

INTEGRATING GERONTOLOGY COMPETENCIES INTO GRADUATE NURSING PROGRAMS

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Abstract:

Current demographic and health care utilization trends strongly indicate a rapidly increasing demand for nurses who are well qualified to care for older adults. Advanced practice nurses are positioned to assume leadership roles in geriatric nursing care; however, they must first acquire adequate preparatory education. This article describes two graduate nursing schools' curricular innovations that were funded by The John A. Hartford Foundation, in collaboration with the American Association of Colleges of Nursing (AACN), through the Geriatric Nursing Education Project: Enhancing Gerontological/Geriatric Nursing for Advanced Practice Nursing. These programs at University of North Carolina at Greensboro and Pennsylvania State University incorporated techniques to translate the Nurse Practitioner and Clinical Nurse Specialist Competencies for Older Adult Care [American Association of Colleges of Nursing. (2004). *Nurse practitioner and clinical nurse specialist competencies for older adult care*. Washington, DC: AACN] into an advanced practice curriculum and developed strategies to sustain curricular innovations. Finally, lessons learned from these two projects are discussed and recommendations are made for integrating geriatric nursing competencies into graduate programs. (Index words: Advanced gerontological nursing; Curricular integration; Competencies; Master's core curriculum) *J Prof Nurs* 22: 123-128, 2006.

Article:

WITH THE IMPENDING retirement of the nation's baby boomers slated to begin in 2010, the need for gerontological health care specialists continues to escalate. Yet, despite numerous efforts to better prepare advanced practice gerontological nurses, the projected number of specialized nurses qualified to care for our country's rapidly growing older adult population remains inadequate (Bennett et al., 2003; Kirkpatrick & Brown, 2004). The fact remains clear, however: Most nurses are finding themselves caring for older adults regardless of the care setting. Thus, these nurses are mandated to become better prepared in the management of the complex care demands of chronically and acutely ill elders. Advanced practice nurses are

positioned to assume leadership roles in providing excellent geriatric nursing care; however, they must first be ensured adequate preparatory education.

The John A. Hartford Foundation, in collaboration with the American Association of Colleges of Nursing (AACN), through the Geriatric Nursing Education Project: Enhancing Gerontological/Geriatric Nursing for Advanced Practice Nursing, awarded funding to 10 graduate nursing programs. Schools were charged, over a 3-year period (2002–2004), with the enhancement of the geriatric curriculum and the development of clinical innovations in advanced practice nursing programs. Each of the programs set specific goals for the funding period, and all were expected to develop post-grant strategies to sustain the implementation of their recruitment techniques, community collaborations, and faculty development activities.

This article presents case examples of curricular enhancements in two of the awarded schools: University of North Carolina at Greensboro (UNCG) and Pennsylvania State University (PSU). Highlights of each school's curricular innovations to advance excellence in geriatric nursing are presented, along with techniques for translating the Nurse Practitioner and Clinical Nurse Specialist Competencies for Older Adult Care (AACN, 2004) into an advanced practice curriculum. Strategies for sustaining curricular innovations are outlined. Lessons learned are discussed and recommendations are made to nurse educators for integrating advanced practice nursing competencies into their graduate programs.

UNCG Experience

UNCG's 30-year-old graduate nursing program has incorporated gerontological nursing since 1988, when the school first offered both a graduate-level and an undergraduate-level gerontological nursing course (the undergraduate course was required of both generic and RN/BSN students). In the early 1990s, the school transitioned graduate gerontological nursing concentration into a gerontological nurse practitioner program, with the addition of qualified faculty and funding from the Health Resources and Services Administration/Bureau of Health Professions. The School of Nursing continued to attract both students and faculty with interest in gerontological nursing, and now boasts of a large cadre of 16 nursing faculty members with educational preparation, clinical expertise, and/or research experience in the field of gerontological/geriatric nursing. With one third of the nursing faculty engaged in teaching, research, and professional service involving older adults, the goal of infusing gerontological nursing across the graduate curriculum was quickly adopted and became the primary aim of the Geriatric Nursing Education Project for Advanced Practice Nursing.

Infusing Gerontological Nursing into Advanced Practice Nursing Education

UNCG offers five concentrations: (a) adult/gerontological nurse practitioner, (b) nursing education, (c) nursing anesthesia, (d) nursing administration, and (e) adult clinical nurse specialist (CNS). Additionally, students can enroll in a combined MSN/MBA program in health management.

Even though, pre-Hartford, the graduate faculty already possessed gerontological nursing expertise and were integrating content into the graduate core and support courses, they agreed that the gerontological/geriatric nursing component of the curriculum needed further enhancement. The faculty reviewed the graduate program to determine which didactic and

clinical course components to target for enhancing gerontological/geriatric nursing content. The faculty decided to focus on specialty courses in all of the concentrations and to enhance geriatric content in three of the core courses and in one designated support course. All students are required to take three core courses: NUR 601: Critique and Utilization of Research in Nursing; NUR 610: Theoretical Foundations in Advanced Practice Nursing Practice; and NUR 620: Law, Policy, and Economics of Health Care. Students in the adult/ gerontological nurse practitioner and nursing education concentrations are also required to take NUR 550: Pathophysiology for Advanced Nursing.

Faculty development workshops were scheduled from the project's beginning. The faculty reached agreement regarding strategies needed to enhance the curriculum (these are summarized in Table 1). These strategies served as a guide for evaluating course enhancements. The project director used grant funding to purchase films, gerontological nursing and geriatric medicine texts, and evidence-based protocols developed by the Gerontological Nursing Interventions Research Center at The University of Iowa. All faculty members also received the Try This: Best Practices in Nursing Care of Older Adults (Assessment Series) (The John A. Hartford Foundation Institute for Geriatric Nursing, 2004).

Throughout the project, the faculty reported on various innovations that they used to enhance their course work. In all cases, recommended strategies for curricular enhancement were followed; yet, each faculty member also incorporated one's unique clinical expertise and research experiences in gerontological nursing into many of the lectures and/or web-based assignments. Sample innovations used by the faculty are listed in Table 2.

The curricular enhancement process proved successful because it took place in incremental steps. At a monthly meeting of the UNCG School of Nursing Graduate Council, the project director updated the faculty regarding gerontological educational resources that had been purchased with grant funding. The project director also sought updates from the faculty on the status of curricular changes, often learning that the nursing faculty moved ahead of schedule in implementing strategies for gerontological nursing curricular enhancement. The overall goal to integrate gerontological nursing content into graduate core courses was achieved early in the grant implementation process; efforts to elaborate with new teaching and learning strategies continued throughout the duration of the project and continued beyond the funding time period. Clearly, with nursing faculty members committing to curricular-change implementation early on, their innovations are more likely to achieve sustainability

Table 1. Strategies to Enhance Infusion of Gerontological Nursing Curriculum

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- Require readings that pertain to geriatric nursing.
 - Designate a percentage of test questions to gerontological nursing.
 - Provide students with web-based resources and community linkages.
 - Encourage students with an interest in gerontology to focus written assignments on gerontological nursing issues.
 - Require a designated amount of clinical time devoted to caring for older adults in all clinical settings.
 - Measure student competence in the care of older adult in didactic and clinical courses.
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Table 2. Exemplars of Curricular Innovations to Enhance Gerontological Nursing in Graduate Core and Support Courses

Critique and utilization of research in nursing

Use of evidence-based practice protocols developed by the Gerontological Nursing Intervention Research Center at The University of Iowa in class exercises (critiques)
Case studies on issues of informed consent with older adults
Class exercise/discussion on recruitment strategies/issues in research on older adults

Theoretical foundations in advanced practice nursing

Selection of articles and research related to older adults to explain theories and concepts related to theories
Critique of the applicability of theories to the older adult population

Use of pictures of older adults to sensitize students and broaden their perspective on the concept of health

Law, policy, and economics of health care

Use of legal search engines such as LexisNexis and Thomas to find legal cases and legislation related to the health care of older adults

Analysis of case studies related to nonintentional torts (negligence) and intentional torts (such as false imprisonment, assault, and battery) committed on adults
Application of ethical decision-making models with older adult care, such as end-of-life care

Pathophysiology for advanced nursing

Discussions of the impact of selected comorbidities (such as diabetes mellitus and chronic obstructive pulmonary disease) on malnutrition and infection in older adults via case studies

Discussions of age-related changes in body systems and vital organs

Differentiation of normal laboratory values in younger and older adults

and to thrive beyond the duration of the funding project. To date, with continued administrative support and ongoing communication among graduate faculty members, successful gerontological curricular enhancement continues.

PSU Experience

As a land-grant university, PSU commits to providing education to state residents and to improving community health. The university offers degree programs and continuing education to rural Pennsylvania residents via an intricate 24-campus network that enrolls over 80,000 students. Although the School of Nursing is located at the College of Health and Human Development at the University Park campus in central Pennsylvania, the nursing program is offered at eight other locations across the state.

When grant funding began, the master's degree program in nursing consisted of a family nurse practitioner (FNP) option and a CNS option in adult/ older adult and community health. The adult/older adult CNS option, which focused on both younger and older adults, did not include in-depth analyses of gerontological nursing issues. With the AACN/Hartford funding, specialized geriatric content and clinical experiences were disentangled from integrated course content and were strengthened to better prepare advanced practice clinicians with a distinct geriatric nursing curriculum. This curricular template was then adapted for other CNS specialties, resulting in a broader range of specialty offerings organized around core role development courses.

Internal Resources Available to Support Geriatric Specialty

Over the duration of the project, recruitment efforts resulted in the creation of the strongest contingent of geriatric nursing faculty at the PSU School of Nursing since the development of the graduate program. Tenured senior faculty and tenure-track junior faculty established a core project team, charged with the mission of working collaboratively to build a geriatric nursing research and practice base. Internal resources extended beyond this project team to include colleagues in eight academic units and eight research centers at the College of Health and Human Development. These additional faculty members augmented nursing proficiency with interdisciplinary expertise in geriatric nutrition, human development, kinesiology, health policy, and other areas. The Gerontology Center and the Geriatric Education Center of Pennsylvania (both housed in the College of Health and Human Development) provided opportunities for fostering an interdisciplinary graduate program of study.

To improve clinical rotation offerings, collaboration between the School of Nursing and the Cooperative Extension Office enabled students to access a 67-county network that included rural communities. The Mount Morris Primary Care Center, located in a poor section of southwestern Pennsylvania and West Virginia's Appalachian mountains, employs nurse practitioners to care for 5,000 patients; the site offers exceptional student learning opportunities under the mentorship of Dr. Mona Counts, a faculty-clinician with a doctoral degree. Together, these resources strengthened the CNS option.

The PSU School of Nursing employs distance learning technology to extend its reach to students who reside in rural communities. The FNP option is offered at seven sites using a combination of videoconferencing and other methods of distance technology. Thus, both the technological infrastructure and the support needed to disseminate specialized gerontology revisions are in place.

Curricular Revisions

Like UNCG, PSU assembled a team of key graduate faculty members to design curricular revisions for the CNS older adult option. On receiving university approval for implementation, the team used the geriatric curriculum as a template to redesign core courses while supporting CNS role development in specialty areas. All CNS students are now mainstreamed into three core courses (N518, N519, and N521), maximizing the use of faculty resources while providing a solid basis for

Table 3. Matching the AACN Master’s Essentials of Advanced Practice Nursing Graduate Core Curriculum Content with the Nurse Practitioner and Clinical Nurse Specialist Competencies for Older Adult Care*

AACN Essentials’ Domains	Competencies for Older Adult Care
<i>Research</i>	
<ul style="list-style-type: none"> • Access current and relevant data 	<p>36. Participate in the design and implementation of evidence-based protocols and processes to reduce adverse events common o older adults, such as infections, falls, and polypharmacy</p>
<ul style="list-style-type: none"> • Utilize new knowledge to analyze outcomes of nursing interventions 	<p>38. Use public and private databases to incorporate evidence-based practices into the care of older adults 39. Apply evidence-based practice using quality improvement methodologies in providing quality care to older adults</p>
<i>Policy, organization, and financing of health care</i>	
<ul style="list-style-type: none"> • Health care policy 	<p>32. Understand payment and reimbursement systems, and financial resources across the continuum of care</p>
<ul style="list-style-type: none"> • Organization of the health care delivery system 	
<ul style="list-style-type: none"> • Health care financing 	
<i>Ethics</i>	
<ul style="list-style-type: none"> • Ethical dilemmas 	<p>18. Use an ethical framework to address individual and family concerns about caregiving, management of pain, and end-of-life issues</p>
<ul style="list-style-type: none"> • Evaluate ethical methods of decision making and engage in an ethical decision-making process 	
<i>Professional role development</i>	
<ul style="list-style-type: none"> • Effect change within the health care system 	<p>21. Recognize the heightened need for coordination of care with other health care providers and community resources</p>
<ul style="list-style-type: none"> • Articulate differentiated advanced practice nursing role 	<p>28. Disseminate knowledge of skills required to care for older adults to other health care workers and caregivers 29. Advocate within the health care system and policy arenas for the health needs of older adults, especially the frail and markedly advanced older adults</p>

Table 3. (continued)

AACN Essentials' Domains	Competencies for Older Adult Care
<i>Theoretical foundations of nursing practice</i>	
<ul style="list-style-type: none">• Apply and utilize appropriate theories from nursing and related fields to provide high-quality care to clients	39. Apply evidence-based practice using quality improvement methodologies in providing quality care to older adults 45. Adapt age-specific assessment methods or tools to a culturally diverse population
<i>Human diversity and social issues</i>	
<ul style="list-style-type: none">• Diverse learning experiences throughout the curriculum and the clinical practice area• Define, design, and implement culturally competent care	37. Address the impact of ageism, sexism, and cultural biases on health care policies and systems 45. Adapt age-specific assessment methods or tools to a culturally diverse population 47. Incorporate culturally and spiritually appropriate resources into the planning and delivery of health care
<i>Health promotion and disease prevention</i>	
<ul style="list-style-type: none">• Use epidemiological, social, and environmental data to draw inferences regarding the health status of client populations	4. Assess health status and identify risk factors in older adults 14. Prevent, or work to reduce, common risk and environmental factors that contribute to declines in physical function, impaired quality of life, social isolation, and excess disability in older adults 31. Create and enhance positive health-promoting environments that maintain a climate of dignity and privacy for older adults

*The numbers listed in the table correspond to designated numbers in the *Nurse Practitioner and Clinical Nurse Specialist Competencies for Older Adult Care* (AACN, 2004).

continued specialization through unique clinical experiences and conferences. This curricular plan facilitates the integration of geriatric content across multiple specialties while retaining the intensive CNS older adult specialty option.

In this restructuring, the four didactic credit hours in the CNS program were retained, but clinical practicum credit hours were increased from 10 to 12 hr. The integration of specialty into the program of study allowed students to complete an intensive (a minimum of six credits) or a 10-credit graduate minor. This curricular strategy maximized our use of available resources within the university and practice community without placing further demands on the nursing faculty.

Translating AACN Advanced Practice Nursing Competencies into an Advanced Practice Curriculum

The AACN and The John A. Hartford Foundation contributed significantly to improving geriatric nursing care with the publication of the Nurse Practitioner and Clinical Nurse Specialist Competencies for Older Adult Care (AACN, 2004). This benchmark document, which defines geriatric nursing competencies and core NP and CNS contents for nongerontological nursing specialists, remains a critical resource for nurse educators.

Dr. Laurie Kennedy-Malone, UNCG's project director, served on the national expert panel, which employed a consensus-building process to create these core competencies. An independent validation panel evaluated and supported the competencies. They were then revised and edited, resulting in the establishment of a final set of 47 competencies/content areas essential for the provision of comprehensive older adult nursing care. The competencies are organized around the Domains and Competencies of Nurse Practitioner Practice (National Organization of Nurse Practitioner Faculties, 2002) and the core CNS spheres of influence (National Association of Clinical Nurse Specialist, 2004). Further details regarding the development of the document, Nurse Practitioner and Clinical Nurse Specialist Competencies for Older Adult Care (AACN, 2004), are described elsewhere in this issue.

UNCG developed a strategy for introducing the competencies and for beginning the process of content mapping. Each graduate faculty member received a copy of the competencies, reviewed the material, and identified applicable competencies to map to their course requirements. For example, faculty members teaching the three core courses and the pathophysiology course identified 26 competencies to incorporate into the course requirements.

Connecting the Nurse Practitioner and Clinical Nurse Specialist Competencies for Older Adult Care in core and designated support courses with the domains of The Essentials of Master's Education for Advanced Practice Nursing (AACN, 1996) solidified the integration process. Faculty members who use these two documents to guide their curriculum development can be assured that essential content for graduate nursing students is addressed and that all advanced practice nursing students will gain greater understanding of the special needs of older adult patients (see Table 3). With few exceptions, nurse educators, nurse administrators, nurse practitioners, and CNSs encounter older adults in their practice settings. Using competencies from the Nurse Practitioner and Clinical Nurse Specialist Competencies for Older Adult Care in master's core and support courses facilitates the integration of gerontological nursing content into the graduate curriculum.

Sustaining Curricular Innovations: Building a Network of Geriatric Excellence

Although many of the AACN/Hartford projects focused on curricular revisions, several also developed strategies for sustaining innovations. PSU undertook strategic initiatives to sustain the

viability of curricular changes as the focus shifted from ensuring program excellence to building a stronger network of geriatric excellence. These initiatives were carefully crafted to cultivate potential student interest, to identify and build relationships with preceptors, and to promote the expertise of the interdisciplinary community of scholars in the university who are interested in geriatrics/gerontology.

To communicate more formally with colleagues providing geriatric care services, PSU established a Geriatric Nursing Coalition composed of nurses from long-term care, acute care, home nursing, undergraduate nursing programs, and the Veterans Affairs health system. The coalition examined geriatric nursing community needs, as well as continuing education and in-service programming. As a result of these discussions, internal funding was leveraged to conduct continuing geriatric nursing education at multiple sites. Practicing nurses earned continuing education units through a format that demystified the technology used in graduate courses, thus creating important transitional linkages that would hopefully entice participants to enroll in more formal educational programs in the future.

To further highlight geriatric excellence, the PSU School of Nursing showcased geriatric nursing initiatives on its web site. Documentary-style interviews with well-known faculty members in gerontology were produced and posted to allow students to "meet" these renowned scholars and to hear them discuss their work. Gerontology learning modules that brought experts to

Table 4. Strategies for Implementing Curricular Revisions

- Curriculum revision always takes longer than you expect: Strategically plan timing
- The "ideal" curriculum is easier to write than a "feasible" curriculum: Carefully evaluate resources and capacity
- Faculty input is critical: Collect, incorporate, and acknowledge faculty input
- Usually, you cannot fix everything at once: Plan for incremental change
- Plan adequate but time-limited discussion sessions: Keep focused
- Summarize concerns at each meeting and, later, articulate how voiced concerns were addressed: Problematic issues will not go away
- Engage the broadest faculty group involved in the change in process: Do not create an "us-versus-them" situation
- Acknowledge that some issues are entwined in programmatic decisions, but are not resolved solely through curriculum revisions: Remember the bigger picture
- Consider a wide range of stakeholders (including students, potential and known employers, and in-house and external colleagues): Build coalitions to sustain your innovations

the students in a comprehensive user-friendly format were also incorporated into course work and continuing education.

A network of geriatric nursing excellence is thus being advanced through the PSU School of Nursing; such efforts extend beyond university walls, providing practitioners and students with the resources necessary to embed gerontology competencies into practice. As a result of these

efforts, clinicians and educators possess a heightened awareness of the need for specialized preparation in geriatric care, and, as such, efforts to sustain the newly revised curriculum are ongoing.

Lessons Learned: Implications for Nursing Education

Both projects implemented significant curricular revisions; however, most faculty members do not approach the task of curricular revision with joyful anticipation. Often, curricular change is perceived as a tedious process fraught with strife; yet, educators must be cognizant of its importance in relation to building specialty options. With this in mind, recommendations to make the process of curricular revision smoother are presented in Table 4. Typically, a process champion emerges to lead specialty advancement, but this person may face significant institutional barriers. It is imperative to build consensus among faculty members by making a strong case for need, to carefully assess the availability of resources, and to plan techniques to sustain innovations.

Throughout the process of curricular revision, incremental change must be carefully executed while keeping in mind anticipated outcomes. Fragmented approaches to curricular revisions often result in dilution or loss of content that is critical to an advanced specialty. It is essential to strategically enhance faculty and institutional buy-in for the efforts; momentum can be sustained through internal and external fundings that support faculty investment in related projects. It is crucial to communicate with stakeholders to build consensus in the early phases and to celebrate successes.

Conclusions

Given the "graying of America," nurse educators

must infuse gerontological nursing throughout graduate nursing curricula. In Schools of Nursing without advanced practice programs in gerontological nursing, the faculty may wish to start by identifying gerontology nursing experts in both nursing and other academic units in their campuses, who can give guest lectures and help develop web-based courses (Hollinger-Smith, 2003). Community-based gerontologists and geriatricians engaged with the School of Nursing through public/private sector partnerships can function as advisory members in identifying clinical placements that serve predominantly older adult populations. Web-based resources developed by professional nursing and gerontological organizations are readily available for faculty development and curricular enhancement. Perhaps most importantly, the Nurse Practitioner and Clinical Nurse Specialist Competencies for Older Adult Care (AACN, 2004) provides a guide for nurse educators to assess their advanced practice nursing curricula relative to these competencies and to improve their programs accordingly.

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