

Education (AIRE) Medicine-Geriatrics Integrated Residency and Fellowship national pilot program. Further investigation of why trainees choose Med-Ger training and are more likely to continue with careers in geriatrics is needed in order to replicate the success of the MCW Med-Ger program.

AN INTER-UNIVERSITY VIRTUAL GERIATRIC CASE COMPETITION TO BUILD INTERPROFESSIONAL COLLABORATION SKILLS

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Developing positive learning experiences in team-based geriatric care is challenging. This presentation will highlight an inter-University geriatric case competition for developing interprofessional competencies in health professional students sponsored by the Geriatric Workforce Enhancement Programs at Saint Louis University and the University of Minnesota. The virtual competition involved teams of 4-5 undergraduate and graduate students from multiple health professions who designed a comprehensive care plan using a simulated complex geriatric patient case. Students were assigned to an interprofessional team with a faculty or community expert coach, attended an orientation, and developed a 20-minute recorded presentation. A panel of judges rated team presentations using a scoring rubric based on the Core Competencies for Interprofessional Collaborative Practice. Local competitions included a first and semi-final round, with the winning teams presenting at the inter-university competition held via live videoconferencing that involved a question-and-answer session. Prizes were given to the top teams. Students, coaches, and judges completed evaluation surveys focused on satisfaction with the competition format/procedures and achievement of interprofessional competencies. Twenty-one teams and 117 students from 12 disciplines participated. Team scores ranged from 2.2 to 4.3 (overall mean 3.1) on a 1-5 scale. Judge, coach, and student evaluations were positive, indicating students learned valuable lessons in group dynamics, team-based care, and geriatric care. Most students (82%) preferred the virtual competition format or had no preference on format. The virtual case competition provided a positive, engaging experience to introduce health professional students to geriatric team-based care and develop their readiness for collaborative practice.

ART AND AGING: USE OF SOCIAL MEDIA FOR GERIATRIC EDUCATION

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Social media as an educational tool for health care learning has untapped potential. Benefits of social media include peer-to-peer engagement, active learning and interprofessional training. Here we explored social media platforms as a vehicle to deliver short, pithy clinical pearls from evidence-based, peer-reviewed manuscripts. Key points from recent medical publications are paired with pre-existing artwork to provide visual reinforcement of the clinical pearl. Dubbed

“Art and Aging”, the clinical pearl and artwork combination is posted on different social media platforms such as Instagram, Twitter and Facebook, thus allowing for an expansive audience. Different hashtags and tags are used to increase followers and engagement on each platform. Over a 9 months period learner engagement increased by 150% and includes a diverse learner profile. These curated social media platforms show considerable promise for disseminating Geriatrics best practices. As yet, we do not know subject matter retention or whether it changes clinical practices - both questions which are future research objectives.

EXPERIENTIAL SERVICE LEARNING: PROMOTING COMPETENCY-BASED EDUCATION FOR GERONTOLOGY STUDENTS

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Service-learning is an effective pedagogical approach meant to deepen learners understanding of course content by linking scholarship and social action when structurally organized based on attainment of professional core competencies. The recent COVID-19 pandemic caused a rethinking of the way service learning practicum is delivered, especially as it relates to training health professionals who engage collaboratively with older persons (individuals aged 65 years and older). This poster examines the challenges faced by gerontology students as they transitioned to fully virtual learning and practicum format, the lessons learned, and how to close the gap between theory and practice for better programmatic processes. The data used to gather students experiences include; student reflective journals, class discussions and survey questions to students (n=44). The analytic framework utilized is the Social Cognitive Theory, (SCT)- which explains how individuals can master concepts through verbal and physical persuasion, including peer modelling. The goal is to promote learners self-regulatory skills to achieve the course learning objectives, as obtained from the SCT six strategies for setting achievable goals, through: Feedback, self-instruction, self-monitoring, use of support and goal setting. Some of the lessons learned suggest students benefit more from service learning when they receive continuous feedback about how to develop intergenerational relationships with older adult partners assigned to in the community (68%), than from goal setting strategies (24%). The implication for practice is: there is a need to develop structured service-learning guidelines for undergraduate students in gerontology program to be prepared to better serve older adults.

GERIPOP: OLDER ADULTS POPULATION HEALTH SERIOUS GAME

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Health professionals have limited opportunities to learn about population health in their curriculum. With a shortage of geriatricians nationwide, health care systems need different ways to provide evidence-based geriatric care. To address both these shortcomings, a serious game, called

GeriPOP has been developed to allow trainees to explore the impact of assessment and management of principles of geriatric care (the 4Ms+) on quality of life, health, longevity, and health care costs by applying them to a virtual older adult population. Trainees assume the role of a system manager who is asked to explore ways to optimize health outcomes and lower costs. They develop their population health plan around a framework of Geriatric 4Ms+ and apply it in a virtual panel of older adult patients that move longitudinally into different age bands (65-74; 75-84; 85+). As the game progresses, a dashboard helps trainees track the impact of their treatment decisions across the population. Several levels of play allow trainees to explore various issues intersecting with aging such as gender, diversity, social determinants, and multiple chronic conditions. Periodic debriefings and explanatory pop ups during the game allow trainees to further explore evidence-based Geriatrics. The game engages health care trainees to strengthen their knowledge of Geriatrics through exploration of systems change. Future study is needed on whether Geri POP changes learner attitudes, future clinical practice or healthcare outcomes.

IMPACT OF VIRTUAL REALITY ON HEALTHCARE PROVIDER EMPATHY FOR OLDER ADULTS WITH SENSORY IMPAIRMENT

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Virtual reality (VR) is an innovative technology that can simulate dual sensory impairment so that healthcare providers can experience this affliction common in older adults. The current study investigated whether VR simulation could increase empathy among healthcare workers. Empathetic care is linked with improved patient satisfaction, compliance, and outcomes. The study used a one-group pre/posttest study design implemented with healthcare providers at a hospital in the Mid-Atlantic region. All participants experienced a 7-minute VR scenario from the viewpoint of “Alfred”, a 74-year-old with macular degeneration and high frequency hearing loss on a commercial VR headset (Oculus Rift). A survey assessed participants’ self-reported knowledge, empathy, and behavior change. Empathy was measured using the validated tool Kiersma-Chen Empathy Scale (KCES). Analyses included descriptive statistics and paired t-tests. Survey results showed that participants increased their knowledge of macular degeneration and hearing loss, and that 9 of 14 empathy items had statistically significant increases (average absolute change = .41 points). Additionally, 97% of participants agreed or strongly agreed that they would utilize the information learned in their work with patients. Evidence suggests VR is an effective intervention to increase empathy and positively change behavior to support persons with sensory impairment.

OLDER ADULTS' PERCEPTIONS OF COLLEGE CAMPUS ACCESSIBILITY

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The emerging Age-Friendly University Global Network encourages universities to engage older adults in university

activities (Gerontological Society of America, 2019). As such, attention should be devoted to the accessibility of campus facilities to older adults as a potential mechanism to increase age diversity. Intergenerational interactions, which may take place on college campuses, promote better perceptions of other generations (Bertram et al., 2017), making campus accessibility for all age groups a priority. The present study sought to uncover older adults’ perceptions of campus accessibility via an online survey. Participants were recruited through local newsletters, word of mouth, and included 81 community members (Age mean=71.58 years; 79% female; 89% White; 43% traveled to campus every few months). Descriptive analyses were conducted for closed-ended responses and two members of the research team used a constant comparative method (Corbin & Strauss, 2015) to code open-ended responses. Participants felt that campus was somewhat accessible (M = 2.72; 1(very inaccessible) to 5(very accessible)), moderately easy to walk around (M=3.79; 1(extremely difficult) to 7(extremely easy)), and felt somewhat welcome on campus (M=3.27; 1(strongly disagree) to 7(strongly agree)). The following general themes emerged in the open-ended responses: 1)inaccessibility on campus was due to parking, drop-off locations, and topography (e.g., due to stairs, distance, hills) constraints; 2)feeling welcome on campus was due to people being helpful; and 3) difficulty in attending events was due to parking and lack of knowledge about events. Implications for campus initiatives that aim to attract older adults, especially for campuses that have topography constraints, will be discussed.

SHINING A LIGHT INSIDE THE “BLACK BOX” OF NIH APPLICATION SUBMISSION AND REVIEW

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What happens to applications after they are submitted to the National Institutes of Health, and how can you better prepare yourself and your application for the process of peer review? The Center for Scientific Review (CSR) works closely with the 24 funding institutes and centers at the National Institutes of Health that provide funding support for projects of high scientific merit and high potential impact. CSR conducts the first level of review for the majority of grant applications submitted to the NIH, which includes 90% of R01s, 85% of Fellowships, and 95% of Small Business Innovation Research (SBIR) applications as well as many other research and training opportunity activities. In this capacity, CSR helps to identify the most meritorious projects, cutting-edge research, and future scientists who will advance the mission of the NIH: to enhance health, lengthen life, and reduce illness and disability. The purpose of this project is to provide an overview of 1) what happens to NIH applications before, during, and after peer review at CSR; 2) a summary of new and current peer review policies and practices that impact investigators and their submitted applications; and 3) strategies for developing a strong NIH grant application. Peer review is the cornerstone of the NIH grant supporting process, and an insider’s view can shine a light inside the “Black Box” of how the most meritorious projects are identified.