

**Abstract Form**

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<b>Project Title:</b>	Designing a Point-of-Care Educational Tool to Advance Outpatient Dementia Care		
<b>Research Category (please check one):</b>			
<input type="checkbox"/>	<b>Original Research</b>	<input type="checkbox"/>	<b>Clinical Vignette</b>
<input type="checkbox"/>		<input type="checkbox"/>	<b>Quality Improvement</b>
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<b>Medical Education Innovation</b>

**Abstract**

**Introduction:** As the global population ages, the number of people living with dementia is expected to double by 2050 (1,2). Most outpatient care for older adults – and people living with dementia – is provided by non-geriatric physicians, many trained in Internal Medicine (3). Geriatrics curricula for Internal Medicine residents are traditionally inpatient focused, leaving residents unprepared to evaluate cognitive changes in the clinic (4-6). Our objective was to design a longitudinal educational tool for UCLA residents to improve assessment of neurocognitive concerns in continuity clinic.

**Methods:** Collin’s Cognitive Apprenticeship Model and Kolb’s Experiential Learning Theory were used to guide intervention design (7-8). We drew on scaffolding, Collin’s concept of strategic support to promote learner independence, to build a flowsheet guiding residents through dementia care. To promote experimentation and experience, elements of Kolb’s theory, the flowsheet was converted into a virtual pdf for point-of-care use. Flowsheet content was collated from guidelines by the American Academy of Family Physicians, the Journal of the American Medical Association, and the Alzheimer’s Association (9-11). It was reviewed by content experts in geriatrics and neurocognitive disease.

**Results:** The research team created a dementia care clinical reasoning flowsheet covering the domains of screening, diagnosis, and management (Figure 1). The educational tool highlights key differential diagnoses, contains links to open-source screening and diagnostic tools, and includes a section on care for caregivers. We also compiled a six-page resource guide for dementia care in greater Los Angeles spanning symptom management, home-based care, caregiving, and advance care planning, which is linked to the flowsheet.

**Future Directions:** This flowsheet is part of an educational intervention with categorical Internal Medicine residents during their Outpatient Medicine didactic block on Geriatrics and Palliative Care. Learners reflect on clinical experiences, attitudes, and practices in a pre-intervention survey. They are primed with an introduction to outpatient dementia care and receive a quick response code to the flowsheet with brief coaching on its use. Codes will also be posted in continuity clinics for longitudinal scaffolding. A delayed post-intervention survey will assess changes in attitudes and practices.

**Figure 1.** Dementia Care Flowsheet Quick Response Code

