

patient and family-facing materials, about medication management and deprescribing for seriously ill older adults in home hospice. An environmental scan of the existing deprescribing resources was conducted; a state-of-the-art educational program for hospice deprescribing was located and used as the basis for an innovative clinician-facing educational intervention. A stakeholder panel of 2 hospice administrators, 3 nurses, 2 physicians, 2 pharmacists, and 2 former family caregivers, drawn from 2 geographically diverse hospice agencies, reviewed the content of the educational program and made recommendations for additional content. Iterative rounds of development and feedback resulted in: (1) a 3-part, 1 hour, clinician educational program with CE credits for nurses that presents a standardized deprescribing approach that aligns medication prescribing with the goals of patients and caregivers, and (2) a patient/family caregiver medication management notebook for intervention group participants (addressing management of common symptoms, medications in hospice, and deprescribing) and an adapted version for attention control participants. A professional designer created thematic coherence for all materials that were well received by stakeholder panelists and hospice staff. Ultimately, educational materials will support efforts to standardize deprescribing approaches that aim to optimize end-of-life care outcomes for patients and family caregivers.

#### GERIATRIC FAST FACTS: FOUR YEARS OF GROWTH AND REACH

Edmund Duthie,<sup>1</sup> Kathryn Denson,<sup>2</sup> Deborah Simpson,<sup>3</sup> Steven Denson,<sup>2</sup> and Michael Malone,<sup>3</sup> 1. *Medical College of Wisconsin, Milwaukee, Wisconsin, United States*, 2. *Medical College of Wisconsin, Wauwatosa, Wisconsin, United States*, 3. *Advocate Aurora Health, Milwaukee, Wisconsin, United States*

Clinical teachers are increasingly challenged to find the time to provide point of care education for learners. To meet this challenge, an interprofessional team from competing health care systems created and sustained Geriatric Fast Facts (GFF): easily accessible, concise 1-2 page topic summaries for clinical teachers to use (in lieu of the mini-lecture) with learners at the point of care. Designed by geriatrics educators in consultation with IT experts, we launched a mobile enabled website that is indexed and searchable by free text or topic, organ system, ACGME competency, disease, and the “underlying science” for the disease/illness. GFF topics are authored by subject matter experts with peer review by senior geriatricians. Brief quizzes test learners’ knowledge with score reports. Our 4-year results reveal that: 1) “Geriatric Fast Facts” appear in the top Google 10 listing; 2) Search engines account for 39% of site traffic; 3) 60% of unique users (N=29,000) are via direct link; 4) 19% via referral from another site. Our “bounce rate” (55%) is ideal as users quickly gain the information sought - affirmed by our session duration which averages < 2 minutes. Our Google Analytics results reflect steady growth and international reach: 73% of sessions are from the U.S., 5% from Canada, 22% international and growing! In summary with our population continuing to age and time for teaching being limited, GFFs are quick, accessible, evidence-based resources for point of care teaching.

#### LEARNER ATTITUDES ON INTERPROFESSIONAL EDUCATION THROUGH FORMAL INTERPROFESSIONAL CASE DISCUSSIONS.

Anne Halli-Tierney,<sup>1</sup> Dana Carroll,<sup>2</sup> Robert McKinney,<sup>1</sup> and Rebecca Allen,<sup>3</sup> 1. *The University of Alabama, Tuscaloosa, Alabama, United States*, 2. *Auburn University Harrison School of Pharmacy, Tuscaloosa, Alabama, United States*, 3. *Alabama Research Institute on Aging, Tuscaloosa, Alabama, United States*

Interprofessional education case sessions allow learners to apply discipline-specific knowledge to real-life scenarios through facilitated discussion of a patient case. Our interprofessional case discussion was implemented for learners to develop care plans for complex geriatric patients; learners have intentional time to learn with, from and about each other’s roles in geriatric patient care. Cases were de-identified from actual complex patients seen in geriatrics clinic. All learners receive the case and work through it from their discipline’s perspective, then join a facilitated group discussion to develop collaborative care plans. At session end participants are surveyed using the ICCAS and qualitative comments about perceptions on interprofessional case learning. Thirty-five learners (47%) completed the feedback survey. Disciplines represented were medicine, pharmacy, psychology and social work. Thirty learners (85%) indicated the case discussion session was very educational (n=22, 62%) to educational (n=8, 23%). Themes used most frequently regarding what was most educational were: “different professional approaches”, “professional roles”, “collaboration” and “problem solving”. Typically, learners were unable to identify “least educational” components to the activity, but some learners found the pace of information presentation too rapid or felt other professionals did not provide enough context for the suggestions they made for the case. Suggestions to improve the interprofessional case discussion activity included increased “time for discussion and consensus building”, more session structure, and addition of other professionals (e.g., nutrition, law). The majority of interprofessional learners participating in interprofessional case sessions have found them to be educational. Feedback from learners aligns with goals of interprofessional education.

#### LEVERAGING PREHOSPITAL CARE TO ADDRESS ELDER MISTREATMENT: DEVELOPMENT OF AN ONLINE TRAINING FOR EMS

Kristin Lees Haggerty,<sup>1</sup> Melanie Miller,<sup>1</sup> Dana Wardlaw,<sup>2</sup> Athi Myint-U,<sup>1</sup> Randi Campetti,<sup>1</sup> Brad Cannell,<sup>3</sup> and Kristin Lees,<sup>1</sup> 1. *Education Development Center, Waltham, Massachusetts, United States*, 2. *Education Development Center, Waltham, United States*, 3. *University of Texas Health Science Center at Houston School of Public Health, Dallas, Texas, United States*

Elder abuse affects an estimated 1 in 10 older adults in the US and has devastating consequences for their health and well-being yet is widely under-recognized. Prehospital emergency medical service (EMS) providers are particularly well-positioned to identify older adults who are at risk of or experiencing mistreatment, and to report and intervene as appropriate. However, many EMS providers across the country lack the training and tools required