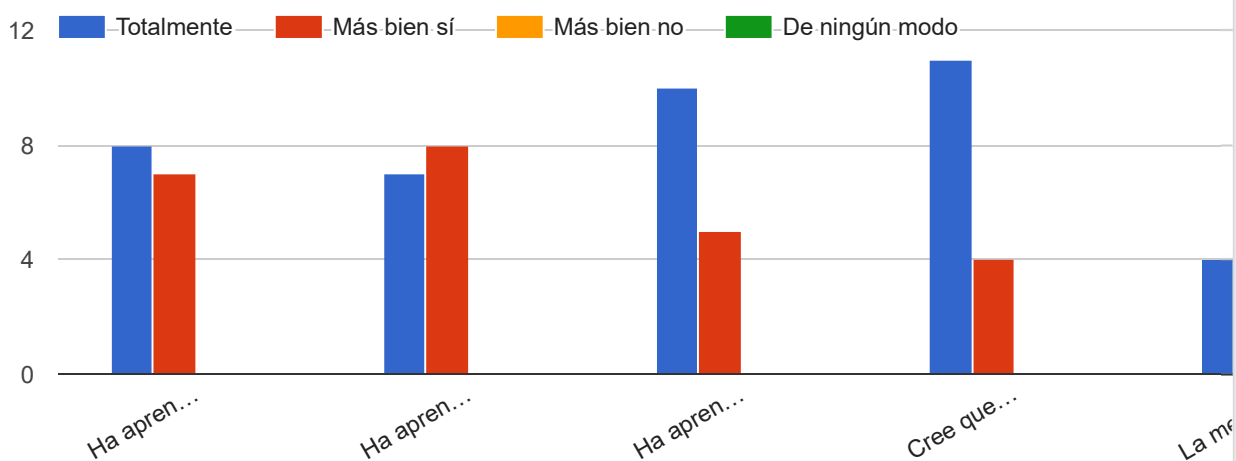## Würden Sie das Trainingsprogramm weiterempfehlen?

20 réponses

Wem würden Sie es empfehlen?

15 réponses
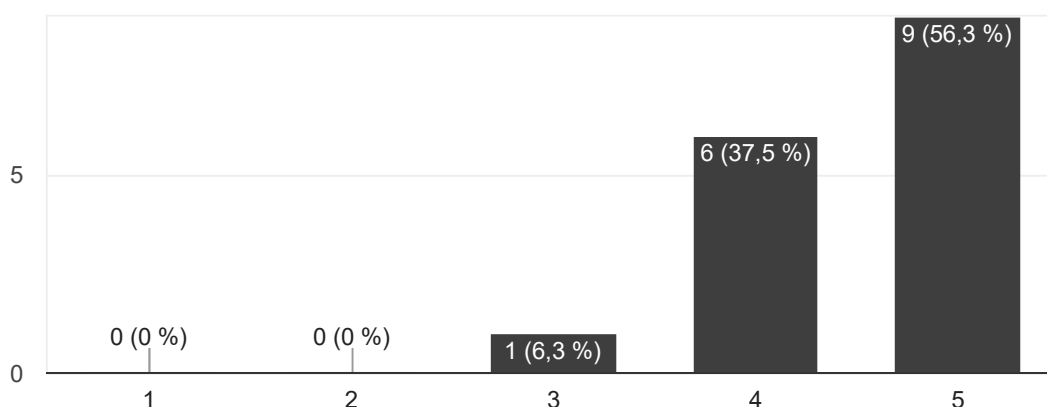
Cuestionario de satisfacción 2 (participantes)

18 réponses

Diría usted que...

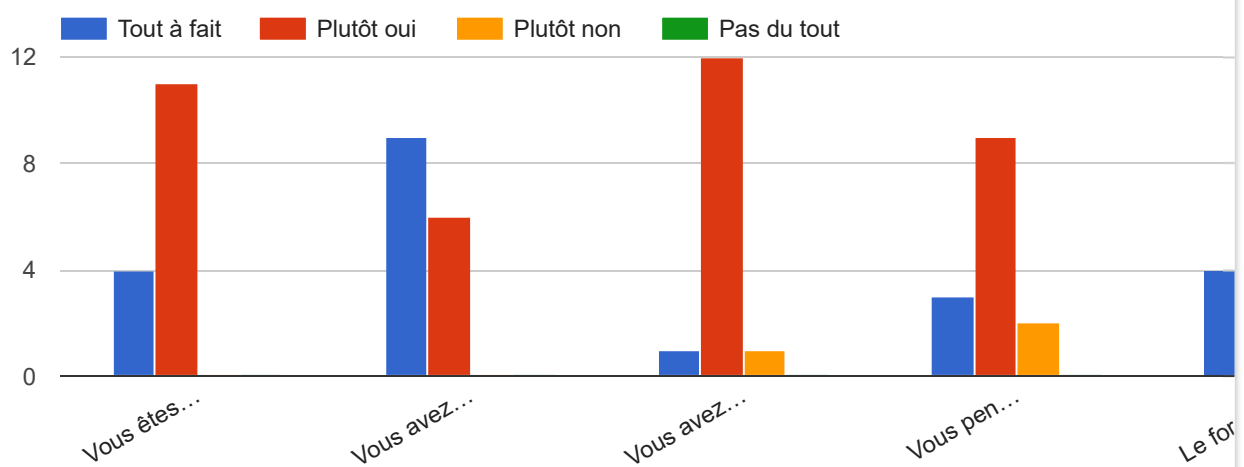## ¿Recomendarías este programa de formación?
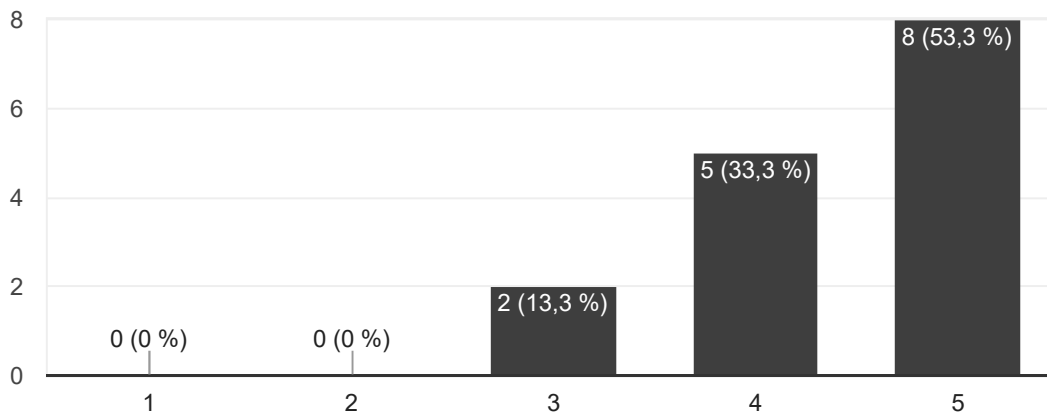
16 réponses

Questionnaire à froid

15 réponses

Diriez-vous que ...

Recommanderiez-vous cette formation ?

15 réponses

A qui la recommanderiez-vous ?

15 réponses