11-13-2025

Improving Staff Knowledge and Competency in Saint Louis University Mental Status Dementia Screening

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This is to certify that the doctoral study by

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has been found to be complete and satisfactory in all respects,
and that any and all revisions required by
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Walden University
2025

Executive Summary: Staff Education Project

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Executive Summary Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Nursing Practice

Walden University

August 2026

Summary

Early recognition of cognitive decline is vital to improving outcomes and maintaining patient safety across healthcare settings. The Saint Louis University Mental Status (SLUMS) screening tool assists nurses in detecting early cognitive changes; however, inconsistent administration and interpretation of the screening tool can reduce its effectiveness. A gap in staff knowledge regarding scoring, education-level adjustments, and documentation accuracy was identified at the practice site. To address this gap in practice, I developed and implemented a staff education program focusing on SLUMS administration and evidence-based clinical response to abnormal scores. The practice-focused question guiding this Doctor of Nursing Practice project was: Will a staff education program on the SLUMS dementia screening tool improve nurses' knowledge in accurately administering and documenting SLUMS assessments? Nine clinical staff members participated in a 1-day educational session, which included pre- and posttest exams and a summative evaluation. Statistical analysis using the Statistical Package for the Social Sciences (SPSS) Version 30 demonstrated a strong improvement in knowledge from pre- to posttest. The pretest mean score was 65.22 (SD = 9.85), which increased to 93.44 (SD = 4.91) on the posttest, reflecting substantial knowledge gains across participants. Results indicated the training was highly effective in strengthening nurse competency, aligning with current evidence-based practice for early dementia screening and care planning. This practice change holds the potential for positive social

change by promoting early identification and intervention for individuals with cognitive decline, thereby improving quality of life.

Background

The Gap in Practice

During preliminary observations, inconsistent SLUMS examination (Saint Louis University, 2024) administration and incomplete documentation were noted among nursing staff at the project site, leading to potential delays in identifying cognitive patient impairment. This inconsistency may affect interdisciplinary communication and delay timely patient interventions. Early identification of cognitive decline enables prompt evaluation and management, ultimately improving quality of life and reducing long-term costs (Alzheimer's Association, 2024).

Project Question and Purpose

The goal of this project was to increase nurses' knowledge, skill, and confidence in conducting and interpreting SLUMS assessments. The practice question guiding the project was: Does a staff education program improve nurses' competency in administering and documenting the SLUMS dementia screening tool?

Evidence Supporting the Project

Evidence from peer-reviewed sources strongly supports the importance of early cognitive screening and targeted staff education to improve dementia recognition and patient outcomes. I conducted a structured literature search across databases including CINAHL, PubMed, and PsycINFO using key search terms such as *Saint Louis University Mental Status (SLUMS), dementia screening, staff education,* and *cognitive assessment*

training. Filters were applied to include full-text, peer-reviewed studies published within the past 10 years, focusing on adult or geriatric populations in clinical or long-term care settings. I appraised sources of evidence using the Johns Hopkins nursing evidence-based practice model, yielding predominantly Level I–III evidence of good to high quality. Key findings indicated that structured educational interventions enhance nurse proficiency, reduce scoring errors, and improve patient referrals for further cognitive evaluation (Surr et al., 2020). Integrating standardized education on SLUMS interpretation while considering cultural and educational factors aligns with national geriatric nursing standards (American Nurses Association, 2021) and Alzheimer's Association (2024) recommendations for cognitive assessment in clinical settings. Implementing this evidence-based practice supports positive social change by promoting early identification of cognitive decline, enhancing nurses' competence, reducing disparities in dementia recognition, and improving quality of life for older adults and their caregivers.

Staff Education Project Development

Participants

The target audience included all licensed nursing staff involved in patient intake and cognitive screening at the project site. Nine participants attended the training, including registered nurses, licensed vocational nurses, and the site preceptor.

Procedures

Following Walden University approval of my Ethics Pledge, participants completed a 10-question pretest to assess their baseline knowledge on SLUMS scoring,

ethical communication, and documentation standards. Guided by the analysis, design, development, implementation, and evaluation model, I followed structured steps for educational design and implementation in the project. During the analysis phase, staff learning needs were identified through baseline assessments and informal discussions with the preceptor to determine knowledge gaps in dementia screening and the SLUMS interpretation. The design phase involved developing learning objectives and aligning them with national dementia screening guidelines and geriatric nursing standards. In the development phase, I created and reviewed educational materials, such as PowerPoint slides, case scenarios, and quick-reference scoring charts, for clarity and cultural relevance. The implementation phase consisted of a 1-day educational intervention using a blended approach that incorporated multimedia instruction, case-based learning, and interactive discussion to engage participants and reinforce clinical application. Finally, in the evaluation phase, participants completed a posttest and an anonymous summative evaluation to measure learning outcomes and program satisfaction. I distributed training resources, including laminated scoring guides and reference sheets, to promote retention, accuracy in SLUMS scoring, and strategies to achieve continued use in daily practice.

Description and Analysis of Evidence

I carried out data collection and analysis for the program using pre- and posttest exams. Using SPSS Version 30, pretest and posttest scores were analyzed for nine participants to determine the impact of the educational intervention on staff knowledge. Data collection followed systematic procedures to ensure accuracy, confidentiality, and consistency. During the data collection phase, participants completed a 10-item pretest

immediately before the educational session to assess their baseline understanding of SLUMS scoring, ethical communication, and documentation standards. Following the 2-day training, the same instrument was administered as a posttest to measure changes in knowledge. I assigned each participant a unique identification code to maintain confidentiality and securely stored all completed forms in a locked location accessible only to me. Data were manually entered into SPSS, verified for completeness, and reviewed for errors or missing values.

I used descriptive statistics to summarize and compare pre- and posttest results. As indicated in Table 1, data analysis revealed that the mean score increased from M = 64.67 (SD = 6.96) on the pretest to M = 93.56 (SD = 3.43) on the posttest, demonstrating a substantial gain in participant knowledge. These results indicate that the structured staff education program effectively improved comprehension of dementia screening and SLUMS administration procedures.

Table 1

Pre- and Posttest Results

Test	*N*	Range	Minimum	Maximum	*M*	*SD*
Pretest	9	30.00	50.00	80.00	65.22	9.85
Posttest	9	15.00	85.00	100.00	93.44	4.91

Evaluation Process

The summative evaluation was completed anonymously by all nine participants following the posttest. Responses consistently indicated agreement or strong agreement

across all evaluation items. Feedback demonstrated that the learning objectives were clearly defined, relevant to participants' professional roles, and directly applicable to their daily practice. Participants reported that the training significantly improved their understanding of SLUMS scoring, ethical communication, and documentation standards. The incorporation of case-based examples was identified as particularly effective in reinforcing clinical application, especially when working with patients of diverse educational backgrounds. Participants also highlighted the presenter's clarity, expertise, and engaging delivery style, which fostered an interactive and supportive learning environment. The instructional materials, including PowerPoint slides, scoring guides, and quick-reference tools, were described as well-organized, practical, and user-friendly. Overall, participants expressed a high level of satisfaction with both the content and structure of the program. All reported greater confidence in administering and interpreting the SLUMS assessment tool as well as documenting abnormal findings accurately. Their qualitative feedback reflected appreciation for the interactive format, realistic case studies, and accessible reference materials. Several participants recommended offering quarterly refresher sessions and integrating SLUMS competency checks into the project site organization's annual training requirements to sustain learning and reinforce best practices in dementia screening.

Results

Postimplementation Results

To ensure sustainability of the knowledge gained from the SLUMS education program, the project site organization has implemented a structured plan to maintain staff

competence and promote long-term consistency in dementia screening. Staff will participate in quarterly refresher sessions and annual competency validations focusing on SLUMS administration, interpretation, and documentation. Educational materials and quick-reference guides will remain available in the clinical area to support ongoing learning. The electronic health record will include built-in reminders and standardized documentation prompts to encourage continued adherence to screening procedures. Leadership will review compliance data and knowledge-retention trends during quality-improvement meetings to identify areas for reinforcement. These measures ensure that the educational benefits of the program are sustained, supporting continued diagnostic accuracy and adherence to national gerontological nursing standards and Alzheimer's Association (2024) guidelines (see American Nurses Association, 2021).

Impact on the Organization

The staff education program improved communication, documentation accuracy, and early detection of cognitive changes among patients. The project site organization adopted the SLUMS refresher module into new hire orientation, ensuring sustainability. The initiative strengthened team collaboration, standardized dementia screening practices, and enhanced the site's compliance with best-practice guidelines (see Jeffries, 2021).

Limitations

Limitations included a small sample size and a single-site focus, limiting generalizability. Long-term retention of knowledge and ongoing compliance will require

follow-up education sessions. Future efforts may include electronic documentation prompts and periodic skill audits to sustain consistency.

Relevance of the Project Beyond the Local Site

Improved knowledge of dementia screening tools, like the SLUMS, can enhance nursing practice in multiple care settings, including clinics, home health, and long-term care. When staff are properly trained, cognitive decline can be recognized earlier, allowing for appropriate referrals, treatment, and improved patient outcomes.

Conclusions

This project supports equitable dementia screening across diverse populations, ensuring that individuals from varying cultural and educational backgrounds receive unbiased cognitive assessment and timely access to care (see American Nurses Association, 2021; Centers for Disease Control and Prevention, 2024). The SLUMS dementia screening staff education program effectively increased staff knowledge and competence in administering and documenting cognitive assessments. Statistical analysis confirmed significant improvement between participants' pre- and posttest results, demonstrating the value of structured educational interventions. The program's success supports ongoing staff development and integration of cognitive screening education into evidence-based nursing practice, promoting positive social change by enhancing early dementia detection, reducing disparities in cognitive health assessment, and improving quality of life for older adults and their caregivers.

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