LETTER TO EDITOR OPEN ACCESS

Engaging Arts and Social Sciences Students in Dementia Education Towards a Dementia Friendly Society

Shyh Poh Teo* & Asmah Husaini
PAPRSB Institute of Health Sciences, Universiti Brunei Darussalam, Brunei Darussalam
E-mail: shyhpoh.teo@ubd.edu.bn

Dear Editor,

Global projections indicate that there will be increasing proportions of older people and people living with dementia that will be cared for by a smaller number of healthcare workers. An approach to manage this is to upskill professionals outside Geriatric medicine and integrating practice across disciplines through interprofessional learning (1). For dementia education, experiential and activity centred programmes involving people living with dementia were the most effective in improving knowledge and attitudes towards dementia (2). This approach can be extended to disciplines outside healthcare to develop a dementia literate workforce; for example, the University of Wollongong, Australia has a 'Dementia Enabling University Strategy' that engages students across eight disciplines (law, media, social sciences, public health, engineering, business, marketing and psychology) (3). This letter describes an initiative engaging non-health students in dementia education through experiential learning.

In Universiti Brunei Darussalam, undergraduate students have a Discovery Year (DY) programme, which provides them an opportunity to engage with local and international communities or gain exposure to professional or business workplaces. The students have several options, including enrolling in a programme in a UBD partner university, take on internships with relevant companies or agencies, engage in community outreach programmes (COP), or create start-up or innovation enterprises, with support from the university (4).

The COP allows students to get involved with a government or non-government agency for one semester (12 weeks) to contribute back to the community. Sixteen students from the Faculty of Arts and Social Sciences (FASS) selected Demensia Brunei, a non-governmental organization (NGO) which aims to raise dementia awareness in Brunei, as the agency for their COP from May to August 2024. Their primary areas of study and the number of students majoring in those specializations were as follows: Sociology and Anthropology (n=6), English Language and Linguistics (n=3), Design and Creative Industries (n=2), Malay Literature (n=2), Geography, Environment and Development Studies (n=1), History and International Studies (n=1) and Malay Language and Linguistics (n=1).

Two study weeks were allocated. Week 1 was orientation and self-study to improve their knowledge about dementia. Students were asked to complete four online modules from Dementia Training Australia: Dementia Discovery, Dementia Care Training for Volunteers, Creating Supportive Environments and Understanding Changed Behaviour and start the Preventing Dementia Massive Open Online Course (MOOC) from the University of Tasmania (5 & 6). Week 6 involved face-to-face workshops covering a range of topics including design thinking and innovation, dementia care skills, caregiver support and respite care, and dementia-friendly environmental design. The students were required to plan activities for people with dementia and use the Dementia Friendly Communities Environment Assessment Tool (DFC-EAT) to evaluate how dementia friendly selected museums and franchise restaurants (7).

The students were divided into groups and attached to at least two out of four health services related to dementia during the 3-month period. The hosting departments were three clinical specialties in the main tertiary hospital, Raja Isteri Pengiran Anak Saleha (RIPAS) Hospital, namely Geriatric Medicine, Occupational Therapy and Physiotherapy; as well as the Health Promotion Centre. The COP schedule, online modules and content of the study blocks are shown in **Figure 1**. Students were asked to submit weekly reflections and complete a short feedback questionnaire at the end of the programme, which offered insights into shifts in attitudes, understanding of dementia, and perceived relevance of the learning activities.

From their first-hand experiences during these attachments, they learnt about the range of presentations that leads people with dementia to require clinical evaluation, the different multidisciplinary teams involved and the importance of rehabilitation and support for people with dementia in the community. They also gained insight into the roles everyone plays in to contribute to a world where people with dementia are treated well with dignity and compassion. Some reflections from the students are shared below:

"Something simple such as standing upright, which should be easy and come naturally, is difficult for those with limited movements due to disability. There are many steps and muscles that need to be engaged during simple movements, actions that may be taken for granted."

(Student 13)

"We created engaging music therapy sessions, which included singing familiar songs, playing instruments and encouraging movements to the rhythm. The joy that filled the room was infectious. It was as if we were all transported to a cherished memory together."

(Student 2)

"There was an old man whose back I had to support while he was sitting down. My arms hurt the whole time, and when it was over, they were shaking. I need to exercise more to safely carry patients."

(Student 14)

"What encourages me to go to the wards every day is seeing the progress of each patient. There are days when the patients get agitated when their needs are not met. It's sad to see them struggle to tell people what they are feeling."

(Student 6)

"Many individuals living with dementia have rich stories to tell, and by simply being present and attentive, I have been able to learn from their experiences. This has taught me that effective communication is not just about speaking but also about listening and understanding."

(Student 11)

While immersion in clinical settings and involvement in dementia care may be intimidating to FASS students, it was viewed as a useful learning experience. This initiative rests on the assumption that greater public understanding and empathy towards dementia can be achieved through immersive experiences, which is supported by our observations. However, it is possible that not all students perceived their experiences as equally beneficial. Future iterations should explore how best to prepare students from non-clinical backgrounds for immersive healthcare settings. Limitations of the programme include variability in student engagement, limited duration of placements and the challenge of assessing long-term impact of the programme. As dementia has significant widespread impact on societies, inclusion of different parts of communities outside of the health and welfare sectors to learn about dementia care should be considered.

Article History:
Submitted: 16 April 2025
Revised: 20 June 2025
Accepted: 23 June 2025
Published: 31 July 2025

DOI: 10.31436/ijcs.v8i2.452
ISSN: 2600-898X

Figure 1: Community Outreach Programme Schedule (12 weeks)

Study Block 1 (Week 1):

- Orientation to Dementia Brunei
- Four online Modules:
  - Dementia Discovery
  - Dementia Care Training – Volunteers
  - Creating Supportive Behaviour
  - Understanding Changed Behavior
- Dementia Care Skills (Online Recordings)
- Preventing Dementia MOOC

Study Block 2 (Week 6):

- Design Thinking and Innovation Workshop
- Presentation:
  - Proposal for activities
  - Findings using DFC-EAT
- Group work:
- Plan dementia group activities
- Dementia Friendly Environments
  - Museums
  - Franchise restaurants

Attachment 1 (Week 2-5):

One of following rotations:

- Geriatric Medicine
- Occupational Therapy
- Physiotherapy
- Health Promotion Centre

Attachment 1 (Week 2-5):

One of following rotations:

- Geriatric Medicine
- Occupational Therapy
- Physiotherapy
- Health Promotion Centre

Wrap-Up (Week 11-12):

Dementia Group Activities
UBD COP Report
Presentations
Feedback

REFERENCES

1. Teodorczuk A, Abdool PS, Yap CX, Fisher JM. New horizons in undergraduate geriatric medicine education. Age Ageing. 2024;53(5):afae050.
2. Williams M, Daley S. Innovation in dementia education within undergraduate healthcare programmes: a scoping review. Nurse Educ Today. 2021;98:104742.
3. Phillipson L, Fleming R, Swaffer K, Steele L, Sheridan L, Burns S, et al. Creating a dementia enabling university using a Knowledge Translation approach: Innovative practice. Dement. 2021;20(1):355-363.
4. Dementia Training Australia. Courses [Internet]. Australia: DTA; 2025 [cited 2025 Apr 14]. Available from: https://dta.com.au/online-dementia-courses/
5. Dementia Training Australia. Courses [Internet]. Australia: DTA; 2025 [cited 2025 Apr 14]. Available from: https://dta.com.au/online-dementia-courses/
6. University of Tasmania Wicking Dementia Research and Education Centre. Preventing dementia MOOC. [Internet]. Australia: University of Tasmania; 2023 [updated 2023; cited 2025 Apr 14]. Available from:

https://www.utas.edu.au/wicking/preventing-dementia

7. Fleming R, Bennett KA. The dementia friendly communities environmental assessment tool (DFC-EAT). [Internet]. Australia: University of Wollongong; 2017. Available from: https://www.enablingenvironments.com.au/uploads/5/0/4/5/50459523/alzheimers_enviro_assess_tool_a4-signoff.pdf