function to resume disrupted assessment sessions and quickly retrieve previously saved assessment records. The improved user interface promoted the clinicians to conveniently record detailed care plans and management details. The study provided a successful example of moving from disruption to transformation, benefiting the highly demanded healthcare of older adults in this challenging time.

RISK FACTORS ASSOCIATED WITH COGNITIVE FRAILTY AMONG COMMUNITY-DWELLING OLDER ADULTS: A SCOPING REVIEW

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Objectives: This study aimed to explore the risk factors associated with cognitive frailty(CF) among community-dwelling older adults, and to provide the impact of CF on health-related outcomes. Methods: PubMed, EMBASE, Cochrane, PsycINFO, CINAHL, RISS, DBpia, NDSL, and KoreaMed databases were searched to retrieve studies. Two reviewers independently screened titles, abstracts and articles. The inclusion criteria are peer-reviewed articles written in English or Korean for community-dwelling older adults with both physical frailty and cognitive impairment present at the same time. Results: A total of 3,513 were searched, and the final 33 were extracted according to the inclusion criteria. Physical factors affecting CF were the number of chronic disease, cardiovascular disease, activity of daily living(ADL), making telephone calls and shopping during instrumental ADL, and a Mini Nutrition Assessment–Short Form score. Psychological factor was depressive symptoms. Significant behavioral factors included self-reported physical activity, low vitamin D, smoking, frequent insomnia, and sedentary lifestyle. In social factors, social participation such as volunteering was identified as a protective factor. Mortality, followed by dementia was health related outcomes on CF, including ADL dependence, poor quality of life, and hospitalization. However, the CF-related fall was inconsistent. Conclusion: A wide variety of factors have been presented in studies related to CF. In order to understand CF and improve health-related outcomes, older adults in CF should be screened as high-risk group. When the risk factors and protective factors of CF managed, better health-related outcomes will lead to successful aging of community-dwelling older adults.

SKELETAL MUSCLE QUALITY OF NONAGENARIANS AND CENTENARIANS

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Skeletal muscle adipose tissue infiltration is hypothesized to lead to poorer muscle quality and function with aging. Indeed, skeletal muscle adiposity has emerged as a consistent, independent predictor of skeletal muscle strength, mobility, metabolic disorders, and survival among older adults. However, phenotypic features of skeletal muscle among the oldest-old remain poorly characterized. Herein, we evaluated the skeletal muscle characteristics of 54 nonagenarians and centenarians (mean age 98 years, range 90-110 years; 63% women) and 25 middle-aged individuals (mean age 54 years, range 40-59 years; 36% women) belonging to the Long Life Family Study (LLFS), an international, multicenter cohort of families with a clustering of longevity. Ultrasonography was used to measure echo intensity of the sternocleidomastoid muscle, which has a similar fiber type distribution to the rectus femoris. Greater echo intensity is indicative of lower muscle quality (greater adipose and fibrotic tissue). Current smoking, alcohol intake, and BMI were similar between the age groups. Nonagenarians and centenarians had lower grip strength (16.3 vs. 39 kg) and were less physically active (22.2% vs 66.7% exercised 1+ times per week) compared to younger individuals (P<0.001 for all). Mean±SE echo intensity, adjusted for gender, field center, BMI and physical activity was 52.1±1.7 among nonagenarians and centenarians compared to 44.2±2.4 among younger individuals (P=0.0098). Our preliminary findings suggest that nonagenarians and centenarians may have substantially lower skeletal muscle quality and strength compared to their younger aged counterparts. Additional research is needed to better understand the mechanisms leading to poorer muscle characteristics of the oldest-old.

THE EFFECT OF LOW-DOSE ASPIRIN ON FRAILTY IN OLDER ADULTS IN THE ASPIRIN IN REDUCING EVENTS IN THE ELDERLY STUDY

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There are no widely accepted pharmacologic treatments for frailty prevention. Since frailty is associated with inflammation, aspirin has the potential to reduce frailty. We investigated whether low-dose aspirin reduces incident frailty in participants of the ASPirin in Reducing Events in the Elderly (ASPREE) trial. In the U.S and Australia, 19,114 healthy community-dwelling individuals aged ≥70 years (U.S. minorities ≥65 years) were enrolled in ASPREE, a double-blind, placebo-controlled trial of 100mg daily low-dose aspirin vs. placebo. Frailty was defined according to a modified Fried frailty definition, and a frailty index which used a deficit accumulation model. Competing risk Cox proportional hazards models were used to compare time to incident frailty for aspirin vs. placebo. At baseline, 2.2% and 8.1% met criteria for frailty by Fried and frailty index criteria, respectively. Over a median of 4.7 years of follow-up, 2252 participants developed incident frailty according to Fried classification, and 4376 according to the frailty deficit accumulation index. There was no difference in the risk of incident frailty between individuals randomized to aspirin versus placebo according to either criteria (Fried frailty HR: 1.03, 95% CI 0.97-1.09,

p=0.41; frailty index HR: 1.03, 95% CI 0.97-1.10, p=0.29). Change in frailty over time was not different between the aspirin and placebo treatment arms. The results were consistent across a series of sub-groups, including baseline frailty status. Based on these results, aspirin use in healthy older adults does not reduce incident frailty.

Session 9300 (Poster)

Geriatric-Focused Education and Training

CLINICAL GERIATRICS AS A TEAM SPORT: FOSTERING INTERPROFESSIONAL EXPERIENCES IN THE COMMUNITY

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Team-based care is necessary to provide better healthcare outcomes for the complex needs of older adults. Shared clinical learning experiences prepare practitioners to work in collaborative partnership to achieve optimal outcomes. To promote collaborative partnership, we established interprofessional community based clinical experiences with older adults at home, in assisted living and in skilled nursing facilities. One nurse practitioner faculty member was paired with 2 students for each clinical experience day. Initially these were face-to-face encounters, however, with the onset of COVID-19, all high-risk encounters were converted to a virtual modality. The clinical encounters focused on the Age Friendly Model (4M). Post clinical discussions and recommendations focused on interprofessional treatment plans. A REDCap(TM) survey was completed by all student participants for program evaluation. Of the 14 surveys sent, 11 were completed; 10 (77%) females; 3 (23%) males; 7 (50%) family practitioner students; 7 (50%) adult-gerontology nurse practitioner students. Four had previous home health experience (14%), and 10 had none (86%). 4M Likert scale (1-5) means were "what matters" = 4.27, medications = 4.18, mentation = 4.09, and mobility = 4.09. Students found the overall experience valuable (mean = 4.27). Of 11 students, 3 (27%) were involved telehealth experiences. Students found real community based clinical experiences to be very enlightening, offering a different perspective, and altering their appreciation for the everyday life of the older adult. Future plans include adding social work and physical therapy students to these clinical experiences to enhance interprofessional education.

EFFECTIVENESS OF THE DEMENTIA NURSING COMPETENCE E-LEARNING PROGRAM FOR NURSES IN ACUTE CARE HOSPITALS IN JAPAN

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Objective: The number of older patients with dementia hospitalised in acute care hospitals increased and these patients underwent physical restrictions leading to a degeneration of essential mental and physical function. The dementia nursing competence e-learning program with audio-visual materials has been developed in acute care hospitals. Methods: An application form that explained the research was distributed to 1,944 registered nurses from seven hospitals, and 110 people applied. Nurses used an e-learning program for a month in May and practiced applying the knowledge learned from programs June through November 2020. The nurses completed a questionnaire survey at four periods: first (before program/baseline), second (after program), third (three months later), and fourth (six months later). In the second, third, and fourth periods, 'Technical knowledge of the dementia nursing' and 'dementia nursing intervention' were significantly improved as compared with the first. In the fourth period, 'confidence of reduce of physical restriction' showed significant improvement compared to the first. In 'Ethical sensitivity scale of nurses', the first of the four sub-scales significantly increased as compared with the first period. In 'Self-assessment Scale of Nursing Practice for Elderly Patients with Cognitive Impairment with the Aim of Person-centred Care in Acute Care Hospitals', the fourth sub-scale showed significant improvement compared to the first. In the 'Personhood' sub- scale of the Japanese version of Approaches to Dementia Questionnaire, the fourth period showed a significant increase compared to the first. Conclusion: The results suggest that this program was effective and led to reduced physical restrictions in nursing practice.

END OF LIFE VIRTUAL REALITY TRAINING: MEDICAL STUDENT INCREASED EMPATHIC ABILITY

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Introduction: It is unclear if medical student empathy declines by third year of clinical rotation trainings. Desensitization throughout the first two years may lead to decreases in empathy as a coping mechanism to avoid burnout in the clinical years. This study determined if self-assessed empathy increased after conducting an Embodied Labs, Inc. end of life virtual reality (VR) experience. Methods: Mixed methods, quantitative/qualitative, research were applied for University of New England (UNE) College of Osteopathic Medicine (COM) 2nd year medical students (N=174). They completed the 3-part 30 minute Clay Lab VR experience. UNE IRB approved pre/post-tests focused on empathy. Data were collected using RedCap. Closed questions were analyzed applying frequency analysis and paired-sample t-test through excel. Open-ended questions were analyzed through N-VIVO 12+. Results: The data included pre/post-tests from 146 students volunteers. Results indicated statistical significance (P=.01) in all closed questions except for question 7