from different disciplines to prepare them to serve older adults in different types of settings. As a pilot project, ten students were selected after an application process. Students in this project were required to complete two three-credit hour fully online courses in Gerontology with a grade of “B” or better. They were also required to complete an eight-hour orientation to help them develop soft skills to work with older adults during their apprenticeship period. They were then required to complete a 150-hour paid summer-apprenticeship in an organization that serves older adults and/or people with disabilities. The program was successful with a 100% completion rate. The students enrolled in this program completed the final step by presenting their apprenticeship experiences at a conference organized by the author.

DEATH AND GRIEF IN INTERGENERATIONAL SERVICE LEARNING: EXPLORATIONS FROM THE FIELD
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Intergenerational service-learning has been established as an effective pedagogical strategy for undergraduate gerontology education but can challenge students and instructors alike if an older adult participant dies during such a program. Currently, there is a lack of literature to provide guidance to instructors about how to address such an event. Examination of a case study of such an occurrence during the Lives Well Lived intergenerational service-learning program seeks to advance the field by describing an example of such an event and how an instructor might seek to address it. Grief literature, including theories such as Kübler-Ross’ stage model, Worden’s TEAR model, and Wortman and Silver’s approach, as well as Doka’s concept of disenfranchised grief are examined and applied to this challenging situation. Applying these theories as a framework, recommendations are given for addressing death and grief in service-learning including: (1) assessment of the course, instructor, student, and situation; (2) creating opportunities for grief processing and (3) resources for on and off campus grief and instructor support. Providing education on death, grief and grieving as integral course content and allowing student choice in how to proceed with the project should a death occur are key recommendations to consider. Implications call for more research related to this topic.

QUALITATIVE COMPARISON OF TWO INTERGENERATIONAL SERVICE-LEARNING PROGRAMS
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Intergenerational service-learning programs are an effective and frequently used training modality in undergraduate education and are often examined using qualitative methods. It is less common to qualitatively examine two such programs to compare their outcomes. This study reports qualitative findings from a mixed-methods study comparing two intergenerational service-learning programs in an undergraduate Psychology of Aging class. The longer, more relational intervention, the Lives Well Lived program, matched students and older adults exemplifying “successful aging” in a mutual interviewing, life review project utilizing documentary film, photography, and memoir creation. The comparison intervention, the Meals That Connect/Lunch Bunch program, also exposed students to older adults exemplifying successful aging, but in a shorter, less relational way. A convenience sample of 128 students (65 in the intervention group and 63 in the comparison group) answered post-intervention open-ended questions about what they liked/disliked about the program in which they participated, as well as any viewpoints about aging they felt changed or were reinforced by the project. Thematic analysis revealed students in both groups experienced decreased ageism and improved attitudes about aging. However, those participating in the Lives Well Lived program had closer relationships with the older adults participating in the project, expressed more positivity about their own aging process, and indicated more willingness to engage in future intergenerational relationships. Use of a comparison project in qualitative examination of intergenerational service-learning adds greater insight into such programs’ outcomes, enhancing quantitative effectiveness examinations.

TEACHING GERONTOLOGY TO SOCIAL WORK STUDENTS: APPLYING THE EXPERIENTIAL LEARNING USING ETHNOGRAPHIC INTERVIEW
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There is an increasing need for well-trained social workers to support the growing aging population in Canada. Still, concerns arise regarding social work students’ insufficient knowledge and understanding of aging and aging-related issues. This study aims to examine social work students’ experience when experiential learning through ethnographic interview with older adults is applied as a pedagogical approach. This study was conducted based on two cohorts of social work undergraduate students who enrolled in a gerontology course in a Canadian university between 2020 and 2021. Students conducted an ethnographic interview with older adults aged 70 years and older and wrote a reflection paper as an assignment. We did a thematic analysis of eight reflection papers in which consent was obtained from students. We find that students connect aging-related theories/models to various topics discussed during their ethnographic interview, reflect on their personal experiences with aging family members, and show a positive perception of aging and attitude towards working with aging. The findings also suggest the benefit of adopting an approach of experiential learning through the ethnographic interview with older adults to teach gerontology to social work students. We offer
recommendations for educators to create opportunities for students, especially from social work or other helping professions who traditionally have shown a lack of interest in working with older adults, to meet and interact with older adults, and to further enhance students’ competencies and interests in the fields of senior care.

TRANSFORMING AN INTERGENERATIONAL SERVICE- LEARNING PROJECT DURING THE COVID-19 PANDEMIC

Renee’ Zucchero, and Annaliet Delgado-Rodriguez, Xavier University, Cincinnati, Ohio, United States

The COVID-19 pandemic has required transformation in the delivery of higher education and pedagogy that is used. The Co-Mentoring Project links undergraduate Psychology of Aging students with older adult volunteers for an intergenerational service-learning experience. Prior to the pandemic, the Project was delivered via an in-person format. During the pandemic, the Project transitioned to a virtual format. Self-reported postproject evaluations from undergraduate students (n=30) and older adults (n=27) during the two academic years prior to the pandemic were compared to evaluations from students (n=26) and older adults (n=28) during two years of the pandemic. Mann-Whitney U Tests revealed no significant differences in older adult and student postproject evaluation outcomes between in-person and virtual formats. For example, there were no differences in older adult level of enjoyment between the in-person (Md=5, n=27) and virtual formats (Md=5, n=28), U = 405.00, z = .84, p = .40. Likewise, there were no differences in student level of comfort interacting with older adults between in-person (Md=5, n=30) and virtual formats (Md=5, n=26), U = 389.00, z = -.02, p = .99. Qualitative information from the postproject evaluations indicated participants were glad to have had the opportunity to meet virtually during the pandemic, however they preferred an in-person format. These results support the conclusion that intergenerational service-learning can be successfully implemented virtually. This paper will describe the transformation of the Project from an in-person to virtual format, and advantages and disadvantages of both formats.

SESSION 4760 (SYMPOSIUM)

FUNCTION FOCUSED CARE FOR ACUTE CARE: OVERCOMING RECRUITMENT, MEASUREMENT, AND IMPLEMENTATION POST-COVID-19

Chair: Barbara Resnick

To help patients spend more time engaged in physical activities and avoid the complications that occur Function Focused Care for Acute Care was developed (FFC-AC-EIT). FFC-AC-EIT includes the implementation of four steps: (1) Environment and policy assessments; (2) Education of staff; (3) Establishing patient goals; and (4) Mentoring and motivating of staff, patients, and families. A total of 600 patients from 12 hospitals will be included. Eligibility of patients is based on being 55 years of age and older, admitted for a medical reason excluding COVID-19, and demonstrating evidence of dementia. Outcome measures are obtained at baseline, discharge, 1, 6 and 12 months post discharge and include physical function, physical activity, pain and pain management, psychological and behavioral symptoms associated with dementia, delirium and adverse events (falls, rehospitalizations, nursing home admissions). Due to COVID-19 innovative approaches were implemented to be able to initiate and continue with the study. These included: identifying potential participants that were COVID-19 free off site; transitioning some intervention activities with staff to online; completing verbal consent with proxies versus face to face; adjusting follow up MotionWatch 8 deliveries and placements to be done without face to face interaction; and adjusting recruitment time periods and intervention activities to fit with intermittently high periods of COVID-19. This symposium will describe intervention challenges, solutions and lessons learned, describe an effective process and measurement model for identification of participants with dementia; and provide optimal ways to measure pain and physical activity among older adults with dementia.

OVERCOMING RECRUITMENT APPROACHES TO IDENTIFY PARTICIPANTS WITH DEMENTIA

Elizabeth Galik, University of Maryland, Baltimore, Baltimore, Maryland, United States

Clinically the work up for dementia often includes a history and physical, neuropsychiatric screening measures and neuroimaging. These assessments are neither practical nor realistic when identifying participants for research studies. To confirm a diagnosis of dementia for study participants in the FFC-AC-EIT study we developed a measurement model. The model included four measures: the AD8, the Functional Activities Questionnaire, the Clinical Dementia Rating Scale, and the Saint Louis University Mental Status Examination. In the first 346 patients consented, 176 were enrolled and 158 were ineligible. The mean age of the participants was 80.70 (SD=9.60) and the majority were female (64%) and white (66%). There was evidence of reliability based on internal consistency and construct validity based on model fit using Rasch analysis and Structural Equation Modeling. All four measures are recommended as a pragmatic way in which to comprehensively determine evidence of dementia for research studies.

OVERCOMING CHALLENGES TO PAIN ASSESSMENT AND FACTORS THAT INFLUENCE PAIN IN PATIENTS WITH DEMENTIA

Ashley Kuzmik, Penn State University, University Park, Pennsylvania, United States

The purpose of this study was to describe the optimal way to measure pain among older hospitalized patients with dementia and evaluate the factors that influence pain. The PAINAD is described as a reliable and valid observation measure of pain in this population based on Rasch analysis and was invariant to gender or racial biases. Using this measure and a protocol for observation of pain, pain and associated factors were obtained on the first 112 participants from 6 hospitals in the FFC-AC-EIT study. For descriptive purposes and to guide interventions, factors that