

AGHE Biblio Brief

Articles in Gerontology and Geriatrics Education on Dementia Education

EXPERIENTIAL AND SERVICE LEARNING

Long, E. M., & Gummelt, G. (2020). [**Experiential service learning: Building skills and sensitivity with Kolb's learning theory**](#). *Gerontology & Geriatrics Education*, 41(2), 219–232.

Preparing a healthcare workforce able to respond to the growing complexity of health issues facing older adults is a critical issue for interprofessional educators. Students are in need of experiences promoting confidence and skill in communicating with older adults with cognitive issues. Student emotional and cognitive responses to an interprofessional Music and Memory® project in long term care facilities were evaluated. Forty-eight students met with assigned adults weekly to develop personalized music playlists and complete a journal entry. Student participants demonstrated improved interpersonal connections, enhanced professional skills, and increased empathy toward clients. Results are explored within the context of Kolb's Learning Theory and application of the evaluation outcomes for interprofessional education

Heuer, S., Douglas, N., Burney, T., & Willer, R. (2020). [**Service-learning with older adults in care communities: Measures of attitude shifts in undergraduate students**](#). *Gerontology & Geriatrics Education*, 41(2), 186–199.

Background: Clinicians' attitudes toward older adults can influence the quality of the care they provide. The purpose of this study was to demonstrate how to measure the impact of service-learning on undergraduate healthcare students' attitudes toward elders and people with dementia using a theory-grounded qualitative and quantitative assessment, beyond the commonly used pre-test/post-test model. Methods: One-hundred forty-five undergraduate students across two midwestern universities participated in service-learning experiences in a long-term care or assisted living environment during one semester. Students completed the Dementia Attitudes Scale (DAS) before they began service-learning and at the end of the experience. Students also completed reflective journal entries throughout their experiences. Results: Significant, positive changes in knowledge and comfort were noted in ratings from pre-to post-assessment on the DAS. Of the 4165 sentences produced by students in three analyzed journal entries, 2045 (49%) reflected the Awareness-Application Attitude theoretical framework. For the first journal entry, the proportion of positive attitude statements was significantly lower than that for neutral and negative statements while the reversed effect was observed for the last journal entry. Conclusions: Service-learning is an evidence-based pedagogy associated with positive attitude shifts for undergraduate students.

Han, A., Park, M., Kim, S., Hong, H., & Choi, E. (2020). **The use of motivational interviewing during an interdisciplinary service-learning activity for older adults at risk for dementia**. *Gerontology & Geriatrics Education*, 41(2), 206–218.

This study aimed to develop a service-learning program based on motivational interviewing for older adults living alone and at risk for dementia. This paper focused on description and implementation of the developed program and students' preliminary outcomes as a mixed-methods pilot study.

Participants were nine students in occupational therapy, physical therapy, and social work and three older adults matched to each of the three interdisciplinary student groups. Students' attitudes about community service improved. Also, participation in the program was regarded as a new useful experience that helped in realizing the importance of interprofessional collaboration, expanding knowledge about other disciplines, contributing to the community and professional development, and understanding older adults living alone. Future study should include a larger sample size and measure the program's effectiveness for both the students and older adults.

Frausing, K. P., & Stamp, A. S. (2019). **Making a difference: Students' experiences with a dementia care program**. *Gerontology & Geriatrics Education*, 1–14. Online first.

As the number of elderly citizens in general and the number of persons with dementia in particular rises, the importance of educating geriatric health care professionals increases. Recruitment is, however, impaired by negative stereotypes and insecurity. Previous research has shown that contact with the field of dementia care is important for students' motivation for choosing this career path. This paper presents an extracurricular psychomotor intervention program in which students through eight visits to elderly persons with dementia carry out an intervention involving direct individual contact. Eight psychomotor therapy students participated in follow-up focus group interviews. The purpose was to explore the motivational dynamics that make these experiences meaningful to students. Qualitative analysis of the students' self-assessed outcomes revealed three themes: The relational encounter, Discovering the person, and Making a difference. In combination these themes show important nuances to existing literature on student career dreams by pointing to the benefits of attending to the moment to moment changes in the care situation.

Lee, L., Weston, W. W., Hillier, L., Archibald, D., & Lee, J. (2018). **Improving family medicine resident training in dementia care: An experiential learning opportunity in primary care collaborative memory clinics.** *Gerontology & Geriatrics Education*, 1–16. Online first.

Family physicians often find themselves inadequately prepared to manage dementia. This article describes the curriculum for a resident training intervention in Primary Care Collaborative Memory Clinics (PCCMC), outlines its underlying educational principles, and examines its impact on residents' ability to provide dementia care. PCCMCs are family physician-led interprofessional clinic teams that provide evidence-informed comprehensive assessment and management of memory concerns. Within PCCMCs residents learn to apply a structured approach to assessment, diagnosis, and management; training consists of a tutorial covering various topics related to dementia followed by work-based learning within the clinic. Significantly more residents who trained in PCCMCs (sample = 98), as compared to those in usual training programs (sample = 35), reported positive changes in knowledge, ability, and confidence in ability to assess and manage memory problems. The PCCMC training intervention for family medicine residents provides a significant opportunity for residents to learn about best clinical practices and interprofessional care needed for optimal dementia care integrated within primary care practice.

Lorio, A. K., Gore, J. B., Warthen, L., Housley, S. N., & Burgess, E. O. (2017). **Teaching dementia care to physical therapy doctoral students: A multimodal experiential learning approach.** *Gerontology & Geriatrics Education*, 38(3), 313–324.

As the population aged 65 and older grows, it becomes imperative for health care providers to expand their knowledge regarding geriatric conditions and concerns. Dementia is a devastating degenerative disease process that is affecting millions of individuals in the United States, with significant economic and emotional burden on family and caregivers. The need for further dementia education in physical therapy school is essential to improve attitudes and treatment that affect patient outcomes and quality of care. This physical therapy program implemented a 12-hour multimodal experiential learning module designed to educate their students on the challenges associated with dementia to increase knowledge and confidence when treating these patients. The results of this study showed statistically significant improvements in overall confidence and knowledge of treating patients with dementia. The study finds the addition of experiential learning to traditional didactic coursework improves students' reported confidence in working with patients with dementia and understanding the challenges associated with treating patients with dementia.

Lambert-Shute, J.J., Jarrott, S.E., & Fruhauf, C.A. (2004). **Service-learning at dementia care programs: An orientation and training program.** *Gerontology & Geriatrics Education*, 25(1):19-35.

The present paper describes a project that addresses the unique challenge service-learners face at dementia care programs. The project was conducted in conjunction with two courses on aging that offer students a service-learning (S-L) option at a university adult day service (ADS) program that accepts service-learners from these courses. The intervention consisted of two elements: (a) an orientation and followup sessions in which students learned about the causes of dementia, the behavioral characteristics exhibited by persons with dementia, and the best methods of interacting effectively with cognitively impaired persons; and (b) a structured scrapbook project for service-learners to exercise their new knowledge and skills. The authors designed the project to increase students' comfort in the dementia care setting and to facilitate students' knowledge of the elderly. The following sections describe the project and its procedures, benefits, and challenges. Recommendations for continuing the project and for adapting the project to other dementia sites are provided.

Fruhauf, C. A., Jarrott, S. E., & Lambert-Shute, J. J. (2004). **Service-learners at dementia care programs: An intervention for improving contact, comfort, and attitudes.** *Gerontology & Geriatrics Education*, 25(1), 37-52.

Service-Learning can be a rewarding and challenging experience for students. One of the rewards for students can be the connection between their course work and real life experience. However, students interacting with populations with which they have limited prior experience face unique challenges. We developed a training program designed to facilitate comfort with older adults who have dementia for service-learners in a gerontology course who were serving at an Adult Day Services (ADS) program. Students in the course completed preand post-surveys assessing level of contact with older adults and attitudes on aging. Service-learners serving at the ADS comprised the treatment group ($n = 5$) while those serving at other S-L sites made up the control group ($n = 11$). Independent and paired sample t-tests indicated that the training program contributed to intra-individual and group differences in comfort working with older adults and with adults who are cognitively impaired. Differences in attitudes about older adults were also identified. Implications for adult development courses involving S-L at dementia care programs are discussed.

PROGRAMS AND PRACTICE

Lee, L., Hillier, L. M., & Weston, W. W. (2020). **“Booster Days”: An educational initiative to develop a community of practice of primary care collaborative memory clinics.** *Gerontology & Geriatrics Education*, 41(1), 4–19. Online first.

This study explores the value of a Booster Day education initiative for clinicians working in interprofessional Primary Care Collaborative Memory Clinics (PCCMC) to share updates in dementia care, challenging cases, key lessons learned, and best practices, as a mechanism to foster learning and support the PCCMC Community of Practice (CoP). Between 2010 and 2016, 17 annual Booster Days were delivered to health professionals who completed the PCCMC training program. All participants were invited to complete an evaluation survey in which they identified the ways in which the sessions have been helpful; 89% (1361/1530) completed surveys. The Booster Days were valued as opportunities for networking to learn from other clinicians, fostering a sense of community, learning new information, learning to support practice improvements, and team building. An annual Booster Day that incorporates active participant engagement, information sharing, and networking may effectively support CoPs, learning, team building, and practice change within interprofessional teams.

You, M.-L., Ploeg, J., Kaasalainen, S., & Martin, L. S. (2020). **Healthcare professionals’ perceptions of P.I.E.C.E.S. education in supporting care delivery for older adults with responsive behaviours of dementia in acute care.** *Gerontology & Geriatrics Education*, 41(1), 32–51.

Introduction: In acute care settings persons with dementia often use responsive behaviours such as yelling and hitting as a meaningful mode of communication. Staff dementia care education programs such as **P.I.E.C.E.S.** may help to address these gaps in care. **P.I.E.C.E.S.** is a holistic clinical assessment framework that focuses on **P**hysical, **I**ntellectual, and **E**motional health, **C**apabilities of an individual, and the living **E**nvironment of a person and the **S**ocial being. **Aims:** The aim of this interpretive descriptive study was to explore the perceptions of healthcare professionals of **P.I.E.C.E.S.** and recommendations to enhance its uptake. **Methods :** A total of 15 healthcare professionals from acute medical settings in a hospital in Ontario participated in face-to-face, semi-structured interviews. Experiential thematic and secondary data analyses were performed. **Findings:** **P.I.E.C.E.S.** had many positive perceived impacts such as promoting interdisciplinary collaboration. However, participants reported that it was challenging to sustain **P.I.E.C.E.S.** in practice which led to a tapering off of it approximately one year post-education. A barrier to applying **P.I.E.C.E.S.** was limited time. **Conclusions :** Findings indicate the need for educational reinforcements and sustainability strategies for dementia care programs in acute care settings. Organizations should implement regular interdisciplinary meetings to provide opportunities for staff to apply **P.I.E.C.E.S.** [Learn more about **P.I.E.C.E.S.**](#)

O'Connell, B., Guse, L., & Greenslade, L. (2020). **Does restructuring theory and clinical courses better prepare nursing students to manage residents with challenging behaviors in long-term care settings?** *Gerontology & Geriatrics Education*, 41(1), 85–99.

Bachelor of Nursing students (BN) placed in long-term care encounter residents who exhibit challenging behaviors. Students are often inadequately prepared to manage these behaviors, and this is a source of distress for students. This study explored whether enhancing and restructuring theoretical and clinical courses resulted in student nurses feeling better prepared to manage residents' challenging behaviors and improve their levels of distress. This study was conducted in two phases with 116 BN students (first phase) and 99 students (second phase) where the course on older adults was restructured. The findings of this study indicated that students who felt less prepared experienced greater distress by residents' behaviors than those who felt better prepared. Scheduling a theoretical course on the care of older adults prior to the clinical course placement, as well as offering an online learning module focused on responsive behaviors, significantly increased students' feelings of preparedness to manage residents' complex behaviors.

Guerrero, L. R., Eldridge, C., & Tan, Z. S. (2020). **Competency-based training for in-home supportive services providers of consumers with ADRD.** *Gerontology & Geriatrics Education*, 41(1), 121–132.

The In-Home Supportive Services (IHSS) program in California provides direct care for low-income seniors and people with disabilities. Yet, the vast majority of these workers receive little to no training in caring for consumers, especially those with Alzheimer's disease and related dementias (ADRD). We developed and implemented a competency-based training program for IHSS caregivers who provide care for persons with ADRD. The 10-week, 35-hour program consisted of training modules with topics ranging from roles and rights of the care recipient to assisting with personal hygiene, with a focus on managing ADRD-related behaviors. The in-person training was delivered in English and Spanish to two cohorts of 30 IHSS workers each. Fifty-seven participants completed the training program; the majority in both trainings were female (79%) and self-identified as Latina (70%). There were statistically significant gains post-intervention in overall confidence in caregiving skills and knowledge among all participants.

Cowan, T. L. (2019). **College students' and community members' attitudes toward dementia: The impact of Dementia Friends sessions.** *Gerontology & Geriatrics Education*, 1–10. Online first.

Background : Negative attitudes toward dementia can delay care and diagnosis, increase social isolation, and limit recognition of the positive attributes of people living with dementia. The purpose of this project was to explore whether Dementia Friends sessions affected attitudes toward people living with dementia. Dementia Friends is a program which includes basic information about dementia that was developed by the Alzheimer's Society in the United Kingdom and is now offered in the United States.

Participants : For this study, 101 adults ages 18 years and older were recruited from local universities and the surrounding community in northern Minnesota. The participants were asked to participate in a one-hour Dementia Friends information session and complete the Dementia Attitudes Scale (DAS) immediately before and after the session. The sample was divided into two sectors (university student or non-student).

Results : Eighty participants completed the DAS, and statistically significant positive changes occurred in pre and posttest scores. Both social comfort and dementia knowledge, the two factors measured by the DAS, showed statistically significant positive increases. No correlations were observed between the mean score change and age or sector.

Implications : These findings suggest that participation in Dementia Friends information sessions can positively affect participants' attitudes toward dementia. [Learn more about Dementia Friends.](#)

Tompkins, C.J., Ihara, E.S., Inoue, M., Ferenz, J. & Pham, S. (2019). **A web-based training program for direct care workers in long-term care communities: Providing knowledge and skills to implement a music and memory intervention.** *Gerontology & Geriatrics Education*, Online First.

As dementia increases and the availability of at-home caregivers decreases, the need grows for effective training for direct care workers. Direct care workers have demanding schedules with restrictive availability and lack professional incentives to pursue specialized training. This study explored the impact of the *Mason Music & Memory Initiative (M³I)*, a web-based, micro-learning training for direct care workers, combined with the implementation of the Music & Memory intervention. The training provided a foundational understanding of dementia and the person-centered music intervention. Twenty-five direct care workers, across two long-term care communities, completed the training modules over four weeks. All participants completed a pre- and posttest, determining their knowledge and understanding of dementia and the Music & Memory intervention adopted by their facilities. Many workers found the training to be informative and inspiring, noting improved behaviors in residents during the implementation of the M3I. [Learn more about Mason Music & Memory Initiative](#)

Karlin, B. E., Young, D., & Dash, K. (2017). **Empowering the dementia care workforce to manage behavioral symptoms of dementia: Development and training outcomes from the VOICE Dementia Care Program.** *Gerontology & Geriatrics Education*, 38(4), 375–391.

Nonpharmacological approaches for managing behavioral symptoms of dementia remain widely underutilized, due in part to near-universal training needs reported by dementia caregivers in recent research. This article examines the development, core components, and initial outcomes of an evidence-informed, competency-based training program in the prevention and management of behavioral symptoms of dementia among care managers and nurses within an aging services system. The Vital Outcomes Inspired by Caregiver Engagement (VOICE) Dementia Care Training Program was developed based on identification of state-of-the-art approaches to managing behaviors through expert review of the literature and structured needs assessment. Results reveal robust improvements in knowledge, attitudes, and self-efficacy among training participants, with largest effect sizes ($d = 1.8$) on domains of knowledge and self-efficacy to manage behaviors. Findings support the feasibility and effectiveness of training in improving the abilities and confidence of aging services providers in dementia care and, specifically, in the nonpharmacological management of dementia-related behaviors.

Goodenough, B., Fleming, R., Young, M., Burns, K., Jones, C., & Forbes, F. (2017). **Raising awareness of research evidence among health professionals delivering dementia care: Are knowledge translation workshops useful?** *Gerontology & Geriatrics Education*, 38(4), 392–406.

Providing information about the latest research via educational sessions to health professionals caring for people with dementia may be insufficient to drive change. This project explored self-reported impacts on practice change of adding information about knowledge translation (KT) to a national dementia education program. Six national workshop days were held. Each provided the option of participating in a Principles of KT and innovation implementation seminar in addition to a clinical topic update (sexualities and dementia, or managing behavioral and psychological symptoms of dementia). Six months postworkshop, 321 participants were invited to complete a research utilization survey. Seventy-five responded. KT seminar participants were more likely to report instrumental outcomes (e.g. changed policies, procedures) than those who did not participate in the KT seminar. Including KT information in educational sessions for health professionals may increase the likelihood of practice change in the field of dementia care and warrants further research.

Chang, C., Callahan, E. H., Hung, W. W., Thomas, D. C., Leipzig, R. M., & DeCherrie, L. V. (2017). [**A model for integrating the assessment and management of geriatric syndromes into internal medicine continuity practice: 5-year report.**](#) *Gerontology & Geriatrics Education*, 38(3), 271–282.

A geriatric ambulatory curriculum was created to improve internal medicine residents' care of geriatric patients. Second-year residents met for a 3-hour session weekly for 4 consecutive weeks during a block rotation with faculty geriatricians for a curriculum focused on dementia, falls, and urinary incontinence. After a 1-hour case-based didactic session, residents applied learned content and concepts to patient consultations. Consultative encounters were precepted by faculty and shared with the team. After completing our curriculum, residents reported knowledge acquired and enhanced evaluation and management skills of these three syndromes and were more likely to use all recommended screening tests in future practice. This article describes the process and strategies guiding development of a successful ambulatory geriatric curriculum model that can be embedded into preexisting internal medicine clinics to help future internists to better manage these and other common geriatric syndromes.

Stern, R. A., D'Ambrosio, L. A., Mohyde, M., Carruth, A., Tracton-Bishop, B., Hunter, J. C., Daneshvar, D. H., & Coughlin, J. F. (2009). [**At the Crossroads: Development and evaluation of a dementia caregiver group intervention to assist in driving cessation.**](#) *Gerontology & Geriatrics Education*, 29(4), 363–382.

Deciding when an individual with dementia must reduce or stop driving can be a stressful issue for family caregivers. The purpose of this study was to develop a group intervention to assist these caregivers with driving issues and to provide a preliminary evaluation of the comparative effectiveness of this At the Crossroads intervention. Participants were randomized to one of three arms: (1) active intervention (four 2-hour manualized educational/support group meetings; n = 31); (2) written materials only (participants received written materials after a pretest; n = 23); and (3) control (participants received written materials after a posttest; n = 12). Participants were administered a battery of self-report and interview-based questionnaires at baseline and again 2 months later. At follow-up, the active intervention group scored significantly better than both other groups on key outcome variables, including self-efficacy, communication, and preparedness. The At the Crossroads caregiver intervention appears to effectively provide education and support needed for caregivers to address driving-related issues with their loved ones. [**Learn more about At the Crossroads.**](#)

O'Connor, M. G., Kapust, L. R., & Hollis, A. M. (2008). [DriveWise: An interdisciplinary hospital-based driving assessment program](#). *Gerontology & Geriatrics Education*, 29(4), 351–362.

Health care professionals working with the elderly have opportunities through research and clinical practice to shape public policy affecting the older driver. This article describes DriveWise, an interdisciplinary hospital-based driving assessment program developed in response to clinical concerns about the driving safety of individuals with medical conditions. DriveWise clinicians use evidence-based, functional assessments to determine driving competence. In addition, the program was designed to meet the emotional needs of individuals whose driving safety has been called into question. To date, approximately 380 participants have been assessed through DriveWise. The following report details the DriveWise mission, DriveWise team members, and road test results. We continue to refine the assessment process to promote safety and support the dignity and independence of all participants. The DriveWise interdisciplinary approach to practice is a concrete example of how gerontological education across professions can have direct benefits to the older adult. [Learn more about DriveWise](#).

Cook, S., Brauner, D., Baron, A., & Sachs, G. (2004). [Improving medical care of persons with Alzheimer disease through clinical teaching: The IMPACT program](#). *Gerontology & Geriatrics Education*, 24(3), 9–21.

The purpose of this project was to develop, implement, evaluate, and disseminate an educational program on ethics and the primary care of patients with dementia for residents. Pre/post-rotation self-confidence measure, a post-rotation assessment of the importance of and achievement of the program's goals, and a post-rotation evaluation of the program were administered. Significant increases in residents' confidence in performing the programmatic clinical goals and in overall confidence were found. Program goals were met, and components of the program were rated highly. We found that a well-designed ethics curriculum can be successfully implemented within a clinical rotation for medicine residents and have a positive impact on the quality of the educational experience as well as on their confidence in performing relevant clinical management behaviors.

Ruckdeschel, K., & Van Haitsma, K. (2004). [A workshop for nursing home staff recognizing and responding to their own and resident's emotions](#). *Gerontology & Geriatrics Education*, 24(3), 39–51.

An appreciation for the emotion work required of nursing home staff suggests that caregiver education should address the skills of emotional intelligence. Although the number of training efforts geared toward paraprofessionals is growing, few programs address caregivers' emotional skills, and fewer still have their roots in research. After providing background on resident-centered care, caring for the caregiver, and emotions in dementia, this paper describes a research-based workshop that promotes nursing home staff's skills in emotional intelligence. The first segment of the workshop introduces the importance of being aware of one's feelings and controlling impulses, and discusses how to manage one's own emotions. The second segment focuses on recognizing residents' emotions and helping residents manage their emotions.

ATTITUDES AND POLICY

Jacinto, A. F., Gordon, A. L., Samra, R., Steiner, A. B., Mayoral, V. F. de S., & Citero, V. de A. (2020). [Comparing knowledge and attitudes to dementia care in Brazilian and UK GPs to guide future decisions about educational interventions](#). *Gerontology & Geriatrics Education*, 41(2), 250–257.

Background : Dementia training for Brazilian general practitioners (GPs) is underdeveloped. We investigated knowledge and attitudes to dementia management among Brazilian GPs and compared these with previous UK findings to inform future decisions about how training is structured. Methods : A total of 115 Brazilian GPs were asked to complete a Portuguese translation of a questionnaire previously used in the UK. This comprised a 14-item multiple-choice knowledge quiz, and a 5-point Likert-scale questionnaire assessing attitudes across 10 dementia management domains. Exploratory factorial analysis was conducted for attitudes. Results : Attitudes toward dementia demonstrated the same underlying factor structure, "heartsink" and "heartfelt" factors, in Brazil as in previous UK studies, explaining 61.6% of variance in responses. Knowledge scores were negatively correlated with heartfelt and heartsink factors. Conclusions : Greater knowledge about dementia was associated with some pessimism about dementia care. The similarity in the structure of attitudes toward dementia management between Brazilian and UK GPs provides a starting point for shared educational approaches targeting attitudes.

Øster, I., Munk, K. P., & Henriksen, J. (2019). [Career dreams among health care students: I want to make a difference](#). *Gerontology & Geriatrics Education*, 40(3), 357–370.

There is a continuous increase in demand for health services in most countries because people who are older are living longer. Health care for people who are older is not, generally, an attractive career option for undergraduate health professionals. This study investigated career dreams among undergraduates studying a variety of health care subjects to understand what motivates them. Eighteen focus groups were conducted with 90 students, and template analysis was performed within a sociological framework. Four themes emerged from the analysis: no plans to work with people who are older, dreaming of making a difference, seeking variety, and the impact of clinical placements on stimulating or reducing interest in working with people who are older. Geriatrics and gerontology do not offer the opportunities that students are looking for in their future careers. There is a need to change the way we talk about adults who are older everywhere, not just in health care training. However, health care educators should also help students to understand the value of care provided to adults who are older.

Lokon, E., Li, Y., & Kunkel, S. (2018). **Allophilia: Increasing college students' "liking" of older adults with dementia through arts-based intergenerational experiences.** *Gerontology & Geriatrics Education*, 1–14. Online first.

This study evaluates whether an arts-based intergenerational experience, Opening Minds through Art (OMA), increases positive attitudes or allophilia ("liking for the other"-in this case, older adults with dementia) in students who joined the OMA program as compared with the control group. Pre- and posttests of the Allophilia Scale were used to compare 216 students who participated in OMA and 499 students who did not. Hierarchical regression was used to investigate the association between OMA participation and students' Allophilia scores. After one semester, results showed that OMA participation is significantly positively associated with students' affection, comfort, kinship, engagement, and enthusiasm toward older adults living with dementia. We conclude that increasing students' allophilia toward older adults living with dementia is necessary and possible through well-designed intergenerational experiences.

Brody, A. A., & Galvin, J. E. (2013). **A review of interprofessional dissemination and education interventions for recognizing and managing dementia.** *Gerontology & Geriatrics Education*, 34(3), 225–256.

The number of individuals with dementia is expected to increase dramatically over the next 20 years. Given the complicated clinical, sociobehavioral, and caregiving skills that are needed to comprehensively assess and manage individuals with dementia, the gold standard of care requires involvement of interprofessional teams. This systematic review examined 4,023 abstracts, finding 18 articles from 16 studies where an interprofessional dissemination program was performed. Most studies found some improvement in clinician knowledge or confidence, or patient outcomes, though methods and patient and clinician populations were disparate. Although a significant evidence base for assessing and managing individuals with dementia has been developed, few studies have examined how to disseminate this research, and even fewer in an interprofessional manner. These findings suggest that greater emphasis needs to be placed on disseminating existing evidence-based care and ensuring that programs are interprofessional in nature so that excellent, patient-centered care is provided.

Ruiz, J. G., Smith, M., van Zuilen, M. H., Williams, C., & Mintzer, M. J. (2006). **The educational impact of a computer-based training tutorial on dementia in long term care for licensed practice nursing students.** *Gerontology & Geriatrics Education*, 26(3), 67–79.

The purpose of this study was to examine whether training with a multimedia tutorial would have an impact on LPN students' knowledge of dementia care, attitudes toward dementia care, and self-efficacy ratings. A total of 38 nursing students participated. Pre-post comparisons of outcome measures revealed significant improvements in knowledge, attitudes, and self-efficacy ratings. Results of post-training satisfaction and usability questionnaires indicate that participants found the tutorials easy to understand and easy to use. These data support the effectiveness of the dementia tutorial and the use of computer-based training in educating our long-term care workforce.