

Tullo ES, Allan L. [What should we be teaching medical students about dementia?](#) *International Psychogeriatrics* 2011, 23(7), 1044-1050.

Copyright:

Cambridge University Press allows for the author to deposit their accepted manuscript in an institutional repository in accordance with their Green Open Access agreement.

DOI link to article:

<http://dx.doi.org/10.1017/S1041610211000536>

Date deposited:

11/01/2016



This work is licensed under a [Creative Commons Attribution-NonCommercial-NoDerivatives 4.0 International licence](#)

Review: what should we be teaching medical students about dementia?

Dr Ellen Tullo (corresponding author)
Academic Clinical Fellow in Geriatric Medicine
Institute of Ageing and Health
Campus for Ageing and Vitality
Newcastle University
NE4 5PL
+44 191 2481300
ellentullo@doctors.net.uk

Dr Louise Allan
Clinical Senior Lecturer in Geriatric Medicine
Institute of Ageing and Health
Campus for Ageing and Vitality
Newcastle University
NE4 5PL
+44 191 2481300
Louise.allan@ncl.ac.uk

Abstract

Background: Doctors working in the majority of medical subspecialties provide care for patients with dementia, but there is current international concern that many do not have adequate knowledge or skills to deliver appropriate care for these patients in hospital or community settings. The aim of this review is to draw together recommendations for medical education on dementia, and empirical research on teaching interventions concerning dementia in order to assess the current provision of training using the UK model as an example. **Methods:** Database and manual searches to identify relevant articles for a narrative review. **Results:** UK national guidelines recommend that dementia-specific education should be available to trainees in the undergraduate and postgraduate environment. A sample of undergraduate curricula shows considerable variation in the delivery of teaching about dementia. “Non-specialist” postgraduate curricula make reference to care of patients with confusion, but do not always include learning outcomes specific to cognitive impairment or dementia. Teaching interventions trialled in the postgraduate environment provide encouraging qualitative feedback from participants, but do not consistently demonstrate improvement in participants’ knowledge, skills or attitudes. **Conclusion:** There is a pressing need to improve undergraduate medical education on dementia in order to help future doctors obtain the ability to provide competent care for patients. There is scope for ongoing research to refine existing curricula covering dementia and to build an evidence-base for successful dementia-specific teaching interventions.

Running head: Dementia and medical education

Key words: education, training

Introduction

The provision of competent care for patients with dementia remains a challenge for medical professionals internationally, both in hospital and in the community (Doyle 2009; Pachana 2010). There is current concern in the UK and elsewhere that “non-specialist” medical professionals (those working in subspecialties other than those specifically dedicated to dementia care) may not possess the knowledge, attitudes or skills to provide adequate care for patients with dementia (Department of Health, 2009; Rampitaje *et al.*, 2009; Tsolaki *et al.*, 2010). Doctors themselves appear to recognise this - a survey of more than 500 hospital and community physicians in the US identified better understanding of dementia as the most commonly identified learning need in geriatric medicine (Robinson *et al.*, 2001) whilst surveys of GPs working in the UK, Ireland and Australia have highlighted a number of unmet learning needs with regard to dementia (Turner *et al.*, 2004; Cahill, *et al.* 2008; Beer *et al.*, 2009). The changing epidemiology of the ageing population means that the majority of doctors, in a range of “non-specialist” roles, are likely to spend more time caring for patients with dementia (Alzheimer’s Disease International, 2009). It is thus crucial that a robust foundation for education on dementia must be established for medical students within the undergraduate curriculum before being carried through and translated into competent care in the postgraduate training environment. Moreover, it is essential that early clinical experience is complemented by clear learning outcomes relevant to the knowledge, skills and attitudes needed to care for patients with dementia

The variation in learning outcomes and the curricular models currently used by medical schools means that teaching on geriatrics, and specifically on dementia, is delivered

very differently throughout the UK (Gordon *et al.*, 2010) and throughout Europe (Tsolaki *et al.*, 2010; Hasselbalch *et al.*, 2007). A recent survey of UK medical schools showed that education about dementia varied greatly in terms of time dedicated to teaching, and which medical professionals were involved in delivering teaching (Tullo *et al.*, 2010a). Clearly medical schools should retain some freedom in how they deliver teaching, but the existing lack of consistency risks the student experience of undergraduate teaching on dementia remaining patchy and disjointed. All graduating medical students in the UK and other developed countries with an ageing population are likely to encounter patients with dementia on a regular basis. In the UK “old-age psychiatry” is the field considered responsible for “specialist” care of patients with dementia, although elsewhere this role may be fulfilled by other medical professionals such as neurologists or geriatricians (Hasselbalch *et al.*, 2007). However, professionals in the more general subspecialties of medicine, surgery and general practice should also be capable of caring for patients with dementia, thus postgraduate curricula used by doctors in these non-specialist roles must refer specifically to dementia as an important condition to understand. It is unclear whether the current non-specialist curricula contain sufficient guidance to help medical professionals to acquire the ability to care for patients with dementia that has hitherto been identified as lacking.

The purpose of this review is to draw together existing recommendations for UK undergraduate and postgraduate medical education on dementia, examine the international evidence base for successful teaching interventions on dementia, and suggest future directions for improving undergraduate education on dementia as a foundation for improving care for people with dementia in the UK and elsewhere.

Methods

A literature search of databases (PubMed, ERIC, EMBASE) was conducted using the MesH terms *Education*, *Medical* and *Dementia* or the closest possible set of terms within each database to identify relevant articles. Further relevant papers were obtained by manual searches, internet searches and from the references contained in studies from the database searches. Abstracts were reviewed to select the papers with the most relevant content for this narrative review.

Results

Current UK national recommendations

The 2009 Department of Health Report *Living Well with Dementia* made a number of recommendations for improving the education for medical professionals looking after patients with dementia and their carers (DOH, 2009). These are based on the identification of a lack of skills amongst non-specialists, particularly in the general hospital environment, in conjunction with the high proportion of inpatients that have some degree of cognitive impairment. The document refers specifically to both undergraduate education and continuing professional development, suggesting that dementia-specific modules should be available throughout training for all doctors working with patients with dementia. Although not specifically citing medical education, the 2007 document *Dementia: A NICE-SCIE guideline on supporting people with dementia and their carers in health and social care* similarly recommends ongoing targeted multidisciplinary education for all healthcare professional to reinforce effective care for patients with dementia including appropriate communication skills (National Collaborating Council for Mental Health, 2007). In terms of educational research, the 2009 Department of Health document *Report from the Ministerial Summit on Dementia Research* identified inadequate education for non-specialist healthcare professionals as a research barrier and proposed that research culture should move forward

from the current focus on dementia diagnosis to include better care of patients in the hospital and care-home environment (DOH and The Medical Research Council, 2009). More explicitly, the Nuffield Council on Bioethics (2009) highlighted the need for better access to dementia-specific education for those caring for patients with dementia, and for further research into the most effective teaching methods.

With regard to the practicalities of delivering education on dementia, none of the three policy documents listed above commented on what proportion of undergraduate or postgraduate teaching time should be devoted to education on dementia, which methods of teaching were preferable, or details of who should deliver the teaching to trainees. However, one important theme emerging from *NICE-SCIE* and the *Report from the Ministerial Summit* was the potential benefit of involving patients and carers in research and teaching. *NICE-SCIE* highlighted qualitative evidence that involving informal carers in professional education can contribute to successful staff training on dementia, although currently there is no evidence as to the effect of involving patients with dementia in teaching for professionals.

Review of UK undergraduate curricula

Although there is no nationally mandated undergraduate curriculum concerning geriatric medicine in the UK, a number of international organisations have produced curricula that make specific recommendations for undergraduate learning outcomes on dementia (**Table 1**). Although the majority of UK medical schools appear to devote some time to dementia-specific teaching (Tullo et al., 2010b), it remains unclear how locally set content and learning outcomes relate to these national and international curricula.

Moreover, there is variation in who delivers teaching on dementia in the UK - this seems to be largely carried out by clinicians specialising in geriatrics, old age psychiatry and neurology, with some medical schools also involving allied health professionals such as pharmacists and specialist nurses. It remains unclear how effective each of these professional groups are in terms of delivering teaching to students.

The literature review also identified other topics pertinent to the care of patients with dementia that may be appropriate to include in an undergraduate medical curriculum. Given that care of patients living with dementia raises an abundance of ethical issues (Nuffield Council, 2009), curricula outlining medical ethics and law are highly relevant (Stirrat *et al.*, 2010). Any undergraduate teaching programme aiming to equip students to competently care for patients with dementia cannot afford to omit teaching on issues such as assessment of capacity, best-interest decision-making and end of life care. Although clinicians are likely to be able to make a substantive contribution to medical ethics teaching and the application to care of patients with dementia, it may be that other educators such as lawyers and ethicists also need to be involved to achieve breadth of understanding. Additionally, recent scholarship on dementia has highlighted other important holistic concepts that should be considered for inclusion in curricular outcomes on dementia; examples include alternative models of dementia care, and the importance of personhood, quality of life and communication with patients with dementia (Kitwood and Bredin, 1992; Murray and Boyd 2009; Young and Manthorpe 2009).

Review of UK postgraduate curricula

The current UK Foundation Programme curriculum (UKFPC, 2010), covering the first 2 years of postgraduate training, does not specifically highlight dementia as a concept, but does include a number of essential competencies that may be relevant to care of patients with dementia including knowledge of the assessment and management of patients with acute and chronic “confusion”, and the ability to identify vulnerable adults. However, specific conditions such as dementia and delirium are not included. Sections of the UKFPC concentrating on ethics and law also have particular relevance to dementia; foundation trainees are expected to understand the underlying principles of mental capacity law, and to be able to discuss the implications of a “living will” or advance directive.

As expected, the curricula guiding core medical training (CMT) and acute care common stem (ACCS) trainees in the UK (usually years 3 and 4 of postgraduate training in internal medicine and emergency care) makes detailed reference to more advanced skills required to care for patients with “cognitive impairment”, and specifically with dementia (Joint Royal Colleges Postgraduate Training Board, 2009). CMT and ACCS trainees are required to be able to assess patients with progressive memory loss in order to initiate appropriate investigation of suspected dementia and draw together a differential diagnosis. Moreover, the curriculum demands that trainees should be able to recognise situations in which a formal assessment of capacity may need to be made, respond sensitively to patients with cognitive impairment and their carers, and to involve multi-disciplinary team members in the care of patients with dementia.

The extensive curriculum for general practice trainees (usually in years 3-5 of postgraduate training) also makes specific reference to dementia (Royal College of General

Practitioners, 2007). GP trainees are expected to acquire knowledge of the assessment and management of patients with dementia in the community, and to be able to advise on access local integrated mental health services in order to support patients and their carers.

Surprisingly, the *Core Surgical Training Syllabus* used by surgical trainees (postgraduate years 3-4) makes no specific reference to cognitive impairment or dementia (Intercollegiate Surgical Curriculum Programme, 2010a), although the *Professional Skills and Leadership Syllabus* highlights generic communication skills and ability to recognise incapacity that are clearly relevant to care of patients with dementia (ISCP, 2010b).

The delivery of teaching on dementia – existing interventions for medical students

Although there is evidence that undergraduate teaching interventions in geriatrics in general can improve the knowledge, skills and attitudes of medical students (Tullo *et al.*, 2010), few of these interventions include specific learning outcomes relevant to dementia. A study by Goldstein *et al.* (1999) evaluating the effect of a 1-week course on dementia for US undergraduates did report greater self-confidence in some aspects of dementia care amongst intervention participants as compared with control, however intervention participants were self-selected and practice outcomes were self-reported, limiting the significance of the findings.

A greater number of dementia-specific postgraduate teaching interventions have been evaluated internationally, most frequently in primary care (Byszewski *et al.*, 2003; Chodosh *et al.* 2006; Cook *et al.*, 2004; Dalsgaard *et al.*, 2007; Downs *et al.*, 2006; Gifford *et al.*, 1999; Robinson *et al.*, 2010; Pond *et al.*, 1994; Waldorff *et al.*, 2003) However, there

exists significant heterogeneity in methodology with regards to both trial design and the outcome measures selected to evaluate the effect of each intervention, limiting the potential to draw meaningful conclusions. Studies evaluating change in participant knowledge or attitudes have not demonstrated a significant improvement following dementia-specific teaching interventions (Byszewski *et al.*, 2003; Chodosh *et al.*, 2006) although other studies have suggested that education may be effective in increasing dementia detection rates or adherence to clinical guidelines (Downs *et al.*, 2006; Gifford *et al.*, 1999). Encouragingly, there is qualitative evidence that dementia-specific education has been positively received by participants who have reported high levels of satisfaction (Byszewski *et al.*, 2003; Dalsgaard *et al.*, 2007; Robinson *et al.*, 2010; Waldorff *et al.*, 2003). However, participant satisfaction does not guarantee meaningful changes in clinical practice that will go on to benefit patients. In contrast to teaching on delirium that can infer direct clinical benefit (Teodorczuk *et al.*, 2010), there is a lack of evidence that this is the case with teaching on dementia. Whilst attempts have been made to detect changes in the clinical practice of old-age psychiatry trainees and consultants following a dementia-specific teaching intervention (Robinson *et al.*, 2010), changes in subsequent behaviour were self-reported thus limiting the objectivity of the findings.

Discussion

This review has presented evidence suggesting that there is a pressing need for an improvement in undergraduate medical education about dementia in order for students to provide competent care for patients with dementia once they graduate. Although UK medical schools do appear to include dementia within their curricula, the amount of teaching time devoted to dementia remains highly variable, and the methods of teaching

delivery and the impact on students remain largely unknown. Although medical education on dementia needs to be improved, it remains largely unclear what and how we should be teaching our medical students about dementia. There is scope for a more detailed survey and evaluation of current medical education on dementia in the UK, and elsewhere, in order to identify both examples of good practice and areas for improvement. There is currently no recommended undergraduate curriculum specifically for dementia, although this analysis of international undergraduate geriatrics curricula has highlighted a sample of relevant learning outcomes in knowledge, clinical skills and ethical practice pertaining to the care of patients with dementia. Whilst medical schools should retain some flexibility to deliver teaching as they see fit, the development of a recommended curriculum on dementia, based on the input of a range of stakeholders (for example people with dementia, carers, medical students and teachers) would help medical schools to determine whether their own curricula includes adequate education about dementia.

The transition of students from the undergraduate stages to the clinical environment necessitates continuity in terms of topics chosen for ongoing clinical education. Competent care of patients with dementia should remain an educational priority for non-specialist trainees, with undergraduate learning outcomes mapped to and extended by curricula in the early years of professional practice. In later stages of clinical training in the UK, for example CMT, ACCS, GP and surgery, care of patients with dementia should remain a part of all subspecialty curricula rather than only the remit of “specialists”. Given the demographics of surgical inpatients, it is proposed that the UK surgical curriculum should be modified to specifically refer to care of patients with cognitive impairment, including dementia from the earliest stages of training.

UK policy relating to education of medical professionals about dementia appears pragmatic, but in general is not evidence-based. There are currently few research studies to demonstrate that dementia-specific teaching improves the knowledge, skills or attitudes of participants, or improves care for patients, although a brief analysis of a small number of interventions in the postgraduate environment has shown promise in terms of achieving participant satisfaction and improving adherence to clinical guidelines on dementia. Although a systematic review of teaching interventions on dementia in primary care has recently been published (Perry *et al.*, 2011), a further systematic review of interventions in other clinical environments may help to identify successful teaching models.

Despite the inherent difficulties in evaluating the impact of educational interventions, it is to be expected that improving medical education on dementia will ultimately result in benefit to patients and there is a need for further research into the most effective, evidence-based ways of delivering teaching. Using a modified Kirkpatrick hierarchy of outcomes (Hammick *et al.*, 2011), the impact of dementia-specific teaching on student knowledge, skills and attitudes could be measured through formative and summative undergraduate assessment, for example MCQs on dementia or case-based discussions involving example patients with dementia. Evaluating impact on clinical outcomes is likely to be more difficult, but could begin with the assessment of the clinical skills of students in the OSCE environment, including asking simulated patients for their evaluation of student performance.

To conclude, this review has argued for the need to improve medical education about dementia in the UK and elsewhere by gathering together existing curricula and recommendations for dementia-specific teaching, and highlighting the current paucity of the evidence base for effective teaching interventions. A number of recommendations for curriculum development and future directions for evaluating dementia-specific teaching interventions have been made (summarised in **table 2**) with a view to improving care for people with dementia.

Conflict of interest declaration

None

Description of authors' roles

E. Tullo collated and reviewed policy documents, curricula and educational interventions on dementia. E. Tullo and L. Allan drafted and refined the review.

Acknowledgements

E. Tullo is undertaking an academic clinical fellowship in geriatric medicine supported by the National Institute of Health Research.

References

Alzheimer's Disease International (2009). *Alzheimer's Disease International 2009 World Alzheimer Report*. Available at <http://www.alz.co.uk/research/worldreport/>. Accessed Oct. 2010

Beer C., et al. (2009). Current experiences and educational preferences of general practitioners and staff caring for people with dementia living in residential facilities. *BMC Geriatrics*, 9, 36.

British Geriatrics Society (2010). Undergraduate curriculum (on-line). Available at: http://www.bgs.org.uk/index.php?option=com_content&view=article&id=306:undergraduatecurriculum&catid=49:generalinfo&Itemid=171. Accessed June 2010.

Byszewski, A.M., et al. (2003). A continuing medical education initiative for canadian primary care physicians: the driving and dementia toolkit: a pre- and post-evaluation of knowledge, confidence gained, and satisfaction. *Journal of the American Geriatrics Society*, 51, 1484-1489.

Cahill, S., Clark, M., O'Connell, H., Lawlor, B., Coen, R.F., and Walsh, C. (2008) The attitudes and practices of general practitioners regarding dementia diagnosis in Ireland. *International Journal of Geriatric Psychiatry*, 23, 663-669.

Chodosh, J., et al. (2006). A quality of care intervention for dementia: impact on provider knowledge, attitudes, and perceptions of dementia care quality. *Journal of the American Geriatrics Society*, 54, 311-317.

Cook, S., Brauner, D., Baron, A., and Sachs, G. (2004). Improving medical care of persons with Alzheimer disease through clinical teaching: the IMPACT program. *Gerontology and Geriatrics Education*, 24, 9-21.

Dalsgaard, T., Kallerup, H., and Rosendal, M. (2007). Outreach visits to improve dementia care in general practice: a qualitative study. *International Journal of Quality Health Care*, 19, 267-273.

Department of Health (2009). *Living well with dementia: a national strategy*. London: DOH.

Department of Health and the Medical Research Council (2009). *Report from the ministerial summit on dementia research* (2009) Available at: http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_107955. Accessed May 2010.

Downs, M., et al (2006). Effectiveness of educational interventions in improving detection and management of dementia in primary care: cluster randomised controlled study. *British Medical Journal*, 332, 692-696.

Doyle, C. (2009). International perspectives on dementia education, training and knowledge transfer. *International Psychogeriatrics*, 21, S1–S2.

Education Committee Writing Group of the American Geriatrics Society (2000). Core competencies for the care of older patients: recommendations of the American Geriatrics Society. *Academic Medicine*, 75, 252-255.

Gifford, D.R., et al. (1999) Improving adherence to dementia guidelines through education and opinion leaders. A randomized, controlled trial. *Annals of Internal Medicine*, 131, 237-246.

Goldstein, M.Z., MaLossi, R.A., Kye, K., and Young, B. (1999). A course in dementia for third-year medical students. *Academic Psychiatry*, 23, 142-150.

Gordon, A.L., Blundell, A.G., Gladman, J.R.F., and Masud, T. (2010). Are we teaching our students what they need to know about ageing? Results from the UK national survey of undergraduate teaching in ageing and geriatric medicine. *Age and Ageing*, 39, 385-388.

Hammick, M., Dornan, T., and Steinert Y. (2011). Conducting a best evidence systematic review. Part 1: From idea to data coding. BEME Guide No 13. Available at: <http://www2.warwick.ac.uk/fac/med/beme/reviews/published/>. Accessed Feb 2011

Hasselbalch, S. G., et al. (2007). Education and training of European neurologists in dementia. *European Journal of Neurology*, 14, 505–509

Intercollegiate Surgical Curriculum Programme (2010a). *Core Surgical Training Syllabus*. London: ISCP.

Intercollegiate Surgical Curriculum Programme (2010b). *Professional Behaviour and Leadership Syllabus*. London: ISCP.

Joint Royal Colleges Postgraduate Training Board (2009). *Specialty Training Curriculum for General Internal Medicine*. London: Federation of Royal Colleges of Physicians.

Kitwood, T. and Bredin, K. (1992). Towards a theory of dementia care: personhood and well-being. *Ageing and Society*, 12, 269-287.

Leipzig, R.M., Granville, L.M.D., Simpson, D., Anderson, M.B., Sauvigné, K.M.A., and Soriano, R.P. (2009). Keeping granny safe on July 1: a consensus on minimum geriatrics competencies for graduating medical students. *Academic Medicine*, 84, 604-610.

Murray, L.M. and Boyd, S. (2009). Protecting personhood and achieving quality of life for older adults with dementia in the U.S. health care system. *Journal of Aging and Health*, 21, 350-373.

National Collaborating Council for Mental Health (2007). *Dementia: A NICE-SCIE guideline on supporting people with dementia and their carers in health and social care.* London: Alden Press.

Nuffield Council on Bioethics (2009). *Dementia: ethical issues.* London: Nuffield Council.

Pachana, N.A. (2010). Special issue on training in psychogeriatrics. *International Psychogeriatrics*, 22, 851-853.

Perry, M., Draaskovic, I., Lucassen, P., Vernooij-Dassen, M., Van Achterberg, T., and Rikkert M.O. (2011). Effects of educational interventions on primary dementia care: A systematic review. *International Journal of Geriatric Psychiatry*. 26, 1-11.

Pond, C.D., Mant, A., Kehoe, L., Hewitt, H., and Brodaty, H. (1994). General practitioner diagnosis of depression and dementia in the elderly: can academic detailing make a difference? *Family Practice*, 11, 141-147.

Rampitige, R., Dunt, D., Doyle, C., Day, S., and van Dort, P. (2009). The effect of CPE on health care outcomes: lessons for dementia care. *International Psychogeriatrics*, 21, S34-43.

Robinson, B.E., Barry, P.P., Resnick, N., Bergen, M.R., and Stratos, G.A. (2001). Physician confidence and interest in learning more about common geriatric topics: a needs assessment. *Journal of the American Geriatrics Society*, 49, 963-967.

Robinson, L., Bamford, C., Briel, R., Spencer, J., and Whitty, P. (2010). Improving patient centred care for people with dementia in medical encounters: an educational intervention for old age psychiatrists. *International Psychogeriatrics*, 22, 129-138.

Royal College of General Practitioners (2007). *Curriculum statement 9: care of older adults.* London: RCGP.

Stirrat, G.M., Johnston, C., Gillon, R., and Boyd, K. (2010). Medical ethics and law for doctors of tomorrow: the 1998 Consensus Statement updated. *Journal of Medical Ethics*, 36, 55-60.

Teodorczuk, A., Welfare, M., Corbett, S., and Mukaetova-Ladinska, E. (2010). Developing effective educational approaches for Liaison Old Age Psychiatry teams: a literature review of the learning needs of hospital staff in relation to managing the confused older patient. *International Psychogeriatrics*, 22, 874-885.

Tsolaki, M., et al., and the European Alzheimer Disease Consortium (2010). Consensus statement on dementia education and training in Europe. *Journal of Nutrition Health and Aging*, 14, 131-135.

Tullo, E., Gordon, A.L., Blundell, A.G., Masud, T., and Gladman, J. (2010a). Putting in the hours? Dementia teaching for medical undergraduates around the UK. Poster presentation at British Geriatrics Society Conference. Nov 2010, Brighton UK.

Tullo, E., Spencer, J., and Allan, L. (2010b). Systematic review: helping the young to understand the old. Teaching interventions in geriatrics to improve the knowledge, skills and attitudes of undergraduate medical students. *Journal of the American Geriatrics Society*, 58, 1987-1993.

Turner, S., et al. (2004). General practitioners' knowledge, confidence and attitudes in the diagnosis and management of dementia. *Age and Ageing*, 33, 461-467.

Union Europeen des Medecins Specialistes (2010). Section geriatrique (on-line). Available at: <http://www.uemsgeriatricmedicine.org>. Accessed March 2010.

United Kingdom Foundation Programme Curriculum (2010). Available at: <http://www.foundationprogramme.nhs.uk/pages/home/key-documents#curriculum>. Accessed Feb 2011.

Waldorff, F. B., Almind, G., Marjukka, M., Møller, S., and Waldemar, G. (2003). Implementation of a clinical dementia guideline. *Scandinavian Journal of Primary Health Care*, 21, 142-147.

Young, T. and Manthorp, C. (2009). Towards a code of practice for effective communication with people with dementing illnesses. *Journal of Language and Social Psychology*, 28, 174-189.