GERIATRIC INTERPROFESSIONAL SIMULATION EDUCATION RESULTS AND RAPID CYCLE QUALITY IMPROVEMENT
Denise Kropp, Northeast Ohio Medical University, Rootstown, Ohio, United States

Following a geriatric interprofessional education event, we measured learner progression in interprofessional collaborative competencies using the Interprofessional Socialization and Valuing Scale (ISVS). We also measured student satisfaction with an investigator generated assessment tool. Through Rapid Cycle Quality Improvement (RCQI) processes, we implemented a number of variations of both the in-person and the virtual events. Variations included differences in case studies, pre work requirements, geriatric didactic topics, poster topics and presentation format, facilitator training, standardized patient or patient presence, huddle format, and demonstration of how to effectively perform teamwork. Results showed gains in interprofessional collaborative competencies between pre- and post-education using this geriatric simulation model. Learner satisfaction was high for all simulation variations. Results of education variations and comparisons of the delivery methods will be presented.

Session 1005 (Paper)

ADRD AND CAREGIVING

A 10-YEAR BEHAVIORAL AND SOCIAL SCIENCES RESEARCH AGENDA FOR ADRD: REFLECTION ON A NEW NATIONAL ACADEMIES REPORT
Tia Powell,1 David Reuben,2 Vincent Mor,3 Deborah Blacker,4 and Molly Checksfield,1 1. Montefiore Medical Center, Bronx, New York, United States, 2. UCLA, Los Angeles, California, United States, 3. Providence, Rhode Island, United States, 4. Mass General Hospital, Charlestown, Massachusetts, United States, 5. National Academies of Sciences, Engineering and Medicine, Washington, District of Columbia, United States

The National Academies of Sciences, Engineering, and Medicine (NASEM) was charged with developing a ten-year agenda for research in the behavioral and social sciences that would substantially contribute to reducing the impact of Alzheimer’s disease and related dementias (AD/ADRD). The report, expected to be publicly released in June 2021, has been developed by a committee of individuals with expertise across a range of disciplines and fields, including dementia research. The committee was charged with assessing the role of the social and behavioral sciences in reducing the impact of dementia. The committee held several evidence-gathering sessions, reviewed published literature, commissioned several papers, and engaged individuals living with dementia and caregivers as a part of an Advisory Panel to the committee. This presentation will engage attendees in a discussion about the ten-year behavioral and social science research agenda related to dementia produced by this NASEM committee.

CREATING A PERSON- AND FAMILY-CENTERED PROGRAM OF RESEARCH: LESSONS LEARNED FROM OVER 30 YEARS OF APPLIED RESEARCH
Carol Whitlatch,1 and Silvia Orsulic-Jeras,2 1. Benjamin Rose Institute on Aging, Shaker Heights, Ohio, United States, 2. Benjamin Rose Institute on Aging, Cleveland, Ohio, United States

Approximately 6 million Americans are living with Alzheimer’s Disease or related dementia. Due to these alarming statistics, there is an increased need for families to seek out services and supports to not only cope with these devastating diagnoses, but to plan effectively for their future care needs. A plethora of research has shown that both the family care partner and person living with dementia are at-risk for negative outcomes such as depression, anxiety, social isolation, and worsening physical and mental health. Moreover, further and encouraging research supports the development and implementation of empowerment-based, person- and family-centered interventions. When utilized effectively these interventions improve quality of care and well-being in persons living with dementia and their care partners. The purpose of this paper is to provide guidance for researchers interested in making their work more person- and family-centered. Strategies discussed are based on over 30 years of applied research and include: 1) placing individuals at the center of their own care, 2) including persons with dementia as co-investigators, 3) convening diverse professionals and individuals in advisory councils from the start, and 4) conducting focus groups to obtain participant and stakeholder feedback. Demonstrations of select person-and-family-centered, evidence-based programs will be included and supplemented with case examples to illustrate person-centered principles in practice.

FAMILY CAREGIVER NEEDS AND PREFERENCES FOR VIRTUAL TRAINING TO MANAGE BEHAVIORAL SYMPTOMS OF DEMENTIA

STAR-Caregivers Virtual Training and Follow-up (STAR-VTF) is adapted from an evidence-based, in-person program that teaches family caregivers to manage behavioral and psychological symptoms of dementia (BPSD). The study objective was to understand the needs of family caregivers for improving BPSD management and the extent to which caregivers perceived that STAR-VTF could address those needs. We conducted 15 semi-structured interviews with family caregivers of people with dementia. We showed caregivers prototypes of STAR-VTF online self-directed materials. We obtained caregiver feedback, focusing on needs and preferences and perceived barriers to using STAR-VTF. We used a hybrid approach of inductive and deductive coding and aggregated codes to develop themes. The idea of a virtual training program for learning to manage BPSD appealed to caregivers. They said healthcare providers did not provide adequate education in the early disease stages about the personality and behavior symptoms that can affect people with dementia. Caregivers found it unexpected and frustrating when the person with dementia began experiencing BPSD, symptoms they felt unprepared to manage. Accordingly, caregivers