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