

DEMENTIA EDUCATION & TRAINING FOR WORKFORCE EXCELLENCE

The United States of America [2019]- Phase 1



South Korea & India [2024] – Phase 2



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My Background & Expertise

My career in nurse academia spans over three decades. I was a Professor in Nursing until 2011 in India's highest-ranking College of Nursing and a WHO Collaborating Centre at the Christian Medical College [CMC], Vellore. Since moving to Scotland in 2011, I have successfully navigated two uncharted territories [nurse education for the care of older people more generally and dementia in particular with technology enabled online / blended / bichronous approaches to education] which have now become integral to my academic practice that I am very passionate about. Over the past decade, I have harnessed technology, innovation and collaboration with interdisciplinary experts to codesign educational resources to support three key areas in the care of older people: dementia; dignity and sensory impairments with national/international significance, reach and impact.

The Context of my Fellowship

Within the UK context, 850,000 people (one in 14 adults over the age of 65) are estimated to be living with dementia with the future prevalence predicted to mirror global trends¹. Deficiencies in the quality of care for people living with dementia has intensified the need for an appropriately educated workforce² with evidence suggesting gaps in dementia-specific knowledge amongst practitioners.³ This need has been recognised as a key challenge throughout the UK in several government reports and strategy documents.^{4; 7-14}

Much of the dementia care workforce is unqualified, low paid and has no clear career progression¹³. Conversely, health professions are predominantly degree-qualified roles, with dementia specific education being perceived as specialist training. We currently know that around 25% of hospital beds are occupied by people over the age of 65 with 25% of people admitted with some form of cognitive impairment^{5,6}. Dementia specific knowledge and skills gaps in the current workforce is becoming apparent with staff having to care for people with dementia in any acute care setting on a regular basis. This gap now needs to be plugged to improve patient experiences in hospital and the quality of dementia care in general and has required employers to engage with provision of workplace learning opportunities. The diversity of the dementia care workforce means that those requiring workplace education may be at varying stages of proficiency regarding exposure to both clinical work with people with dementia and dementia education. Despite the body of educational theory and research on professional and workplace education, understanding of what constitutes effective education and training for the dementia workforce is poorly understood and seldom considered when developing programs.⁷

Each of the four UK nations have developed their own Dementia knowledge and skills framework in response to the dementia education and training needs identified for health and social care professionals. For education and training to be consistent and rigorous, adoption of these national frameworks may be the way forward whilst designing dementia training programmes. Professional regulatory bodies stipulating dementia training being aligned to national frameworks for health and social care professionals is probably the way forward towards ensuring dementia care standards and building capacity and capability in the future health workforce given the global magnitude of dementia prevalence.¹⁶

This situation is not unique to the UK. There are concerns internationally around deficiencies in knowledge, skills and attitudes among health professionals caring for people with dementia.¹⁷⁻²¹

Staff attitudes and knowledge are critical to both developing and embedding person-centred assessment and care planning, promoting a rights-based and anti-discriminatory culture, promoting a safe and therapeutic environment, and working as equal partners with families, friends, and carers of people with dementia. Investing in education and training of all frontline staff needs to be at the core of national dementia policies and standards of dementia care in the future to address the gaps in dementia specific knowledge and skills¹⁶ across health and social care contexts.

Challenged by gaps in dementia knowledge and skills within the current workforce and with practice at the heart of my teaching, I realised we were missing a potential to be realised in nurse education, by not equipping nurses for the future with dementia care competencies. Confident that these gaps could be plugged with a systematic approach, I became very keen to ensure that we provide excellent world-class dementia education and training for future nurses and developed the first comprehensive undergraduate dementia curriculum [Being Dementia Smart at the University of Stirling (BDS, 2014) and a blended approach to Dementia Enhanced Education to Promote Excellence (DEEPE, 2017)] at the University of the Highlands & Islands with six online work books [sample - [Dementia Enhanced Education to Promote Excellence \(uhi.ac.uk\)](http://dementiaenhancededucation.uhi.ac.uk)] underpinned by Scottish policy and aligned to the national framework for dementia workforce development. Over 1400 nursing graduates have been trained with these competencies with both BDS & DEEPE five years ahead of these competencies being mandated by the Nursing & Midwifery Council, [NMC] UK in 2019.

With ageing and dementia being global issues and keen to invest in workforce development in the care of older people through education and training, I identified The Churchill Fellowship as an ideal opportunity and appropriate vehicle to both learn and share expertise in this critical area of nursing when I became a British Citizen in 2018.

Key Objectives of my Churchill Fellowship were to:

1. Explore models and pedagogical approaches to dementia education and practice for health care professionals with experts from both developed and developing nations
2. Engage in Knowledge Exchange on Dementia Education for Nurses.
3. Identify partners for academic collaboration to explore possibilities to develop a evidence based model for dementia nurse education within pre - registration programmes.
4. Collaborate on Best Practice for Dementia / Nurse Education.
5. Become an excellent ambassador of Higher Education in Nursing and The Churchill Fellowship in the United Kingdom.

Being a full time academic, I wanted to pursue my Fellowship in two phases [3 weeks each] in developed and developing nations with an ageing population.

Phase 1: The United States of America [July / August 2019]

Phase 1 of my Fellowship was completed in July / August 2019 with two premier Nursing Schools in the world: the University of Pennsylvania [UPenn] & Johns Hopkins University successfully. I am very grateful to my excellent hosts Professor Nancy Hodgson & Professor Pamela Cacchione @ UPenn and Associate Professor Valerie Cotter at Johns Hopkins – experts in Gerontological Nursing who had put together a very comprehensive itinerary aligned closely to the key objectives of my Fellowship.



Left to Right: With Professor Hodgson & Professor Kong; Professor Cacchione & Associate Professor Cotter

Summary of Key Findings

I had a wide range of experience relevant to my Fellowship in three key areas related to dementia care in education, research and the Third Sector services. It was interesting to reflect on the similarities and differences between the UK / USA contexts.

Education: Gerontological Nursing was a well-established specialization with dedicated Advanced Nurse Practitioner Roles. This was also linked to the model of health care systems in the US which was largely private or insurance driven, minimize costs and upskill nurses to address workforce shortages with medical practitioners. Advance Nurse Practitioners were part of Memory / Neurology Clinics who provided specialist assessments for people referred to these clinics for a dementia diagnosis. The generic preparation of nurses within the undergraduate programme to care for older people seemed quite limited. Given the population demographic transition and the complexities of care including sensory & cognitive impairments in older people admitted to hospitals, this seemed to be a significant gap in education and preparation of frontline staff. Nursing education in the UK has managed to address this reasonably well within the under graduate programmes albeit not very consistently equipping majority of our frontline workforce with competencies to care for older people with complex needs in hospitals, care homes and in the community. Again, this has been necessitated because of our National Health Service which is something to be treasured. Equally, we could be learning from our colleagues in the US to develop advance nurse practitioners as specialists with formal education to provide high quality and evidence informed care to manage complexities of care for older people as an attractive career option rather than prepare advance nurse practitioners as generalists or being considered as experts / specialists by experience of working with older people. It was also interesting to note education / career aspirations among a higher proportion of nurses in the US despite having to self-fund their higher education in contrast to the low uptake of educational opportunities post qualification among nurses in the UK. This is again perhaps closely linked to the lack of adequate career progression pathways following post graduate education and commensurate pay for responsibilities and accountability associated with specialist roles for nurses within the NHS.

Research: Research in the area of Gerontological Nursing was well established and funded with infrastructure to develop research teams at both universities. Schemes such as funded research internships with research mentoring from the undergraduate programme upwards helps build a multi-tiered research team, a positive research culture and environment that is supportive to develop research / academic skills working with experienced researchers in the field for those who wish to explore research as a career option. This is again something that we lack in the UK largely due to lack of funding invested in research particularly for nursing. Innovation, setting up startup / spin out companies and patent of products or devices is actively pursued by nurse academics and advance nurse specialists in the US. Whilst commercialisation and academic – industry partnerships are emerging research trends in the UK more generally, this is not something that we are familiar with, within the nurse academic sector in the UK commonly. However, it would be important not to primarily focus on the commercial aspects of research or research outcomes which can also be detrimental in terms of evidence-based products becoming inaccessible to older people due to prohibitive costs.



With Professor Hodgson's Research Team @ UPenn

Third Sector Dementia Care Services: I had the privilege of visiting one of the evening centres run by the Alzheimer Association in Columbia along with my host from Johns Hopkins and interacting with people living with dementia and their family care givers. My key insights from the visit were that we work very collaboratively across sectors [Health, Education and the Third Sector for Dementia in Scotland. I have been working very closely with Alzheimer Scotland since 2013 with several collaborative initiatives both in education and research to raise the profile of dementia in nurse education : for example, a formal Memorandum of Agreement between UoS and Alzheimer Scotland [2013]; funding [£5000] to train 10 practitioners as dementia care experts [2015]; the Dementia Friends programme [2017] to raise dementia awareness with over 350 Dementia Friends at UHI and UK's first UG students' dementia travel bursary [£3000 / year x 3 years] at UHI [2019]. Colleagues from Alzheimer Scotland regularly teach on my dementia programme of studies alongside supporting experts by lived experience [people living with dementia and their families] which is considered best practice with this approach being increasingly recommended within the UK. This also enriched and enhanced our students' learning experience. However, collaborative working across relevant sectors didn't seem to be the case in the US. I was able to provide exemplars of this best practice from my own experience and also connect colleagues from The Alzheimer's Association in the US with

colleagues in Alzheimer Scotland to build bridges across the dementia Third Sector in the two nations for relevant knowledge exchange.



Knowledge Exchange: Had a number of opportunities for knowledge exchange on my approach to dementia workforce development in Scotland through targeted pre-registration nurse education underpinned by relevant epidemiological and policy landscape which was very positive and has resulted in ongoing networking with colleagues in the US and beyond in this important area of nurse education. I have also been able to share the learning resources that I have developed that are distinct and unique in promoting a positive culture for dementia care.

UNIVERSITY OF THE HIGHLANDS AND ISLANDS
SCHOOL OF NURSING

GLOBAL HEALTH AFFAIRS

Dementia Enhanced Nurse Education to Promote Excellence

Dr Leah Macaden, a recipient of the 2019 Churchill Fellowship, is visiting Perth Nursing to collaborate with Dr Nancy Hodgson, Anthony Bannister, Terry Clark in Gerontology and Associate Professor of Nursing, in the area of dementia care.

A Senior Lecturer from the Department of Nursing and Midwifery at University of the Highlands and Islands (UHI) in Scotland and former Professor of Nursing at the Christian Medical College, India. Dr. Macaden moved from South India to Scotland in November 2011. She has a wide range of academic, clinical, management and research expertise that spans across India and the United Kingdom for over two decades. She is a Senior Fellow of the Higher Education Academy in the UK and an alumna of the Scottish Council – a leadership and development agency for research leaders of the future – to research work and pedagogical approaches to dementia education for health care professionals and work opportunities for academic collaboration towards supporting the relevance of state model of dementia nurse education.

Macaden has developed Being Dementia Smart (BDS) whilst at the University of Stirling in 2013 of DEEPE (Dementia Enhanced Education to Promote Excellence) for UHI in 2017 – both that of an all-inclusive dementia curriculum for the undergraduate nursing program based on the edge of the dementia journey and the Scottish Promoting Excellence Framework that enables students to sit at the Enhanced level of the framework.

Wednesday, July 31 / 1:00 – 2:00 pm / Fagin Hall 203
RSVP by July 26
leah@uhis.ac.uk

Dementia Enhanced Nurse Education

The Sigma Mu Beta at-Large Chapter's monthly educational event (10-11 a.m. Thursday, August 15, Room 310 or via Zoom) features Dr. Leah Macaden, a recipient of the 2019 Churchill Fellowship and senior lecturer in the Department of Nursing and Midwifery at University of the Highlands and Islands in Scotland. She will discuss Dementia Enhanced Education to Promote Excellence (DEEPE), a program she developed. Refreshments served.





Knowledge Exchange Opportunities at UPenn & Hopkins

Not all work!!

The Fellowship was not all work and no play! It was such an amazing opportunity of a lifetime on every front. Having traveled to the US for the first time I was able to travel with my family who joined me after my Fellowship activities and reconnect with several friends and students from my Alma Mater in India since the 80s that enriched my overall experience. This also provided me an informal forum [with most of them practicing nursing!] to share my experiences as a Churchill Fellow and advocate the need for dementia education and training globally to shift the paradigm of dementia care.





Catch Up and Fun with Friends & Family

Ongoing Networking: This has only been possible because of my Fellowship which I consider a very special gift for which I am immensely grateful and I continue to network successfully with colleagues I have met in the US since 2019.

The icing on the cake: I had a personal invitation and sponsorship from colleagues at UPenn & Johns Hopkins in 2022 to become a Fellow of the American Academy of Nursing [FAAN] which is very prestigious and opens the door for advocacy and policy development. The American Academy of Nursing (Academy) recognised me as a Fellow of this prestigious Academy in recognition of my outstanding contributions to health and health care through dementia education and workforce development at the Academy's annual [Health Policy Conference](#), in October 2022 at Washington, DC. I was one of 250 distinguished nurse leaders from around the world, one of 4 in the UK and the only one from Scotland to be inducted into the 2022 Class of Fellows.





A snapshot of the award ceremony can be watched from the link below:

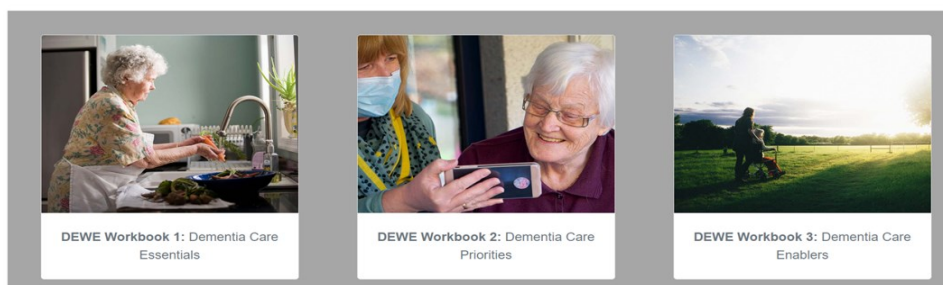
<https://youtube.com/clip/UgkxWS4iIIR2RUBAPA1jGEyxOQqAVcfjrhw4>

Fellow of The American Academy of Nursing – Induction Ceremony [Oct 2022]

National Teaching Fellow, Advance Higher Education, UK: I was also recognised as a National Teaching Fellow by Advance Higher Education in the United Kingdom in 2022 – a high profile national award that recognises, rewards and celebrates individuals who have made an outstanding impact on student outcomes and higher education in the United Kingdom - [Dr Leah Macaden | Advance HE \(advance-he.ac.uk\)](#)

The Pandemic Pause: My original proposal and itinerary were organized to visit the National University of Singapore, the Christian Medical College, Vellore & Manipal Higher Education Academy in India in March 2020 for Phase 2 of my Fellowship. This had to be paused due to the unforeseen and unprecedented pandemic that struck the world then.

The Pause wasn't a Period! Having completed Phase 1 successfully by then, I was invited to apply for the COVID 19 Action Fund of The Churchill Fellowship. This was another tremendous opportunity to expand my networks both within the UK and globally during the pandemic. I was very keen that I used my expertise to support frontline staff working in care homes in the UK who predominantly cater to residents with dementia during the pandemic. During the pandemic, I secured three rounds of COVID 19 Action Fund [2020 - 2021] competitively as a Churchill Fellow networking with two other Churchill Fellows [Ann Pascoe – CF 2012 & Ruth Mantle – CF 2016 from the Highlands] to develop the first comprehensive resource for blended learning titled DEWE – Dementia Education for Workforce Excellence – **(DEWE (Dementia Education for Workforce Excellence))** to promote dementia care excellence in care homes. I delivered dementia training using an innovative bichronous approach [synchronous online teaching and asynchronous learning supported by the three workbooks below] for the first time for 35 social care practitioners [frontline staff working in care homes & home care] in the UK [2020 /21] and 20 nurse academics of the Nurses' League in India and the University of Plymouth in England in 2022 to introduce dementia in their nursing programmes.



[DEWE \(Dementia Education for Workforce Excellence\)](#)

Unique Features: “A journey - based approach”; Individual and Peer supported reflective learning; Embraces the philosophy of person - centred dementia care using Barbara’s story as the narrative.

This innovative approach was also formally evaluated through research, peer reviewed and published this year. This open access publication can be accessed from <https://www.mdpi.com/2227-9032/12/5/590>

Open Access Article

Dementia Education for Workforce Excellence: Evaluation of a Novel Bichronous Approach

by Leah Macaden ^{1,2,*} and Kevin Muirhead ^{1,2}

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The Gift Goes On: DEWE has now been shared as a free resource with 40 nurse educators in USA, India, Australia, Norway [The Oslo Metropolitan University], and South Korea [The Seoul National University, Yeungjin University & the EWHA Women’s University].

This incredible journey has taught me that harnessing technology and working with interdisciplinary experts can produce learner-centred, cost-effective and resource-efficient learning resources with national/international significance reach and impact.

Phase 2: South Korea & India [March / April 2024]

Professor Eunhi Kong from Gachon University in South Korea and a UPenn alumnus visited me in Inverness whilst I worked at the University of the Highlands & Islands in Feb 2019 as part of her sabbatical to explore collaboration on innovative approaches to dementia workforce development. Learning of my visit to the US in July / Aug 2019, Professor Kong met up with me in the US again on her sabbatical and was instrumental in expanding my international network across three universities with her colleagues in South Korea.

Online discussions with these colleagues during the pandemic led to an invitation for me to visit South Korea for Phase 2 of my Fellowship to share my experiences on Innovation, Interdisciplinarity and

Coproduction for Research Integrated Teaching & Technology Enabled Workforce Education – A Strategic Focus in Gerontological Nursing.

I am incredibly grateful to my three hosts named below who have been critical to widening my horizon in that part of Asia. The kindness, warmth and hospitality that I received from these colleagues and their institutions was second to none and very noteworthy.

1. Professor Heeseung Choi, Associate Dean of Academic Affairs & Professor, College of Nursing / Psychiatric Mental Health Nursing, Seoul National University, South Korea.
2. Professor Eunhi Kong, Professor, College of Nursing, Gachon University, South Korea.
3. Professor Eunhee Cho, Professor, Yonsei University College of Nursing & Director, Mo-Im Kim Nursing Research Institute, South Korea; Senior Fellow, Center for Health Outcomes and Policy Research, University of Pennsylvania School of Nursing.

I engaged in teaching both UG & PG students which was an excellent opportunity to invest in the future nursing workforce of South Korea and participate in knowledge exchange on integration of education & research with PhD students, early career researchers and faculty. Scope for academic and research collaborations are being explored in all three universities. A two-week elective programme on Gerontological Nursing at the University of Edinburgh for MSc Nursing students from Seoul National University is being discussed as one of the options.

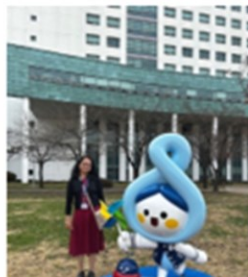
Summary of Key Findings

1. By 2025, South Korea is expected to become a "super-aged society," with over 20 percent of the population being 65 years or older.
2. Their current nursing and social care workforce aren't adequately trained and prepared to care for older adults with complex care needs including dementia.
3. The role of technology is being increasingly explored to provide education in this area with enhanced access and reach to build a critical mass of nurses with the required competencies in the care of older adults.
4. The model/s that I have developed for education on dementia, dignity and sensory impairments have the potential and scope to be developed in Korean and adapted to their cultural context. However, these resources would serve as a framework / template for them to design their educational resources locally.
5. The principles of research integrated teaching [the prospect of using research evidence to develop learning materials or evaluating learning resources using research], codesigning learning resources with students and enriching nurse education with interdisciplinary input were novel and considered to be invaluable in future educational initiatives.
6. The concept of Patient Public Involvement [PPI] in tangible ways especially in dementia education and research was embraced with enthusiasm.

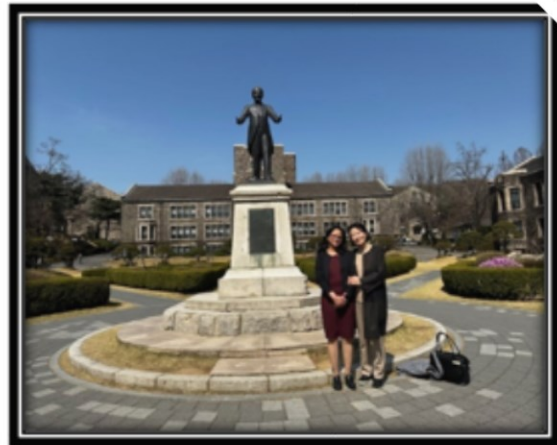


With Professors Choi & Suh at Seoul National University

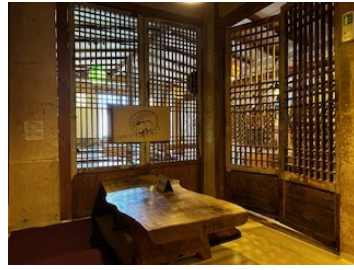
NURSING, SNU



Interactions with Faculty, PhD students and Post-Doctoral Researchers at Gachon University, Incheon
[College of Nursing \(gachon.ac.kr\)](http://gachon.ac.kr)



Interactions with the Dean of Nursing, Professor Cho and Faculty at Yonsei University
[YONSEI University, Seoul, Korea](#)



A wee glimpse and my very fond memories of exceptional Korean hospitality [Dawon Traditional Tea House- Insadong, Gyeongbokgung Palace, National Museum of Korea, A taste of Bibimbap@ a Michelin Star Restaurant in Namsan - Dong & Yongsan Park]

Following a very successful visit to South Korea, I spent another very productive week at my Alma Mater - The Christian Medical College [CMC], Vellore in India mostly engaged in teaching and Knowledge Exchange around pedagogical innovations, technology enabled and research integrated nurse education. I am very grateful to both my hosts named below at CMC, Vellore.

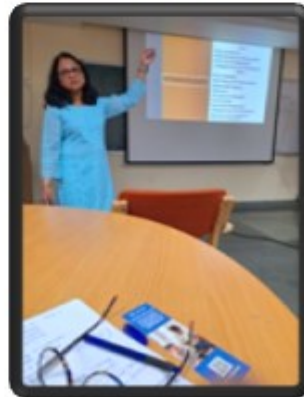
1. Dr Vinitha Ravindran, Professor & Dean, College of Nursing, CMC, Vellore
2. Mrs Alice Sony, Nursing Superintendent, CMC, Vellore

The College of Nursing at CMC Vellore is over a century old establishment and India's highest-ranking nurse education provider designated as a WHO Collaborating Centre since 2002. Unlike most nurse education providers in the world, their uniqueness lies in the integration of service and education with nurse academics providing clinical supervision to both staff and students to ensure standards, high quality patient care and practice learning experience for the future nursing workforce. I had the privilege of delivering dementia education and training [currently nonexistent] through workshops to 25 MSc Nursing students, 25 Nursing Faculty, 50 Staff Nurses and 100 Charge Nurses over a week. Any change in nurse education / policy initiatives in India are often led by this premier institution and therefore this was a significant investment for the future of nursing in India. Both my hosts are very keen to embed DEWE into their nursing curriculum as an elective for students and workforce development moving forward that will then become a model for the rest of the country to build capacity and capability for dementia care across the country.





DEWE Workshop with Staff Nurses & Charge Nurses at CMC, Vellore, India



DEWE Workshop with PG Students & Faculty at CON, CMC, Vellore, India

Conclusion: The Fellowship was such an amazing and invaluable opportunity to pursue my passion and make a difference in an area of global need and relevance through innovation, high quality and research integrated nurse education. It opened several doors for me to meet new colleagues across the world, expand my networks that continue to grow, make friends for life, learn through travel and knowledge exchange; The Fellowship offered me an immense privilege to share my knowledge, skills and expertise to invest in dementia education and training in the future nursing workforce across three different nations beyond the UK; Whilst the focus of my Fellowship was approaches to dementia workforce development, there was a lot of broader learning around nurse education, research and health care systems in these parts of the world and harness the potential for collaboration. The Fellowship has enriched my life both personally and professionally on several counts and has reaffirmed my firm belief that collaboration, networking and knowledge exchange are the building blocks to address issues of global relevance. The Churchill Fellowship is a visionary approach and a two way street that is well supported all the way through to both learn and share best practice in an area that we are passionate about and bring about change for societal benefit through collective and coordinated endeavours.

I believe Nursing is a “*Global Bank*” that I have drawn from and contributed to nearly four decades now that has enriched me immensely both as an individual and as a professional. However, I also passionately believe and deeply desire to leave this bank a bit healthier than what I inherited for the future workforce to be able to continue make a difference to societal benefit around an issue that is of huge significance both in the UK and globally – i.e. ageing and dementia. My Fellowship has been pivotal to achieving this in a very tangible way.

Acknowledgements: I am deeply indebted to my wonderful husband Ashish, son Mithran and daughter in law Preethi and our extended families in India for their interest in my Fellowship, constant encouragement and support throughout both phases.

I would like to place on record my heartfelt gratitude to everyone at The Churchill Fellowship who were involved since Round 1 of my application in 2018. This was a dream and an incredible opportunity of a lifetime that I couldn’t have pursued without their collegiate and unwavering support throughout in the midst of an unprecedented pandemic. I am very grateful for the financial support received from the Churchill Fellowship and the time given to me as part of my professional development both from the University of the Highlands & Islands for Phase 1 and from the University of Edinburgh for Phase 2. I would like to acknowledge the colleagues below specifically who were instrumental in organising a very exciting, productive and enjoyable itinerary, providing me with an invaluable experience and growing my international networks. My special thanks to the many colleagues and students who I had the privilege of interacting with and learning from in all three countries.

1	Professor	Nancy	Hodgson	University of Pennsylvania, USA
2	Professor	Pamela	Cacchione	University of Pennsylvania, USA
3	Professor	Valerie	Cotter	John’s Hopkins University, USA

4	Professor	Eunhi	Kong	Gachon University, Incheon, South Korea
5	Professor	Heeseung	Choi	Seoul National University, South Korea
6	Professor	Eunhee	Cho	Yonsei University, Seoul, South Korea
7	Professor	Vinitha	Ravindran	Christian Medical College, Vellore, India
8	Professor	Alice	Sony	Christian Medical College, Vellore, India
9	Professor	Annetta	Smith	University of the Highlands & Islands, Scotland
10	Dr	Rosie	Stenhouse	University of Edinburgh, Scotland
11	Dr	Nancy	Biller	University of Pennsylvania, USA

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