to present systemic interventions and changes to colleagues, administration, and leadership. Conclusions: This ECHO network had a particularly strong impact on the provider and healthcare team as participants increased their knowledge, confidence, and use of best practices in care transitions.

A MIXED-METHODS EVALUATION OF A NURSE-LED INTERPROFESSIONAL INTERVENTION FOR COMMUNITY-DWELLING OLDER ADULTS

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This study aims to assess the relationship between an Interprofessional Collaborative Practice (IPCP) intervention for community-dwelling older adults, Geriatric Outreach and Training with Care! (GOT Care!), and the observed 26% reduction in Emergency Department (ED) visits for the 51 older adults who participated. This study utilized a convergent parallel mixed-methods design that included a historical prospective matched cohort study and semi-structured interview surveys. The 51 GOT Care! participants were retrospectively matched to 51 control participants on several variables and ED visits were assessed for each group at 6, 8 and 12 months. Mixed effects generalized linear modeling, with a Poisson response, a log link function, and a random effect for pair, was conducted to analyze the quantitative data. Stakeholders, including hospital administrators and faculty clinicians, of GOT Care! responded to electronic semi-structured interview surveys regarding the relationship between GOT Care! and the observed reduction in ED visits. Content analysis of the responses was completed. The themes from the stakeholder interviews were integrated into the historical prospective matched cohort study to further explore the relationship between GOT Care! and the reduction in ED visits. The results of this study are still pending. This study has implications regarding the utilization of an IPCP model within an academic-practice partnership in the aim of reducing ED visits for vulnerable community-dwelling older adults. Hospital administrators can also utilize the results of this study to gauge the value of IPCP models within their hospital systems.

HOW MEDICAL EDUCATION ALLEVIATED ETHICAL DILEMMAS IN RESIDENTS DURING END-OF-LIFE FAMILY MEETINGS IN THE SOUTH TEXAS

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The UTRGV DHR Internal Medicine Program conducted a study addressing end of life (EOL) care focused on our Hispanic community in regards to communication and trust between patients, caregivers, and healthcare providers. Our residents train at a community hospital which cares for an 89% Hispanic population of 1.2 million, spanning over 4 counties of the Rio Grande Valley. Trainees are often involved in family meetings while treating hospitalized, terminally ill patients. Although family meetings are a standard approach in palliative care, Hispanic family meetings tend to occur more often and with a larger, extended family unit. Our intent was to educate our residents to initiate conversations about EOL care choices promoting delivery of patient-centered, family oriented care utilizing culturally appropriate information regarding EOL issues. Baseline surveys were provided to all 39 trainees which assessed anxiety, incompetence, and communication skills in delivering bad news during family meetings. An advanced care planning process was implemented over 3 months with a goal to engage patients in EOL conversations, initiation, and completion of advanced directives. Residents received weekly training on interactive methods and ethical concepts including group discussions, role-playing, and demonstrations which were culturally and linguistically appropriate. We found that physician competence in conducting Hispanic family meetings is vital. Residents completed a post-training survey resulting in 100% improved attitudes and behaviors such as confidence, satisfaction, caring and empathy. They felt more comfortable and prepared to speak to a larger family unit who was likely to ask a lot of questions and request multiple meetings.

FOSTERING INTERPROFESSIONAL COLLABORATION IN HISPANIC GERIATRIC PATIENT CARE: NEW GME PROGRAM AND PALLIATIVE TEAM

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Hispanic minorities have a higher incidence of chronic disease which may result in increased hospitalizations and life-threatening illness. Our growing geriatric population led our community hospital to create a dedicated Palliative Care department, an interprofessional team of physicians, nursing, pharmacy, social work, counselors, and chaplains whose collaborative practice has improved outcomes thus strengthening healthcare delivery. When our new medical school established graduate programs, including Internal Medicine residency and Hospice/Palliative Medicine fellowship, our team embraced the opportunity to optimize our palliative service through enhanced interprofessional care. We created a geriatric rotation on July 1, 2018 in which 60% of residents worked with palliative care professionals as a consult team bringing together the inpatient resident service and palliative interdisciplinary team. This collaborative model allowed the palliative team to interface with our trainees and teach them to identify the range of needs of older adults early on in their care. Residents reported 100% satisfaction on evaluations, specifically on clinical training, goal fulfillment, and team support. Our learners valued the opportunity to learn with and from other healthcare professionals. Supervising providers also felt that working with residents was beneficial to their practice habits (i.e., providing evidence-based practices, application of guidelines), which offered them a more holistic approach in caring for patients and families. The interprofessional collaboration between a community hospital and medical school to educate and train clinicians who care for individuals with advanced illness has fostered confidence, trust, mutual respect, open communication and effective sharing of critical information for both clinicians and patients.