from self-reflective and narrative exercise with older adults that challenge their perspectives on end of life. Students who are able to openly discuss death, dying, illness and loss express a desire to learn more about working with the older adult population and increased sensitivity to the beliefs and attitudes of older adults (Butler & Baghi, 2008; Nelson et al., 2018). In order to provide students with an opportunity to explore end of life topics, professors designed an educational module which included activities such as writing a living will, discussing end of life topics with older adults, and critically reflecting on their experiences. This proposed poster will highlight current background literature relevant to end of life topics, methods for integrating end of life topics into academic curricula, and student perceptions related to end of life topics as shared in their reflections.

KNOWLEDGE OF END-OF-LIFE CARE, LIFE-SUSTAINING TREATMENT, AND ADVANCE DIRECTIVES IN NURSING STUDENTS
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Knowledge of end-of-life (EOL) care and being able to make the appropriate decisions for patients who are dying is important for nursing students, who will soon play a critical role in EOL decision-making among patients and their caregivers. Accordingly, the purpose of this study was to examine the level of knowledge of EOL care, life-sustaining treatment, and advance directives among nursing students in South Korea. This cross-sectional descriptive study was conducted from December 2017 to February 2018. Data were collected from 220 undergraduate nursing students and analyzed using descriptive statistics, t-tests, one-way ANOVA, and a post hoc test with the SPSS 19.0 program. The score for knowledge of EOL care was 7.8 out of 11 points, for knowledge of life-sustaining treatment was 4.6 out of 6 points, and for knowledge of advance directives was 7.0 out of 9 points. There were significant differences in knowledge of EOL care scores by year of study, experiences in clinical practicum education, and experiences of caring for dying patients. Knowledge of life-sustaining treatment significantly differed by year of study, experiences in clinical practicum education, experiences of caring for and observing dying patients during clinical practicum education, and perceived self-rated health. There were significant differences in knowledge of advance directive scores by year of study, satisfaction with nursing major, experiences in clinical practicum education, and experiences of caring for and observing dying patients during clinical practicum education. Further studies should develop educational intervention programs that improve knowledge of EOL care, life-sustaining treatment, and advance directives.

THE IMPACT OF DEMENTIA TRAINING ON HOSPITAL STAFF’S KNOWLEDGE AND ATTITUDES
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Older people with dementia are more frequently hospitalized and more strongly associated with negative outcomes. We examined the acceptance and the effect of a dementia training on attitudes and knowledge of the hospital staff. In the current study, we utilized a mixed-methods research design to examine a clinic group of six hospitals in Germany. Besides semi-structured interviews, we collected quantitative data with a questionnaire given before and three-months after the training. The questionnaire contained German translated versions of the Knowledge in Dementia (KIDE) Scale and the Dementia Attitudes Scale (DAS-D) to assess changes in attitudes. The participant population (N=60) consisted of nurses (n=35, 58%), medical assistants (n=13, 22%) and other medical professions. Satisfaction with the training was predominantly positive, 92% would recommend the training to their colleagues. At baseline, a small but significant correlation between the standardized questionnaires KIDE and DAS-D was evident (r(60)=.357, p=.005). The participants (n=32) showed a more positive attitude in the post-test (M=5.39, SD=0.64) than in the baseline-test (M=5.19, SD=0.66). This difference was significant (t(31)=-2.434, p=.021). However, we did not find any significant effects on the KIDE. The reason for this may be the use of a standardized questionnaire, which does not reflect the increase in knowledge, or there has been no increase in knowledge of dementia. The results are based on a small sample size. However, they have demonstrated that dementia training can positively influence attitudes toward people with dementia. A significant increase in knowledge was expected but could not be demonstrated.

IMPROVING COLLEGE STUDENTS’ ATTITUDES TOWARD AGING POPULATIONS: USING CBT-BASED GERONTOLOGICAL PEDAGOGY
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The U.S. is facing a shortage of aging-related professionals. Lack of positive attitudes among undergraduate students towards the older population may restrict them from participating as aging professionals. However, research majorly focused on the attitudes among students already in the medical training fields instead of improvement of the attitudes among undergraduate students who potentially will devote themselves to being aging professionals. We seek to enhance attitudes toward the aging population through gerontological coursework at the undergraduate level. The introductory course is based on Cognitive Behavioral theory (CBT) which emphasizes to unlearn false concepts. Therefore, the class exposes students to positive aging images in contemporary films and literature demonstrating concepts such as successful aging, retirement, gender issues, and aging as minorities, etc. Students review their perceptions of the aging population at the beginning and end of the semester, presenting five words that best describe the aging images. The variances of occurrence of negative to positive descriptions are analyzed as an evaluation of the class. The class also stimulates civic responsibilities of the students toward the aging population with concepts such as generational equities by conducting team-based discussions. The results report increased positive words and improved attitudes on in-class team projects and post-class evaluations. The implication of the course outcomes is that discussing and exposing
the positive images, and justifying typical aging-related behaviors significantly improves students’ attitudes toward the aging population, and may encourage undergraduate students to select an aging profession. Qualitative evaluation of the course will be conducted in future semesters.

RESIDENTIAL HOMES FOR THE DYING: AN UNTAPPED RESOURCE FOR TEACHING PATIENT- AND FAMILY-CENTERED END-OF-LIFE CARE
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Clinical training opportunities in end-of-life care are lacking, especially in home settings where death is expected and supported as a natural process. The Community Action, Research and Education (CARE) program provides students who are interested in healthcare a better understanding of the challenges of providing end-of-life care. Over 8 weeks, undergraduate students serve as surrogate family members providing care to hospice patients in residential homes for the dying. Additionally, students engage with a formal curriculum by completing online learning modules each emphasizing different skills for providing end-of-life care. This study analyzed data from three cohorts of undergraduate students (n = 21) who participated in the CARE Program. Analyses from assessment surveys revealed that students reported improved knowledge and skills, including enhanced bedside education and training and increased ability to care for someone at the end-of-life after completion of the program. Also, 95% (n = 20) of students over the three cohorts reported that the formal coursework enhanced skills and training related to bedside care. Previous research has examined end of life training in a professional school setting, but the focus was on care in an institutional or facility setting (Billings et al., 2010; Supiano, 2013). The CARE program is a model for experiential learning in a home setting that provides a special lens to the dying experience in a holistic, patient and family centered way.

THE EFFECT OF PERCEIVED APPRECIATION ON CAREGIVER WELL-BEING: A TEST OF EQUITY THEORY
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Equity theory suggests that equal (reciprocal) exchange of support in social relationships leads to better outcomes for members. However, in caregiving, exchange of support may become unbalanced due to heightened instrumental support from caregivers (CG). Imbalance may be exacerbated in dyads where the care recipient (CR) has dementia, since cognitive changes can attenuate expression of social support. One way social support is demonstrated in through show of appreciation. We used data from National Study on Caregiving (NSOC) to test whether CGs who did not feel appreciated by CRs were more likely to experience depression in the future. To accomplish this, we applied lagged dependent variable (LDV) models to the 2011 and 2015 NSOC waves (N=150). CGs who felt appreciated by the CR in the 2011 wave had 0.22 times the odds of being depressed in 2015 as those who did not feel appreciated by the CR (CI 0.07 to 0.68). This effect appears to exist primarily among CGs to people with dementia. In stratified models, we found CGs to people with dementia in 2015 had 0.04 times the odds of being depressed in 2015 if they previously felt appreciated by the CR (CI 0.003 to 0.40). A statistically significant effect was not observed among those assisting someone without depression (OR=0.65, CI 0.22 to 1.91). Results suggest that CGs to people with dementia who feel appreciated have less risk of experiencing depression. Findings have applications for future interventions for caregiver wellbeing, such as enhancing perceived appreciation (e.g., cognitive restructuring, communication training).

STUDYING AGING ABROAD: TWO INTENSIVE COURSES AT DREXEL UNIVERSITY
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The model for short-term study abroad courses—called Intensive Courses Abroad (ICA) is one where various topics can be covered under a single theme over a 10-to-14 day travel timeframe. Students participate in pre-departure assignments, a daily schedule in the host country with meaningful visits followed by group discussions, and a final presentation upon return to the U.S. In both examples presented, the topic is aging. In one, there is a visit to Japan, focusing on aging, technology and culture. Students consider design and lifestyle implications of an aging society. The course includes visits to a geriatric rehabilitation facility and to a residential facility that employs various robots and other technology. Students explore a remote community and its design challenges for an aging society. Participation in a community survey to address a question they plan to pursue for their final project, such as the role of technology in society, how we understand the aging process, and how culture defines aging. In the second course, global aging frames discussions on the way Chile is adopting mechanisms to address chronic conditions associated with aging, including dementia. In the course, students learn about the social and political context. Students observe various ways Chile has adopted innovative approaches to address dementia care and various community-level interventions. Students will reflect in journals regularly and give a presentation about the ways the country is facing the challenges of an aging society where more than 30% of the population is projected to be over 60 by 2050.

SESSION 3380 (SYMPOSIUM)

BEING RESPECTED AND ADMIRE IN OLD AGE: DYNAMICS OF SOCIAL STATUS AND AGING
Chair: David Weiss, Leipzig University, Leipzig, Germany
Co-Chair: Jennifer A. Bellingtier, Friedrich Schiller University Jena, Jena, Germany
Discussant: Manfred Diehl, Colorado State University, Fort Collins, Colorado, United States

Social status - the standing of a person or group in the social hierarchy - is part and parcel of social life and a significant determinant of cognition and behavior. Status hierarchies are basis of virtually all human and primate