

(What is your view of conducting a full code on a patient with a DNR? ($P=.14$). The greatest difference seen between pre (23.97% agree or strongly agree) and post-test (64.38% agree or strongly agree) data was for question 3 (I gained knowledge about what hospice is by embodying Clay in this virtual reality lab); $P=.00$. Three qualitative themes included: Impact, Empathy, EOL Knowledge. Conclusion: This VR Lab experience increased self-assessed empathy at the time of Clay Lab completion; however, enduring empathy and learning about hospice/EOL has not been measured. Further research is suggested to determine the longitudinal impact of virtual reality education.

EXPERIENCE OF PHYSICAL THERAPY STUDENTS MENTORING OLDER ADULTS WITH HEALTH LITERACY TOOLS

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Health literacy is a top priority for Healthy People 2030. Healthy People 2030 defines personal health literacy as “the degree to which individuals have the ability to find, understand, and use information and services to inform health-related decisions and actions for themselves and others.” The purpose is to understand the experience of physical therapy students using health literacy tools with older adults to promote the adoption of health literacy tools in healthcare encounters. This project analyzes the reflection responses from students using qualitative methods. The qualitative methods included student reflection papers, word clouds, and focus groups. Twelve students participated in focus groups/ reflections. Thirty-seven students participated in word clouds. Health literacy tools included plain language, teaching teach back and “Ask me 3”[®]. Students were taught by student leaders and faculty about the meaning of health literacy and oral communication tools. Pairs of students provided health education with health literacy tools to older adults. Students then participated in a small group reflection to create word clouds. Students answered questions and provided five words that best answer each question. Students believed the benefits of health literacy tools for older adults includes better learning, participation and engagement. Reasons to use health literacy in the future were improved older adult independence, education and adherence. Students completed reflections and interviews at the end of the year to detail their experience with the health literacy tools. The pedagogical approach highlighted the value of experiential learning for the students while mentoring older adults.

GERIATRIC KNOWLEDGE GAPS OF COMMUNITY-BASED PROVIDERS: A NATIONAL STUDY OF ASKED QUESTIONS

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Primary care providers (PCP) - internists, family practitioners, nurse practitioners, physician assistants - play an integral role in the care of older adults, although many receive limited geriatrics education. We sought to examine what questions community-based PCPs had about geriatrics and clinical care of older adults. As part of large clinical continuing medical education (CME) conferences across 12 states (FL,GA,CA,IL,NY,MA,DC, PA,AZ,TX,TN,WA), PCPs attended a live in-person 60-minute geriatrics-focused lecture and entered questions into a mobile application. Questions were then qualitatively analyzed using constant-comparison and tie-break methodology. At all sites, 103 questions were asked with 158 upticks (PCPs could check off that they had similar question) with a range of 3-18 questions per lecture. PCPs asked questions on the following common themes: 1.) Medication-related (e.g. discontinuing medicines in asymptomatic patients, optimizing pain relief), 2.) Dementia (e.g. prevention, nutraceuticals, agitation) 3.) Medicare Coding 4.) Falls 5.) Weight loss, and 6.) Insomnia. There were a number of questions referencing incorrect practices (e.g. prescribing inappropriate medications such as benzodiazepines for sleep, placement of gastric tubes in late-stage dementia, antibiotics to treat asymptomatic bacteria). In conclusion, community-based PCPs nationally experience gaps in geriatric knowledge and several utilize practices that could jeopardize older adult health. While attending CME-based lectures is one means of overcoming these gaps, some PCPs may not find time or realize geriatrics as an educational need. PCPs need to be better supported with opportunities to ask geriatric care-related questions in order to improve the care of older adults.

HOW 4MS AGE-FRIENDLY CARE LED TO IMPROVED COMPLIANCY OF OLDER ADULT FALL SCREENINGS IN RURAL PRIMARY CARE CLINICS

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Past medical history of falls and fear of falling are reliable indicators of future fall risk of an older adult (OA). As one of the HRSA funded Geriatric Workforce Enhancement recipients, the AR Geriatric Education Collaborative (AGEC) worked with a rural federally qualified healthcare clinic system to help incorporate fall screens to satisfy the Mobility factor in the 4Ms age-friendly care framework. After consultation with the practitioners, it was decided to use the Timed-Up-And-Go (TUAG) screen because it is evidence-based and appropriate for OAs. Training on the use of the TUAG was completed next as was the addition of the screen into the EMR. Fall screens in one clinic were only completed 7% before training and 7 months after the training, this rose to almost 100%. In a second clinic, the screens were completed 22% of the time and this was increased to 66% after training. Training on mobility continues to occur on a regular basis as staff turns over and as new priorities arise, but the use of the TUAG as a mobility screen has been a critical component in the process of these rural clinics providing age-friendly care. Next steps with improving fall risks will be the development of flags within the EMR that will force practitioners to complete a full falls plan of care if the OA scored within the