

How to scope, develop and publish an e-learning module

Annemarie Aburrow shares her experience of developing a new hydration e-learning module, from identification of the initial need to publication, and how this new training package is relevant for all healthcare professionals, including dietitians



due to the way the kidneys age, or that thirst is not a good indicator of whether an older person needs a drink because the thirst sensation decreases with age (Bunn and Hooper, 2019).

We searched for online courses to see what was already available and being used to train. This was primarily in the form of the Care Certificate. We reviewed three providers but found that they were lacking in ageing-specific messages. None included information on how to assess hydration, provide individualised support specific to older people, or information such as fluid-rich foods, being creative or monitoring.

Scoping

We emailed out a survey to identify how long carers would be willing to spend on the training, their preferred format and IT access. This was completed by 155 people (including 114 care home staff and nine domiciliary carers). We also attended three care home forums/workshops (attended by a total of 163 staff) to identify key topics they would like included in a basic module and what they liked/disliked about current e-learning courses. The following results were obtained:

- They preferred having a website that could be accessed via a computer/laptop at work
- Most carers were willing to spend 10-15 minutes per 'bite-sized chunk'
- They wanted it to include barriers to not drinking well, examples of fluid-rich foods, myth-busting scenarios and how much is enough
- They liked e-learning that could be done in their own time, was interactive, included short videos and case studies, had bite-sized chunks and included a quiz and certificate
- They disliked e-learning that took longer than the quoted time, and had long paragraphs.

Development

Draft content was developed by a sub-group of our Hydration Steering Group, which included a dietitian, hydration lead, Healthy Ageing team lead, an e-learning developer from HCC and care home representation. We started by agreeing three key learning objectives, and then created three bite-sized sections mapping to each of these objectives. It was important that each section was about 10 minutes long and could be paused or repeated to provide maximum timing flexibility for carers.

The content was drafted in PowerPoint slides, structured with bullet points and interactive activities, and used simple language. We also drafted a quiz/

THINGS TO CONSIDER IF YOU WANT TO DEVELOP YOUR OWN E-LEARNING MODULE

- Collaborate with other agencies to help with the development and building
- Carry out significant scoping and testing to ensure your product is fit for purpose
- Be aware of the time it takes to create a good product – ours took 18 months from initial scoping to publication
- Be aware of the challenges of engaging your potential users to test your product
- Get your training endorsed – our toolkit and training has been endorsed by the BDA
- Consider engaging with a national hosting organisation to host and promote your training
- Seek funding to create good quality simple videos
- Create a communications plan to help you spread your message

assessment taking the format of a case study about 'Liz', who received carer support in her own home.

The PowerPoint slides were then translated into 'Scorm', a Learning Management System, by an e-learning developer at HCC.

We also developed a list of recommended resources, which are mapped for each of the three sections. Several other organisations have created some great resources and toolkits supporting hydration, and we wanted to link to the best of these – <https://bit.ly/2Kc9ede>.

Lastly, we developed Grandad's Story video. This endearing animation features 'Grandad' and 'Deepa' his carer, told from the perspective of his granddaughter. It shows very simply how quickly things can go wrong, and how carer support can have a big impact. Grandad's Story is available as a standalone resource (<https://wessexahsn.org.uk/videos/show/362>), but is also included as part of the e-learning. It is also available with subtitles.

Testing

Following development, we took time to test the new module with intended users. We approached 20 organisations, and a total of 12 care staff from three organisations (two care homes and one volunteer mealtime assistant at an acute hospital) agreed to take part. Testing involved completion of a questionnaire before and after the training, and obtaining feedback through a focus group or telephone interview. Knowledge increased from 27% pre-training to 86% post-training. Prior to training, 83% of participants said they used urine colour and 50% said they used the 'pinch test' to identify dehydration – none said they planned to use these signs going forward.

Post-training feedback revealed that participants found it easy to navigate, engaging, relevant and used appropriate language. In addition, several carers identified actions to take after the training, e.g. including hydration assessments (not just nutrition assessments using 'MUST').

In response to feedback, an additional quiz was added, to make it more relevant to care home staff. Voiceovers and additional images were added to make it more engaging and accessible, and the IT functionality issues which were highlighted were rectified.

Publication

A key aim of Wessex AHSN is the spread of good practice and, as such, we do not have capacity to host the content and manage updates going forward. We therefore started conversations with HEE who agreed to host the e-learning. Once the content was ready (early 2020), it had to be tested on their system, and there were several IT issues and edits required to make it compatible. There were also other unforeseen tasks required, such as writing an accessibility statement, creating website copy and creating graphics, all of which took significant time. Unfortunately, the onset of Covid-19 also hampered the communication process, as we had to start working remotely. The e-learning was launched nationally in September 2020. To get ready for publication, we also developed a communications plan, which included:

- Filming a professional promotional video
- Recording a Zoom meeting where members of the wider project team raised a mug/glass to say 'cheers' to celebrate the launch of the Hydration at Home Toolkit and e-learning module (with music to Beach Boys 'Good Vibrations' changed to 'Good Hydration')
- Creation of a Mailchimp newsletter, which was sent to 500+ Healthy Ageing team contacts
- Updating the Wessex AHSN website with all aspects of the Toolkit and links to the training
- Twitter campaign, during the launch week and also through Malnutrition Awareness Week, using #hydratefeelgreat and #lemonadecrusade

It's for any care professional, including dietitians!

A poll taken during the South East Branch of the BDA's webinar on hydration in October 2020 suggested significant gaps in knowledge on hydration in older people among dietitians.

- 43% of dietitians said they only consider hydration when giving nutritional advice 'sometimes' or 'rarely'
- 44% of dietitians said they thought the hydration needs of older people are 'poorly' or 'very poorly' considered/actioned in the care settings they work in
- 56% of dietitians said they use urine colour as an indicator of dehydration

In view of this, we would suggest that all dietitians also complete this e-learning module. You cannot just rely on one sign or symptom to tell if someone is becoming dehydrated. Knowing what a person is usually like and seeing changes in them may indicate they are becoming dehydrated. The only way to tell for sure is through a blood test.

We are currently planning an evaluation into the impact of the e-learning six months post-launch. This will be done through surveys and telephone interviews. The Malnutrition Task Force has agreed to be responsible for the ongoing review and ownership of the e-learning.

For more information

The e-learning module forms part of the wider Hydration at Home Toolkit, which includes public health resources and links to recommended hydration resources. For more information, go to <https://wessexahsn.org.uk/projects/354/hydration-at-home-toolkit> or email us at healthyageing@wessexahsn.net.

REFERENCES

- 1 Bunn, D and Hooper L (2019) Signs and symptoms of low-intake dehydration do not work in older care home residents – DRIE Diagnostic Accuracy Study. JAMDA. 20 (8): 963-970 DOI: 10.1016/j.jamda.2019.01.122
- 2 ESPEN guideline on clinical nutrition and hydration in geriatrics. https://www.espen.org/files/ESPEN-Guidelines/ESPEN_GL_Geriatrics_ClinNutr2018ip.pdf



Writer info

Annemarie Aburrow is a freelance dietitian. One of her roles involves working as a consultant dietitian for the Wessex Academic Health Science Network (AHSN).

The initial idea

We identified the need for e-learning during our work with care homes and domiciliary care agencies. We provided face-to-face training, but wanted to develop a more sustainable approach. We were surprised that whilst most carers said they already knew about hydration at the start, as the training progressed it became clear that their knowledge was limited. In particular, they were not aware of current evidence-based messages, e.g. that urine colour should not be used as an indicator of dehydration