



Going for the Grail: Dementia Care Training that Improves the Lives of People with Dementia and Those Who Care for Them

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Pennsylvania nursing homes appear to choose and deliver dementia care training in order to meet a compliance requirement rather than achieve staff competency and improved outcomes for people with dementia.

Background

- People living with dementia (PLWD) have complex care needs, requiring different approach to:
 - Activities of daily living assistance
 - Communicating
 - Behavioral symptoms
- Direct care staff need dedicated training to provide competent dementia care
- Centers for Medicare and Medicaid Services (CMS) regulations re: dementia care training by nursing homes: **A facility must develop, implement, and maintain an effective training program for all new and existing staff; individuals providing services under a contractual arrangement; and volunteers, ... A facility must determine the amount and types of training necessary based on a facility assessment as specified at § 483.71. Training topics must include but are not limited to—**
 - Dementia management**
- The Commonwealth of Pennsylvania does not expand on this requirement, though many other states do.

Study Purpose

The purpose of this project was to describe how dementia care training is provided to direct care staff in Pennsylvania nursing homes.

Methods

- Descriptive study
- 2 surveys based in nursing homes
 - Direct care staff from 5 nursing homes in south central Pennsylvania, US, August – October 2025 about their dementia care training
 - Directors of Nursing about the dementia care training program they use and their satisfaction with those programs
- Convenience samples

Results

- 102 Nursing Home Staff
 - Certified Nursing Assistants > Licensed Practical Nurses > Therapy department > Registered Nurses > Activities coordinators
- Most used Relias, Positive Approach
- 46 Directors of Nursing (DONs)
 - Relias was most common training program (1h videos)
 - Teepa Snow's Positive Approach
 - Combination of portions of programs in Table 1
 - Human Resources decides on curricula for many

Figure 1. Where staff received training.

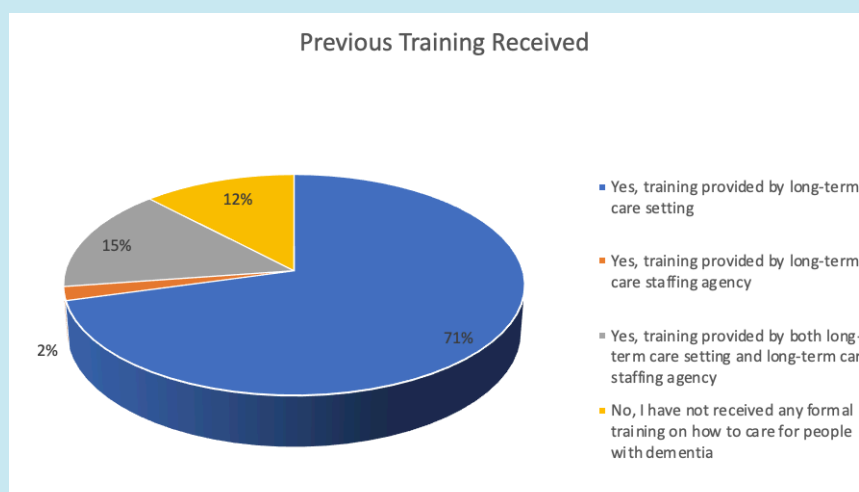


Figure 2. DONs' satisfaction with dementia care training, 10 = best.

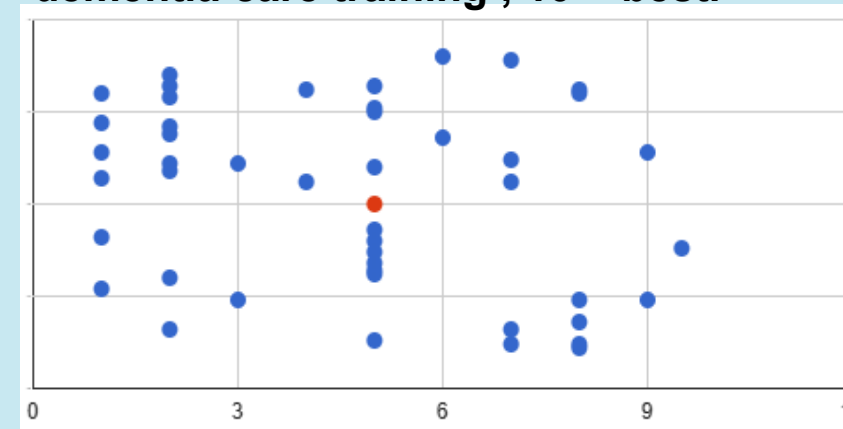


Table 1. Training programs used in Pennsylvania.

Program	Curriculum Content	Education Delivery	Cost
Positive Approach® (Teepa Snow)	Knowledge and skills to work with PLWD	3 steps. Step 1 Knowledge: 3 h on-line group learning or individual workshops, quiz	\$50-75 then \$198/pers
Hand-in-Hand (CMS 2012)	Module 1: Understanding the World of Dementia Module 2: What is Abuse? Module 3: Listening and Speaking Module 4: Actions and Reactions Module 5: Preventing Abuse Module 6: Making a Difference	Instructor guide, orientation guide, 6 1-hour videos via YouTube or facilitator-led	Free
Validation® Memory Care (Naomi Feil)	Empathic attitude, holistic view; interacting with and serving PLWD	11 weeks of live webinars, coursework, practice with instructors (recordings), quiz	\$200/ person
CARES® Dementia 5 Step Method-1 (Alz Assoc)	Dementia Basics (4h); Dementia Adv Care (6h); Dementia behavior (4h); ADLs (6h); EOL care (4h) ((Connect, Assess, Respond, Evaluate, and Share))	5-step=5 on-line modules (24h) and quiz	\$199/son \$1999/ facility
Heartstone	environment for care, creating a compatible and health-supportive flow of the day, training for family members and paid staff in the I'm Still Here® resident skills-supportive approaches to communication, dining, engagement, care, and behavior	Peer-to-peer training, instructor (classroom), homework, training in real time on the unit	Non-profit
JH Dementia Care Specialist Certification Training Bundle	Module 1: Causes, Symptoms, and Risk factors, Module 2: Diagnosing Dementia, Module 3: Managing Dementia and Behaviors, Module 4: Health Care Needs and Navigating the health care system, Module 5: Home and Personal Safety, Module 6: Supporting Caregivers	2 tiers, 10 modules, via JHU Canvas platform, videos, cases, quizzes	\$250
Relias	On line, 1h sessions		

Conclusions

- Nursing home leadership or human resources decides on and implements dementia care training, leading to considerable variation in dementia competency among the workforce.
- Many nursing homes use portions of multiple programs to cobble together low cost dementia care training.
- PA's nursing home workforce, as a whole, may not have basic competency in dementia care.
- Relias modules are the most common source of dementia care training in PA and may be like compliance modules rather than training
- Most DONs are satisfied with their dementia care training programs nonetheless
- Are nursing homes able to afford training that builds a competent workforce?

References

CMS regulations: Title 42/Chapter IV/Subchapter G/Part 483

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