Using Academic Detailing to enhance the knowledge, skills and attitudes of clinicians caring for patients with behavioral and psychological symptoms of dementia

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BACKGROUND

Approximately 90% of persons with dementia experience behavioral and psychological symptoms of dementia (BPSD) over the course of their illness. Primary care clinicians often provide care as specialty geriatric-medicine or -psychiatry consultation may be difficult to obtain (Walaszek 2019). Academic detailing (AD) is an evidence-based educational approach for engaging and persuading healthcare professionals to make changes in their practice (Avorn 2017). We sought to enhance the knowledge, skills and attitudes of providers' care of patients with BPSD using the AD model in primary care.

METHODS

We implemented AD in an urban clinic serving a largely Black community and a rural clinic serving a largely, White community. Each AD visit included didactic content, case discussion, and consultation regarding patients with BPSD. Eleven visits over 18 months are planned for each site. See Figure 1. Outcome measures include a 10-item multiple-choice assessment of knowledge and an adaptation of the General Practitioners Attitude and Confidence Scale for Dementia (GPACS-D) (Mason et al., 2019) at baseline, and 6 and 18 months, and Likert-scale measurement of acceptability at 6 and 18 months, all self-report. Differences in knowledge and attitude scores were determined for those providing complete responses at baseline and follow-up.

RESULTS

We present interim data. Five urban and 14 rural providers completed baseline assessments. Providers were mostly White (95%) and Non-Hispanic (100%); 47% were female (Table 1). Among these, 17 (89%) participated in one or more AD visits and 13 (68%) participated in the 6-month survey. There was high satisfaction with AD (Figure 1).

Knowledge and attitudes about BPSD and dementia care increased. Clinicians' correct responses for knowledge questions improved by 2 points out of 10. Dementia Confidence Scores also increased (Table 2).

Small sample sizes preclude testing for significant differences between clinicians at urban versus rural clinics. However, visual inspection reveals overall gains in knowledge, attitudes and confidence in dementia care may have been slightly higher in urban clinicians, and confidence for rural clinicians appeared higher (18.7 (1.7) in rural versus 14.3 (2.5) in urban at 6-months).

Next steps will include quantitative analysis at 18 months and qualitative analysis of case discussions.

CONCLUSIONS

Academic Detailing (AD) may be a feasible and effective way of increasing self-reported knowledge and skills and improving self-reported attitudes of primary care providers responsible for the care of patients with behavioral and psychological symptoms of dementia (BPSD).

Knowledge and confidence in BPSD and dementia care increased after 6-months' participation in AD.

During the pandemic we successfully adapted the AD model to a virtual platform, which has implications for portability of this model to other settings.

The pilot data collected in this study will inform the design of a larger study to measure the impact of AD on patient outcomes.

Figure 1. Academic Detailing Model

academic detailing visit → presentation about a BPSD topic | case discussion | determine future topics

6 monthly academic detailing visits | 3 academic detailing visits, every other month | 2 academic detailing visits, every 3 months

baseline data collection | 6-month data collection | 18-month data collection

FIGURES & TABLES

Table 1. Demographics of professionals

Characteristics	N	% or Mean (SD), Range
Profession		
Physician (MD or DO)	16	84%
Nurse Practitioner	3	16%
Specialty		
Family Medicine	12	63%
Geriatrics	4	21%
Age, yrs	18	56.4 (8.9), 33-68
Female	9	47%
Race/Ethnicity		
Black	1	5%
White	18	95%
Non-Hispanic	19	100%
Dementia care >10 yrs	16	84%

Figure 2. Acceptability of Academic Detailing

	AD approach acceptable	Will apply what I learned	Will recommend the AD model
Strongly agree	46.2%	46.2%	46.2%
Agree	38.5%	46.2%	46.2%
Neither agree nor disagree	7.7%		
Disagree	7.7%	7.7%	7.7%

■ Strongly disagree ■ Disagree ■ Neither agree nor disagree ■ Agree ■ Strongly agree
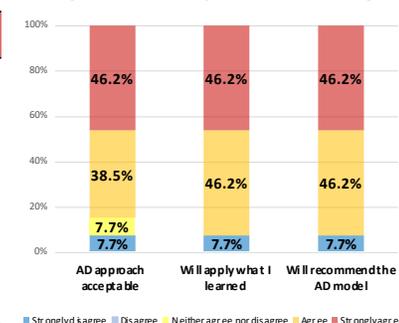
Table 2. Dementia and BPSD knowledge and attitudes

	N	Baseline Mean (SD)	6-Months Mean (SD)	p-value
Knowledge Assessment, Total correct (max score = 10)	13	5.2 (1.9)	7.2 (1.9)	0.011
GPACS-D, Total (max score = 75)	10	55.4 (4.2)	57.3 (5.6)	0.212
Confidence (max score = 25)	10	15.3 (4.8)	17.4 (2.9)	0.016
Attitude to Care (max score = 30)	13	26.5 (1.9)	26.4 (2.4)	0.915
Fears and Frustrations (max score = 20)	13	14.5 (2.0)	14.4 (2.6)	0.866

Key: GPACS-D, General Practitioners Attitude and Confidence Scale for Dementia

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