

make informed decisions. This led to the introduction of the Mental Capacity Act (MCA) in 2005. Mental capacity assessments are frequently carried out by junior doctors. Literature suggests they feel ill equipped to do so.

Delivery of MCA education within our Geriatric Medicine course has traditionally been via a didactic lecture as part of a wider ethics tutorial. This study, at a large UK hospital, introduced a blended learning program dedicated to delivering education about the MCA via e-learning plus bedside teaching. We compared the knowledge, skills and attitudes of students who had undertaken blended learning (n=54) with those experiencing the traditional approach (n=35). Knowledge was assessed using summative assessment scores. Mean marks were 12.4 and 13.3 for the control and intervention groups respectively (p=0.01; Mann Whitney rank sum test). Skills were assessed in the blended learning group using a pre-post open question answer format. Mean marks pre and post teaching were 10.95 and 16.36 respectively (p<0.001; Wilcoxon signed rank test). Attitudes were assessed using 5-point Likert scales and open feedback. Most students enjoyed the blended learning format with 100% agreeing that they had learnt a new skill. Attitudes to the topic remained similar across both groups.

Overall blended learning can be successfully deployed as a method of improving knowledge and skills in this important topic.

BUILDING INTRA-PROFESSIONAL COLLABORATION FOR OLDER ADULT PRACTICE THROUGH PROBLEM-BASED LEARNING

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Intra-professional collaboration across disciplines such as primary care medical practice, physician assistants, social workers and psychologists does not occur naturally, since educational programs are often taught in silos, or independently of each other. Ironically though, these professional disciplines are required to work collaboratively with each other. This poster presentation will illustrate a strategy employed within a rural based physician residency program which utilized case studies through a problem based learning approach to build intra-professional collaboration. Disciplines who participated in the process included Medical Residents, Social Work, Physician Assistant, Psychology and Nursing. Pre-Post test results indicated that there was some growth among participants and their awareness of how other disciplines viewed the case management and care planning process. Medical residents found the process useful in gaining understanding about the community based resources available and how to access these services. In addition, all groups found the process of understanding specific disciplinary goals and values helpful. This presentation will also address the process of building and establishing educational partnerships to build intra-professional collaborative activities on an ongoing basis, and as a part of an educational process.

INTERPROFESSIONAL GERIATRICS CASE COMPETITION FOR HEALTH PROFESSIONS STUDENTS

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Health professions students often learn in professional silos, which reinforce the negative hidden curriculum of professional hierarchy, uni-disciplinary care, and fragmented communication. Team-based interprofessional (IP) care improves outcomes for older adults and is a major tenet of geriatrics practice. We describe a program that brought together students from eight health profession colleges to design a comprehensive care plan using a simulated geriatric patient case. Students attended an orientation and had access to a faculty mentor. Team presentations were scored on a rubric based on six of the core competencies for IP practice by a panel of IP faculty judges, representing the different colleges. Teams overall scored highest on 1) ability to identify patient and family as part of the care team, 2) identification of a "care manager" to ensure smooth team functioning, 3) use of humanistic language, and 4) presentation skills. Students rated experiences on a 5-point scale of poor to good (high). Ratings were positive: 76% good communication with team members, 80% good distribution of labor, 72% high commitment of team members, and 72% high rating of the experience. 92% of participants would recommend the experience to other students. Evaluations by judges, mentors and students indicated that students learned valuable lessons in group dynamics, team-based care, and geriatric care principles.

ENHANCING STUDENTS' LEARNING THROUGH FLIPPED WORKSHOPS IN A REQUIRED 4TH YEAR GERIATRIC CLERKSHIP

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Students favor active learning over traditional didactic teaching in our Geriatrics Clerkship. Accordingly, the authors have redesigned four traditional case-based didactic lectures/workshops via a flipped classroom format. The goal of this transformation is to improve students' satisfaction with their learning experiences and their learning performance.

A set of online learning modules was developed in MOODLE Learning Management System. This study adopted a retrospective cohort design. Students' ratings of the four geriatrics workshops and their OSCE scores were compared between the previous cohort(s) engaging in traditional learning and the Class 2017 students participating in the flipped classroom learning.

Results: Students' rated their satisfaction with each workshop on a scale of 1-5. Classes 2016 and 2017's average ratings for Workshop One were 4.22 and 4.08, respectively; their ratings for Workshop Two were 4.07 and 4.00; Workshop Three received the ratings of 4.30 and 4.27; and Workshop Four Class 2017 and 2015 was rated as 3.95 and 4.27. Although students' ratings tended to be slightly lower for flipped classroom than traditional didactic format, Class 2017's average OSCE score (85) after attending Workshop Four was superior to those of Classes 2016 (77), 2015 (77), and 2014 (80).