

PERCEPTIONS OF DEMENTIA ACROSS STUDENTS IN HEALTH PROFESSIONS
PROGRAMS AT TEXAS STATE UNIVERSITY

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Abstract

Background: Dementia is a progressive degenerative disease that can result in decline of cognitive functioning. Individuals with dementia often seek therapy or treatment from a variety of health professionals. Due to the rising incidence of dementia in the world, it is important that future clinicians be properly trained to manage dementia.

Method: Forty-four students in Communication Disorders (CDIS), 23 in Physical Therapy (PT), and 16 in Nursing (NURS) departments at Texas State University completed an adapted version of the Dementia Attitudes Scale (DAS) via Qualtrics. The DAS includes twenty questions assessing attitudes and knowledge about dementia on a 7-point rating scale. Responses were calculated for attitude, knowledge, and total DAS scores.

Results: There were no significant differences among departments for attitudes, knowledge, total DAS score, and program preparation. Post-hoc Tukey test revealed students in the CDIS department reported lower rating of personal relationships with individuals with dementia when compared to PT and NURS ($p= 0.07$).

There were also no significant differences between undergraduate students and graduate students in any department for any of the variables. Students with greater personal relationship ratings and those who perceived their programs to have prepared them well to work with individuals with dementia had more positive attitudes towards those with dementia.

Conclusion: Program coordinators may need to provide students with more opportunities to interact with those with dementia to improve attitudes toward dementia.

Introduction

Dementia is defined as the loss of cognitive functioning and behavioral abilities to the extent that they interfere with the individual's daily life. There are different types of dementia, including Alzheimer's disease, vascular dementia, frontotemporal dementia, and Lewy-body dementia. The most common signs of dementia are difficulties with memory, language, problem-solving, and other cognitive skills (Barker et al., 2002; Swaffer, 2014). Cognitive skills that may be compromised are areas such as thinking, remembering, and reasoning. Specifically, memory, language skills, and problem-solving may be lost entirely (Barker et al., 2002; Wilson et al., 2012). All of these areas are vital to the overall quality of life for any human being. The diagnosis of dementia not only affects and heavily impacts the individual, but also the family and friends. The caregivers of individuals with dementia, whether it be family or friends, can experience an increase of emotional stress and depression as well as health problems (Hugo & Ganguili, 2014).

Those who are diagnosed with dementia can seek therapy to reduce the effects of the disease from a variety of health care professionals. These professionals can include but are not limited to nurses, speech-language pathologists, and physical therapists (Alzheimer's Association, 2018; Swaffer, 2014). Many individuals with dementia live in long-term care facilities. In fact, by the age of 80, approximately 75% of people living with Alzheimer's dementia are expected to be living in a nursing home. In nursing homes or long-term care facilities, nurses provide physical and neurological exams, help identify cognitive deficits, recommend referrals, and manage health and medications of individuals with dementia. An individual with dementia may also need speech-language therapy, cognitive rehabilitation, occupational therapy, and/or physical therapy (Watson,

Aizawa, Savundranayagam, & Orange 2013). Speech-language pathologists provide cognitive rehabilitation to promote independence as well as education and training to caregivers (Watson et al., 2013). Due to the high risk of falls and mobility problems from muscular weakness, physical therapists help individuals with dementia improve balance, muscle strength and mobility, and provide pain management (Hall, Burrows, Lang, Endacott, & Goodwin 2018).

In 2013, Alzheimer's Disease International (ADI) found that there are about 7.7 million new diagnoses each year (Swaffer, 2014). Because of the increase in the incidence of dementia in recent years, the demand for trained health professionals skilled in geriatric care is expected to increase in the coming years (McGilton et al., 2009). Given the skills needed to provide quality care to individuals with dementia and their families, academic curricula in various health professions programs across the United States must include academic content regarding dementia and clinical training in this area. In fact, a recent review found a need for greater academic and clinical preparedness about dementia among university students and specifically among health professions students (Basri et al., 2017). Health care workers and health professions educators report that geriatric training lags behind the need for quality dementia care due to several barriers. These barriers include a shortage of geriatric training in academic curricula, the specialized needs of individuals with dementia, and a lack of educators trained in geriatric care (Bardach & Rowles, 2012; Institute of Medicine, 2008). Past research has also stated that there is a stigma due to lack of education about individuals with dementia. This stigma can make the individual with dementia more uncomfortable seeking a

diagnosis and seeking treatment once this diagnosis has been confirmed (McGilton et al., 2009).

In order to determine if health professions students are being appropriately prepared to work with individuals with dementia, we examined the knowledge and perceptions that health professions students at Texas State University have toward those with dementia. Specifically, we compared perceptions and attitudes toward those with dementia across students in Communication Disorders, Nursing, and Physical Therapy programs within the College of Health Professions at Texas State University using an adapted version of the Dementia Attitudes Scale (DAS; O'Connor & McFadden, 2010). The DAS has been used in previous research to assess similar attributes among students. For example, nursing students were given the DAS along with the Alzheimer's Disease Knowledge Scale (ADKS) in a study completed at The University of Malta. This study had a similar goal as this research study. Researchers aimed to determine the knowledge and attitudes of nursing students in their first, second, and third year in the program. This study found that students that were further along in their program had higher total DAS score than students with a lower classification. (Scerri & Scerri, 2013). Other studies have used the DAS to compare the effectiveness of dementia-specific activities on health professions students' dementia attitudes and knowledge, such as a non-clinical museum exposition designed for individuals with dementia and their caregivers (Roberts & Noble, 2015) and hands-on experience at a long-term care facility (Kimzey & Mastel-Smith, 2016). In both of these studies, the participants' attitudes and knowledge increased after exposure to the stimuli. Additionally, Roberts and Noble (2015) found that greater differences in DAS score after the exposure to the exhibit were reflected by the attitude

category when compared to the knowledge aspect of the DAS. Thus, the DAS is effective in measuring the attitudes and knowledge of health profession students.

The survey used in our study, the Dementia Knowledge and Perceptions survey(DKPS), also includes self-adapted questions that were not on the DAS. These questions aimed to gauge the amount of exposure and experience gained regarding those with dementia in educational settings. In addition, these questions asked students which aspects of their program were helpful in educating them about dementia and asked students to suggest opportunities that could help expand their knowledge and improve their attitudes toward those with dementia.

The DKPS was sent to Health Professions students at Texas State University. The students ranged from junior level undergraduate students to final-year graduate students. By gathering the information at every level within each program, we were able to examine the progress or lack of progress in knowledge acquisition that health professions students have regarding those with dementia. In addition, comparing programs that train future clinicians will allow academic faculty and program developers to evaluate student perceptions about dementia and modify academic curricula to enhance dementia care training. There are two aims to this study:

Aim 1: To compare the student perceptions and attitudes toward those with dementia across Communication Disorders, Nursing, and Physical Therapy departments.

Hypothesis: I hypothesize that CDIS & NURS students will have more knowledge about and have more positive attitudes regarding persons with dementia since the graduate

programs have specific courses related to dementia and clinical opportunities to work with adults with cognitive and language disorders.

Aim 2: To compare the student perceptions and attitudes toward those with dementia between undergraduate and graduate programs in Communication Disorders and Nursing programs.

Hypothesis: I hypothesize that graduate students will have greater knowledge and attitudes regarding dementia due to greater dementia-related content in the graduate programs and in line with Scerri and Scerri (2013) who found that senior nursing students reported greater attitudes and knowledge regarding dementia.

Methods

Participants

Participants included students in Texas State University's Health Professions programs. The participants included junior and senior undergraduate students, and first, second, and final-year graduate students from the Communication Disorders (CDIS), Physical Therapy (PT), and Nursing programs (NURS). Prior to recruitment, permission was granted from the department chairs/directors of these programs.

Procedures

All procedures were approved by the Texas State University Institutional Review Board on March 3, 2019. The Dementia Knowledge and Perceptions survey (DKPS) (See appendix) was created, which was comprised of twenty questions from the Dementia Attitudes Scale (DAS) (O'Connor & McFadden, 2010) and seven questions regarding students' experiences with individuals with dementia. The DAS is an assessment of attitudes about dementia based on observation of the capabilities and perspectives of those with dementia. It includes subscales of knowledge about dementia and comfort with individuals with dementia. The questions required participants to rate their level of agreement toward statements regarding individuals with Alzheimer's Disease and Related Dementias (ADRD). The rating scale used was a 7-point rating scale ranging from "Strongly Disagree" to "Strongly Agree." The statements regarding individuals with ADRD aimed to assess the participants' level of comfort, knowledge, and perceptions toward those with ADRD. In addition to the questions adapted from the DAS,

respondents were asked to identify the academic program they are enrolled in, their classification, and the experiences gained interacting with persons with dementia.

The DKPS was sent out to the students via email with a link to the survey on Qualtrics. If no response was received a week following the first email, a second email was sent reminding the participants to complete the survey.

Data Analysis

Each question on the DAS was rated by the participant on a 7-point rating scale from “Strongly disagree” to “Strongly agree.” Five statements of the DAS reflected participants’ *positive* attitudes toward dementia and were scored as 1 = “strongly disagree” and 7 = “strongly agree.” For example, the “I feel confident around people with ADRD” reflected a positive attitude. Six more statements reflecting negative attitudes were reverse scored with 1 = “Strongly agree” and 7 = “strongly disagree.” For example, the “I am afraid of people with ADRD” reflected a negative attitude. The highest possible Attitudes score was 77. Higher Attitudes scores revealed more positive attitudes making the highest possible total DAS score a 140. Nine statements related to the participants’ knowledge about persons with dementia were scored as 1 = “strongly disagree” and 7 = “strongly agree,” similar to the scoring for positive attitudes. The following is an example of a statement related to knowledge about dementia: “It is important to know the past history of people with ADRD.” The highest possible knowledge score is a 63. Total DAS score was calculated by adding Attitudes scores and Knowledge scores, making the total possible DAS score = 140.

Two additional questions on the DKPS were rated on the 7-point scale. The first addressed whether or not participants had a personal relationship with someone with dementia. The second question evaluated to what extent the participants felt that their educational program has prepared them to treat this population. Both of these questions were scored as 1 = “strongly disagree” and 7 = “strongly agree.”

All statistical analyses were carried out on IBM SPSS 24 statistical software. A Multivariate ANOVA was performed with the dependent variables being Attitudes score, Knowledge scores, total DAS score, personal relationship, and program preparation and the independent variables being department (CDIS, PT, NURS) and program (Undergraduate UG, Graduate G). In order to identify if personal relationships with individuals with dementia or perceived effectiveness of the program in educating the students about dementia may have influenced the scores above, linear regressions were conducted. Independent variables were personal relationship rating and program preparation rating and dependent variables were Attitudes score, Knowledge scores, and total DAS score.

In addition to quantitative analysis of the scores, we completed content analyses of participants’ responses regarding questions 4-6 (see DKPS in Appendix A).

Results

A total of 83 health professions students completed the DKPS. This consisted of 44 CDIS students, 16 NURS students, and 23 PT students. Within the CDIS program, 23 undergraduate and 21 graduate students responded. In the nursing program, we received responses from 8 undergraduate and 8 graduate students. The PT respondents comprised 23 graduates (The PT program at Texas State University does not include an undergraduate major). Table 1 shows means and standard deviation for all the dependent variables for each department and each program.

Table 1. Mean (SD) for all dependent variables

Program	Attitude Scores (Max: 77)	Knowledge Scores (Max: 63)	DAS Scores (Max: 140)	Personal Relationship Rating (Max: 7)	Program Preparation Rating (Max: 7)
CDIS Graduate	50.38 (7.30)	54.48 (4.86)	104.86 (9.13)	3.62 (2.06)	4.33 (1.49)
CDIS Undergraduate	53.57 (7.75)	55.52 (5.13)	109.9 (8.93)	3.26 (4.44)	3.78 (1.88)
NURS Graduate	52.50 (9.61)	53.13 (5.25)	105.63 (12.19)	4.50 (2.33)	4.50 (1.51)
NURS Undergraduate	56.50 (4.54)	54.63 (4.41)	111.13 (5.38)	3.26 (2.44)	4.88 (0.99)
PT Graduate	52.83 (15.03)	56.00 (4.12)	110.61 (12.15)	4.74 (2.40)	3.48 (1.70)

Differences among Departments

As seen in Table 2 and Figure 1, there were no significant differences among departments in attitude scores, knowledge scores, total DAS scores, and perceived program preparation. However, there were significant differences among departments for ratings of personal relationships ($p = .03$). Post-hoc Tukey test revealed students in the CDIS department reported lower rating of personal relationships with individuals with dementia when compared to PT and NURS ($p= 0.07$).

Table 2. ANOVA results comparing departments

Variable	F (2, 80)	p
Attitude Scores	.34	.71
Knowledge Scores	.97	.385
DAS Scores	.92	.40
Personal Relationship Rating	3.78	.03*
Program Preparation Rating	2.61	.08

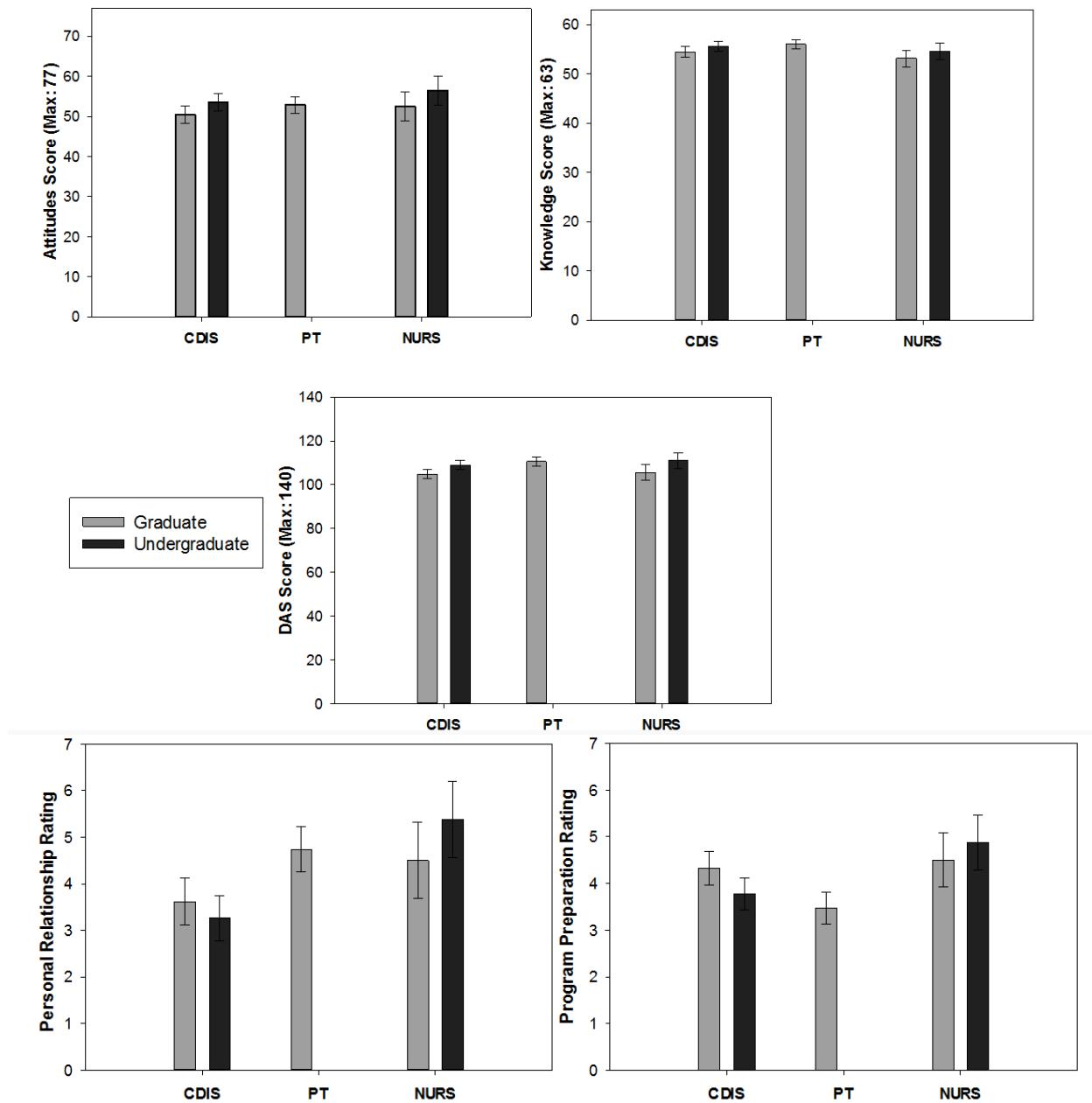


Figure 1. Comparison of departments and programs on Attitudes scores, Knowledge scores, DAS scores, Personal Relationship ratings, and Program Preparation ratings.

Regarding how Personal relationships (PR) and Program preparation (PP) influenced attitudes, knowledge, and total DAS scores, the results were as follows: Overall PP and PR did not affect respondents' knowledge toward individuals with dementia; however, both variables influenced attitudes and total DAS scores. PP

influenced Attitudes, such that persons with greater perceived program preparation ratings reported more positive attitudes (see Figure 2). PP had a 7% effect on reported attitudes toward individuals with dementia and a 9% effect on total DAS scores across departments. This was especially the case for CDIS, $F(1, 43) = 8.39, R^2 = .17, p = .006$. PR also influenced attitudes, such that students with greater personal relationship rating had more positive attitudes towards persons with dementia (see Figure 3). This is especially true for CDIS, $F(1, 43) = 12.46, R^2 = .23, p = .001$ and PT, $F(1, 22) = 5.23, R^2 = .20, p = .03$ students. Taken together, these results indicate that students who perceived their program to have prepared them well to work with persons with dementia and those who had stronger personal relationships with persons with dementia had more positive attitudes about dementia. Therefore, PP and PR together accounted for 25% of the variance in attitude scores and 20% of the variance in total DAS score. This means the majority of variance in scores can be accounted for by variables that the DKPS did not capture.

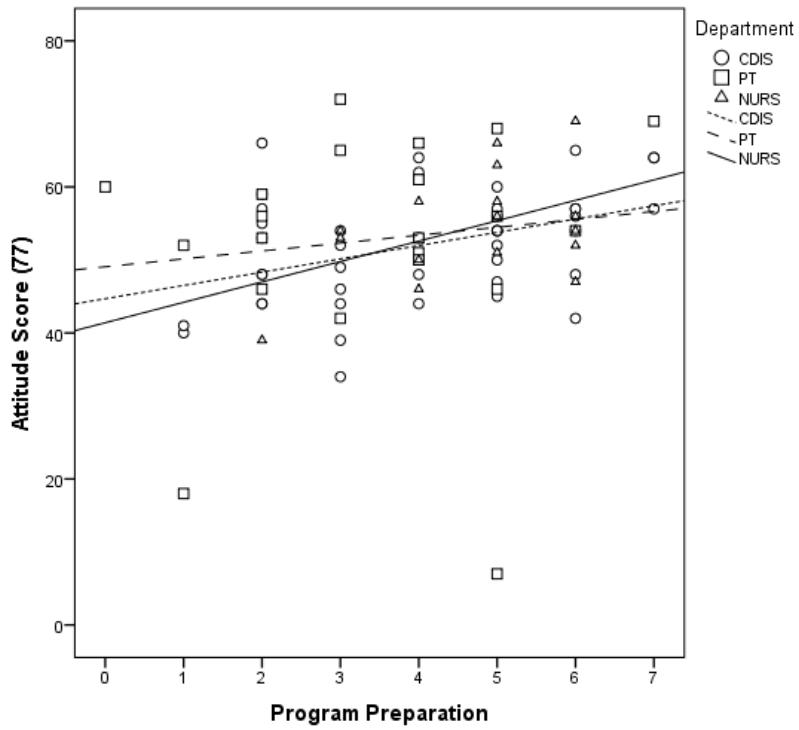


Figure 2. Relationship between Attitude score and perceived program preparation ratings by department.

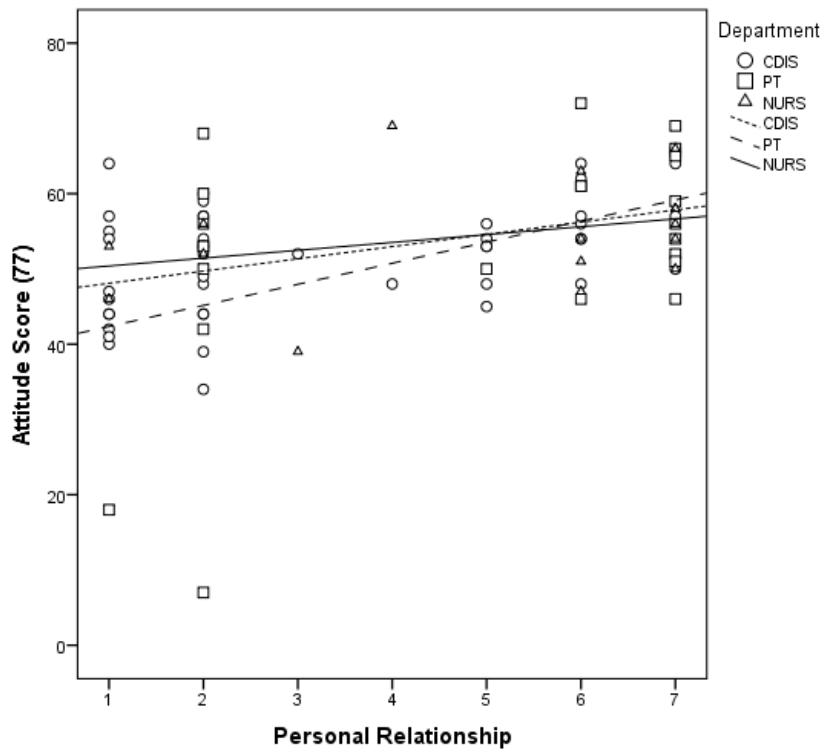


Figure 3. Relationship between Attitude score and personal relationship ratings by department.

Differences between Graduate and Undergraduate Programs

Contrary to my hypothesis, there were no significant differences between undergraduate students and graduate students in any department for attitude scores, knowledge scores, total DAS scores, personal relationships, or perceived program preparation. One interesting result was found when looking at undergraduate CDIS students. PP had a 30% effect on attitudes of undergraduate CDIS students. PR had a 23% effect on undergraduate CDIS students. This is a larger effect than any other combination of department and program.

Recommendations

The participants were also asked to provide suggestions and recommendations for things that could be added or improved in their educational curriculum. The responses were identified as belonging to the following categories: adding hands on opportunities, adding appropriate courses, supplementing existing courses, and adding specific training for treating persons with dementia.

By Department. When asked to provide suggestions and recommendations for things that could be added or improved in their curricula, most CDIS students responded that they would like to supplement existing courses. Some of their responses included adding guest lecturers and videos to the course schedule. PT and NURS students responded mostly by requesting more hands-on experience opportunities. These included more clinical opportunities with this population as well as volunteer outreach programs at long term care facilities. Two CDIS students and one PT student reported that they did

not know how their education could better prepare them to work with this population. One NURS student said they felt adequately prepared by their education.

By Program UG and G students in every department had similar recommendations. Seventeen UG and 17 G students suggested supplementing existing courses, followed by 17 UG and 16 G students that suggested hands-on experiences.

Discussion

CDIS, PT, and NURS students displayed equivalent attitudes and knowledge regarding dementia.

There were no significant differences among departments in attitude scores, knowledge scores, total DAS scores, and program preparation ratings. This finding is beneficial to all three departments involved because it reports that students from all programs are statistically equivalent in knowledge and attitudes regarding dementia. This finding is contrary to my original hypothesis that NURS and CDIS students would have higher attitude and knowledge score. This might be due to the fact that the DAS questionnaire asked surface level questions about dementia and may not have been sensitive enough to capture differences between health professions programs. The average DAS scores in each department were similar to that reported among nursing students in another international University (Scerri & Scerri, 2013) and higher than that displayed by undergraduate psychology students in the USA (O'Connor & McFadden, 2010). The only variable that showed a difference among departments was the participants' ratings of personal relationships with individuals with dementia. CDIS students reported the lowest ratings for having a personal relationship toward individuals with dementia. The majority of the respondents that stated they had a personal relationship with an individual with dementia reported that it was a family member not a client. So, it is more likely that the lack of reported personal relationship in CDIS students is due to an uncontrollable variable that administrators cannot manipulate. Overall, students were neutral on how well their academic programs had prepared them

to work with this population, with average scores close to “4” on the 7-point scale, indicating “Neither agree nor disagree.” This finding suggests that students feel neutral about the preparation their academic program provides.

UG and G students displayed similar attitudes and knowledge regarding dementia

There were no significant differences between undergraduate students and graduate students in any department for any variable that we tested for. This result contradicted my original hypothesis that graduate students would have more knowledge and better attitudes toward persons with dementia. More respondents were graduate level students, so a larger sample of undergraduates might help us better interpret this finding.

Factors related to positive attitudes and greater knowledge

The two factors that the DKPS tested for that could affect total DAS score were personal relationship and program preparation. Results also showed that higher levels of program preparation lead to more positive attitudes towards individuals with dementia. This was especially true in CDIS students.

Since having a personal relationship with an individual with dementia can influence attitudes toward this population, it is important to include greater number of opportunities for students to interact with individuals with dementia. Previous research has used the DAS before and after exposure to different stimuli and shown that exposure to individuals with dementia can increase overall DAS score after as little as one time (Kimzey & Mastel-Smith, 2016; Roberts & Noble, 2015).

Exposure to non-clinical simulations are a great option to drive positive attitudes toward individuals with dementia. One study exposed preclinical medical students to a 90-minute museum-based, art-centered program that let students interact with persons with dementia and their caregivers. The DAS was distributed before and after the exhibit and the total DAS score improved significantly following exposure to the exhibit. The mean DAS score after intervention was 105.8 (Roberts & Noble, 2015) which is comparable to mean DAS scores of Texas State University health professions students. This suggests that there is certainly a possibility of improving DAS scores and especially attitudes among Texas State University health professions students with such non-clinical opportunities. Collaborations among the College of Health Professions, the College of Fine Arts, and the community would facilitate such programs.

Clinical-based exposure has also been found to increase knowledge and attitudes in health professions students. Previous research compares knowledge and attitudes of senior level nursing students exposed to three different types of intervention: Alzheimer's disease clinical experience, online learning module, and no dementia-specific intervention (Kimzey & Mastel-Smith, 2016). The students that were exposed to the Alzheimer's disease clinical experience showed increased knowledge and attitudes towards people with dementia as compared to those who had the online intervention or no intervention. The total DAS score increased after intervention for the clinical group by about 12 points bringing the mean to 118.56 which is significantly higher than the students who took the online module, whose mean DAS score after intervention was 107.52. (Kimzey & Mastel-Smith, 2016). Programs in the College of Health Professions can provide students with more clinical placements in skilled nursing facilities or

memory care centers and provide volunteering or Service Learning opportunities in these facilities.

The recommendations above to improve opportunities to work with individuals with dementia are also supported by the participants of this study, who recommended such hands-on experiences, along with greater course content on dementia through individual courses, lectures, simulations, and videos regarding dementia care.

Limitations

There were several limitations to the study that can be improved upon in the future. The study included a small sample size from a single university in a suburban area in the southern United States. In future studies programs from different universities should be analyzed and compared. These universities should come from economically and geographically diverse areas. Additionally, there was no non-health professions group in the study due to which it is difficult to know whether health professions training truly improves attitudes and knowledge toward dementia above and beyond what non-health professions students possess. This current study also only used the DAS, which may not be sensitive enough to capture the level of knowledge and attitudes required to discern differences between health professions. Additional tools such as the Alzheimer's Disease Knowledge Scale and Dementia Knowledge Questionnaire may be added in future studies to widen the breadth of knowledge assessed. Lastly, the DKPS only tested for knowledge and attitudes as affected by personal relationships and program preparation. Previous studies show that the respondents age, number of hours of dementia training, and previous experience with dementia care can affect the DAS score (Scerri &

Scerri, 2013). These variables may have impacted our results but were unfortunately not elicited in the DKPS.

Conclusion

Students at Texas State University have similar knowledge and attitudes toward persons with dementia and neutral reports of program preparation and personal relationships. This is comparable to other schools studied in previous research. However, there is always room for improvement, especially with the obvious rising incidence of dementia in America. Department administrators can use the data collected in this study to supplement their curricula to better prepare health profession students to treat this population after graduation.

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APPENDIX

The Dementia Knowledge and Perceptions Survey

Informed Consent

Purpose and Background

We are inviting you to complete an online survey to provide data for research that will be used to complete an undergraduate thesis in the Spring of 2019. The study is conducted by Madison Segovia, an undergraduate student of Texas State University, and is supervised by Dr. Ranjini Mohan, an Assistant Professor in the Department of Communication Disorders at Texas State University –Round Rock. The purpose of this study is to gain a better understanding of the perceptions and exposure that health profession students have towards those with Alzheimer's Disease and other Related Dementias (ADRD). You have been asked to participate because you are a student in one of Texas States' Health Professions Programs.

Procedures

If you choose to participate in the study you will be prompted to answer some questions about your knowledge and attitudes towards those with ADRD and your experiences interacting or working with these individuals. The survey should take approximately 12-15 minutes to complete. This survey can be completed on a computer or on a mobile device. The first 20 questions will begin with a statement about ADRD or about individuals affected by ADRD. You will rank the level to which you agree or disagree with the statement you are presented with. The last 10 questions will ask about your educational background and regarding your experiences around those with ADRD.

Benefits

There are no perceived personal benefits to you from completing the survey. Information collected in this research will benefit the educational programs at Texas State University that will help ensure that students are prepared to manage those with ADRD.

Risks

Your participation in the survey is completely voluntary. You may stop the survey at any point without any consequences. You may decide to complete the survey, withdraw during the survey, or not consent to start the survey. There are no known risks related to your participation in the survey. Most of the questions on the survey are adapted from questionnaires previously used in published research, and these questionnaires have no evidence of risk. Some questions may make you feel uncomfortable depending on your previous experiences with ADRD. This level of discomfort is not expected to be more than you would experience in everyday life. If there are one or more questions that exceed your level of discomfort, you may choose not to answer that question or questions.

Confidentiality

You will not be asked to enter any personally identifiable information. Your responses will be recorded and associated with an identification number that cannot be traced back to you or any of your personal information. The data will only be used for group statistical analyses and will be

safeguarded for a period of three years in storage in Room 032 in Willow Hall on the Round Rock campus.

Questions

If you have any questions regarding the study or your participation in the study please reach out to Madison Segovia via email at mjs225@txstate.edu or Dr. Ranjini Mohan via email at rmohan@txstate.edu . If you consent to participate in this study, please select the "I Consent, Begin the Study" button below. If you choose not to participate, select the "I do not consent, I do not wish to participate" button below.

- I consent, begin the study
- I do not consent, I do not wish to participate

End of Block: Informed Consent

Start of Block: Block 2

Q1 Please rate each statement according to how much you agree or disagree with it. Answer truthfully, there are no right or wrong answers .

The acronym "ADRD" in each question stands for "Alzheimer's disease and related dementias"

	Strongly Disagree	Disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Agree	Strongly agree
I feel frustrated because I do not know how to help people with ADRD	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I cannot imagine taking care of someone with ADRD.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I admire the coping skills of people with ADRD.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
We can do a lot now to improve the lives of people with ADRD.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Difficult behaviors may be a form of communication for people with ADRD	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q2 Please rate each statement according to how much you agree or disagree with it.
Answer truthfully, there are no right or wrong answers .

The acronym "ADRD" in each question stands for "Alzheimer's disease and related dementias"

	Strongly Disagree	Diagree	Somewhat Disagree	Neither agree nor disagree	Somewhat Agree	Agree	Strongly Agree
It is rewarding to work with people who have ADRD	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am afraid of people with ADRD	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People with ADRD can be creative.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel confident around people with ADRD.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am comfortable touching people with ADRD.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q3 Please rate each statement according to how much you agree or disagree with it.

Answer truthfully, there are no right or wrong answers.

The acronym "ADRD" in each question stands for "Alzheimer's disease and related dementias"

	Strongly Disagree	Disagree	Somewhat Disagree	Neither agree nor disagree	Somewhat Agree	Agree	Strongly Agree
It is important to know the past history of people with ADRD.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It is possible to enjoy interacting with people with ADRD.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel relaxed around people with ADRD.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People with ADRD can enjoy life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People with ADRD can feel when others are kind to them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q4 Please rate each statement according to how much you agree or disagree with it.
Answer truthfully, there are no right or wrong answers .

The acronym "ADRD" in each question stands for "Alzheimer's disease and related dementias"

	Strongly Disagree	Disagree	Somewhat Disagree	Neither agree nor disagree	Somewhat Agree	Agree	Strongly Agree
I feel uncomfortable being around people with ADRD.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Every person with ADRD has different needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am not very familiar with ADRD.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would avoid an agitated person with ADRD	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People with ADRD like having familiar things nearby.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Page Break _____

The following questions will inquire about your experiences with individuals with ADRD.

Q5 Please rate your level of agreement regarding the following statement

	Strongly Disagree	Disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Agree	Strongly agree
I have had a personal relationship with an individual with ADRD.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q6 Please explain. (How long have you known, or did you know, the person or people with ADRD? How close was/is your relationship?)

Q7 Please rate your level of agreement regarding the following statement.

	Strongly disagree	Disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Agree	Strongly agree
I believe my academic program has prepared me to provide services to individuals with ADRD	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q8 Elaborate on your response above by describing the positive and negative aspects of your program in preparing you to work with individuals with ADRD.

Q9 What opportunities can your academic curriculum provide to better prepare you to work with individuals with ADRD.

Q10 What components of your curriculum could be improved? Please provide specific examples of how you feel successful preparation can be achieved.

Q11 What is your classification within your program?

- Junior
 - Senior
 - First year graduate
 - Second year graduate
 - Third year graduate
-

Q12 What Texas State Health Professions program are you enrolled in?

- Communication Disorders
- Nursing
- Physical Therapy

End of Block: Block 2
