

necessary in treating sleep disturbances for older adults with and without AD. Future studies should examine sleep longitudinally to understand risk factors related to AD.

TASK-SPECIFIC METACOGNITIVE ACCURACY DECLINES ACROSS THE DEMENTIA-ALZHEIMER'S TYPE SPECTRUM

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Subjective cognitive complaints (SCCs) remain part of the diagnostic criteria for amnesic mild cognitive impairment (aMCI), the prodromal stage of dementia - Alzheimer's type (DAT), despite weak relationships between self-reported and objectively-measured functioning. Most metacognitive measures focus on ratings of global retrospective memory rating only; greater subtlety in measurement of SCCs is required. Similarly, it is critical to identify the disease stage at which the clinical utility of SCCs is nullified by impaired insight. This study aims to evaluate group differences in (a) task-specific metacognitive ratings, and (b) the accuracy of these ratings in individuals diagnosed as cognitively intact (CI), with aMCI, or with DAT. 99 older adults (M-age = 69.43, SD-age = 6.98; M-edu = 15.54, SD-edu = 2.47; CI: n = 50, aMCI: n = 34, DAT: n = 15) enrolled in the University of Michigan Memory and Aging Project rated their performance on the Object Location Touchscreen Task (OLTT), an ecologically valid memory measure. One-way analysis of variance (ANOVA) revealed that individuals with aMCI-multiple domain or DAT rated their memory performance similarly to CI individuals, though the aMCI-single domain group rated themselves as more impaired. Bivariate Pearson's r correlations demonstrated a decline in the strength of the relationship between task-specific metacognitive ratings and actual OLTT memory performance with increasing diagnostic severity. These findings suggest a decline in insight on task-specific memory ratings across the DAT spectrum, and call into question the use of self-reported SCCs as a diagnostic tool in later stages of disease progression.

THE LEAD GUIDE: LIFE PLANNING IN EARLY ALZHEIMER'S AND DEMENTIA

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To address the characteristics of Alzheimer's disease and related dementias (ADRD) that complicate end-of-life (EOL), we created and validated a dementia-specific EOL planning instrument. This instrument can be used to facilitate discussions and provide documentation of EOL values and care preferences prior to loss of decisional capacity. Instrument development used a mixed-method design that included: a) conducting a series of focus groups (healthy adults, persons with early-stage ADRD, and dementia caregivers) to develop and confirm content, comprehensiveness, and usability, b) evaluation by content experts to verify instrument utility in clinical practice; and c) conducting a national survey of healthy older adults and adults with early-stage ADRD to evaluate instrument psychometric properties. We describe the expansion of the instrument from survey tool into a user-friendly

guide: "The LEAD Guide" or Life-Planning in Early Alzheimer's and Dementias Guide. We describe the utility of the LEAD Guide for persons planning ahead for the possibility of ADRD, those with MCI and their families, for providers to use with patients and families, and for researchers studying the EOL preferences and values of persons in these populations. Instructions specific to each user group are health literacy appropriate, and include a glossary of terms. Age-friendly graphic design and availability in both print and e-versions enhance utility. The LEAD Guide can be utilized to help inform EOL care decisions and ensure that they align with the patient's values and may serve as the basis of an intervention to support choice in persons with dementia.

SESSION 505 (PAPER)

CURRENT WORKFORCE INITIATIVES IN GERIATRICS

ARE YOU READY FOR CHANGE? FACTORS ASSOCIATED WITH COMMITMENT TO CHANGE IN CLINICAL PRACTICE

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Commitment to Change (CTC) has been shown to be an effective performance measure of continuing professional development (CPD) training, in that 50-67% of providers choosing CTC also made behavioral changes in clinical practice (Domino et al. 2011; Perkins et al., 2007). However, very little is known about the factors that are associated with a learner committing to practice change. This study presents findings from a retrospective observational study that compared trends across various health profession, demographics, and activity-type categories to identify learner characteristics that may lead to higher CTC responses. Learner data from 2014 -2017 was obtained from two different continuing education office databases. The combined dataset contained 68,365 evaluations from 26,508 learners, of which 22.8% wrote a CTC. At both sites, CTC was more likely if the activity was enduring or charged a fee and less likely for an RSS ($p < 0.001$). Results indicate that CTC varies based on provider demographics, such as profession and specialty. Allied health providers (32.4-37.5%) and health educators (36%) were most likely to make a commitment, followed by nurses (28.6%), physicians (23.9%), pharmacists (14.9%), and dentists (9.1%). Physician specialties and provider region also varied with the highest CTC by geriatricians (50%) and occupational medicine providers (42.3%) and the lowest rates of CTC found in the southeast region. Results of the study will help inform the development and implementation of future CPD in order to successfully engage learners in committing to change clinical practices.

ATRA COMPETENCY STUDY: PROMOTING DEVELOPMENT OF RECREATIONAL THERAPISTS SERVING OLDER ADULTS

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