

CIVIL MONEY PENALTY (CMP) FUNDED PROJECT

FINAL REPORT

Grantee

**Alzheimer's Association-Southeastern Chapter
and
Greater Wisconsin Chapter**

Project Title

Managing Difficult Behaviors: We All Hold the Keys

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Additional Information and Resources



**Department of Health Services / Division of Quality Assurance
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Final Report

Project: Managing Difficult Behaviors – We All Hold the Keys

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Summary of program success and outcomes

Program Development

The Managing Difficult Behaviors – We All Hold the Keys training program was developed in conjunction with content experts from the Alzheimer’s Association, input from an advisory committee and outside professional resources. The first initial months were spent on content development and coordination of materials, along with scheduling 20 training sessions across Wisconsin. Additionally, a pre/post survey was developed to measure attendees’ knowledge about dementia/behaviors (10 question item) and attitudes about challenging behaviors in dementia care (10 question item).

The training product consisted of six modules, each about one hour in length. The training outline and modules were as follows:

Managing Difficult Behaviors – We All Hold the Keys

- A. Introduction to a one-day training program for nursing home staff to equip them with appropriate knowledge and tools to improve communication with nursing home residents and better understand difficult dementia behaviors
- B. Pre-training survey: Knowledge about dementia and attitudes about difficult dementia behaviors
- C. Training format and modules include a PowerPoint presentation, discussion activities, lecture, demonstration, role-play and group work
- D. Post-training survey: Knowledge about dementia and attitudes about difficult dementia behaviors.

I. Understanding Difficult Behaviors

II. Review of Common Types of Behaviors Exhibited

III. Strategies for Approaches and Communication Techniques

IV. Responding to Behaviors - Situational

V. Common Behavioral Issues with Personal Care

VI. Importance of Person-Centered Care and Managing or Accommodating Behaviors

The training concluded with a post-training survey: Knowledge about dementia and attitudes about difficult dementia behaviors. Each individual was matched by their birth date indicated on the pre and post survey coversheet.

We provided the training at 20 locations throughout the state of Wisconsin in a period of 10 months. Training sites and locations were coordinated and confirmed along with the development of marketing materials and a registration process. For the earliest training date, nursing homes were e-mailed information about the training sessions. Additionally, we utilized the list-serv from Department of Quality Assurance (DQA) to get the word out about the training program. We also asked our advisory group members to share the train-the-trainer marketing materials with their membership through Leading Age and the Wisconsin Health Care Association. Promotion of upcoming training sessions continued throughout the year.

Program Implementation

The first training session took place on March 12, 2015 in Milwaukee. There were 6 nursing homes in attendance and 18 staff members from those nursing homes along with staff from the Alzheimer's Association and members of the advisory committee for a total attendance of 37 attendees. This initial training session was provided by our primary curriculum developer, Diane Baughn, MA., and dually served as a train the trainer session for other Alzheimer's Association staff who would be presenting this training throughout the year.

Subsequent to the initial training date, the following training sessions took place:

- Rice Lake, March 27, 2015 – 6 nursing homes in attendance; 12 total attendees
- Milwaukee, April 9, 2015 – 11 nursing homes in attendance; 36 total attendees
- Neenah, April 21, 2015 – 11 nursing homes in attendance; 32 total attendees
- Ashland, April 30, 2015 – 6 nursing homes in attendance; 14 total attendees
- Prairie Du Chein, April 30, 2015 – 9 nursing homes in attendance; 21 attendees total
- Madison, May 5, 2015 – 13 nursing homes in attendance; 39 attendees total
- Rhinelander, June 8, 2015 – 4 nursing homes in attendance; 12 attendees total
- Sheboygan, June 10, 2015 – 8 nursing homes in attendance; 22 attendees total
- Stevens Point, June 16, 2015 – 12 nursing homes in attendance; 26 attendees total
- Kenosha, June 25, 2015 – 7 nursing homes in attendance; 19 attendees total
- Menomonie, July 15, 2015 – 18 nursing homes in attendance; 37 attendees total
- Madison, July 29, 2015 – 16 nursing homes in attendance; 45 attendees total
- Milwaukee, August 4, 2015 – 12 nursing homes in attendance; 34 attendees total
- Fond du Lac, August 20, 2015 – 11 nursing homes in attendance; 32 attendees total
- La Crosse, October 12, 2015 – 17 nursing homes in attendance; 49 attendees total
- Watertown, October 13, 2015 – 8 nursing homes in attendance; 22 attendees total
- Milwaukee, December 10, 2015 – 9 nursing homes in attendance; 24 attendees total
- Green Bay, December 16, 2015 – 20 nursing homes in attendance; 46 attendees total

Overall, **559 attendees and 204 nursing homes participated in the training program.** Excluding staff of the Alzheimer's Association, DQA staff, and members of the workgroup, the estimated total number of attendees who were staff from nursing homes is 518.

Due to the nature and complexity of the training program content, we requested from each nursing home that at least one attendee be a member of the management team. Each nursing home was

asked to send at least two staff members and up to three staff members at a fee structure of \$35 per person. We had 442 participants complete a pre and a post test and from those forms the **demographic breakdowns of the program attendees** were as follows:

Primary role

RN = 122	25%
CNA = 107	22%
Social Work = 89	18%
Life Enrich/Activities = 49	10%
LPN = 37	8%
Adm Support = 11	2%
Other = 10	2%
Administrator = 8	2%
RA/PCW = 3	.68%
Student = 3	.68%
OT/PT/ST = 2	.45%
Operations Support = 1	.23%

Service at organization:

81= less than one year	18%
156 = 1-5 years	35%
68 = 6-10 years	15%
128 = 11 or more years	29%

Experience working with individuals with dementia:

28= Less than one year	6%
105 = 1-5 years	24%
94 = 6-10 years	21%
214 = 11 or more years	48%

Years of Education:

1 = Grade School	.23%
104 = High School	24%
158 = Two-year College	36%
153 = Four-year College	35%
16 = Advanced Degree	4%

Pre/Post Survey Results and Data Analysis

The 10-item attitude inventory and the 10-item dementia knowledge inventory were administered immediately before each training session (pre-survey) and immediately following the last module (post-survey). The pre/post surveys were administered to attendees at the training sessions and there were 442 returned surveys.

Data analysis support for this project was provided by Matthew Scheel, PhD, Associate Professor of Psychology at Carroll University. For the attitude section of the pre/post survey, participants were instructed to respond to each attitude statement with a response from a four-item likert scale: “strongly agree (1)”, “I agree somewhat (2)”, “I disagree somewhat (3)”, and “I strongly disagree (4)”.

For all of the eleven (11) attitude statements, participants were significantly more likely to give a lower or higher score of change of attitude on the post-survey. **The two-tailed P values for each attitude statement were all less than .05 which is considered to be statistically significant.**

For example, attitude statement #11, *People with dementia having behaviors require a medication to reduce or stop the behaviors*. The participants had an average score of 3.17 on the pre-survey (close to “I disagree somewhat”) and on the post-survey the average score was 3.57 (closer to “I disagree strongly”). In the upcoming section for the attitude statements, you will see outcomes translated as they relate to each statement on the differences between the pre and post attitude score.

For the 10 question knowledge inventory, participants were instructed to select the answer they thought was correct for each question. They received one point if their answer was correct and 0 points if their answer was incorrect. In the upcoming section for the knowledge inventory, you will see outcomes translated as they relate to each knowledge question on the differences between the pre and post knowledge score. For some questions we did not see a change in knowledge after the training and come to the conclusion that some of the questions may have been too easy to begin with.

2. A person with dementia and his/her family can live a happy and meaningful life.

1	2	3	4
I Strongly Agree	I Agree Somewhat	I Disagree Somewhat	I Strongly Disagree

	<u>Pre-test</u>	<u>Post-test</u>
Mean	1.31	1.15

Translation: The average agreement to the question was higher after the training.

3. People with dementia like to have familiar things nearby.

1	2	3	4
I Strongly Agree	I Agree Somewhat	I Disagree Somewhat	I Strongly Disagree

	<u>Pre-test</u>	<u>Post-test</u>
Mean	1.19	1.08

Translation: The average agreement to the question was higher after the training.

4. It is important to know the past history of people with dementia.

1	2	3	4
I Strongly Agree	I Agree Somewhat	I Disagree Somewhat	I Strongly Disagree

	<u>Pre-test</u>	<u>Post-test</u>
Mean	1.12	1.05

Translation: The average agreement to the question was higher after the training.

5. My own personal perceptions often determine whether a particular behavior is seen as challenging.

1	2	3	4
I Strongly Agree	I Agree Somewhat	I Disagree Somewhat	I Strongly Disagree

	<u>Pre-test</u>	<u>Post-test</u>
Mean	1.82	1.55

Translation: The average agreement to the question was higher after the training.

6. I feel frustrated because I do not know how to respond to the challenging behaviors of people with dementia.

1	2	3	4
I Strongly Agree	I Agree Somewhat	I Disagree Somewhat	I Strongly Disagree

	<u>Pre-test</u>	<u>Post-test</u>
Mean	2.49	2.83

Translation: The average agreement to the question was lower after training.

7. We can do a lot now to improve the lives of people with dementia.

1	2	3	4
I Strongly Agree	I Agree Somewhat	I Disagree Somewhat	I Strongly Disagree

	<u>Pre-test</u>	<u>Post-test</u>
Mean	1.18	1.10

Translation: The average agreement to the question was higher after training.

8. Difficult behaviors may be a form of communication for people with dementia.

1	2	3	4
I Strongly Agree	I Agree Somewhat	I Disagree Somewhat	I Strongly Disagree

	<u>Pre-test</u>	<u>Post-test</u>
Mean	1.16	1.07

Translation: The average agreement to the question was higher after training.

9. Successful person-centered care must be supported and adopted by all levels in the facility, including management.

1	2	3	4
I Strongly Agree	I Agree Somewhat	I Disagree Somewhat	I Strongly Disagree

	<u>Pre-test</u>	<u>Post-test</u>
Mean	1.09	1.03

Translation: The average agreement to the question was higher after training.

10. When difficult and challenging behaviors occur they are always started by the person with dementia.

1	2	3	4
I Strongly Agree	I Agree Somewhat	I Disagree Somewhat	I Strongly Disagree

	<u>Pre-test</u>	<u>Post-test</u>
Mean	3.38	3.64

Translation: The average agreement to the question was lower after training.

11. People with dementia having behaviors require a medication to reduce or stop the behaviors.

1	2	3	4
I Strongly Agree	I Agree Somewhat	I Disagree Somewhat	I Strongly Disagree

	<u>Pre-test</u>	<u>Post-test</u>
Mean	3.17	3.57

Translation: The average agreement to the question was lower after training.

Knowledge About Memory Loss and Dementia **(correct answers are in bold)**

1. Which is NOT an effective way to manage some common behaviors that come with the moderate stage of Alzheimer's disease

- _____ 1. Remember that all behavior is a form of communication
- _____ 2. Assess whether the person is experiencing pain, as this can cause behavior changes
- _____ **3. Correct the person if they are wrong**
- _____ 4. Take a walk together to help channel restlessness
- _____ 5. Assure them you are there to help

	<u>CORRECT</u>	<u>INCORRECT</u>	<u>TOTAL</u>
PRE	431	8	439
POST	418	1	419

Chi squared equals 5.18. The two-tailed P value equals .0228. The association between rows (pre/post) and columns (correct or incorrect) is considered to be statistically significant.

Translation: Training worked! There are more correct answers in the post-test than in the pre-test.

2. Why is focusing on “the person” as opposed to the illness important in dementia care

- _____ 1. The person is composed of those qualities that make them unique
- _____ 2. The person retains aspects of themselves throughout the progressions of the disease
- _____ 3. Focusing on the person is what allows family and friends to continue to connect
- _____ 4. Focusing on the person helps other people to learn from the person with dementia
- _____ **5. All of the above**

	<u>CORRECT</u>	<u>INCORRECT</u>	<u>TOTAL</u>
PRE	421	15	436
POST	410	8	418

Chi squared equals 1.90. The two-tailed P value equals .17. The association between rows (pre/post) and columns (correct or incorrect) is considered to be NOT statistically significant.

Translation: Training didn’t improve scores, probably because the question was too easy to start with.

3. Which of the following is incorrect about Alzheimer’s disease

- _____ 1. It is a progressive disease
- _____ **2. It is a mental illness**
- _____ 3. It has no cure
- _____ 4. It affects over 5 million Americans
- _____ 5. It has short-term memory loss as one of the first symptoms

	<u>CORRECT</u>	<u>INCORRECT</u>	<u>TOTAL</u>
PRE	350	81	431
POST	391	28	419

Chi squared equals 25.875. The two-tailed P value is less than 0.0001. The association between rows (pre/post) and columns (correct or incorrect) is considered to be extremely statistically significant.

Translation: Training worked! There are more correct answers in the post-test than in the pre-test.

4. Reminding persons with memory loss disease of the date and place will

- _____ 1. Improve memory for a time
- _____ 2. Improve orientation for a time
- _____ **3. Not change memory or orientation**
- _____ 4. Increase confusion
- _____ 5. Be useful temporarily, but will have no lasting effect on memory or orientation

	<u>CORRECT</u>	<u>INCORRECT</u>	<u>TOTAL</u>
PRE	54	385	439
POST	111	320	431

Chi squared equals 25.612. The two-tailed P value is less than 0.0001. The association between rows (pre/post) and columns (correct or incorrect) is considered to be statistically significant.

Translation: Training worked! There are more correct answers in the post-test than in the pre-test.

5. Which of the following is the most overlooked source of distress among people with dementia

- _____ **1. Pain**
- _____ 2. Noise
- _____ 3. Loneliness
- _____ 4. Unfamiliar people
- _____ 5. Fatigue

	<u>CORRECT</u>	<u>INCORRECT</u>	<u>TOTAL</u>
PRE	281	160	441
POST	369	59	428

Chi squared equals 58.312. The two-tailed P value is less than 0.0001. The association between rows (pre/post) and columns (correct or incorrect) is considered to be statistically significant.

Translation: Training worked! There are more correct answers in the post-test than in the pre-test.

6. Which of the following is NOT a good technique to improve communication with a person with dementia

- _____ 1. Try to focus on the non-verbal signs of communication as well as verbal
- _____ 2. Always believe communication is possible
- _____ 3. Talk at a slower pace
- _____ 4. Maintain a calm and unhurried approach
- _____ **5. Ask questions that begin with “why”**

	<u>CORRECT</u>	<u>INCORRECT</u>	<u>TOTAL</u>
PRE	423	17	440
POST	406	25	431

Chi squared equals 1.780. The two-tailed P value equals 0.1822. The association between rows (pre/post) and columns (correct or incorrect) is considered to be NOT statistically significant.

Translation: Training didn't improve scores, probably because the question was too easy to start with.

7. Which of the following approaches is NOT HELPFUL for persons with memory loss in completing tasks

- _____ 1. Breaking tasks down into smaller steps
- _____ 2. Repeating old, familiar tasks
- _____ **3. Encouragement to try harder**
- _____ 4. Having other assist them as needed
- _____ 5. Companionship

	<u>CORRECT</u>	<u>INCORRECT</u>	<u>TOTAL</u>
PRE	375	58	439
POST	383	46	419

Chi squared equals 1.451. The two-tailed P value equals 0.2284. The association between rows (pre/post) and columns (correct or incorrect) is considered to be NOT statistically significant.

Translation: Training didn't improve scores, probably because the question was too easy to start with.

8. If a resident with dementia keeps calling out "help me, help me" you should

- _____ 1. Put the resident in room by themselves, so that the other residents will not be disturbed
- _____ 2. Ask the nurse to give the resident a sleeping pill
- _____ 3. Do nothing because the resident is probably just confused
- _____ **4. Ask the nurse to assess the resident for pain**
- _____ 5. Talk to the family about ways to address this

	<u>CORRECT</u>	<u>INCORRECT</u>	<u>TOTAL</u>
PRE	382	57	439
POST	350	79	429

Chi squared equals 4.843. The two-tailed P value equals 0.0278. The association between rows (pre/post) and columns (correct or incorrect) is considered to be statistically significant.

Translation: Training actually hurt – they made significantly fewer right answers after training. The most popular wrong answer was: Talk to the family about ways to address this.

9. Alzheimer’s disease affects the following functions

- _____ 1. Concentration
- _____ 2. Movement
- _____ 3. Memory
- _____ 4. Emotions
- _____ 5. All of the above

	<u>CORRECT</u>	<u>INCORRECT</u>	<u>TOTAL</u>
PRE	424	18	442
POST	417	17	434

Chi squared equals 5.611. The two-tailed P value equals 0.5738. The association between rows (pre/post) and columns (correct or incorrect) is considered to be NOT statistically significant.

Translation: Training didn’t improve scores, probably because the question was too easy to start with.

10. Person-centered care for people with memory loss does NOT include which of the following principles

- _____ 1. Valuing them
- _____ 2. Prescribing medications
- _____ 3. Individualizing care
- _____ 4. Seeing the world through their eyes
- _____ 5. Providing a social environment

	<u>CORRECT</u>	<u>INCORRECT</u>	<u>TOTAL</u>
PRE	396	36	432
POST	405	27	432

Chi squared equals 1.387. The two-tailed P value equals 0.2389. The association between rows (pre/post) and columns (correct or incorrect) is considered to be NOT statistically significant.

Translation: Training didn’t improve scores, probably because the question was too easy to start with.

Feedback From Participants post training

An electronic survey was emailed to the trained trainers approximately 60-90 days after their training session. The electronic survey had focused questions on policy practice changes and benefits within their nursing facility around dementia care and practice. The survey was completed by 88 training attendees (17% response rate) and the survey asked the following questions:

1. My own personal perceptions often determine whether a behavior is seen as challenging.

- 45% indicated Strongly Agree
- 35% indicated I Agree Somewhat
- 12% indicated I Disagree Somewhat
- 8% indicated I Strongly Disagree

2. I feel frustrated because I do not know how to respond to the challenging behaviors of people with dementia.

- 8.33% indicated Strongly Agree
- 16.67% indicated I Agree Somewhat
- 43.33% indicated I Disagree Somewhat
- 31.67% indicated I Strongly Disagree.

3. Did the training influence or impact your pace of interaction and/or level of patience with your residents with dementia?

- 76.67% indicated YES
- 16.67% indicated NO
- 6.67% indicated NOT SURE

Comments:

- I have changed how I begin my first interaction with clients who have known behaviors. It changes the interaction and has improved mood of this contact. I am sharing this with all staff and am seeing more smiles and positive responses to known "problem" clients.
- I am better able to support staff with additional ideas and support to reduce caregiver burnout.
- The training reinforced practices already in use and provided me with some new ideas for approaches.
- It helped me understand them so much better. How I should help them get through their days with their dementia.

4. Did the training influence your own personal perspective and approaches to dementia and challenging behaviors?

- 76.67% indicated YES
- 16.67% indicated NO
- 6.67% indicated NOT SURE

Comments:

- I am a compassionate person and this helped me realize how I can interact with the resident more positively.
- I do try to see each issue as it is, with the individual involved; I do feel that their contentment and safety are a first priority in behavioral issues.
- Again, the training reinforced that it isn't rocket science, but that information, education and understanding is the key.
- I didn't know much about dementia until I took this class.

5. Did you begin to use or expand your person-centered care practices within your care facility after attending this training?

- 80% indicated YES
- 20% indicated NO

Comments:

- I explained to everyone what happened at the training and told them stuff none of us knew and what we can do to help our residents get through each day they are dealing with their dementia.
- Not only have I learned to be more centered in myself, but I have used materials from the training to create binders for staff in my facility.
- We were able to take this training back to co-workers to help them with their interactions with residents as well. I have been able to use this training with family understanding of disease process and behaviors.
- I remind the staff not to take things personally, to remember the visual changes that occur and to be patient and try to remember where the resident is on their timeline at that moment.

6. After attending this training, did your care facility develop new practices or new protocols for staff as to how your facility would respond to instances of challenging behaviors in residents with dementia?

- 43.33% indicated YES
- 40% indicated NO
- 16.67% indicated NOT SURE

Comments:

- Director of Nursing feels she is already addressing them, doesn't know what else to do and doesn't take suggestions from me.
- Would like to bring this training to our facility. We believe it would be beneficial for all staff to be able to attend this training.
- New practices – encouraging all staff to ask questions and really look at the whole picture. It is always helpful to have reminders.
- I think it helped our facility to better respond to a particular resident with challenging behaviors.

7. If applicable, do you intend to use any of the training materials in other care settings of your organization? E.g., assisted living or independent living or adult day?

- 55% indicated YES
- 21.67% indicated NO
- 23.33% indicated NOT SURE

8. Which training materials (items from THE KIT are you using within your care facility as part of staff training and/or in-services on dementia and challenging behaviors?

- 23% indicated ALL parts of the kit
- 20% indicated MOST of the kit
- 15% indicated NONE of the kit
- 13% indicated information on how to make documentation more useful
- 9% indicated the case scenarios on behaviors
- 8% indicated the picture of how the brain is impacted
- 5% indicated the pain scale tool
- 3% indicated the list of Alzheimer's activities
- 2% indicated the video
- 2% indicated UNSURE

9. Did you experience benefits in care and practice after attending the training program? Please describe your benefits of the training program within your care facility and if you have a success story, please share

Comments:

- The resources given were excellent. I will be utilizing these.
- Benefits are teaching other staff to take time with dementia patients and to learn about their past.
- Yes, the training was great motivation for me to get the word out about different behaviors of dementia. I feel we do good here at our facility but there is always room for improvement.
- Yes, increased confidence in interpreting behaviors.
- Made staff realize behaviors are not intentional.
- The materials are great tools to train staff on what not to do and how to care for our residents with dignity and respect.
- It has helped with work with staff on approaching difficult behaviors from a different thought process.
- Attempting to gather more information not only from the resident but family as well to learn the resident's life story.
- Able to redirect some "behaviors" when they happen; learned to "not react" when not needed.
- Just today I used the information from the program and the video regarding the progression of the disease process to help a family member develop better understanding of her sister's condition.
- The CNA's who attended with me are helping peers to use some of the methods.

- More having to do with me than the residents.
- Changed my charting. Also was able to receive better responses from residents after the training.
- Better relationships noted between caregivers and residents.
- We made a couple of memory books and made great strides with a particular resident in meeting his needs.
- I just experience the benefits in myself on how to take my time with people with dementia and I have tried to teach family members on some of the things I was taught and they have been really receptive to the knowledge that I have been taught.
- Yes, it has helped educate us on the resident's progression through their dementia. Understanding is so helpful when providing care.
- Yes, better support staff – in turn = better care for residents.
- I especially remember to make residents part of the conversations going on – not to talk over them.
- I have seen a staff member that I talked to about this training use a positive approach to deviate from what could have been a challenging behavior. Some staff started to tell someone she couldn't do something, when this staff member approached with a topic of conversation and was able to steer her in the right direction.

Lessons Learned

The overall experience from this project from both the Alzheimer's Association perspective and the nursing home staff perspective was very positive. With continued promotion of the training programs all 20 training sessions were implemented. We had hoped for 30-40 in each session and averaged about 28 attendees per session. In trying to accommodate all parts of the state, including more remote and rural locations, some of the training sessions were smaller in size. We got great feedback from the people who did attend in those locations and they were thankful to have the program in a location nearby.

For this training program we implemented a process whereby attendees could call the Alzheimer's Association office to problem solve a particular resident issue if they felt assistance was needed. During the tenure of the training program only a handful of participants actually did this. The majority did not use the offer for our staff to assist with a care consultation. Based on feedback received from the follow-up survey it appeared many nursing home locations were consulting with their own team members and peers around difficult behaviors/residents and this seemed to be working well. This was something we encouraged them to do while at the training and appeared to be received well and implemented well.

In the development of the curriculum, we knew we would get a mix of attendees. We anticipated attendees with more experience and those with less experience including CNA's. About 25% of our

attendees were CNA's and another 25% were RN's. Additionally, we had nearly 50% of attendees with tenure at their particular nursing home for 6+ years. Some feedback we received, especially from those with long tenure and more advanced degrees was that the curriculum was too basic and a lot of the concepts they knew already. It is difficult to accommodate wide ranges of experience within a standardized curriculum. If we were to do this over we likely would have developed an introductory version and an advanced version to better accommodate different levels of experience/skill.

This same phenomenon was likely the reason some of our knowledge questions did not show differences pre-test vs post-test. Many of the attendees came in with high baseline knowledge about Alzheimer's disease and dementia related facts.

Getting participants to respond to a survey monkey survey request was challenging. We resent the survey 2-3 times to each person. Some responded promptly but many never did respond. We also experienced an issue with some of the attendees (many of the CNA's) did not have a work email address so we had no way of getting in touch with them for feedback. At registration their supervisor put in his or her email address for all of the attendees from their particular location and it was likely the supervisor did not attend the training and did not have the CNA attendees complete the survey. About 25% of attendees at this training program were CNA's. We would need to rethink how we could better reach this group to enlist more of their feedback post-training.

Recommendations for Replication

We would recommend breaking this curriculum into levels – a beginner and advanced level. We had an overwhelming response from assisted living communities (that we turned away) and recommend this program be offered for that level of care. This program could be adapted for adult day and independent living as well. Acute care providers and first responders could also benefit from the basics. We also suggest this training program be offered in webinar format and could be viewed by each module. Overall we received positive feedback and learned from the surveys that changes were made within nursing homes as it pertains to dementia care practice and staff attitudes changed significantly in more positive directions after attending the training.