

# **Impact of virtual reality training on allied health professional's knowledge and perception of dementia**

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## Synopsis

Protocol title: Impact of virtual reality training on allied health professional's knowledge and perception of dementia

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### LIST OF INVESTIGATORS

Principal Investigator: Dr Lindsey Brett

Organisation: Prince of Wales Hospital and Macquarie University

Address: Physiotherapy Department, Prince of Wales Hospital, 320-346 Barker Street, Randwick, NSW 2031, *and*

Department of Health Professions, Faculty of Medicine and Health Sciences, Macquarie University, Ground floor, 75 Talavera Road, Macquarie University, NSW 2109

Telephone no.: 02 9850 2487

Fax no.: N/A

Email: lindsey.brett@mq.edu.au

Co-Investigator: Professor Julia Hush

Organisation: Macquarie University

Address: Department of Health Professions, Faculty of Medicine and Health Sciences, Macquarie University, Ground floor, 75 Talavera Road, Macquarie University, NSW 2109

Telephone no: 02 9850 6621

Fax no.: N/A

Email: julia.hush@mq.edu.au

Co-Investigator: Ms Tash Pocovi

Organisation: Macquarie University

Address: Department of Health Professions, Faculty of Medicine and Health Sciences, Macquarie University, Ground floor, 75 Talavera Road, Macquarie University, NSW 2109

Telephone no: 02 9850 2794

Fax no.: N/A

Email: tash.pocovi@mq.edu.au

Co-Investigator: Dr Daniel Treacy  
Organisation: Prince of Wales Hospital  
Address: Physiotherapy Department, Prince of Wales Hospital, 320-346 Barker Street, Randwick, NSW 2031  
Telephone no.: 02 9382 2850  
Fax no.: 02 9382 2868  
Email: Daniel.Treacy@health.nsw.gov.au

Co-Investigator: Mr Matthew Webb  
Organisation: South Eastern Sydney Local Health District  
Address: TSH Executive Unit, Level 4, Directorate of Allied Health, The Sutherland Hospital, The Kingsway, Caringbah 2229  
Telephone no.: 0427 305 942 or 0431 944 084  
Fax no.: N/A  
Email: Matthew.Webb@health.nsw.gov.au; mwebbpt@gmail.com

Co-Investigator: Mrs Katherine Hood  
Organisation: Prince of Wales Hospital  
Address: Occupational Therapy Department, Prince of Wales Hospital, 320-346 Barker Street, Randwick, NSW 2031  
Telephone no.: 02 9382 5930  
Fax no.: N/A  
Email: Katherine.Hood@health.nsw.gov.au

Research Assistant: Macquarie University doctorate of physiotherapy students (to be determined) under the supervision of Dr Lindsey Brett, Professor Julia Hush and Dr Daniel Treacy  
Organisation: Macquarie University  
Address: Department of Health Professions, Faculty of Medicine and Health Sciences, Macquarie University, Ground floor, 75 Talavera Road, Macquarie University, NSW 2109  
Telephone no.: 02 9850 2487  
Fax no.: N/A  
Email: c/o lindsey.brett@mq.edu.au

## Summary

Study title:	Impact of virtual reality training on allied health professional's knowledge and perception of dementia
Protocol version	V1
Objectives	<p><i>Aims:</i></p> <ul style="list-style-type: none"><li>- To evaluate the effectiveness and the acceptability of virtual reality-based training for allied health professions working with individuals with dementia.</li><li>- Utilise consumer feedback to improve/further develop training of allied health professions working with individuals with dementia.</li><li>- To establish whether clinicians report a change in practice and/or awareness of dementia, attributed to the Enabling EDIE (Educational Dementia Immersive Experience) workshop, three months following workshop attendance.</li><li>- To establish if there are groups (e.g. students versus new-graduates versus experienced clinicians; or physiotherapists compared to OT's or nurses) that especially benefit from the enabling EDIE workshop</li></ul>
Study design	Mixed methods - pre and post intervention survey and focus group
Planned sample size	<p><u><i>Part 1 - Survey:</i></u></p> <p>Approximately 120 allied health professionals and allied health assistants practicing within the South-East Sydney Local Health District (e.g. the Prince of Wales hospital, War Memorial hospital and St Vincent's hospital) and 30 students enrolled in a physiotherapy degree.</p> <p><u><i>Part 2 - Focus group:</i></u></p> <p>The plan is to conduct two to three focus groups (n=16-24) with a smaller population of participants from Part 1 of this study.</p>
Selection criteria	<p><i>Inclusion</i></p> <ul style="list-style-type: none"><li>- Work regularly (either in a paid position or on placement as a student) with individuals with dementia</li><li>- Employed as either an allied health profession or an allied health assistant within South-East Sydney Local Health District or a current student at Macquarie University's doctorate of physiotherapy program.</li></ul> <p><i>Exclusion</i></p> <ul style="list-style-type: none"><li>- Previously attended the Enabling EDIE workshop</li></ul>
Study procedure	<p><u><i>Part 1 - Survey:</i></u></p>

One week prior to the scheduled Enabling EDIE workshop, participants will be emailed a link and asked to complete a short, simple survey online (via Qualtrics platform) which will assess current understanding of dementia, perceptions of dementia and the role of allied health in supporting people with dementia. Participants will then complete the Enabling EDIE workshop run by Dementia Australia either at the Prince of Wales hospital or the War Memorial hospital.

At the immediate conclusion of the workshop, participants will then be provided with the link to complete an online survey (via Qualtrics platform) which will assess their knowledge of dementia following the workshop, potential impact on clinical practice, and the overall effectiveness and acceptability of this virtual reality resource as a training material. Three months later, participants that attended the workshop will be contacted via email to complete a follow-up survey, which will assess the implementation of knowledge gained from the workshop and whether the workshop has influenced current practice related to dementia.

*Part 2 - Focus group:*

During completion of the three-month follow-up survey, participants will be invited to participate in a focus group six to 12 months following their attendance of the Enabling EDIE workshop. From the participants that consent to be involved in this part of the study, a sample of participants from each allied health profession (e.g. physiotherapy, occupational therapy, nursing) will be invited to partake in a focus group. The emphasis of the focus group will be to discuss the benefits and barriers of virtual reality training, and how current training could be developed to address the specific needs of allied health professions. The focus groups will be conducted by members of the research team that hold an appointment with or on student placement (under the supervision of the research team) within the South-East Sydney Local Health District.

Statistical considerations

*Sample size calculation:*

*Part 1 - Survey:*

Sample size has been determined based on the number of workshops the researchers were able to book with the allocated funding. Ten Enabling EDIE workshops will be conducted by Dementia Australia (based on the allocated funding), which will provide a sample size of 150 participants.

*Part 2 - Focus group:*

Based on previous qualitative research, two or three focus groups (n=16-24) should provide enough feedback to gain a varied insight from participants and achieve data saturation. The final sample size will also be dependent on the number of

participants that consent to be involved in this part of the study.

*Analysis plan:*

Part 1 - Survey:

Descriptive analyses and regression modelling will be used to quantitatively examine the associations between study variables (e.g. participant demographics, dementia knowledge and perceptions of dementia) and changes over time (e.g. between different allied health professions and different levels of experience).

Part 2 - Focus group:

Thematic analysis of the focus group will be conducted to determine themes associated with dementia education for allied health staff, and the use of virtual reality as an educational tool.

Duration of the Study

24 months

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## 1. BACKGROUND

### 1.1. DISEASE BACKGROUND\*

The total number of people with dementia worldwide is currently estimated at 47.5 million and this number is expected to increase to 135.5 million by 2050 (1). Approximately 9% of Australians aged 65 and over have a diagnosis of dementia; with this number rising to 30% in people aged 85 years and over (2). The increasing prevalence of dementia means Allied Health Professionals (AHPs) and Allied Health Assistants (AHAs) are likely to have more interactions with people with dementia across the different healthcare settings. Allied health professionals and AHAs both in the hospital and community settings can play an essential role in the treatment and management of dementia by providing cognitive, emotional and physical support to people with dementia and their family.

In 2016, Clinical Practice Guidelines for Dementia were released and highlighted the inherent requirement for increased training for health and aged care professionals in the care of people with dementia (3). Providing health care staff, such as AHPs and AHAs, and students with training to increase knowledge and skills in the care of people with dementia is one potential strategy that can be used to increase the quality of care and outcomes for people with dementia. Determining appropriate strategies for training within the health industry has been explored vastly. Efficient, inexpensive, immersive and high-quality training are attributes important to rolling out successful training. With emerging technology, virtual reality (a computer-generated simulation with three-dimensional images or environments that can be interacted with in a seemingly real way) has been vastly explored as a healthcare training tool, particularly in the surgical field (4, 5).

The use of virtual reality in the field of dementia care and education is developing. Dementia Australia is the peak body advocating the needs of people living with dementia and have developed a Virtual Reality (VR) training workshop: Enabling EDIE (Educational Dementia Immersive Experience). The workshop was developed in consultation with people with dementia and their carers to specifically simulate the experience of having dementia. It involves a multisensory, virtual simulation of light, sound, colour, and visual content that allows participants to experience the cognitive and perceptual difficulties faced by those with dementia (6). The Enabling EDIE workshop aims to increase knowledge, change attitudes and improve care practices.

### 1.2. RATIONALE FOR PERFORMING THE STUDY\*

This study will evaluate the effectiveness and acceptability of the virtual reality workshop Enabling EDIE as a teaching resource for AHPs, AHAs and physiotherapy students working with people with dementia. Previous studies have considered the use of VR training for dementia awareness for informal and professional carers (7). However, to our knowledge, this has not been examined with AHPs, AHAs and physiotherapy students working within the hospital and community settings who are widely exposed to dementia.

This study will utilise a short series of surveys to assess the knowledge, perception, and impact on clinical practice of AHPs, AHAs and physiotherapy students that provide care for people with dementia. This will be assessed before, immediately after and three

months following attendance of the Enabling EDIE workshop. Additionally, a sample of the workshop participants (n=24) will be invited to participate in a focus group to provide feedback on dementia-specific training and determine if VR training is a tool worth utilising in routine training of clinicians and students.

## Hypothesis

Specific dementia-related training will improve understanding, perception and clinical practice in dementia care, that will remain evident at three months follow-up.

Virtual reality is an effective, well-accepted and feasible training method for AHPs, AHAs and physiotherapy students working with people with dementia.

Less experienced clinicians and students will benefit most from this type of training and are more likely to implement changes in routine practice following the Enabling EDIE workshop.

## 2. STUDY OBJECTIVES\*

### 2.1. PRIMARY OBJECTIVES\*

- To evaluate the effectiveness and the acceptability of VR-based training for AHPs, AHAs and physiotherapy students working with individuals with dementia.
- Utilise consumer feedback to further develop training of AHPs, AHAs and physiotherapy students working with individuals with dementia.
- To establish whether clinicians demonstrate a change in knowledge, perception and/or clinical practice attributed to the Enabling EDIE workshop, immediately post workshop and at three months follow-up.
- To establish if there are groups (e.g. students versus new graduates versus experienced clinicians; or physiotherapists compared to OT's or nurses) that especially benefit from the Enabling EDIE workshop.

## 3. STUDY DESIGN\*

### 3.1. DESIGN\*

A mixed method design will be utilised to address the study objectives outlined above. The Enabling EDIE workshop is internal of this research and will not be offered outside of this study. Evaluation of Enabling EDIE workshop and the use of VR-based training in the healthcare setting will be conducted in two parts.

Part 1 of the study will use a survey conducted with AHPs, AHAs and physiotherapy students that attend the Enabling EDIE workshop. Surveys will be completed pre, immediately post, and three months after attending the workshop.

Part 2 of the study will involve focus groups with a small sample of participants that attend the Enabling EDIE workshop. The focus groups will be conducted by members of the research team that hold an appointment with or on student placement (under the supervision of the research team) within the South-East Sydney Local Health District (SESLHD) six to 12 months after the workshops. Focus groups will be voice recorded to ensure qualitative data maybe analysed accurately. Following completion of the focus groups the audio-recordings will be transcribed (and edited to remove any identifying information) and then the audio-files destroyed.

### 3.2. STUDY GROUPS

Current AHPs and AHAs working within the SESLHD (hospital and community settings) that have regular interactions with people with dementia, and students enrolled in the doctorate of physiotherapy at Macquarie University partaking in relevant practicum placements will be eligible to enroll in this study. If they have previously attended an Enabling EDIE workshop they will be excluded from this study.

Participants that attend the Enabling EDIE workshop and complete Part 1 of the study will be invited to participate in a focus group six to 12 months after they attend the workshop (Part 2). A sub-group of participants will be randomly selected from those that provide consent to be involved in this part of the study.

### 3.3. NUMBER OF PARTICIPANTS\*

The number of study participants for Part 1 of this study has been determined based on the number of workshops the research team are able to book with the available funding. There will be a total of 150 participants that will attend the Enabling EDIE workshop: approximately 120 AHPs and AHAs and 30 physiotherapy students. There will be 10 Enabling EDIE workshops conducted during the study period, however participants will only be required to attend the workshop once.

Part 2 of the study will use a smaller sample from Part 1 of the study. Dependent on the number of participants that consent to be involved in this part of the study, there will be two to three focus groups (n=16-24) conducted. Based on previous experience of the research team, this sample size should provide sufficient data to gain diverse insights and achieve data saturation.

### 3.4. NUMBER OF CENTERS

The Enabling EDIE workshops will be conducted at 2 study sites within SESLHD: Prince of Wales Hospital in Randwick and the War Memorial Hospital in Waverly.

### 3.5. DURATION

The 24-month study will run between 01/08/2019 and 31/07/2021 (dependent on ethical approval). During this time there will be 10 Enabling EDIE workshops and two or three focus groups conducted.

The following key milestones will be delivered (see Table 1 in section 5.2):

- SESLHD research ethics – submission and attainment of research ethics clearance (months 1-2).
- Develop and finalise survey and focus group questions (months 1-2).
- Commence recruitment of participants for Enabling EDIE workshops (month 2)
- Commence pre-workshop surveys (month 3)
- Commence Enabling EDIE workshops (month 3)
- Commence immediate post-workshop questionnaires (month 3)
- Commence follow-up questionnaires (month 6)
- Commence recruitment for focus groups (month 6)
- Commence recruitment of participants for focus groups (month 6)

- Complete recruitment of participants for Enabling EDIE workshops (month 6)
- Complete pre-workshop questionnaires (month 9)
- Complete Enabling EDIE workshops (month 9)
- Complete immediate post-workshop questionnaires (month 9)
- Complete follow-up questionnaires (month 12)
- Complete recruitment for focus groups (month 13)
- Commence survey data analysis (month 14)
- Complete survey data analysis (month 16)
- Finalise arrangements for focus groups (month 17)
- Conduct focus groups (month 18)
- Commence focus group data analysis (month 19)
- Complete focus group data analysis (month 21)
- Compile manuscript of research findings and disseminate through appropriate means, e.g. peer-reviewed journal, submission of abstract to relevant conference, Prince of Wales Geriatric Clinical Teaching sessions and staff meetings (months 21-24)

#### 4. PARTICIPANT SECTION

##### 4.1. INCLUSION CRITERIA\*

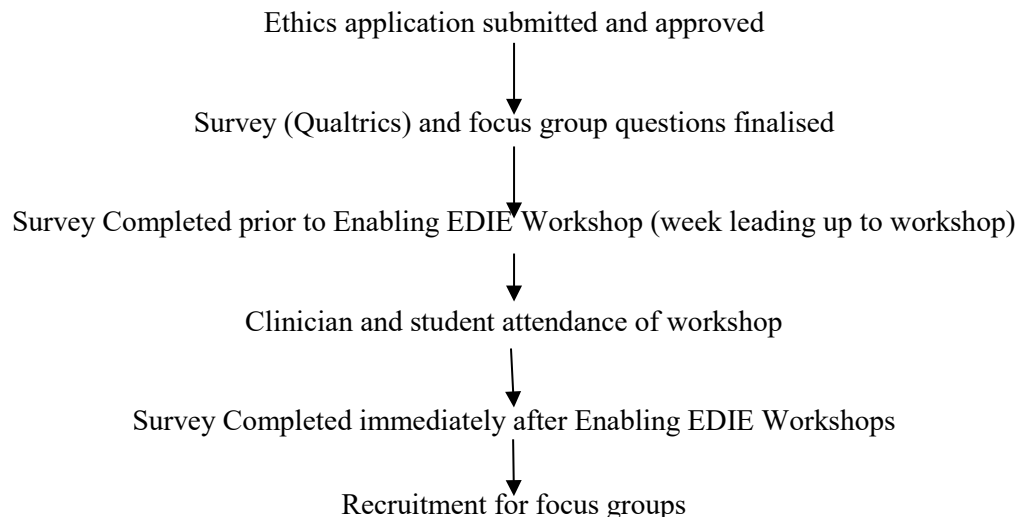
- Work regularly (either in a paid position or on placement as a student) with individuals with dementia.
- Employed as either an AHP or an AHA within SESLHD, or a current student at Macquarie University's doctorate of physiotherapy program.

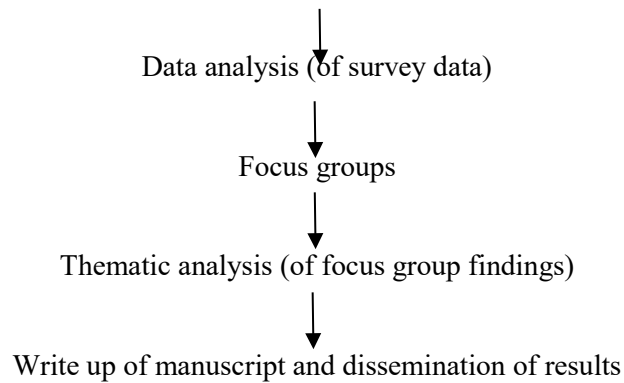
##### 4.2. EXCLUSION CRITERIA\*

- Previously attended the Enabling EDIE workshop.

#### 5. STUDY OUTLINE\*

##### 5.1. STUDY FLOW CHART





## 5.2. INVESTIGATION PLAN\*

**Table 1.** Projected study plan and milestones.

Activity	Month											
	1	2	3	4	5	6	7	8	9	10	11	12
Ethics submission and approval	Green	Green										
Finalise survey and focus group questions	Orange	Orange										
Enabling EDIE workshop recruitment		Blue	Blue	Blue	Blue	Blue						
Pre- workshop survey			Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow			
Enabling EDIE workshops			Purple	Purple	Purple	Purple	Purple	Purple	Purple			
Post-workshop survey			Red	Red	Red	Red	Red	Red	Red			
Follow-up survey						Green	Green	Green	Green	Green	Green	Green
Focus group recruitment						Orange	Orange	Orange	Orange	Orange	Orange	Orange
Activity	13	14	15	16	17	18	19	20	21	22	23	24
Focus group recruitment	Orange											
Survey data analysis		Blue	Blue	Blue								
Finalise focus group arrangements					Yellow							
Focus groups						Purple						
Focus group data analysis							Red	Red	Red			
Manuscript/dissemination of results									Green	Green	Green	Green

## 5.3. STUDY VARIABLES

Study variables collected during the survey and focus group are as follows (see Appendix 10.1 survey questions and Appendix 10.2 focus group questions):

- Staff/Student ID number (for data linkage purposes only)
- Age
- Gender
- Profession/student status
- Years of experience
- Workplace
- Dementia knowledge – Dementia Knowledge Assessment Scale (8)
- Dementia training to date
- Attitudes towards dementia (9)
- Dementia Care Practices (10)
- Changes in clinical practice relevant to dementia
- Feedback on Enabling EDIE

- Feedback on VR training for AHPs, AHAs and physiotherapy students

#### 5.4. STUDY PROCEDURE BENEFITS

Study participants will potentially benefit from attending the Enabling EDIE workshop through improvements in knowledge and perception of dementia, which in turn can help to improve their clinical practice. Through improvements in clinical practice of participants there is the potential there will also be improvements in care outcomes for patients with dementia that they treat. This study will also help to inform future dementia training for AHPs, AHAs and physiotherapy students.

#### 5.5. STUDY PROCEDURE RISKS\*

Table 2. Identified potential risks and corresponding mitigation strategies to minimize risk.

<b>The Risk What can happen?</b>	<b>Source How can this happen?</b>	<b>Impact From event happening</b>	<b>Risk mitigation treatment</b>	<b>Likelihood<sup>1</sup></b>	<b>Consequence<sup>2</sup></b>	<b>Risk rating<sup>3</sup></b>
Ethics approval for study delayed.	Ethics committee questions aspects of the study proposal.	The study start date may be delayed.	Careful consideration of all ethics committee requirements. The research team have previous experience and knowledge in ethics procedures in this field of research.	Unlikely	Moderate	Low
Inadequate attendance at the EDIE workshop	Due to staffing and time pressures, potential participants may find it difficult to attend workshop.	Delays in collecting data.	The research team comprises of a mixture of hope to advertise the workshop well in advance and have multiple sessions available to try and accommodate as many participants as possible. Reminder email to be sent 24 hours prior to workshop.	Unlikely	Moderate	Low
Risk of physical injury whilst partaking in VR component of training	Components of training may require standing or walking with the VR headset on.	Potential injury or fall.	A cleared space will be set up for the workshop with no trip hazards present. Participants will also be educated about what the VR component involves and are able to complete training seated if uncomfortable.	Rare	Minor	Low
Risk of feeling nauseated or disoriented as a result of partaking in VR training	VR can cause nausea due to a disconnect between external sensory information (what you see and hear) and the vestibular system	Nausea or a feeling of disorientation	Training and a safety briefing will be conducted by the team running the workshop prior to the VR experience. Participants will be urged to remove the headset if at any stage they feel unwell.	Unlikely	Minor	Low

<sup>1</sup>Likelihood: Rare, Unlikely, Possible, Likely, Almost Certain

<sup>2</sup>Consequence: Insignificant, Minor, Moderate, Major, Severe

<sup>3</sup>Risk Rating: Low, Medium, High, Extreme

## 5.6. RECRUITMENT AND SCREENING\*

### Part 1 - Survey:

Various means of recruitment will be employed. In order to recruit staff within the SESLHD, posters will be circulated on noticeboards and staff areas in relevant wards (see Appendix 10.3 Enabling EDIE recruitment poster), emails will be circulated within each allied health teams contact lists and members of the research team will provide a brief overview of the workshop at Allied Health team meetings to circulate information about the study and the Enabling EDIE workshop.

In order to onboard a sample of students, Prof Julia Hush who holds a position at Macquarie University will also circulate an email to students in the doctorate of physiotherapy program. All potential participants will be screened for eligibility based on the criterion above.

### Part 2 – Focus group:

During completion of the follow-up survey participants will be invited to be involved in this part of the study. A subgroup of participants will be randomly selected from those that are agreeable to participate.

## 5.7. INFORMED CONSENT PROCESS\*

### Part 1 - Survey:

Following screening and prior to being able to select a workshop attendance date, participants will be provided with a Participant Information Sheet and Consent Form (PISCF) (see Appendix 10.4 participant information sheet and consent form: survey). They will have approximately one month to consider their participation and ask the research team any questions. If agreeable, they will sign the PISCF and select which workshop session they would like to attend.

### Part 2 – Focus group:

Participants from Part 1 of the study will be invited to participate in the focus groups through the final question of the follow up survey inviting them to participate in the focus group. If participants are interested in partaking in the focus group, they will be prompted to provide contact details for the research team to be able to contact them. Participants will be sent a separate PISCF related to the focus group (see Appendix 10.5 participant information sheet and consent form: focus group). Within the PISCF, participants will be informed that a recording device will be used for transcribing purposes. Written consent to use the recording devices will be obtained before any recordings take place.

Non-identifiable, group results obtained from this study may also be used in future research that extends the work of this study to develop dementia-specific training for health professionals and students. This is written in the Participants Information Sheet and Consent Form in order to inform participants of the potential use of their data in future work.



## 5.8. ENROLMENT PROCEDURE\*

Allied health professionals, AHAs and physiotherapy students that meet the inclusion criteria outlined above will be provided with study information and invited to participate in both Part 1 (survey and Enabling EDIE workshop) and Part 2 (focus group) of the study. Participants can then decide if they would like to provide informed consent and will be advised that their decision will not impact on any interactions, they have with the research team or any SESLHD employees. They will have the opportunity to review and withdraw their consent and responses prior to data analysis.

## 6. SAFETY\*

### 6.1. ADVERSE EVENT REPORTING\*

As indicated in the table in section 5.4., only very minor risks to the participants are foreseeable. However, if injury (such as a fall or collision) occurs to a participant whilst attending the Enabling EDIE workshop, a 'Significant Safety Issue Notification' form will be filled and sent to the HREC as per SESLHD protocol.

### 6.2. EARLY TERMINATION

The only potential reasons for early termination is if Dementia Australia ceased provision of the Enabling EDIE workshop or funding was no longer available. Both the workshop and funding have been guaranteed, therefore this is extremely unlikely. However, if this did occur the study would cease and reported by the chief investigator to the participants, ethics committee and in the final study report.

## 7. STATISTICAL CONSIDERATIONS\*

### 7.1. SAMPLE SIZE OR POWER CALCULATION\*

#### Part 1 - Survey

Sample size has been determined based on the number of workshops the researchers were able to book with the allocated funding. Ten Enabling EDIE workshops will be conducted by Dementia Australia (based on the allocated funding), which will provide a sample size of approximately 150 participants.

#### Part 2 - Focus group

Based on previous qualitative research, two or three focus groups (n=16-24) should provide enough feedback to gain a varied insight from participants and achieve data saturation. The final sample size will also be dependent on the number of participants that consent to be involved in this part of the study.

### 7.2. STATISTICAL ANALYSIS PLAN\*

#### Part 1 - Survey:



In order to address the study objectives, descriptive analyses and regression modelling of survey data will be used to examine the associations between study variables, such as participant demographics, dementia knowledge and perceptions of dementia. Associations between participant variables (such as type of profession, level of experience) and dementia knowledge and perception responses will be considered using repeated measures probit regression (binary for nominal data and ordered probit for ordinal scales). To determine the effect of the Enabling EDIE workshop over time changes in dementia knowledge and perceptions will be considered across the different timepoints. This will include comparisons between different groups, such as allied health professions and different levels of experience. The primary test of effectiveness of the Enabling EDIE workshop will be a Wald test of the joint significance of post-workshop time and all associated interactions.

Part 2 - Focus group:

Thematic analysis of the focus group will be conducted to determine themes associated with dementia education for allied health staff, and the use of virtual reality as an educational tool.

## **8. STORAGE AND ARCHIVING OF STUDY DOCUMENTS\***

The Qualtrics server of which Macquarie University has a license (LB and JH hold appointments here) will host the survey and all its responses (Part 1). In order to link data at various time points (pre, post and follow-up) participants will provide their staff or student identification number within the survey. Once the survey is completed, data will be downloaded in a csv file. Survey's across the pre, post and follow-up time points will be linked (using staff/student ID), each participant provided with a unique study identification code, and then identifying information removed (i.e. ID number).

Following completion of the focus group (Part 2), the audio-recording will be transcribed and then audio-file destroyed. A professional transcriber will be hired, and their details will be added as an ethics amendment to the SESLHD Ethics Committee to allow them access to this data. The professional transcriber will maintain confidentiality as per the ethics application.

Electronic copies and iterations of the survey spreadsheet and typed transcripts from the focus group will be stored as password protected files on SESLHD Physiotherapy secure drive and the Macquarie University secure network. Only investigators approved by the Research Ethics Committee will have access to the data, this includes Macquarie University doctorate of physiotherapy students on placement (under the supervision of the research team). Any hard copies of data or investigator copies of participant information and consent forms will be kept in a locked filing cabinet in the offices of either LB, DT or MW (dependent on which site recruitment and consent is obtained).

No identifiable data will be disseminated via publications, conferences or reports. The data will be held on the secure networks for up to 5 years following any publications which arise from this research in accordance with the Records Act - General Retention and Disposal Authority University Records (GDA 23) (2005) and the Australian Code for the Responsible Conduct of Research (2007).

## 9. REFERENCES\*

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## 10. APPENDICES

### 10.1. SURVEY QUESTIONS

Pre-Survey.



Thank you for taking part in this survey exploring dementia-specific training for allied health professionals, assistants and students. This survey should take 10-15 minutes and must be completed prior to taking part in the Enabling EDIE Training course run by Dementia Australia. This survey and associated research is a collaborative project between South Eastern Sydney Local Health District and Macquarie University.

By continuing to complete this survey, you confirm your consent for your non-identifiable information to be collected and used for research purposes. Your anonymity will be maintained in the dissemination of findings.

If you have any questions or decide to withdraw your responses at any stage, please contact one of the following members of the research team:

Dr Lindsey Brett ([lindsey.brett@mq.edu.au](mailto:lindsey.brett@mq.edu.au))  
Dr Daniel Treacy ([daniel.treacy@health.nsw.gov.au](mailto:daniel.treacy@health.nsw.gov.au))  
Mr Matthew Webb ([matthew.webb@health.nsw.gov.au](mailto:matthew.webb@health.nsw.gov.au) or [mwebbpt@gmail.com](mailto:mwebbpt@gmail.com))

We very much appreciate your involvement in our research. Thank you.



**Please supply your SESLHD staff number or your University student number**

(Note: This will only be used for the purpose of linking your pre/post and follow-up survey)

**What year were you born in?**

**What gender do you identify as?**

 Male Female Prefer not to say Other

**Please indicate your professional or student status:**

 Physiotherapist Physio Assistant Occupational Therapist OT Assistant Nurse Assistant in Nursing Student Other

How many years have you had experience specifically working with people with dementia?

< 2 years

2-5 years

5-10 years

> 10 years

Current Student

Have you attended previous dementia-specific training?

Yes

No

How many years have you worked in your profession?

< 2 years

2-5 years

5-10 years

> 10 years

Current Student

What is your current position? Please specify level (e.g. Level 1/2 physiotherapist)

Which hospital/community district and in which area (ward/specialty) do you currently work?

Please specify the training attended and when you received this training:

Please list any barriers you have faced when treating a patient with dementia. If possible, please provide specific examples.

Are there any strategies that you have implemented when treating someone with dementia? Please elaborate.

### Dementia Knowledge

	True	False
Most forms of dementia do not generally shorten a person's life	<input type="radio"/>	<input type="radio"/>
Blood vessel disease (vascular dementia) is the most common form of dementia	<input type="radio"/>	<input type="radio"/>
People can recovered from the most common forms of dementia	<input type="radio"/>	<input type="radio"/>
Dementia is a normal part of the ageing process	<input type="radio"/>	<input type="radio"/>
Dementia does not result from physical changes in the brain	<input type="radio"/>	<input type="radio"/>
Planning for end of life care is generally not necessary following a diagnosis of dementia	<input type="radio"/>	<input type="radio"/>
Alzheimer's disease is the most common form of dementia	<input type="radio"/>	<input type="radio"/>
It is impossible to communicate with a person who has advanced dementia	<input type="radio"/>	<input type="radio"/>
A person experiencing advanced dementia will not generally respond to changes in their physical environment	<input type="radio"/>	<input type="radio"/>
It is important to correct a person with dementia when they are confused	<input type="radio"/>	<input type="radio"/>
People experiencing advanced dementia often communicate through body language	<input type="radio"/>	<input type="radio"/>
Uncharacteristic behaviours in a person experiencing dementia are generally a response to unmet needs	<input type="radio"/>	<input type="radio"/>
Medications are the most effective way of treating behavioural symptoms of dementia	<input type="radio"/>	<input type="radio"/>
People experiencing dementia do not generally have problems making decisions	<input type="radio"/>	<input type="radio"/>
Movement is generally affected in the later stages of dementia	<input type="radio"/>	<input type="radio"/>

Difficulty eating and drinking generally occurs in the later stages of dementia	<input type="radio"/>	<input type="radio"/>
People with advanced dementia have difficulty speaking	<input type="radio"/>	<input type="radio"/>
People experiencing dementia often have difficulty learning new skills	<input type="radio"/>	<input type="radio"/>
Daily care for a person with advanced dementia is effective when it focuses on providing comfort	<input type="radio"/>	<input type="radio"/>
Having high blood pressure increases a person's risk of developing dementia	<input type="radio"/>	<input type="radio"/>
Maintaining a healthy lifestyle does not reduce the risk of developing the most common forms of dementia	<input type="radio"/>	<input type="radio"/>
Symptoms of depression can be mistaken for symptoms of dementia	<input type="radio"/>	<input type="radio"/>
The sudden onset of cognitive problems is characteristic of common forms of dementia	<input type="radio"/>	<input type="radio"/>
Exercise is generally beneficial for people experiencing dementia	<input type="radio"/>	<input type="radio"/>
Early diagnosis of dementia does not generally improve quality of life for people experiencing the condition	<input type="radio"/>	<input type="radio"/>

### Dementia Attitudes

	Strongly disagree	Disagree	Neutral	Agree	Strongly Agree
It is rewarding to work with people who have dementia.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am afraid of people with dementia.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People with dementia can be creative.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel confident around people with dementia.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am comfortable having physical contact with dementia.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel uncomfortable being around people with dementia.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Every person with dementia has different needs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am not very familiar with dementia.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would avoid an agitated person with dementia.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel relaxed around people with dementia.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel frustrated because I do not know how to help people with dementia.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I cannot imagine caring for someone with dementia.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Dementia Care

### How well do you feel you can...

	Not at all	A little bit	Quite a lot	Very much
Understand the feelings of a person with dementia?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Understand the way a person with dementia interacts with the people and the things around them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Engage a person with dementia in a conversation?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Balance the needs of the person with dementia with their relative's wishes and the service's limitations?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use information about their past (such as what they used to do and their interests), when talking to a person with dementia?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Change your work to match the changing needs of a person with dementia?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Protect the dignity of a person with dementia in your work?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Deal with behavior that challenges in a person with dementia?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Decide what to do about risk (such as harm to self or others) in a person with dementia?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Offer stimulation (for the mind, the senses and the body) to a person with dementia in your daily work?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Offer choice to a person with dementia in everyday care (such as what to wear, or what to do)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Engage a person with dementia in creative activities during your normal working day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>





## Post-Survey.

### Please supply your SESLHD staff number or your University student number

(Note: This will only be used for the purpose of linking your pre/post and follow-up survey)

### Which Hospital/community district and in which area (ward/specialty) do you currently work?

Are there any new strategies that you plan to implement when treating someone with dementia, following the enabling EDIE workshop? Please elaborate.

### Dementia Knowledge

	True	False
Most forms of dementia do not generally shorten a person's life	<input type="radio"/>	<input type="radio"/>
Blood vessel disease (vascular dementia) is the most common form of dementia	<input type="radio"/>	<input type="radio"/>
People can recovered from the most common forms of dementia	<input type="radio"/>	<input type="radio"/>
Dementia is a normal part of the ageing process	<input type="radio"/>	<input type="radio"/>
Dementia does not result from physical changes in the brain	<input type="radio"/>	<input type="radio"/>
Planning for end of life care is generally not necessary following a diagnosis of dementia	<input type="radio"/>	<input type="radio"/>
Alzheimer's disease is the most common form of dementia	<input type="radio"/>	<input type="radio"/>
It is impossible to communicate with a person who has advanced dementia	<input type="radio"/>	<input type="radio"/>
A person experiencing advanced dementia will not generally respond to changes in their physical environment	<input type="radio"/>	<input type="radio"/>
It is important to correct a person with dementia when they are confused	<input type="radio"/>	<input type="radio"/>
People experiencing advanced dementia often communicate through body language	<input type="radio"/>	<input type="radio"/>
Uncharacteristic behaviours in a person experiencing dementia are generally a response to unmet needs	<input type="radio"/>	<input type="radio"/>
Medications are the most effective way of treating behavioural symptoms of dementia	<input type="radio"/>	<input type="radio"/>
People experiencing dementia do not generally have problems making decisions	<input type="radio"/>	<input type="radio"/>
Movement is generally affected in the later stages of dementia	<input type="radio"/>	<input type="radio"/>

Difficulty eating and drinking generally occurs in the later stages of dementia	<input type="radio"/>	<input type="radio"/>
People with advanced dementia have difficulty speaking	<input type="radio"/>	<input type="radio"/>
People experiencing dementia often have difficulty learning new skills	<input type="radio"/>	<input type="radio"/>
Daily care for a person with advanced dementia is effective when it focuses on providing comfort	<input type="radio"/>	<input type="radio"/>
Having high blood pressure increases a person's risk of developing dementia	<input type="radio"/>	<input type="radio"/>
Maintaining a healthy lifestyle does not reduce the risk of developing the most common forms of dementia	<input type="radio"/>	<input type="radio"/>
Symptoms of depression can be mistaken for symptoms of dementia	<input type="radio"/>	<input type="radio"/>
The sudden onset of cognitive problems is characteristic of common forms of dementia	<input type="radio"/>	<input type="radio"/>
Exercise is generally beneficial for people experiencing dementia	<input type="radio"/>	<input type="radio"/>
Early diagnosis of dementia does not generally improve quality of life for people experiencing the condition	<input type="radio"/>	<input type="radio"/>

### Dementia Attitudes

	Strongly disagree	Disagree	Neutral	Agree	Strongly Agree
It is rewarding to work with people who have dementia.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am afraid of people with dementia.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People with dementia can be creative.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel confident around people with dementia.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am comfortable having physical contact with dementia.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel uncomfortable being around people with dementia.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Every person with dementia has different needs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am not very familiar with dementia.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would avoid an agitated person with dementia.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel relaxed around people with dementia.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel frustrated because I do not know how to help people with dementia.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I cannot imagine caring for someone with dementia.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Dementia Care

### How well do you feel you can...

	Not at all	A little bit	Quite a lot	Very much
Understand the feelings of a person with dementia?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Understand the way a person with dementia interacts with the people and the things around them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Engage a person with dementia in a conversation?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Balance the needs of the person with dementia with their relative's wishes and the service's limitations?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use information about their past (such as what they used to do and their interests), when talking to a person with dementia?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Change your work to match the changing needs of a person with dementia?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Protect the dignity of a person with dementia in your work?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Deal with behavior that challenges in a person with dementia?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Decide what to do about risk (such as harm to self or others) in a person with dementia?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Offer stimulation (for the mind, the senses and the body) to a person with dementia in your daily work?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Offer choice to a person with dementia in everyday care (such as what to wear, or what to do)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Engage a person with dementia in creative activities during your normal working day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Enabling EDIE Evaluation

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
The content of the enabling EDIE workshop was relevant to my profession?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have gained new skills from the Enabling EDIE workshop that I can incorporate in clinical practice?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The virtual reality component of the workshop provided me with a greater understanding of what people with dementia may experience.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The virtual reality component of the training had a greater impact on my knowledge compared to the group discussion component.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The virtual reality component of the training had a greater impact on my attitude towards people with dementia compared to the group discussion component.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Overall, I would rate the workshop as:

Excellent
Good
Average
Poor
Very Poor

What component of the workshop was most beneficial?

What component of the workshop was least beneficial?

Are there any other comments or suggestions you have related to this workshop?

## Follow-Up Survey.

### Please supply your SESLHD staff number or your University student number

(Note: This will only be used for the purpose of linking your pre/post and follow-up survey)

Which Hospital/community district and in which area (ward/specialty) do you currently work?

Are there any strategies that you have implemented when treating someone with dementia, as a result of attending the enabling EDIE workshop? Please elaborate.

### Dementia Knowledge

	True	False
Most forms of dementia do not generally shorten a person's life	<input type="radio"/>	<input type="radio"/>
Blood vessel disease (vascular dementia) is the most common form of dementia	<input type="radio"/>	<input type="radio"/>
People can recovered from the most common forms of dementia	<input type="radio"/>	<input type="radio"/>
Dementia is a normal part of the ageing process	<input type="radio"/>	<input type="radio"/>
Dementia does not result from physical changes in the brain	<input type="radio"/>	<input type="radio"/>
Planning for end of life care is generally not necessary following a diagnosis of dementia	<input type="radio"/>	<input type="radio"/>
Alzheimer's disease is the most common form of dementia	<input type="radio"/>	<input type="radio"/>
It is impossible to communicate with a person who has advanced dementia	<input type="radio"/>	<input type="radio"/>
A person experiencing advanced dementia will not generally respond to changes in their physical environment	<input type="radio"/>	<input type="radio"/>
It is important to correct a person with dementia when they are confused	<input type="radio"/>	<input type="radio"/>
People experiencing advanced dementia often communicate through body language	<input type="radio"/>	<input type="radio"/>
Uncharacteristic behaviours in a person experiencing dementia are generally a response to unmet needs	<input type="radio"/>	<input type="radio"/>
Medications are the most effective way of treating behavioural symptoms of dementia	<input type="radio"/>	<input type="radio"/>
People experiencing dementia do not generally have problems making decisions	<input type="radio"/>	<input type="radio"/>
Movement is generally affected in the later stages of dementia	<input type="radio"/>	<input type="radio"/>

Difficulty eating and drinking generally occurs in the later stages of dementia	<input type="radio"/>	<input type="radio"/>
People with advanced dementia have difficulty speaking	<input type="radio"/>	<input type="radio"/>
People experiencing dementia often have difficulty learning new skills	<input type="radio"/>	<input type="radio"/>
Daily care for a person with advanced dementia is effective when it focuses on providing comfort	<input type="radio"/>	<input type="radio"/>
Having high blood pressure increases a person's risk of developing dementia	<input type="radio"/>	<input type="radio"/>
Maintaining a healthy lifestyle does not reduce the risk of developing the most common forms of dementia	<input type="radio"/>	<input type="radio"/>
Symptoms of depression can be mistaken for symptoms of dementia	<input type="radio"/>	<input type="radio"/>
The sudden onset of cognitive problems is characteristic of common forms of dementia	<input type="radio"/>	<input type="radio"/>
Exercise is generally beneficial for people experiencing dementia	<input type="radio"/>	<input type="radio"/>
Early diagnosis of dementia does not generally improve quality of life for people experiencing the condition	<input type="radio"/>	<input type="radio"/>

### Dementia Attitudes

	Strongly disagree	Disagree	Neutral	Agree	Strongly Agree
It is rewarding to work with people who have dementia.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am afraid of people with dementia.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People with dementia can be creative.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel confident around people with dementia.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am comfortable having physical contact with dementia.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel uncomfortable being around people with dementia.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Every person with dementia has different needs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am not very familiar with dementia.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would avoid an agitated person with dementia.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel relaxed around people with dementia.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel frustrated because I do not know how to help people with dementia.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I cannot imagine caring for someone with dementia.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Dementia Care**

**How well do you feel you can...**

	Not at all	A little bit	Quite a lot	Very much
Understand the feelings of a person with dementia?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Understand the way a person with dementia interacts with the people and the things around them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Engage a person with dementia in a conversation?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Balance the needs of the person with dementia with their relative's wishes and the service's limitations?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use information about their past (such as what they used to do and their interests), when talking to a person with dementia?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Change your work to match the changing needs of a person with dementia?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Protect the dignity of a person with dementia in your work?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Deal with behavior that challenges in a person with dementia?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Decide what to do about risk (such as harm to self or others) in a person with dementia?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Offer stimulation (for the mind, the senses and the body) to a person with dementia in your daily work?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Offer choice to a person with dementia in everyday care (such as what to wear, or what to do)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Engage a person with dementia in creative activities during your normal working day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Would you be interested in potentially participating in a focus group (within the next 6-12 months) aimed at improving dementia education for allied health professionals?**

Yes

No

Please provide email address and/or contact number to liaise with you regarding the focus group

Email Address

Phone Number

## 10.2. FOCUS GROUP QUESTIONS

### Impact of VR training on allied health professional's knowledge and perception of dementia

#### Sample discussion points for Focus Group

- 1) What components of the training were best?
- 2) What was missing from the training session that would have improved your experience?
- 3) Do you believe that VR was a strength or weakness of the delivery of this workshop?
- 4) Are there any other alternate learning approaches (non-VR) that may have been more appropriate for the delivery of this content?
- 5) When you received the training, it was pitched to a mixed audience of different allied health professionals, assistants and students. Was this group training appropriate?
- 6) What could have made the experience more relevant to your profession?
  - physio
  - occupational therapy
  - nursing
  - students
  - etc
- 7) Is there a situation that could have been role-played in the VR experience that would have more closely reflected the experience your profession has when interacting with someone who has dementia?
- 8) Has the training had any effect on your perceptions of dementia?
- 9) Has the training had any effect on your clinical practice when treating a person with dementia?
- 10) Are there any other areas of dementia you would like to learn more about that would assist in your treatment or care delivered to a person with dementia?



### 10.3. ENABLING EDIE RECRUITMENT POSTER

#### **IMPACT OF VIRTUAL REALITY TRAINING ON CLINICIAN KNOWLEDGE AND PERCEPTION'S OF DEMENTIA**



Macquarie University and SESLHD are exploring the use of Virtual Reality (VR) as a training method to improve clinician understanding and treatment for individuals with dementia.

Dementia Australia will be facilitating a number of VR workshops at Prince of Wales Hospital and War Memorial Hospital. The workshop will take approximately one hour and participation will require completion of a short survey before and after the training (immediately after workshop and three months later).



There will also be the opportunity to be involved in future focus groups around virtual reality training for allied health professionals, assistants and nurses.

You may be eligible to participate if you:

- Work with people affected by dementia
- Allied Health Professional or Allied Health Assistant
- Have not received the Enabling EDIE training previously

**If you would like more information or have any questions, please contact:**

**Dr Daniel Treacy (email: [Daniel.Treacy@health.nsw.gov.au](mailto:Daniel.Treacy@health.nsw.gov.au); 9382-2850) or  
Mr Matthew Webb (Matthew.Webb@health.nsw.gov.au; mwebbpt@gmail.com)**



**This study has been approved by the South Eastern Sydney Local Health District Human Research Ethics Committee. Any person with concerns or complaints about the conduct of this study should contact the Research Support Office which is nominated to receive complaints from research participants. You should contact them on 02 9382 3587, or email [SESLHD-RSO@health.nsw.gov.au](mailto:SESLHD-RSO@health.nsw.gov.au) and quote 2019/ETH12158**



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## 10.4. PARTICIPANT INFORMATION AND CONSENT FORM: SURVEY



MACQUARIE  
University  
SYDNEY · AUSTRALIA



Health  
South Eastern Sydney  
Local Health District

### PARTICIPANT INFORMATION SHEET AND CONSENT FORM

#### Impact of virtual reality training on allied health professional's knowledge and perception of dementia.

##### Invitation

You are invited to participate in a research study into the use of Virtual Reality (VR) training to improve the knowledge and perception of allied health and nursing staff treating older patients with dementia.

The study is being conducted by:

Dr Lindsey Brett, Department of Health Professions at Macquarie University.  
Professor Julia Hush, Department of Health Professions at Macquarie University.  
Dr Daniel Treacy, Physiotherapy Department at Prince of Wales Hospital.  
Mr Matthew Webb from the South Eastern Local Health District.  
Mrs Katherine Hood, Occupational Therapy Department at Prince of Wales Hospital.

The study is part of a collaborative study between South Eastern Local Health District and Macquarie University.

Before you decide ~~whether or not~~ you wish to participate in this study, it is important for you to understand why the research is being done and what it will involve. Please take the time to read the following information carefully and discuss it with others if you wish.

#### 1. What is the purpose of this study?

Dementia Australia have developed a virtual reality (VR) training experience called Enabling EDIE (Educational Dementia Immersive Experience). This is a virtual reality experience that enables participants to see the world through the eyes of a person living with dementia.

The purpose is to:

- Determine the appropriateness of using VR training for allied health, nursing staff and students
- Assess whether the EDIE training changes awareness, knowledge or treatment practice in allied health staff or students that partake in the training.
- Utilise feedback to improve current dementia training delivery

#### 2. Why have I been invited to participate in this study?

You have been identified as eligible to participate in this study because you:

- Work regularly (either in a paid position or on placement as a student) with individuals with dementia
- Are Employed as either an allied health profession, allied health assistant or nursing staff within South-East Sydney Local Health District or a current student at Macquarie University's Doctorate of Physiotherapy program.



- Have not previously attended the Enabling EDIE workshop delivered by Dementia Australia.

**3. What does participation in this study involve?**

If you agree to participate in this study you will then be asked to attend the Enabling EDIE workshop delivered by Dementia Australia (free of charge). In order to determine how beneficial this program is, you will be asked to complete 3 short online surveys (less than 10 minutes long) at various time points:

- 1 week prior to your attendance at the workshop
- Immediately after the workshop has completed
- Approximately 3 months after the workshop

These questionnaires will broadly ask questions about your occupation or student status, years of experience, knowledge of dementia, dementia training received to date, changes in attitudes or management of dementia patients following the workshop and general feedback or comments related to VR training and the Enabling EDIE program.

If you agree to participate in this study, you will be asked to sign the Participant Consent Form.

**4. What if I don't want to take part in this study, or if I want to withdraw later?**

Participation in this study is voluntary. It is completely up to you whether or not you participate. Whatever your decision, it will not affect your relationship with SESLHD or Macquarie University now or in the future.

If you wish to withdraw from the study once it has started, you can do so at any time without having to give a reason. However, it may not be possible to withdraw your data from the study results if these have already had your identifying details removed.

**5. How is this study being paid for?**

The study is being paid for by a combination of funding from grants received from the Prince of Wales Hospital Foundation Trust (application number: SEICS4) and the Allied Health Cross Boundary Grant Program (application number: WPL19-00279), and internal district funding from the SESLHD Social Work Department.

**6. Are there risks to me in taking part in this study?**

The only foreseeable risk/s in taking part in this study is the small chance that the VR training can cause feelings of nausea or disorientation in some users whilst using the headset and associated technology. If this occurs, you are encouraged to remove the headset and a member of the research team will be present to monitor you. There is no need to walk whilst wearing the headset, however the immersive nature sometimes means participants walk without intention – although a space will be cleared, there is a small chance of trip hazards or a fall. Once again, a member of the research team will be present to minimize the likelihood of this occurring.



- 7. What happens if I suffer injury or complications as a result of the study?**  
Any injuries or complications will be managed as per the SESLHDPR/276 Injury Management and Recovery Procedure.
- 8. Will I benefit from the study?**  
This study aims to further medical knowledge and it is anticipated that the enabling EDIE workshop will be beneficial to participants and the costs associated will be entirely covered by the research team, meaning it is provided to participants free of charge. It may also indirectly benefit the care received by patients with dementia.
- 9. Will taking part in this study cost me anything, and will I be paid?**  
Participation in this study will not cost you anything, nor will you be paid.
- 10. How will my confidentiality be protected?**  
Any identifiable information that is collected about you in connection with this study will remain confidential and will be disclosed only with your permission, or except as required by law. Only the researchers named above will have access to your details and results that will be held securely on password protected files on South Eastern Sydney Local Health District Physiotherapy secure drive and the Macquarie University secure network.
- Non-identifiable, group results obtained from this study may also be used in future research that extends the work of this study to develop dementia-specific training for health professionals and students.
- 11. What happens with the results?**  
If you give us your permission by signing the consent document, we plan to discuss/publish the results in peer-reviewed journals, presentation at conferences or other professional forums.
- In any publication, information will be provided in such a way that you cannot be identified.
- 12. What should I do if I want to discuss this study further before I decide?**  
When you have read this information, the researcher team will discuss it with you and address any queries you may have. If you would like to know more at any stage, please do not hesitate to contact either:
- Dr Daniel Treacy: [Daniel.Treacy@health.nsw.gov.au](mailto:Daniel.Treacy@health.nsw.gov.au) or (02) 9382 2850
  - Matthew Webb: [Matthew.Webb@health.nsw.gov.au](mailto:Matthew.Webb@health.nsw.gov.au) or 0431 944 084
- 13. Who should I contact if I have concerns about the conduct of this study?**  
This study has been approved by the South Eastern Sydney Local Health District Human Research Ethics Committee. Any person with concerns or complaints about the conduct of this study should contact the Research Support Office which is nominated to receive complaints from research participants. You should contact them on 02 9382 3587, or email [SESLHD-RSO@health.nsw.gov.au](mailto:SESLHD-RSO@health.nsw.gov.au) and quote 2019/ETH12158.



MACQUARIE  
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Health  
South Eastern Sydney  
Local Health District

The conduct of this study at the Prince of Wales hospital and the War Memorial hospital has been authorised by the South Eastern Sydney Local Health District. Any person with concerns or complaints about the conduct of this study may also contact the Research Support Office which is nominated to receive complaints from research participants. You should contact them on 02 9382 3587, or email [SESLHD-RSO@health.nsw.gov.au](mailto:SESLHD-RSO@health.nsw.gov.au) and quote 2019/ETH12158

**Thank you for taking the time to consider this study.  
If you wish to take part in it, please sign the attached consent form.  
This information sheet is for you to keep.**

**CONSENT FORM****Impact of virtual reality training on allied health professional's knowledge and perception of dementia.**

1. I,.....  
of.....  
agree to participate in the study described in the participant information statement set out above (*or: attached to this form*).
2. I acknowledge that I have read the participant information statement, which explains why I have been selected, the aims of the study and the nature and the possible risks of the investigation, and the statement has been explained to me to my satisfaction.
3. Before signing this consent form, I have been given the opportunity of asking any questions relating to any possible physical and mental harm I might suffer as a result of my participation and I have received satisfactory answers.
4. I understand that I can withdraw from the study at any time without prejudice to my relationship to the (*insert or delete as necessary*) **University [name] and the .....Hospital, Research Institute.**
5. I agree that research data gathered from the results of the study may be published, provided that I cannot be identified.
6. I understand that if I have any questions relating to my participation in this research, I may contact Dr .....on telephone....., who will be happy to answer them.
7. I acknowledge receipt of a copy of this Consent Form and the Participant Information Statement.

Complaints may be directed to the Research Support Office, South Eastern Sydney Local Health District, Prince of Wales Hospital, Randwick NSW 2031 Australia (phone 02-9382 3587, fax 02-9382 2813, email [SESLHD-RSO@health.nsw.gov.au](mailto:SESLHD-RSO@health.nsw.gov.au) .

<b>Signature of participant</b> <i>[or person responsible] (insert or delete as necessary)</i>	<b>Please PRINT name</b>	<b>Date</b>
_____	_____	_____
<b>Signature of witness</b>	<b>Please PRINT name</b>	<b>Date</b>
_____	_____	_____
<b>Signature of investigator</b>	<b>Please PRINT name</b>	<b>Date</b>
_____	_____	_____

**Impact of virtual reality training on allied health professional's knowledge and perception of dementia.**

**REVOCAION OF CONSENT**

I hereby wish to **WITHDRAW** my consent to participate in the study described above and understand that such withdrawal **WILL NOT** jeopardise any treatment or my relationship with the (*University...[insert name of university], Hospital or my medical attendants*).

Signature of participant                      Please PRINT name                      Date  
*(or person responsible) (insert or delete as necessary)*

\_\_\_\_\_

The section for Revocation of Consent should be forwarded to **(INSERT name and address of Principal Investigator)**.

**Available Workshop Times**

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**Please rate in order your preferred workshop times. Unfortunately, due to a limited availability of sessions, we cannot guarantee you will receive your preference - but will try to accommodate as best we can. Thank you for your understanding.**

**You will be notified of the session in which you are enrolled as early as possible to the mobile number and email address you provide below.**

Rate (1-10)	Session Details	Rate (1-10)	Session Details
	Session 1: TBC		Session 6: TBC
	Session 2: TBC		Session 7: TBC
	Session 3: TBC		Session 8: TBC
	Session 4: TBC		Session 9: TBC
	Session 5: TBC		Session 10: TBC

**Name:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Mobile:** \_\_\_\_\_



## 10.5. PARTICIPANT INFORMATION AND CONSENT FORM: FOCUS GROUP

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MACQUARIE  
University  
SYDNEY · AUSTRALIA



Health  
South Eastern Sydney  
Local Health District

### PARTICIPANT INFORMATION SHEET AND CONSENT FORM

#### Impact of virtual reality training on allied health professional's knowledge and perception of dementia.

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The study is being conducted by:

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Mr Matthew Webb from the South Eastern Local Health District.

Mrs Katherine Hood, Occupational Therapy Department at Prince of Wales Hospital.

The study is part of a collaborative study between South Eastern Local Health District and Macquarie University.

Before you decide whether or not you wish to participate in this study, it is important for you to understand why the research is being done and what it will involve. Please take the time to read the following information carefully and discuss it with others if you wish.

##### **1. What is the purpose of this study?**

We recently conducted a study surveying attendee of the Enabling EDIE workshop run by Dementia Australia. The research team want to further explore how allied health professions, nursing staff and students found the workshop. This is anticipated to drive improvement in dementia-specific training.

The purpose is to:

- Determine the appropriateness of using VR training for allied health, nursing staff and students
- Utilise feedback to improve current dementia training delivery

##### **2. Why have I been invited to participate in this study?**

You have been identified as eligible to participate in this study because you:

- Work regularly (either in a paid position or on placement as a student) with individuals with dementia
- Are Employed as either an allied health profession, allied health assistant or nursing staff within South-East Sydney Local Health District or a current student at Macquarie University's Doctorate of Physiotherapy program.
- Previously attended the Enabling EDIE workshop delivered by Dementia Australia.



**3. What does participation in this study involve?**

If you agree to participate in this study a single-session 1-hour focus group, 6-12 months following attendance at the workshop to be given the opportunity to elaborate on the enabling EDIE program and discuss its suitability as a training material in allied health and whether there is value in modifying this program to be more relevant to each profession.

This focus group will be conducted by Dr Lindsey Brett and members of the research team. In order to accurately collect the conversations which take part in the focus group, please be aware that audio recording of the focus group will occur. This recording will then be transcribed by a professional transcription service.

If you agree to participate in this study, you will be asked to sign the Participant Consent Form.

**4. What if I don't want to take part in this study, or if I want to withdraw later?**

Participation in this study is voluntary. It is completely up to you whether or not you participate. Whatever your decision, it will not affect your relationship with SESLHD or Macquarie University now or in the future.

If you wish to withdraw from the study once it has started, you can do so at any time without having to give a reason. However, it may not be possible to withdraw your data from the study results if these have already had your identifying details removed.

**5. How is this study being paid for?**

The study is being paid for by a combination of funding from grants received from the Prince of Wales Hospital Foundation Trust (application number: SEICS4) and the Allied Health Cross Boundary Grant Program (application number: WPL19-00279), and internal district funding from the SESLHD Social Work Department.

**6. Are there risks to me in taking part in this study?**

Aside from the time-burden related to taking part in this focus group, there are no foreseeable risks to taking part in this study.

**7. What happens if I suffer injury or complications as a result of the study?**

This study only requires involvement in a focus group, the risk of injury is extremely unlikely. However, if you suffer an injury or complication as a result of this study it will be managed as per the SESLHDPR/276 Injury Management and Recovery Procedure.

**8. Will I benefit from the study?**

This study aims to further medical knowledge and it is anticipated that the focus group will aid in the development of future dementia-specific training for health professionals and students. It is unlikely that you will obtain any specific individual benefit from your involvement.



**9. Will taking part in this study cost me anything, and will I be paid?**

Participation in this study will not cost you anything, nor will you be paid.

**10. How will my confidentiality be protected?**

Any identifiable information or audio recordings that are collected as a result of your involvement in this study will remain confidential and will be disclosed only with your permission, or except as required by law. Only the researchers named above will have access to your details and results that will be held securely on password protected files on South Eastern Sydney Local Health District Physiotherapy secure drive and the Macquarie University secure network. The audio recording will be deleted immediately following transcription and the transcription files will host no individually identifiable data.

**11. What happens with the results?**

If you give us your permission by signing the consent document, we plan to discuss/publish the results in peer-reviewed journals, presentation at conferences or other professional forums. In any publication, information will be provided in such a way that you cannot be identified.

We also plan to use the results of the focus group to guide future research and development of dementia-specific training for health professionals and students.

**12. What should I do if I want to discuss this study further before I decide?**

When you have read this information, the researcher team will discuss it with you and address any queries you may have. If you would like to know more at any stage, please do not hesitate to contact either:

- Dr Lindsey Brett: [lindsey.brett@mq.edu.au](mailto:lindsey.brett@mq.edu.au) or (02) 9850 2487
- Dr Daniel Treacy: [Daniel.Treacy@health.nsw.gov.au](mailto:Daniel.Treacy@health.nsw.gov.au) or (02) 9382 2850
- Mr Matthew Webb: [Matthew.Webb@health.nsw.gov.au](mailto:Matthew.Webb@health.nsw.gov.au) or 0431 944 084

**13. Who should I contact if I have concerns about the conduct of this study?**

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**Thank you for taking the time to consider this study.**

**If you wish to take part in it, please sign the attached consent form.**

**This information sheet is for you to keep.**



CONSENT FORM

**Impact of virtual reality training on allied health professional's knowledge and perception of dementia.**

1. I,.....  
of.....  
agree to participate in the study described in the participant information statement set out above (or: **attached to this form**).
2. I acknowledge that I have read the participant information statement, which explains why I have been selected, the aims of the study and the nature and the possible risks of the investigation, and the statement has been explained to me to my satisfaction.
3. Before signing this consent form, I have been given the opportunity of asking any questions relating to any possible physical and mental harm I might suffer as a result of my participation and I have received satisfactory answers.
4. I understand that I can withdraw from the study at any time without prejudice to my relationship to the ([insert or delete as necessary] **University [name] and the .....Hospital, Research Institute**).
5. I agree that research data gathered from the results of the study may be published, provided that I cannot be identified.
6. I understand that if I have any questions relating to my participation in this research, I may contact Dr .....on telephone....., who will be happy to answer them.
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<b>Signature of participant</b> <i>[or person responsible] (insert or delete as necessary)</i>	<b>Please PRINT name</b>	<b>Date</b>
_____	_____	_____
<b>Signature of witness</b>	<b>Please PRINT name</b>	<b>Date</b>
_____	_____	_____
<b>Signature of investigator</b>	<b>Please PRINT name</b>	<b>Date</b>
_____	_____	_____



**Impact of virtual reality training on allied health professional's knowledge and perception of dementia.**

**REVOCAION OF CONSENT**

I hereby wish to **WITHDRAW** my consent to participate in the study described above and understand that such withdrawal **WILL NOT** jeopardise any treatment or my relationship with the (*University...[insert name of university], Hospital or my medical attendants*).

Signature of participant  
*[or person responsible]*

Please PRINT name  
*[insert or delete as necessary]*

Date

\_\_\_\_\_

The section for Revocation of Consent should be forwarded to **(INSERT name and address of Principal Investigator)**.