

SESSION 10220 (LATE BREAKING POSTER)

EDUCATION AND TRAINING

EMBEDDING AGE-FRIENDLY CARE USING THE 4MS FRAMEWORK IN THE CONVENIENT CARE SETTING

Sherry Greenberg,¹ Lilia Pino,² Mary McCormack,² Evelyn Duffy,³ Elizabeth Zimmermann,³ Robin Hughes,³ Anne Pohnert,² and Mary Dolansky,³ 1. *Seton Hall University College of Nursing, South Orange, New Jersey, United States*, 2. *CVS Health Minute Clinic, Woonsocket, Rhode Island, United States*, 3. *Case Western Reserve University, Cleveland, Ohio, United States*

This late-breaker presentation highlights the implementation science plan for Age-Friendly care in CVS Health MinuteClinic's convenient care clinics. This project, a partnership between MinuteClinic, Case Western Reserve University Frances Payne Bolton School of Nursing, and the Institute for Healthcare Improvement, funded by The John A. Hartford Foundation, increases the number of care providers trained in the provision of Age-Friendly care using the 4Ms Framework: What Matters, Medication, Mentation, and Mobility. The implementation team learned the MinuteClinic usual processes, then developed strategies for successful Age-Friendly care implementation. Data from 21 nurse practitioner, 5 patient interviews, educator focus groups and 14 site visits revealed time, resources, and perceived value as barriers to implementation. Most reported increased knowledge and willingness to change practice. Based on the Plan-Do-Study-Act change process data, the implementation team developed solutions that addressed gaps leading to the development of practice-based tools for successful Age-Friendly care project adoption and implementation.

INFLUENCE OF PROVIDER CHARACTERISTICS ON GERIATRIC MENTAL HEALTH WORKFORCE TRAINING NEEDS

Travis Mitchell,¹ Kristen Sorocco,¹ Mary Wyman,² Andrea Vincent,³ Laura Wray,⁴ and Lindsey Slaughter,⁵ 1. *University of Oklahoma Health Sciences Center, Oklahoma City, Oklahoma, United States*, 2. *University of Wisconsin, Madison, Wisconsin, United States*, 3. *University of Oklahoma, Norman, Oklahoma, United States*, 4. *Veterans Health Administration, Buffalo, New York, United States*, 5. *Richmond VAMC, Richmond, Virginia, United States*

Approximately half of VA users are 65 years of age or older, with a substantial subset having complex and interacting medical, neurocognitive, and behavioral disorders. The goal of the present study was to assess knowledge and training gaps of VA mental health staff using a Web-based training needs assessment developed specifically for VA personnel. Provider characteristics, confidence in working with older adults with and without cognitive disorder, and geriatric training needs were assessed. VA psychologists, psychiatrists, social workers, nurses, and peer support specialists (N=3313) were invited to participate via email. Respondents were 489 mental health providers, a response rate of 13.8 percent. Respondents reported less

confidence in treating and assessing older adults with cognitive disorders than older adults in general. This did not differ by any of the examined provider characteristics, including age, gender, or professional experience. Training need endorsement was high across most of the training categories; however, a few differences according to provider characteristics were noted. Providers under the age of 50 endorsed a greater need for training in psychotherapy with older adults with cognitive disorder ($p = .02$). Female providers endorsed a greater need for training on providing psychoeducation about cognitive disorder, such as dementia, to older adults and their families ($p = .02$). In sum, VA MH providers in general reported strong interest in a wide range of geriatric MH training topics, indicating a need for universal geriatric-related staff education. For some topics, endorsing geriatric expertise predicted stronger interest in training.

LICENSED NURSE/CERTIFIED NURSE AIDE COLLABORATION IN THE CARE OF NURSING HOME RESIDENTS

Cynthia Beynon, *University of Utah, Bountiful, Utah, United States*

This mixed-method study explores how nursing team collaboration is perceived and experienced in four nursing homes (NHs) in the Western United States. Licensed nurse (LN) and certified nurse aide (CNA) participants completed two survey tools to assess their perception of collaboration and teamwork in their current work environment. The LNs and CNAs were paired and interviewed both individually and as a caregiving pair to explore the lived experience of collaboration in the care of NH residents. Quantitative survey results were analyzed using IBM® SPSS Version 25, and participants reported a collaborative working environment with equally strong ratings in the following categories: partnership, cooperation, and coordination; they agreed with statements reflective of teamwork including team structure, leadership, situation monitoring, mutual support, and communication. No significant difference was found between LN and CNA responses or between team members in any of the four participating facilities. Qualitative survey data were loaded in NVivo12 and analyzed using a thematic analysis approach. The findings revealed five primary themes, including essential elements in successful team collaboration—perspective, coworker connection, communication, and mutual support—and ways teamwork and collaboration impact resident care.

SUPPORTING RELATIONSHIPS, PROVIDING PRESENCE: ARTS-INFORMED APPROACHES TO LTC STAFF DEMENTIA CARE LITERACY

Kelly O'Neil,¹ Marco Redden,² and Katie Aubrecht² 1. *St. Francis Xavier University, Antigonish, Nova Scotia, Canada*, 2. *Mount Saint Vincent University, Halifax, Nova Scotia, Canada*

Early findings and insights are shared from an interpretive analysis of interviews with 15 leaders in arts-based approaches in dementia care. This was conducted as part of a larger project that has the goal of operationalizing 'good' literacy in social and relational care in long-term care (LTC). Interviews aimed to identify promising directions in