



Recommended Baccalaureate Competencies and Curricular Guidelines for the Nursing Care of Older Adults

A Supplement to *The Essentials of Baccalaureate Education
for Professional Nursing Practice*

September 2010



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Founded in 1929, the John A. Hartford Foundation is a committed champion of training, research and service system innovations that promote the health and independence of America's older adults. Through its grantmaking, the Foundation seeks to strengthen the nation's capacity to provide effective, affordable care to this rapidly increasing older population by educating "aging-prepared" health professionals (physicians, nurses, social workers), and developing innovations that improve and better integrate health and supportive services. The Foundation was established by John A. Hartford. Mr. Hartford and his brother, George L. Hartford, both former chief executives of the Great Atlantic & Pacific Tea Company, left the bulk of their estates to the Foundation upon their deaths in the 1950s. Additional information about the Foundation and its programs is available on their Web site: www.jhartfound.org



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The American Association of Colleges of Nursing (AACN) and the Hartford Institute for Geriatric Nursing, NYU College of Nursing, are pleased to present the *Recommended Baccalaureate Competencies and Curricular Guidelines for the Nursing Care of Older Adults*. As the percentage of older adults in the population continues to increase dramatically, the demand for geriatric nursing care also is rising. AACN and the Hartford Institute have worked collaboratively to develop these competencies and curricular guidelines to serve as a supplement to the 2008 AACN *Essentials of Baccalaureate Education for Professional Nursing Practice* to ensure that nursing students will be able to provide the necessary geriatric care for the nation's aging population.

With funding from the John A. Hartford Foundation, AACN and the Hartford Institute have undertaken a series of projects over the past 10 years to strengthen geriatric nursing content in baccalaureate education. The 2008 *Essentials* document reflects these efforts. However, while most baccalaureate curricula now include content on care of older adults, there continues to be a need to assure that it is fully incorporated into the didactic and clinical education of baccalaureate-prepared nurses. It is our hope that this document will provide the necessary information and guidance to assist nurse educators in continuing to incorporate geriatric nursing content into the curriculum.

Sincerely,

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Recommended Baccalaureate Competencies and Curricular Guidelines for the Nursing Care of Older Adults

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**EXPERT PANEL
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THE NURSING CARE OF OLDER ADULTS**

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Background

Older adults constitute a majority – and growing – proportion of people who receive nursing care in the United States. Currently 13 percent of the nation's population or close to 38 million people are over 65 years of age. By the year 2050, 19 percent of people will be over 65, and close to 21 percent of the 65-and-over population will be older than 85 years of age. Individuals representing ethnic and racial minorities will comprise 42 percent of the 65-and-older population in 2050, more than double the proportion they comprise today, which is 20 percent (Grayson & Velkoff, 2010). Also, according to the U.S. Census Bureau, the number of centenarians (currently 104,099) is expected to exceed 1 million by 2050 (National Centenarian Awareness Project, 2010).

The health status of older adults is diverse and often highly complex. Health status often is influenced by income level, living arrangements, and need for physical and psycho/social supports. Many of the ailments afflicting older adults are represented in the 38 proposed priority areas identified as responsive to health promotion and prevention activities for Healthy People 2020 (USDHHS, 2010). Fewer than 40 percent of adults aged 65 years and older are up-to-date on potentially life-saving clinical preventive services such as screening for breast, cervical, and colorectal cancers, and vaccinations against influenza and pneumococcal disease (CDC, 2010).

A major focus of health promotion is to minimize the loss of independence associated with functional decline and illness. The predominant health problems of older adults are chronic rather than acute and are exacerbated by the normal changes of aging and the increased risk of illness associated with old age. About 80 percent of people over age 65 have at least one chronic condition, and 50 percent have at least two (CDC, 2010). Despite these percentages, people have a life expectancy of an additional 17-19 years once they reach their 65th birthday, and an additional 12 years once they reach their 75th birthday (CDC, 2008).

On average, older adults visit physicians' offices twice as often as do people under the age of 65, totaling approximately 248 million visits annually (or 7 office visits per person). Older adults have much higher utilization rates of all health services than do younger persons. Although they represent about 12 percent of the U.S. population, adults ages 65 and older account for approximately 26 percent of all physician office visits, 35 percent of all hospital stays (including babies and children), 34 percent of prescriptions, 80 percent of home care visits, and 90 percent of nursing home use (IOM, 2008). In addition, there is strong evidence as to the inadequacy of care for older adults within each of these settings and as older adults transition between settings of care (IOM, 2008).

Despite a 40-year effort on the part of academic and professional nursing organizations, the number of geriatric nurses remains very small. Nationally, 6,741 nurses are certified as gerontological nurses. Only a small number of nurse practitioners (NPs) (3,972) and even fewer clinical nurse specialists (CNSs) (574) are certified by the American Nurses Credentialing Center or the American Academy of Nurse Practitioners Certification Program as gerontological nurse practitioners or gerontological clinical nurse specialists (American Academy of Nurse Practitioner Certification Program & American Nurses Credentialing Center, 2010). While leaders in both nursing and geriatrics/gerontology recognize the unique needs of older adults, graduate programs preparing GNPs enroll on average only five students per program, and graduate on average a total of 110 GNPs annually (American Association of Colleges of Nursing, 2009). Their small numbers prevent geriatric nurse specialists from providing care to those older persons who are at high risk or whose needs are extremely complex.

Therefore, the overwhelming majority of nurses practicing in this country today are, by default, geriatric nurses, but have not had enhanced preparation in caring for this population. For this reason, entry-level professional nurses are the workforce that must ensure that older adults receive optimum nursing care. The last 10 years has seen substantial curriculum revisions such that most baccalaureate students are exposed to some content specific to the care of older adults. But as of 2005, only a third of baccalaureate nursing programs had a required course in geriatric nursing (Berman et al., 2005).

The field of geriatrics/gerontology has matured to the point where there is now a recognized body of literature on care of older adults (Capezuti, Zwicker, Mezey, & Fulmer, 2008). There also now is a consensus in geriatric nursing and medicine as to what constitutes “best practice” in care of older adults. Failure to implement these geriatric care standards for older adults is unacceptable. In addition to the competencies delineated in this document developed jointly by the AACN and Hartford Institute for Geriatric Nursing at NYU, the Association for Gerontology in Higher Education (AGHE), the National League for Nursing (NLN, 2010), the Bureau of Health Professions, and the Geropsychiatric Nursing Collaborative have identified principles, core curriculum, and objectives for entry-level professional nurses in the area of geriatrics.

AACN’s *The Essentials of Baccalaureate Education for Professional Nursing Practice* (AACN, 2008) provides a framework for developing, defining, and revising baccalaureate nursing curricula. This document addresses the outcomes expected of graduates of all baccalaureate nursing programs. In addition, the document stresses the need for course work and clinical experiences to prepare the graduate to provide care across the lifespan and across the continuum of care. These core competencies are vital in ensuring accessible, quality nursing care for the growing older adult population.

Thus, an increasing focus of professional nursing education and practice is on the care of healthy and frail older adults. The purpose of this document, *Recommended Baccalaureate Competencies and Curricular Guidelines for the Nursing Care of Older Adults*, is to help nurse educators incorporate geriatric-focused nursing content and learning opportunities into the baccalaureate nursing curriculum, including both the didactic and clinical experiences.

To facilitate the integration of geriatric content into the baccalaureate curriculum, this baccalaureate geriatric nursing competency document reflects the framework used in *The Essentials of Baccalaureate Education for Professional Nursing Practice* (AACN, 2008). The content of this document is organized as follows:

- A) Gerontological nursing competency statements necessary for nurses to provide high-quality care to older adults and their families.
- B) These 19 gerontological nursing competency statements are divided into the nine Essentials identified in the AACN document *The Essentials of Baccalaureate Education for Professional Nursing Practice* (AACN, 2008), with rationale, suggestions for content, teaching strategies, resources, and glossary of terms.

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Gerontological Nursing Competency Statements

1. Incorporate professional attitudes, values, and expectations about physical and mental aging in the provision of patient-centered care for older adults and their families.
Corresponding to Essential VIII
2. Assess barriers for older adults in receiving, understanding, and giving of information.
Corresponding to Essentials IV & IX
3. Use valid and reliable assessment tools to guide nursing practice for older adults.
Corresponding to Essentials IX
4. Assess the living environment as it relates to functional, physical, cognitive, psychological, and social needs of older adults.
Corresponding to Essential IX
5. Intervene to assist older adults and their support network to achieve personal goals, based on the analysis of the living environment and availability of community resources.
Corresponding to Essential VII
6. Identify actual or potential mistreatment (physical, mental or financial abuse, and/or self-neglect) in older adults and refer appropriately.
Corresponding to Essential V
7. Implement strategies and use online guidelines to prevent and/or identify and manage geriatric syndromes.
Corresponding to Essentials IV & IX
8. Recognize and respect the variations of care, the increased complexity, and the increased use of healthcare resources inherent in caring for older adults.
Corresponding to Essentials IV & IX
9. Recognize the complex interaction of acute and chronic co-morbid physical and mental conditions and associated treatments common to older adults.
Corresponding to Essential IX
10. Compare models of care that promote safe, quality physical and mental health care for older adults such as PACE, NICHE, Guided Care, Culture Change, and Transitional Care Models.
Corresponding to Essential II
11. Facilitate ethical, non-coercive decision making by older adults and/or families/caregivers for maintaining everyday living, receiving treatment, initiating advance directives, and implementing end-of-life care.
Corresponding to Essential VIII

12. Promote adherence to the evidence-based practice of providing restraint-free care (both physical and chemical restraints).
Corresponding to Essential II
13. Integrate leadership and communication techniques that foster discussion and reflection on the extent to which diversity (among nurses, nurse assistive personnel, therapists, physicians, and patients) has the potential to impact the care of older adults.
Corresponding to Essential VI
14. Facilitate safe and effective transitions across levels of care, including acute, community-based, and long-term care (e.g., home, assisted living, hospice, nursing homes) for older adults and their families.
Corresponding to Essentials IV & IX
15. Plan patient-centered care with consideration for mental and physical health and well being of informal and formal caregivers of older adults.
Corresponding to Essential IX
16. Advocate for timely and appropriate palliative and hospice care for older adults with physical and cognitive impairments.
Corresponding to Essentials IX
17. Implement and monitor strategies to prevent risk and promote quality and safety (e.g., falls, medication mismanagement, pressure ulcers) in the nursing care of older adults with physical and cognitive needs.
Corresponding to Essentials II & IV
18. Utilize resources/programs to promote functional, physical, and mental wellness in older adults.
Corresponding to Essential VII
19. Integrate relevant theories and concepts included in a liberal education into the delivery of patient-centered care for older adults.
Corresponding to Essential I

Essential I: Liberal Education for Baccalaureate Generalist Nursing Practice

Corresponding Gerocompetency Statement(s):

In addition to the generic competency statements listed in the *Essentials* document, it is recommended that the baccalaureate nursing program prepare the graduate to:

- (19) Integrate relevant theories and concepts included in a liberal education into the delivery of patient-centered care for older adults.

Rationale:

The basis for safe, high-quality nursing practice and education in gerontological nursing is established from a firm foundation of a liberal arts education. Aging is a global issue, with the world's population expected to increase exponentially in the next 30 years. A liberal arts education is essential to baccalaureate-educated graduates in understanding the complexity of aging and developing creative strategies in the care of older adults.

Suggested Content:

- Concepts related to global aging
- Concepts related to theories of aging and development across the life-span development
- Principles of cultural competence relevant to the area of gerontology
- Principles of ethics as they relate to older adults
- Concepts of the physiology of aging
- Sociology of family networks and populations
- Psychology of aging adults
- Economics of health care
- Intergenerational dynamics

Suggested Teaching Strategies:

- Develop virtual partnerships globally with nursing schools for students to share experiences or jointly participate in online learning activities
- Participate in short-term global nursing student exchange programs with schools in other countries
- Participate in compassionate and/or missionary programs that serve populations in underdeveloped and developing countries, as well as countries experiencing crisis (e.g., Haiti earthquake)
- Participate in debates comparing the positive and negative aspects of various theories developed to explain aging (e.g., disengagement theory vs. continuity theory)
- Create clinical experiences in environments that honor person-centered care as the standard of practice with older adults (e.g., community senior centers, assisted living, community retirement communities, and long-term care)
- Develop an intergenerational mentoring program where students meet and interact with healthy older adults in the community

- Assess attitudes, values, and life experiences of older adults
- Conduct student self-assessment of attitudes, values, and life experiences regarding older adults
- Use simulation and case studies that promote an understanding of biological, sociological, psychological, life-span development, and nursing theories of aging
- Evaluate and compare models of care delivery for older adults outside of the U.S.
- Network with faculty teaching in the area of arts and sciences within an educational institution to exchange ideas and knowledge and to integrate geriatric content into the core curriculum
- Use theories of aging to develop a digital story using multimedia

Resources/References:

American Association of College of Nursing, Cultural Competency in Nursing Education
www.aacn.nche.edu/education/cultural.htm

American Federation for Aging Research: Theories of Aging Information Center
www.afar.org/pdfs/AFAR-Guide-to-Theories-of-Agingsm.pdf

The World Health Organization Ageing
www.who.int/topics/ageing/en

Essential II: Basic Organizational and Systems Leadership for Quality Care and Patient Safety

Corresponding Gerocompetency Statement(s):

In addition to the generic competency statements listed in the *Essentials* document, it is recommended that the baccalaureate nursing program prepare the graduate to:

- (10) Compare models of care that promote safe, quality physical and mental health care for older adults such as PACE, NICHE, Guided Care, Culture Change, and Transitional Care Models.
- (12) Promote adherence to the evidence-based practice of providing restraint-free care (both physical and chemical restraints).
- (17) Implement and monitor strategies to prevent risk and promote quality and safety (e.g., falls, medication mismanagement, pressure ulcers) in the nursing care of older adults with physical and cognitive needs.

Rationale:

Baccalaureate-educated graduates are prepared to implement and promote adherence to evidence-based standards of individualized, restraint-free care, and safety for older adults across all healthcare settings in a blame-free environment. They will be knowledgeable about identified risks and threats to patient safety for older adults and will effectively use evidence-based instruments and interventions to assess, reduce risk, monitor, and intervene effectively to continuously improve quality and safety. Graduates will be prepared to assess care models, analyze strengths and weaknesses, and implement appropriate models to enhance individualized person and family-centered care.

Suggested Content:

- Strategies to promote a safe environment for older adults; e.g., preventing falls and identifying treatment barriers (e.g., agitated or combative behaviors).
- Models of care with proven outcomes for older adults (e.g., Program For All Inclusive Care for the Elderly [PACE], Nurses Improving Care to Older Adults [NICHE], Guided Care, Culture Change, and Naylor's Transitional Care Model)
- Practices that prevent adverse events and promote restraint-free, patient-centered care in acute settings
- *ANA's Gerontological Nursing: Scope and Standards of Practice (2010)*
- Safe nursing practices for the delivery of evidence-based quality care for older adults in a blame-free environment
- Evidence-based geriatric protocols and topics
- Screening using evidence-based and/or best-practice tools for conditions predisposing older adults to adverse events and/or risk of restraint
- Methods to identify increased risk to the older adult imposed by illness, aging, and hospitalization
- Normal changes of aging which increase risks for geriatric syndromes (e.g., falls, polypharmacy, adverse drug reactions, pressure ulcers, and delirium)

- Interprofessional communication strategies in delivery of patient-centered care for complex older adults in order to promote safe, quality care among team members and across settings

Suggested Teaching Strategies:

- Encourage post-conference presentations with subsequent discussion of older patients, their presentations, etiology, and resources to offer evidence-based assessment instruments and interventions
- Use case studies and clinical patients to illustrate the use of valid and reliable assessment instruments in lab and in clinical setting
- Use case studies and clinical patients to discuss National Pressure Ulcer Advisory Panel recommendations and implications for practice and outcomes
- Role play with experienced staff/preceptor/faculty on perceptions of the confused older adult including discussion of criteria for delirium
- Discuss/present case studies centering on geriatric syndromes, including falls, polypharmacy, adverse drug reactions, pressure ulcers, and delirium
- Participate in clinical sites in a variety of older-adult care settings across the continuum including the healthy older-adult living independently
- Participate in planning and implementing a health fair for older adults to include risk screening using evidence-based instruments
- Create “brown bag” exercises to review and discuss medications taken by older adults (including OTC and herbal medications and their interactions)
- Interview older adults who have experienced delirium (and have the ability to remember and discuss)
- Present or participate in educational programs addressing models of care for older adults
- Design a plan care for an older adult using their input
- Utilize best-practice guidelines to plan care and promote quality and safety in the delivery of care for the older adult
- Present critical-thinking scenarios that promote care design to support evidence-based research (e.g., restraint-free care)
- Design clinical experiences on a NICHE unit
- Design a plan of care utilizing a model that promotes good transitional care
- Review the fall policy of a facility and conduct a literature search to establish the validity of the policy
- Review research studies on interventions that are effective in caring for agitation
- Conduct a chart review in a long-term care facility that evaluates criteria for documentation of nursing standards
- Evaluate clinical care for quality and safety, based on best-practice criteria

Resources/References:

AHRQ Publication No. 08-0043. Agency for Healthcare Research and Quality, Rockville, MD.
www.ahrq.gov/qual/nursesfdbk

American Nurses Association. (2010). *Gerontological nursing: Scope and standards of practice*. Silver Spring, MD: Nursebooks.org

Pioneer Network : Changing the Culture of Aging in the 21st century
www.PioneerNetwork.org

Evidence-Based Geriatric Assessment Instruments, Protocols and Topics. John Hartford
Institute for Geriatric Nursing.
www.consultgeriRN.org/resources

AACN's Geriatric Nursing Education Consortium (GNEC) state-of-the-science papers
http://hartfordign.org/education/Baccalaureate_education

NICHE program
www.NicheProgram.org

Guided Care Association, Johns Hopkins University
www.guidedcare.org/index.asp

Innovative Care Models
www.innovativecaremodels.com/care_models/21/leaders

National Guideline Clearinghouse , physical restraints
www.guideline.gov/summary/summary.aspx?doc_id=8626

National PACE Association
www.npaonline.org

National Pressure Ulcer Advisory Panel
www.npuap.org/pr2.htm

Nursing Center
www.NursingCenter.com/AJNolderadults

Program of All-Inclusive Care for the Elderly (PACE)
www.medicare.gov/nursing/alternatives/pace.asp

Quality and Safety Education For Nurses
www.QSEN.org

Transitional Care Model
www.transitionalcare.info

Hartford Institute: Integrating Care of Older Adults in Student Clinical Rotations in Hospitals:
Resources for Clinical Faculty
http://hartfordign.org/education/Baccalaureate_education

Glossary:

Culture change: National movement for transformation of services to older adults, based on person-directed values, practices of choice, dignity, respect, self-determination, and purposeful living by supporting the creation of environments supporting these values each day.

Geriatric syndrome: Clinical diagnoses and problems of multiple causation for which older adults are at high risk and that have the potential to limit older adults' ability to function and often result in complex outcomes.

Guided Care (GC): Proactive, comprehensive health care provided by physician- nurse teams for patients with multiple chronic conditions in order to improve quality of life, quality of care, and to increase treatment efficiency across transitions of care. Guided Care nurses, who receive special education and obtain a GC certificate from ANCC, regularly assess, monitor, guide, and facilitate care for these high-risk older adults and their families using motivational interviewing strategies.

Nurses Improving Care for Healthsystems Elders (NICHE): A national program designed to help hospitals improve the care of older adults. NICHE provides extensive resources, tools, and ongoing support to educate and implement evidence-based interventions to achieve system change. Incorporating models of the NICHE program, Geriatrics Resource Nurse (GRN) and Acute Care of the Elderly units (ACE), NICHE hospitals seek to create an environment where older-adult patients receive care that results in better outcomes. This climate of success encourages patients and their families to seek NICHE designated hospitals for their medical needs.

Nursing models: Conceptual models, constructed of theories and concepts. They are used to help nurses assess, plan, and implement patient care by providing a framework that assists nurses in achieving uniformity and seamless care.

Program for All Inclusive Care of the Elderly (PACE): An integrated model of comprehensive, continuous care and services for dually eligible (Medicare/Medicaid) clients within a capitated system of care. An interdisciplinary team provides coordinated, comprehensive care services, including preventive, primary, acute, and long-term services that are individualized to the client in order to avoid hospitalization and/or nursing home placement.

Transitional care: A system of care that promotes coordination of services across settings of care. Transitional care includes comprehensive assessment of patient and caregiver needs; coordination of discharge plans with family and health care team; implementation of home plan of care (POC); collaboration and communication between providers and patient/family across settings regarding the patient's health status and plans for addressing needs and providing services related to the transition.

Restraints: Drugs or devices that limit mobility of an individual; limit access to one's body or to equipment on one's body.

Essential III: Scholarship for Evidence-Base Practice

Corresponding Gerocompetency Statement(s):

- No new gerocompetency statements created/applicable for this Essential.

Rationale:

As noted in the *Essentials* document, professional nursing practice is grounded in the translation of current evidence into practice. As the body of evidence underlying the nursing/health care of older adults continues to grow, nurses must be prepared to evaluate the reliability, validity, and applicability of assessment and treatment approaches to the idiosyncratic needs and preferences of older adults. When nurses use evidence appropriately, outcomes for older patients improve and overall costs are reduced.

Suggested Content:

- Instructors should incorporate information regarding valid and reliable tools and best practices that address physical, functional, and cognitive status of the older adult

Suggested Teaching Strategies:

- Develop a list of search terms relevant to aging to be used to electronically search for evidence-based practice protocols or assessment tools specifically developed for older adults
- Have students identify and evaluate tools or practice protocols developed specifically for use with older adults
- Compare multiple tools to measure the same phenomenon (e.g., Mini-Mental State Exam, Modified Mini-Mental State Exam and the Mini-Cog for measuring cognitive functioning)
- Peer-to-peer practice with a variety of empirically based tools and protocols.
- Evaluate students competency in applying assessment tools and protocols using standardized patients
- Incorporate use of tools and protocols within the context of case studies illustrated with simulated patients in laboratory settings
- Incorporate use of evidence-based older adult protocols in experiences involving clinical care of older adults
- Design clinical experiences in long-term care and assisted living centers to assess for common geriatric syndromes and clinical problems

Resources/References:

Agency for Healthcare Research and Quality (AHRQ), U.S. Department of Health and Human Services: National Guideline Clearinghouse.
www.guideline.gov

Valid and reliable assessment instruments (e.g., Try This series and How to Try This videos), including instruments for use with patients with dementia and instruments appropriate to specialty practice. John A. Hartford Institute for Geriatric Nursing
www.ConsultGerRN.org/resources

Essential IV: Information Management and Application of Patient Care

Corresponding Gerocompetency Statement(s):

In addition to the generic competency statements listed in the *Essentials* document, it is recommended that the baccalaureate nursing program prepare the graduate to:

- (2) Assess barriers for older adults in receiving, understanding, and giving of information.
- (7) Implement strategies and use online guidelines to prevent and/or identify and manage geriatric syndromes.
- (8) Recognize and respect the variations of care, the increased complexity, and the increased use of healthcare resources inherent in caring for older adults.
- (14) Facilitate safe and effective transitions across levels of care, including acute, community-based, and long-term care (e.g., home, assisted living, hospice, nursing homes) for older adults and their families.
- (17) Implement and monitor strategies to prevent risk and promote quality and safety (e.g., falls, medication mismanagement, pressure ulcers) in the nursing care of older adults with physical and cognitive needs.

Rationale:

For baccalaureate-educated nurses to appropriately manage evolving information and patient-care technologies, they need to be familiar with how these technologies apply and are used with older adults.

Suggested Content:

- Potential benefits and outcomes of using technology for enhancing older adults function, independence, and safety
- Systematic approaches for assessing capacity of older adults for implementing technologies in their care (e.g., home monitoring)
- Strategies to ensure that technology captures data of importance to the care of the rapidly changing health status in older adults

Suggested Teaching Strategies:

- Assign students to assess the use a regular blood pressure cuff on an older patient with weight loss and capillary fragility
- Assign students to develop a teaching plan for instructing an older adult in the use of a home monitoring system
- Assign a student to observe and rate an older adult's ability to manipulate a home-monitoring system

- Promote classroom discussion on healthcare technologies, such as home telehealth, fall-detection devices, mobile medication reminders, Elder 411, etc.
- Use electronic health record (EHR) systems and chronic disease management systems (CDMS) to evaluate outcomes of care
- Review the literature on substance abuse in the older population and discuss its impact on geriatric syndromes
- Conduct an internet search to locate devices/technology that facilitate quality care for older adults
- Explore use of technologies being used in other countries to promote quality care to older adults
- Have students examine methods for collecting data, types of data collected, and uses of those data for improving patient outcomes on specific assigned clinical units

Resources/References:

Agency for Healthcare Research and Quality. Health information technology: Best Practices Transforming Quality, Safety, and Efficiency.
<http://healthit.ahrq.gov/portal/server.pt>

Alliance for Nursing Informatics and the Technology Informatics Guiding Education Reform Initiative (TIGER)
www.allianceni.org/tiger.asp

American Academy of Hospice and Palliative Care Medicine. PDA (Personal Digital Assistant) Tools
www.aahpm.org/physresources/pda.html

California Health Foundation. Multiple sources related to technology and older adults:
<http://www.chcf.org/~media/Files/PDF/H/HITNursingHomeReadiness.pdf>
<http://www.chcf.org/~media/Files/PDF/H/HowSmartphonesChangingHealthCare.pdf>
<http://www.chcf.org/~media/Files/PDF/T/TelehealthAltersMedicalEcosystem.pdf>

Hartford Institute for Geriatric Nursing Excellence/NYU College of Nursing
www.consultgerirn.org

Northwest Coalition for Geriatric Nursing Education
www.geronursinged.org

Quality and Safety Education For Nurses
www.QSEN.org

Essential V: Healthcare Policy, Finance, and Regulatory Environments

Corresponding Gerocompetency Statement(s):

In addition to the generic competency statements listed in the *Essentials* document, it is recommended that the baccalaureate nursing program prepare the graduate to:

- (6) Identify actual or potential mistreatment (physical, mental or financial abuse, and/or self-neglect) in older adults and refer appropriately.

Rationale:

In examining the legislative and regulatory processes relevant to the provision of health care, the baccalaureate-educated nurse appreciates the advocacy, legislative, regulatory, and payment methodologies that underpin the provision of health care to older adults. The baccalaureate-educated nurse follows standards of care to prevent, recognize, report, and address the physical and mental health outcomes of older adult mistreatment in all spheres of potential mistreatment (physical, social, financial, etc). In addition, the baccalaureate-educated nurse actively pursues the role of advocate within local and national legislative, regulatory, and payment arenas.

Suggested Content:

- Visions, mission, and goals of advocacy organizations such as the American Association of Retired Persons (AARP), National Mental Health Information Center, NCCNHR (formerly the National Citizens Coalition for Nursing Home Reform), the Coalition of Geriatric Nursing Organizations
- Payment systems relevant to older adults:
 - Social Security
 - Medicare (including Part D/Medication)
 - Medicaid
 - Supplemental and long-term care insurance
 - Capitation
- Regulations and methodologies for assessing patients/residents and assigning payment in home care (OASIS) and nursing homes (MDS)
- Older adult mistreatment assessment and reporting
- Community assessment of local and regional resources that serve the advocacy, legislative, regulatory, and fiscal needs of the local older-adult population

Suggested Teaching Strategies:

- Require students, either individually or in groups, to identify and evaluate the vision, mission, and goal statements of various national and local organizations developed to serve the healthcare needs of older adults
- Complete a Medicare, Medicaid, and Social Security application
- Use Outcome and Assessment Information Set (OASIS) and Minimum Data Set (MDS) training resources from the Centers for Medicare and Medicaid Services

- Select an appropriate tool and conduct an Elder Mistreatment Assessment
- Conduct a community assessment to identify local resources that serve the advocacy, legislative, regulatory, and fiscal needs of their local older adult population
- Review the World Health Organization material on successful aging

Resources/References:

AARP/Divided We Fail, *The Divided We Fail Platform*

www.aarp.org/issues/dividedwefail/about_issues/our_platform.html

Centers for Medicare and Medicaid Services (CMS), *Minimum Data Set (MDS) Version 2*

www.mdstraining.org/upfront/u1.asp

Centers for Medicare and Medicaid Services (CMS), *Outcome and Assessment Information Set (OASIS) Training*

www.oasistraining.org/upfront/u1.asp

Coalition of Geriatric Nursing Organizations

<http://hartfordign.org/policy/cgno>

Fulmer, T. (2008). *Elder Mistreatment Assessment*. Hartford Institute for Geriatric Nursing Try This Series

http://consultgerirn.org/uploads/File/trythis/try_this_15.pdf

Fulmer, T. (2008). *How To Try This Video: Elder Mistreatment Assessment*. Nursing Care of Older Adults - A New Look at the Old: How To Try This

<http://consultgerirn.org/resources>

Fulmer, T. (2008). How to Try This: Screening for Mistreatment of Older Adults

<http://consultgerirn.org/resources>

National Center on Elder Abuse/Administration on Aging

www.ncea.aoa.gov/ncearoot/Main_Site/index.aspx

The National Consumer Voice for Quality Long-Term Care (formerly NCCNHR, the National Citizen's Coalition for Nursing Home Reform)

www.nccnhr.org

U.S. Social Security Administration, *Social Security Online*

www.ssa.gov

USDHHS/Substance Abuse and Mental Health Administration, *SAMSA's National Mental Health Information Center: Mental Health Links-Elderly*

mentalhealth.samhsa.gov/links/default2.asp?ID=Elderly&Topic=Elderly

Glossary:

Abuse (also known as Mistreatment): A phenomenon that includes physical, psychological, financial, and sexual abuse, as well as caregiver neglect and self-neglect.

Essential VI: Interprofessional Communication and Collaboration for Improving Patient Health Outcomes

Corresponding Gerocompetency Statement(s):

In addition to the generic competency statements listed in the *Essentials* document, it is recommended that the baccalaureate nursing program prepare the graduate to:

- (13) Integrate leadership and communication techniques that foster discussion and reflection on the extent to which diversity (among nurses, nurse assistive personnel, therapists, physicians, and patients) has the potential to impact the care of older adults.

Rationale:

The biopsychosocial complexity of the health needs of older adults requires the baccalaureate-educated nurse to master effective interprofessional communication and collaborative skills in order to facilitate best practices in the care of older adults.

Suggested Content:

- Impact of similarities and differences in culture and ethnicity among healthcare workers on the ability to achieve quality outcomes for older adults
- Techniques for facilitating interprofessional communication among healthcare personnel, as older adults transition across and between home, hospital, and nursing home
- Involvement, education, and when appropriate, supervision of family, friends, and assistive personnel in implementing best practices for older adults
- Benefits of interprofessional team participation for quality and safety in care of older adults within a blame-free environment
- Strategies to maximize older adults' active participation in all aspects of their own health care in order to achieve person- and family-centered care

Suggested Teaching Strategies:

- Assess differences in culture and ethnicity of residents, professional, and non-professional healthcare personnel in long-term care
- Collaborate with students from other healthcare disciplines to plan, provide, and evaluate care provided to older adults (e.g., a health fair in a senior center)
- Participate and contribute to the interprofessional team in the care of the older adult in the acute- and long-term care settings (e.g., speech therapy, dietitian, gerontological nurse practitioner or clinical nurse specialist) for improving patient health
- Design a clinical experience for the student to partner with a nursing assistant in long-term care

Resources/References:

AACN's Geriatric Nursing Education Consortium (GNEC) state of-the-science papers
http://hartfordign.org/education/Baccalaureate_education

Pioneer Network
www.pioneernetwork.net

Geriatric Interdisciplinary Team Training Program (GITTT), Hartford Institute for Geriatric Nursing
www.gittprogram.org

National Gerontological Nursing Association Family Caregivers: Caring for Older Adults, Working with their Families
www.ngna.org/career-center-items/family-caregivers--caring-for-older-adults-working-with-their-families.html

Essential VII: Clinical Prevention and Population Health

Corresponding Gerocompetency Statement(s):

In addition to the generic competency statements listed in the *Essentials* document, it is recommended that the baccalaureate nursing program prepare the graduate to:

- (5) Intervene to assist older adults and their support network to achieve personal goals, based on the analysis of the living environment and availability of community resources.
- (18) Utilize resources/programs to promote functional, physical, and mental wellness in older adults.

Rationale:

Baccalaureate-educated nurses are prepared to prevent or reduce common risk factors that contribute to decline in physical and mental function, impair quality of life, and contribute to excess disability in older adults. They are able to identify population-focused opportunities for primary and secondary prevention and to provide health promotion interventions.

Suggested Content:

- ANA's *Gerontological nursing: Scope and Standards of Practice* (2010)
- Center for Disease Control (CDC) and other evidence-based guidelines for health promotion and disease prevention in older adults
- Specific areas of risk for older adults such as falls, visual deficits, avoidance of bed rest, polypharmacy, and prevention of delirium
- Resources that promote the physical, mental, and cognitive health of older adults and their families
- Assessment and analysis of living environment/home safety for older adults
- Instruments to assess functional status of older adults
- Components of optimal exercise program for the older adult
- Programs and resources to enhance function and prevent injury for older adults
- Immunizations recommendations for older adults

Suggested Teaching Strategies:

- Conduct fall risk assessment and other evidence-based assessments in clinical
- Include assessment of prescribed medications during clinical with the goal of identifying risks associated with drug-drug and drug-morbidity interactions and implementing the medication reconciliation process
- Participate in interprofessional rounds or a case conference specific to care planning for an older adult
- Participate in or plan an influenza immunization clinic for a vulnerable older-adult population
- Identify an area of risk for older adults and develop and deliver a health-promotion education program addressing this area of risk to a group of older adults within the community

- Identify disaster-preparedness plans for a specific community-dwelling, older-adult population
- Identify a need for policy change and advocacy in relation to the health needs of older adults
- Identify and use appropriate “Try This” resources for health promotion and prevention in older adults (general screening, nutrition, immunizations, cardiac risk)
- Design a health promotion activity within a long-term care facility
- Visit a senior center and participate in activities that promote physical activity and/or social engagement
- Prepare digital media that captures the living environment of an older adult with identification of safety issues

Resources/References:

American Nurses Association. (2010). *Gerontological nursing: Scope and standards of practice*. Silver Spring, MD: Nursebooks.org

Center for Disease Control (CDC) Healthy Aging
www.cdc.gov/aging

Quad Council of Public Health Nursing Organizations. (2004). Public health nursing competencies. *Public Health Nursing*, 21(5), 443-452.

U.S. Department of Health and Human Services: *Healthy People 2010: Understanding and improving health*, 2nd ed., Washington, DC, 2000, U.S. Government Printing Office.
www.healthypeople.gov

Glossary:

CDC: Center for Disease Control and Prevention, Health Aging site contains a wealth of information on strategies and services that promote healthy aging.

QUAD Council Competencies: The Quad Council of Public Health Nursing Organizations is an alliance of the four national nursing organizations that address PHN issues: The Association of Community Health Nursing Educators (ACHNE), the American Nurses’ Association Congress on Nursing Practice and Economics (ANA), the American Public Health Association-PHN Section (APHA) and the Association of State and Territorial Directors of Nursing (ASTDN). In 2009, the Quad Council revised their 2003 document to address the new competencies as they apply to Public Health Nurses at both the generalist and specialist level of practice.

Essential VIII: Professionalism and Professional Values

Corresponding Gerocompetency Statement(s):

In addition to the generic competency statements listed in the *Essentials* document, it is recommended that the baccalaureate nursing program prepare the graduate to:

- (1) Incorporate professional attitudes, values, and expectations about physical and mental aging in the provision of patient-centered care for older adults and their families.
- (11) Facilitate ethical, non-coercive decision making by older adults and/or families/caregivers for maintaining everyday living, receiving treatment, initiating advance directives, and implementing end-of-life care.

Rationale:

Baccalaureate-educated nurses are expected to display positive, professional attitudes and behaviors toward older adults. They are expected to recognize the “individuality” and “complexity” in the care of older adults while demonstrating respect and preserving individual dignity. In addition, they are expected to assist older adults, families, and caregivers to understand and balance personal choice, autonomy, and safety decisions, supporting the decisional capacity for older adults, including those with cognitive decline.

Suggested/Essential Content:

- Societal and personal attitudes, stereotypes, and biases about ageism
- Impact of attitudes, stereotypes, and bias on the functional, physical, and cognitive status of older adults and nursing practice
- Vulnerability and frailty, including assessment instruments

Suggested Teaching Strategies:

- Role play to recognize and avoid ageism (e.g., props such as simulation glasses)
- Use valid and reliable instruments to help recognize one’s own ageism
- Apply concepts of individualized-, person-, and family-centered care to older adults (change age in scenarios)
- Demonstrate the use of appropriate assessment tools in senior centers or in assisted living environments
- Have students draw a metaphor for aging and write a short synopsis of the metaphor and the symbolism
- Use simulations to determine the effects of congruence or lack of congruence of values between the nurse and the older adult in clinical situations of ethical decision-making (e.g., deciding not to receive chemotherapy for cancer; refusing a PEG tube for feeding, etc.)

Resources/References:

American Nurses Credentialing Center Gerontological Nursing Certification
www.nursecredentialing.org/NurseSpecialties/Gerontological.aspx

Hartford Institute for Geriatric Nursing/NYU College of Nursing
<http://hartfordign.org>

National Gerontological Nursing Association
www.ngna.org

Kogan's Attitudes Toward Old People Scale
www.aacn.nche.edu/Education/Hartford/docs/FairfieldKogansAttitudes.doc

Palmore, E. (1998). *The Fact on Aging Quiz* (2nd ed.). New York: Springer.

For the *Facts on Aging Quiz* also see:
www.asaging.org/publications/dbase/GEN/Gen29_3.Palmore.pdf

Essential IX: Baccalaureate Generalist Nursing Practice

Corresponding Gerocompetency Statement(s):

In addition to the generic competency statements listed in the *Essentials* document, it is recommended that the baccalaureate nursing program prepare the graduate to:

- (2) Assess barriers for older adults in receiving, understanding, and giving of information.
- (3) Use valid and reliable assessment tools to guide nursing practice for older adults.
- (4) Assess the living environment as it relates to functional, physical, cognitive, psychological, and social needs of older adults.
- (7) Implement strategies and use online guidelines to prevent and/or identify and manage geriatric syndromes.
- (8) Recognize and respect the variations of care, the increased complexity, and the increased use of healthcare resources inherent in caring for older adults.
- (9) Recognize the complex interaction of acute and chronic co-morbid physical and mental conditions and associated treatments common to older adults.
- (14) Facilitate safe and effective transitions across levels of care, including acute, community-based, and long-term care (e.g., home, assisted living, hospice, nursing homes) for older adults and their families.
- (15) Plan patient-centered care with consideration for mental and physical health and well being of informal and formal caregivers of older adults.
- (16) Advocate for timely and appropriate palliative and hospice care for older adults with physical and cognitive impairment.

Rationale:

Baccalaureate-educated nurses understand and respect the variations of care, the increased complexity, and the increased use of healthcare resources inherent in care for older adults. They are prepared to select and use in daily practice valid and reliable instruments to assess functional, physical, and cognitive status in order to manage or direct an older adult's treatment plan. Knowledge of alterations in receptive and expressive communication and generational and cultural patterns that occur with aging is key to understanding barriers to receiving, understanding, and giving information pertinent to health outcomes of the older adult.

Suggested Content:

- Evidence-based geriatric assessment instruments
- Impact of sensory, affective, behavioral, and cognitive symptoms on expressive and receptive communication patterns with older adults
- Economic impact of the lack of insurance and the cost of medical care, and the cost of medications and other supplies and factors limiting transportation to medical care
- Generational, family role changes, and cultural patterns that potentially impact communication with older adults

- Caregiver physical and mental capacity, skills, and willingness to deliver sustained care, and evidence-based nursing interventions to address caregiver stress
- Living environments for older adults, e.g., aging in place, naturally occurring retirement communities (NORCs), assisted living, nursing homes, continuing care retirement communities (CCRCs)
- Geriatric syndromes common to older adults, and guidelines for syndrome management from *Try This*® SPICES (e.g., sleep disturbances; problems eating and feeding, pain, polypharmacy, urinary incontinence, dementia and delirium, evidence of falls, pressure ulcers)
- Complex interaction of acute and chronic co-morbid physical and mental disorders and associated treatments common to older adults
- Standards for referral to hospice for people with severe cognitive impairments and end-of-life conditions

Suggested Teaching Strategies:

- Use a *Try This*® assessment instruments in the clinical lab and clinical rotations
- Critique and discuss application of the information gained from a valid and reliable assessment instruments for older adults
- Interview community-dwelling older adults using a life-review approach
- Interview an older adult and family member to determine information desired by each, and in what form
- Interview an adult child of an older adult about the role changes
- Evaluate prescribed medications and potential for interaction with over-the-counter medications for an older adult
- Demonstrate strategies to enhance communication when sensory impairments or affective, behavioral and cognitive symptoms are present
- Select appropriate strategies to assess for substance abuse with simulated cases.
- Role-play a conversation with a family member of a patient with severe cognitive impairment about rationale for referral to hospice
- Analyze the impact of underlying chronic illness and co-morbidities on recovery from acute illness using a case study approach
- Using simulation, role-play giving report to facilitate transition of an older adult across levels of care between acute and community-based or long-term care
- Provide care to older adults with complex interactions of acute and chronic co-morbid physical and mental disorders
- Conduct an assessment of a living environment for older adults, including the community, dwelling, transportation, and other resources

Resources/References:

About.com: Alzheimer's Disease

<http://alzheimers.about.com/lw/Health-Medicine/Conditions-and-diseases/Hospice-Care-and-Alzheimers.htm>

Aging and Disabilities

<http://openlearn.open.ac.uk/course/view.php?id=3544>

Aging Health and Diversity,

http://webcast.berkeley.edu/course_details.php?seriesid=1906978217

American Association of Colleges of Nursing: Geriatric Nursing Education Project,

www.aacn.nche.edu/Education/gercomp.htm

Growing Old in a New Age. PBS Series

www.learner.org/resources/series84.html

Hartford Institute: Integrating Care of Older Adults in Student Clinical Rotations in Hospitals:
Resources for Clinical Faculty

http://hartfordign.org/education/Baccalaureate_education

Hartford Institute for Geriatric Nursing : Baccalaureate Nursing Education

http://hartfordign.org/education/Baccalaureate_education

Health Issues for Aging Populations

<http://ocw.jhsph.edu/courses/agingpopulations>

Long-term Service

<http://ocw.jhsph.edu/courses/managinglongtermcareagingpopulations>

Try This and How to Try This Series

<http://consultgerirn.org/resources>

Including Competencies, Content, and Teaching Strategies in the Curriculum

Competencies, content, and teaching strategies should be incorporated into specific, stand-alone courses focusing on care of the older adult, as well as integrated throughout the curriculum. Inclusion of adequate content in order for students to meet all of the competencies on care of older adults is dependent on a curriculum infusion and a sufficient number of faculty prepared in gerontological nursing. It should be clearly evident when looking at the objectives, didactic and clinical content, texts and readings, and evaluation strategies of courses that the *Recommended Baccalaureate Gerontological Competencies and Curricular Guidelines for the Care of Older Adults* are addressed throughout the curriculum.

Free Standing, Required Course in Geriatric Care

Ideally, the curriculum should include a stand-alone, required course in gerontological nursing, preferably including both a didactic and clinical component. The focus of the course should be on promoting understanding of the aging process, age-related changes, and complex health issues impacting older adults. The clinical component should provide continuity of experiences that allow students to follow older adults and their family members across healthcare settings. Focus on the role of the nurse and implications for promoting health for older adults in the least restrictive environment, within an interdisciplinary team, should be an integral component of the course.

Health Assessment

In teaching health assessment, students should be introduced to age-related changes associated with each body system, as well as specific assessment approaches, using standardized assessment instruments appropriate for use with older adults. Examples of some important areas of assessment to include are: function, mobility, and fall risk; cognitive status, delirium, and depression; sleep disturbances; skin and pressure ulcers; urinary incontinence; pain; and assessment for elder mistreatment. Appropriate approaches for both the initial and ongoing assessments should be included.

Fundamental Skills

Courses teaching fundamental nursing skills should include a focus on variations in older adults with respect to communication, sensory and motor deficits, and skill performance with emphasis on the importance of promoting safety due to the heterogeneity among older adults.

Support Courses: Lifespan Development, Nutrition, Pathophysiology, Pharmacology

Support courses provide opportunities to teach alterations in physiologic parameters that occur as people age, including both normal age-related changes and abnormal changes, as well as the developmental, psychological, and social changes associated with aging. Lifespan development should encompass a thorough consideration for the psychological and social changes that occur as people age and the consequences of these changes for the individual and the family. Global aging and the impact on populations within other societies should be included, along with opportunities to analyze the impact of an aging society on the healthcare system. Nutritional issues and needs of older adults across the health-illness continuum for older adults should be taught. When teaching pathophysiology, content should include susceptibility and response to illness and physiological changes that influence illness recovery in the older adult. Pharmacodynamics of aging, issues of polypharmacy, drug interactions, and use of non-prescription medications and alternative therapies should be introduced early and

reinforced in relationship to specific pharmacological agents, cost of medications, Medicare and Medicaid reimbursement for medications, and issues of dosages and use of generic options.

Psychiatric-Mental Health

Courses that address communication, group dynamics, and psychiatric mental health offer opportunities to address student attitudes and values about older adults and aging, strategies to maximize effective communication with older adults, and issues of family dynamics as they apply to older adults. Students should be exposed to the cognitive changes common to older adults, particularly, dementia, delirium, and depression, and to case-finding and management of elder mistreatment. Maximizing independence should be discussed in relation to maintaining older adults in the least restrictive environment and alternatives to the use of physical and chemical restraints.

Adult Health Clinical Nursing Courses

Providing safe, quality care of older adults and their families should be addressed in all adult health clinical courses. Content should include modifications in communication and assessment specific to older adults, risk for adverse events specific to older adults, recognition and management of geriatric syndromes, and the interaction of acute and chronic co-morbid conditions common to older adults. Gerontology nursing threads begun in life-span, nutrition, pathophysiology, and pharmacology courses should be reinforced and expanded. Opportunities should be available for students to provide care to older adults at all levels of health, maximizing student exposure to community and institutional settings serving older adults, such as home care, assisted living, continuing care retirement communities, acute and long term care settings. Within these clinical settings, students should learn about issues that affect smooth transitions for older people and their families as they move across healthcare settings. Content should address end-of-life care issues for older adults, including decision making and advance directives. Students should learn the rationale for interprofessional teams and participate as a member of an interprofessional team to assess and manage care for older adults with complex health needs.

Community and Public Health Nursing

Community and public health courses should include a focus on older adults as a population at risk. Learning opportunities should be provided for students to assess and compare and contrast the living environments of older adults, including safety issues. Students should learn to analyze both access to and adequacy of community resources available to older adults and their families for maximizing function, maintaining independence, and meeting personal goals, while living in the least restrictive environment. Learning activities should include focus on policy and healthcare financing and the impact of each on care and resource allocation for older adults. The role of the nurse in advocating for this population should be addressed. Students should learn to collaborate with family members and assistive personnel and to assess and evaluate the care provided within the home setting. Community/public health clinical rotations should include focus on the importance of health promotion for older adults and of involving older adults as active participants in their own health care and the evidence-based outcomes that stem from these actions. Students should be encouraged to seek out experiences that allow observation of complementary and integrative healthcare practices on the health promotion and symptom management for older adults.

Ethical/Legal Content

Students should apply, in free-standing courses or integrated into nursing courses, ethical and legal principles that underpin the complex issues arising in care of older adults and allocation of resources for older populations. They should understand and apply concepts of decision-making capacity and have opportunities to assist older adults, families, and caregivers in balancing everyday autonomy and safety decisions. Content should include exposure to alternative modalities to physical and chemical restraints. Aspects of quality end-of-life care for older adults should be addressed.

Nursing Research

Courses that address nursing research should include: 1) examples of nursing research that have benefited the care of older adults, and 2) methods for selecting and applying evidence-based practice guidelines in managing geriatric syndromes and caring for older adults. When opportunities are available, students should be encouraged to participate in research studies that investigate issues focused on care of the older adult.

Professional Issues/Ethics/Healthcare Settings

Courses in professional issues and ethics are ideal for incorporating content and experiences in analyzing the impact of an aging society on the healthcare system, and the impact of payer systems on access, availability, and affordability of health care for older adults. Students should be exposed to the advocacy groups within and outside of nursing that promote quality of care for older adults.

Websites Related to Care of the Older Adult

Older Adult Care Agencies, Organizations, Associations, and Gerontology Centers

| | |
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| www.aacn.nche.edu | American Association of Colleges of Nursing |
| www.aoa.gov | Administration on Aging |
| www.ahrq.gov | Agency for Healthcare Research and Quality |
| www.agingresearch.org | Alliance for Aging Research |
| www.nia.nih.gov/alzheimers | Alzheimer's Disease Education and Referral Center (ADEAR) |
| www.aahomecare.org | American Association for Homecare |
| www.ltcnursing.org | American Association for Long Term Care Nursing |
| www.aahsa.org | American Association of Homes and Services for the Aging |
| www.aarp.org | American Association of Retired Persons |
| www.americangeriatrics.org | American Geriatrics Society |
| www.ahaf.org | American Health Assistance Foundation |
| www.ahca.org | American Healthcare Association |
| http://nursingandhealth.asu.edu/hartford | Arizona State University HCGNE |
| www.asaging.org | American Society on Aging |
| www.aghe.org | Association for Gerontology in Higher Education |
| www.brookdale.org | Brookdale Center for Healthy Aging & Longevity |
| www.geriatricnursing.org | Building Academic Geriatric Nursing Capacity/ John A. Hartford Foundation |
| www.cdc.gov and www.cdc.gov/aging | Center for Disease Control |
| www.healthyagingprograms.org | Center for Healthy Aging |

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| www.cms.hhs.gov | Centers for Medicare and Medicaid Services |
| www.cohealth.org | Concept Health (geropsychological training and resources) |
| www.eldercarerights.org | Elder Care Rights Alliance |
| www.caregiver.org | Family Caregiver Alliance |
| www.aannet.org/i4a/pages/index.cfm?pageid=3833 | Geropsychiatric Nursing Collaborative |
| www.gapna.org | Gerontological Advance Practice Nurses Association |
| www.geron.org | Gerontological Society of America (Gerontological nursing special interest group) |
| http://hartfordign.org | Hartford Institute for Geriatric Nursing, NYU College of Nursing |
| www.hpna.org | Hospice and Palliative Care Nurses Association |
| www.bcm.edu/hcoa | Huffington Center on Aging |
| www.ilcusa.org | International Longevity Center |
| www.mayoclinic.com | Mayo Clinic Web Resources |
| www.alz.org | National Alzheimer's Association |
| www.n4a.org | National Association of Area Agencies on Aging |
| www.nafc.org | National Association for Continence |
| www.nalltco.org | National Association of Local Long Term Care Ombudsman Program |
| www.nage.org | National Association of Geriatric Education |
| www.nci.nih.gov | National Cancer Institute |
| www.ncea.aoa.gov/ncearoot/Main_Site/index.aspx | National Center on Elder Abuse |
| www.ncccconline.org | National Chronic Care Consortium |

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| www.nccnhr.org | National Consumer Voice for Quality Long-Term Care formerly known as the National Citizen's Coalition for Nursing Home Reform |
| www.ncoa.org | National Council on Aging |
| www.ngna.org | National Gerontological Nurses Association |
| www.nia.nih.gov | National Institute on Aging |
| http://nihseniorhealth.gov | National Institutes of Health-Senior Health |
| http://nicheprogram.org | Nurses Improving Care for Healthsystems-Elders Program (NICHE) |
| www.cms.gov/MLNGeninfo | Medicare Learning Network |
| www.nlm.nih.gov/medlineplus | MedlinePlus |
| www.npuap.org | National Pressure Ulcer Advisory Panel (NPUAP) |
| www.preventelderabuse.org | National Committee to Prevent Elder Abuse |
| www.ohsu.edu/xd/education/schools/school-of-nursing/about/centers/hartford-center | Oregon Health and Science University HCGNE |
| www.pioneernetwork.net | Pioneer Network |
| www.hhdev.psu.edu/hartford | Pennsylvania State University HCGNE |
| www.silverbook.org | The Silver Book: Chronic Disease in an Aging Nation |
| www.jhartfound.org | The John A. Hartford Foundation "dedicated to improving the care of older adults" |
| www.hartfordcenter.uams.edu | University of Arkansas HCGNE |
| www.geronet.ucla.edu | University Of California-Los Angeles Geriatric Education Center |
| http://nurseweb.ucsf.edu/www/hcgne.htm | University of California-San Francisco HCGNE |
| www.nursing.uiowa.edu/hartford | University of Iowa HCGNE |
| www.nursing.umn.edu/hartford | University of Minnesota HCGNE |

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| www.nursing.upenn.edu/cisa | University of Pennsylvania HCGNE |
| www.usc.edu/dept/gero/academics.shtml | University of Southern California Davis School Of Gerontology: Ethel Percy Andrus Gerontology Center |
| http://nursing.utah.edu/hartford/index.html | University of Utah HCGNE |
| www.iog.wayne.edu | Wayne State University Institute of Gerontology |
| www.wellspouse.org | Well Spouse Association |
| www.mu.edu/wgec | Wisconsin Geriatric Education Center |
| www.wocn.org | Wound Ostomy Continence Nurses Society |

Resources Related to Care For Older Adults

| Website | Resource |
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| http://www.aacn.nche.edu/education/bacessn.htm | <i>2008 AACN Essentials of Baccalaureate Education for Professional Nursing Practice and Toolkit</i> |
| www.aacn.nche.edu/Education/Hartford/pdf/monograph.pdf | <i>AACN: Caring for an Aging America: A Guide for Nursing Faculty</i> |
| http://hartfordign.org | Repository of educational resources and aids for educators, students, and clinicians |
| http://hartfordign.org/education/Baccalaureate_education | AACN: Geriatric Nursing Education Consortium (GNEC) state-of-the-science papers |
| http://hartfordign.org/education/Baccalaureate_education | Hartford Institute: Integrating Care of Older Adults in Student Clinical Rotations in Hospitals: Resources for Clinical Faculty |
| www.pogoe.org/productid/20660 | Geropsychiatric Nursing Competency Enhancements |
| www.aacn.org/WD/Practice/Content/Eldercare.pcms?menu=Practice | Free web-based course: "The Best Practices for Elder Care" for critical care nurses |

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| http://consultgeriRN.org | Evidence-based geriatric clinical nursing website of The Hartford Institute for Geriatric Nursing, at NYU's College of Nursing. Host of the "Try This" series |
| http://consultgerirn.org/specialty_practice | REASN (Resourcefully Enhancing Aging in Specialty Nursing): promotes involvement of specialty nursing organizations in improving older adult care. |
| http://geri-ed.umaryland.edu | University of Maryland Baltimore geriatric care based case studies, videos, etc. |
| www.geriatricpain.org/Pages | Resource for teaching geriatric pain assessment and management in long-term care |
| www.GeroNursingEd.org | Repository of resources for teaching gerontological nursing |
| www.gittprogram.org | John A. Hartford Foundation Geriatric Interdisciplinary Team Training (GITT) Program: Resource for team training tools and team exercises |
| www.guideline.gov | National Guideline Clearinghouse: resource for evidence-based practice guidelines |
| www.hartfordcenter.uams.edu | Streaming video—"What do you see nurse?" See me nurse (click Southern Region Coalition) |
| www.hbo.com/alzheimers/caregivers.html | HBO Series: The Alzheimer's Project |
| www.iom.edu/Reports/2008/Retooling-for-an-Aging-America-Building-the-Health-Care-Workforce.aspx | Institute of Medicine 2008 Report titled <i>Retooling for an Aging America</i> |
| http://medschool.slu.edu/agingsuccessfully | Saint Louis University School of Medicine Division of Geriatrics online newsletter, <i>Aging Successfully</i> |
| www.merck.com (search Geriatrics) | Free access to <i>The Merck Manual of Geriatrics</i> |

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| milehighstories.com/?page_id=23 | Denver Seniors Stories at Windcrest |
| www.niapublications.org/shopdisplayproducts.asp?id=45&cat=All+Age+Pages | National Institute on Aging: Age Pages |
| www.nln.org/facultydevelopment/facultyresources/ACES | National League of Nursing ACES (Advancing Care Excellence for Seniors): gerontological resources for faculty & students |
| www.nursing.umn.edu/Hartford/facultyteachingresources/home.html | University of Minnesota Hartford Center of Geriatric Nursing Excellence: links to faculty teaching resources |
| www.nursingcenter.com/AJNolderadults | <i>American Journal of Nursing (AJN)</i> "Try This" and "A New Look at the Old" series |
| www.nursing.uiowa.edu/hartford | University of Iowa Hartford Center of Geriatric Nursing Excellence: evidence based practice guidelines/ CD-ROMs and additional resources |
| www.nursing.upenn.edu/cisa | University Of Pennsylvania Center for Integrative Science in Aging (CISA): Gero T.I.P.S. (Teach Innovative Practical Solutions) |
| www.stanford.edu/group/ethnoger | Stanford University: Curriculum addressing ethnogeriatrics |
| www.videocaregiving.org | Free video excerpts of caregiving issues by Terra Nova films |
| www.pogoe.org | Portal of Geriatric Online Education |
| www.geronet.ucla.edu | University of California-Los Angeles, GeroNet: Teaching Resources, Faculty Development |
| www.vhct.org/studies.htm | University of Missouri-Columbia School of Health Professions case studies |
| www.terranova.org | Terra Nova Films (videos on aging for purchase) |



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