

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

Tongtong Li, Yufu Jiang, and Iris Chi, *University of Southern California, Los Angeles, California, United States*

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

Jasneet Parmar,<sup>1</sup> Sharon Anderson,<sup>1</sup> Lisa Poole,<sup>2</sup> Wendy Duggleby,<sup>1</sup> Jayna Holyroyd-Leduc,<sup>3</sup> Suzette Brémault-Phillips,<sup>1</sup> Pollard Cheryl,<sup>4</sup> and Anwar Haq,<sup>5</sup> 1. *University of Alberta, Edmonton, Alberta, Canada*, 2. *Dementia Connections Magazine, Calgary, Alberta, Canada*, 3. *University of Calgary, Calgary, Alberta, Canada*, 4. *McEwan University, Edmonton, Alberta, Canada*, 5. *Covenant Health Network of Excellence in Seniors' Health and Wellness, Edmonton, Alberta, Canada*

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

Jasneet Parmar,<sup>1</sup> Lisa Poole,<sup>2</sup> Sharon Anderson,<sup>1</sup> Pollard Cheryl,<sup>3</sup> Wendy Duggleby,<sup>1</sup> Lesley Charles,<sup>1</sup> Suzette Brémault-Phillips,<sup>1</sup> and Jayna Holyroyd-Leduc,<sup>5</sup> 1. *University of Alberta, Edmonton, Alberta, Canada*, 2. *Dementia Connections Magazine, Calgary, Alberta, Canada*, 3. *McEwan University, Edmonton, Alberta, Canada*, 5. *University of Calgary, Calgary, Alberta, Canada*

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

required to address the gap between what FCGs report they need and preparation of healthcare providers to meet those needs. This competency-based education will prepare healthcare providers to effectively identify, engage, assess, and support FCGs, and address the inconsistent system of supports for FCGs. We co-designed our Caregiver Centered Care Education using effective practices for dementia education for health workforce and co-design. We engaged over 60 multi-level, interdisciplinary stakeholders with expertise in health workforce education, frontline healthcare, dementia care, health policy, and family caregiving. We ensured that we included FCGs of people living with dementia. The teaching/learning resources include competency-aligned educational modules, multimedia resources, and facilitators guide. As the hallmark of effective education is content relevant to learners' needs and contexts, our education is designed flexibly, to be tailored to settings and learners. We are pilot testing the Caregiver-Centered Care Education, for acceptability and effectiveness, in five contexts: primary care, acute care, home care, supportive living, and long-term care. Our education will support Caregiver-Centered Care in all settings providing dementia-related care. Health workforce support will be essential to maintain FCG wellbeing and sustain family caregiving.

#### RECOGNITION OF ELDER ABUSE BY CHINESE NURSING UNDERGRADUATES: EVALUATION BY THE CAREGIVING SCENARIO QUESTIONNAIRE

Zhuzhu Wang,<sup>1</sup> Jiayuan Zhuang,<sup>1</sup> Qiaoxian Zhang,<sup>2</sup> Xiaolan Lai,<sup>1</sup> Qixi Liu,<sup>3</sup> Baoyuan Xie,<sup>4</sup> and Qinmei Tang,<sup>5</sup>  
 1. *Fujian Medical University, Fuzhou, Fujian, China,*  
 2. *The First Affiliated Hospital of Fujian Medical University, Fuzhou, Fujian, China,*  
 3. *Ningde Mindong Hospital, Fu'an City, Fujian, China,*  
 4. *The Second Affiliated Hospital of Fujian Medical University, Fuzhou, Fujian, China,*  
 5. *Xiamen University affiliated second Hospital of Fuzhou, Fuzhou, Fujian, China*

This study aimed to evaluate the recognition of elder abuse (EA) among nursing undergraduates in China and determine whether recognition is related to sociodemographic factors and education. We conducted a cross-sectional study with stratified random sampling, using the Caregiving Scenario Questionnaire of Chinese version (CSQ-CV). Questionnaires were disseminated to 343 nursing undergraduates ranged from 1st to 4th year at Fujian Medical University, China. The content validity of CSQ-CV is 0.97. 340 students (99.1%) effectively responded. 223(65.6%) of them identified trapping someone in an armchair; 108(31.8%) locking someone alone; and 3(0.9%) accepting someone was not clean as abusive. The majority correctly identified four out of five non-abusive (NA) items, while 210(61.8%) incorrectly identified camouflaging the door to prevent wondering outdoors. With respect to potential-abusive (PA) items, less than half of the students made right judgements. Only 30(8.8%) correctly identified not taking her to family gatherings; 46(13.5%) telling her only having breakfast after bathing; and 50(14.7%) hiding tablets in someone's cereal or tea. Mann-Whitney and Kruskal-Wallis tests indicated no significance related to correct recognition of the three abusive items with sociodemographic factors and education. The students who were female, caring older adults at home or had detected

EA cases were more likely to correctly recognize NA items ( $Z=-2.428, P=0.015; Z=-2.028, P=0.043; Z=-2.534, P=0.011$ ). Besides, female students got higher scores of CSQ-CV ( $Z=-2.000, P=0.045$ ). Nursing undergraduates' recognition of EA, especially in neglect and PA are still at a low level in China. Education about EA in nursing undergraduates' curriculum and training program should be encouraged.

#### SUPPORTING CAREGIVERS OF OLDER ADULTS THROUGH EDUCATION IN MINDFUL GRATITUDE PRACTICE

Sungsim Lee, *Loyola University Chicago, Chicago, Illinois, United States*

This presentation describes a supportive mindfulness practice for caregivers of older adults based on the principles of Won Buddhism (an integrative, a modernized Buddhism). As the aging population grows, there is a significant increase in recognition of the negative impact of caregiver stress on older adults' quality of life. The ability for caregivers to deal compassionately with stress is essential, as caring for older adults can awaken feelings about one's own vulnerability and mortality. The 'Mindful Gratitude Practice' offers a way to cope with stress, cultivate self-care, and improve the care of others. Relevant research will be summarized, which shows mindfulness and gratitude practice respectively benefit positive influence in both physical and emotional well-being. Mindful Gratitude Practice as a spiritual approach that fosters caregivers' emotional stability, reduces their stress and improves the relationship between older adults and their caregivers. In this presentation, three processes of Mindful Gratitude Practice will be described: 1. Understanding a mindfulness practice by establishing intention, attention, and attitude, 2. Learning the principles of a gratitude practice and implementation, and 3. Incorporating mindfulness into a gratitude practice. Research results have demonstrated that through this learning process, caregivers have acquired the concept of interconnectedness, experience grateful moments, and a deep feeling of appreciation in their caregiving relationships. The presenter will guide participants in a short experience of Mindfulness Gratitude Practice. Further readings and resources will be provided for those who are interested.

#### SESSION 2809 (PAPER)

##### END OF LIFE | PAIN MANAGEMENT

#### CHALLENGES RELATED TO INFORMAL CARE PARTNERS' INVOLVEMENT IN END-OF-LIFE-CARE IN ASSISTED LIVING

Molly Perkins,<sup>1</sup> Ann Vandenberg,<sup>2</sup> Candace Kemp,<sup>3</sup> Mary Ball,<sup>3</sup> Joanna Jungerman,<sup>1</sup> Elise Abken,<sup>2</sup> and Alexis Bender,<sup>1</sup>  
 1. *Emory University, Atlanta, Georgia, United States,*  
 2. *Emory University School of Medicine, Atlanta, Georgia, United States,*  
 3. *Georgia State University, Atlanta, Georgia, United States*

Limited empirical evidence suggests that caregiver burden is greater for informal care partners (family and friends) in assisted living (AL) compared with other long-term care settings, particularly within context of end of life. Using qualitative data from a larger 5-year, 7-site study of