increase awareness and empathy when treating and relating to individuals in this patient group. In particular, it addressed issues relating to staff fears and anxieties when caring for this group.

**Designing the education package**

Before the questionnaire was drawn up, the content and aims of the training course were decided. How the course was designed is set out below.

Using focus groups and semistructured interviews, we sought the views of people with learning disabilities, their carers and clinicians in both general and learning disability services about existing acute healthcare provision for this group and how it could be improved. Seven themes emerged from these discussions (Box 1) and the education programme was built around them. Underpinning these themes were key principles of rights, inclusion, choice and independence, as highlighted in the DH (2001) report *Valuing People*. These findings were used as a basis for training courses for Hertfordshire district general hospital staff.

As well as examining key professional and legislative requirements in supporting vulnerable people in hospital, the package aims to develop participants’ empathy and reflection about the lived experiences of having a learning disability and being in a general hospital setting. The training will involve people with learning disabilities and carers (both paid and unpaid), and a learning disability specialist nurse jointly facilitates the session.

**Assessing participants’ attitudes**

To establish whether the education package brings about a change, we developed a questionnaire to measure participants’ attitudes.

The themes in Box 1 provided frameworks for both the training session and the attitude questionnaire. Incorporating these themes ensured the questionnaire was designed to measure the attitudes that the education was developed to address.

We asked staff to fill in the questionnaire before participating in training and six weeks after completing the programme. We chose a six week period before retesting to reduce the likelihood of participants recalling their responses from the baseline questionnaire.

Hertfordshire Research Ethics Committee gave ethical approval for the study.

**Stages of questionnaire development**

As literature searches found no validated tools for measuring acute clinicians’ attitudes towards general hospital care for people with learning disabilities, a self report questionnaire was designed specifically for this study. Individual questions from scales identified in the literature search were adapted to this patient group in general hospital settings, and further questions were generated by the research team to form a pool of questions covering the seven themes that had been identified as important.

The first draft of the questionnaire contained 45 items with which respondents were asked to rate their degree of agreement using a five point Likert scale. This first draft was critiqued by a group of 12 healthcare staff working at an epilepsy centre, who were experienced in supporting people with learning disabilities with additional physical health needs. Items reported to be ambiguous or confusing, or those that uniformly attracted maximum scores (that is, showed a “ceiling” effect) were discarded; for example, “all patients with a severe learning disability can be expected to display behaviours that challenge”. Participants’ difficulty in answering the questions without knowing the level of learning disability was discussed at length. We therefore decided to frame the questions within the boundaries of “severe learning disabilities”. The research team felt the principles of the education package and associated attitude measurement, when directed towards the care of those with more severe intellectual disabilities, could be transferred to all people in this group.

The second draft, containing 22 items, was administered to 30 members of nursing staff (healthcare assistants, staff nurses and nurse team managers) at a hospital in a neighbouring county. This was to prevent any biasing the hospital staff recruited in Hertfordshire who would be undertaking the training.

Group discussions with respondents identified further anomalies and potential inconsistencies in the questionnaire, which were then amended. A request for demographic information (such as gender, age, occupation and work setting) was also included at this stage.

The final version of the Attitudes of Secondary Healthcare Personnel Toward People with Severe Learning Disabilities (ASH-LD) questionnaire contains 18 items that are short and focused, using uncomplicated, familiar wording to promote uniform understanding (Box 2 shows a section of the questionnaire). Respondents are asked to indicate their degree of agreement with each item. Half the items are positively phrased and half are negatively phrased to avoid acquiescent response sets—a form of bias where people tend to agree with statements regardless of content. Scoring is reversed for the positively phrased questions, so that a higher total score indicates a more positive attitude.

All seven themes from Box 1 are represented, thereby supporting content validity. A basic description of what is meant by the term “severe learning disability” is included for reference.

All data collected is anonymous. Participants will be asked to provide their own anonymity code so that their questionnaire scores before and after training can be matched.

**QUESTIONNAIRE ADMINISTRATION**

The ASH-LD will be administered to general hospital healthcare staff who attend the training day. A short script will be read out at the start of each training session to ensure consistency in its administration and to stress that responses are confidential to maximise reliability.

The education facilitator will highlight the importance of completing the questionnaire from a truthful “personal” position and not from the “expected professional” perspective. It will also be stressed that it is not designed to examine “correctness” of responses.

On completing the questionnaire, attendees will be given the opportunity to not hand it in as, by returning the questionnaire, it will be assumed that consent for participation has been given. At the end of the course, participants will...