

So, to get us started today, we're actually going to have to play a quick welcome video. This is not the norm, but executive Dean Emami is out this week. So she would like to kick us off still with a recording. And I'm going to turn it over to Katie.

[INAUDIBLE] the audio. Why don't you respond to these?

Can you see the video now?

We cannot. Bear with us, technical difficulties, per always around here.

[LAUGHTER]

Katie, you might have shared the wrong screen, possibly.

Can you unshare and then share to the right screen Katie?

It's a funny phone screen.

We are not getting audio.

I look forward to seeing the recording of today's webinar, and hearing all of the valuable information that will be shared by our distinguished speakers. Dementia, Alzheimer's, and the less well known variants affects an estimated 15 million people globally. 5 million of them here in the United States. The number will get far larger in coming decades.

Dementia is almost entirely a disease of aging, and we as a global population are growing old. Until we find a way to prevent or cure dementia, a shift in older population would mean an increase in the number of people with dementia. WHO predicts that by 2050, the number of cases of dementia will more than triple, reaching 125.5 million. Even that stunning figure fails to capture the full impact of this terrible disease. A large part of care burden initially falls on family members. For them, life as they knew it is slowly replaced by a life of mental and physical exhaustion. Anxiety, financial challenges, and a reduction in social interaction with friends and family. Ultimately, life often becomes a 24 hours a day job tending to the needs of the persons with dementia, with little or no relief at all.

As management becomes more difficult, professional care, and then institutional care, is often the necessary option. Nurses have an important leadership role to play in providing systematic and

innovative healthcare in all of the stages of care. As well as in doing groundbreaking research on everything from the biology of dementia, to the use of music and other interventions, to improve quality of life for people with dementia and their caregivers. University of Washington School of Nursing associate professor Tatiana Sadat who will be introducing our speakers in a moment, has built a foundation for advancing not only our knowledge of dementia care, but also expanding the ways in which we can integrate such knowledge into the education of the nurses who will be the next generation of providers.

The goals include developing a comprehensive training curriculum for undergraduate nurses, developing a dementia focused case study that would be used in dementia education, for not only nurses, but also a live [INAUDIBLE] professionals working with nurses, and creating a perceptive tool kit, short training course, and protocol for conducting training at clinical sites. The School of Nursing's effort were recently recognized when we were named as the first, and only, United States partner for Sweden's The Queen Silvia Nursing Award. This prestigious honor, awarded by the Queen of Sweden, provides a scholarship for a RN or a nursing student, who has a project that is innovative, creative, and promises to improve care for people with dementia. This year, the award gives expanded emphasis to my project seeking to improve dementia care in the context of the pandemic.

We will also be engaging in an undergraduate exchange with Sweden's Karolinska institute, with students focusing on geriatric care. As nurse leaders, it will be your job to make the changes and advances needed to cope with the growth in the number of people with dementia. I encourage you to be strong and powerful advocates for awareness, resources, innovation, caregiver training by nurses, research, and for caregiving to be elevated as a profession consistent which is important in our aging world. Dementia remains a difficult discouraging disease. But progress is being made, much of it by clinical and research nurses. We are proud to be leading the way in redefining care for people living with dementia. And now, I will turn it to Dr. Sadat to introduce today's speakers.

Thank you Dean Emami. Good afternoon. Thank you so much for taking the time to join us today. I am so excited about today's webinar, and I am so privileged to introduce the speakers and to moderate the discussion. Because our speakers are not only prolific researchers, well recognized educators, all of our speakers are actually clinicians who provide dementia care. So, the vision of the future of nursing care is a vision of the possibilities of what nurses can do to improve care for people who live with dementia and their families. The vision is well grounded in working with people, working with people who live with this disease, with their family caregivers, in a variety of settings.

So, I am very excited to give them the stage. And our first presenter, who I asked to speak about her

vision of nurses in enhancing primary and outpatient care of people who are living with dementia, is Dr. Kristen Childress. She is a family nurse practitioner, and associate clinical professor, and a vice chair for education at the University of Washington School of Nursing. Dr. Childress has a wealth of geriatric knowledge and primary care experience, in her over 20 year career as a nurse practitioner working with older adults. She serves patients in multitude of settings, and currently conducts home visits with homebound elders, and provides dementia consultations. She also engages in international health initiatives and has very special interest and focus on global dementia care. Dr. Childress, please share with us your thoughts.

Thank you Tatiana, I really appreciate the introduction. And thank you to all of you who are attending today. It's exciting to see all of your faces. So I'm fortunate to start out the seminar here, and I look forward to hearing what my colleagues have to say as well. But I'm taking an approach today through my lens as a primary care provider, and so I get to talk to you about the opportunities I see for expertly equipped nurse leaders to really change the landscape of primary care for people with dementia and their families. Both at the level of the registered nurse, as well as through the work of nurse practitioners, or advanced practice nurses.

So we know that the need for high quality dementia care is growing as our population ages, and I believe that nurse leaders with specialized training can fill this need. We know that patients and their families really shouldn't be receiving timely diagnoses of dementia so they can plan for the future, and they want guidance through this process by people who are knowledgeable about dementia and the issues that are common when this diagnosis is given. I think that there's multiple opportunities for this nursing role in the primary care setting, and to make some huge changes that will have so many positive impacts on the lives of patients and their families.

I think some of the real areas of focus that we need to look at are earlier diagnosis. Because many people don't even get a diagnosis at all. And by providing an earlier diagnosis, this allows us to help people plan for the future. For advanced practice nurses who gain additional knowledge and training in the care of people with dementia, they can help augment what we're seeing as a decline in geriatric specialists, so geriatricians, over the last 20 years. And so, not only can they help fill some of that gap, but they can help folks who may only be able to access their care for diagnosis and for management of their dementia, through primary care because they live in rural areas where there may not be a specialist such as neurologists, or psychiatrists.

Many family and patients say that they wish they had increased support after their diagnosis. And I think that this is something that we can definitely do better at. Nurses can help provide information

about what to expect, or how to plan after a diagnosis is given of dementia. And, can also help provide expert consultation when issues arrive before they become crises. So, the great thing, is that trained experts in the nursing profession including both registered nurses and nurse practitioners, are really well situated to address all of these areas of opportunity. And to really make a goal of cohesive care of dementia a reality.

So, as I'm looking at the role of the RN in primary care, and what leadership role they could take in providing care to persons with dementia, here are some of the areas I think really can make such a huge difference. Especially if they have advanced training in dementia. So, we know the primary care providers are very taxed as far as time in the clinic. Our appointments are short, it doesn't give a lot of time for us to go through the assessment process with patients, as far as screening for cognitive impairment. And then if there is a problem identified, trying to take the time to talk about what that means, and give a diagnosis, and talk about the implications of that moving forward. It's very time consuming.

RN's can really help with this by helping assess before appointments, taking people through screening for cognitive impairment and for mood changes in a way that helps facilitate the best kind of care that these patients get when they're in front of the provider. If they're able to do all of this front work in such a great way, then when the patient gets in the room with the provider, it really can be about that diagnosis. About what needs to happen moving forward. And, just a really good use of time for everybody. You know, RN's also have many touch points with patients and their family members, often more than the primary care provider does. And so they have a really great opportunity to identify issues before they ever rise to the level of somebody requesting an appointment to meet with the provider.

As an example, they may pick up on the fact that somebody has missed some appointments. Maybe there's issues with their medications. Maybe things aren't making sense, or they're hearing from family members that there are some challenges at home that could indicate the possibility that there's some cognitive impairment happening. Well, the RN's can help get those folks scheduled to get some screening done, so that hopefully they can have dementia identified early, if that's what's happening, and get it addressed.

RN's can screen, as I mentioned, for not only cognition mood, but also for contributory causes. So let's say somebody does get a diagnosis of dementia. We know it's also very important to be looking at things like, do they have visual impairment? Do they have hearing impairment? And RN's can do that. Not only that, they can do chart reviews. They can look for opportunities to identify either lab

tests, or other diagnostics that haven't been done, that could be done as part of the workup process. And make sure that people are really getting the comprehensive care that they need around their diagnosis.

Many nurses are in a case management or a care coordination role in the primary care setting, and through this role they can keep in constant contact with patients and their family members after a dementia diagnosis has been given, to keep a pulse on what's happening in the home. By doing that, if they have this advance knowledge of dementia management and interventions that can be so helpful to head problems off at the path, they can work with family members to give strategies to address issues, help them problem solve, connect them to resources, really do everything possible so the issues aren't growing to such a level that they end up becoming a crisis, and people end up in an emergency department.

And finally, I see nurses do such a great job already of supporting patients and providing education, but in a formal way they can also provide support groups, they can facilitate those, and provide education to patients and their families. Both one on one and also in the larger setting. And then, as I think about the leadership role, the advanced practice nurse, or the nurse practitioner in primary care. If we're equipped to be able to provide appropriate and timely diagnoses, to anticipate and manage issues that are common related to dementia, like the behavioral psychological disturbances that can occur, and provide caregiver support, that just gives such an opportunity for our patients and their loved ones to get so much better care just in the primary care environment.

Primary care providers historically have been, frankly nervous, about trying to give dementia diagnoses for a lot of different reasons. And my mantra, to my fellow primary care providers, is that primary care providers can do this. We know our patients well, and they are probably going to be much happier to get news, like a dementia diagnosis, from us than from somebody that they don't know. And so, if we are equipped in an advanced way to provide this kind of care, we can do it really well and nurse practitioners can lead the way. We can also work with patients to prevent unnecessary hospitalizations.

Some nurse practitioners may want to take a role like I have in actually going out and seeing patients where they reside. You know, in their homes, or in memory care, or assisted living for folks who have more advanced dementia, often coming into the clinic isn't possible, and if somehow they are able to come in it resets their life and the life of their primary caregiver for a week sometimes. And so, it's such a gift to be able to go see them where they live, and it actually helps us identify some of the issues that may be contributing to things like anxiety or other challenges that can arise.

We can help these patients while they still have a voice, earlier in the disease process, to talk about what their wishes are and help them with advanced care planning. So that we really make sure we're honoring what they desire for their life, and their care decisions. We can connect them to existing resources, and then from more of a doctor nurse or nursing practice standpoint, we can look at developing programs that better meet the needs of people with dementia as a population and their caregivers. We can participate in clinical research, and even look at policy work around health care access issues programs and more. So, I guess to summarize, these are just some of the ways I believe that nurse leaders with specialized training in dementia can make a huge difference in primary care. And now I'm interested to hear what others have to add to my thoughts. Thank you.

Thank you so very much Kristen. If you have questions or comments for Kristen, please put them in a chat. We're going to have all our speakers speak a little bit about their vision, and then we'll have a conversation, that we hope that you will supply questions for. So our next speaker is Piruz Huda. He is a geriatric nurse practitioner and an adjunct clinical faculty at the University of Washington School of Nursing.

Huda has been providing dementia care for nearly 20 years, to adults and ambulatory inpatient, and long term care settings. He is the co-author of an evidence based dementia care training program titled Staff Training in Assisted Living Residences, STAR, which has been shown to significantly reduce dementia associated behaviors. Huda is passionate about teaching family care partners and staff at the facilities, how to deliver non pharmacological behavioral interventions. And he is dedicated to increasing access to appropriate and timely psychiatric care for people who are living with dementia. Huda, I would love for you to share your vision of what are the roles of nurses in improving dementia care in your field of psychiatry.

Thank you. Thank you for that wonderful introduction Tatiana. Can you guys hear me OK? So, I really appreciated hearing Kristen's perspective from that primary care perspective. I function as an advanced practice psychiatric nurse, right. And, that role with dementia, it speaks to the different providers and that specialties that intersect. You have internal medicine, you have psychiatry, then you have neurology. And there's an overlap, where we all are sort of providing similar services. I'll run into patients who have never been told they have dementia, and they are living in memory care. And it speaks to this sort of absurdity of when you don't educate family members on what the disease is.

To step back, how does a psychiatric provider get working with dementia? It was something that I was interested in before going to grad school, and when I surveyed the settings of long term care or for

dementia care, there is really a dearth, an absence of psychiatric specialists working to treat dementia. And what to do is, I'm treating what they call BPSD, the behavioral and psychological symptoms of dementia. And it is its own knowledge base. It's its own expertise, and being fluent in understanding of what is appropriate to treat.

My role, we've been working with dementia for 20 years, and it's amazing how little there is that has come down the pipe. If you're a diabetes specialist you have to keep up with all these new medicines, and dementia, what there's no medicine, there's no new treatments. But there is so much to disseminate and to teach. And so often, I always think about how when I think about diabetes care, when we see that people need ongoing education, there's diabetes education classes, but there aren't dementia education classes on how to deal with the distress, the behaviors, that cause all the problems. As Kristen was saying, we want to prevent people going to the hospital. I want to prevent that ER trip. It is the BPSD, which are behavioral psychological symptoms. That is agitation, anxiety, depression, impulsivity, hallucinations, delusions. These are the symptoms that require the move to long term care. And if we can address these earlier, and have that conversation with family members earlier, it's all about prevention, and to get ahead of the situation.

At the same time I am prescribing the medicines, I am a psychiatric provider, and I am doing what I can to reduce the distress and improve the quality of life for those with this fairly terminal condition, this is dementia. And so, I've had students who follow me, and they come in, and they're wondering, well Huda, what exactly does he do. You're just going to be medicating people with dementia. And then my students report it back, it's just like well there's an improved, you can actually do so much good, there's so much improved quality of life that can be done as a psychiatric provider.

Now having said that, I feel that nursing education and the psychiatric, the advanced practice psych nursing programs, are so focused, aren't doing enough to focus on the geriatric need, and encouraging the competency of students. And it seems that students now have to kind of seek out that education, and my role often is trying to be an ambassador for it. To advocate for nurses to go into this field, because there is so much good work to be done. It's kind of broken up. I just want to say that the advanced practice psychiatric nurse has to look amongst their colleagues across the country to find that support sometimes, because there's so few it seems, even in a given community, working with this particular population. And with treating this condition.

I've been branching out. When you're working as an advanced practice psych nurse, you're also saying where is the evidence, where are the providers at on a national level. And there's not a real great body of-- psychiatric nurse practitioners need to-- are really having to partner with the geriatric

psychiatrist. And they have a large organization, and it is dwindling, because there are just fewer providers. There's so much room, there's an obvious need for the psych nurse practitioners to join up with a psychiatrist and advanced practice. And we can just be part of this team to come up with new ways to treat and reach our patients.

Kristen was just describing, when you treat people with dementia in the clinical setting, it becomes an absurdity at times. Because family members bring the patient in, and they'll be saying, well she's not, you know she's refusing to take her meds. And the patient's like, I don't refuse to take my meds. This is all absurdity in a 20 minute visit, that is you can't even communicate to the caregiver on what they need to know, and what is realistic. And that's why, in fact right now during COVID times, we've opened the door with Medicare to allow people to do these TeleVisits, where we can get the caregivers on the line with or without the patient. And that is opening the door, and I hope that this opens the options up for reaching patients in different needs, because I think that you can do a lot of good that way.

I think there's so much to be done in standardizing caregiver training. The education, the handouts, how we talk about the behaviors that the providers, and when I do long term care training, I want the caregivers and the family members to speak about the behaviors in a similar way. Well how do we see objective improvements. So we're all using the same language, the lingo, so we're all talking about the same condition. That there is not a disconnect between providers and caregivers on what we're trying to do. I just think that there's a-- you know, when I attend these national meetings I see that there's so much to be done, I have all these ideas of things to do, but I'm in so demand on the work to do, it's hard for me to lay out the systems that are necessary.

But it's all out there and a DNP student can be totally working on new ways to reach caregivers, new ways to reach family, to educate them, on what is realistic. And when you're using these medicines you'll always be in business, because if you start them on the meds you got to think about when to stop the medicines. You'll always have a job, so I want to encourage, I always am encouraging future psychiatric nurse practitioners to consider working in dementia care.

Thank you so very much Huda. So if you have questions about, or suggestions or ideas about the roles of nurses in psychiatry, please address them to Huda in the chat. Our next presenter is Albert Munanga. He is the regional director of health and wellness at Era Living and an affiliate faculty at the University of Washington School of Nursing. Dr. Munanga has devoted his career to constantly pushing the boundaries of dementia care by incorporating innovative programs and implementing new practice approaches in long term care. He is currently spearheading a new program called Era

Living memory care, that's focused on providing institutional care in a personalized, compassionate, and home like environment. And he's spearheading many other really innovative programs and initiatives. So Albert, if you could share with us your vision of the roles of nurses in expanding and improving the care of people who are living with dementia in long term care, and in memory facilities.

Well, thank you, and thanks for having me. Thanks also for the kind introduction. Thanks Huda and Kristen for that amazing discussion as well. So first and foremost, I just want to just quickly acknowledge the tremendous work of all the healthcare providers out there, not just the nurses, that are doing what we're doing at such a time as this. The other time I was comparing as the health frontline workers to Seals, Navy Seals. Soldiers, that when people are running off from somebody with COVID, with going there to give comfort, to explain, to taste, and do all those things.

So, I just wanted to start off with that. We are in a unique time in history here. And so, now speaking to the opportunities. I'll start with just the overall environment. The context of what I believe we're dealing with as nurses in general, because I do subscribe to the idea that every nurse is an agent of change, and is an innovator as we can see with this innovative program that is being born. And that's why it's a privilege to be here, and to be able to be talking about nursing leadership.

We have this special focus on a much needed dimension of care, dementia care. Because everyday nurses work very hard together to solve difficult challenges and problems in the workplace for their patients, or friends, or residents. And I think it's time to stop and reflect, and relook, at that which we do everyday, to see where we can tweak things and improve outcomes. What I assist at the regular RN level, nurse practitioner or a DNP level, nurses do have a tremendous potential of actually making differences in everyday care delivery. In virtually any care setting. And of course, the long term care, the retirement industry, is probably presents the most potential because of the numbers of nurses there. We have so much influence, and so much privilege, to care for so many people in supporting so many families and residents and care staff. And so if empowered, if specialized, we can actually do much more.

So, that's why I would like to somehow argue that the greatest potential is actually in the long term care setting, because of the things that I just said about it. So in general, we're not just task oriented nurses in the long term care space, because we participate in designing and coordinating the care that is being delivered, and including evaluating outcomes for them for that matter. We are dealing with families, at quite a deep level with caregivers. At another level we are looking at patient care and coordinating and collaborating with all kinds of healthcare providers, from PCP's, to specialties,

like folks that just finished talking prior to myself here. So, we have a tremendous opportunity in this care environment.

So we are leaders, and we do have the training and the confidence and the professional responsibility to do all these things. Except that, when it comes to dementia care, I think that's a specialty, and I think this is why. As I end my comments in a few minutes later, I'll emphasize the fact that this calls for population management concepts, because this is a unique population that is being impacted and affected by dementia. So again, in terms of our capacity to improve care for people living with dementia in the long term care setting to be specific, I do believe, as I said, we do have the capacity to deliver care in a manner that is unique, and sometimes only uniqueness is because of our ability to remain friendly grounded at the intersection of so much activity.

One word that I use to describe nurses is that we are the hub of care. And a lot of things have to pass through our hands in the care environment. This is why we don't have the ability to touch on several dimensions of care in our quest to provide holistic patient centered care. So this is possible for nurses because we are engaged in an assessment process like no other. We just don't do, we look over what the medical doctors, medical providers, or nurse practitioners have worked out from the medical profile. We pour our breath on that. We look over that. Then we gather for my own observations. Then we interview family members. Then we interview caregivers. We put in context the environment, and many other factors. And then we deploy that kind of care. So, we are privileged with so much information, such that with just a little bit more empowerment, in a special population, such as those living with dementia, I think we can do much more. And because of that again, speaking to the potential and the capacity to improve outcomes for this population, privilege is so much knowledge, so much information. Although, there should be more to be done for this particular population.

Now, let me pivot back to looking at this special focus on dementia care. Once again, whether it's a regular RN, or nurse practitioner, or DNP, this unique opportunity in caring for people with dementia, and the related issues that come up because of this medical condition, we don't just address things from a medical perspective. Yes, we tap into that very much. That becomes the foundation of everything else that will come out into the plan of care and populate the care paths for that. But we will pay particular attention to well to start with, what would the client, or the resident, or the patient, is needing. And then we don't end there. We pay particular attention to the family, and then particular attention to the needs of our care staff that provide the routine care on a day to day basis. And of course, we can miss details collaborating with the house of all the providers out there, we have to pay attention.

We receive so much information from everybody, from a dentist. We must carefully understand what the dentist is saying, because dentist issues could impact folks with dementia in a very negative way, if not cared for properly. Because we know that communication is limited for these folks living with dementia. So if they have a toothache, they have a toothache, we may think it's, like Huda said, it could be a behavioral psychological issue, symptom of dementia. Because they can't communicate that they're having pain. So the level of attention to detail that is required of us nurses in the care of people living with dementia is both a privilege, but it is definitely a responsibility that we cannot slumber from.

Now, let me address the question of what we do from here. Where do we go from here in terms of graduating nurses, new grads, how new nurses can actually have interests in focus and specialize on dementia care. Which I believe is an enormous need and main need right now. I think from scanning through statistics, we all know that the United States right now is facing a shortage of geriatricians in general. And, at a time with the number of [INAUDIBLE] in the country, is constantly outpacing newly trained specialists in the field. What do we know so far about dementia is that nearly 63% of older adults living with dementia are over 80 years old or older. In that, this population is disproportionately affected by dementia.

Of course it's not necessary in other people's disease, but the majority of folks with dementia of course are older adults. And, the physicians, in some reports I was looking over the Alzheimer's Association data, where they were saying that 50% of the physicians are overwhelmed with just providing just regular primary care to geriatric populations. To start with, when it comes to psychiatry for example, which traditionally responds to behavioral issues coming as a symptom of dementia, that is a complete disaster. We are in bigger trouble there, like I've shared with you Dr. Tatiana before, and you share the same sentiments that most people that need a psychiatric evaluation from a psychiatrist or psychologist practitioner, are more likely going to die before they actually show up for that appointment.

So, the reasons for advocating for specializations are obvious here. So number one, I believe is because we have a growing population of people living with dementia, which is what, one in three seniors today are dying with Alzheimer's or another type of dementia according to the Alzheimer's Association. Which means this disease is killing more people than breast cancer and prostate cancer combined. And because of the growing numbers of people living with dementia, and the demographic trends that are specifically impacting the older adults, we know that population health management [INAUDIBLE] become a much more effective way to deliver care for this population.

That's why to me, specializing in dementia is just another arm of population health management. This is a unique population that requires many from within our ranks to step forward to specialize and improve outcomes.

We know that more than 60 million Americans provide unpaid care for folks living with dementia. And they're not even trained, these are generally family members, or a neighbor. And the other thing which I already alluded to, 50% of primary care physicians believe that the medical profession is not ready for the growing number of people living with dementia. So again, specialization will help foster clinical competence, clinical confidence, and clinical competence, and strengthen the partnership between nursing and medicine and other care providers. And I believe such an initiative will just grow the confidence of also the family members, those that are supporting their loved ones living with dementia. Because there will be increased competence, alongside with increased confidence, in the nursing staff, the caring of folks living with dementia. And of course will provide better leadership to those that are following us to the caregivers and other support staff in the care environment. Because remember it's not just the care aides, like CNA's and I aides. It's the housekeeping folks, and other axillary support staff. So a whole host of people that would benefit from this highly specialization for people living with dementia.

Now, last but not least, I think that the other concept I was playing with me in my mind is that having a specialization approach to caring for folks living with dementia will firm up and deepen the concept of trauma informed care. Which basically suggests that we ask the question, what happened to you? What happened to these people living with dementia? And how can we support them. And I think it sounds pretty simple, but it's a powerful mindset to have, because they do have empathy and patience, and we'll walk with them slowly. And understand what's obtaining before we rush to ask for medications, or rush to any other conclusions. Because our care will be much more informed from this concept. And I do believe that the trauma informed care should equally be applied to folks living with dementia. I don't hear that, and every time I think about it, I feel like we should actually draw this concept into dementia care.

Thank you so very much Dr. Munanga. You are such a wonderful spokesperson for this new program that we are starting at by the University of Washington School of Nursing in training nurses specialized dementia care. So you just kind of made every point possible for advocating for it. So, now I have a great privilege of introducing our discussant, and who has been my long term mentor, and who trained me everything I know clinically and in research and in education, Dr. Soo Borson.

She is a Professor Emerita of Psychiatry and Behavioral Sciences at the University of Washington

School of Medicine, and an affiliate professor at the University of Washington School of Nursing. Dr. Borson is a geriatric psychiatrist who is internationally recognized as an expert and a leader in dementia care. She is a developer of the Mini-Cog, a widely used memory screen, and a creator of many other practical dementia measures. She is an accomplished in aged funded researcher focused on preparing health systems and primary care to become dementia capable. And my question to Dr. Borson, in addition to maybe kind of reflecting on our wonderful insightful speakers, is why as a physician did you dedicate so much of your time, energy, and so much of your career in training nurses?

I only wish that I could have dedicated more time and energy to training nurses. Thank you so much for inviting me to share time with you, and comment. I can't think of three speakers who could have done a better job in talking about the roles of nurses in dementia care. Everything that I could possibly think of, except perhaps one area, has been covered in depth and with a level of sophistication and compassion that we could all envy. I won't review what's been said, because I couldn't do it justice and because it's really been said about as well as I think anybody can say it. But let's reflect briefly on a couple of things.

So we've heard about roles for nurses, especially nurse practitioners, in providing primary care. I will focus in a minute on the role of RN's in primary care, as part of my comments. Then we learned about what it's like to be a psychiatric nurse practitioner, really struggling against the grain. In my own field of geriatric psychiatry, I consider to be almost, it's a dying breed, in terms of the provision of services. It also, I'm sorry to say, has not been productive in terms of truly new ideas. The really good new ideas in the delivery of care for people with dementia have typically not been coming from psychiatry. There are some research distinguished geriatric psychiatrists who do biomedical kinds of research on geriatric psych conditions, but that's different. And, we heard from Dr. Munanga about the many, many jobs that nurses do in long term care settings. And there will only be more, because long term care encompasses, as we know, community based care. Not all facility based care.

So, I'd like to comment on a role for nurses as experts in complexity. I believe that nurses are experts in complexity. Now, I have to admit that I think a lot of that expertise comes from gender, and this is not to be discriminating against any gender. But on average, facility with complex systems comes fairly easily to women. And hopefully there will be more and more men, as the two men on our panel showed today, who are also experts in complexity and dealing with very complicated interacting intersecting conditions. So, if nurses are experts in complexity, they are also experts in caring.

And I want to tell you briefly about a book by the man I count as my mentor, Dr. Arthur Kleinman.

He's not a dementia person. He's a psychiatrist anthropologist who's written a great deal about our health care system from an ethnographic point of view. And has always coupled his scholarship with passion and compassion. His latest book is called *The Soul of Care, The Moral Education of a Husband and Doctor*. This has just come out this last month, and I recommend it as a powerful source of perhaps understanding of what it's like to be a caregiver who's also a professional observer of the process along the way. This is a rare resource, and Arthur is a man to revere. For all of his contributions.

Let me turn now to the role of nurses in policy and leadership. As many of you know, nurses have increasingly taken on leadership roles in health systems, very large leadership roles in health systems. I think some of this has to do with expertise and complexity, and an ability to see many points of view, and to integrate them into planning. This is an untapped role, I believe, for nurses. Both RN's and nurse practitioners. If nurses are especially good at understanding and working in these types of complex systems, they do have a natural role in the design of healthcare systems and in practical means of both defining what we want to achieve. What is a social good? What is a compassionate good for our population? And how can we get there?

Nurses are above all practical people. They want to find the simplest way to get something done, and that is something that I have cherished in my own career. That developing simple ways of thinking about complex problems is an important job when it comes to dementia. Because complexity is everywhere in dementia care. What about the issue of policy. I would say that nurses can also be activists. There isn't one of us who should be accepting the current state of healthcare in the United States, at any level. We have problems that are profound. We use an industrial model of delivering medical care, which is bad for patients. It's bad for doctors. So now we get to do research on doctor burnout.

How about preventing burnout by changing the way we deliver care. We base our payment on units of service that discourage comprehensive and compassionate care. I am not able to tell you anything you don't already know about this, but I do want to highlight the important role of nurses as advocates and as change agents in healthcare policy. And to encourage every one of you to take this on in whatever role you have. That is how I've chosen to spend this part of my career. Is working on policy and developing evidence that can change policy around dementia detection in our new bold center funded by CDC on early detection of dementia. And on developing simplified interventions for primary care, that can actually be used, and can make patients and providers and caregivers happy, all at the same time.

Without nurses in that mix, we will not get there. We can't get there with primary care physicians alone. So, Tatiana and I have spent many hours talking about where nurses can make improvements happen in primary care, and hopefully we'll be working together for years to come on this. And with your help. Thank you so much.

Thank you so much Dr. Borson. This was an incredible discussion. A couple of questions came up on the chat and I have just a few minutes. And maybe I'll address that question very quickly. We're going to do a lightning round to all our speakers. In two minutes or less, Kristen, how did your work change during COVID, and what are some silver linings? Tell us about the silver linings. We all know about the problems.

Yes, thank you for helping with the focus on that. Because it is easier to focus on the challenges, and there have been many. I think, I know that I count it as a blessing everyday that I do get to go into where many of my patients live. And that still gives me that touchpoint. And so I've still been able to support them and their families even through this time. And as Huda pointed out, I think the opportunity to be able to work with family members in a way that we haven't really been able to before. And as providers, actually get recognition for that time in a way that we can build that into our practice, and therefore actually give patients the care that they need, has been really exciting. And so being able to not just look at talking to family members as something that gets added onto my day, but something that's incorporated into it. And that ultimately benefits care.

Thank you so much Kristen. Huda, two minutes or less, silver lining. What has emerged because of the pandemic that's a positive.

I do think it's a positive for the systems that older adult care is driven by Medicare, and Medicare opening the door for TeleVisits, is just I think huge. And I've adjusted to it, because I'm doing my own individual practice, to quickly adjust to it. And I've been connecting with, you know it's a loss, I haven't been able to put my facilities. But, I've been able to be incredibly responsive though, to their needs, by having them tap in with me, and the communication. And be able to do these TeleVisits. And I worried about how effective I can be, but it's been a pleasant surprise how effective I can still be across the board. An it speaks to the role of the advanced practice psych nurse who can reach out across state lines, through the video, and talk to families, and really connect with them still and be prompt focus. Obviously, I'd love to be in the room with them, but sometimes I can be more effective not in the room actually.

Thank you Huda. Albert, quick takeaway. Silver lining, something positive.

Well, this works changes you. Every time I have an opportunity to go into a community, many residents somehow that remember me and that still know me, it's amazing to just see them. Though they won't touch you, or hug you, or shake your hand, just to be able to look at you at a distance. Stop you, interrupt you, and tell you thank you without much to say. And that thank you would echo throughout the night in my mind. And I know that you feel the gratitude and it just gives you this extra energy, and joy of service. And it's just beautiful. Those moments, to me, I treasure them so much. Sometimes I get stressed, I get tired, but it amazes me to see that.

So remember, it reminds me of an old adage, that those who give milk to others, they can help but spill a little bit on themselves. So this work we do changes you, and just turns you into a better human being. And I think I'm the better based on hopefully, because of what I do.

Thank you so much Albert. What a wonderful uplifting way to end our webinar. I want to echo with expressing my gratitude on behalf of myself, and the school, and all of our participants, to our amazing speakers. I am hoping that we will host many more webinars like this. I feel very inspired and very energized. And we are going to be educating nurses who are specializing in dementia as early as next fall. We're going to have our first cohort of trainees, so thank you so very much, and what an amazing expertise we have at the School of Nursing. And what a privilege it has been. Thank you. I'll give it to Holly to wrap us up.

Thank you all so much. Huda, Soo, Albert, and Kristen. That was, like Tatiana said, incredibly inspiring and just so wonderfully engaging. We really appreciate your time. I do want to close out today here to just let you know about our next Nightingale leadership series webinar. It will be presented in just two weeks, October 15, and the topic will be nurse advocacy for policy and for patients. We have current and former state reps joining us and they are all nurses. So we'll talk about the importance of nurse advocacy, both to influence policy and to impact patients. We'll explore how to shape policy, build coalitions, and influence decisions for the future of nursing. So, thank you all again, speakers as well as participants for being here and participating in today's webinar. As a reminder, video recordings will be posted to the website. So if you missed a part--