

depression-related problem solving therapy: of 76 referrals, 55 (72.4%) accepted. Criteria for referrals and interpretations of variations in referral acceptance rates by older adults and their families will be discussed.

STAFF PERSPECTIVES ON LESSONS LEARNED FROM AN INTERDISCIPLINARY MEMORY CARE COORDINATION PROGRAM

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MIND at Home is a home-based care coordination program for persons living with dementia (PLWD) and their informal care partners (CP). Assessments, care planning and coordination is delivered by trained non-clinical Memory Care Coordinators (MCCs), working together on an interdisciplinary team with nurses and geriatric psychiatrists. We report qualitative results from program staff (two nurses and eight MCCs) who implemented the program in the context of two clinical trials. Care team respondents answered open-ended questions covering 5 domains pertaining to: helpful skillsets; positive and challenging factors aspects of care coordination; barriers to care coordination for clients; and improvements suggestions/resources to strengthen the program. Compassion, finding common ground, listening, organization, and time management were reported as critical skills. Staff enjoyed team collaboration, being in and learning about the community, increasing CP confidence and mastery when caring for a PLWD. Reported challenges included documentation in EHR, accessing/navigating resources, driving long distances, unsafe neighborhoods, ambiguous assessment tools, and working with low engagement clients. Common barriers faced by clients (as reported by staff) were financial struggles/poverty, and lack of insurance coverage for needed services. Staff suggested several improvements: better communication strategies, integration with LTSS services and medical providers, 24-hour program hotline, continuous education for staff, simplified data collection and care delivery tracking process. This presentation on the experience of MIND at Home trained nurses and MCCs provides deep insight on how this and similar care coordination programs might be successfully implemented or strengthened.

Session 3250 (Paper)

Geriatric Education for Health Professionals

INTERGENERATIONAL LEARNING: AN OPPORTUNITY TO TRANSFORM NURSING STUDENTS' PERSPECTIVES OF OLDER ADULTS

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The purpose of this pilot project was to explore the experience of an intergenerational learning environment focused on healthy aging for nursing students and older adults. Intergenerational learning experiences provide opportunities for individuals from different age groups to communicate and participate in learning activities together. The growing population of older adults calls for increased geriatric nursing expertise. Nursing students' attitudes toward older adults are often negative though, and result in decreased interest in geriatric nursing. The opportunity to transform nursing students' perspectives on older adults has the potential to improve nursing care for older adults, and the number of nurses focused on geriatric nursing care. This qualitative inquiry used a convenience sample of 10 participants from a cross-listed university course on healthy aging for baccalaureate nursing students and older adult members of a lifelong learning institute. Semi-structured focus group interviews were conducted. Narrative transcripts were analyzed using an inductive approach. Analysis illustrated improved nursing students' perspectives of older adults and aging. A similar theme was noted for older adults' perspectives of younger adults. The importance of social interaction within an intergenerational learning environment and the need for opportunities to challenge ageist perspectives was illustrated. Increased exposure to healthy older adults, personally and professionally, may increase nursing students' interest in geriatric nursing and improve nursing care for older adults. Future research should examine more specifically how intergenerational learning experiences can decrease ageism, improve nursing students' and nurses' perspectives on older adults, and improve nursing practice for older adults.

PERSON-CENTERED CARE FOR FAMILY CAREGIVERS: CO-DESIGNING AN EDUCATION PROGRAM FOR THE HEALTHCARE WORKFORCE

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Background: Research recommends the healthcare workforce receive competency-based education to support family-caregivers [FCGs]. typically, education has been directed at FCG's to increase their care skills rather than at healthcare providers to provide person-centered care to FCGs. Objectives: We present the co-design process used to create a competency-based education program for the healthcare workforce that ensures a person-centered focus on FCGs and introduce our Health Workforce Caregiver-Centered Care Education. Approach: Co-design is the act of creating with stakeholders to ensure useable results that meet stakeholder's needs. We began by coining the concept "caregiver-centered care," defined as a collaborative working relationship between families and healthcare providers aimed at supporting FCGs in their caregiving role, decisions about care management, and advocacy. From this definition

we co-designed, then validated the Caregiver-Centered Care Competency Framework in a Delphi Process. Stakeholders (n= 101) including FCGs, providers, policy makers, community organizations, researchers, and educational designers then used effective practices for health workforce education to co-design the ‘foundational’ level of a Caregiver Centered Care education. Results: Teaching and learning resources include six competency-aligned educational modules with videos and interactive exercises that encourage reflection. With the COVID-19 pandemic, we moved the education online (caregivercare.ca). In the first four months online, 815 healthcare providers completed the education. We continue to use mixed methods to evaluate the Caregiver-Centered Care Education, for acceptability and effectiveness, in five care contexts (primary, acute, home, supportive living, long-term care). Conclusion: We expect that our education will support caregiver-centered care in all healthcare settings.

TEACHING END-OF-LIFE DECISION MAKING TO UNDERGRADUATE NURSING STUDENTS

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This presentation highlights the development, implementation, and results of an educational session with undergraduate nursing students about end-of-life decision making. The purpose of this qualitative thematic analysis study was to explore student perspectives of end-of-life decision making following an education session. The aims were to 1) develop themes from student feedback on end-of-life decision making and 2) refine educational strategies to teach end-of-life decision making to nursing students. The study was conducted with 72 junior level baccalaureate nursing students enrolled in an undergraduate gerontological nursing course. An interactive lecture was developed, following short philosophical ethics readings, which brought the students up to date on the history of end-of-life discussions, key cases, and different frameworks to approach a cluster of ethical issues associated with end-of-life care. A debate pedagogical model was employed as an engaging activity in which students directly applied recently learned concepts. In the debate activity, students were divided into two teams. Each team was assigned a position, which was a specific response to the case question: Should practitioners assist in their patient’s committing suicide? Should practitioners offer medical aid in dying? Each team conferred, presented their position, responded to the arguments or reasons from the opposing position. The session ended with a debrief by the course instructors. In the first semester, 31 nursing students completed four open-ended questions following the class. Results included increased student confidence discussing end-of-life issues and identification of two concepts commonly referred to in end-of-life care discussions and in bioethics, autonomy and dignity.

VIRTUAL GERIATRIC EDUCATION PREFERENCES OF RURAL SOCIAL WORKERS

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Older adults in rural communities need access to comprehensive healthcare services provided by practitioners equipped with geriatric knowledge and skills. The Geriatric Rural Extension of Expertise through Telegeriatric Service (GREETS) project goal is to use telemedicine and telehealth to expand geriatric service options to underserved Michigan regions. GREETS educational programs train health practitioners to provide geriatric care for vulnerable older adults. To determine gaps in geriatric competencies, the team conducted an online survey of health professionals including behavioral health practitioners. Respondents identified educational topics and preferred virtual delivery methods. Demographic information included respondent’s professional position, practice setting, and county. The respondents were asked to indicate level of educational need using a scale ranging from a low, medium, or high need. Fifty (47%) of 106 total responses were from social workers. We compared the percent of social workers to other practitioners’ responses in our analysis. Four topics emerged for both groups as medium or high educational needs: 1) transitional care when changing residential settings or post-hospitalization; 2) assisting family caregivers cope with caregiving responsibilities; 3) incorporating community-based services into care plans; and 4) and managing frail older adults. Social workers noted higher need than the other respondents for: 1) managing chronic pain; 2) managing care of patients with multiple chronic conditions; 3) having serious illness conversations; 4) diagnosing dementia; and 5) discussing advance care planning. Both social worker and other respondents indicated interactive case-based webinars; published tools, toolkits, tip sheets; and didactic webinars as their top three learning formats.

Session 3255 (Symposium)

IMPROVING QUALITY AND ACCESS TO CARE IN LONG-TERM CARE SETTINGS

Chair: Nancy Dudley

Discussant: Nancy Dudley

Innovative delivery models that assure access to quality care in long-term care settings are needed for the diverse high-risk aging U.S. population. The 2008 National Academy of Medicine report, “Retooling for an Aging America: Building the Health Care Workforce” highlighted the need for changing the roles of health care providers in order to provide high-quality and cost-effective care to older Americans. Moreover, from the providers’ perspective, workplace violence in health care institutions, such as nursing homes, negatively affect the delivery, quality, and accessibility of health care. In this symposium, we identify needs and care provisions in the context of older adults aging in long-term care settings and discuss the implications for policy and health care transformation. This symposium comprises three distinct presentations: (1) identifying and addressing the needs of diverse older adults aging in low-income independent living facilities in community health practice; and based on pilot survey results from nurses in the State of New Hampshire, (2) reframing residents’ violence directed toward providers as self-protection and (3) proposing legislative and policy changes designed to meet the needs of staff and residents of long-term care facilities. These presentations