STARTS AND STOPS: STRATEGIZING AN AGE-FRIENDLY UNIVERSITY COMMITMENT DURING A PANDEMIC
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The Global Network of Age-Friendly Universities seeks to enhance age-inclusivity and engagement in higher education, but delivering age-friendly programming became very challenging during the COVID-19 pandemic. We examine how two land-grant universities adapted to the pandemic and draw some lessons from those experiences that may be useful for other universities seeking to implement or resume the AFU programming. The two main responses were to either pause many of the age-friendly initiatives at the university or adapt to virtual or online delivery platforms. To ensure the health and safety of older adults, colleges and universities paused many age-friendly initiatives such as intergenerational service-learning, technological assistance to older adults, and influenza vaccinations. Other programs continued but in a modified delivery format. Examples include: converting a face-to-face balance-training program to telehealth delivery; transitioning visitation programs to pen pal communication; and replacing face-to-face workshops offered by Extension Services with webinar delivery. Despite these challenges, we conclude that moving to virtual platforms and other methods of delivery, including conventional mail, has in some cases increased access for many older adults and became a lifeline during a time of social isolation for many older adults. Taken together, these experiences highlight the need for age-friendly universities to have contingency plans to ensure continuation of age-friendly programming in the event of pandemics or disasters. Finally, the pause in programming creates opportunities to re-launch or re-organize those initiatives in accord with federal and state safety guidelines.

TEACHING IN GERIATRICS: IS STRUCTURED WRITTEN FEEDBACK EFFECTIVE FOR LECTURES
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Background: Although there have been discussions about traditional lecturing, lectures are still largely a widespread concept of knowledge transfer. Therefore, it is important to constantly review and evaluate this format. The aims of this study were to analyze which effect a criteria-based written feedback has on the lecture course in geriatrics as an alternative to the conventional student evaluation. Furthermore, we wanted to investigate what kind of impact structured feedback has on lecturers in terms of content, organization and quality.

Methods: The study was a prospective longitudinal analysis. The 34 lectures on the subject of geriatrics were analyzed over two cohorts using a standardized evaluation sheet. The assessment was carried out on a 5-point-scale using a 22-item feedback instrument. After the first evaluation, each lecturer received an individual evaluation with strengths and suggestions for improvement. In the second cohort the lecture series was evaluated again, and individual feedback was sent.

Results: In six of 22 sub-categories the improvement was significant. The most significant improvement was made in terms of content/structure with an increase from 3.4 to 4.3 points.

Conclusion: This study shows that significant improvement in teaching is possible by means of individualized written feedback for the lecturers and that students perceive the resulting improvements positively. Our results suggest that the implementation of these feedback instruments in other modules might improve their teaching as well.

THE 4MS PROVIDE A STRUCTURAL FRAMEWORK FOR ORGANIZING EDUCATIONAL MATERIALS
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The John A Hartford Foundation and the Institute for Healthcare Improvement (IHI)’s 4Ms of mentation, mobility, medications and (what) matters most provide a much-needed framework for helping system leaders and frontline teams consistently deliver high-quality, age-friendly care. Geriatric Fast Facts (GFFs) is a virtual resource providing teachers/learners with peer-reviewed, evidence-based summaries on topics essential to older adult care via a searchable website [www.geriatricfastfacts.com]. To determine if GFFs can be classified by the 4Ms we initially did a free text search of all GFFs. That revealed GFFs whose foci were unrelated to the 4Ms (e.g., mobility emerged in a fluoroscopy GFF as a minor element related to patient positioning). Therefore, all GFFs were independently reviewed by a geriatrician and the website manager and classified according to the 4M rubric (a single GFF can be classified in multiple M’s such as #93 on Age Friendly Health Systems). Any differences were adjudicated by the GFF editor. 64% (60/ 93) of GFFs strongly linked to one of the 4Ms. The number of GFFs dedicated to the 4Ms are as follows: 20 what matters most, 18 medications, 13 mentation, and 9 mobility. Those that were not coded within 4Ms were often very disease/specialty oriented. A total of 36 were not classified. For example, GGF #39 focuses on the etiologies of anemia among older adults. The 4M framework can be easily applied to educational materials to support consistent and clear conceptual model across learning conditions and materials.

WHAT DO UNDERGRADUATES LEARN ABOUT ALZHEIMER DISEASE? AN ANALYSIS OF INTRODUCTION TO PSYCHOLOGY TEXTBOOKS
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One of the most popular courses for undergraduate students, Introduction to Psychology, is often students’ first exposure to scientific and clinical facts about Alzheimer disease