INTERGENERATIONAL EMPLOYEE NETWORK
AGEISM: COLLABORATIVE INTERVENTION TRAINING CREATES ATTITUDE MODIFICATIONS
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Lack of positive attitudes towards aging has shown to cause challenges within intergenerational networks in employment situations. These can include job satisfaction, intrinsic motivation to work, and ageism subjectivity as underlying determinants and consequences. The collaborative intervention pilot training program goals were two-fold: 1) To expose and understand ageism as a discriminatory action. 2) To create a more positive social dynamic network in a diverse workplace in regard to general expectations of ageism. Two team-based learning intervention programs were created in order to increase collaborative awareness of ageism and were presented to a medium size intergenerational department staff (N=64) as part of a professional development series on equity, diversity and inclusion. Through three multidimensional self-help training activities, learning was done individually, within similar age employee groups, and within intergenerational employee groups. Participants were able to discuss and express general understandings and expectations of aging and learning tools such as intergenerational reactivity and emotion regulation strategies were presented. Within survey responses at the completion of the trainings, key findings showed that respondents had a better understanding of ageism (76%) and felt better equipped to work within an employment team of diverse ages (71%). Additionally, the subject matter of this pilot training program resulted in re-conceptualized positive aging (61%). Future implications and goals for the program include interventions to further increase positive intergenerational understanding and workplace generational inclusiveness.

CROSS-SECTOR COLLABORATION TO BUILD DEMENTIA-FRIENDLY BUSINESSES: ENGAGING STUDENTS IN PUBLIC ISSUES IN AGING
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Despite a nationwide campaign to build dementia friendly communities, increasing awareness and engagement with programs like Dementia Friendly Businesses remains a challenge for local champions. To create welcoming environments for people living with dementia (PLWD), communities may benefit from cross-sector collaboration. Fundamental to collaborative efforts is the conviction that individuals, families, businesses, organizations, and institutions each play a role in reducing the stigma associated with dementia and facilitating welcoming environments. This exploratory study considers the outcomes of a cross-sector collaboration between a university, a hospital, individual community members, and students to build awareness of the need for new norms that reduce stigma for people living with dementia. We measured change at each ecological level. Through this collaboration, 61 local businesses and organizations are now DFB certified, 350 individuals have participated in training, and 150 students have joined 12 community trainers to advocate for dementia friendly spaces. Students’ survey responses show that 75% agree or strongly agree that the project engaged them in a meaningful real world experience and advocating for the need for dementia friendly spaces. PLWD provide qualitative data on feeling welcomed in the community. The university and hospital co-created an online open access dementia friendly training taken by 89 people in 6 months. 150 community members came together for a day-long workshop to build capacity and innovate solutions. Implications of the project suggest that changing cultural norms about dementia requires creative solutions that meaningfully engage individuals, organizations, institutions, and communities to collaborate across multiple sectors.

THE USE OF CREATIVITY WITH CLIENTS WITH DEMENTIA TO ENHANCE STUDENT LEARNING AND POSITIVE PERCEPTIONS
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Funding and productivity demands combined with curative approaches of medicine can make working with older adults less appealing to health professionals (Samra et al., 2013 George et al., 2013). It is essential to recognize and address such perceptions to promote the provision of quality, humanistic healthcare. Educators can impact perceptions by facilitating innovative opportunities for interaction with older adults, especially those in dementia care. Creative therapies, such as art, music, and storytelling provide opportunities for reminiscence and self-expression and have been proven to yield potential psychosocial benefits for people with dementia including enhanced well-being, lessened cognitive decline, decreased anxiety and depression, and improvements in memory, social interaction, orientation, and cognitive functioning. (Phillips et al, 2010; Subramanium, Trentham, n.d.; Woods, & Whitaker, 2013). Similarly, these interventions yield benefits for facilitators such as increased comfort and higher levels of humanistic care for clients with dementia (George et al, 2013, & 2014). The proposed presentation will provide evidence related to the benefits of creative therapies for people with dementia and highlight methods for integrating this into healthcare curricula in addition to supporting evidence and positive outcomes.

EXPLORING DEATH AND DYING WITH HEALTHCARE STUDENTS
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Although death is a universal experience, many avoid discussing or learning more about the topic (Mak, 2011). However, healthcare professionals are expected to be knowledgeable, resourceful, and professional within their scopes of practice, but oftentimes avoid end of life topics (Ramvi & Gripsrud, 2017). Students also report concerns when working with clients at the end of life expressing fear of how they will handle an encounter with a dying client (Ek et al., 2014). Therefore, professionals need didactic and personal preparation to be more comfortable with discussions related to end of life treatment and planning (Kumar et al, 2013). Evidence supports that students can benefit
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