

Required Clinical Course in Gerontology: The Key to Providing Competent Nurse Caregivers for the Elderly

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Article:

Master's programs in gerontological nursing have always been a tough sell. The first one, developed by Virginia Stone, a grandma of gerontological nursing, became operational at Duke University in 1967, the same year that the first generic gerontological programs opened at North Texas State University (now the University of North Texas) and the University of South Florida. Twenty-five years later the latter two continue to be successful academic programs with graduates scattered around the world. The program at Duke, however, was closed in the early '70s, despite available funding, when the university administration decided to discontinue the entire master's program in nursing (Virginia Stone, personal communication, April 15, 1993).

Ten years after the demise of Duke's program, the Southern Regional Education Board (SREB) published a compilation of papers from the fall 1981 meeting of the Southern Council on Collegiate Education for Nursing on the theme, "The Aging Society: A Challenge for Nursing Education." One of these papers is still germane to the question of why "no sale" for gerontological nursing programs. Brower,¹ addressing curriculum considerations, noted the negative attitudes of faculty, saying:

I have enlarged my thinking to believe that it is nursing faculty's perception of gerontological nursing that limits development. . . . Our perceptions of the lack of substantive content, the lack of need, the lack of importance . . . are persistent and insidious.

Is it any wonder that those of us who are attempting to teach the gerontological major in graduate education are faced with critical recruitment difficulties... all of us... find an uphill battle of subtle resistance, negative socialization of students, and a dearth of graduate nurses wishing to work with or study the nursing care of older persons.

Brower's observations have since been reinforced by many others. And despite recent indications that this may be beginning to change,⁶ recruiting students for master's programs in gerontological nursing continues to be an uphill battle, according to a group of gerontological nurse educators who served as members of an Expert Panel on Long-Term Care at the meeting of the American Academy of Nursing in St. Louis in October 1992. With one exception, panel members spoke of the immense difficulty they have had over the years in recruiting students and keeping their programs viable.

The exception was the master's gerontological nursing concentration at the School of Nursing, The University of North Carolina at Greensboro (UNCG). As we contrasted commonalities and differences in our various programs, one variable emerged that separated UNCG's program from the rest—a required undergraduate clinical course, *Nursing Care of the Community of Older Adults*, taught in the senior year. This article provides a brief overview of the course's history, with particular reference to changes in faculty attitudes, commitment, and efforts to learn about this "new" clinical area of nursing; and subsequent changes in student attitudes. The article closes with a discussion of the impact of the undergraduate course on the graduate concentration, with some comments on "today's realities, tomorrow's possibilities."³

CHANGE CHANGES ATTITUDES

In 1986 the faculty of the School of Nursing at UNCG began a major curriculum revision. Part of the new curriculum was an innovative and, for some of the faculty, a frightening course— a *required* clinical course in gerontological nursing. The decision to require such a course was, and is, rare; gerontology content in any form ranges from little or none to "adequate" in undergraduate nursing curricula! Yurchuck and Brower/8 for example, found that in 75% of the programs they surveyed, students were only sometimes assigned to older clients in their clinical courses; only 20% of the programs required gerontological textbooks.

The course at UNCG was designed by one of us (V.B.N.) as a 6:3:9 credit hour senior-level offering. After much discussion and debate, particularly when content mapping was occurring, the faculty approved the course. Box 1 delineates the course's objectives, which are the same for generic students and RN students. (However, the RN to BSN course is 5, rather than 6, credit hours.)

A full discussion of these "twin" courses is beyond the scope of this article. However, didactic content is essentially the same for both. The clinical experiences of generic students are designed to provide contact with elders who are ranged along the health continuum, from essentially healthy to very ill. RN students practice in a variety of clinical settings under the watchful eye of knowledgeable preceptors.

Box 1. Objectives for the Course Nursing Care of the Community of Older Adults

1. Discuss selected research on and theories of aging.
 2. Describe the developmental processes associated with aging.
 3. Discuss the demographics of the aged in the United States.
 4. Demonstrate a basic health assessment of an older adult.
 5. Identify health problems associated with normal aging.
 6. Identify health problems common in later life that are the result of pathologic changes.
 7. Implement nursing interventions in caring for communities of older adults with health problems.
 8. Describe referrals and resource services for the older adult.
 9. Discuss selected moral and ethical issues common to the community of older adults.
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During the period when the under-graduate gerontological nursing course was being developed, a new concentration in gerontological nursing was developed for the master's program, and a proposal submitted to the Division of Nursing, Department of Health and Human Services, was funded. During that time, since faculty prepared in gerontology are a rare breed, adult health faculty were assigned to teach the course, for two reasons: a good deal of the content was familiar to them, and there simply were more of them. Faculty began to search the literature to identify content, teaching strategies, and experiential activities to increase undergraduate students' knowledge of the aging process, the health care needs of the aged, and the specifics of gerontological nursing practice. Preparation to teach the course became a learning experience for faculty as they delved into the field and brain-stormed course schedules, student experiences, and teaching strategies. Their efforts increased their own knowledge; perhaps more important, faculty gained a heightened sensitivity to the elderly. Through guest lectures and assistance in planning clinical experiences, gerontological nursing faculty from the master's concentration helped ensure that the course would be a gerontological nursing course, not an adult health course with some gerontological content. As faculty have interacted with students, elderly people and their families, and other health professionals involved in care of the aged, their knowledge levels and awareness have continued to grow.

As the attitudes and perceptions of faculty changed from negative to positive, they imparted those changes to their students. A formal study of student attitudes, involving measurements before and after the course, is

currently underway, However, their positive attitudes toward older clients are perhaps best documented by their behaviors. Typical comments made in their summative evaluations include these:

- The specific knowledge I gained about the elderly as a group was helpful and will influence my future nursing care. Nurses need to know that the elderly have special needs that differ from those of younger groups. It is important to recognize these differences and incorporate them in the care of the elderly.
- The course definitely changed my attitude toward the aged. Normal aging topics were great and truly enhanced my learning. A great course—I wouldn't change anything about the course.
- I feel I have learned... I am a much better daughter to my disabled father.

Table 1. RN to BSN Graduates Entering Gerontological Nursing Concentration by Year			
	RN graduates master's studies	RNs entering concentration	
		Hickory outreach	Campus
1990	8	4	1
1991	6	2	1
1992	10	4	4

This year for the first time two generic students —after taking the gerontology course— requested that they be assigned to an older adult unit or a nursing home to fulfill the requirements of the final clinical course in which students work as staff nurses under a preceptor 40 hours a week for 7 weeks.

BENEFITS TO THE MASTER'S CONCENTRATION

Change in the attitudes of students is also evidenced by the growing number entering the master's concentration in gerontological nursing. Since 1990, 16 RN to BSN students have entered the concentration (Table 1).

Numbers are telling, particularly for students who come from the School's Outreach RN to BSN Program to the master's concentration. That program is in the Appalachian foothills (a 2-hour drive from the university) and many of these students live even further west, in the mountains, so they drive 3 to 3 hours each way to attend classes. Yet at the time they enrolled in the under-graduate clinical course, many of these students had neither background nor interest in working with older adults — quite the contrary. As one student expressed it in her gerontology course evaluation, "I only took this course be-cause I *had* to. Now I'm turned on to old people."

Another student, a head nurse on a pediatric unit wrote, "I'm staying in pediatrics, but now when a child is gravely ill I let a staff member work with the parents. I work with the grandparents."

Such changes in attitude have resulted in the enrollment of dedicated and even gifted students in the master's program, Many RN students have opted for graduate work in gerontological nursing because they have come to realize that their coursework addresses problems they see in practice. The following examples illustrate. One student who has worked for years in a state institution for the mentally retarded came to understand her aging-in-place residents better and so enhanced her skills for their care. Several dedicated ICU nurses have either entered the gerontological nursing concentration or taken gerontological nursing courses in addition to those required for the master's in critical care. Two RN students —one a nurse anesthetist, the other an operating room supervisor — reported after taking the undergraduate course that they felt much more comfortable in managing the care of older adults in their areas. The former, like all nurse anesthetists, will be required to hold a master's degree by 1996 to be eligible for recertification. She has indicated that she will

enroll in the gerontological nursing courses.

Another serendipitous outcome of the undergraduate course is the role that recruits from that course play in marketing the gerontological nursing concentration. While all of the graduate students in gerontological nursing have, unbidden, assumed the role of recruiter, none have been better at it than the RN to BSN graduates. They actively recruit in their work places, at District Nurses' Association meetings, Sigma Theta Tau chapter meetings, and at workshops and conferences they attend. They even recruit within the school — convincing fellow students in their core courses that gerontological nursing is *the* practice area for the future.

DISCUSSION

In 1990, the SREB published a position paper, "Caring for an Aging Society: Issues and Strategies for Gerontology Education." Its first recommendation was:

The curriculum of every educational program that prepares health and human services professionals to serve adults should include coursework and *clinical experience* in dealing with problems of aging . . . it is especially critical that gerontology be included in all entry-level curricula [italics added].⁹

At the same time another SREB project was developing a profile of gerontological nursing curriculum issues. While its report found some increase in faculty and administrative support for gerontological nursing, the way the content was taught varied widely, as did opportunities for clinical experiences.⁸ Most of the clinical time was threaded through an adult health clinical course(s) in a hospital setting. Therefore, as the authors noted, "Whether clinical experiences assure entry-level competence in the care of older persons is . . . uncertain." It remains unclear how much gerontological content any student actually receives in the undergraduate courses surveyed by SREB and whether the content is taught by knowledgeable faculty. One faculty member was heard to say in 1989 that she only talked about old people late in the semester because "I don't want to frighten the students." That faculty member is not alone in her "gerontophobia." Denton commented:

We are faced with a paradoxical situation. We are a society with a steadily increasing number of older adults . . . yet far too many of those working in health and human services fields would like to ignore completely the population most in need of their services.

The negative attitudes . . . toward older adults . . . will not halt the inevitable shift of resources into aging services. The burgeoning numbers of older Americans will assure that. The issues then become the quality of services and the competence of health care providers.

Those issues were brought into sharp focus with the publication of *Healthy People 2000*, with its emphasis on health promotion and disease prevention. For older adults the objectives speak to quality of life, functional independence, and healthy life style objectives that fit best within the frame-work of gerontological nursing practice and thus emphasize the need for knowledgeable gerontological nurses. Nevertheless, as Johnson and Connelly noted, "All nursing programs have not elected to include gerontological content at the undergraduate level despite more than *Five decades* (emphasis added) of the nursing profession's recognition of the need." Yurchuk and Browers go further when they assert, "To ignore the demographic imperative of an aging society is professionally irresponsible."

Our experience has documented that legitimizing gerontological nursing as a critical area for clinical practice by including it as a *required clinical* course in the undergraduate curriculum not only ensures entry-level competence in caring for older people but also provides a major marketing tool for advanced programs in gerontological nursing. Once the undergraduate course was mandated, faculty members' attitudes began to change as they realized that they had to be competent in the field if they were to be role models for students. As the faculty changed, the students began to change.

Over 20 years ago Mervyn Susser, an internationally renowned psychiatrist/epidemiologist, said, "I'm not convinced that we can change people's attitudes; I think change changes attitudes" (personal communication, April 16, 1971). The country is now on the threshold of the most sweeping changes in health care delivery

any of us have ever seen. The goals of *Healthy People 2000* involve shared responsibilities and intervention at the lowest possible level—and, thus, at the lowest possible cost. New definitions of long-term care include many varieties of in-home or community care.¹³ There are growing reports of the value and cost effectiveness of gerontological clinical specialists and nurse practitioners in practice settings.¹⁴⁻¹⁸ But these people are in short supply. For example, although the numbers of graduate students opting for gerontological clinical specialty or practitioner programs are increasing, percentages are still very low—4% for advanced clinical practice, 7% for practitioner courses.⁶

If nursing is to produce the competent caregivers that older adults deserve, required clinical courses such as ours must be routinely required for baccalaureate programs of study. Therefore the following recommendations are offered:

- A required clinical course (preferably taught at the senior level) should be instituted in all baccalaureate nursing programs.
- Gerontological content should be incorporated in associate degree nursing curricula.
- Items that focus on gerontological nursing content should be included in N-CLEX examinations.
- Formal mechanisms should be developed to encourage gerontological nursing graduate faculty to provide mentorship, consultation and education to undergraduate faculty assigned to teach gerontological nursing courses.

Implementation of these recommendations would go far in providing a supply of competent nurse caregivers for the elderly. Moreover, our experience indicates that many of those caregivers would enter master's programs in gerontological nursing and graduate more than competent to become a nucleus for addressing the health care needs of older Americans.

Such a change mandates, at the very least, changes in power, faculty competencies and attitudes, and the allocation of resources. These changes, in turn, will change the attitudes, practice, and educational aspirations of students. We are late. The real world will not wait while nursing faculty fight territorial battles. If we do not hurry to the forefront, we will once again miss a singular opportunity to become a leading player in the health care field.

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