

treatment option, change in patient's condition, and withdrawal of life-sustaining measures. A total of 16 teams participated in the simulation, with each team comprised of nursing students (n=7-8), social work students (n=1), and medical students or residents (n=1). Team communication skills were assessed using the Gap Kalamazoo Communication Skills Assessment Form. The average communication score for teams reflected fair to good communication (M=28.81, SD=5.55). The best communication domains were "Shares information" (n=8), "Communicates accurate information" (n=6), and "Builds a relationship" (n=5). The worst domains were "Demonstrates empathy" (n=7), "Provides closure" (n=6), and "Builds a relationship" (n=5). This simulation provides an interactive educational mechanism by which to educate interprofessional healthcare students on communication and care of patients at the end of life.

AGING IS VERY PERSONAL: INTERPROFESSIONAL GERONTOLOGY COURSE IMPROVING STUDENT ATTITUDES TOWARD OLDER ADULTS

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Educational programs that foster the development of a robust healthcare workforce committed to the provision of exemplary care of older adults is vital. The Aging is Very Personal (AIVP) service learning gerontology course has demonstrated the ability to foster future student interest and improved attitudes towards working with older adults. The AIVP program provides mutual benefit for undergraduate students from a variety of health science majors and older adult resident volunteers at local senior living facilities. For students, AIVP serves as direct insight into the lived experience of aging among community older adults. Students are provided the opportunity to practice communication skills, relationship-building skills, and gain an understanding of the multitude of diverse needs within this population. Older adults who volunteer to participate in the activity are provided with the opportunity to speak to and actively engage with students and feel empowered by the opportunity to provide valuable life guidance. This presentation will provide a curricular overview of the steps required to construct, implement, and evaluate an interprofessional gerontology course. A review of student learning objectives, service-learning program construction, selected course topics, and student assignments will be presented. Attitudes and future interest in working with older adults measured in the initial interprofessional student cohort (n=106) will be presented. A pre-established, validated tool utilized to effectively measure student attitudes and interest pre/post-course participation will be reviewed.

GAINING INTERPROFESSIONAL COMPETENCE THROUGH A GERIATRICS CASE CONFERENCE

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There is increased demand to provide health professions students with interprofessional education and practice experience. Interprofessional Case Conferences (ICC) allow students to work in teams to learn about different professions while exploring a topic through the lens of an interprofessional core competency. The goal of this

particular ICC was to provide students an experience to witness and discuss team-based, person-centered care for a common geriatric disorder. The case was designed to develop the interprofessional competency of teams and teamwork. Students were divided into teams and observed live vignettes of a care conference involving an 80-year old female admitted to a rehabilitation facility following a hip fracture and replacement. Students witnessed how patients, families, and healthcare providers work together during a stressful time. After each vignette, students discussed questions related to miscommunications, motivations of the different actors involved, and how the healthcare team should respond. In the first offering, 93 students participated, increasing to 150 in the next year. Students completed a post-survey to determine if the session delivered a positive interprofessional experience. The average positive response rate was 92.5% (92-94%, n = 53) in year-1 and 93.5% (90-97%, n = 71) in year-2. By allowing students to witness a simulated live care conference, they had a tangible event to dissect instead of discussing hypotheticals. By discussing a geriatrics case in a rehabilitation setting, students witnessed how numerous healthcare professions coordinate care for a patient and her family, thereby demonstrating competence in teamwork.

IMPACT OF GERIATRIC INTERPROFESSIONAL TRAINING ON ADVANCE CARE PLANNING IN GERIATRIC PRIMARY CARE

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Currently, an important measure of Advance Care Planning (ACP), Advance Health Care Directives (AHCD) documentation rate, is at 33% for older adults in the United States. To address this disparity, geriatric faculty in an academic geriatric primary care practice aimed to train geriatrics fellows and other interprofessional (IP) learners to engage patients in ACP. As part of a Geriatric Workforce Enhancement Program funded by the Health Resources and Services Administration, geriatrics faculty and the Medical Legal Partnership for Seniors based at University of California Hastings College of Law provided ACP training to fellows and IP learners, including social work interns. In practice, the fellows and social work interns collaborated to incorporate ACP into patient visits and follow-up telephone calls. To monitor ACP progress, research staff reviewed patients' electronic health records and performed descriptive analysis of the data. In 21 months, 4 geriatrics fellows built a panel of 59 patients who on average had 3 office visits and 7 telephone calls per person. Prior to clinic enrollment, 12 (20.3%) patients had preexisting AHCD, and 47 lacked AHCD documentation. After ACP intervention, 42 of 47 patients without AHCD documentation engaged in ACP discussion. Of those who engaged in ACP discussion, 24 completed AHCD, raising AHCD completion rate to 61%, or 36 patients in the panel of 59. ACP is a complex process that benefits from skilled communication among interprofessional providers and patients. Findings underscore the potential advantages of IP training and engaging patients in ACP discussion in an academic primary care setting.