



The Content and Adequacy of Dementia Care Training for Registered Dietitians: A Focus Study Group



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Background & Objective

- The increasing prevalence of dementia presents unique challenges to the healthcare system.
- Many healthcare professions have too few clinicians skilled in geriatric care.
- The Healthy People 2020 Objectives called for an increase in the geriatric workforce, including Registered Dietitians (RDs) with geriatric training.
- **This study aimed to:**
 1. Explore what dementia care training RDs have received.
 2. Investigate if this training is adequate to meet the needs of clinicians.

Subjects & Methods

- Three focus groups with 20 RDs in Alabama who work with older adults
- Participants shared about their dementia care training experiences
- Sessions were audio recorded and transcribed verbatim
- Data were analyzed using thematic analysis approach

Results

RDs Reported Variable Exposure to Dementia Care

- *'I remember I went to [college] and I didn't see [dementia training] in undergrad or in graduate school.'*
- *'And even if you had an elderly population or you studied the elderly nutrition needs you didn't really study dementia.'*
- *'We had a long-term care facility in our rotation and I don't recall any discussion about Alzheimer's or dementia.'*
- *'In my experience in the internship long-term care [dementia] was kind of skipped over, more acute care, was focused on.'*
- *'In supervised practice we did not have a long-term care rotation.'*
- *'I don't remember getting specific training on like older people with dementia and how to care for them.'*

On-the-Job Training Opportunities Were Not Specific to Nutrition

- *'I was able to go to different things related to dementia or long term care, that was not necessarily nutrition training.'*
- *'I had just general dementia training and it was like a Powerpoint presentation and it was basically how to respond to a patient with Alzheimer's.'*

Many RDs Report Learning From Other Disciplines or Experiences

- *'I was lucky enough that while in school I had a summer job working at the VA...they have a geriatric unit...but that was the only exposure I got and not part of a formal education in undergraduate.'*
- *'Everything I've learned, I've learned on my own. Just in the nursing home. Talking to nurses, observing.'*
- *'I would read everything I could get my hands on. But that wasn't ideal, really.'*
- *'I would say my on-the-job training seems more anecdotal. It was not a formal workshop or a formal training...you just gonna learn on your own.'*
- *'I've learned so much from the people I work with, rather than when I'm sitting in a course.'*

Table: Participant Demographics

Demographic	n	%
Biological Sex		
Male	0	0
Female	20	100
Racial Background		
Black/African American	3	15.0
White/Caucasian	16	80.0
Asian	1	5.0
Education Level		
Bachelor's degree	10	50.0
Master's degree	10	50.0
Work Setting		
Acute Care	3	15.0
Long-term, Skilled Nursing, or Assisted Living Care	9	45.0
Outpatient	3	15.0
Other	2	10.0
Multiple Settings	3	15.0
	<i>M ± SD</i>	<i>Range</i>
Age	45.7 ± 14.3	24-68
Years as an RD working with Older Adults	11.6 ± 11.6	1-36

M = Mean; SD = Standard Deviation

Conclusions

- Dementia-specific training for RDs varied, and overall, it was very limited.
- Academic training should incorporate more focus on this patient population.
- Affordable continuing education opportunities that are specific to the learning needs of RDs are needed.
- There is a need for more nutrition-specific dementia care training opportunities.