

# Framing Primary Care Clinicians' Experiences Managing Behavioral and Psychological Symptoms of Dementia: Insights From an Educational Intervention

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## ABSTRACT

**Introduction:** Approximately 90% of persons with dementia experience behavioral and psychological symptoms of dementia (BPSD). Primary care clinicians often are the main health care professionals managing the care of persons with dementia who exhibit BPSD, yet many lack training and resources needed for management. DETAILED (Dementia Educational Techniques: Academic detailing and DICE) is an educational intervention designed to enhance clinicians' knowledge, confidence, and implementation of evidence-based practices for recognizing and managing BPSD.

**Objectives:** This study aimed to identify clinician-level factors that influence the reach, adoption, implementation, and effectiveness of the DETAILED intervention in supporting primary care clinicians in managing BPSD.

**Methods:** Semistructured qualitative interviews were conducted with 14 clinicians. A framework-guided analysis was used to identify knowledge and practice gaps in BPSD management and factors that affect engagement with the DETAILED program.

**Results:** Clinicians identified gaps in knowledge and self-efficacy related to recognizing and managing BPSD, particularly in applying nonpharmacologic strategies and care planning. Eleven themes emerged that influenced DETAILED's reach, adoption, implementation, and effectiveness, including the need for personalized care approaches, team-wide buy-in, applied learning methods, and training logistics. Clinicians emphasized the benefits of case-based learning and the need for flexible formats and foundational knowledge.

**Conclusions:** Findings highlight significant gaps in knowledge, confidence, and resources related to BPSD management among primary care clinicians. Identified barriers and facilitators informed adaptations to the DETAILED intervention aimed at enhancing clinician engagement, supporting practice change, and ultimately improving dementia care within primary care settings.

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## INTRODUCTION

Approximately 6.7 million Americans aged 65 years and older are living with Alzheimer's disease and other types of dementia.<sup>1</sup> Over the course of their illness, about 90% of persons with dementia experience behavioral and psychological symptoms of dementia (BPSD), such as agitation, disinhibition, hallucinations, sleep disturbances, and wandering. These symptoms are associated with reduced quality of life, increased risk of injury for both persons with dementia and their caregivers, and higher rates of caregiver stress and depression.<sup>2</sup> Behavioral and psychological symptoms of dementia can lead to increased hospitalizations, earlier nursing home placement, and reduced survival.<sup>2</sup>

There is a well-documented shortage of clinicians with specialty training in dementia care, resulting in most persons with dementia receiving care from primary care clinicians.<sup>3,4</sup> However, many clinicians have limited training in dementia care, particularly in the identification and manage-

ment of BPSD.<sup>5,6</sup> Clinicians often report insufficient knowledge, confidence, and self-efficacy in managing these symptoms.<sup>5,6</sup> Given that most persons with dementia experience at least 1 BPSD during the course of their disease,<sup>7</sup> this gap in training represents a critical need in dementia care.

An effective educational intervention could enhance clinician self-efficacy and improve identification and management of BPSD, ultimately benefiting both patients and caregivers. In response to this need, our team at the Wisconsin Alzheimer's Institute developed DETAILED (Dementia Educational Techniques: Academic

detailing and DICE). This intervention aims to increase knowledge, confidence, and implementation of best practices for BPSD management in primary care settings by combining academic detailing with the DICE Approach.

The DICE Approach – Describe, Investigate, Create, Evaluates – is a structured, evidence-based framework for assessing and addressing BPSD. It is designed to support clinicians in identifying the causes of challenging behaviors and implementing person-centered strategies to address them.<sup>8</sup> The DICE Approach emphasizes using behavioral and environmental strategies for managing BPSD rather than relying solely on medication.<sup>8</sup>

Academic detailing employs principles of adult learning theory, social cognitive theory and the transtheoretical (stages of change) model, as well as a case-based approach, to facilitate knowledge acquisition, skill development, and practice change in real-world settings.<sup>9,10</sup> It involves trained subject-matter experts delivering noncommercial, evidence-based, interactive educational visits – in-person or virtually, one-on-one or in groups – to support clinician decision-making and implementation of changes in clinical practice. Academic detailing has been successfully used to improve dementia detection, reduce sedative-hypnotic prescribing, and promote safer use of controlled substances in primary care.<sup>11-14</sup> In nursing home settings, academic detailing has contributed to reductions in antipsychotic medication use.<sup>15,16</sup>

During a prior pilot study of DETAILD, 2 members of our team (a geriatric psychiatrist and an advanced practice provider) conducted in-person and virtual academic detailing visits at 2 clinic sites in Wisconsin. Each session consisted of 30 minutes of didactic content on a specific type of BPSD, including work-up, diagnosis, and management, followed by case discussions to promote real world application. Fifteen primary care clinicians participated and demonstrated improved BPSD and dementia knowledge and attitudes, as well as high satisfaction.<sup>17</sup>

The qualitative study presented in this article aimed to identify barriers and facilitators to implementing the DETAILD intervention by capturing the perspectives of clinicians with varying levels of experience with the intervention and memory care. This work builds on prior findings<sup>17</sup> and seeks to understand factors affecting the reach and relevance of the intervention for the target audience, as well as its adoption, implementation, and effectiveness in

**Table 1.** Interview Questions by RE-AIM Domain for Program Champions and Novices

RE-AIM	Champion Topics
Reach	What are the greatest barriers or challenges you face to caring for patients with BPSD? Where do you see opportunities for continuing to improve in your ability to manage BPSD? Describe how you think a DICE approach training would meet the needs of families served by your organization?
Adoption	Considering your organization, clinic, and team, what factors influenced your participation in AD? How can we modify/address the challenges you've described? How could we better enlist team members to engage in case review discussions and case consultation? How difficult would it be for you or your clinic to scale up the AD/DICE program, to serve more clinicians at your site?
Implementation	How has AD helped you manage BPSD in your patient?
Effectiveness	What features of discussions/consultations were most effective for your learning?
RE-AIM	Novice Topics
Reach	Please start by telling me about your approach to caring for patients with dementia and behavioral and psychological symptoms of dementia or BPSD. (Q1) What challenges do you face when managing patients with dementia and BPSD? Do you feel there are areas for improvement in managing patients with BPSD? Tell me more.
Adoption	How could we best enlist you to participate in this AD approach? What features of your organization, clinic, or team might make it hard for you to join AD? How can we address the challenges you have described? What resources would be needed to support holding future training or interventions at your clinic?
Implementation	Describe ways you utilize or integrate clinical expertise, expert opinion, or evidence-based practices into your approach to caring for patients with dementia and BPSD.
(Intervention)	How could an evidence-based approach like AD best facilitate your needs as a provider? What other evidence-based resources do you find valuable and use on a regular basis? What motivates you to change practice? What factors are most likely to encourage you to alter the way in which you approach your practice?

Abbreviation: RE-AIM, reach, effectiveness, adoption, implementation, and maintenance; BPSD, behavioral and psychological symptoms of dementia; DICE, Describe, Investigate, Create, Evaluate; AD, academic detailing.

**Table 2.** Demographic Characteristics of Interview Participants (N=14)

Characteristic	N (%)
Professional role	
Advanced practice provider	3 (21%)
Physician	10 (71%)
Psychologist	1 (7%)
Years in professional role	19 years (median 16; range 2-42)
Academic detailing program status	
Champion	7 (50%)
Novice	7 (50%)
Race and ethnicity	
Black or African American	1 (7%)
Non-Hispanic	14 (100%)
White	13 (93%)
Gender identity	
Female	9 (64%)
Male	5 (36%)

preparing clinicians to manage BPSD. The methods for this study were described in detail in a previously published manuscript.<sup>18</sup> The purpose of this article is to present the qualitative findings and offer insights to guide future adaptations of the DETAILD intervention, with the aim of enhancing its effectiveness and scalability in pri-

mary care settings for the improved BPSD management.

## METHODS

A qualitative descriptive study design was used to elicit clinician feedback to guide adaptations to the DETAILED program. The qualitative descriptive method guided sampling, data collection, and data analysis to better understand clinicians' experiences managing BPSD and participating in the DETAILED program. The Institutional Review Board at the University of Wisconsin-Madison approved the study protocol. A waiver of written consent allowed individuals to document consent electronically. The electronic REDCap database,<sup>19</sup> hosted by the Department of Medicine at the University of Wisconsin School of Medicine and Public Health, was used for the survey data collection.

### Participants

Participants were purposively selected among clinicians practicing within 2 health care systems affiliated with the Wisconsin Alzheimer's Institute Dementia Diagnostic Clinic Network.<sup>20</sup> Clinicians practiced in family medicine, internal medicine, or behavioral health. Several had participated in the prior pilot study on improving BPSD management.<sup>17</sup> Clinicians who will be referred to as program "champions" encouraged others to participate in DETAILED, supported implementation by bringing cases for discussion and consultation, and participated in at least half of the previous academic detailing sessions. Clinicians with little to no academic detailing experience are categorized as program "novices."

Clinicians from the Wisconsin Research and Education Network (WREN),<sup>21</sup> a statewide family medicine practice-based research network, formed an additional convenience sample of novices. Clinicians were invited to participate by email and provided with a link to study information and an electronic survey to indicate their interest.

### Qualitative Interviews

Semistructured qualitative interviews were conducted over Zoom and lasted 30 to 45 minutes. Unique interview guides were developed for champions and novices.

Interview questions were guided by the RE-AIM/PRISM implementation framework, which has been shown to support intervention development, implementation, and evaluation across diverse health care settings.<sup>22</sup> RE-AIM examines the impact of a health intervention across 5 domains: reach, effectiveness, adoption,

**Table 3.** Comparison of Themes by RE-AIM Domain for Program Champions and Novices

Themes	Reach		Adoption		Implementation and Effectiveness	
	Champs	Novices	Champs	Novices	Champs	Novices
Self-efficacy in the management of BPSD	X	X	X	X	X	X
Methods for taking a personalized care approach	X	X			X	
Learning culture and values			X	X	X	X
Underlying philosophy of DETAILED			X	X	X	X
Buy-in across health care team	X				X	
Care planning communication	X				X	X
Benefits of applying DICE Approach with families in the clinic setting	X				X	
Format/structure of sessions			X	X		
Time and schedule	X	X	X	X	X	
Access to training and materials	X	X	X	X	X	
Incentivizing training	X		X	X		

Abbreviations: Champs, champions; BPSD, behavioral and psychological symptoms of dementia; DETAILED, Dementia Educational Techniques: Academic detailing and DICE; DICE, Describe, Investigate, Create, Evaluate.

implementation, and maintenance.<sup>22</sup> PRISM (Practical, Robust, Implementation and Sustainability Model) builds on RE-AIM by incorporating contextual factors that affect implementation and sustainability, including intervention characteristics, clinician perspectives, and organizational factors.<sup>22</sup>

Questions pertaining to the framework domains were used to explore the program's reach, adoption, implementation, and effectiveness. Questions also reflected the internal and external contextual factors as multilevel barriers or facilitators that may influence these domains.<sup>23,24</sup> Participants were asked how they, their organizations, clinic settings, and teams might influence the identified features of academic detailing. Interview question topics are summarized in Table 1.

### Qualitative Analysis

Thematic qualitative analysis was performed on deidentified interview transcripts by a multidisciplinary research team with clinical, community-based, and research-related experience in dementia care. Inductive thematic analysis included transcript review, open coding to assign initial codes, and identification of themes within code groups.<sup>18</sup> Team members reviewed and refined themes through an iterative process to achieve consensus on names and definitions.

Next, a deductive approach was used to incorporate the RE-AIM framework and multilevel domains (organization, clinician, intervention)<sup>24</sup> to organize data according to factors influencing the program's future reach, adoption, implementation, and effectiveness. Themes were compared across domains and contextual levels to evaluate for convergence or across program components, implementation strategies, and contextual influences. Themes were also compared between champions and novices

**Table 4.** Adaptations to Improve Fit of the DETAILED Intervention Operationalized by Reach, Adoption, Implementation, and Effectiveness (RE-AIM) Domains, Following Identified Themes That Address Organizational, Clinician, and Health Care Team Context

R	A	I/E	Intervention Component	Benefit to Achieve With Adaptation	DETAILED Original Model	DETAILED Following Adaptations
√	√		Outreach	Improve outreach and buy-in across the health care team by highlighting value of building self-efficacy, especially among nonspecialists and program's support for taking a personalized care approach	Memory clinic clinician outreach	Listening session and outreach in advance with administration and broad target audience, including nonspecialist clinicians and staff, that highlights gaps that can be addressed through the program
	√	√	Visit schedule	Need sufficient time for building self-efficacy; be efficient with clinic team's time to maximize participation	18 months, 11 visits	6-12 months, 6-9 visits, tailored to needs
	√	√	Time	Efficient and consistent schedule	1.5-2 hours; didactics (30 min); visits tailored to memory clinic clinicians only	Up to 1 hour; scheduling further in advance; didactics (20 min); 1-2 case discussions (20-40 min); hold sessions over lunch
	√	√	Format of visit	Emphasis on case discussions for collaborative, experiential learning; case consultation with patients was not always feasible	Case discussions and case consultations scheduled with clinicians	Case discussions with clinicians and staff; case consultation by request
	√	√	Curriculum content	Highlight tailored content delivery; tailored didactics coincide with cases discussed to maximize applied learning	6 visits with predetermined content; 5 visits with tailored content; clinicians or staff determine future tailored topics	3 visits with predetermined content; 3-6 visits with tailored content; clinicians or staff determine future tailored topics
		√	Flexible access to materials	Provide flexible access to training materials, for missed visits or for post-visit review; expand access to DICE training for benefits of applying DICE with families	Synchronous didactics; self-directed web-based DICE training modules <sup>8</sup> with staff for a fee	Recorded didactic sessions made available; expanded access to free, self-directed web-based DICE training modules <sup>8</sup>
		√	Clinical decision support	Support decision-making and request for treatment algorithms	–	Concise decision guides to reference following didactics; future clinical support EHR tools

√ = RE-AIM domain (R, Reach; A, Adoption; I, Implementation; E, Effectiveness) impacted by the adaptation.

Abbreviations: DETAILED; Dementia Educational Techniques: Academic detailing and DICE; DICE, Describe, Investigate, Create, Evaluate; EHR, electronic health record.

across RE-AIM domains and contextual levels to identify similarities or differences based on BPSD practice experience. This report focuses on clinician-level factors identified for future adaptations.

Further methodological details are available in a separate publication.<sup>18</sup>

## RESULTS

Fourteen clinicians were interviewed between December 2022 and August 2023, specifically 7 champions and 7 novices. Participant demographics are shown in Table 2.

The analysis identified several overarching clinician-level themes affecting the reach and needs of the target audience, as well as the adoption, implementation, and effectiveness of the DETAILED model for preparing clinicians to better manage behaviors and psychological symptoms of dementia (Table 3 and Supplemental Table).

### Reach of DETAILED for Meeting Primary Care Clinician Needs

Champion primary care-based memory clinic specialists and nonspecialist novice colleagues reported gaps in self-efficacy for managing BPSD and emphasized the program's effectiveness in addressing these needs. Identified gaps included (1) recognizing BPSD, (2) applying nonpharmacologic treatment approaches,

and (3) confidence in medication prescribing. Both groups noted lower confidence in identifying BPSD triggers and in managing more complex behaviors. Novices reported lacking direct care experience necessary to identify needs in persons with dementia.

Both champions and novices identified a need to understand how to address behaviors in persons with dementia using a personalized care approach. Champions also recognized the day-to-day variation in responsiveness to behavioral techniques as a challenge and the need for education across multiple care settings. Buy-in across the health care team was noted as a perceived gap for training outside a memory clinic setting.

### DETAILED Adoption

Champions and novices identified the importance of learning culture and finding value in learning to foster program participation. Champions reported being motivated by colleagues who participated and were highly invested. Both groups described strong intrinsic motivation linked to caring for patients across the lifespan and the desire to expand their knowledge. However, some novices reported that caring for patients across the lifespan was a barrier if dementia wasn't their specialty.

Champions were motivated by a desire to better address the community and patients they serve, including older patients with

chronic comorbidities and younger adults with cognitive changes. Both groups reported wanting to support families to avoid facility placement due to behavioral symptoms. Novices also expressed a desire to stay updated on evidence-based practices and to improve their ability to provide the best care possible.

Champions and novices also described the appeal of DETAILED's underlying approach, including co-learning – particularly the benefits of group discussions that allow participants to learn from colleagues' experiences. Novices indicated a preference for group sessions, particularly when they were not currently caring for patients with dementia. They pointed to the expected breadth of knowledge in primary care as important to their adoption of DETAILED, and suggested involving nurses and medical assistants, who often get initial questions from patients and caregivers. Similarly, champions noted the advantages of team-based education, including participation from physicians, advanced practice providers, nurses, and medical assistants.

Both groups recognized the impact of experiential learning and the effectiveness of DETAILED's approach to foster applied case-based learning through real-life patient discussions. Champions reported that pairing didactic content with case discussions reinforces key points. Novices also noted that applying concepts is important for retention of nonpharmacologic approaches, such as DICE.

Practical features such as visit scheduling and time commitment, format or structure of visits, and access to training and materials were important determinants of program adoption. Both groups reported that consistent, predictable, and recurring visit schedules and designated time in work schedules are essential for training. Novices suggested virtual, recorded sessions to alleviate scheduling challenges and eliminate travel time.

### **Implementation Strategies and Effectiveness of the DETAILED Model**

Champions noted that DETAILED provides tools for addressing diagnostic challenges related to behavioral conditions in dementia and recognizing behavioral patterns along the dementia trajectory. Champions uniquely highlighted the importance of avoiding reactionary medication use. Novices particularly valued access to medication use guidelines.

Champions reported that case discussions helped affirm their decisions, facilitate application of new knowledge, and educate other care team members. They described experiential learning as instrumental in building confidence and self-efficacy for managing behaviors. Novices recognized that experience enhances learning and facilitates practice change. Champions indicated a need for regular educational sessions for improving follow-through on recommendations.

Both champions and novices reported that the program was effective in teaching strategies to recognize and address family dynamics on communication and care planning. Champions

described the effectiveness of modeling the detailer's communication approach, which helped build rapport with the patient and family, foster open discussion, and improve attitudes and communication on addressing behaviors. This approach can support clinician efforts to get family buy-in. Novices did not report this, as they did not experience the in-person case consultations, but they recognized the value of an integrated approach for gathering and sharing information with families.

Champions who had prior knowledge of the DICE Approach through DETAILED, indicated that applying DICE engages and educates family members. They viewed DICE as a tailored approach to help clinicians provide families with more strategies for coping with BPSD. They also reported the benefit of implementing DICE with family members for promoting personalized holistic approaches and supporting families with the understanding that individual techniques will vary daily in their effectiveness. Champions also indicated that a DICE-trained liaison would be useful for sharing information with families and facilitating referrals through community outreach. They reported that implementing DICE helps empower clinicians to educate families, build caregiver confidence and compassion, and develop realistic care and follow-up plans.

Additional comparison of themes identified by champions and novices from the pilot are provided in the Supplemental Table.

### **Adaptations to the DETAILED model**

Adaptations made in response to these findings centered on improving the program's reach, supporting clinician participation among increasing demands in primary care, and enhancing the effectiveness of implementation strategies for managing behaviors and symptoms of dementia. Several strategies to expand access and participation emerged, including offering virtual and recorded sessions to accommodate clinicians' limited availability and need for flexible access to learning materials. Requests for treatment algorithms and greater access to materials prompted the creation of decision guides for clinicians to review after sessions. Expanding access to self-directed DICE modules also became possible after the creator removed associated fees for use.<sup>8</sup>

To promote buy-in across the health care team, efforts should highlight identified gaps and the program's benefits in addressing them. The findings also underscore the importance of tailoring content to the unique needs of different clinician roles. While this pilot included physicians and advanced practice providers, future implementations will broadly engage additional interdisciplinary team members – including nurses, medical assistants, and social workers – who play key roles in dementia care. Table 4 lists all DETAILEDs adaptations.

## **DISCUSSION**

This qualitative study identified key factors influencing the reach, adoption, implementation, and effectiveness of the DETAILED

intervention in preparing primary care clinicians to manage BPSD. Champions and novices reported gaps in self-efficacy, particularly in recognizing BPSD, applying nonpharmacologic strategies, and prescribing medications. DETAILED was perceived as effective, especially due to case-based learning and use of the DICE Approach. DETAILED strengthened clinicians' knowledge and confidence in addressing BPSD through holistic strategies and appropriate medication use.

Facilitators of engagement included strong intrinsic motivation, often driven by a desire to better support patients and caregivers, and opportunities for co-learning with peers. Champions and novices valued the combination of didactic sessions with real-world case discussions, which allowed learning to be tailored to their clinical needs. However, barriers such as limited time, competing demands, and varying levels of dementia care experience affected participation. Novices emphasized the need for flexible, foundational training, while champions underscored the value of applied learning and ongoing reinforcement.

These findings informed meaningful adaptations to the DETAILED intervention, including offering virtual and recorded sessions and the development of decision-support tools. Future implementation should continue to tailor content and format to fit the needs of interdisciplinary teams. Broadening the reach of DETAILED through scalable delivery formats can strengthen primary care capacity for dementia care and improve outcomes for persons with dementia and their caregivers.

These findings align with prior studies, including a systematic review and qualitative study in Ireland, which also found that primary care clinicians often lack training and resources for managing BPSD.<sup>5</sup> As in those studies, our findings highlight the importance of family involvement and the need to address caregiver expectations. However, this study adds new insight by examining how an educational intervention can be designed and implemented specifically within primary care settings to address BPSD.

The findings should be interpreted considering a few limitations. The sample was a small, nonrandom group composed primarily of non-Hispanic White physicians, which—while reflective of Wisconsin's primary care workforce—limits generalizability. Including a more racially and ethnically diverse sample, as well as more advanced practice providers, would strengthen future evaluations and adaptations.

Understanding the factors that motivate clinician engagement and support practice change is essential to designing effective educational programs. Applying the RE-AIM/PRISM framework allowed for a structured and practical analysis of program elements in need of refinement. Clinicians offered input on both core components and modifiable features to enhance DETAILED's relevance and impact. Future studies are planned to evaluate whether participation in the DETAILED intervention leads to measurable practice changes aligned with best-practice recommendations for BPSD management.

More broadly, the study offers implications for educational interventions in other areas of primary care. Many barriers—such as limited time, competing priorities, and variable experiences—are common across chronic disease management. Our focus on case-based learning, team-based training, and flexible delivery formats offers a model that can be adapted in other areas, including mental health, palliative care, and complex chronic disease management.

## CONCLUSIONS

The DETAILED intervention showed promise for improving primary care clinicians' knowledge, confidence, and skills in managing BPSD. Adapting the program to include flexible delivery formats, decision-support tools, and interdisciplinary engagement can enhance its reach and relevance.

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**Supplemental table:** Available at [www.wmjonline.org](http://www.wmjonline.org)

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