The State of Maine, like the nation, is facing a "silver tsunami" regarding the aging of the state's general population. Currently, approximately 14% of Maine's population is age 65, or older; by the 2020 it is estimated that the ratio will increase to one-in-five. With this rapid shift in social demographics comes the growing challenge of being able to provide appropriate, high quality health care services to this segment of the population.

By way of responding, and in order to promote true relationship-centered care for the elderly, a group of University of New England [UNE] faculty, representing the Westbrook College of Health Professions and College of Osteopathic Medicine, has launched a pilot teaching model based on two critical assumptions: First, developing successful interprofessional education [IPE] team models requires addressing the learning principles of: TURF - "To understand one's own professional role as a practitioner on a health care team." TEAM - "To understand the ways in which a group of diverse professionals perform as a team, working towards a common goal." TOWN - "To understand the community within which the team is working." And secondly, the "teaching role" of the patient/client must be radically altered, moving the patient/client to the center of the experience, via creating academic partnerships with elders, by recruiting them to serve as Adjunct Community Faculty. From these assumptions and principles a year-long course has been developed entitled: The Interprofessional Geriatrics Education Program, or IGEP.

The Turf, Team & Town IGEP Workshop is being presented to help others gain insight, knowledge and skills regarding how to prepare health profession students to initially approach geriatric/gerontologic issues of aging from their unique, individual perspective(s) [Turf]; move into a single collaborative unit [Team]; and then, present a new, dynamic role for the patients/clients, or as we refer to them- our "Elder Teachers."

**The Goals of the Workshop are to:** 1) Using geriatrics as the model, promote the concept of making interprofessional education and practice [IPE&P] the template for education and practice of all future health professionals. 2) Provide at least one example of how OSCEs can be developed and used as both teaching and evaluation tools with IPE cases. 3) Share feedback from students, core faculty and clinical preceptors on the impact of participating in such a course as IGEP. And, 4) Employ IGEP as an advocacy forum on behalf of actively incorporating our patients/clients as our teaching partners.