

depression-related problem solving therapy: of 76 referrals, 55 (72.4%) accepted. Criteria for referrals and interpretations of variations in referral acceptance rates by older adults and their families will be discussed.

STAFF PERSPECTIVES ON LESSONS LEARNED FROM AN INTERDISCIPLINARY MEMORY CARE COORDINATION PROGRAM

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MIND at Home is a home-based care coordination program for persons living with dementia (PLWD) and their informal care partners (CP). Assessments, care planning and coordination is delivered by trained non-clinical Memory Care Coordinators (MCCs), working together on an interdisciplinary team with nurses and geriatric psychiatrists. We report qualitative results from program staff (two nurses and eight MCCs) who implemented the program in the context of two clinical trials. Care team respondents answered open-ended questions covering 5 domains pertaining to: helpful skillsets; positive and challenging factors aspects of care coordination; barriers to care coordination for clients; and improvements suggestions/resources to strengthen the program. Compassion, finding common ground, listening, organization, and time management were reported as critical skills. Staff enjoyed team collaboration, being in and learning about the community, increasing CP confidence and mastery when caring for a PLWD. Reported challenges included documentation in EHR, accessing/navigating resources, driving long distances, unsafe neighborhoods, ambiguous assessment tools, and working with low engagement clients. Common barriers faced by clients (as reported by staff) were financial struggles/poverty, and lack of insurance coverage for needed services. Staff suggested several improvements: better communication strategies, integration with LTSS services and medical providers, 24-hour program hotline, continuous education for staff, simplified data collection and care delivery tracking process. This presentation on the experience of MIND at Home trained nurses and MCCs provides deep insight on how this and similar care coordination programs might be successfully implemented or strengthened.

Session 3250 (Paper)

Geriatric Education for Health Professionals

INTERGENERATIONAL LEARNING: AN OPPORTUNITY TO TRANSFORM NURSING STUDENTS' PERSPECTIVES OF OLDER ADULTS

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The purpose of this pilot project was to explore the experience of an intergenerational learning environment focused on healthy aging for nursing students and older adults. Intergenerational learning experiences provide opportunities for individuals from different age groups to communicate and participate in learning activities together. The growing population of older adults calls for increased geriatric nursing expertise. Nursing students' attitudes toward older adults are often negative though, and result in decreased interest in geriatric nursing. The opportunity to transform nursing students' perspectives on older adults has the potential to improve nursing care for older adults, and the number of nurses focused on geriatric nursing care. This qualitative inquiry used a convenience sample of 10 participants from a cross-listed university course on healthy aging for baccalaureate nursing students and older adult members of a lifelong learning institute. Semi-structured focus group interviews were conducted. Narrative transcripts were analyzed using an inductive approach. Analysis illustrated improved nursing students' perspectives of older adults and aging. A similar theme was noted for older adults' perspectives of younger adults. The importance of social interaction within an intergenerational learning environment and the need for opportunities to challenge ageist perspectives was illustrated. Increased exposure to healthy older adults, personally and professionally, may increase nursing students' interest in geriatric nursing and improve nursing care for older adults. Future research should examine more specifically how intergenerational learning experiences can decrease ageism, improve nursing students' and nurses' perspectives on older adults, and improve nursing practice for older adults.

PERSON-CENTERED CARE FOR FAMILY CAREGIVERS: CO-DESIGNING AN EDUCATION PROGRAM FOR THE HEALTHCARE WORKFORCE

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Background: Research recommends the healthcare workforce receive competency-based education to support family-caregivers [FCGs]. typically, education has been directed at FCG's to increase their care skills rather than at healthcare providers to provide person-centered care to FCGs. Objectives: We present the co-design process used to create a competency-based education program for the healthcare workforce that ensures a person-centered focus on FCGs and introduce our Health Workforce Caregiver-Centered Care Education. Approach: Co-design is the act of creating with stakeholders to ensure useable results that meet stakeholder's needs. We began by coining the concept "caregiver-centered care," defined as a collaborative working relationship between families and healthcare providers aimed at supporting FCGs in their caregiving role, decisions about care management, and advocacy. From this definition