

Yale SCHOOL OF NURSING

A Year Later: Dementia Scholars Program

Melinda Schultz, MA





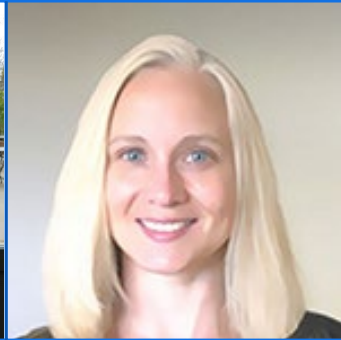

Interim Program Manager, Deputy Dean's Office at Yale School of Nursing

Presented at the CT ADRD Coalition, July 2025

**The world is calling.
We answer.**

Who is DPEN?

DPEN is a research and education group founded at the University of Washington School of Nursing, now housed at Yale School of Nursing under the new Center for Aging Well.

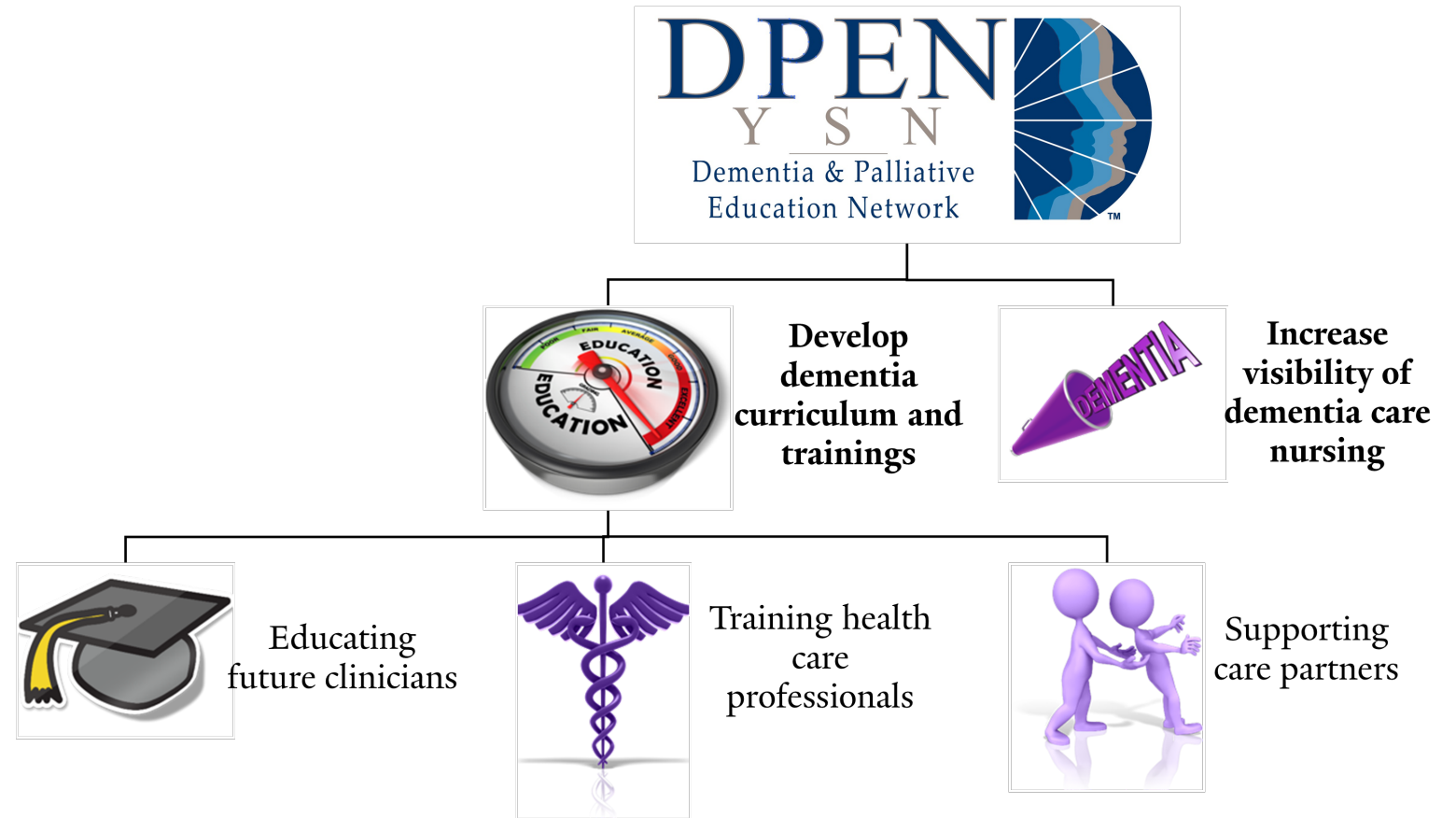
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|  |  |  |  |  |  |
| <p>Tatiana Sadak, PhD, PMHNP, ARNP, RN, FAAN</p> <p>Yale School of Nursing</p> <p>Vision, networking, advancement, research and dissemination, and education</p> | <p>Melinda Schultz, MA</p> <p>Yale School of Nursing</p> <p>Quality improvement, strategic planning, project management, data visualization</p> | <p>Christina Coulter, PhD, AGPCNP-BC, ARNP</p> <p>University of Washington</p> <p>Curriculum and content development</p> | <p>Emily Ishado, MSW, LICSW</p> <p>University of Washington</p> <p>New and existing strategic initiatives, networking, implementation</p> | <p>Laurel Barchet, BS, ADN</p> <p>University of Washington</p> <p>E-Learning Instructional Design and nursing</p> | <p>Soo Borson, MD</p> <p>University of Southern California</p> <p>Research and dissemination, education, networking, and visibility</p> |

Yale SCHOOL OF NURSING
*Dementia and Palliative
Education Network*

About DPEN

Vision: Better health and care for all people living with dementia and those caring for them

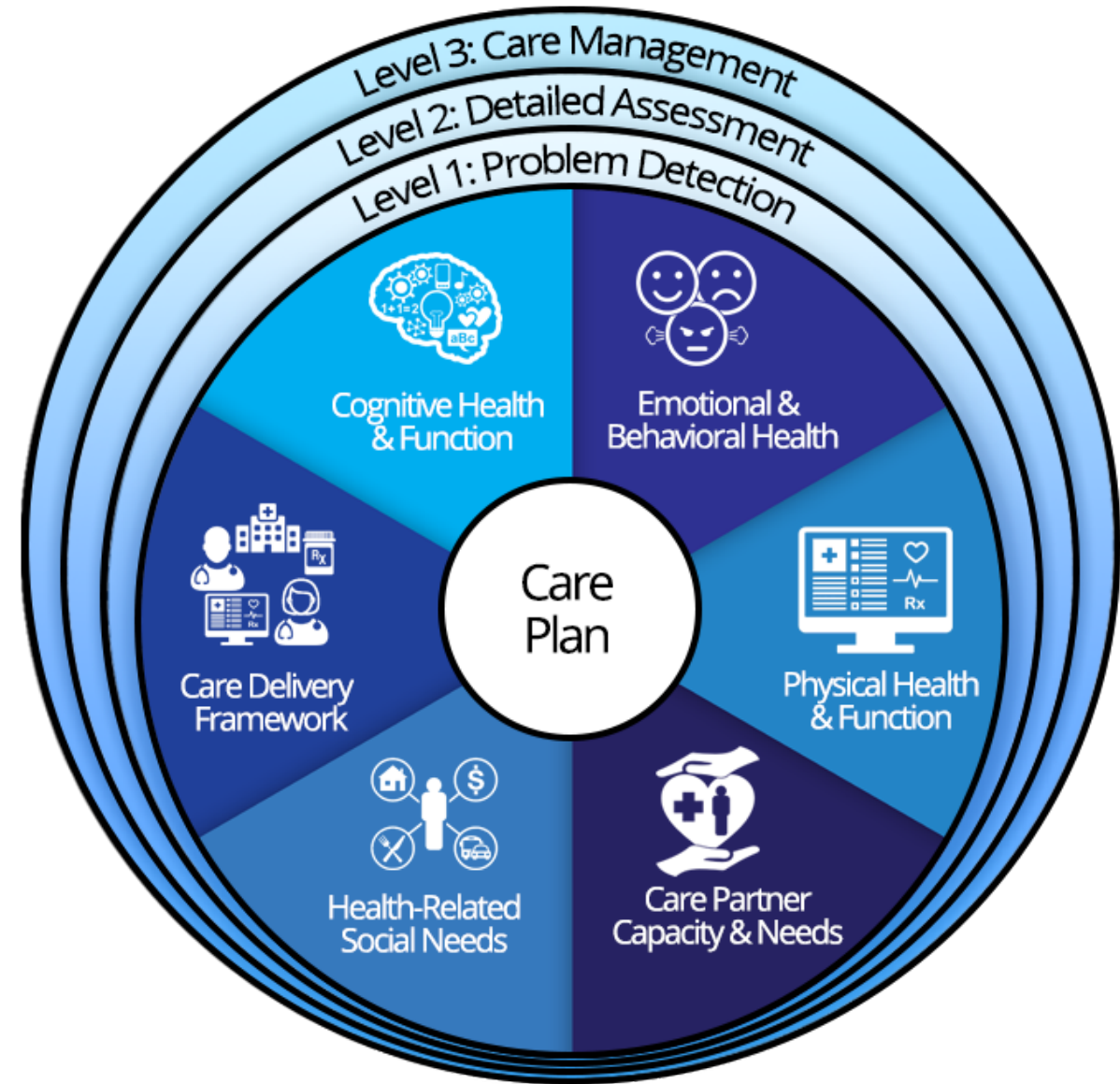
Mission: Educate and prepare dementia team members to feel capable, supported, valued, and engaged



Dementia Scholars Program

Nursing Students & Practicing RNs

- Our training uses the Six Domain Framework to organize the clinical approach to assessing and caring for people with dementia.
- 10 core training modules have been pilot tested:
 1. Introduction to Comprehensive Dementia Care and Diversity, Equity, and Inclusion in Dementia Care
 2. The Older Adult Population
 3. Dementia as a Disease
 4. Medical Management of Dementia
 5. Medical Management in the Context of Dementia
 6. Mood and Behavior Management in Dementia Part 1
 7. Mood and Behavior Management in Dementia Part 2
 8. Care Partner Needs Part 1
 9. Care Partner Needs Part 2
 10. Pulling It All Together: Care Planning



Thank You!

Reviewing Case Studies

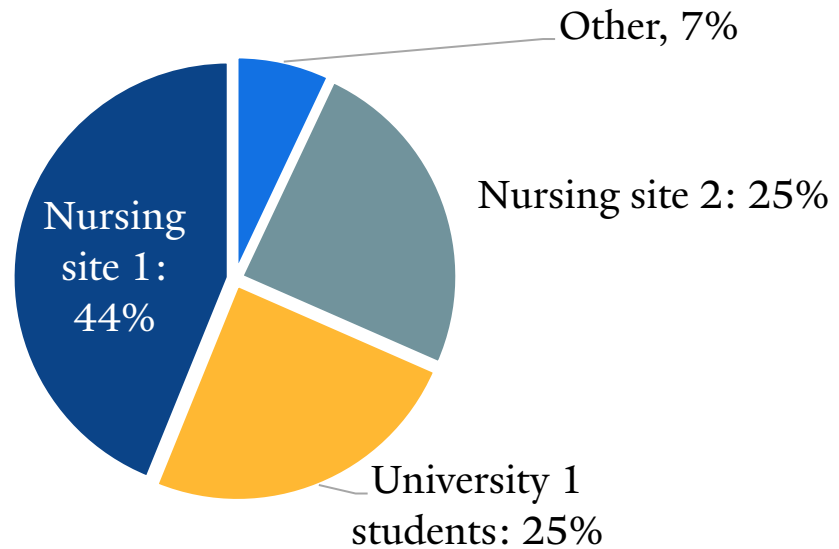
- 11 people living with dementia and/or their care partners reviewed case studies that were included in the curriculum.
- Overall, reviewers thought the case studies were realistic, relatable, and helpful for learners.



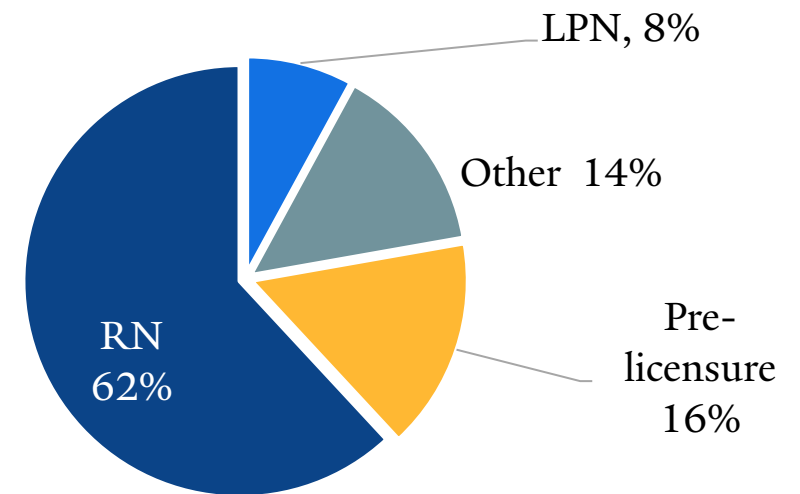
Who Took the Training

57 learners: 52 completed all 10 modules

Organizations

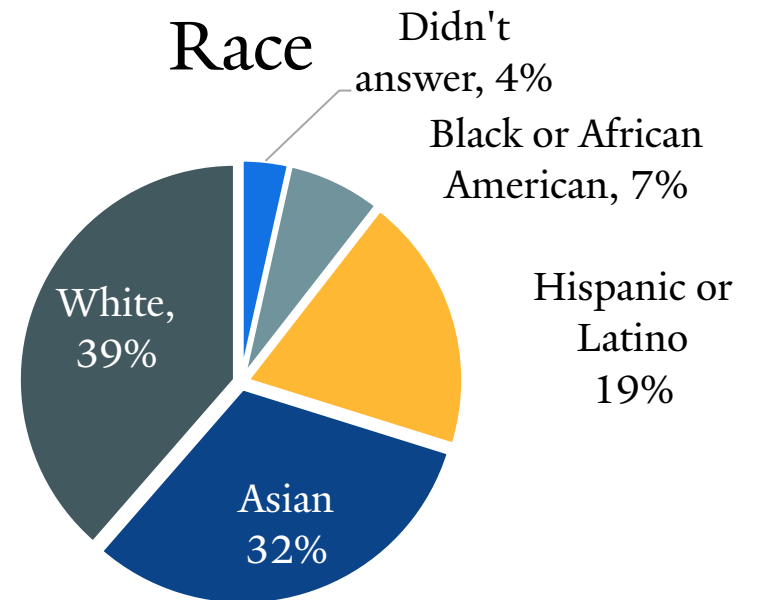
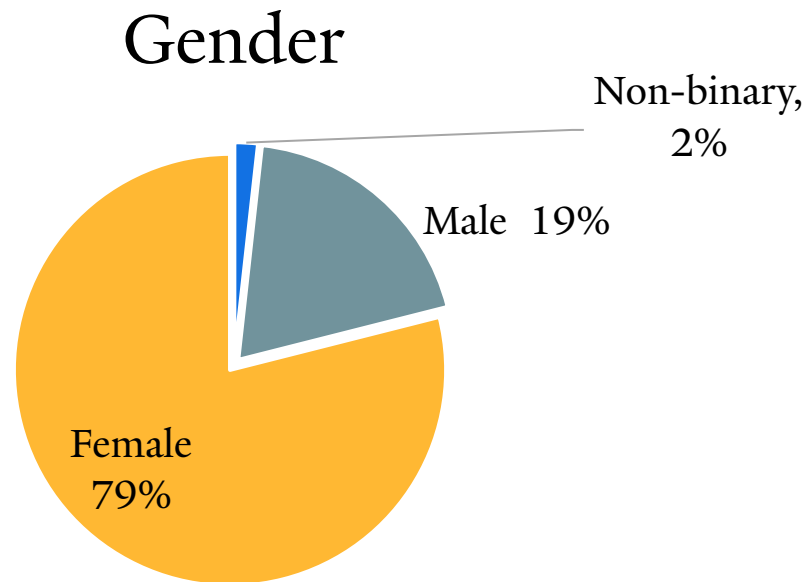


Nurse Licenses



Who Took the Training

57 learners: 52 completed all 10 modules



What We Learned

How Learners Did

Overall, over 60% of learners got the pre-test questions correct for the Dementia Knowledge Assessment Scale.

100% knew that the statement “People can recover from the most common forms of dementia” is **false**.

98% knew that the statement “People experiencing dementia do not generally have problems making decisions” is **false**.

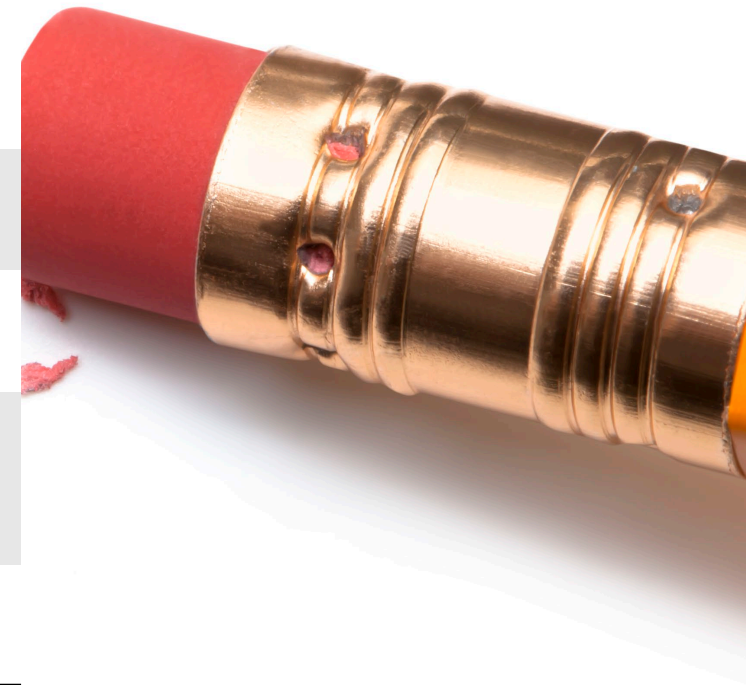
Exception: Only **43%** knew that the statement “The sudden onset of cognitive problems is characteristic of common forms of dementia” is **false**.



What We Learned

How Learners Did

| DKAS Question | Learners' Results | |
|--|--------------------------|---|
| Planning for end-of-life care is generally not necessary following a diagnosis of dementia. (false) | More correct post-survey | ✓ |
| A person experiencing advanced dementia will not generally respond to changes in their physical environment. (false) | More correct post-survey | ✓ |
| It is important to correct a person with dementia when they are confused. (false) | More wrong post-survey | ✗ |
| Having high blood pressure increases a person's risk of developing dementia. (true) | More correct post-survey | ✓ |
| Maintaining a healthy lifestyle does not reduce the risk of developing most common forms of dementia. (false) | More correct post-survey | ✓ |
| The sudden onset of cognitive problems is characteristic of common forms of dementia. (false) | More correct post-survey | ✓ |



What We Learned

Reflections from Learners

- Very positive reactions
- Liked that caregiver perspective was highlighted
- Learning about real-life experiences of PLWD and hearing personal stories made it feel real
- Helped them gain knowledge about dementia care
- Learning about assessment tools was helpful
- Learning about risk factors is important even for nurses who don't regularly work with PLWD



What We Learned

Interprofessional Education

- Helpful to learn about developing interdisciplinary care plans and creating a care plan that incorporates multiple stakeholders
- Important to look at the whole healthcare team when considering treatment
- Important for all care team members to have this knowledge because you will have interactions with different patients, and people will be more compassionate, hold less stigma, and have a much better understanding



What We Learned

Suggestions from Learners

- Need real-world practice to build confidence
- More role-playing scenarios
- More personal stories and case studies, including from care partners
- More cultural competencies to work with LGBTQ+ and veteran populations
- One-pagers or condensed reference document
- Suggestions for making content more accessible
- Interactivity with other learners
- How to deal with agitation and crises
- How to recognize and address elder abuse



Next Steps

- **Make the 10 core “Dementia Scholars Program” modules freely available through Yale School of Nursing website**
 - Goal is to post by Fall 2026
 - CNE/CEUs still to be determined
- **Develop BRIDGE – “Building Resilience through Interprofessional Dementia and Geriatric Education”**
 - Advanced practice nurses
 - Physicians and physician assistants
 - Goal is to begin pilot testing in Fall 2026
 - CNE/CEU will be offered through Yale School of Nursing

