

an assistive device, and 167(48.7%) had suffered ≥ 1 fall, 43(12.5%). Regarding depression, 117(34.3%) screened positive (PHQ2 score ≥ 3). These were significantly younger (66.7 ± 9.1) than those who did not (70.8 ± 9.3 , $p \leq 0.01$). They were also significantly lower functioning (5.37 ± 2.1 vs. 6.38 ± 2 Lawton IADL score, $p \leq 0.01$), more dependent (77.8 ± 23.1 vs. 86 ± 19.2 Barthel ADL score, $p \leq 0.01$). We also observed significant differences in their telephone contact with family (never to once/week) [35(29.9%) vs. 27(13.4%), ($p \leq 0.01$)]; in meeting with friends or relatives ≥ 3 times a week [12(10.3%) vs. 69(34.3%), ($p \leq 0.01$)]; and in likelihood of attending meetings with clubs or other organizations [94(80.3%) vs. 138(68.7%), $p = 0.040$]. Detecting depression is a priority among HNHR Veterans. There is an urgent need to devise viable strategies to offer interventions that incorporate mental health needs and reduce social isolation, potentially addressing mobility, function, and transportation.

SESSION 1335 (POSTER)

EDUCATION AND TRAINING TO PREPARE AN INTERDISCIPLINARY WORKFORCE IN GERIATRICS AND GERONTOLOGY

TEACHING ABOUT GERONTOLOGY AND AGING THROUGH INTERPROFESSIONAL EDUCATION AND COLLABORATION

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Repeatedly as multidisciplinary professionals we are concerned about the individual patient we serve. Inter-professional collaboration across disciplines such as primary care medical practice, physician assistants, social workers and psychologists does not occur naturally, since educational programs are often taught independently of each other, but these disciplines are required to work collaboratively with each other. The objective was to promote communication across disciplines (Medicine, Social Work, Physician Assistant and Psychology) and help each discipline understand the roles played in promoting mental health and general health for older adults. An educational seminar was conducted using cases and guide questions focused on identifying strategies for care. The teams consisted of Medical Residents, a Social Work student, a Psychology student and a Physician Assistant student. A series of guide questions were provided, and teams were asked to discuss and identify a care plan. Debriefing followed to discuss the outcomes across all teams. Pre-post test results examined variables related to interdisciplinary collaboration. Findings suggest professionals were surprised at what they learned from the other disciplines they were collaborating with. They also learned about community based resources available as well as strategies to promote health outcomes. All participants felt that the opportunity to

collaborate outside of their disciplines would strengthen their impact when working with older adults and their families. In conclusion, a problem based learning approach coupled with the opportunity to collaborate with other disciplines through (IPE) is a venue to improve overall collaboration across professionals and ultimately improve mental health outcomes of consumers.

IMPROVING GERIATRIC CARE OF INTERPROFESSIONAL PRACTICING PROVIDERS

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Practicing providers often struggle with the care of older adults due to knowledge, skill, and attitude barriers. In an attempt to improve employee engagement in the care of older adults, the Geri-EMPOWER (Empowering Medical Providers and Older adults With strategies to Escape Readmission) program was initiated. In this program, case managers and visiting VA rural geriatric scholars participated in a two days of intensive educational sessions including lectures, shadowing inpatient teams and clinic providers, a dementia simulation learning exercise, and an Observed Structured Clinical Exam (OSCE) with standardized patient encounters. The 15 initial participating trainees came from a variety of medical backgrounds including physicians, nurse practitioners, nurses, social workers, and psychologists. A 10 item knowledge based pretest and posttest was constructed using the learning objectives of the course. Skills of attendees were directly observed during 4 OSCE stations. Attitudes towards older adults were measured before and after the intervention using the Caroline Opinions on Care of Older Adults (COCOA) scale. Geriatric and palliative care knowledge improved with average knowledge test scores improving from 63% to 86% before and after the course. Participants obtained all minimum competencies during their OSCE exam, and rated this session very highly in their course feedback. Attitudes towards older adults were also found to improve with an average COCOA score increase of 9 points before and after the educational sessions. This innovative course based in adult-learning theory demonstrates that employed interprofessional providers can quickly improve knowledge, skills, and attitudes towards older adults.

FORMAL TRAINING IN TELEHEALTH UNIQUELY PREPARES AN INTERDISCIPLINARY WORKFORCE IN GERIATRICS AND GERONTOLOGY

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Geriatric Research Education and Clinical Centers (GRECCs) are centers of excellence funded by the Veterans Administration for the advancement and integration of research, education and clinical activities in geriatrics and gerontology to improve the health, and health care of, older Veterans. The GRECC Connect program expands access to

care for rural-residing older Veterans and caregivers. Eastern Colorado GRECC Connect integrates Associated Health Trainees (Audiology, Psychology, Social Work, Pharmacy) and Geriatric Medicine Fellows into interdisciplinary telegeriatric and tele-palliative care consultations provided to outlying community-based outpatient clinics. The formal telehealth training includes: (1) an initial didactic orientation to introduce skills, common challenges, and important tips when working with older patients and caregivers via telehealth; (2) direct observation and modeling by preceptors, followed by a structured opportunity to debrief what the trainee observed and address questions; and (3) opportunities to provide Geriatric telehealth services, supported by the interprofessional team and feedback and reflection. A formal competency assessment, standardized observation protocol and debriefing guide support the development and assessment of telehealth competencies. During exit interviews, trainees indicated that these experiences offered unique opportunities to develop their clinical skills, particularly related to active listening and communication. They identified their involvement with GRECC Connect as a highly valued aspect of their Geriatrics training. Rigorous training in telehealth is an essential aspect of workforce development in Geriatrics and Gerontology given the concentration of older adults in rural areas. During this session, we will highlight the value of telehealth training for workforce development in Geriatrics and Gerontology.

SESSION 1340 (POSTER)

END OF LIFE | DEATH AND BEREAVEMENT

WALKING THE TALK: ENGAGING PATIENTS AND CAREGIVERS AS COLLABORATORS IN PALLIATIVE CARE RESEARCH

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Palliative care is inherently patient directed and family oriented. Given this, it is especially important that patients and caregivers participate in developing new services intended to meet their needs. Our experience with conducting a controlled trial of home-based palliative care demonstrates this point. This poster will describe the implementation and dissemination decisions that patient and caregiver stakeholders guided during a comparative effectiveness trial of palliative care. It also will present strategies for engaging stakeholders and identify the impact of these strategies on continuous study improvement. For the study, we convened an advisory committee (AC), which included eight patients and caregivers among its 34 members. These eight partners in particular helped us identify meaningful patient- and caregiver-reported outcome measures. Throughout the study's 2.5-year period, they offered suggestions that influenced the tone and topics addressed in quarterly AC meetings. They also helped refine the study's patient and caregiver assessment instruments by roleplaying with our research assistants. When we launched a Google group to promote discussion among AC members, patient and caregiver stakeholders were especially forthcoming. They identified gaps in

care and consumer understanding of palliative care that we otherwise would have overlooked. Of note, our stakeholders provided input on how to best to introduce a new palliative care program to patients. These engagement strategies create feedback loops that open new opportunities for continuously improving research. Moreover, engagement of patients and caregivers in research planning and implementation provides important and otherwise overlooked perspectives while ensuring a patient-centered focus, consistent with palliative care goals.

THE LAST MONTH OF LIFE: AN EXPLORATORY REVIEW OF THE NATIONAL HEALTH AND AGING TRENDS STUDY

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Approximately 80% of Americans prefer to die at home. Hospice and palliative care services are associated with improved pain and symptom management, increasing capacity to meet preferences for end-of-life care at home. However, according to the NHPCO (2018) only 48% of Medicare beneficiaries were enrolled in hospice at the time of death. This poster presents trends in the last month of life for adult Medicare beneficiaries age 65 or older examining the influential factors contributing to the quality of end-of-life experiences. A cross-sectional survey design was utilized with the National Health and Aging Trends Study (NHATS). Descriptive and inferential statistics were generated to describe a sample of persons (n= 241) who died in 2017. The sample demographics are predominately white (77.6%) females (61.4%) over 90 years old (42.4%). 29.5% of individuals died at home, 29.5% at the hospital, and 27% at a nursing home. Only 32.2% had hospice care in the last month, with many experiencing pain (71.1%), shortness of breath (54.7%), and anxiety/sadness (56.9%). There were 33.6% of participants who lived alone at death and 70% did not receive hospice care. The majority of these individuals were widowed (70.4%) and 33.3% died in the hospital. The other 28.4% died at their home or someone else's and 25.9% died in a nursing home. Many older adults face multiple barriers to experiencing a quality end-of-life experience. Future research should examine the challenges facing those living alone at time of death.

REGIONAL VARIATIONS IN ENGAGEMENT IN ADVANCE CARE PLANNING AMONG RACIALLY AND ETHNICALLY DIVERSE OLDER ADULTS

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Advance care planning (ACP) has positive effects on the quality of end-of-life of older adults. Given the influence of environmental factors on health and behavioral health