

**ALZHEIMER'S FOUNDATION OF AMERICA RESOURCES TO CAREGIVERS OF
PERSONS LIVING WITH DEMENTIA**

A Doctor of Nursing Practice Scholarly Project

Presented to:

The University of Tampa

Department of Nursing

In Partial Fulfillment

Of the Requirements for the Degree

Doctor of Nursing Practice

By

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Approved:

CP/RW

Date: 12/13/2022

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Abstract

Alzheimer's disease (AD) is a neurocognitive degenerative disease with progressive deterioration of memory, orientation, cognitive thinking and is the major leading cause of dementia. The deterioration may become disabling, requiring a caregiver around the clock. Most caregivers are not trained or prepared for the care required. The purpose of this project was to recognize the caregiver's lack of knowledge of AD and AD-related dementia (ADRD), provide resources to the caregiver to increase their knowledge, and provide AD/ADRD patient activities. The planned method was to survey the AD/ADRD caregiver, provide education, and administer a post survey after several weeks. The survey instrument consisted of questions of data collection to evaluate the information on an AD caregiver website. The original survey was used by speech pathologists and published in 2018, survey was simplified for caregiver ease of reading. The survey consisted of closed ended survey questions. A ten answer Likert scale was used to allow the researcher to gather detailed data and increase validity. The quantitative data was analyzed using inferential statistics. This study evaluated the AD/ADRD caregivers knowledge base on AD following review of the content on the Alzheimer's Foundation of Americas' web based Teal Room. The mean pre survey overall was significantly lower than the mean post survey overall.

Keywords: Alzheimer's disease, Caregiver, Alzheimer's disease related dementias, American Foundation of America

ACKNOWLEDGEMENTS

Thank you to my husband for his patience adjusting our schedule for me to complete coursework.

Thank you to the research coordinator that inspired the project, identifying our department needs and ongoing support.

I would like to thank my project chair for continual patience and guidance.

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Alzheimer's Foundation of America Resources to Caregivers of persons Living with Dementia

Chapter 1

Alzheimer's disease (AD) is a chronic, debilitating disease affecting physical and mental abilities. Advanced stages of AD decrease the ability to care for oneself and requires a caregiver. Currently, more than five million Americans live with AD and AD-related dementia (AD/ADRD) (Jutkowitz et al., 2020). There are approximately 5.3 million older Americans over 65 years of age living with AD (Armstrong et al., 2019). AD is a public health issue, the World Health Organization reported 74.7 million people will have dementia by the year 2030 (Tawfik et al., 2021).

AD is the most common type of dementia (Armstrong et al., 2019). The number of persons living with AD/ADRD increases as the population ages. As the prevalence of AD/ADRD continues to climb, the number of caregivers increases. Caregivers are people who provide care to individuals requiring assistance with activities of daily living and everyday tasks on a consistent basis. Caregivers of persons living with AD/ADRD can expect to provide care for longer durations than other chronic conditions (CDC, 2019). Research has shown there is caregiver burden while caring for a partner with AD/ADRD (Armstrong et al., 2019; Cross et al., 2018; Krsikova & Zelenikova, 2018; Liew & Yap, 2018; Melnyk & Fineout-Overholt, 2019; Pudelewicz, et al., 2019). Research also identified a need for caregivers to receive AD/ADRD education to obtain knowledge about AD (Kokorelias et al., 2022; Ozcan & Akyar, 2021; Romero-Mas et al., 2021).

Ozcan & Akyar (2021) found caregivers wanted detailed information about Alzheimer's disease. Caregivers reported they did not have information they needed to prepare them for the problems they were facing with AD (Ozcan & Akyar, 2021). Caregivers stated they believed their partner living with AD was experiencing normal phases of aging. Challenges expressed were understanding and managing the changes a person living with AD and the progression of the disease (Ozcan & Akyar, 2021).

Kokorelias et al. (2022) studied AD caregivers and found that the caregivers wanted educational information on normal aging and mild cognitive impairment. The caregivers requesting education stated if they would have identified cognitive impairment they would have taken their partner to a health care professional (HCP) sooner. Caregivers sought AD information online and in print, with most taking their own initiative seeking AD information online. The caregivers expressed they would have preferred to have been directed to resources by their HCP. Benjamin et al. (2018) found authentic and illustrative video-based instructions and noted using technology to provide uniform instructions allowed for better retention.

Background

Lack of knowledge about AD has been reported by dementia caregivers in addition to the lack of preparedness for the care required of a person living with dementia. Caregivers without formal instruction have learned as they go (Cross et al., 2018). Cross et al. (2018) found continuous watching and monitoring persons living with AD, increased the caregivers challenges brought on by their dementia partner's denial and resistance. The caregivers of dementia partners identified they did not have competencies to draw upon for their caregiver role (Cross et al., 2018).

A study by Armstrong et al. (2019) found caregivers of people with dementia need to learn more about AD and ADRD. The caregiver of an AD/ADRD patient living in the home may feel burdened since the assistance and the care needed for an AD/ADRD patient may be continuous. Caregivers' lack of knowledge on caring for their dementia partner may mean premature placement of the dementia patient in a memory care facility (Krsikiva & Zelenikova, 2018).

Problem Statement

Caregivers of persons living with AD/ADRD need AD education and therapeutic activities for their dementia partner. The opportunity to learn about AD through social interactions has decreased during the COVID-19 pandemic. Advanced Practice Nurses (APN) are to educate both patients and their caregivers. The Doctor of Nursing Practice (DNP) curriculum is built on eight Essentials. The Essentials are the fundamental competences of the DNP project that develop a continuous quality improvement program (AACN, 2022).

Visits into the office or via telehealth are opportunities to teach about AD caregiver resources. In clinical trials, subjects are accompanied by their caregivers. Clinical trial subjects are observed up to a couple hours following the administration of their investigative product, they may sit reading or with hands in their laps, looking about aimlessly, often ready to get up and wander. Providing therapeutic activities geared toward the AD/ADRD patient will provide stimulation. Connecting the caregivers to resources will fulfill the unmet needs of AD education to the caregiver.

Chapter 2

Review of the Literature

Dementia is the chronic cognitive decline of memory with physical and behavioral components, and the number of persons living with AD/ADRD is increasing in prevalence (Pudelewicz et al., 2019). AD is the major leading cause of dementia (Robinson et al., 2019). Dementia leads to progressive deterioration of memory, orientation, and cognitive thinking requiring an around the clock caregiver (Jutkowitz et al., 2020). Providing care for an AD patient often places financial, emotional, and physical strain on the caregiver (Hopwood et al., 2018). The caregiver is busy with providing care to the person living with AD/ADRD, therefore decreasing networking and educational opportunities.

The literature review of AD/ADRD and caregiver burden demonstrated the greatest unmet need of the caregiver is information about AD (Romero-Mas et al., 2021). A person with AD may not be able to be left alone due to safety in the home or wandering. Senior Centers and support groups once able to attend with the AD patient were suspended during the COVID-19 pandemic due to social distancing. Also, the advanced stages of AD decrease the opportunity to network. Utilizing the virtual resources with online information will provide easy access to caregivers. The COVID-19 pandemic forced many that have not used electronic resources prior to the pandemic to start using electronic resources (Romero-Mas et al., 2021). There has been an increase in the use of electronic resources, connecting to others through online meetings, such as zoom and telehealth medical remote visits, that all increased during the COVID-19 pandemic. Providing formal training on utilizing virtual support groups may provide AD

information and social connection with others familiar with the burden of caregiving for a patient with AD. Giguere et al. (2018) found significant burden felt by the caregivers of dementia patients and the advanced stages of AD require a caregiver. Research has shown higher caregiver burden with AD patients with lower levels of functioning (Robinson et al., 2019). The use of support groups showed the caregivers' quality of life did not decrease even though their partner with AD condition deteriorated (Romero-Mas et al., 2021).

Pudelewicz et al. (2019) conducted a study on late-stage dementia with 55 AD patients and caregivers to determine the level of caregiver burden. They identified the factors affecting burden as inability to care for themselves, financial limitations, as well as the AD patient/caregiver relationship. The Zarit Burden Interview (ZBI) is a measure of caregiver burden and is widely used, measuring strain and role strain on caregivers' lives (Reed et al., 2020). Researchers used subjective levels of burden scales such as the ZBI and found the burden of caregiving was further affected by the lack of free time, level of the caregivers' self-esteem, and the degree of severity of the AD patients. The researchers analyzed the variables confirmed with a statistically significant P value (≤ 0.05) indicating the largest impact was the burden felt with the level of the caregivers' self-esteem and the worsening of the AD (Pudelewicz et al., 2019).

Palmer et al. (2017) conducted AD research to determine the patients' capacity to consent and found AD a risk factor for obtaining an informed consent. Palmer et al. (2017) evaluated age, education, gender, and ethnicity and found no statistically significant differences in education, age, gender, or ethnicity. This project obtained informed consent from the caregiver. Only the caregiver participated in this project. It

was the goal to provide resources to the caregiver and the vulnerable persons living with AD/ADRD did not participate in the project.

The ZBI was utilized in a cohort study by Liew & Yap (2018) and they found caregiver burden existed but the burden was not statistically significant. This tool demonstrated high validity and the internal consistent reliability had a Cronbach alpha value of 0.70, showing minimally acceptable reliability. The researchers were able to study a large size sample of 394 participants and determined the need for further intervention (Liew & Yap, 2018).

Arakawa-Belaunde et al. (2018) conducted an evaluation of AD information available on the internet. This search addresses the caregivers' available electronic AD resources (Arakawa-Belaunde et al., 2018). Researchers identified that the caregivers would be primarily an elderly population. Assuring ease of reading these resources were addressed through the use of contrasting colors and legibility of the presentations. They also identified that utilizing internet websites is a good resource for knowledge sharing of health care education. Melnyk et al. (2019) encouraged inclusion of the following concepts: important/impactful information, valid/reliable information, and usable information. Giguere et al. (2018) conducted a study evaluating the participation of the elderly in their health-related decisions, empowering a voice in their healthcare.

Ozcan & Akyar (2021) identified the increasing prevalence of AD to an estimated 152 million people living with AD by 2050. They conducted a qualitative study of AD caregivers over one year and concluded that caregivers lacked AD information. They recommended training and counseling, a frontline intervention for caregivers of persons

living with AD, suggesting more research be conducted to create and disseminate AD resources.

Hopwood et al. (2018) conducted a qualitative systematic review on internet-based education and found it effective in supporting AD caregivers. The PRISMA flowchart demonstrated that the search started with 2325 articles, and ended with only forty studies. The researchers identified that the evidence for using the internet-based interventions was limited, providing a gap in the literature.

Romero-Mas et al. (2020) conducted research and found the need for education on AD and social support from others in similar situations. Stating that caregivers' main needs was AD information and training about AD. To fulfill the caregivers' knowledge gap they identified the use of virtual resources. Internet interventions were used to meet the educational needs of caregivers of persons living with AD/ADRD at a reduced cost and increased accessibility (Romero-Mas et al., 2020).

In a study conducted by Zimmerman et al. (2018), a sample of 183 patients with the diagnosis of AD were followed for a minimum of one year. The data was analyzed with SPSS 16.0 and the Kolmogorov-Smirnov test. The Mann Whitney U was used to analyze the ZBI of AD patients and their caregivers. In addition, linear regression analysis was done and the P value ≤ 0.5 was considered statistically significant.

Zimmerman et al. (2018) identified an AD knowledge gap and hypothesized that a web-based educational resource provided to AD caregivers is needed.

Cross et al. (2018) found caregivers challenged by locating and accessing resources and encountered lack of support from HCP that expected caregivers to know

how to cope, which contributed to the feelings of mistrust towards the HCP. Caregivers had a consensus for need of a one stop service or contact to access dementia information and timely referral to support services around high emotional and psychological burden (Cross et al., 2018).

The Alzheimer's Foundation of America (AFA) was established in 2012, celebrating 20 years of supporting caregivers (AFA, 2022). Twenty years ago, motivated by the lack of available information on AD to care for his mother, the AFA was started by Bert E. Brodsky. Caregivers may find caregivers' resources located in the AFA virtual Teal Room under the caregivers' resources tab.

Conclusion

The literature review shows overwhelming evidence that AD, the leading cause of dementia, is increasing in prevalence (Armstrong et al., 2019; Pudelewicz et al., 2019; Robinson et al., 2019). Research has shown there is caregiver burden while caring for a partner with AD/ADRD (Armstrong et al., 2019; Cross et al., 2018; Krsikova & Zelenikova, 2018; Liew & Yap, 2018; Melnyk & Fineout-Overholt, 2019; Pudelewicz et al., 2019). Research has also identified a need for caregivers to receive AD/ADRD education to obtain knowledge about AD (Kokorelias et al., 2022; Ozcan & Akyar, 2021; Romero-Mas et al., 2021).

The APN is prepared to provide education and direct patients to appropriate resources. The AFA Teal Room is a virtual resource with information for caregivers on AD. Caregivers of AD patients lack information on AD, resources, and therapeutic activities for their partner living with AD. The COVID-19 pandemic and the time

required to provide care to an AD patient limits opportunities to attend an in-person educational class. This literature review provides strong evidence that resources are desired to provide resources to the AD caregivers by using technology of a web-based program. For this project, a survey was provided pre and post educational intervention. Education and activities for the patients living with AD/ADRD were provided to the caregivers, with the overall goal to increase the caregivers' knowledge base about dementia.

Chapter 3

Project Design

This project was a quantitative, descriptive, cross-sectional design and used surveys to evaluate the caregivers' experience with the AFA resources. The caregiver pre and post survey questions developed for this project were derived from an assessment tool used to evaluate the information on an AD caregiver website. The caregiver survey used for this project was modified and approved by experts in AD. The original survey was published in Brazil in 2018 and used by HCPs. Recent correspondence from the author verified the 2018 assessment tool was developed based on the following: AD and caregiver resources, AD website submenus, experiences related to discussions focused on AD and their caregivers, and the study groups' knowledge about adults and the elderly population (Arakawa-Belaunde et al., 2018).

The caregiver survey used in this project was modified for caregiver ease of reading. Experts in the field of AD approved the content of the survey for caregivers to evaluate a web-based resource. Non-experimental, quantitative statistics were used to analyze the data gathered from the caregivers' surveys. The purpose of this project was to recognize the caregiver's baseline knowledge on AD/ADRD, provide resources to the caregivers to increase their knowledge, and provide AD/ADRD patient activities. The participants and their data are not used as a representative or sample of a broader population, as this is not a research study.

Aims, Outcomes, and Measures

For the implementation of this project, the caregiver pre-survey was administered prior to the provision of the AFA virtual Teal Room and following the self-paced education. The pre and post caregiver surveys were matched by a code number specific to each participant so that a

change in participant scores could be noted. The project was conducted over a three month period. The goal was to provide caregivers of persons living with AD/ADRD resources from the AFA virtual Teal Room to evaluate its usefulness. The caregivers accessed the information from the caregiver resources tab. The caregivers were instructed to view one hour of information, spread out over various sittings. Within two to eight weeks of website review, the same caregiver survey provided at the beginning of the project was again provided to the caregiver at the end of their review. After the review, along with the caregiver survey, the caregivers were provided a follow-up survey inquiring if they accessed the virtual Teal Room or read the handouts from the AFA website. The time spent reviewing was also asked in the follow- up survey.

Project Site and Sample

Reaching out to members of the community was necessary to obtain study participants. Community forums are ideal to reach a diverse population. Located on the south side of Saint Petersburg, a community church serving primarily African Americans held a forum on AD. Although inclusion and diversity are sought in research, African Americans are often reluctant to trust a provider or participant in clinical trials. This same population has higher rates of AD/ADRD than any other group in the United States (Guest & Smith, 2021). African Americans over the age of 65 have almost a 70% greater chance of having AD/ADRD than non-Hispanic whites according to The South Carolina Alzheimer's Disease Registry (Office for the Study of Aging, 2020). Attendance at other community forums helped to gather additional participants.

Located near the western coast of Florida, there are research facilities that specialize in Neurology and AD. Because there are neurologists on staff, quality studies for neurologic disorders including, but not limited to AD/ADRD, are conducted. Enrolled AD/ADRD subjects are accompanied by their caregivers, providing a convenience sampling of participants.

Participants

The project was conducted on a population sharing the characteristic of being a caregiver of a person living with AD/ADRD. There was not a control group, and all participants were provided the same resources. Participants were adults 18 years or older and caring for persons living with AD/ADRD. The caregivers were identified as wanting more information on AD or referred as needing AD information. The participants were an adult child, spouse, partner, hired caregiver, or friend that provided care to a person living with AD or dementia. The participants included in this project have been identified as a caregiver by self-report. Consistent communication was secured by the provision of a one-page handout on how to access the AFA virtual Teal Room.

Barriers

A potential barrier was the inability of the caregiver to obtain the information from the AFA virtual Teal Room, this may have been due to lack of an electronic device. To overcome this barrier, a minimum of ten sections from the AFA Teal Room caregivers resource tab were printed and made available when the caregiver identified inability to obtain web access.

The initial survey was published in 2018 and used to evaluate an AD website. Correspondence with the author allowed use of the survey. Barriers included the survey was initially used by speech pathologist and needed to be simplified for caregiver use and modified according to expert opinion. The final survey was approved by experts in AD.

The research was conducted during the summer months of 2022. Those months may be the time that the people travel and are not in the Florida area. The same caregiver is required to

complete both the pre and post educational surveys, as it is a dependent single group of participants (Kim & Mallory, 2017).

Methods

The project utilized the quantitative descriptive research process. Phase one defined the problem that caregivers need information on AD and therapeutic activities for their partner living with AD/ADRD. Data was collected using a pre and post survey of the AFA Teal Room resource experience. The survey utilized was approved by experts in AD. The survey was initially published in 2018 by speech pathologists, the words were simplified for ease of this project's participants (Arkawa-Belaunde et al., 2018). A one-time demographic questionnaire was provided with the pre-intervention survey. The caregiver survey was provided prior to the intervention. A post-intervention caregiver survey was provided after the completion of a one hour review of the AFA Teal Room caregiving resources. A minimum of two weeks was provided to allow for ample time to review the caregivers' resources in the virtual AFA Teal Room.

Participants able to complete the surveys in the office, were provided an envelope to place the completed surveys in a secured manner. For caregivers identified within the community wanting AD information and participation in this study, the caregiver survey was mailed to their home address with a prepaid postage return envelope. The opportunity for participant questions was provided via a telephone call. When all questions were addressed, the caregiver was provided the AFA Teal Room instruction sheet. The time to complete the caregiver survey took approximately ten minutes. This same caregiver survey was also administered upon completion between two and eight weeks from consenting. The caregivers were identified as a number to assure pre and post surveys align, maintaining confidentiality.

To enhance learning, the nursing metaparadigm four concepts were accompanied with Kolb's Theory of Learning Styles. The Nursing metaparadigm consists of four concepts which are environment, person, nursing, and health (Bethel et al., 2022). The Kolb's Experiential Learning Theory is a framework to guide learners. Through the learning process, the learner has a concrete experience, a reflective observation, abstract conceptualization, and active experimentation. Learning is viewed as a process that is adaptive; it is holistic and involves thinking, perceiving, feeling, and behaviors through grasping, transforming, and experience that knowledge is gained (Reed, 2020). Health care organizations have incorporated Kolb's experiential learning cycle in their trainings (Ssekamatte et al., 2022). Education provided with the Kolb's learning cycle demonstrated gains in knowledge and confidence (Watson et al., 2019). According to the Kolb's Theory, learning has occurred when the four stages are covered (Caley & Chilton, 2020). Learning is cyclical, and Kolb's Theory is a circle of accommodating, (how the learner feels and how performs); diverging (how the learner feels and observes); converging (what the learner thinks and does); and assimilating (what the learner thinks and observes) (Watson et al., 2019). Caregivers will have the opportunity to learn, reflect, and implement their gained knowledge from the caregiver resources.

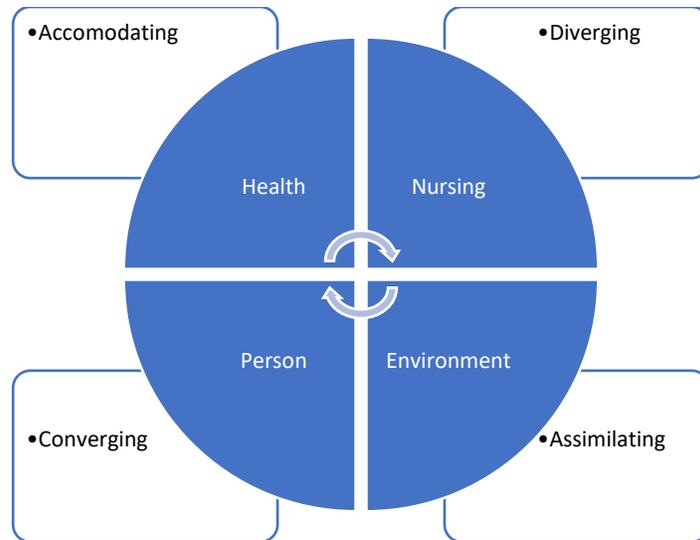


Figure 1: The Kolb’s Learning Model breaks down into categories within the nursing metaparadigm four concepts.

The University of Tampa’s Institutional Review Board (IRB) reviewed this project and provided a letter of approval. The caregiver pre survey was completed prior to accessing the AFA virtual Teal Room. The caregivers were asked to view a minimum total of one hour of the AFA virtual Teal Room. The caregivers were encouraged to access the caregiver resources multiple times. The time may be broken into segments such as viewing the website for 15 minutes at four separate times. The time period allowed from the completion of the pre-survey, with the provision of the AFA virtual Teal Room information to the post-survey was a minimum of two weeks and maximum of eight weeks.

Caregivers not able to gain access to the website were provided a minimum of ten handouts printed from the AFA caregiver resources tab. The caregivers were provided the following handouts from the AFA Teal Room caregivers resource tab: What is Alzheimer’s disease?, Dementia Warning Signs, 10 Tips for Managing Stress, End Stages of Alzheimer’s

disease, Therapeutic Activities for 3 Main Stages of Alzheimer's disease, Understand Behaviors as Forms of Communication, Tips for Speaking About Memory Changes, Language Tips, Care Transitions, and End Stages of Alzheimer's Disease. Caregivers reviewing the printed material were allotted the same time as those that accessed the AFA virtual Teal Room which was from two to eight weeks and a minimum of one hour spent on the caregiver resources.

Measurement Tools

The same caregiver survey tool to evaluate the caregivers experience was used pre and post intervention to evaluate the caregivers' experiences. The caregiver survey was initially used in 2018 and revised for caregiver ease. The caregiver survey consisted of six questions modified from an assessment tool to evaluate the information on an AD caregiver website. The caregiver survey consisted of closed ended survey questions modified according to expert opinion. A ten-point Likert scale was used to allow the researcher to gather detailed data and demonstrated validity by approval of AD experts. A demographic survey was used to collect information on the caregiver. Following the intervention, a separate follow-up survey was provided to determine the time spent reviewing resources and the use of the web based or handout format.

Data Collection Procedures

Caregivers identified at community events, office visits, or referred, were asked if they would like to participate in the project. The caregiver survey was provided to all that would like to participate, ample time was allowed for the caregivers to review the website. Following the review of AD information, a post-survey form was provided to determine the time spend reviewing the caregiver resources.

Timeline

The project was conducted over a three month time period in the summer of 2022. The project started May 23 and ran through August 28, 2022. The caregivers were instructed to view one hour of information, spread out over various sittings. After two to eight weeks of review, the same caregiver survey provided at the beginning of the project was provided to the caregiver to complete along with a survey inquiring if they accessed the virtual Teal Room or the handouts from the site. The time spent reviewing was also asked in the follow up survey. A schedule for project timeline is provided in the GANTT chart (see Appendix D).

Ethical Considerations/Protection of Human Subjects

The University of Tampa IRB approval was obtained prior to initiating the DNP project. The risk of participation in this project was low with the potential for some stress due to the sensitive nature of the questions and potential personal relationship with the AD patients.

The project results were reported as aggregate data. The data was retained in a locked file cabinet inside a locked office for three years. The building has a security alarm, and a guard that patrols the premises. All information collected as part of evaluating the impact of this project was aggregated data from the project participants and did not include any patient identifiers.

Chapter 4

Outcomes

This DNP project was identified within the office setting where caregivers expressed their concerns over caring for a person living with AD/ADRD. Caregiver resources are needed for the caregivers during their office visits and therapeutic activities offered to the person living with AD/ADRD. The project was developed to evaluate a virtual website for AD caregiver's resources. At the end of three months of data collection a correlation between the education and the caregiver provided a greater understanding of the educational value of the AFA virtual Teal Room caregivers' resources.

Population

A minimum sample size of at least ten participants was sought to detect a moderate correlation ($r = 0.5$). The project aim was to determine if caregiver resources were helpful in providing information to aid in the care of persons living with AD/ADRD. One of the recruitment sites was a clinical research site. Other recruitment sites included senior centers.

Participants were also reached through attendance at Alzheimer community forums at urban community churches and at rural Health Clinics. To obtain quality data, inclusion of a diverse population was attempted through the attendance of multiple community events. This project manager attended community forums where the participants were from various ethnicity (Iribarren et al., 2019). Alzheimer's disease has increased incidence in both the African American and Hispanic populations. The African

American and Hispanic ethnic groups carry a higher incidence of the APOE 4 allele of the AD gene, therefore diversity in the sample was desired. (Beetstra-Hill, 2021).

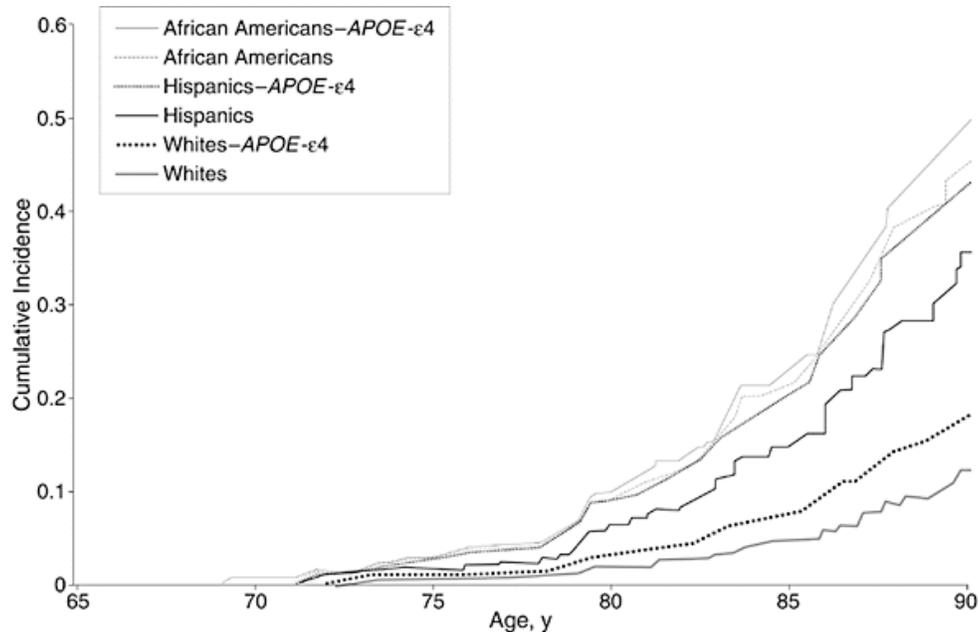


Figure 2: The incidence of AD in African America, Hispanics, and Whites.

Initial project recruitment was slow, to increase participation the process needed simplified. This led to the reevaluation of the consent process and resulted in a new submission and approval of the caregiver’s survey containing the consent to participate.

The DNP project manager attended caregiver support groups resulted in gathering interested project participants. Listening to the caregivers disclose their daily lives with their partner living with AD/ADRD validated the need for resources. Review of current literature stated caregivers are burdened with the daily requirements in caring for a person living with AD/ADRD (Armstrong et al., 2019; Cross et al., 2018; Krsikova & Zelenikova, 2018; Liew & Yap, 2018; Melnyk & Fineout-Overholt, 2019; Pudelewicz, et

al., 2019). The final sample consisted of 21 participants completing the pre and post intervention surveys and were calculated into the results.

Tools

Pre and post surveys were used to evaluate the website. The caregivers' survey was used prior to intervention and the same survey offered following the intervention. The questions were closed questions. Test-retest was conducted to assure the surveys' reliability. For internal consistency, a ten item scale was used (Pratt, 2007). (See Appendix A)

A demographics survey was used to describe participants in terms of ethnicity. (See Appendix B) The majority of the participants were causation. Community events provided to different ethnic groups were attended to increase diversity, however, the willingness to participate was not as well received. Even changing the consent process was adapted for ease of participation.

Time spent reviewing the educational materials may correlate with the scores. Time spent reviewing the AFA virtual teal room information was collected via a closed questionnaire with time broken down into thirty-minute increments. (See Appendix C)

Budget

After completion of the caregiver's survey, the 21 participants were provided a ten-dollar grocery card as an incentive. Pre-paid postage envelopes were sent to the participants. Statistician was hired for data analysis and Intellectus Statistics was used over two months (See Appendix F). No grant money was used in funding.

Data Analysis

Findings from this study reflect participants gained information from the AFA Teal Room website. After data was collected, descriptive statistics were used to analyze quantitative data gathered from the pre and post surveys, as well as time spent reviewing website. The data allowed the researcher to evaluate the educational value of the AFA virtual Teal Room caregivers' resources.

Descriptive Statistics

Introduction

The differences between the caregivers' pre and post survey were evaluated following the completion of the surveys. Frequencies and percentages were calculated for gender, race, and time spent reviewing the website.

Frequencies and Percentages

The demographics showed that the most frequently observed category of gender was female ($n = 16, 76.19\%$). The most frequently observed category of race was white ($n = 18, 85.71\%$). The most frequently observed category of time spent reviewing the website was 1-29 min ($n = 9, 42.86\%$). Frequencies and percentages are presented in Table 1.

Table 1

Frequency Table for Nominal Variables

Variable	<i>n</i>	%
Gender		
Female	16	76.19
Male	5	23.81
Missing	0	0.00

Table 1

Frequency Table for Nominal Variables

Variable	<i>n</i>	%
Race		
White	18	85.71
African American	2	9.52
Hispanic	1	4.76
Missing	0	0.00
Time spent Reviewing Website		
60-89 min	7	33.33
30-59 min	4	19.05
1-29 min	9	42.86
90-119 min	1	4.76
Missing	0	0.00

Note. Due to rounding errors, percentages may not equal 100%.

Cronbach's Alpha

Introduction

A Cronbach alpha coefficient was calculated for the pre survey overall scale, consisting of Q1_Pre, Q2_Pre, Q3_Pre, Q4_Pre, Q5_Pre, and Q6_Pre. The Cronbach's alpha coefficient was evaluated using the guidelines suggested by George and Mallery (2018) where > .9 excellent, > .8 good, > .7 acceptable, > .6 questionable, > .5 poor, and ≤ .5 unacceptable.

Results

The items for the pre survey overall had a Cronbach's alpha coefficient of .89, indicating good reliability. Table 2 presents the results of the reliability analysis.

Table 2

Reliability Table for Presurvey Overall

Scale	No. of Items	α	Lower Bound	Upper Bound
Presurvey Overall	6	.89	.83	.95

Note. The lower and upper bounds of Cronbach's α were calculated using a 95.00% confidence interval.

Cronbach's Alpha

Introduction

A Cronbach alpha coefficient was calculated for the post survey overall scale, consisting of Q1_Post, Q2_Post, Q3_Post, Q4_Post, Q5_Post, and Q6_Post. The Cronbach's alpha coefficient was evaluated using the guidelines suggested by George and Mallery (2018) where $> .9$ excellent, $> .8$ good, $> .7$ acceptable, $> .6$ questionable, $> .5$ poor, and $\leq .5$ unacceptable.

Results

The items for post survey overall had a Cronbach's alpha coefficient of .82, indicating good reliability. Table 3 presents the results of the reliability analysis.

Table 3

Reliability Table for Postsurvey Overall

Scale	No. of Items	α	Lower Bound	Upper Bound
Postsurvey Overall	6	.82	.73	.91

Note. The lower and upper bounds of Cronbach's α were calculated using a 95.00% confidence interval.

Two-Tailed Paired Samples *t*-Test

Introduction

A two-tailed paired samples *t*-test was conducted to examine whether the mean difference of presurvey overall and postsurvey overall was significantly different from zero.

Assumptions

Normality. A Shapiro-Wilk test was conducted to determine whether the differences in presurvey overall and postsurvey overall could have been produced by a normal distribution (Razali & Wah, 2011). The results of the Shapiro-Wilk test were not significant based on an alpha value of .05, $W = 0.96, p = .585$. This result suggests the possibility that the differences in presurvey overall and postsurvey overall were produced by a normal distribution cannot be ruled out, indicating the normality assumption is met.

Results

The result of the two-tailed paired samples *t*-test was significant based on an alpha value of .05, $t(20) = -4.43, p < .001$, indicating the null hypothesis can be rejected. This finding suggests the difference in the mean of presurvey overall and the mean of postsurvey overall was significantly different from zero. The mean of presurvey overall was significantly lower than the mean of postsurvey overall. The results are presented in Table 4. A bar plot of the means is presented in Figure 3.

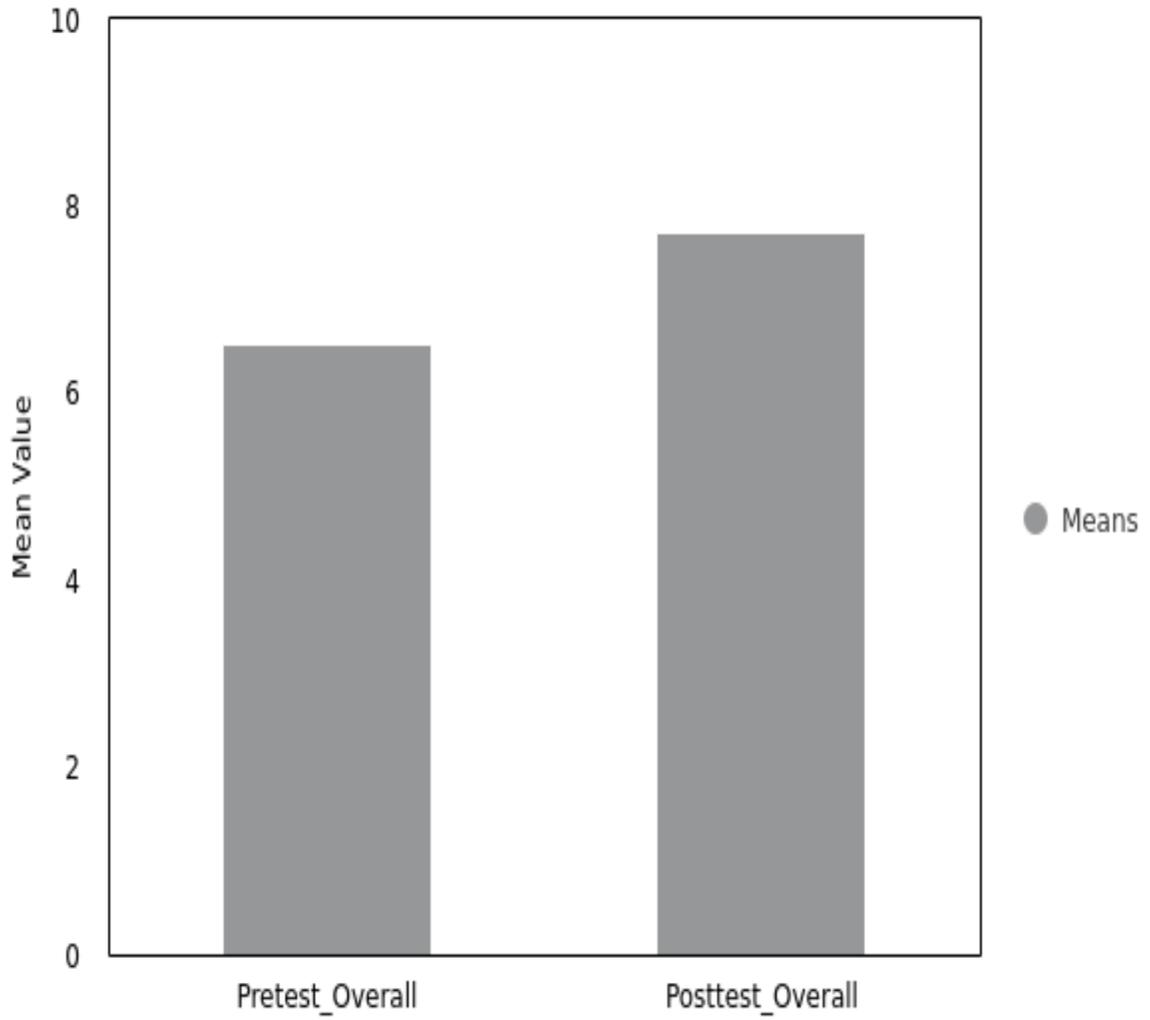
Table 4

Two-Tailed Paired Samples t-Test for the Difference Between Presurvey Overall and Postsurvey Overall

Presurvey Overall		Postsurvey Overall		<i>t</i>	<i>p</i>	<i>d</i>
<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>			
6.53	1.76	7.71	1.06	-4.43	< .001	0.97

Note. N = 21. Degrees of Freedom for the *t*-statistic = 20. *d* represents Cohen's *d*.

Figure 3: *Intellectus Plot: Mean values of Pre Survey and Post Survey*



Chapter 5

Discussion

Strengths and Limitations

The number of caregivers of persons living with AD and related dementias is increasing. The need for education to caregivers will also be increasing. An analysis of the strengths, weaknesses, opportunities, and threats (SWOT) was conducted. Following this project, the provision of the AFA virtual Teal Room caregiver resources will be offered to persons identified as caregivers or wanting more information. While sitting in the office, therapeutic activities can be provided for the caregivers to provide for their partner with AD/ADRD.

Implications

Not everyone wants to participate in surveys. Information may be desired as seen by the large volume of participants in caregiver support groups. Sharing of personal information and wanting support is evident from discussion groups. Participating outside of community groups to engage in surveys and virtual learning took trust development. Accessing the virtual website was not feasible for all participants. Information was desired by most participants, an alternative method to view was provided as not to exclude, printed informational handouts were provided.

The identified problem of caregiver lack of education and therapeutic activities for persons living with AD/ADRD was partially met through the provision of AFA virtual Teal Room caregiver resources. Referral to the AFA virtual Teal Room is recommended and therapeutic activities can be provided. However, the value of in-person

support groups was evident throughout the community meetings. Attendance to these groups is beneficial when started in the early stages of AD, as the persons living with AD/ADRD were not at the caregiver support meetings. A caregiver of a late-stage AD patient would require a replacement caregiver, daycare at a memory center, or respite care.

Recommendations for Future Projects

At a minimum, the DNP project should include the following elements: system change; planning; implementation; evaluation; and sustainability (see Appendix E). These elements are inherent of quality improvement methodologies and are recommendations from the AACN (Bingham et al., 2021). Planning, implementation, evaluation, and sustainability have been met to fulfill the AACN doctoral essentials.

Lessons learned through these elements include there can never be enough planning or communication. Starting DNP project planning at first residency was key to fulfill the essentials required for implementation. A communication plan table was started at the beginning of the DNP project. A recommendation to future projects would be to reference the table often and update as needed. Specifically for the DNP students ongoing updates and adjustment to GANTT chart to remain on track with tasks helped with timely implementation.

Dissemination of Project Results

Upon completion of the DNP project, resources will be recommended for caregivers of persons living with dementia. More specifically, a bulletin board has been placed within one clinical setting to identify caregiver resources. Therapeutic activities

have been made available for persons living with AD/ADRD at this site. A poster presentation will be completed at the conclusion of the DNP project for ongoing dissemination of this students DNP project.

Following this project, future caregivers of AD/ADRD will be provided information to access the AFA virtual Teal Room caregivers resources. Therapeutic activities learned from the AFA Teal Room may become available for persons living with AD/ADRD in the office setting, home, or facilities.

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Appendix A

Survey for Caregivers of Persons Living with Alzheimer’s Disease and Related Dementia

The purpose of this project is to determine if the provisions of the Alzheimer’s Foundation of America resources will increase the caregivers’ knowledge on Alzheimer’s disease. There is no known potential for physical or social harm. Only Margaret O’Connell will have access to the secured data files, her contact number is (419) 261-4449. No identifiable information will be made available to other researchers. Participating in this project is voluntary, no penalty for withdraw at any time. Your time will be compensated with a ten-dollar gas card.

Your name: _____

Rate the following on a scale of 1 – 10, where 1 is not very good and 10 is excellent, by circling your response.

1. My perception of my knowledge

	Excellent				Not Very Good					Adequate
of Alzheimer’s disease is	1	2	3	4	5	6	7	8	9	10

2. My perception of my knowledge

	Excellent				Not Very Good					Adequate
on the brain and Alzheimer’s disease is	1	2	3	4	5	6	7	8	9	10

3. My perception of my knowledge

	Excellent				Not Very Good					Adequate
on the signs and characteristics of Alzheimer’s disease is	1	2	3	4	5	6	7	8	9	10

4. My perception of my knowledge

	Excellent				Not Very Good					Adequate
on the phases of Alzheimer’s disease is	1	2	3	4	5	6	7	8	9	10

5. My knowledge on the

	Excellent				Not Very Good					Adequate
available information about Alzheimer’s disease is	1	2	3	4	5	6	7	8	9	10

6. My perception of my knowledge

	Excellent				Not Very Good					Adequate
on the role of the caregiver is	1	2	3	4	5	6	7	8	9	10

Appendix B

Caregivers Demographics

Date: ____/____/____ For project director only, code #: _____

Caregiver to complete the following, Caregiver's name: _____

Name of person living with Alzheimer's disease or related dementia: _____

Caregiver's mailing address: _____

Caregivers cell phone: (____) _____ - _____ home phone: (____) _____ - _____

Caregiver's email: _____

Caregiver preference of contact: email / cell phone / home phone

Caregiver's gender: male / female / intersex / other

Write in caregivers age in years: ____

Circle Caregiver's Ethnicity: Not Hispanic/Latino / Hispanic/Latino

Circle Caregiver's Race: White / African American / American Indian-Alaskan Native / Asian / Native Hawaiian-Other Pacific Islander

Circle response that best reflects Caregiver's relationship to person living with Alzheimer's disease or related dementia: Spouse / Adult Child / Friend / Hired

Circle years Caregiver has known patient: 0-5 / 6-10 / 11-15 / 16-20 / 21-25 / >25 years

Write in number of years caregiver has been the primary caregiver for this person: _____

Caregivers highest level of education: incomplete elementary / completed elementary / completed high school or equivalent / some college / college graduate

Caregiver has access to an electronic device, ie smartphone, tablet, computer, circle one: yes / no

Does caregiver know of any organized Alzheimer's or dementia groups, circle one: yes / no

Has caregiver received information from an organized Alzheimer's or dementia group: yes / no

If caregiver received any information from an organized Alzheimer's group, please write in name of organization: _____

Appendix C

Caregivers of Persons Living with Alzheimer's Disease and Related Dementia Education Survey

Completed by project director, code # _____

Participant please circle the time frame that best fits your responses below, you will not need to answer both questions 2 and 3 depending on if viewed the website or read the handouts.

Question 1.

Was the caregiver able to access the Alzheimer's Foundation of America's website, circle: yes / no

If yes, circle the amount of time on website:

No time	1-29 minutes	30-59 minutes	60-89 minutes	90-119 minutes	>120 minutes
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Question 2.

Was the caregiver able to access the Alzheimer's Foundation of America's (AFA) virtual Teal Room site, circle: yes / no

If yes, circle the amount of time in the AFA Teal Room:

No time	1-29 minutes	30-59 minutes	60-89 minutes	90-119 minutes	>120 minutes
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Question 3.

Did the caregiver read the printed material from the Alzheimer's Foundation of America's (AFA) Teal Room site, circle: yes / no

If yes, circle the amount of time reading the AFA material:

No time	1-29 minutes	30-59 minutes	60-89 minutes	90-119 minutes	>120 minutes
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Appendix D

GANTT CHART

TASK	RESPONSIBLE PERSON	DUE DATE	COMMENTS
Develop an Evidence-Based Practice for educational resources for dementia caregivers			
Finalize Project Topic	DNP student, NUR 700 faculty, UT chair	1/2021	Topic finalized so that all DNP courses can build on the topic
Literature Review	DNP student	1/2021	Begins at RESIDENCY I
Determine major concepts of project, avoid emotional questions on surveys	DNP student, UT chair, preceptor	1/2021	Begins at RESIDENCY I. Meeting with project chair. Meeting with clinic preceptor.
Develop tool	DNP student, UT chair, preceptor	2/4/2022	Survey revised from published 2018 survey, based on suggestions from statistician, project chair, preceptor, and agency.
Edit survey	DNP student, UT chair, preceptor, agency	3/4/2022	Survey revisions based on suggestions from statistician, project chair, preceptor, and agency.
Expert review of screening and protocol	DNP student, UT chair, preceptor, topic experts	3/25/2022	AD caregiver surveys edited based on suggestions from topic experts.
Finalize survey and UT IRB proposal	DNP student, UT chair	4/8/2022	Surveys edited as necessary before implementation.
Submit for UT IRB approval	DNP student, UT chair	3/15/2022	UT IRB requires two weeks for review, proposal submitted 4/14/22 one month after approval due. ICF & Survey attached to IRB proposal
UT IRB submission follow up	DNP student, UT chair	3/15/2022	CITI certs submitted 4/18
Obtain UT IRB approval	DNP student, UT chair	3/15/2022	UT IRB Approved 4/25/2022
Implement DNP project	DNP student, preceptor	5/23/2022	Participants identified and recruited
Obtain UT IRB approval of revised Consent and Survey	DNP student, UT chair, UT IRB	6/1/2022	UT IRB approved new Survey 6/4/2022
Post-experience survey	DNP student, UT chair	8/26/2022	Last day to gather data to determine caregiver appropriate use and implementation of AD information

	Provider Post-Implementation Discussion	DNP Student, UT chair, IS	9/1/2022	Meeting with Intellectus Statistics with provision of gathered data
	Provider Post-Implementation Discussion	DNP Student, UT chair, preceptor, and agency	9/23/2022	Share lessons learned from surveys regarding the AFA caregiver resources teal room
AD information will be given at each visit, reviewed, and utilized to apply best practice in patient care.				
	Pre-implementation aggregate data	DNP student, UT chair	9/28/2022	Collect pre-implementation data
	Screening tool selected	DNP student, UT chair	3/2022	For quality improvement project
	Review intervention and referral	DNP student, UT chair	5/2022	ensure participants best evidentiary service
	Post-implementation aggregate data	DNP student, UT chair	8/2022	Collect post-implementation data
	Pre-implementation aggregate data	DNP student, UT chair	5/2022	Collected pre-implementation data
	General educational handout	DNP student, UT chair	5/2022	Given to patients at all appointments.
Ongoing support during three months between surveys				
	Pre-implementation aggregate data	DNP student, UT chair	8/26/2022	Collect pre-implementation data
	Screening tool	DNP student, UT chair	5/23/2022	Given to all patients after screening and/at follow-up on routine visits of already established patients.
	Post-implementation aggregate data	DNP student, UT chair	8/2022	Collect post-implementation data
Evaluation of Findings				
	Evaluate pre-implementation data	DNP student, UT chair	9/2022	Done with the help of the Intellectus statistics on 9/7, 9/8, 9/9, 9/12 and 9/13
	Evaluate post-implementation data	DNP student, UT chair	9/2022	Done with the help of the Intellectus statistics
	DNP PROJECT PAPER	DNP student, UT chair	11/6/2022	Write DNP PROJECT PAPER and submit to UT repository.
	Project Presentation	DNP student, UT chair	11/16/2022	Present findings to DNP students at Residency III

Appendix E

THE UNIVERSITY OF TAMPA DOCTOR OF
NURSING
PRACTICE

DNP PROJECT PLAN EXEMPLAR

TITLE: *The provision of Alzheimer's Foundation of America resources to the caregivers of persons living with Alzheimer's disease related dementia will increase the caregiver's knowledge of Alzheimer's disease and therapeutic activities*



THE UNIVERSITY OF TAMPA DNP PROJECT PLAN

PROJECT MANAGER (STUDENT NAME):

Margaret O'Connell

CHAIR:

Dr. Robin White --The University of Tampa

PRECEPTOR NAME:

Gail McDonnell Clinical Research Coordinator

AGENCY NAME:

Remote Accel Clinical Sites

CLINICAL PROBLEM:

Lack of use of caregiver resources and therapeutic activities for persons living with AD and related dementias

PICO STATEMENT:

Does the provision of caregivers resources from the Alzheimer's Foundation of America to the caregivers of persons living with Alzheimer's disease and related dementias increase the caregivers knowledge?

PROJECT GOAL:

Provision of the Alzheimer's Foundation of America virtual teal room, caregiver resources will increase the caregiver's knowledge of AD and provide therapeutic activities for persons living with AD and related dementia.

AIMS, OUTCOMES and MEASURES

AIM 1: Provide AD resources to caregivers.

OUTCOME 1a: 100% of adult caregivers offered an opportunity for AD resources.

MEASURE 1a: caregivers surveyed pre and post intervention.

Calculation of measure 1a: Percentage distribution of patients provided resources compared to total number of identified caregivers. Furthermore, specificity and sensitivity would be calculated to determine the percentage of the caregivers showing a positive correlation with education following the 10 question Likert scale surveys.

AIM 2: Project manager would learn the preferred method to access AD information

OUTCOME 1a: At least 95% of the caregivers were properly educated on how to gain access via electronic source to enhance understanding and have increased knowledge.

MEASURE 1a: Post-survey on source utilized for AD education

Calculation of measure 1a: Percentage of knowledge gained from electronic versus printed handouts; calculation of difference in scores using paired t-test to determine significance.

STAKEHOLDER MANAGEMENT CHART

STAKEHOLDER	LEVEL OF INVESTMENT	PERSPECTIVE OF THE WORK	IMPORTANCE TO SUCCESS	ROLE	INVOLVEMENT STRATEGY	COMMUNICATION METHOD
PRECEPTOR	Medium		Crucial	Project Preceptor	Overall project development, coordination, implementation and evaluation	-
PhD FACULTY	Low		Crucial	Consultant		Provide guidance and direction for data analysis and data mining Provide feedback on elements of project pertaining to project methods

CLINICIAN	High		Crucial	Research participant	Participant Feedback on project implementation Involved in protocol/tool interpretation and implementing evidencebased intervention	-Participate in project implementation -Complete educational training with completion of pre/posttests on knowledge regarding protocol/tool	-Face-to-face discussion -Quarterly provider meetings x 2 -Feedback -Discussion
CLINIC STAFF	Low		Low	Research participant	Participant Feedback on project implementation Involved in offering volunteer participation to all patients and those previously diagnosed with problem of interest Administer protocol/tool screening tool	-Participate in project implementation -Complete educational training with completion of pre/posttests on knowledge regarding protocol/tool/surveys	-Face-to-face discussion -Staff meetings -Feedback -Discussion

CLINIC ADMINISTRATION	Low		Low	Research participant	Participant	<ul style="list-style-type: none"> -Participate in project implementation -Complete educational training with completion of pre/posttests on knowledge regarding protocol/tool 	<ul style="list-style-type: none"> -Face-to-face discussion -Staff meetings -Email -Feedback -Discussion
OTHER-- PATIENTS	High		Crucial	Research participant	Participant		<ul style="list-style-type: none"> -pre and post intervention surveys

Appendix F

BUDGET

ITEM	ESTIMATE	ACTUAL	COMMENTS	VARIANCE
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MATERIALS

Copier paper for: Protocol/Participant Consent Form Pre / Post-tests for Caregivers Follow up survey	Printer copy paper 8 1/2 x 11" 500/Ream at Staples - \$6.79 2 reams = \$13.58	13.58	13.58	No change
Ink cartridge: for printer for copies	HP 61 Black ink cartridge for printer for copies \$16.99	16.99	16.99	No change
Folders: for Caregiver Consent Forms and Surveys	File Folders, Letter, 1/3 cut = \$17.99	17.00	17.00	No change
Intellectus Statistics/Statistician	Monthly charge \$99.00 x 3 months = \$297.00 \$80/hour \$320.00	99.00 160.00	One month Two hours	\$198 \$160
Gas gift cards: for caregivers completing post survey	30 x 10 = \$300.00	210.00	21 needed	\$90

PERSONNEL

UT Doctoral Faculty	9-12-month faculty salary position	In kind	Costs would be deferred as additional time outside of regularly scheduled work hours would not be expected	No change
DNP Project Preceptor	salary position	In kind	Costs would be deferred as additional time outside of regularly scheduled work hours would not be needed	No change
Clinicians	Salary position	In kind	Completed within regular hours	No change
Others	Various wages	In kind	Costs would be deferred as t educational in-service would during regularly scheduled w staff meeting and lunch wou provided by project manage	No change

SUPPORT

Submission of results and research to journal	No costs associated	N/A	N/A	No change
Est Total: \$964.57 Actual: \$516.57				

STAKEHOLDER RESPONSIBILITY CHART

ACTIVITY	CHAIR	PRECEPTOR	PROJECT MANAGER	AGENCY STAFF	PARTICIPANTS
Project Approval	A	r, C	R	A,r	I
Research instruments and surveys	A		R		
IRB Approval	A		R		
Education of project, procedures, and screening tool	A, I	C, I	R	I	
Analyze data from pre/post-tests from caregiver education	I	I	R		
Data analysis of AD information gained from AFA virtual teal room caregiver resources	I		R	R	
Data analysis of 2-8 weeks follow-up educational material	I		R		
Manuscript submission	A, C		R		
Present study findings to stakeholders	A, C	I	R	I	

Legend: *A = needs to provide Approval; R = responsible; r = co-responsible; C = Consultant; I = needs to be Informed.*

WORK BREAKDOWN STRUCTURE CHART

Caregiver Resources					
SURVEY	TRAINING	IT	IMPLEMENTATION	DATA COLLECTION	EVALUATION AND DISSEMINATION
develop survey to evaluate AD caregiver resources	Develop pre-survey	Develop survey from published assessment tool with expert approval	Develop form to access the AFA virtual teal room caregiver resources	use same preintervention survey for post survey	Analyze caregiver pre-survey

Preceptor/Agency letter of support for project	agency identified needs for caregiver resources and therapeutic activities	Collect pre-implementation aggregate data (overlaps with data collection)	Develop consent form for patient participation	Collect provider post-test data	Analyze caregiver post-survey
UT IRB Approval & letter of support for project	Develop surveys	Collect post-implementation aggregate data (overlaps with data collection)	Develop follow-up depression screening protocol	Collect preimplementation aggregate data (overlaps with IT)	Analyze pre-implementation aggregate data
Follow-up Survey	Develop data mining tool to reevaluate in 2-8 weeks after intervention	Reevaluate caregiver resources	Determine provision of caregiver resources	Collect postimplementation aggregate data (overlaps with IT)	Analyze post-implementation aggregate data
					Complete DNP project paper.
					Submit manuscript to UT Repository

RISK MANAGEMENT CHART

RESPONSE to REDUCE, AVOID, or MANAGE RISK	INDICATOR AND THRESHOLD	PROBABILITY L/M/H	IMPACT L/M/H	STATUS
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Risk 1: Inability to schedule time for educational session with caregivers

p	The project manager is the responsible individual that schedules provider meetings and coordinates with the preceptor and office manager for clinic education	Clear opportunity	H	H	Will assess early and confirm date with plenty of time for all to clear schedules to accommodate meetings
1.2	Schedule individual meetings with each person to educate about the project	Achievable with coordinating schedules	L	H	Will be assessed and addressed if necessary

Risk 2: caregiver resistance to implementing routine access to resources

2.1	Keep project policies and procedures short and simple	Clear opportunity	H	H	Will assess and address
2.2	Thoroughly educate on the need to routinely screen the vulnerable population seen at the clinic	Achievable with assistance from project manager	H	H	Will assess and address
2.3	Provide detailed instruction and evidencebased factual educational in-service and handouts to the clinicians and staff to demonstrate the benefit and need	Achievable with assistance from project manager to provide accurate information	H	H	Will assess and address
2.4	Develop a bullet format step by step procedure and post at each work station for reminders	Achievable with assistance from project manager to provide the accurate information	M	H	Will assess and address, if necessary

Risk 3: caregivers unwillingness for participation

3.1	Provide instructions for front office staff to provide accurate, simple information upon check-in to all new patients to plant the seed upfront on the benefits for participation	Clear opportunity	H	H	Will assess and address
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LOGIC MODEL

INPUTS	OUTPUTS		OUTCOMES		
	Activities	Participants	Short-term	Medium-term	Long-term
<ul style="list-style-type: none"> • Research findings • Time • Resources • Project Chair • Project Manager • Project Preceptor 	<ul style="list-style-type: none"> • Assess knowledge of clinicians on significance of caregiver resources. • Implement routine educational resources to AD caregivers. • Integrate current educational resources with therapeutic activities for AD. 	<ul style="list-style-type: none"> • Clinicians • Patients • Clinic staff • Specialists • Community 	<ul style="list-style-type: none"> • Increased provider and staff awareness of significance of caregiver needs • Clinicians' increased knowledge in the lack of use of AD resources • Changing attitudes to be more receptive to caregiver needs. • Increased motivation to adhere to caregiver resources. • All adult patients will be screened for depression. 	<ul style="list-style-type: none"> • Practice change with integrating routine caregiver resources for her sons living with AD related dementias. • Integrate and therapeutic activities for AD. • Improved access to resources. • Improved therapeutic activities access. 	<ul style="list-style-type: none"> • Evidence-based practice by clinicians. • Adherence to evidence-based routine caregiver needs. • Minimizing caregiver burden. • Reduction in caregiver burden
			EXTERNAL FACTORS		
<ol style="list-style-type: none"> 1. Implementing guidelines will improve patient outcomes. 2. Clinicians will be willing to adhere to guidelines. 3. Patients will be receptive to depression screening. 4. Organization will make necessary flow changes to implement routine depression screening on all adult patients. 5. Community resources will be available. 			<ol style="list-style-type: none"> 1. Evidence-based depression guidelines and tools with use of caregiver resources 2. Economic and social conditions. 3. High volume of diversity in clinic. 4. Organizational requirements, such open discussion sign caregiver needs. 5. Limited specialists and referral resources 		

COMMUNICATION PLAN

WHAT	WHO	PURPOSE	TIMING	METHOD
Develop Pre/Post Questionnaire for Clinicians	FROM: Project Manager TO: Dr. White (UT Chair)	To obtain data about the need for routine depression screening and establish a guideline for provider adherence for DNP project.	Complete by: 4/2022	Research Permission Granted Word Document
Develop Pre/Post Questionnaire for Staff	FROM: Project Manager TO: Dr. White	To obtain data about the need for routine depression screening and how to properly screen, along with establishing a guideline for staff adherence for DNP project.	Complete by: 4/2022	Research Permission granted Word Document
Submit IRB	FROM: Project Manager TO: Dr. White	To obtain permission to disseminate DNP project	Complete by 4/2022	IRB Approval
Educate/train all clinicians on the importance of caregiver resources and therapeutic activities for persons living with AD and related dementias	FROM: Project Manager TO: clinic Preceptor and Clinicians	For clinicians to gain a thorough understanding of caregiver burden	IRB Approval obtained by: 4/2022 Complete by: 8/28/2022	IRB Approval Educate ongoing Poster Word Document Use pre/post-tests to evaluate caregivers' knowledge
Implement caregivers educational resources	FROM: Project Manager TO: caregivers	To implement project and caregiver resources.	Complete by: 5/2022	Research IRB Approval Word Document
Meeting with preceptor	FROM: Project Manager TO: clinic preceptor	To discuss and edit project.	Monthly and as needed	Meetings Log Book Review Project Components
Meeting with Chair	FROM: Project Manager TO: Dr. White UT Chair	To discuss and edit project.	Monthly and as needed	Meetings Review Project Components
Project implementation	FROM: Project Manager TO: clinicians and staff	To integrate routine caregiver resources and therapeutic activities in clinic	Initiate by: 5/2022	Integrate into routine clinic practice

Meeting with clinicians and staff	FROM: Project Manager TO: clinicians and staff	To discuss and gain feedback to keep project going	Monthly and as needed	Email Face-to-face meetings
Data Collection	FROM: clinic TO: Project manager	To obtain depression tool screening results, referral to specialist, provider intervention, and patient 3-month follow-up on symptom evaluation.	Pre-data obtained by: 1/22 Post Data obtained by: 8/22	surveys
Data Analysis	FROM: Project Manager TO: 711 Faculty; Intellectus Statistics; UT Chair	To complete data analysis utilizing Intellectus Statistics	Complete by: August 2022	Intellectus Statistics
Present findings to clinic	FROM: Project Manager TO: Agency	To disseminate findings via oral presentation	August 2022	DNP Project Presentation Day

SWOT ANALYSIS

S.W.O.T.

Strengths	Weaknesses
Opportunities	Threats
Participants access to project manager Knowledge gained by caregivers on AD Learned therapeutic activities	Limited to caregivers with agency
Increased AD knowledge Therapeutic activities	Potential illness or deaths