

Medications, What Matters). The curriculum included guest speakers from medicine, social work, nutrition, pharmacy, community providers (YMCA) and older adults. Every class modeled how to assess the Ms and integrate information into a plan aligned with what matters to the client. Students completed a pre-post survey to evaluate their understanding of the 4Ms, and self-assess confidence in applying concepts to practice. Results supported the value of integrating the 4Ms into the curriculum. Over 89% of respondents reported assessing medications and mentation was very important to patient care compared to 11% and 33% pre-course, and 78% of students reporting they were highly-likely to advocate for the 4Ms as part of their practice. The 4Ms provided a framework that made geriatric care more appealing. Several students commented they had no interest in geriatrics prior to the course, but were more confident in their abilities and more interested in caring for older adults. Findings from this pilot support the value of the 4Ms as a framework for graduate-level allied health programs curriculum development.

SESSION 2807 (POSTER)

CAREGIVER EDUCATION AND TRAINING

A PILOT STUDY ON THE EFFECT OF A SELF-TRAINING PROGRAM ON ASIAN AMERICAN CAREGIVERS

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This presentation reports an exploratory study evaluating the effect of Asian Care Training (ACT) Manual on Asian American (AA) caregivers' care capacity and knowledge growth. A total of 65 AA caregivers were recruited from community-based organizations in Los Angeles and passed the screening questionnaire, in which 44 (37 females and 7 males with an average age of 61) completed the evaluation process. Participants were given autonomy to choose topics they desired to learn out of 25 topics in ACT manual and completed one-month learning. The data were collected via structured questionnaires before and after the self-learning and were analyzed with paired t-test on 5 questions about care capacity and 4 about caregiving knowledge. One-month self-learning of ACT manual enhanced participants' care capacity in 4 out of 5 sectors: confidence in caregiving ($t=-2.2$, $p=0.015$); ability to deal with emergency ($t=-1.88$, $p=0.032$); to solve concerns of the care recipients ($t=-4.54$, $p<0.001$); to communicate more smoothly ($t=-2.85$, $p=0.0028$). Improvements were found in 3 out of 4 sectors in knowledge: knowledge of Alzheimer's disease ($t=-4.43$, $p<0.001$); appropriated approach to displacing care recipients ($t=-5.03$, $p<0.001$); and information about caregiver support resources ($t=-7.25$, $p<0.001$). This self-learning method of ACT manual was feasible for AA caregivers to broaden knowledge and care capacity while adapting with their intensive workload. This study constitutes an important step towards establishing culturally tailored self-training programs for Asian American caregivers for frail older adults via multiple platforms such as online curriculums and mHealth app.

CAREGIVER-CENTERED CARE HEALTH WORKFORCE COMPETENCIES: DEVELOPING CONSISTENT SUPPORT FOR FAMILY CAREGIVERS

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Family caregivers [FCGs] are the backbone of the health system. They provide over 80% of the care for people with dementia, chronic illnesses and impairments. Despite evidence of their contributions and consequences of caregiving, support for FCGs has not been a health system priority. Education to prepare health providers to effectively identify, engage, assess, and support FCGs throughout the care trajectory is an innovative approach in addressing inconsistent system of supports for FCGs. We report on development and validation of the Caregiver-Centered Care Competency Framework to help with curricular design and subsequent evaluation of effectiveness of care providers working within healthcare settings to engage and support FCGs. We used a three round modified Delphi approach. An expert panel of 42 international, national, and provincial stakeholders agreed to participate. In the first 2 rounds, multi-level, interdisciplinary participants, rated the indicators in terms of importance and relevance. In the 3rd round consensus meeting, participants validated the six competency domains, including indicators in small group sessions. Thirty-four experts (81%) participated in the round 1, 36 (85.7%) in round 2, and 42 people (100%) in round 3. There was stable consensus across all three rounds, 96.07% of participants rated the indicators as essential or important (Round 1, 95.81%; Round 2, 94.15; Round 3, 98.23%). FCG research has been primarily focussed on educating FCGs to provide care. These competencies will shape the design of educational curricula and interdisciplinary training programs aimed at supporting the health and social care workforce to provide caregiver-centered care.

CO-DESIGNING CAREGIVER-CENTERED CARE: TRAINING THE HEALTH WORKFORCE TO SUPPORT FAMILY CAREGIVERS

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Family caregivers [FCGs] provide over 80% of the care for people with dementia, chronic illness and impairments. Despite evidence of their contributions and consequences of caregiving, support for FCGs has not been a health system priority. Our innovative solution, to reduce caregiver distress and support caregivers' wellbeing, is to educate the health workforce in a meaningful manner based on evidence. We validated Caregiver-Centered Care Core Competencies