

EDUCATION/COMMUNITY COLLABORATIONS FOR UNDERGRADUATE NURSING GERONTOLOGICAL CLINICAL EXPERIENCES

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Abstract:

In 2000, the American Association of Colleges of Nursing and the John A. Hartford Foundation Institute for Geriatric Nursing developed guidelines to help nurse educators incorporate gerontological nursing content into baccalaureate curricula. In 2001, the Hartford Foundation also provided grant monies to nursing programs to support gerontology curricular innovations and new clinical experiences. The funding allowed faculty to focus time, energy, and resources on gerontological nursing education. We, the authors, representing two funded schools of nursing, collaborated with community agencies to develop undergraduate gerontological clinical learning experiences and are encouraged by the results. This article describes the development of these collaborations and serves as a model for other schools of nursing. The education/community collaborations described here focus on clinical learning strategies, implementation activities, and outcomes/benefits of the experiences. Both educational programs had supportive administration, faculty willing to participate in curriculum change, organized plans to implement geriatric curricular enhancement, and long-standing community partnerships.

Index words: Community/ education collaboration; Gerontology; Clinical teaching; Nursing

Article:

"I love working with older patients."

How many time have you heard nursing students make this claim? Unfortunately, not often...largely because of their misconceptions about elderly patients and the care that they require. Students lack of enthusiasm for gerontological nursing is especially unfortunate given the importance of nursing care for this population. Educating nursing students to work with elderly patients in all health care settings has become an overwhelming need.

The American Association of Colleges of Nursing (AACN) and the John A. Hartford Foundation Institute for Geriatric Nursing (2000) created guidelines for nurse educators to incorporate gerontological nursing content into baccalaureate curricula. In 2001, the Hartford Foundation also provided grant monies to nursing programs to support gerontological curricular innovations and new clinical experiences. The funding allowed faculty to focus time, energy, and resources on gerontological nursing education. We, the authors, representing two awarded schools of nursing, collaborated with community agencies to develop undergraduate gerontological clinical learning experiences. This article, which describes the development of these collaborations, serves as a model for other schools of nursing.

Nursing Education/Community Collaborations

Nurses in all health care settings are caring for increasing numbers of older patients but have limited preparation in the principles of geriatric nursing care because few baccalaureate programs include this content (Rosenfeld, Bottrell, Fulmer, & Mezey, 1999). Less than 1% of the 2.2 million practicing registered nurses today hold professional recognition in gerontological nursing (Bednash, Fagin, & Mezey, 2003).

Role

models for geriatric nursing best practices are not available. Furthermore, the health care needs of older adults require a focus on management of chronic health problems as well as treatment of acute problems. Many older adults live in the community, either independently or with the support of their family, community, and/or community services (Administration on Aging, U.S. Department of Health and Human Services, 2004). Consequently, nursing students must be prepared to practice in acute care, community, and home settings.

Nursing programs are increasing their capacities to educate greater numbers of nurses (Kataoka-Yahiro, Cohen, Yoder, & Canham, 1998). However, finding appropriate clinical sites for nursing students becomes more difficult given the nursing shortage. In addition, nursing faculty with expertise in the field of aging are responsible for mentoring their colleagues to address clinical teaching needs. Yet nursing faculty with gerontology expertise are scarce: 25% of nursing schools have no such faculty (Berman & Thornlow, 2005).

Education/community collaborations for undergraduate gerontological clinical experiences provide students with opportunities to care for older adults. Collaborations among partners with this shared interest provide them with an opportunity to work together for their mutual benefit. Nursing education/community collaborations benefit students, older adult clients, nursing education programs, and health care agencies. Successful collaborations require commitment, cooperation, and communication (Hegyvary, 1991; Sebastian, Davis, & Chappell, 1998; Sylvester & Mctavish, 1998). Nursing educators and community collaborators must share a commitment to high-quality geriatric education for students and high-quality nursing care for elderly patients. They must cooperate in planning, implementing, and evaluating the partnership and must facilitate clear and accessible communication among partners at all organizational levels. Finally, nursing curricula need to be relevant to the community of interest, as suggested by AACN accreditation documents; thus, the vision for the nursing program must be co-created. Communities of interest need to be active participants in supporting this vision (Farrel, Douglas, & Siltanen, 2003).

The education/community collaborations described in this article focus on clinical learning strategies, implementation activities, and outcomes/benefits of the experiences. Both educational programs had supportive administrations, willing faculty, implementation plans, and long-standing community partnerships.

University of North Carolina at Greensboro School of Nursing

The School of Nursing at the University of North Carolina at Greensboro (UNCG) maintains a strong focus on gerontology, supported by both nursing administration and faculty. The generic and RN/BSN undergraduate curricula include a required geriatric course with a clinical component at the senior level, and the school also has a highly successful GNP/ANP master's program. The objectives of the AACN/Hartford grant were to (1) enhance geriatric content and clinical experiences in nongeriatric courses, (2) expand faculty expertise in gerontology, (3) develop and improve positive role models for geriatric best practices during geriatric clinical experiences, and (4) increase the number of graduates specializing in geriatric nursing. Project faculty achieved these objectives by capitalizing on the school's strong relationships with the Moses Cone Health System (MCHS) in Greensboro.

The MCHS, located 3 miles away from the university campus, includes acute care, rehabilitation, behavioral health, extended care, home care, and long-term care services. The MCHS, the primary employer of UNCG baccalaureate nursing graduates, not only offers exceptional student clinical experiences but also functions frequently as an arena for faculty practice and research. Both partners are knowledgeable about each other's goals and resources and sit on each other's boards and committees. Such involvement cements the relationship, maintains communication, and ensures mutual trust.

Initially, the project faculty met with key nurse administrators at the MCHS, two of whom are graduates of the UNCG's GNP program. They shared the AACN/Hartford project goal of providing meaningful geriatric nursing experiences to undergraduate students, many of whom would be employed by the MCHS upon

graduation. Project faculty provided information on population characteristics, and nurse administrators highlighted system statistics which demonstrated that the hospital's annual discharge rates for the elderly were significantly higher than the national average. Also, fall and restraint statistics were high on units that provided care for older adults. Clearly, providing quality care to geriatric patients and providing quality geriatric education to nurses were mutual goals. Faculty and administrators scheduled regular meetings to formulate strategies and share progress. Project faculty and the MCHS nursing administrators collaborated to prepare the business, development, and establishment plan for an acute care for the elderly (ACE) unit that was supported by the MCHS Board of Directors. The ACE unit opened during the second year of the project. In addition, the board of directors implemented a system-wide model of geriatric care, [NICHE \(Nurses Improving Care to Health System Elders, n.d.\)](#), which challenges nursing staff to change their practice environments so that all older patients will receive quality nursing care based on these standards.

Because the MCHS interfaces with the school of nursing curricula at all levels, its new emphasis on geriatric nursing validates the importance and currency of geriatric best practices and geriatric-rich didactic course content. Clinical settings across the continuum (acute care, rehabilitation, subacute, long-term care, home care) capture the breadth of geriatric nursing practice, as well as provide meaningful experiences. With every setting providing geriatric learning opportunities, students gain experience with older adults at varied levels of function and illness. In addition, at least one clinical instructor from the MCHS is a geriatric nurse practitioner who brings specialized knowledge to the students.

Faculty capitalize on every opportunity to create clinical experiences at the MCHS that focus on older patients/clients. During acute care clinical experiences, students use assessment tools that measure the functional, physical, and cognitive status of older adults. Faculty require students to consider patients' ages when formulating diagnosis and treatment options and to address medication issues, teaching strategies, and discharge arrangements. The MCHS restraint reduction policies allow student reflection regarding alternatives to physical and chemical restraints. The MCHS psycho-social clinical faculty teach primary problems of aging, such as dementia, depression, suicide, and social isolation of elders and caregivers. Faculty from pediatric units created innovative assignments involving children and grandparent relationships.

Students in both the required geriatric course and community nursing course meet learning objectives that include (1) analysis of environmental and socioeconomic impacts on the health of populations; (2) application of theories of aging, health behavior, and epidemiology in caring for individuals and populations at risk in various health care settings; (3) coordination and use of resources in providing nursing care; and (4) application of leadership principles with multidisciplinary health care teams. At the MCHS, innovative interdisciplinary experiences involve home care, extended care, acute care, outpatient clinics, and skilled care to meet these learning objectives. As students move through clinical areas, they recognize that nearly all of these clinical experiences involve older adults. Student journals increasingly reflect on the MCHS's emphasis on geriatric care models. School of nursing faculty, who are already sensitized to practice situations and clinical dilemmas related to older adult patients, acknowledge that students must become sensitized as well.

School of nursing faculty and students contribute significantly to orienting and educating ACE unit staff at the MCHS; nurse administrators participated in formal and informal faculty development activities in geriatric nursing. More than 100 nursing personnel, including UNCG faculty presenters from five units on campus and MCHS experts from several divisions, attended an 8-hour workshop on geriatrics for the community nursing workforce. Additional collaborative geriatric nursing teaching activities included multidisciplinary workshops in both agencies, presentations at professional conferences and to local health care groups, and publications in both organizations' newsletters.

This collaboration between the UNCG School of Nursing and the MCHS benefits the students, the agencies, and the older patients. Students improve their skills in, their knowledge of, and their attitudes about gerontological nursing. They recognize that older patients have unique needs that require special resources.

They experience a health care system that is flexible and adaptable to changing health care needs. Students develop a more holistic view of gerontological nursing by caring for older clients in settings across the continuum.

The MCHS benefits from this partnership, as students become versed in gerontological nursing. Students who have positive clinical educational experiences at the MCHS often return as employees with newly developed skills and knowledge of theories and treatment protocols (Wendt, 2003). Both partners benefit by marketing themselves to new recruits as potential places of either employment or graduate study. This project has inspired continued collaborative efforts resulting in the awarding of more grant monies toward the education of nursing personnel and faculty in geriatric best practices.

Grand Valley State University Kirkhof College of Nursing

Initially, the dean of nursing, the project director for the AACN/Hartford grant, assumed the advocacy role for implementing gerontological curricular change. Most faculty faced other demands resulting from a substantial increase in BSN enrollment. Nevertheless, a team of faculty, representing most of the clinical courses in the BSN program, demonstrated enough interest in gerontology to write the grant proposal. Although an identified advocate for gerontology was involved in every course, other faculty resisted incorporation of more gerontology, believing that the curriculum already contained enough. Eventually, as core support faculty expanded their gerontology expertise and involved their course team members, they served as mentors and persuaded other faculty to believe in the mission.

Initially, the project team reviewed the curriculum to determine placement of gerontology content and experiences. Because the document *Essentials of Baccalaureate Education for Professional Nursing Practice* (AACN, 1998) had guided the curriculum mapping process, use of its companion document *Older Adults: Recommended Baccalaureate Competencies and Curricular Guidelines for Geriatric Nursing Care* (AACN & The John A. Hartford Foundation Institute for Geriatric Nursing, 2000) coordinated the geriatric focus. Because the curriculum progresses from health promotion and disease prevention in the initial courses to acute illness, chronic illness, and community health and leadership/management in the final courses, gerontology content and experiences were matched to this curriculum; specific topics were identified using the Hartford Best Practices resource materials. Teaching resources were also expanded to include library purchases and learning laboratory simulation equipment.

Following the recommendation of Fusner and Staib (2004), the Kirkhof College of Nursing (KCON) arranged for its students' initial clinical experiences to be with community-dwelling healthy elders. By so doing, the school hoped to eradicate students' negative impressions of the elderly as sick and frail nursing home residents. An advisory board, which included members from leading gerontology agencies and services, helped identify clinical sites. As an example, the KCON Longitudinal Elderly Initiative (LEI) pairs community-dwelling elderly from a wide range of socioeconomic levels and cultural backgrounds with students in this four-semester-long assignment. The LEI's goals for students are as follows: (1) learn about the needs of community-dwelling elders; (2) assess changes in elders' health over time; (3) observe the relationship between elders' needs, family support, and available community resources; and (4) learn effective assessment, teaching, and evaluation. Students make two to four home visits to these elders each semester.

Coordinating clinical experiences with community-dwelling elderly required a great deal of planning. Faculty and students built relationships with apartment management staff and residents. Although cooperation with housing personnel was necessary, official arrangements were made directly between students and elderly clients. Each elderly client received a folder containing a student's picture, contact information, and KCON brochure. The elder signed both a commitment form that specified the program's time requirements and a short personal information form.

Clinical sites now include geriatric patients across the continuum of health care, in such settings as independent living senior apartments, home adult day programs, assisted living residences, nursing homes, long-term acute care units, ACE units, hospices, clinics, primary care settings, and inpatient hospital units that treat primarily older adult populations.

Integrating the LEI into all the clinical courses has been a major challenge. For the four undergraduate clinical courses, the LEI's objectives parallel the course objectives. For example, in the first course, Nursing 321, the LEI focuses on Who am I? "and each student gets to know his or her elder as an individual with a past, present, and future. Each student performs a nursing assessment and develops a teaching plan based on mutual goal setting. In Nursing 351, the LEI assignment is entitled "What If?" Students consider what if this happens to their elderly patient and anticipate the health care needs that might result. Anticipating patient situations means assessing risk and thus necessitates creation of prevention strategies (relative to home safety, nutrition, cognition, depression and anxiety, and falls). Nursing 421's assignment, "Living With," examines nursing care of elderly patients with chronic conditions and common aging problems (e.g., sleep disturbances, pain, complicated medication management) and with constrained financial resources. In the final clinical course, Nursing 451 ("Aging-In-Place"), the LEI considers caregiver issues, community resources, anticipation of future medical needs, and maximization of independence. The students maintain an LEI assignment note-book. They also access a blackboard site that posts assessment tools and geriatric resources.

As the students progressed through the curriculum into the chronic disease and community courses, integration of the LEI occurred more smoothly, the objectives seemed to match more closely the course objectives, and the faculty became more comfortable supervising the students.

The community partnerships developed by the KCON proved to be invaluable for students and supported the service and scholarship mission of the college and university. Currently, 256 students are paired with elders in 21 diverse community locations. The LEI was well received by the community. Publications in both the local newspaper and university materials contain positive quotes from participating elderly clients. Faculty are demonstrating more interest in gerontology, are increasing their understanding, and are developing their expertise. Faculty are also reviewing additional materials for curriculum enhancement and attending related conferences.

Enthusiasm for gerontology nursing is manifesting itself in several ways across the nursing college. Six of the eight students in the pilot group selected community placements for their final leadership courses, demonstrating increased student interest in community health. Also, the KCON conducted a focus group to explore the impact of the LEI project and found that students valued the experience highly and achieved their learning objectives. Several in the pilot group expressed interest in working with the elderly and spoke of the LEI experience as an excellent preparation for a gerontology nursing career. Student Nurses Association members, many of whom are now showing an interest in gerontology, are talking it up at recruitment events. Members of the project team are currently developing research in gerontology, stimulated by their involvement with this project.

Conclusion

Many commonalities exist between both programs.

1. Both schools began with a core group of faculty that provided leadership for developing and implementing the gerontology curriculum focus.
2. Both schools watched faculty interest grow. Both schools' academic administrations supported faculty as they developed expertise in gerontology.
3. Both schools considered geriatric content and experiences to be essential in all courses. Geriatric clinical experiences span the continuum of care, thus offering a holistic view of geriatric health care.

4. Both schools used the AACN/Hartford standards and teaching resources to develop their programs.
5. Both schools benefited from well-established community partnerships, a local health care system, and independent housing facility. Providing nursing care in these settings helped students develop more positive attitudes about older patients and learn specialized knowledge and skills.

Finally, both schools learned that strengthening links between academic institutions and community agencies opens doors to new resources, research, and consultation opportunities. The strategies deployed and the lessons learned from these two programs can serve as models for curricular change within other schools of nursing.

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