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ORAL
03-07
SOCIAL, BEHAVIORAL, AND CARE 2

03-07-01 **MONITORING DRIVERS WITH DEMENTIA: AN INSTRUMENTED VEHICLE STUDY**

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Background: Dementia affects many critical skills needed for driving including memory, judgment, psychomotor abilities, perception and visual processing, attention, and the ability to make accurate decisions and to control impulses when pressured to act in a traffic situation. Research has yet to determine the level of cognitive impairment associated with an unacceptable driving risk. Up to 45% of persons with AD continue to drive, especially early in the disease when cognitive deficits are mild. However, as the disease progresses driving skills progressively worsen. Physicians and other health care professionals are often faced with making recommendations about their patients' fitness to drive based on driver self-screening, recommendations by family members, and, if available, formal driving assessment. Follow-up as the disease progresses ranges from 3 months to a year. Yet, no one really understands how the real-life driving performance of an individual changes within assessment intervals. If the interval is too short, it places an undue burden on the individual and his or her family. If it is too long, the individual may pose a threat to public safety as well as to his or her own safety. Recent advances in technology can be used to monitor the driving behavior of individuals with dementia and provide guidance on how often these drivers need to be assessed, and the validity of recommendations of clinicians, family, and self-screening. **Methods:** The perspectives of 12 triads (persons with dementia, family members, and driving specialists) were compared to empirical data on on-road performance gained through in-vehicle monitoring of the drivers' own cars for at least one month. An interdisciplinary team examined the complexity of the criteria considered in this highly-charged, emotional, and life-changing decision. **Results:** Research demonstrated the feasibility of using in-vehicle data collection to monitor driving actions of persons with early-stage dementia; compared the validity of multiple forms of assessment of driving skills with naturalistic driving; and provided insights to better inform decision-makers about appropriate intervals for checking driving competency. **Conclusions:** The findings bring greater visibility to deficits in driving performance unique to people with early-stage dementia through increased understanding of the behaviors and challenges confronting them.

03-07-02 **HOW PERSON-CENTERED CAREGIVERS INTERACT WITH RESIDENTS WITH DEMENTIA IN AN ASSISTED LIVING FACILITY**

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Background: Assisted living facilities (ALFs) are growing worldwide as a housing option for older adults with Alzheimer's disease or related dementias. It is estimated that over 50% of the residents in ALFs in the United States have some form of cognitive impairment. The only requirements for professional caregivers in ALFs in California are to have a criminal background check and to receive ten hours of training at the facility. Registered nurses (RNs) or other health care personnel are not required to be employed in ALFs in California. The purpose of this presentation is to describe and analyze how caregivers demonstrate person-centered qualities as they interact with residents with dementia in an ALF. **Methods:** An ethnographic study was conducted in an ALF that specializes in dementia

care. Over 100 hours of participant observation were conducted over a period of six months. Chart reviews were completed on all residents (n = 35) and formal, semi-structured interviews were completed with all employees (n = 20). In addition, formal or informal interviews were completed with available family members (n = 5) and four focus groups were conducted with the caregivers. The data were transcribed and analyzed for themes regarding how caregivers in ALFs deliver care. **Results:** Caregivers reported receiving little formal education, and so they relied on the inherent qualities they possessed to decide how to provide care to residents with dementia. About 60% of the caregivers in this facility interacted with residents with dementia in ways that were person-centered. Qualities that defined person-centered caregivers were advocacy, affection, allowing autonomy, and attachment. In contrast, about 40% of the caregivers demonstrated me-centered attributes, such as that they were driven by money, they put their self-interests first, they were insensitive to residents, and they communicated poorly. 64% of the observed instances of agitated behavior by a resident with dementia occurred during or after an interaction with a me-centered caregiver. **Conclusions:** Person-centered caregivers possess inherent qualities that allow them to more effectively interact and care for residents with dementia. Educators and employers should be aware of the inherent differences of employees when hiring or teaching caregivers of residents with dementia.

03-07-03 **FACILITATORS AND BARRIERS FOR IMPLEMENTATION OF AN EASY, CARE-BASED DEMENTIA TRAINING PROGRAMME FOR GENERAL PRACTITIONERS AND PRIMARY CARE NURSES: A QUALITATIVE STUDY**

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Background: Dementia is under-diagnosed in primary care. To overcome this problem, we designed a multi-faceted Dementia Training Programme (DTP) for dyads of general practitioners (GPs) and primary care nurses (PCNs), aimed at the implementation of Dutch national dementia guidelines. The objective of this study is to identify successful elements of the DTP and barriers for its implementation. **Methods:** The DTP consisted of two workshops, individual coaching on real-life cases, access to an internet forum, and a computerized clinical decision support system. Two independent researchers interviewed a selected sample of 10 GPs and 12 nurses who participated in the DTP. Interviews were analysed using the grounded theory approach. **Results:** Analysis revealed three important successful elements of the DTP: learning based on real-life cases, structured protocols and collaboration. Learning based on real-life cases facilitated knowledge and skills sinking in. It made participants understand the importance of early dementia diagnosis and adequate disclosure. Furthermore, it increased awareness to signals of possible dementia and generated insight into possible therapeutic options for dementia patients and their caregivers, thereby reducing the feeling of therapeutic nihilism. The structured diagnostic protocols provided in the DTP, made GPs feel competent to diagnose dementia. Nurses appreciated the fact the protocols gave them a role in diagnostic workup. When collaborating, GPs and nurses felt that they obtained an overall picture of both patient and caregiver, learning from each others views and skills, which improved the quality of the diagnostic and care process. Most GPs stated that they could not perform adequate diagnostic work-up and management without the help of a nurse. Barriers for implementation of primary care dementia guidelines, using the DTP, were the time consuming nature of dementia care, the lack of adequate financial compensation by insurance companies for the care provided and the lack of interdisciplinary collaboration with other health care providers. **Conclusions:** The DTP's successful elements, learning based on real-life cases, structured protocols, and collaboration, seem to change attitudes, diagnosis and management in primary dementia care. Barriers to implementation of dementia