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Development of a Micro-credential Curriculum: The Interprofessional Dementia Caregiving Telehealth Community Practicum Badge

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Development of a Micro-credential Curriculum: The Interprofessional Dementia Caregiving Telehealth Community Practicum Badge

Abstract

Purpose: Informal dementia caregiving by family caregivers is a crucial component of the care provided to people living with dementia (PLWD). The numbers of these family caregivers are rapidly increasing at a time, when in the U.S., the availability of formal caregivers is decreasing. Currently, health professional training focuses on providing care to PLWD and not necessarily addressing the caregiver's needs, and this training takes place within professional silos and not interprofessionally. This study sought to address this issue by: 1) examining the current state of interprofessional dementia caregiving trainings in the US; and 2) developing a micro-credential curriculum called interprofessional dementia caregiving telehealth community practicum badge suitable for health profession students in order to meet the needs of dementia caregivers in Wisconsin. **Methods:** A four-phase-embedded approach was used. In the first phase, a scoping review on the current state of interprofessional education regarding caregivers of PLWD was conducted. Next, a team comprised of 6 faculty and staff with expertise in dementia care and caregiving, 2 dementia care specialists (DCS), and 2 family caregivers provided their expertise and input into developing the components of a micro-credential badge. These components and details were then assessed/revise based on interviews with 11 additional family caregivers, DCSs, and community leaders. Finally, the micro-credential interprofessional dementia caregiving curriculum was developed. **Results:** The micro-credential curriculum was named the Interprofessional Dementia Caregiving Telehealth Community Practicum Badge. The badge requires that an interprofessional team of students to: 1) complete five self-directed modules; 2) conduct initial virtual caregiver home visit to assess needs; 3) hold a virtual meeting with an Aging Disability Resource Center (ADRC) specialist to acquire the resources; 4) develop a customized Caregiver Health and Wellness Resource Packet; 5) hold a second/final virtual home visit to present the packet to the caregiver; 6) conduct a debrief session with all involved parties; and 7) finalize/submit the Packet along with reflection as a Capstone Project. **Conclusion** The micro-credential badge curriculum was piloted in the spring of 2022 while incorporating findings from this study. The completion of the interprofessional dementia caregiving badge counts towards the UW [IPE Path of Distinction](#)

Author Bio(s)

Susan Wenker, PT, PhD, MS is the Director of UW-Madison DPT program and an Assistant Professor (CHS) in the Department of Family Medicine and Community Health. She earned her BS at UW-La Crosse and her Masters and PhD degrees at UW-Madison through the School of Education.

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Kristen Felten, BA, MSW began working in the field of dementia care in 1996 as a front line staff member in an assisted living facility. In October of 2010, Kristen shifted from resource center development to the Office on Aging with a new focus on policy regarding Alzheimer's disease and other dementias, and she is now the Department's Dementia Specialist.

Kathleen O'Toole Smith is an **Outreach Specialist** at the Wisconsin Alzheimer's Institute (WAI), School of Medicine and Public Health, University of Wisconsin-Madison. Kathleen joined the WAI in 2013 to lead a statewide outreach program, designed to discover and share innovative dementia friendly best practices, resources and information to benefit people living with dementia and their caregivers.

Dr. Schroepfer, **PhD, MSW, MA**, is a professor at the University of Wisconsin-Madison School of Social Work. She is a recipient of the Hartford Geriatric Social Work Faculty Scholar Award, and serves on several national boards including the Association for Gerontology Education in Social Work and the NQF Geriatric and Palliative Care Standing Committee.

Dr. Hossein Khalili, **BScN, MScN, PhD, FNAP** is an internationally recognized scholar, expert, and leader in the field of interprofessional education and collaborative practice (IPECP). He serves as the Director of the University of Wisconsin Centre of Interprofessional Practice and Education, the President of InterprofessionalResearch.Global (IPR.Global), an Adjunct Research Professor at Western University, and a Member of AIHC Program Committee. Dr. Khalili also serves in the Editorial Boards of the Journal of Interprofessional care and HIE&P Journal

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ABSTRACT

Purpose: Informal dementia caregiving by family caregivers is a crucial component of the care provided to people living with dementia (PLWD). The numbers of these family caregivers are rapidly increasing at a time, when in the U.S., the availability of formal caregivers is decreasing. Currently, health professional training focuses on providing care to PLWD and not necessarily addressing the caregiver's needs, and this training takes place within professional silos and not interprofessionally. This study sought to address this issue by: 1) examining the current state of interprofessional dementia caregiving trainings in the US; and 2) developing a micro-credential curriculum called interprofessional dementia caregiving telehealth community practicum badge suitable for health profession students in order to meet the needs of dementia caregivers in Wisconsin. **Methods:** A four-phase-embedded approach was used. In the first phase, a scoping review on the current state of interprofessional education regarding caregivers of PLWD was conducted. Next, a team comprised of 6 faculty and staff with expertise in dementia care and caregiving, 2 dementia care specialists (DCS), and 2 family caregivers provided their expertise and input into developing the components of a micro-credential badge. These components and details were then assessed/revise based on interviews with 11 additional family caregivers, DCSs, and community leaders. Finally, the micro-credential interprofessional dementia caregiving curriculum was developed. **Results:** The micro-credential curriculum was named the Interprofessional Dementia Caregiving Telehealth Community Practicum Badge. The badge requires that an interprofessional team of students to: 1) complete five self-directed modules; 2) conduct initial virtual caregiver home visit to assess needs; 3) hold a virtual meeting with an Aging Disability Resource Center (ADRC) specialist to acquire the resources; 4) develop a customized Caregiver Health and Wellness Resource Packet; 5) hold a second/final virtual home visit to present the packet to the caregiver; 6) conduct a debrief session with all involved parties; and 7) finalize/submit the Packet along with reflection as a Capstone Project. **Conclusion** The micro-credential badge curriculum was piloted in the spring of 2022 while incorporating findings from this study. The completion of the interprofessional dementia caregiving badge counts towards the [UW IPE Path of Distinction](#).

Keywords: dementia, caregivers, interprofessional, burnout

INTRODUCTION

Informal dementia caregiving by family caregivers is a crucial component of care provided to people living with dementia (PLwD). The numbers of family caregivers for PLwD are rapidly increasing in the U.S. due to the aging of the Baby Boomers. Since 2011, 10,000 baby boomers have been turning 65 every day and will continue to do so until 2030.¹ Along with these growing numbers of older adults comes a substantial growth in the percentage that will be living with dementia. The Alzheimer's Association projects that by 2025, 7.2 million boomers will be diagnosed with this disease; this number represents a 16% increase from 2021. By 2060, the number is projected to grow to 13.8 million. Along with this growth comes a significant demand for caregivers at a time when availability of formal caregivers is decreasing. These two simultaneous trends are placing even more pressure on informal caregivers.

While caregiving of family members living with dementia can be gratifying, research shows that these caregivers often face financial, social, and psychological stressors that impact their caregiving abilities, as well as their physical and mental health.^{2,3} These multifaceted issues require an interprofessional team of health professionals educated and trained to work together to assess and address caregiver needs. Currently, however, health professional programs tend to focus training their students on how to care for the PLwD and not necessarily on addressing the caregiver's needs. Additionally, this training often takes place within professional silos rather than using an interprofessional team approach.

This study sought to address these issues by 1) examining the current state of interprofessional dementia caregiving trainings in the US; and 2) based on those findings and interviews with experts in the field of dementia and informal caregivers of a PLwD, developing a micro-credential curriculum and training called the Interprofessional Dementia Caregiving Telehealth Community Practicum Badge. This training and resulting credential seek to expand the current dementia training of health professional students to include attention to informal caregiver needs and to conduct the training using interprofessional student teams. By accomplishing these goals, we hope to move towards meeting the needs of informal caregivers of PLwD.

LITERATURE REVIEW

At the individual level, the dementia caregiving burden can lead to an increase in caregivers' physical and mental health issues, reductions in daily activities and work productivity, and impairment of general health.⁴ According to the recent report by the World Health Organization, these issues can impact quality of care and life of the PLwD.⁴ At the societal level, caregiver burden also has economic implications. With over 130 billion hours of yearly dementia family caregiving, caregiver burden could result in a societal crisis causing reduced work productivity and increased use of health care resources by caregivers which could significantly add to the overall costs of health care.^{2,4,5}

At the same time and in the past two years, the COVID-19 pandemic has been worsening dementia care and caregiving around the globe. According to WHO,⁴ while people living with dementia have been at most risk from severe disease and death from COVID-19 as dementia is most frequently associated with severe COVID-19 disease and its long-haul impacts, the pandemic brought additional challenges to family caregiving. Significant disruption exists in dementia health services and access to emergency services and routine care for PLwD and their caregivers. These conditions created a challenging situation not just for the PLwD, but also for their family caregivers where increased social isolation, greater caregivers' burden, and deterioration of their physical and mental health became more prevalent. In addition, and while paid leave policies and special allowances for childcare were included in national COVID-19 responses, social and financial benefits for family caregiving were rarely included which could have exposed the caregivers of people living with dementia to a double burden of caregiving while working from home. Together these factors are likely to contribute to a decreased capacity to provide care over the long term⁴, which is concerning.

Despite all these challenges, while the number of health education programs for dementia care are increasing, a critical gap exists in the education and training of health and social care workforce about the caregiver needs and support, including knowledge about the assessment and treatment of caregiver's distress and burnout.⁴⁻⁶ Furthermore, in many countries including in the US, there is still either a lack of training and information services for caregivers, or the services are fragmented across sectors, not person-centered, and underutilized due to a lack of knowledge in the societies.^{7,8}

Informal caregiving by family caregivers and unpaid caregivers is the backbone of healthcare. Most people with dementia are cared for by family members especially in low-income settings, from which 70% are women. While caregiving is uplifting, caregivers often face financial, social, and psychological stressors which have an impact not only on their caregiving ability, but also on their own physical and mental health.^{2,3} The overwhelming social, health, and economic tolls of this public health crisis on the PLwD, families, and society cannot be ignored. According to WHO,⁴ the primary family caregivers of PLwD spend on average 8 hours per day providing care to their loved ones which sums up to over 130 billion hours a year that correspond to 67 million full-time workers per year.

Providing and monitoring caregivers service availability and effectiveness are important. Educating current and future generations of health and social care workers in dementia care and caregiving in an interprofessional manner is essential to strengthen the care provided by health care workers.^{9,10} Health and social care workers need to be appropriately trained as a team to better understand the roles of caregivers in dementia care and to be able to effectively communicate with them, manage their stress and burnout, foster their mental and physical resilience, empower them, and guide them through accessing customized services and resources.¹¹⁻¹⁴ This training is particularly important for caregivers with low level of literacy, and those from vulnerable or lower socioeconomic groups.¹⁵

Achieving such high quality interprofessional dementia caregiving support requires a unique set of knowledge, skills, norms, and values among the providers to ensure understanding the complementary roles of each healthcare team member, person-centeredness, and shared decision-making in providing care and services to the caregivers.¹⁶⁻¹⁸ This interprofessional dementia care approach, as a key strategy for preparing a future dementia care workforce, represents a paradigm shift from siloed healthcare delivery towards more cohesive and integrated models of practice where different professions work together to address an individual patient/family's health/social care needs.^{13,19-21} The purpose of this paper is to present the curriculum development of a micro-credential digital badge called interprofessional dementia caregiving telehealth community placement badge for health and social professional students in the University of Wisconsin-Madison Center for Interprofessional Practice and Education.

METHODS

This study is part of a larger dementia caregiving project that is funded by the Wisconsin Department of Health Services (DHS) through the Wisconsin Centers for Disease Control and Prevention (CDC)- funded Building Our Largest Dementia (BOLD) Infrastructure for Alzheimer's Disease Project public health grant to the DHS. As the first stage of the dementia caregiving project, a four-phase-embedded approach was utilized to explore, collect, analyze, and develop a customized interprofessional curriculum for the caregivers of patients living with dementia in Wisconsin. The study started with scoping the literature and resources to identify the current state of the interprofessional dementia caregiving training available for health and/social professional program students.

Based on this review, an outline of a proposed preliminary curriculum was developed. Next, a team comprised of 6 faculty and staff with expertise in dementia care and caregiving, 2 dementia care specialists (DCS), and 2 family caregivers provided their expertise and input into developing the components of a micro-credential badge and relevant details. These components and details were then assessed and revised based on interviews with 11 additional family caregivers, DCSs, and community leaders. Finally, the micro-credential interprofessional dementia caregiving curriculum was developed based on the study findings, and the scoping review.

RESULTS

The results are presented in four parts: scoping review, draft curriculum review, interviews with dementia experts and family caregivers, and interprofessional dementia caregiver curriculum.

Scoping Review

In the scoping literature and resource review, 76 articles and resources (including online dementia caregiving programs and professional videos) were reviewed, of these articles and resources 65 (85.5%) were peer reviewed. Of the 76 articles and resources, 20 were used in the final scoping reviewed and of those 20, 16 (80%) were peer reviewed. The scoping literature and resource review provided support for the application of the telehealth, particularly during the COVID-19 Pandemic, and the interprofessional practice and education in training of, and providing cares to family caregivers of PLwD.²²⁻²⁵ Palliative, hospice, and respite care are viewed as critical resources when working with PLwD and their caregivers.²⁶⁻²⁸ The scoping review also highlights the fact that dementia caregiving is often performed by adult children, who feel that family caregiving is not a choice but an obligation, while it fails to deliver significant insights into young children as caregivers.²⁹⁻³³ Integrating cultural competence into caregiving training emerged as a crucial component of interprofessional education and communication with dementia patients and their caregivers.^{34,35}

The scoping review revealed that, there are a number of local/national and global resources (written online information), available for caregivers of PLwD (e.g., AARP, Prepare to Care, A Planning Guide for Families; Administration for Community Living, Administration on Aging, 2019 Profile of Older Americans, 2020; Diverse Elders Coalition, Caring for Those Who Care Resources for Providers: Meeting the Needs of Diverse Family Caregivers; March 2021; World Health Organization; Global Status Report on the public health response to dementia, 2021; Meeting the Challenge of Caring for Persons Living with Dementia and Their Care Partners and Caregivers: A Way Forward, 2021). However, due to the concerns of caregivers' health literacy and navigation ability, many of these resources might not have been as beneficial as intended. Nonetheless, a lack of or limited resources available exists throughout educational institutions for health/social professional students to learn and practice the unique health and social care needs of family caregivers of PLwD, using the interprofessional team-based care model. While the scoping review identified a few

dementia caregiving resources as part of bigger dementia care curricula, there was no interprofessional dementia caregiving curriculum for health/social professional program students. Findings from the scoping review were used to develop a preliminary outline for the interprofessional dementia caregiving curriculum.

Draft Curriculum Review

At the next phase, the curriculum outline was reviewed and updated by the project team of six faculty and staff with expertise in both dementia care/caregiving and in interprofessional education and collaborative practice, two dementia care specialists (DCS), and two caregivers in which the detail components of the curriculum (the syllabus) as a micro-credential badge were initiated. The faculty and staff consisted of experts in the field of aging and dementia within social work, nursing, and physical therapy. Dementia Care Specialists offered insights into caregiver needs and resources in the community relative to ADRCs. Aging and Disability Resource Centers provide a central point of contact for community members who are older and adults with disabilities (<https://www.dhs.wisconsin.gov/adrc/index.htm>). Caregivers provided feedback relative to their own experiences as caregivers for someone living with dementia.

Interviews with Dementia Experts and Family Caregivers

In the third phase, the badge syllabus was assessed and revised based on the findings from individual and focus-group interviews with 11 additional stakeholders. The interviewees included seven caregivers, two community leaders, and two DCSs representing Latinx, Indigenous American, Asian American, African American, and non-white underrepresented populations. Each interview was independently analyzed by two individuals, the interviewer, and another member of the project team with expertise in qualitative data analysis. A blueprint based on the interview questions was created to descriptively analyze the data. The results were compared, and consensus was reached by the two team members. No adjudication was required. Table 1 Provides highlights of the interviewee findings.

Table 1: Highlights of Interviewee Findings

<ul style="list-style-type: none"> – Lack of knowledge and understanding of Dementia: DCS reported that the caregivers' lack or misunderstanding of dementia as a disease and their resistance to accepting care, along with health providers' lack of culturally aligned care negatively affect dementia care and caregiving. – Caregiving Responsibilities: Caregivers are not only involved in providing care management to the PLwD, but they also help managing the PLwD's daily living activities. – Available Community Resources: Community resources available to family caregivers include connections with professional services, joining the educational workshops and session, and participating in social events (e.g., Memory Café's) – Beneficial Community Resources: Caregivers indicated that they most benefit from health professional services, educational resources, family, and community support, including emotional support – Caregiver Challenges: Caregiver challenges include social isolation and managing fluctuating behaviors of the PLwD. – Caregiver Motivation: Internal gratification is the main reported reward by the caregivers. – Advice to Students in Dementia Caregiving: Health/social students should <ul style="list-style-type: none"> • know how to provide compassionate care while establishing trust with caregivers • recognize, learn and attend to the culturally unique characteristics of the caregiving • understand that learning requires many repetitions as each person is unique • know building rapport with the caregivers is essential in providing care to PLwD.

Interprofessional Dementia Caregiving Curriculum

In the final phase of this study, the findings from the scoping review, interviews, and expert opinions were utilized as the foundation to develop the micro-credential curriculum called the interprofessional dementia caregiving telehealth community practicum badge (the Badge). As a one-semester capstone project, the badge curriculum is developed to provide the interprofessional (IP) teams of 3-5 cross-professional students with a telehealth community practicum to learn and work collaboratively with each other and with caregivers of people living with dementia, DCSs, and faculty facilitators to develop a customized Caregiver Health and Wellness Resource Packet. The unique aspect of the badge curriculum is the utilization of family caregivers along with the DCSs, and faculty facilitators as co-teachers. the Badge curriculum includes five self-directed modules (as pre-work/asynchronous sessions), two virtual home visits, a virtual meeting with the ADRC, 2-4 optional preparation meetings, and a debrief session (see Table 2).

The badge learning objectives for student teams are to:

- Develop an understanding of the unique challenges family caregivers of people with dementia experience in maintaining their own health.

- Expand knowledge and expertise in identifying needed and customized community resources (e.g., health and wellness, nutrition, stress management resources, etc.) for dementia family caregivers.
- Enhance interprofessional collaborative skills and competencies through creating an interprofessional client-centred customized health and wellness resource packet for caregivers of people with dementia.

At the end of the curriculum, students are provided with the Interprofessional Dementia Caregiving Badge as a Certificate of Completion. The completion of the interprofessional dementia caregiving badge counts towards the UW IPE Path of Distinction.

Table 2. Interprofessional Dementia Caregiving Telehealth Community Practicum Badge

Session	Delivery	Purpose	Attendees
Pre-work	Online asynchronous	Students complete the following Self-Directed Modules: <ul style="list-style-type: none"> • Depression, Delirium, and Dementia • Caregiving is a Public Health Priority • Interprofessional Teams for Providing Person-centered Care • Diversity in Dementia Care • End-of-Life Topics • Watch the video: Children as Caregivers 	Students
Session 1 - Orientation	Online synchronous	Orientation for students	All student teams, DCSs, and facilitators
Session 2 - Preparation for Meeting Caregiver	Online synchronous	Facilitator and DCS co-lead the session to orient students to the caregiver	Individual student team, assigned DCS, and facilitator
Session 3 – First virtual home visit	Online synchronous	Conduct needs assessment of the caregiver	Individual student team, assigned DCS, facilitator, and caregiver
Session 4 - Develop a Draft of the Caregiver Health and Wellness Resource Packet	Online synchronous	Team development of a customized community resource package and a collaborative community-based health/wellness promotion plan for the caregiver	Individual student team and facilitator
Session 5 – Meeting with ADRC	Online synchronous	Meet with the ADRC key contact to learn and discuss available resources to benefit the caregiver based on assessed needs	Individual student team, ADRC key contact, facilitator, and DCS (optional)
Session 6 – Second and Final Virtual Home Visit	Online synchronous	Deliver and explain the customized Health and Wellness Resource Packet to the caregiver	Individual student team, assigned DCS, facilitator, and caregiver
Session 7 – Finalization and submission of the Caregiver Health and Wellness Resource Packet (as the capstone project)	Online synchronous	Refine, finalize, and submit the Caregiver Health and Wellness Resource Packet (as the Capstone Project)	Individual student team, assigned DCS, and facilitator
Session 8 – Small and large group debrief of the experience/course feedback	Online synchronous	Share/reflect/debrief on roles, learning, and experiences	Individual student team, assigned DCS, facilitator, and caregiver

DISCUSSION

Informal dementia caregiving by family caregivers is the backbone of the healthcare system, when in the U.S., the number of PLWD are rapidly increasing and the availability of formal caregivers is decreasing. These two simultaneous trends are placing even more pressure on informal caregivers. While caregiving of family members living with dementia can be gratifying, research shows that these caregivers often face financial, social, and psychological stressors that impact their caregiving abilities, as well as their physical and mental health. These multifaceted issues require an interprofessional team of health professionals educated and trained to work together to assess and address caregiver needs.

Despite the growing dementia care curricula in health/social professional education in the US, the interprofessional dementia caregiving curriculum is still lacking.^{4,12} With the increasing need for dementia caregiving, a concomitant increase in the recognition of the caregiver burden exists, and caregiver support has become a national public health priority.^{2,5} Yet, few interprofessional education opportunities exist to create a work force of healthcare professionals to provide high quality, collaborative care to caregivers of PLWD.

To mitigate this gap, the University of Wisconsin-Madison Center for Interprofessional Practice and Education (UW CIPE), in collaboration with its health/social sciences schools/programs and the Wisconsin Department of Health Services (DHS), developed a unique micro-credential curriculum, 'interprofessional dementia caregiving telehealth community practicum badge'. In developing the curriculum, triangulated data from existing literature and resources, caregivers of PLWD, and content experts was used to inform curriculum development. Consequently, a curriculum was developed not only via current caregiver resources from a variety of organizations, but in conjunction with people living the experience.

The developed Badge curriculum provides an interprofessional practical learning opportunity where actual caregivers' responsibilities, roles, and experiences guide student learning about caregiving within the broader context of teaching health profession students to work in an interprofessional, collaborative manner. Working with community members (caregivers, DCS, ADRC) while in school may broaden students' health care delivery knowledge when in practice. The telehealth nature of the badge will also provide the students with the opportunity to learn and practice virtual care delivery which is considered as essential skills during and post COVID-19 pandemic. This innovative and collaborative state-wide telehealth community practicum has a great potential to improve collaboration and access to care in Wisconsin.

The next step is to pilot the project. The authors anticipate piloting the Interprofessional Dementia Caregiving Telehealth Community Practicum Badge with 5 groups of 3-5 interprofessional students working with caregivers of PLWD, DCS's, and key contacts at the local ADRC in the spring of 2022. Iterations to the pilot will be informed by feedback from facilitators, students, DCS's, and caregivers. As the first of its kind in the US, this curriculum aims to inform and disseminate a final scalable dementia caregiving curriculum to build a workforce of health care providers prepared to recognize and care for caregivers of PLWD.

Implications for Practice

1. This study informs interprofessional education of health profession students managing the care of caregivers of people living with dementia.
2. The intersectionality of interprofessional education, a micro-credential within a broader badge and path of distinction program and content specific to caregiving for dementia is new. This information facilitates educational practices within a large, Midwest university.
3. This study is part of a larger Wisconsin Building Our Largest Dementia Infrastructure for Alzheimer's Disease Project that showcase an effective collaboration between an academic institution and the Department of Health. This innovative and collaborative state-wide telehealth community practicum has great potential to improve collaboration and access to care in Wisconsin for caregivers for PLWD.

CONCLUSION

A critical gap exists in providing interprofessional education to health/social care students regarding the health and wellbeing of dementia family caregivers. Despite growing dementia care curricula in health/social professional education in the US, the interprofessional dementia caregiving curriculum for health/social professional program students is still lacking. To address this high educational need, a multi-phase approach was used to develop a customized dementia caregiver-centered curriculum as a micro-credential, called 'interprofessional dementia caregiving telehealth community practicum badge'. The badge was piloted with 5 teams of interprofessional students, working with caregivers of PLWD, DCS's, and key contacts at the local ADRC in the spring of 2022. Results will be published in a later publication.

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The authors wish to acknowledge funding from the Centers for Disease Control, collaborations with the Wisconsin Department of Health Services, and the caregivers and dementia care specialists who participated in curriculum development.

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