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Abstract

Purpose - The benefits of physical activity for people with dementia are well researched, however this population experiences high levels of physical inactivity. An evidence-based online education intervention was developed to address professional knowledge and confidence to facilitate and deliver physical activity opportunities for people with dementia and their unpaid carers. This paper aims to systematically describe the 'Championing Physical Activity for people affected by dementia' (CPA) intervention.

Approach - The Template for Intervention Description and Replication checklist (TIDieR) was used as a best practice guideline for intervention description by reporting key intervention components to support replication and future research.

Findings - TIDieR provided a standardised and systematic way to describe CPA. Key components of CPA were a structured approach to online learning, live sessions with a lecturer in dementia studies, and asynchronous resources/activities to scaffold learning. Content included key concepts (e.g. citizenship and leisure), implementation determinants (e.g. barriers and facilitators), and processes/strategies (e.g. planning and adapting) to design and deliver physical activity sessions with people affected by dementia. Delivered online over a 6-week period, CPA was acceptable for diverse practitioners that may engage people in physical activity.

Originality - This study provides a full description of the CPA intervention, which may be a feasible and effective way to address the knowledge gap in dementia education around physical activity.

Key words

TIDieR checklist; online education; knowledge gap; social citizenship; development and implementation

Background

People engage every day in physical activity through work, sports, household, and other activities defined as 'any bodily movement produced by skeletal muscles that results in energy expenditure'

(Caspersen *et al.*, 1985), but people living with dementia are often marginalised (Nedlund *et al.*, 2019; Watson *et al.*, 2023) and their physical activity related needs unmet (Sport England, 2020). Hence, people living with dementia are more sedentary and less physically active than their peers without dementia (Hartman *et al.*, 2018). The opportunity to be physically active should be part of everyday life for people living with dementia and their unpaid carers (people affected by dementia hereafter) but this is often not the case.

Individual and societal circumstances can mean that many people affected by dementia are unable to routinely participate in physical activity. People living with dementia may depend on support to access physical activity or have no access to meaningful or dementia-inclusive activity (Telenius *et al*., 2022), while unpaid carers might not feel capable of engaging, or opportunities may be hindered by having to prioritise other responsibilities (Clemmensen *et al*., 2021). Alternatively, practitioners in health, sports, leisure and other sectors may lack the knowledge, skills, confidence, time or opportunity to assist people affected by dementia to engage safely or tailor physical activity appropriately (Feenstra *et al*., 2023). There is a need to progress thinking and practice regarding how physical activity might be offered to people affected by dementia to ensure their fundamental rights and freedoms are not eroded. This was the underpinning rationale for developing the education intervention 'Championing Physical Activity for People Affected by Dementia' (CPA).

Without a comprehensive description of an intervention, stakeholders lack key information such as the materials, procedures, contexts and components, and what did or did not work under real world conditions (Cotterill *et al*., 2018). Such contextually sensitive descriptive reporting can help to translate knowledge into routine practice and avoid implementation error (Grimshaw *et al*., 2012). Interventions that are not described in the public domain are often misunderstood, and therefore unlikely to be replicated well (Hoffmann *et al*., 2013; Schaalma & Kok, 2009), contributing to the abundance of research waste through 'the perpetual pilot' (Bégin *et al*., 2009). We prioritised this gap as a necessary first step for intervention development and replication.

Using a standardised format to describe an intervention can significantly improve the quality of reporting (Plint *et al*., 2006). However, reporting tends to focus on 'what works', manifesting in an abundance of literature on 'effectiveness' and a dearth of reporting on the circumstances under which interventions were developed, implemented and evaluated (Bartels *et al*., 2024). The Template for Intervention Description and Replication (TIDieR) (Hoffmann *et al*., 2014) prompts consideration of how and why intervention components were planned and implemented, including adaptations (Hoffmann & Walker, 2015). TIDieR has been used to enhance the quality of reporting on clinical trials and applied health research (Bird *et al*., 2020), including physical activity interventions for people living with dementia (Booth *et al*., 2018; Brown *et al*., 2015) and online health education programmes targeted for practitioners (Poduval *et al*., 2020). Consequently, the aim of this article is to describe the CPA intervention using the TIDieR checklist to support replication and future research.

Methods

The TIDieR checklist consists of 12 items to support systematic detailed descriptions of interventions being reported in the public domain (Hoffmann *et al*., 2014). The team involved in developing, implementing and evaluating a pilot cohort of the CPA course used their knowledge and reflected on their experiences through internal meeting notes, the course tutor's reflective diary and student feedback to define the intervention with regards to each item of the TIDieR checklist.

Course development ran between August 2021 and April 2022, with ethical approval granted by the appropriate ethics panel at the authors' university.

Results

Item 1 - Brief Name

Championing Physical Activity for People Affected by Dementia

Item 2 - Why: Describe any rationale, theory, or objective of the intervention.

Social citizenship, in the dementia context, is the ability that people living with dementia have to maintain an agentic place in the world and the right to live life as they wish (Bartlett & O'Connor, 2010), including the right to participate in leisure if desired. It builds upon earlier work by Kitwood (1997) which prioritised the requirement to focus upon the strengths of individuals living with dementia and utilise all social interactions to do so.

Research by two of this article's authors has shown how participation in physical activity could support the ability of people living with dementia to sustain their sense of place in the world (redacted for review). However, the opportunity to participate in physical activity is often scant or non-existent for people living with dementia. The inequality of opportunity frequently flows from practitioners' own perceptions that they lack the skills, knowledge and confidence to offer physical activity to people affected by dementia (Feenstra *et al*., 2023). The CPA course was anticipated to boost these areas and afford people affected by dementia more equitable opportunity to participate in physical activity.

A set of learning outcomes were identified which were 'constructively aligned' to ensure that learning activities, assessments, and intended learning outcomes were purposefully aligned to enhance the relevance of practitioner's knowledge, skill, and ability (Biggs, 2003). The learning outcomes were to enable students to:

1. Deliver physical activities and exercise which best suit individual wishes/needs, as well as those of everyone in the group.

2. Understand the benefits for people affected by dementia taking part in physical activity including exercise.

3. Understand why unpaid carers can also benefit from being physically active and how they can be engaged in physical activity.

The course contents were divided into five topics as shown in Table 1.

Item 3 - What: Describe any physical or informational materials used, including those provided to participants.

Principles regarding 'what works in dementia education and training' (Leeds Beckett, 2022) were adopted when developing CPA's structure and materials including: delivering content that was relevant and realistic to learners' practice; promoting first-hand experiences from people affected by dementia through specially-produced videos; providing interactive learning activities; and leaving time for discussion assisted by a knowledgeable, skilled, and experienced facilitator. Table 1 provides a description of how each of these were incorporated into the five CPA topics, delivered over a 6-week period, plus information regarding the resources used.

--- Insert Table 1 about here ---

Item 4 - What: Describe the components, procedures and/or activities used.

The CPA course contains three key components:

1. Structured approach to online learning

The contents for each topic were made available on the same day each week to enable students to progress through the course at a set pace and avoid overwhelm. To maximise the educational experience student numbers were limited to 15 per cohort, while online delivery allowed students to participate flexibly in ways suiting their professional schedules. It was anticipated that bringing together students from different sectors, who would not usually come into contact, would offer a range of valuable perspectives and insights, and opportunities for interdisciplinary learning.

2. Live sessions with a lecturer in dementia studies

Weekly live online sessions were facilitated by an experienced educator in dementia and physical activity. Using the same facilitator every week ensured consistency and supported relationship building. Additional guest speakers experienced in the delivery of physical activity with people affected by dementia were invited to the live sessions for topics 3 and 4.

3. Asynchronous activities to scaffold learning

Each topic contained interactive learning activities in the form of experiential exercises aimed at increasing empathy and enhancing theoretical knowledge, with opportunity to debrief and reflect during the live sessions (Surr *et al.*, 2017). Weekly discussion boards encouraged sharing between

students to foster a sense of community. Students had access to additional reading and video resources to facilitate self-guided learning, which could be discussed via the discussion boards and live sessions.

In addition, for the pilot cohort a pre- and post-intervention evaluation approach was used with students to measure changes in the learning outcomes. The results from the evaluation are presented elsewhere (redacted for review).

Item 5 - Who provided: Describe the expertise and role of key organisations and individuals.

Funder: CPA was co-funded by [redacted for review].

Leader: The team who developed, implemented and evaluated CPA was led by a Senior Lecturer in dementia studies with a PhD in dementia and leisure (author 5 – A5). He is also a qualified social worker and sports coach. The CPA project was managed by A5 who convened and chaired project meetings, ensuring the project ran to deadlines.

Team: The wider project team included an Adult Participation Officer from [redacted for review]; a Research Associate in dementia with a PhD in dementia and sports reminiscence, who is a former qualified social worker with experience of facilitating physical activity in an unpaid capacity for people affected by dementia (A2); a dementia practice development coach with professional training in dance movement psychotherapy (A4); a Research Assistant with over 10 years' experience of developing and evaluating dementia education and research programmes (A3); a PhD student in dementia studies and unpaid dementia carer (A1); a person living with dementia with an interest in physical activity; and a family carer who values the importance of people living with dementia remaining physically active.

Development: The CPA course was developed by [redacted for review] in consultation with people affected by dementia and professionals working in settings where people affected by dementia may engage in physical activity (e.g. leisure centre, care home). People affected by dementia were engaged through ongoing consultation and by means of the resources created for the course (e.g.

sharing personal experiences in new video content). All project team members had the opportunity to contribute to the course development, with A5 and A2 taking lead roles based on their doctoral research, wider literature, and consultation with professionals and people affected by dementia. A4, in collaboration with the team, created the structure for the course content. A2, A4, A5, and members of the wider team including people affected by dementia co-created original teaching videos to be embedded in the course. A3 provided key technical support and uploaded the course contents onto the online learning platform.

Consultation: Consultation work was led by A1 who engaged with people affected by dementia, and A2 who consulted professionals.

Implementation: A5 delivered all live sessions and facilitated the discussion boards. A4 supported two live sessions and the adult participation officer from [redacted for review] supported one live session with their specialist areas of knowledge. The range of academic, industry, and personal expertise of dementia and/or physical activity enabled different perspectives to contribute to the CPA intervention.

Users: The team's direct and wider networks were effectively mobilised to purposefully recruit students for a pilot cohort from different professional settings. Thirteen professionals employed in care homes, leisure centres, sports clubs, social housing, and community-based support organisations participated in the pilot course.

Item 6 - How: Describe the implementation of the intervention and the modes of delivery.

CPA was developed as a fully-online group intervention using the Thinkific online learning platform, including live sessions scaffolded by independent study activities. The course included a practice-based learning task for students to implement at their workplaces for people affected by dementia as a key feature of effective dementia education (Surr *et al.*, 2017).

Item 7 - Where: Describe the places and contexts where the intervention occurred, including any enabling or inhibiting factors.

Students were given access to the online learning platform and it was important for them to have an internet connection, personal computer with audio-visual capabilities, and a quiet, private space to use when studying.

Item 8 - When and how much: Describe the frequency of the intervention, over what period of time, including the number of sessions, their schedule, and their duration.

The pilot CPA course was delivered over a 6-week period, with week four being a break for students to undertake their practice-based learning task (Table 1). The other five weeks each included a 1-hour live online group session, with students expected to undertake a further 3-4 hours of independent learning activities such as watching video clips, participating in experiential exercises, reading relevant materials, and taking part in online discussion boards.

Item 9 - Tailoring: Describe any planned personalisation or adaptation to the intervention, including what, why, when, and how.

The CPA content was planned to be flexible, enabling the learning to be tailored for students working in different settings. This was achieved through presenting the underpinning theories and principles regarding physical activity and dementia (e.g. Bartlett & O'Connor, 2010; Brooker, 2004), and facilitating discussions that encouraged students to appreciate how to apply them in their own settings. The practice-based learning task was considered an extension of the intervention into workplaces (e.g. care homes, supported accommodation, sports clubs, and community fitness/leisure centres), therefore students approached the practice-based learning task differently, adapting learning according to the context and focus of their work.

Item 10 - Modifications: Describe unplanned changes to the intervention, including what, why, when, and how.

No modifications were made to the CPA intervention during the pilot course, however based on student feedback and course tutor reflection several changes were made for future course iterations. The changes did not affect the core course content apart from providing more guidance

around a Topic 5 activity to make it easier for students to engage and reflect. Minor modifications were made to the guidance around the discussion board activities in most topics, providing prompts to encourage engagement. Additional resources were included in the 'Reading and resources' sections to highlight new information to help students appreciate the relevance of their work.

Item 11 - How well: Describe whether the intervention fidelity was assessed, including who, how and the results.

While no assessment was made regarding fidelity, the course tutor reflected after each live session, capturing how the course was progressing and whether all content had been covered. This critical reflection identified flexibility within the live sessions that was necessary to react to students' comments and adapt the learning to address any questions raised. No measure of student engagement with course materials was available, but a register was maintained regarding attendance at the live sessions and all students completed the 6-week pilot.

Item 12 - How well: Describe if the intervention was implemented as planned.

When planning the course content an overall structure for each topic was agreed, comprising:

- An overview for the topic
- Video lectures to promote learning around the topic
- Additional video/audio-based learning resources
- Experiential/interactive activities to undertake before the live sessions
- A discussion board topic
- A live online session
- Reading and useful resources

This structure was successfully translated into the online learning platform, and no changes were required. The course tutor monitored discussion board comments and gauged engagement during the live sessions, for example being able to tell if students had not completed an activity. No issues were identified and all live sessions took place as scheduled, indicating the acceptability and

feasibility of the fully-online delivery model combining self-directed learning and live sessions with practitioners from different settings.

Discussion

Increasingly, TIDieR is being used to describe the development of physical activity interventions for people living with dementia (Booth *et al*., 2018; Brown *et al*., 2015), as well as to classify (Baldwin *et al*., 2023) and systematically review them (Di Lorito *et al*., 2022). It was therefore concerning to find a paucity of online dementia education interventions for practitioners being described according to best practice (Craig *et al*., 2013).

The TIDieR checklist provided a standardised framework for comprehensively describing the development and delivery of CPA. Such educational interventions are often complex, comprising multiple and interacting components and contexts, so it was important to pin down CPA's key components, clarify how, where, and by whom these were delivered, and if they required tailoring and modifying to different circumstances during and/or after implementation. These 'active ingredients' developed not only an understanding of why and how the intervention worked (Morrow *et al*., 2022; Riley *et al*., 2008) but also, by extension, an initial evidence base for effectiveness and replication (Möhler *et al*., 2015). Additionally, the development of most interventions is not reported, so this study provides valuable and rare information regarding this process.

A key implementation determinant for the CPA intervention was a skilled and experienced lecturer to provide support and reassurance, and facilitate opportunities for discussion and reflection that can help bridge the gap between classroom education and real-world practice (Hatlevik, 2011; Surr *et al*., 2017). Online delivery enabled students to complete learning alongside existing job responsibilities, which has particular potential for CPA as a mode of training in contexts where resourcing is problematic and work-based inequities are concentrated. However, as best practice for online dementia education for practitioners is a developing area (Smith *et al*., 2019) that has been forcibly accelerated since the pandemic, it is acknowledged that the strategies used in the CPA course may not be the most effective for online learning.

The use of learning materials presenting the lived experience of people affected by dementia promotes empathy, which is fundamental to person-centred care (Brooker, 2004), was also key because it encouraged practitioners to recognise and accept a person's reality. In turn, empathy supports recognition that a person might need a different or personalised approach to enable them to take part in physical activity (Alzheimer's Society, 2017). A further consideration is the value of framing physical activity within leisure (redacted for review), and dementia care within social citizenship (Bartlett & O'Connor, 2010), encouraging students to develop a holistic understanding of the barriers and benefits of leisure, such as the importance of enjoyment and identity (redacted for review). Leisure therefore has powerful potential as an educational context that promotes both person-centred and social citizenship approaches, thereby decoupling stereotypical connections between exercise, physical health, and a biomedical model of deficit and disease.

Limitations

Not by design, all students recruited to the course were female. Rather than simply attributing this to the gender imbalance in health and social care, further exploration would be of interest and contribute to the evidence about gender interactions and identities in dementia care practice (Bartlett *et al.*, 2018). It was intended that all students would deliver activities with people affected by dementia as part of the course, however several did not work directly with this population and so could not complete the practice-based learning component. Finally, as implementation outcomes were not measured, the indications presented in this article require evaluation.

Conclusion

In this article we described the development and piloting of a dementia education intervention that was accepted by diverse professional groups who may engage people affected by dementia in physical activity. The application of the TIDieR checklist enabled key characteristics associated with the CPA intervention to be described, filling a gap in the literature. This article indicates that the CPA intervention may be feasible and effective at developing key capabilities (i.e., skill, confidence, knowledge) in different contexts where physical activity may be provided for people affected by

dementia (e.g. housing, healthcare, sport), however further evaluation is required. Nonetheless, the reporting offers valuable first-look evidence that can be used to test, explain, refine, and replicate the CPA intervention.

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Disclosure of interests

The authors declare that they have no competing interests.

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Tables

Table 1: Description of the content and resources included within each CPA topic

Week	Topic	Description	Existing materials

1	Topic 1: Introduction to dementia and physical activity: key terms and topics	• Discussion board to get to know fellow students.
		• Definitions of key words and topics around dementia and the brain, quality of life, physical activity, and leisure.
		  ○ Original film materials were created by the research team and used alongside materials previously created by the [redacted for review] capturing the views of people with lived experience of dementia.
		  ○ Publicly available films as per the existing materials column.
		• An experiential 'star and mirror' activity to appreciate how people living with dementia may feel.
		• A live session facilitated by the course lead.
		• Reading and useful resources directing students to publicly available existing materials.
			• Alzheimer's Research UK film – What is dementia?
			• Alzheimer's Society films – How does the brain work? What is dementia? What is vascular dementia? What is Alzheimer's disease? What is frontotemporal dementia? What is dementia with Lewy bodies?
			• Dementia Friends website
			• DEEP language guide
			• Alzheimer's Research UK and The Health Partnership report – Dementia and sport: research priorities for the future
			• Alzheimer's Society factsheets
			• NHS advice on exercise
			• NHS physical activity guidelines for older adults

2	Topic 2: Barriers and facilitators to physical activity for people affected by dementia	• Importance of assets/strengths-based approach and understanding the significance of an individual's life story.
		  ○ Original film materials were created by the research team and used alongside materials previously created by the [redacted for review].
		  ○ Publicly available films as per the existing materials column.
		• An activity to reflect on the role of physical activity in the student's own life.
		• Discussion board regarding the practice-based learning activity.
		• A live session facilitated by the course lead.
		• Reading and useful resources directing students to publicly available existing materials.
			• We Are Undefeatable films – Tommy's story; Julie and Peter's story
			• Dementia Diaries – Agnes Houston
			• Alzheimer's Research Association film – Former Ballerina with Alzheimer's Performs 'Swan Lake' Dance
			• Pepper, A. & Harrison Dening, K. (2023) Dementia and communication, British Journal of Community Nursing, 28(12)
			• Moving Medicine website and infographics about physical activity and the importance of being active when you have dementia
			• Department of Health and Social Care report – Nothing Ventured, Nothing Gained: risk guidance for people with dementia

3	Topic 3: Planning and implementing physical activity with people affected by dementia	• Practicalities, including planning a physical activity session, thinking about the space/environment, warm up and cool down, use of movement 'props' and understanding risk assessments and positive risk taking.
		  ○ Original film materials were created by the research team and used alongside materials previously created by the [redacted for review].
		  ○ Publicly available films as per the existing materials column.
		• An experiential activity to join in with movement exercises.
		• Discussion board to share students' own session plans and gain peer feedback.
		• A live session facilitated by the course lead.
		• Reading and useful resources directing students to publicly available existing materials.
			• IDEAL Programme film – What does it feel like if people don't allow you to take risks?
			• Martin Clark film – You said you liked the dancing
			• DementiaGo film – Physical activity classes for people living with dementia and their carers in Gwynedd
			• Make your Move films – optional activity to explore the video library
			• Active Herefordshire and Worcestershire film – Exercises to support your health and wellbeing
			• Department of Health and Social Care report – Nothing Ventured, Nothing Gained: risk guidance for people with dementia
			• Just Move! guide – Physical Activity and Exercise Ideas for People Living with Dementia

4	Break: Practice-based learning activity	There was no teaching content this week, to enable students to implement their learning by facilitating a physical activity session in their chosen setting.	

5	Topic 4: Reflecting on practice-based learning activity, and the importance of unpaid carers	• The use of reflective practice to continually develop one's skills.
		  ○ Original film materials were created by the research team and used alongside materials previously created by [redacted for review].
		  ○ Publicly available films as per the existing materials column.
		• An experiential activity to reflect on the psychological family.
		• Discussion board to share experiences of delivering the practice-based learning activity.
		• A live session facilitated by the course lead.
			• We are Undefeatable film – Mohan's story
			• Life Changes Trust film – Aberdeen FC Community Trust

		• Reading and useful resources directing students to materials previously created by the [redacted for review].	

6	Topic 5: Evaluating physical activity sessions, next steps, and building a Community of Practice	• Understanding aims, outcomes and measures, to support students to plan and carry out their own evaluations of activity sessions.
		  ○ Original film materials were created by the research team and used alongside materials previously created by the [redacted for review].
		  ○ Publicly available films as per the existing materials column.
		• Discussion board to share next steps and ideas for staying in touch as a community of practice.
		• A live session facilitated by the course lead.
		• Reading and useful resources directing students to publicly available existing materials.
			• Red Café Mumbles film – Love, Loss and Laughter, Seeing Dementia Differently
			• We Are Undefeatable film – Julie and Peter's story
			• Evaluation Support Scotland guide – Reflective Practice
			• Alzheimer's Society – Dementia Experience Toolkit
			• Active Herefordshire and Worcestershire – Physical Activity Readiness Questionnaire