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Integrating Improved Geriatric Content Into a Nursing Curriculum: Enhancing the Competencies of Nursing Students in Gerontological Care

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Abstract

The United States is facing a critical shortage of health care professionals who are trained in geriatrics. Among the health care professions, nursing, with more than 3 million members, comprises the largest segment of the nation's health care workforce. New nurses entering this workforce find themselves caring for an extraordinarily large number of older patients with complex health care needs, regardless of the care setting. Currently, 36 million Americans are aged 65 or older. By 2030, that number will double. Accordingly, the need is significantly greater for more gerontologically trained registered nurses to address the complex health care needs of the older population. Current content in nursing school curricula on the care of older adults is neither sufficient nor fully incorporated into the didactic and clinical education of nursing students. Nursing education must change to meet the health care demands of the aging population and the complexities of the current health care environment.

Key words: Older population, geriatrics, competency, nurses, faculty, curriculum.

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Background

Significance of the Problem

Older people are the sickest, most vulnerable, and most expensive to care for of all populations in the United States (Powers, 2015). The Centers for Medicare and Medicaid Services has estimated that 70% of health care costs are attributed to the management of chronic illnesses, which are characteristic of older populations (Powers, 2015). The National Center for Health Statistics (2004) has reported that older Americans account for 50% of hospital days, 60% of all primary care adult visits, 70% of all home health care visits, and 85% of nursing home residency. Although older adults use a disproportionate share of health care services (Berman et al., 2005), today's nurses have received minimal training in geriatrics (Gilje, Lacey, & Moore, 2007).

The Institute of Medicine (2008) charged an ad hoc Committee on the Future of Health Care Workforce for Older Americans to examine the ability of the current health care workforce to provide acceptable care to the older population due to its alarmingly high rate of utilization of health care services. The Institute of Medicine (IOM) identified gaps in the quality and structure of the health care workforce in delivering care to older adults. To address this problem, the IOM recommended that (a) geriatric competence of the entire multidisciplinary health care team be developed; (b) recruitment and retention of geriatric specialists and caregivers be increased; and (c) patient care delivery be enhanced.

In response to the IOM (2008) report, the American Geriatrics Society convened a multidisciplinary group of 10 health care professions. Known as the Partnership for Health and Aging, this coalition developed core competencies for all disciplines. The workgroup members

represented dentistry, medicine, nursing, nutrition, occupational therapy, pharmacy, physical therapy, physician assistants, psychology, and social work (IOM, 2008).

With more than 3 million members, nursing plays a singular role among the health professions, comprising the largest segment of the nation's health care workforce (IOM, 2010). Because nurses are on the front line of patient care, they can influence changes in the health care system. Managing chronic conditions plays a dominant role in health care today, in contrast to the management of acute illnesses and injuries during the 20th century (IOM, 2010). Nurses must be prepared to meet the health care demands of the 21st century to deliver safe and quality patient-centered care. To do so requires leadership; health policy; research; evidence-based practice; system improvement; teamwork; and collaboration with geriatrics, community health, and public health (IOM, 2010). In the 21st century, the nation's health care needs demand that nurses be better educated to serve the aging population and the health care challenges they present (Harahan & Stone, 2009).

Today's health care workforce lacks the broad-based knowledge necessary to effectively treat many of the unique needs of older adults (IOM, 2010). The IOM (2010) has recommended that health care workers should be required to demonstrate competence in basic geriatric care to receive and maintain their license and certification. Furthermore, all schools in the health sciences and health care training programs should expand coursework and training in the treatment of older adults. The IOM concluded that more work must be done to determine the training necessary to teach needed competencies based on staff responsibilities and their settings.

Nurses who are currently caring for older populations have not received adequate preparation to do so (American Association of Colleges of Nursing [AACN], 2010). Although nursing programs have received significant resources to enhance curricula, only one third of

baccalaureate nursing programs have integrated the required geriatric competencies into their curricula (Berman et al., 2005). Similarly, a descriptive study performed by Gilje et al. (2007) found gaps in implementing geriatric competencies and curricular guidelines in stand-alone courses and integrated curricula, and questionable focus in undergraduate curricula. To strengthen geriatric content in nursing curricula, the AACN and the Hartford Institute for Geriatric Nursing (HIGN) developed geriatric competencies to guide nurse educators. The goal is to provide optimal geriatric care to the older population, which can only be realized by having faculty who (a) foster a positive attitude toward aging, (b) have extensive geriatric knowledge, and (c) use evidence-based competencies to enrich nursing curricula (Latimer & Thornlow, 2006).

A Local Problem

As one of the top nursing schools in the San Francisco Bay Area, the University of San Francisco's (USF's) nursing school strives for the highest educational standards and best nurse graduates possible. As California's population ages, preparing nurses with geriatric competencies is imperative. The Associate Dean of Graduate Programs and Community Partnerships in the USF's School of Nursing and Health Professions (SONHP) requested an assessment of the current Masters Entry Curriculum to determine the need for additional geriatric content to meet the required AACN geriatric competencies. Once gaps were identified, content appropriate for geriatric care would then be developed and implemented in the curriculum. In addition, SONHP has established an Academic Practice Partnership with a local skilled nursing facility that could use the geriatric content that has been developed to ensure that students engaged in clinical experiences in the facility would obtain the necessary education and training.

The local skilled nursing facility strongly supports the training intended for students to care for their patient population. Skilled nursing facilities are licensed by the state's Department of Health Services and have regulations and inspection requirements to provide care for patients who necessitate intense medical and nursing care (Sollitto, 2013). It is vital that these patients receive care from competent and knowledgeable care providers, including nursing students. Driven by the increasing number of older adults in the general population and their growing use of health care services, it is extremely important that every nursing graduate be trained and competent to practice in every health care environment.

Objectives from the current curriculum were compared with AACN Geriatric Competencies and gaps were identified in the following areas: (a) lack of adequate geriatric content in theoretical and clinical courses, (b) management of geriatric syndromes not included in the subject matter, and (c) insufficient presentation and demonstration of valid and reliable tools in assessing geriatric patients to guide nursing practice. The above findings heighten the informal survey results from the faculty that the school should bolster the geriatric component (theory and practicum) in the curriculum.

Knowledgeable faculty plays a pivotal role in preparing students to achieve competency. Plonczynski et al. (2006) reported that faculty who are well educated and experienced in the field of geriatrics offer the knowledge and expertise students need to competently care for older adults. An assessment of faculty knowledge about geriatrics revealed that basic information and geriatric knowledge was acquired during undergraduate nursing studies and clinical work, but continued coursework updating geriatric knowledge had rarely been obtained.

Intended Improvement

To improve the geriatric knowledge and skills of nursing students (purpose), the DNP student assessed the gap in USF's graduate nursing curriculum (what) and compared it with the curricula of other nursing schools (population) that have successfully developed and integrated a geriatric component, as well as to AACN Geriatric Competencies. By December 2015, geriatric content was developed and integrated through modules into USF's nursing curriculum. Resources for geriatric knowledge and competencies were provided to faculty and then students to enhance nursing knowledge, skills, and competencies in caring for older adults. Students completing rotations at the partner skilled nursing facility received the training. The USF SONHP followed the AACN's (2010) recommendations to gerontologize the nursing curriculum, develop nursing faculty expertise, and prepare nursing students to care for an elder population (known to have complex care needs). This enhanced the students' preparations for their clinical rotations to the partner skilled nursing facility, where the majority of the patients are elderly.

Review of the Evidence

A systematic review of the CINAHL, Google Scholar, Joanna Briggs Institute Library, and PubMed databases was conducted for articles on geriatric competencies and infusing geriatric content into nursing curricula using these search terms: geriatrics, competency, geriatric competency, nursing curriculum, educational framework. For the discussion that follows, the literature retrieved is grouped into three categories: history and significant landmarks in gerontology nursing, the development of geriatric competencies, and models for integrating geriatric competencies into nursing curricula. To highlight how valuable the practicing nurses are

in geriatric settings, additional literature on skilled nursing facilities (SNFs) is also included in the discussion.

History and Significant Landmarks in Gerontological Nursing

The field of gerontological nursing has a rich, diverse history (refer to Appendix A, Significant Gerontological Landmarks). According to Rosenfeld, Botrell, Fulmer, and Mezey (1999), research began in the 1970s and 1980s by a few individuals. In 1977, studies were conducted to determine the extent to which gerontology was being integrated into undergraduate and graduate curricula. Similarly, the Southern Collegiate Council on Nursing Education made momentous contributions in the area of gerontology by conducting research in 15 southern states (Rosenfeld et al., 1999).

Rosenfeld and colleagues (1999) found consistent trends: the rarity of geriatric content in curricula, faculty members inadequately prepared to teach gerontological nursing, and a paucity of clinical settings where students could actually work with older adults. As a result, the authors recommended that faculty should have gerontological nursing knowledge and experience. For example, in a faculty of 18 members, three should have a gerontological nursing background (Rosenfeld et al., 1999).

In their status report, Johnson and Connelly (1990) cited enduring inadequacies in geriatric nursing education despite previous recommendations. These deficiencies included inadequate geriatric content in curricula, faculty preparation, and clinical placement. The authors concluded that the nursing profession has been extraordinarily slow in responding to the societal needs for gerontological nursing practice (Johnson & Connelly, 1990).

The time to be a gerontological nurse has never been more propitious. This country's aging population will transform the future size and composition of the health care workforce

(Harahan & Stone, 2009). Thirty-five million people aged 65 and older now account for 48% of hospital days and 83% of nursing home days. About 1.6 million older adults live in nursing homes and almost half of these are aged 85 and older. According to the National Association of Home Care & Hospice, 69% of home care users are aged 65 and older, while 16% are aged 85 and older (Kovner, Mezey, & Harrington, 2002). Nurses are in a key position to provide health care, health education, health promotion, and disease prevention to the aging population.

Older adults, defined as a population of 65 or older, will account for approximately 20% of the U.S. population by the year 2030 due to the number of older adults in the Baby Boom generation and increased life expectancy (Centers for Disease Control and Prevention, 2013). The last Baby Boomer will turn 65 in 2030, and will substantially change the nation's demographic landscape; one of every five Americans, which is equivalent to 72 million, will be an older adult (Centers for Disease Control and Prevention, 2013).

The state of California is one of the fastest growing states in the nation and comprises 12% of the nation's population. By 2020, California is expected to increase by 14%, equivalent to an increase of 15.7 million people (California Department of Aging, 2016). The elderly population (age 60 and over) in California is expected to grow more than twice as fast as the total population. It is estimated that by the year 2020, more than half the counties in California will have over a 100% increase in the older age group. The oldest age group (age 85 and over) will increase to 143% and 38 of the 58 counties will increase in this age group by more than 150%. Since California is one of the fastest growing states in the nation, these numbers may underestimate the impact of the aging population (California Department of Aging, 2016).

The Development of Geriatric Competencies

Before the Hartford Institute's initiative, few nursing schools had integrated geriatric content into their curricula (Thornlow, Latimer, Kingsborough, & Arietti, 2006). In its 1997 survey of baccalaureate nursing programs, the Hartford Institute found that 60% of current programs needed to update their gerontology curricula and enhance faculty development in this field. To address this educational gap, the Hartford Institute and AACN created characteristic benchmarks in geriatrics for undergraduate and graduate nursing programs. In its 2003 repeat survey, the Hartford Institute found that 90% of nursing programs had integrated geriatric content into one or more courses in their curricula (Berman et al., 2005). According to Thornlow et al. (2006), the Hartford Institute's approach was effective and validated the role nurses play in disseminating health education and providing care to older adults with acute and chronic illnesses.

Since 1997, baccalaureate nursing schools have benefited from several initiatives and financial resources to enhance gerontology in the curricula. In 2010, the AACN, with the generous assistance of the John A. Hartford Foundation, awarded $3.99 million in grants to 20 baccalaureate and 10 graduate schools to enhance their gerontological content (Thornlow et al., 2006). Over the 4-year grant implementation period, the AACN made a significant discovery. Site directors found that faculty, more knowledgeable about and empathetic toward aging, played a significant role in the successful implementation and maintenance of geriatric curricular enhancements.

Rosenfeld et al. (1999) assessed national survey findings on the geriatric content of baccalaureate nursing programs and found that nursing students are not being adequately prepared to serve the older population. Nursing schools bear the principle responsibility to ensure

that students receive the best geriatric education possible. The authors concluded that baccalaureate programs must revise their curricula now to prepare nursing graduates for the complex health care needs of older Americans.

Berman et al. (2005) compared the findings of studies done in 1997 and 2003, conducted by the John A. Hartford Foundation Institute for Geriatric Nursing (Hartford Institute), which surveyed the gerontological nursing content in nursing programs. The Hartford Institute resurveyed the baccalaureate programs to evaluate their effectiveness in implementing change and to better understand the impact of gerontological initiatives on students and faculty. Before Berman et al.'s (2005) work, previous studies (e.g., Rosenfeld et al., 1999) had identified the need for greater nurse competence in caring for the large number of older and sicker patients. To meet the inevitable demand, nurses need far more knowledge and more sophisticated skills. Despite some progress, the nursing workforce is still a long way off from being sufficiently prepared (Berman et al., 2005).

Models for Integrating Geriatric Competencies Into Nursing Curricula

Berman et al.'s (2005) comparison of survey findings from 1997 and 2003 revealed that substantial geriatric content had been introduced into curricula through integration or stand-alone courses. The 2003 study (Berman et al., 2005) showed that only 34% of baccalaureate nursing programs offered stand-alone courses. There was diversified use of clinical sites, a proven method of expanding students' clinical experience. Perhaps the most significant finding was the emergent need to increase the number of faculty with gerontological knowledge and expertise.

Plonczynski et al. (2006) showed that those faculty who are knowledgeable about geriatrics play a critical role in preparing students to achieve competency in caring for older adults. Plonczynski et al. (2006) set out to determine the gerontological competencies of faculty

and the geriatric content of current curricula. Most nursing courses contained only 5% gerontological content. No stand-alone geriatric nursing courses were observed. Gerontological content was integrated into curricula, which is consistent with previous findings by Rosenfeld et al. (1999). The major implications of this study were clear: Geriatric nursing education needs greater faculty development and integration of geriatric competencies into nursing curricula.

In 2006, Blais, Mikolaj, Jedlicka, Strayer, and Stanek reviewed innovative strategies to introduce gerontology into nursing curricula. Two nursing schools, in collaboration with the AACN and the Hartford Foundation, developed innovative strategies to integrate geriatric content into Bachelor of Science in Nursing (BSN) curricula. Both programs integrated the following innovative practices into their sophomore-through-senior baccalaureate courses: stand-alone geriatric courses, online courses, development of faculty knowledge and expertise, sensitivity to elder care, and establishment and enhancement of community partnerships (Blais et al., 2006). Both programs had similar objectives, planning, and implementation procedures.

The lesson learned from this study was clear: Faculty development is the foundation upon which all curricular enhancements evolve. Recognizing the importance of faculty “buy-in” (Blais et al., 2006, p. 101) for curricular change, both programs solicited faculty views and nurtured their receptivity through retreats, extended faculty meetings, and brainstorming sessions. Both schools also identified faculty champions and recognized the need for an instructional designer to assist with online gerontology courses.

Gilje et al. (2007) conducted a descriptive study of gerontology and geriatric nursing courses in baccalaureate programs to review concerns and developments since the introduction of the AACN’s (2000) *Older Adults: Recommended Baccalaureate Competencies and Curricular Guidelines for Geriatric Nursing Care*. The study surveyed all accredited

baccalaureate nursing schools. The results showed that half of the respondents integrated gerontology and geriatric content into their curricula; the other half had stand-alone geriatric and gerontology courses. Gilje et al.'s findings echo those of previous studies: lack of geriatric-prepared faculty, gaps in implementing geriatric competencies and curricular guidelines in stand-alone courses and curricula, and questionable focus in undergraduate curricula.

Practicing Nurses in Geriatric Settings

The patient population of a skilled nursing facility (SNF) or long-term care (LTC) facility remains the elderly. However, there has been an increase in the number of patients requiring short-term rehabilitation, recovering from surgery, experiencing an exacerbation of an illness and/or chronic condition, and inability to care for themselves (Williams, 2016). Admission to an SNF may be for a short stay for skilled services or for a long-term admission, based on patient health condition and needs.

The registered nurses (RNs) are responsible for the quality of the clinical care provided to patients in a long-term care setting, which includes assessing health conditions; developing treatment plans; and supervising licensed practical nurses (LPNs), licensed vocational nurses (LVNs), and the ancillary staff (Harahan & Stone, 2009). Of the estimated 3 million RNs employed in the U.S., about 260,000 are usually employed in long-term care settings.

The percentage of practicing nurses employed in SNFs is low and the nursing shortage poses serious concerns. The long-term work force crisis is well documented and has created significant barriers for health care providers committed to delivering high-quality patient care (Harahan & Stone, 2009). It is difficult to attract new nurses and retain employees once they are hired due to demography, high turnover rate, wages lower than what can be earned in acute settings, long-term negative public image of nurses working in SNFs, inadequate education and

training, and unfavorable working environment (Harahan & Stone, 2009). Several reports have shown that 97% of nursing facilities do not meet the required level of nursing staff, resulting in negative patient outcomes (Kovner et al., 2002).

The practice of nursing in SNFs requires specialized knowledge in geriatrics, long-term and rehabilitative care, skills, and the ability to make independent decisions aimed to meet the unique needs of every patient served. Similar to acute care settings, practicing nurses at SNFs utilize the nursing process to meet the standards of care set by the American Nurses Association, including assessment, diagnosis, planning, implementation, and evaluation.

Even with proven efficacy of geriatric competent care, there remains a dire need for geriatric-prepared health care professionals. Although some improvements have been made in infusing geriatrics with some disciplines more than others, the number of doctors, nurses, pharmacists, and social workers with geriatric specialty falls far short of the demand (Kovner et al., 2002).

Conceptual Framework

Competencies generally refer to the demonstration of knowledge, skills, or abilities required to successfully perform critical job functions or tasks. The Center to Champion Nursing in America through the Education and Learning Cooperative has identified key models to support the transformation of nursing education (Sroczynski, Gravlin, Route, Hoffart, & Creelman, 2011). The model chosen as the preferred conceptual framework for this project is the competency-based curriculum model. This approach is a process where a shared understanding, common goal, and framework are developed by educational workgroups who generally represent different educational background and experiences. The major elements of competency-based models are partnerships with community colleges and universities, partnerships with local and

out-of-state nursing programs, and successful implementation-based models into the curriculum of competency.

This model comprises six step-by-step processes, beginning with an agreement upon competencies and ending with implementation and evaluation of outcomes (Sroczynski et al., 2011). The process is repeated as competencies need to be evaluated and updated in response to current health care situations.

Methods

Ethical Issues

Ethics is defined as "a philosophical study of right action and wrong actions also known as morality" (Lachman, 2006, p. 3). Although ethics in nursing practice often refers to crisis situations that involve life-and-death decisions, it is far more than that (Bosek & Savage, 2007). Nurses confront situations on a daily basis that raise questions about what is right and what ought to be done. More than any other health care discipline, nurses are in constant contact with patients and their families (Bandman & Bandman, 1990) and enjoy the unique position of caregiver and patient advocate.

The role of nurses is to care for the sick, promote health, and prevent disease. According to Bandman and Bandman (1990), however, good intentions are not enough: Familiarity and unfamiliarity with alternatives may cause good or harm. Choosing one alternative over another or refusing to treat must be weighed judiciously in relation to other possibilities. The function of nursing ethics is to guide nurses toward *good* health care decisions and to understand and respect decisions made by patients and their health care team.

Older adults are the most vulnerable group of patients and the most dependent on others for care, especially nurses (Bandman & Bandman, 2002). Nurses play a significant role in

providing this population with adequate time, attention, and quality care. Hospital admission is a threat to older adults, who fear separation from family, pain, discomfort, incapacitation, and the likelihood of nursing home placement (Bandman & Bandman, 2002).

Beauchamp and Childress (2001) suggested four key ethical principles for moral decision making and actions involving biomedical ethics: *beneficence, nonmaleficence, autonomy,* and *justice*. Beneficence, the duty to do good, and nonmaleficence, the duty to do no harm, are the main principles that support ethical practice in nursing and health care (Beauchamp & Childress, 2001). Practicing beneficence is illustrated by enhancing the geriatric knowledge of nursing students so that they can provide the specialized care that older adults deserve. Nonmaleficence is exemplified by student nurses' awareness of safety procedures that can prevent and reduce patient harm, either physical or psychological.

According to Beauchamp and Childress (2001), autonomy means that individuals should be allowed to determine their own actions. It refers to the right of patients to self-determination. Nurses must acknowledge and respect personal choices, which are grounded in one's values and beliefs. However, when patients consider health care decisions that are not in their best interest, nurses are responsible to evaluate their needs and provide them with the information necessary to make fully informed decisions.

Justice means that equals should be treated equally and those who are not equals are to be treated differently (Beauchamp & Childress, 2001). For example, nurses must be cognizant of what is just or fair allocation of health care resources and nursing care for those under their charge. Nurses have a professional responsibility to promote justice, especially for older adults whose care needs are so demanding. Nurses foster social justice by providing fair and

nondiscriminatory nursing care delivery regardless of age, ethnicity, economic status, citizenship, sexual orientation, and disability.

Setting

The school of nursing in this project, USF's SONHP, is part of a private university located in the San Francisco Bay Area. The university is known for its high quality education, diversity, and values rooted in the Jesuit tradition (USF, 2016). The School of Nursing offers baccalaureate and master's degrees in nursing and a Doctor of Nursing Practice degree. Reflecting the Jesuit mission, the school is committed to enhancing the community through partnership with local organizations and clinical facilities.

First established in 1954, USF's School of Nursing has roughly 1,300 students enrolled in nine nursing degree programs. Each degree reflects the Jesuit mission and values of working with underserved populations. What sets this university apart from others is its style of education. At USF, learning is challenging and strives to enkindle a passion for justice, which is "a calling greater than personal achievement" (USF, 2016, Passion for Justice section). The school's programs are approved by the California Board of Registered Nursing and accredited by the Commission on Collegiate Nursing Education (USF SONHP, 2016b). Nursing students provide 140,000 hours of health care services to the San Francisco Bay Area each year. The School of Nursing's mission is:

> to advance nursing and health professions education within the context of the Jesuit tradition. The school uses dynamic and innovative approaches in undergraduate and graduate education to prepare professionals for current and future practice domains. The goal is to effectively link classroom, clinical and field experiences with expectations for competence, compassion, and justice in health care, protection and promotion within the context of the highest academic standards. (USF SONHP, 2016a, Mission section)

The clinical setting selected for USF's nursing students to learn and practice is a skilled nursing and rehabilitation center that is owned and operated by the City of San Francisco, the

Laguna Honda Hospital and Rehabilitation Center (LHHRC). Being the largest of its kind in the United States, this center has the most comprehensive program and commitment to therapeutic care for older adults and adults with disabilities (LHHRC, 2016). Staff provides high quality and individualized care to 780 residents. Every day, staff creates new possibilities for their patients, combining clinical expertise and patient-centered care for each resident. Such individualized nursing care improves their physical, mental, and social well-being and creates possibilities of integrating the residents back into the community.

The center's primary services include a skilled nursing care facility, a small inpatient acute medical unit that specializes in geriatric care, and an independent rehabilitation center that offers both inpatient and outpatient services. Other services include long-term skilled nursing care and hospice care for dementia patients and patients with terminal illness, activity therapy, acute therapy, bereavement services, dietary services, occupational therapy, pharmacy services, physical therapy, psychiatric consultation, rehabilitation services, respite care services, social services, and speech therapy (LHHRC, 2016).

The center's mission is "to provide high quality, culturally competent long-term care and rehabilitation services" (LHHRC, 2016, Our Commitment section) to San Francisco's diverse communities. "Nurses, doctors, social workers, and therapeutic providers in consultation with residents and their loved ones" (LHHRC, 2016, Our Commitment section) prepare individualized care plans for every resident. Staff execute their care responsibilities "with respect and loving kindness" (LHHRC, 2016, Our Commitment section). As an institution that began as a place of refuge, the hospital, founded in 1866, has evolved into a place of innovation where a person's worth and dignity are respected as essential elements of human health (Hirose, 2016).

It is no surprise that this institution is the most sought after clinical practicum site for San Francisco's many nursing schools. The USF School of Nursing and Laguna Honda Hospital both share the value of community partnership and commitment to humanity by service to nursing schools, students, patients, and families. The clinical practicum site, which is located within 3 miles of USF, has provided students with excellent opportunities to learn the fundamentals of nursing and practice basic nursing tasks and skills.

Planning the Intervention

The project's aim is to enhance the competencies of nursing students in gerontological care by integrating improved geriatric content in their curriculum. In an effort to enrich geriatric curricula and to expand clinical experiences, the John A. Hartford Foundation and AACN developed a guidebook for nurse faculty on how to care for aging populations. This guidebook offers five recommendations on implementing curricular change in geriatric education in undergraduate and graduate nursing programs: (a) developing faculty, (b) increasing geriatric content in curricula, (c) using technology to enhance curriculum, (d) developing community and clinical partnerships, and (e) supporting the students' interest in gerontology.

According to Latimer and Thornlow (2006), faculty knowledge is key to successfully enhancing, implementing, and maintaining geriatric content in curricula. To expand her knowledge base, this DNP student attended national geriatric conferences in 2014 and 2015 and completed geriatric modules (30 hours of continuing education) that are required to teach geriatrics. In addition, the DNP student has extensive clinical geriatric expertise, having pioneered the opening of a long-term, geriatric inpatient unit in an academic medical center in 2006. While supervising this unit, she worked with a multidisciplinary team that broadened her geriatric knowledge, skills, competencies, and experiences in the inpatient setting and

discharge/placement process. As adjunct faculty in the school of nursing, she begins her sixth year teaching the Applied Assessment and Fundamentals of Nursing in the Clinical Setting. This DNP student's geriatric knowledge, clinical expertise, and administrative experience make her exceptionally competent to teach the new, much needed geriatric content.

To assess the current curriculum, this student and the Associate Dean for Graduate Programs and Community Partnerships reviewed the recommended baccalaureate competencies and essentials for nursing care of older adults (refer to Appendix B and Appendix C). They identified five of 19 geriatric competencies as guidelines for USF's nursing curriculum assessment and gap analysis (refer to Appendix D). The established geriatric competencies provided necessary information and guidance to assist the faculty in incorporating geriatric content into the current curriculum. These competencies were aligned with the recommended gerontology essentials.

In the development of geriatric competencies, communication between the assistant dean, lead faculty, and clinical faculty strove to be concise and transparent. Communication methods included scheduled face-to-face meetings (individual and group), e-mails, and periodic virtual meetings. Additionally, weekly updates with the faculty chair allowed for advice and feedback. Faculty was presented with the purpose, significance, implementation process, and evaluation of the project. The chosen faculty groups continued to receive weekly follow-ups and the lead faculty updated them periodically. Progress reports were presented to the lead faculty and faculty members during monthly meetings.

After identifying the essentials and geriatric competencies, this student reviewed and assessed the clinical nurse leader (CNL) courses. A course curriculum mapping tool was adapted from the Association for Gerontology in Higher Education's mapping tool, which was developed

by Kathleen Blais, RN, EdD (refer to Appendix E). Initial assessment verified that the current CNL curriculum had minimal geriatric content. This student reported results of the curriculum assessment and gap analysis to the assistant dean and lead faculty. In addition, she surveyed clinical faculty to determine geriatric knowledge and competencies. Student knowledge and attitudes toward aging were to be assessed during pre- and postprogram implementation. The plan was to incorporate geriatric content into the curriculum and use clinical time in the skills laboratory to conduct geriatric assessments, case scenarios and presentations, and discussion of chronic illnesses and geriatric syndromes. Knowledge in geriatrics and competencies were evaluated. The following diagram (Figure 1) outlines the order of work.

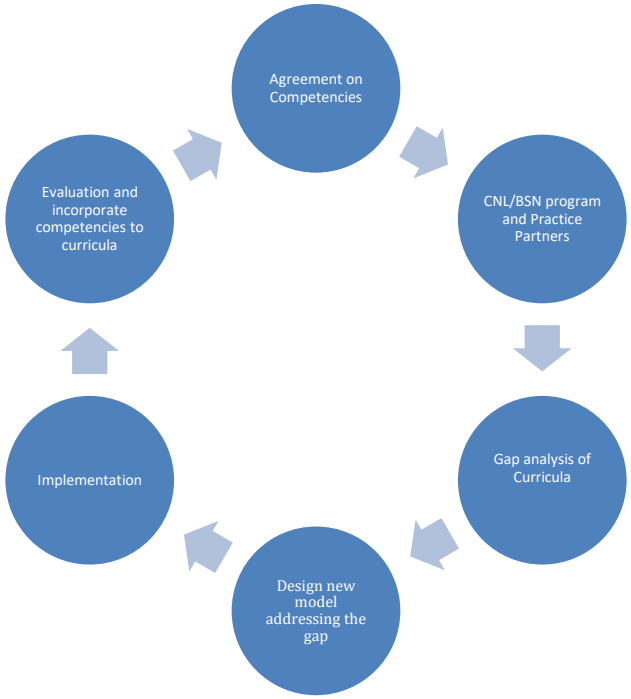

Figure 1. Competency-Based Model

Access to a comprehensive database of geriatric literature and competencies is crucial to the development of today's nursing students. The faculty's geriatric knowledge and level of

competencies is equally important. Several studies have shown that faculty knowledge and expertise prepares students for success (Thornlow et al., 2006). Fundamental to this project's implementation was the buy-in of the nursing school's dean, associate dean, and faculty to infuse geriatric content into the curriculum. Regular meetings were held with the assistant dean and lead faculty. This author also enlisted the support of school services for IT notification and virtual meetings.

The clinical course, N661: Applied Assessment and Fundamental Skills Laboratory and Clinical, was carefully reviewed and discussed with the lead faculty. On advice from the Assistant Dean for Educational Outreach, geriatric content was added to the course description and objectives (see Appendix F). This DNP student prepared weekly topics for discussion, which were agreed upon by the lead faculty, assistant dean, and the CNL clinical faculty.

For the pilot study, a clinical group was chosen that comprised 11 nursing students from the MSN (Master of Science in Nursing) entry-level program. These students held a bachelor's degree in areas of study outside of nursing and were seeking new careers as registered nurses. This group attended clinical practicum every Friday from 0700 to 1630. The clinical faculty for this group was introduced to the project and provided with all of the teaching topics, discussion, and geriatric resources that were used by this student.

Implementation of the Project

Learning to perform as a nurse is predicated on engaging in experiential learning with actual patients (AACN, 2008). This learning, which occurs in a clinical site referred to as *clinical practicum*, serves as field or clinical experience. Experiential learning can take the form of simulations, case studies, interactive videos, and direct patient interactions (AACN, 2008). Each medium is a useful means of teaching. For this project, this DNP student used a combination of

lectures, case scenarios, real-life patient assessments, direct patient interactions and experiences, PowerPoint presentations, online modules, and videos.

Classes occurred every Friday afternoon for 1–2 hours in the clinical setting, using the nursing education conference room, which was equipped with computer and technical support. Students were introduced to the project, and a survey about geriatric knowledge, known as *Facts on Aging*, was administered before teaching began. The class ran for a period of 6 weeks with a specified topic designed for each week (see Appendix G).

During the first week of classes, this DNP student met with the pilot group and gave the introduction on geriatrics. A presurvey assessment on the students' geriatric knowledge was given using the Facts on Aging Quiz (see Appendix H). This was followed immediately with discussions of the normal signs of healthy aging. Two patients were selected for discussions and assessments who were both currently residing in S3 (neighborhood unit at Laguna Honda Hospital) due to old age and/or absence of relative to look out for them. These two selected patients manifested the signs of healthy aging seen in normal older adults over 85 years of age. The unit charge nurse gave us permission to take the two patients with us during discussion in one of the unit areas in the floor designed for patients, family, and staff. Similarly, the two patients gave us verbal consent to be part of geriatric assessments. The students observed the normal signs of aging in actual patients in the process.

The second week of class continued the discussion of healthy aging and started a lecture discussion of geriatric syndromes. This took place in the nursing education building of LHH, well supported by the LHH nurse educators. The class included PowerPoint presentations and lecture discussion along with the learning objectives, which were clearly stated before each class (see Appendix I). Since the students had already had interactions with patients, there was an

active participation and engagement noted in class. A great amount of time was spent in discussion of falls due to their high prevalence in older adults and their being the leading cause of accidental death among the older population (Centers for Disease Control and Prevention, 2010). Approximately one third of adults aged over 65 years experience a fall every year, resulting in significant morbidity and mortality (Bradley, 2011).

For the third week of class the students were asked to see the YouTube video presentation, "The 3Ds of Geriatric Psychiatry—Delirium, Dementia, Depression" (Wu, 2015). There are many outstanding geriatric presentations and videos but this one was specifically selected for its clarity and completeness in discussion of causes, signs, symptoms, and treatments. A group discussion about the YouTube presentation on delirium, dementia, and depression occurred and was then followed with a lecture on other notable geriatric syndromes.

During the fourth week of class, guest speakers were invited for a presentation on chronic conditions, specifically diabetes. According to Kirkman et al. (2012), more than 25% of the U.S. population aged 65 and over has diabetes and the aging of the overall population has led to a diabetes epidemic. The prevalence of diabetes increases as age increases and poses challenges in mode of treatment due to old age and patients' ability to comply with a medical regimen. Older populations with diabetes present with other chronic conditions, which intensifies the need for providers to formulate the right therapy to avoid symptoms and improve the patient's quality of life. During this week, the students expressed high anxiety for the upcoming physical assessment check-offs required to pass the clinical practicum. This DNP student reviewed the head-to-toe assessment, which was further demonstrated by the Geriatric Nurse Practitioner of LHH.

The fifth week of instruction was a continuation of discussion of other chronic illnesses, review of geriatric syndromes, common medications not suited for older adults, and program

evaluation. The sixth week was an ongoing evaluation of student nurses' synthesis and overall application of what was learned through case presentations during nursing clinical rounds with knowledge of patient's diagnosis, signs and symptoms of illness, nursing care plan, and diagnosis.

Planning the Study of the Intervention

Regular meetings were held with the associate deans and lead faculty on project implementation to assess for a successful implementation. A cohort of students was identified for a pilot study, as well as determining whether the location for implementation would be the campus learning centers versus the clinical facility. The DNP student suggested the clinical facility as an excellent choice with the presence of actual patients for real demonstrations and assessments. Per advice from the associate dean, a revision for course N661, entitled Applied Assessment and Fundamental Skills and Laboratory, was made with added discussion and understanding of healthy aging and common health conditions in the older population. Additionally, accompanying course objectives reflected geriatric integration to the course.

The class each week was mapped out with specific topics and learning objectives. The medium of instruction (lecture format, PowerPoint/slide presentation, online modules, videos, case discussions, and real patient assessments) was identified in relation to the topic assigned each week. Classes were designed for students to participate actively and to allot enough time for questions. Learning objectives were presented prior to each class and ensured that the objectives were met after each class.

Cost Summary

This author spent 150 hours in completing the project. The value of the time spent in preparing the content of each class session and the presentation was approximately $7,500. This

amount was based on the lower tier of $50 per hour compensation of an adjunct faculty. The cost for the materials, including a magnetic blackboard and printing copies for handouts and quizzes, was estimated at $60. There was no additional compensation for others as this author was the sole provider of all the work (see Appendix J).

The real value of this project lies in restoring the healthy life of older adults, which can be achieved through effective prevention and management of geriatric syndromes and chronic health conditions. If illness occurs, a quick recovery calls for a short hospital stay, prevention of complications, and prevention of readmissions. An analysis of Medicare data on U.S. Hospital readmissions, the Dartmouth Project (Lavizzo-Mourey, 2013), stated that one in five elderly patients is back in the hospital within 30 days of leaving. Many hospital readmissions can be and could have been prevented. Nurses play a big role in health education, health coordination, and discharge instruction to restore health. Readmission means that the patients are sicker from initial discharge, which entails additional hospital days and more tests and treatment, making health care costs even higher. The Dartmouth Project (Lavizzo-Mourey, 2013) stated that hospital readmissions are sentinel events caused by gaps in the quality of care provided to older patients, many of whom have chronic conditions. Hines, Barett, Jiang, and Steiner (2014) reported that there were 3.3 million adult 30-day all-cause hospital readmissions in the United States in 2011 and were attributed with about $41.3 billion in hospital costs. Medicare patients who are 65 and older have the largest numbers of readmission rates, which is 59.9% with associated costs of 58.2% (Hines et al., 2014).

Methods of Evaluation

To determine the student's knowledge on geriatrics, a presurvey test on Facts on Aging Quiz (see Appendix H) was administered. The 2015 Facts on Aging Quiz revision was drawn

from current geriatric research intended for educational purposes (Breytspraak & Badura, 2015) and patterned after Erdman Palmore's revolutionary Facts on Aging Quiz. The pilot group of 11 nursing students took the presurvey test. The results ranged from 58% as the lowest to 74% as the highest, with an average score of 66.18%. A similar quiz was administered after the completion of six geriatric classes (see Appendix K); five students out of 11 obtained 100%, three achieved 98%, one achieved 96%, one achieved 94%, and one achieved 84%. The overall average score was 97.09%. The results show a significant amount of improvement, from 66.18% to 97.09%, a 30% difference in knowledge gain.

The students verbalized that they gained a substantial amount of geriatric knowledge from the geriatric educational project. The students added that the term *geriatric syndrome* is never heard; however, post-class completion they now have familiarity with and knowledge of these syndromes and the appropriate nursing care and treatment for each. The students also stated that none of the topics chosen for discussion were included in their current syllabus. Lastly, the students expressed confidence to care for the geriatric population now that additional information and knowledge specific to geriatrics had been given.

Similarly, the faculty's knowledge and background in geriatrics was also assessed using a survey questionnaire (see Appendix L). The clinical faculty assigned to N661: Applied Assessment and Fundamental Skills Clinical Laboratory, as well as the clinical faculty assigned for N225: Applied Assessment and Health and Wellness, were given the questionnaire. The majority of the faculty provided areas of concern that included minimal geriatric knowledge and lack of certification, and relied solely on what was learned in nursing school and from current clinical experiences. However, there was a strong positive attitude toward the elderly as well as

the desire to gain additional knowledge in geriatrics. Similar responses to the survey questions were as follows:

1. Attitude toward aging remains positive and all the faculty members have chosen to teach in a skilled nursing facility.
2. No one from the faculty had a degree or obtained certification in the field of geriatrics except for the completion of geriatric modules required by the university last November 2015.
3. Everyone would like additional geriatric knowledge and information.
4. All faculties only utilized information provided in the current syllabus. No one had utilized online resources or had gerontological subscriptions for journals except for this DNP student.
5. According to the faculty members, there is minimum geriatric content in the current curriculum and it could be better.
6. The faculty members' geriatric knowledge and information were from previous nursing education and current clinical experiences.

An informal survey from patients, nursing staff, and leadership has proclaimed improved quality of care provided to patients by the nursing students. The staff has witnessed the compassionate and respectful care delivered to each patient. Furthermore, the staff has seen how the additional knowledge obtained from the training prepared the students in recognizing geriatric syndromes, awareness of specified treatment, and nursing intervention of each identified syndrome. Having knowledgeable and competent caregivers puts the staff and patients at ease and translates to optimal and best possible care to patients.

The nurse manager has observed patients to be comfortable and less anxious, participatory in care and activities such as feeding and bathing, and happy with the nursing students. The amount of discomfort experienced by patients on a daily basis is minimized or controlled by the presence of the nursing students, who spend time with them and provide compassionate care. Overall, patient care is enhanced and patients are living to their full potential through the assistance of the health care providers, which includes the nursing students.

The nursing education staff expressed how valuable this program is to the students who will then provide care to their patients. This will result in improved patient outcomes and subsequently a great reflection of the quality of care provided by the SNF. The SNF education department has requested that a similar program be instituted by the other schools who come to their facility for clinical rotations.

Strengths, Weaknesses, Opportunities, and Threats (SWOT) Analysis

A SWOT analysis was performed as part of the overall planning process to identify the internal and external factors that can affect the future and success of the project (refer to Appendix M.) The following section will individually address the strengths, weaknesses, opportunities, and threats of this Doctor of Nursing Practice (DNP) evidence-based practice (EBP) project.

Strengths. The greatest strength noted for this project is the profound commitment by the USF School of Nursing and Health Professions and the Dean and Assistant Dean of Graduate and Undergraduate Studies. The school is committed both to providing the best education for nursing students and to providing the patients with care from the most competent and knowledgeable student nurses, who will then complete their college education and become licensed nurses. Along with this commitment is the openness to infuse or integrate geriatric

competencies recommended by AACN in conjunction with the John A. Hartford Institute of Geriatrics. The existing partnership between the university and the community remains an additional strength as this provides an avenue for the students to practice clinically. Since the field of geriatrics has long been studied, there are now numerous resources available to faculty and students (see Appendix N).

Weaknesses. Change, revision, and/or development of a curriculum are often seen as a strenuous process by the faculty (Mailloux, 2011). The IOM (2010) report acknowledged that current curricula do not support the health care demands of the 21st century and in particular, the care of the older population. According to Mailloux (2011), revisions to the current curriculum need to take place based on health care changes. Along with the changes are the time and costs allotted to transform current curriculum. To meet the demands of caring for older adults, various geriatric competencies have been developed and revised. The numerous competencies, statements, essentials, and constant revisions become overwhelming for faculty. Curriculum overload is another weakness. The faculty realizes that it is challenging to determine where to integrate and how to infuse geriatric content into the current curriculum. The change in curriculum will likely happen if there is faculty and student engagement.

Opportunities. The project has identified tremendous opportunities. First is the opportunity to review current curriculum and perform gap analysis. This process will identify existing gaps in the field of geriatrics and make revisions and/or changes to infuse geriatric content to the curricula through stand-alone courses or integration. The partnership with the community clinical sites and resources will be enhanced as well. Practice partnership with other nursing schools is an essential component for successful academic program design and implementation (Srozynski et al., 2011) to meet the increasing demands of the nursing

profession. There will be a great deal of collaboration between faculty members and academic leaders as the curricula are assessed and reviewed.

Threats. Along with changes come several threats to success. Faculty buy-in is crucial for any curriculum changes and/or revisions. The curriculum that is already overloaded, according to the faculty, remains a threat. The time plus cost for training and education required to meet competencies is of great consideration.

Analysis

Both quantitative and qualitative data were collected from nursing students to evaluate previous and current geriatric knowledge. The program content, as well as the medium of instructions utilized to educate the students, were also evaluated. The data gathered have shown positive results toward integrating geriatric content to the current curriculum for the students to be confident and competent to care for older populations.

There are several factors that contributed to the success of the program. It began with the amount of support offered by the university and the staff, and having a clinical faculty who are knowledgeable in the field of geriatrics and have immeasurable amounts of clinical experience in the care of older populations. This DNP student spent a considerable amount of time searching for the right amount of information needed by the student on this level. Another factor was having a clinical site that is supportive of student learning and providing opportunities to practice skills learned. The final contributions to the program's success were faculty and students who embrace the nursing profession, possess positive attitudes toward the older adult, and are open to learn new things.

The project went very well, as evidenced by the nursing students' and faculty's input. Improvements in the future would entail incorporating the geriatric content during the first year

of theory classes and reviewing the content on the very first day of clinical for N661 and N225. This DNP student will not change or eliminate any part of the process.

Results: Program Evaluation/Outcomes

The School of Nursing and Health Professions (SONHP) prides itself for being one of the top nursing schools in northern California. While performing in the upper percentile rankings, there remains opportunity for the SONHP to complete refinement of the curriculum that addresses the care of older adults in community populations. The SONHP is eager to implement the goal standard for defining geriatric and gerontological competencies for baccalaureate and graduate school of nursing programs developed by the Hartford Foundation Institute for Geriatric Nursing in collaboration with the American Association of Colleges of Nursing (AACN). In response to the central theme of the IOM (2008) report that although all health care providers treat older adults to some extent during their entire career, the majority lack essential education, training, and skills required to effectively care for the growing numbers of older adults and its unique needs, the initiation and implementation of this project is aligned well with SONHP-identified improvement needs and goals.

The responses of the School of Nursing, the faculty, and student nurses to this project have been consistently positive. This DNP student had the support from the School of Nursing as they do believe in the importance of this project. They are aware that this is a win-win situation for the student nurses who are receiving additional geriatric knowledge and skills, for the patients who benefit from those enhanced skills, and for the faculty that educate and mentor those skills.

The clinical facility where the project was instituted was equally excited and supportive of this initiative. This institution also believes that further educating the students and staff will

benefit the older population that they serve. The nursing unit where the students practiced was enthusiastic as well, since they were aware that all care providers need to have specialized training and education to provide the best care the patients deserve.

In response, the clinical facility provided nursing conference rooms equipped with technical support for program use. The geriatric Nurse Education Manager, Clinical Specialist, and Nurse Practitioner immediately agreed to be guest lecturers during weekly course sessions. These weekly sessions promoted positive relationships with the students, helped answered questions, and provided useful tips and tools for geriatric specialized care. This adjunct faculty continues to offer student support post-course completion.

Discussion

Summary

In summary, the project of integrating improved geriatric content to nursing curriculum has shown positive outcomes to faculty and student learning in areas of geriatrics. The collaborative effort toward increasing the student's knowledge and skills in provision of high quality care to the older population can only be realized by recognizing the need for and ability to integrate geriatric content into the curricula, providing knowledgeable faculty in geriatrics, and providing school support for needed change and availability of resources. The school and staff have recognized the value of the DNP. This has transcended to the nursing students, which makes them knowledgeable, confident, and competent to provide care to the older adult population. The literature reviews have identified educational institutions that have successfully integrated geriatric content into their nursing curricula by implementing innovative strategies. The DNP student has applied the evidence-based innovative strategies cited above to

undergraduate and graduate nursing programs and plans to replicate the same program to other clinical groups in applied assessments.

Relation to Other Evidence

Research in gerontological nursing has made significant strides through the course of time, particularly in geriatric nursing education. The John A. Hartford Foundation Institute for Geriatric Nursing collaborated with AACN to establish quality standards and competencies in caring for older adults, as well as guidelines for faculty development and curriculum revision. This DNP student utilized innovative strategies implemented by other schools and universities (see Appendix O) in increasing faculty knowledge, competencies, and approaches in revising the curriculum.

Several studies have shown that there is no single method of integrating geriatrics into nursing curriculum. Some programs have implemented stand-alone courses, while others have integrated geriatric courses across the curriculum (Berman et al., 2005). This project was successfully integrated to applied assessment in clinical courses but can also be offered as a stand-alone course, which will give more time for additional topics relevant to older population such as hospice/palliative care and end-of-life.

Significant findings show that only one third of nursing programs have geriatric content in the curriculum and that there is a need to increase geriatric competencies among the faculty (Gilje et al., 2007). There is a plan for the school to support faculty development in the form of on-line modules completion or faculty workshops. As previously noted, enhancing faculty development to increase gerontology expertise remains an important priority. Increasing the number of professional nurses conversant and skilled in caring for older adults can be realized

only when faculty become knowledgeable in geriatrics and when geriatric content is infused into the curricula.

While many studies described lack of faculty competencies, little research has addressed practicing nurses in the geriatric setting. SNFs in particular house elderly patients with chronic or degenerative conditions and those recovering from traumatic injury or illness. While certified nursing assistants and licensed vocational nurses provide 24-hour care in these facilities, registered nurses play a vital role in directing nursing care, treatment, safeguarding patients, and ensuring patients receive the highest quality and safe care (Williams, 2016). Patients in SNFs might not fully recover and return to live by themselves; however, nurses make a huge difference by improving the patient's quality of life, keeping chronic conditions under control, and acting as patient advocates and patient educators. They teach patients and family members how to deal with current illness and conditions, focusing on recovery and long-term wellness. In light of all these responsibilities the nurses need to have the knowledge, training, and education to better serve the patients in these settings.

Given the complexity and the challenging environment in SNFs, well prepared and capable nurses are essential to the SNF's success. Increasing evidence indicates that the quality of life for patients and residents at SNFs is enhanced when nurses are well prepared in gerontological nursing, highly skilled in leadership and management, and educated and involved in quality improvement processes.

Barriers to Implementation/Limitations

Rosenfeld et al. (1999) conducted a study on the findings from a national survey about gerontology content in nursing programs in which they identified several barriers to availability of geriatric content to nursing programs. Curriculum already overloaded was the most frequently

identified significant barrier. This was followed by lack of clinical role models in the clinical settings and insufficient amount of qualified full-time and part-time faculty. Another barrier was lack of interest among students and faculty, as well as lack of leadership and resources from universities. Lastly was lack of standards for practice competencies and valuable clinical sites.

With initiation of the project, this DNP student met barriers similar to those noted in Rosenfeld et al.'s (1999) study. These barriers included the following: (a) concern with overloaded curriculum from adding gerontology content to the current curriculum, (b) faculty uncertainty about where and how to infuse the content into current curriculum, and (c) insufficient amount of resources from qualified part-time and full-time faculty. While the above concerns were exhibited, faculty members were also aware of the implications and significance of the project. The lack of standardization was not a concern as there is an established geriatric competency from Hartford Institute in collaboration with AACN; therefore, standards for practice are no longer a barrier. The USF SONHP's long-term partnerships within the clinical facilities in the community have served the nursing students' placement for clinical practice.

Interpretation

The requested assessment of the Masters Entry Curriculum by the Associate Dean of Graduate Studies and Community Partnerships of the USF SONHP determined the need for additional geriatric content to meet the required AACN geriatric competencies. This was further substantiated by the faculty's informal input to strengthen courses in geriatrics and requests for additional geriatric resources in the SONHP.

Subsequently, an assessment of the university's undergraduate nursing current curriculum will also offer opportunities for additional geriatric content. The current curriculum has not been updated for a very long time (S. Prion, personal communication, March 8, 2016) and changes

need to be made to meet the geriatric standards and competencies required of every graduate student. The USF SONHP will follow the AACN's (2010) recommendations to gerontologize the nursing curriculum, develop nursing faculty expertise, and prepare nursing students to care for the older population (known to have complex care needs).

The numerous lessons learned from this project will be shared with the school Board of Registered Nursing (BRN) Curriculum and Instruction Revision Process (CIRP), of which this DNP student is an advisory committee member. The current climate in the School of Nursing favors and welcomes areas of achievements in geriatrics. This DNP student's involvement and participation in this timely and much needed improvement is highly appreciated by the School of Nursing.

Conclusion

The current educational structure that is assumed to prepare nursing graduates to care for the older population, many of whom suffer from chronic illnesses, complex medical conditions, and/or with functional decline and cognitive limitations, has proven to be inadequate. Similarly, several studies on readiness of the health care workforce to provide care to the elderly population concluded that the current systems are disastrous.

The institutions that have successfully integrated geriatrics into their nursing programs offer valuable insights into the process. Curriculum revision is lengthy, tedious, and often costly. This can be minimized if faculty are recruited who know the content and are effective change agents. Faculty development is critical for curricular change. In addition, interprofessional experts and maximum use of available resources are vital for curricular revision and implementation. This DNP student has streamlined the revision process by having all the important people who share the same goals and understand the needed change, known as the

stakeholders (the associate dean, lead faculty, the DNP student, and the clinical faculty), at the table. The relationship that this DNP student has with the School of Nursing and clinical facility has contributed to the project's positive outcome.

The rapid rate of growth of the older adult population requires knowledgeable and committed professional nurses to meet their health care needs. Nursing schools are called on to prepare every nurse graduating from baccalaureate and graduate nursing programs to care for the aging adult population. Increasing every nurse's competence to care for an older adult begins with the education of all nurses. To ensure that future generations of nurses are prepared in today's highly complex health care environment, transformation needs to occur in how student nurses are educated. The foundation for successful implementation and maintenance of geriatric curricular enhancement begins with faculty development. Incorporating geriatric competencies into nursing curriculum will prepare nursing graduates to provide health care to older populations. The implementation of this project prepared the nursing faculty who then provided their nursing students with the knowledge, competence, and skills needed to give safe and quality care to the older population.

Implications for Practice

The shifting demographics of the U.S. population has immense implications for the health care system and health care workforce. Society demands knowledgeable and competent nurses to care for the older population whose care is complex. It behooves the nursing community to assure that every graduating nurse has a defined level of geriatric competencies to provide care to the older population with complex care needs. Researchers have found from numerous studies that there is inadequate geriatric content in the curriculum and that faculty is unprepared to teach gerontology nursing. Geriatric competencies have been developed through

collaboration by AACN and the Hartford Institute to guide schools in preparing students to care for the older adult population. In addition, a guide for nursing faculty in caring for an aging population was created. To ensure that schools are integrating geriatric content into the curricula, the Hartford Institute awarded funding in support of all these efforts.

Several institutions have integrated geriatric content into the curriculum using innovation and strategies, with proven positive outcomes. This DNP student has done the same with positive outcomes, and the plan is to replicate this to undergraduate and graduate nursing programs. Integrating geriatric content into the nursing curriculum will enhance and sustain students' capacities and competencies in gerontological care so that USF nursing graduates are prepared to address the complex health care needs of the older population.

There is multiple evidence that care of older adults provided by health care professionals prepared in geriatrics leads to improvement in physical, psychological, and functional status and improvement in mental health without increased costs (Kovner et al., 2002). Additionally, patients cared for by nurses prepared in geriatrics are less likely to be physically restrained, have fewer readmissions to the hospital, and are less likely to be transferred from SNFs to acute hospital settings (Kovner et al., 2002).

Nurses play a pivotal role in the outcome of the care of every patient they care for, most especially the elderly whose care is complex. To ensure that future generations of nurses are prepared for today's highly complex health care environment, transformation in nursing education must occur *now*. Incorporating geriatric competencies into nursing curricula will prepare nursing graduates to provide optimal health care to older populations. Preparing nurses with specialized skills, knowledge, and competencies needed to provide high quality care to

older adults exemplifies the John Hartford Foundation commitment to gerontology and the USF SONHP commitment to nursing students and the public.

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Appendix A

Significant Gerontological Landmarks

Date	Publications	Programs/ Activities	Conferences
1902	First geriatric article by an MD published by American Journal of Nursing (AJN).		
1904	First geriatric article by an RN published by AJN.		
1925	Care of the Aged appears in AJN. Author Anonymous.	AJN considers geriatric nursing as a potential specialty.	
1950	First Geriatric Nursing Textbook by Newton. First geriatric master's thesis by Eleanor Pingrey.	Geriatrics becomes a specialty in Nursing.	
1952	Nursing Research published first geriatric nursing study.		
1961		American Nurses Association (ANA) recommends specialty group for geriatric nurses.	

Date	**Publications**	**Programs/Activities**	**Conferences**
1962			First National Nursing Meeting on Geriatric Nursing Practice
1966		ANA forms a geriatric nursing division. First Gerontological Clinical Nurse Specialist master's program begins at Duke University.	
1968		First RN (Gunter) presents at the International Congress of Gerontology.	
1970		ANA creates the Standards of Practice for Geriatric Nursing.	
1973		ANA offers first generalist certification in gerontological nursing (74 nurses certified).	

Date	**Publications**	**Programs/Activities**	**Conferences**
1975	Journal of Gerontological Nursing by: Slack Inc. First nursing journal for the care of older adult published.		First nursing conference held at the International Congress of Gerontology
1976	ANA publishes Standards of Gerontological Nursing	ANA Geriatric Nursing Division name changes to Gerontological Nursing Division.	
1977		Kellogg Foundation funds Geriatric Nurse Practitioner certificate education. First gerontological nursing track funded by the Division of Nursing at the University of Kansas.	
1998		ANA certification available for geriatric advance practice nurses as geriatric nurse practitioners or gerontological clinical nurse specialists.	

Date	Publications	Programs/Activities	Conferences
2000		American Academy of Nursing, the John A. Hartford Foundation, and the NYU Division of Nursing develop the Building Of Academic Geriatric Nursing Capacity (BAGNC) Program. July 2000 document: Older Adults: Recommended Baccalaureate Competencies and Curricular Guidelines for Gerontological Nursing Care. Includes 30 competencies necessary for nurses to provide high-quality care to older adults and families.	
2001		AACN with generous funding from John. A. Hartford Foundation awards monies to schools across the country to support their efforts to enhance their schools gerontological nursing curricula.	

Date	**Publications**	**Programs/Activities**	**Conferences**
2002		American Nurses Foundation (ANF) and ANA fund the Nurse Competence in Aging (NCA) joint venture with John A. Hartford Institute for Geriatric Nursing.	
2003		The John. A. Hartford Foundation Institute for Geriatric Nursing, The American Academy of Nursing, and the American Association of Colleges of Nursing (AACN) combine efforts to develop Hartford Geriatric Nursing Initiative (HGNI). The John A. Hartford Institute for Geriatric Nursing at NYU awards Specialty Nursing Association Programs-in Geriatrics (SNAPG) grants.	

Date	**Publications**	**Programs/Activities**	**Conferences**
2004		American Nurses Credentialing Centers' first computerized generalist certification exam for gerontological nurse.	
2005	Journal of Gerontological Nursing celebrate 30 years.	The Hartford Institute updated: Best Nursing Practices in Care for Older Adults: Incorporating Essential Gerontological Content into Baccalaureate Nursing and Staff Development: A Curriculum Guide	
2006		AACN/John. A. Hartford Foundation developed: Caring for an Aging America: A Guide for Nursing Faculty	

Date	**Publications**	**Programs/Activities**	**Conferences**
2007		Nurses Improving Care for Health system Elders (NICHE) program at John A. Hartford Foundation Institute for Geriatric Nursing at NYU received additional funding from the Atlantic Philanthropies and U.S. Aging Program.	
2008	Geriatric Nursing Journal celebrates 30 years. Journal of Gerontological Nursing Research emerges.		
2009		Geriatric Nursing Education Consortium (GNEC) faculty development initiative of AACN established: Sigma Theta Tau International (STTI) Geriatric Nursing Leadership Academy launches.	

Date	**Publications**	**Programs/Activities**	**Conferences**
2010		AACN in association with Hartford Institute for Geriatric Nursing and New York University College of Nursing developed: Recommended Baccalaureate Competencies and Curricular Guidelines for the Nursing Care of Older Adults as a supplement to The Essentials of Baccalaureate Education for Professional Nursing Practice:	
2012		AGHE Accreditation Task Force designated two working groups, The Organizational Workgroup and the Competencies Development Workgroup to develop Gerontology Competencies for Undergraduate and Graduate Education	

Source: Conley, D., & Pierre, J. (2009). *Introduction to Gerontological Nursing*. Jones and Barlett Learning.

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Appendix B

Gerontological Nursing Competency Statements and Essentials

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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 Essential 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

(continued)

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 health care 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 Essential 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

(continued)

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

Source: American Association of Colleges of Nursing. (2010). *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*. Washington, DC: Author.

Appendix C

The Nine Essentials of Baccalaureate Education for Professional Nursing Practice

Essential I: Liberal Education for Baccalaureate Generalist Nursing Practice
Essential II: Basic Organizational and Systems Leadership for Quality Care and Patient Safety
Essential III: Scholarship for Evidence-Based Practice
Essential IV: Information Management and Application of Patient Care
Essential V: Health care Policy, Finance, and Regulatory Environments
Essential VI: Interprofessional Communication and Collaboration for Improving Patient Health Outcomes
Essential VII: Clinical Prevention and Population Health
Essential VIII: Professionalism and Professional Values
Essential IX: Baccalaureate Generalist Nursing Practice

Appendix D

Selected Gerontological Competency Statements and Essentials

Gerontological Nursing Competency Statements	Essentials
1. Use valid and reliable assessment tools to guide nursing practice for older adults. Corresponding to Essential IX	IX: Baccalaureate Generalist Nursing Practice
2. Implement strategies and use online guidelines to prevent and manage geriatric syndromes. Corresponding to Essentials IV & IX	IV: Information Management and Application of Patient Care IX: Baccalaureate Generalist Nursing Practice
3. 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 families. Corresponding to Essentials IV& IX	IV: Information Management and Application of Patient Care

(continued)

4. Plan patient-centered care with consideration to mental and physical health and well-being of informal and formal caregivers for older adults. Corresponding to Essential IX	IX: Baccalaureate Generalist Nursing Practice
5. Utilizes resources/programs to promote functional, physical, and mental wellness in older adults. Corresponding to Essential VII	VII: Clinical Prevention and Population Health

Appendix E

Curriculum Mapping

Mapping Course Content onto AGHE Gerontology Competencies

Curriculum Mapping

Name/Type of Program: Completed by:

Date:

Instructions: Indicate course number and department as applicable, type of program (specify degree [AA, bachelor's, master's] or certificate), and year in program that course is taught (e.g., freshman = first year). Coverage of competency content: 1 = fully covered, 2 = partially covered, and 3 = not covered – please circle if faxing or highlight/bold if electronically submitting. Evaluation Methods: Check (□) all that apply.

Category III: Contextual Competencies Across Fields of Gerontology (Selective)

Competency	Course # Year Taught:	Course # Year Taught:	Course # Year Taught:	Course # Year Taught:
Use valid and reliable assessment tools to guide nursing practice for older adults. Essential: IX Baccalaureate Generalist Nursing Practice	Coverage: 1 2 3 Evaluation Methods: Test__ Paper__ Presentation __ Observation 2 Other:___ Not evaluated:	Coverage: 1 2 3 Evaluation Methods: Test__ Paper__ Presentation __ Observation 2 Other:____ Not evaluated:	Coverage: 1 2 3 Evaluation Methods: Test__ Paper__ Presentation _ _ Observation 2 Other:____ Not evaluated:	Coverage: 1 2 3 Evaluation Methods: Test__ Paper__ Presentation __ Observation 2 Other:____ Not evaluated:

Implement strategies and use online guidelines to prevent and manage geriatric syndromes Essential IX: Baccalaureate Generalist Nursing Practice	Coverage: 1 2 3 Evaluation Methods: Test__ Paper__ Presentation __ Observation 2 Other:___ Not evaluated:	Coverage: 1 2 3 Evaluation Methods: Test__ Paper__ Presentation __ Observation 2 Other:____ Not evaluated:	Coverage: 1 2 3 Evaluation Methods: Test__ Paper__ Presentation __ Observation 2 Other:____ Not evaluated:	Coverage: 1 2 3 Evaluation Methods: Test__ Paper__ Presentation __ Observation 2 Other:____ Not evaluated:
Facilitate safe and effective transitions across levels of care, including acute, community based, and long term care (home, assisted living, hospice, nursing homes for older adults and families. Essential: IV Information Management and Application of Care. Essential IX: Baccalaureate Generalist Nursing	Coverage: 1 2 3 Evaluation Methods: Test__ Paper__ Presentation __ Observation 2 Other:___ Not evaluated:	Coverage: 1 2 3 Evaluation Methods: Test__ Paper__ Presentation __ Observation 2 Other:___ Not evaluated:	Coverage: 1 2 3 Evaluation Methods: Test__ Paper__ Presentation __ Observation 2 Other:___ Not evaluated:	Coverage: 1 2 3 Evaluation Methods: Test__ Paper__ Presentation __ Observation 2 Other:___ Not evaluated:

	Coverage:	Coverage:	Coverage:	Coverage:
Plan patient-centered care with considerations to mental and physical health and well- being of informal and formal caregivers for older adults.	1 2 3 Evaluation Methods: Test__ Paper__ Presentation __ Observation 2 Other:___ Not evaluated:	1 2 3 Evaluation Methods: Test__ Paper__ Presentation __ Observation 2 Other:___ Not evaluated:	1 2 3 Evaluation Methods: Test__ Paper__ Presentation __ Observation 2 Other:___ Not evaluated:	1 2 3 Evaluation Methods: Test__ Paper__ Presentation __ Observation 2 Other:___ Not evaluated:
				(continued)
	Coverage:	Coverage:	Coverage:	Coverage:
Utilizes resources/programs to promote functional, physical, and mental wellness in older adults. Essentials VII: Clinical Prevention and Population Health	1 2 3 Evaluation Methods: Test__ Paper__ Presentation __ Observation 2 Other:___ Not evaluated:	1 2 3 Evaluation Methods: Test__ Paper__ Presentation __ Observation 2 Other:___ Not evaluated:	1 2 3 Evaluation Methods: Test__ Paper__ Presentation __ Observation 2 Other:___ Not evaluated:	1 2 3 Evaluation Methods: Test__ Paper__ Presentation __ Observation 2 Other:___ Not evaluated:

Note: Curriculum Mapping Tool developed by Dr. Kathleen Blais available at http://www.aacn.nche.edu/Education/Hartford/pdf/FIUCurrTool.pdf

Reference: Thornlow, D., Latimer, D., Kingsborough, J., & Arieti, L. (2006). Caring for an aging America: A guide for nursing faculty. Washington, DC: American Association of Colleges of Nursing/ The John A. Hartford Foundation.

Appendix F

USF Nursing 661

UNIVERSITY OF SAN FRANCISCO

SCHOOL OF NURSING

N661: Applied Assessment & Fundamental Skills Laboratory and Clinical

COURSE CREDIT: 4 UNITS

COURSE DESCRIPTION:

Assists the student to apply concepts of health assessment and fundamental clinical skills using a patient-centered holistic approach. Practice includes the applied techniques of communication, systematic physical assessment, and fundamental nursing skills utilized by the Clinical Nurse Leader through the nursing process, in older adults. Discussion and understanding of healthy aging and common health conditions in older population that do not fit into certain disease categories known as "geriatric syndromes". These conditions include incontinence, sleep problems, delirium, dementia, falls, pressure ulcers, osteoporosis and weight loss.

COURSE PREREQUISITES: None

COURSE COREQUISITES: N601, N622, N624

COURSE OBJECTIVES: At the completion of this course, the student will be able to:

At the completion of this course, the student will be able to:

1. Analyze specific client situations and determine the most strategic methods of communication to elicit comprehensive assessments in older adults.
2. Perform a health history and physical examination using common and basic elements of professional communication, assessment, critical reasoning and the nursing process.
3. Clearly and accurately communicate and document the findings of the health, physical and situational assessment both interpersonally and professionally.
4. Safely, accurately, and effectively demonstrate understanding and perform selected fundamental nursing skills and techniques founded in evidence-based principles and within error reduction models.
5. Understand the normal process of healthy aging and identify ways to improve health, function, and quality of life of older adults.

6. Describe the prevalence and risks factors associated with geriatric syndromes: identify the components and evaluation of the common conditions and discuss nursing interventions.
7. Understand and practice safe and current processes with pharmacological and care nursing interventions.
8. Demonstrate mastery and accuracy with medication dosage calculations and administration processes.
9. Develop a basic understanding of safety, resources, cost containment and CNL initiatives as they are reflected in the fundamentals of the nursing process and planning patient care.
10. Work collaboratively to make clinical decisions and promote quality patient care while minimizing patient risk, harm, and error during simulated clinical venues.

Appendix G

Weekly Geriatric Class Schedule

Date of Classes	**Topic of Discussion**	**Medium of Instructions**	**Presenters**
Week 1	Introduction to Proposed Project Introduction to Geriatrics Healthy Aging	Lecture Real Patient Assessments	Sylvia Andrade
Week 2	Healthy Aging Geriatric Syndromes (Falls, Urinary Incontinence)	Lecture Power Point Presentation Group Discussions	Sylvia Andrade
Week 3	3 D's: Delirium, Dementia and Depression Geriatric Syndromes	On-line module/you-tube video Lecture Power Point Presentation Group Discussions	Sylvia Andrade
Week 4	Chronic Conditions: Diabetes Geriatric Assessments	Lecture Power Point Presentation Hands-on assessments	Guest Lecturer Laguna Honda Geriatric CNS Laguna Honda Geriatric Nurse Practitioner
Week 5	Common Medications not suited for Older Adults Program Evaluation	Discussions/handouts On-line Module	Sylvia Andrade
Week 6	Inpatient nursing clinical rounding, patient assessments and case discussion	Nursing Clinical Rounds Students case presentations Geriatric Assessments Formulate nursing diagnosis and nursing care plans. completeness	Sylvia Andrade Rose Blemur

Appendix H

Facts on Aging Quiz

Breytspraak, L. & Badura, L. (2015). *Facts on Aging Quiz* (revised; based on Palmore (1977; 1981)). Retrieved from http://info.umkc.edu/aging/quiz/.

T F 1. The majority of old people (past 65 years) have Alzheimer's disease.

T F 2. As people grow older, their intelligence declines significantly.

T F 3. It is very difficult for older adults to learn new things.

T F 4. Personality changes with age.

T F 5. Memory loss is a normal part of aging.

T F 6. As adults grow older, reaction time increases.

T F 7. Clinical depression occurs more frequently in older than younger people.

T F 8. Older adults are at risk for HIV/AIDS.

T F 9. Alcoholism and alcohol abuse are significantly greater problems in the adult population over age 65 than that under age 65.

T F 10. Older adults have more trouble sleeping than younger adults do.

T F 11. Older adults have the highest suicide rate of any age group.

T F 12. High blood pressure increases with age.

T F 13. Older people perspire less, so they are more likely to suffer from hyperthermia.

T F 14. All women develop osteoporosis as they age.

T F 15. A person's height tends to decline in old age.

T F 16. Physical strength declines in old age.

T F 17. Most old people lose interest in and capacity for sexual relations.

T F 18. Bladder capacity decreases with age, which leads to frequent urination.

T F 19. Kidney function is not affected by age.

T F 20. Increased problems with constipation represent a normal change as people get older.

T F 21. All five senses tend to decline with age.

T F 22. As people live longer, they face fewer acute conditions and more chronic health conditions.

T F 23. Retirement is often detrimental to health--i.e., people frequently seem to become ill or die soon after retirement.

T F 24. Older adults are less anxious about death than are younger and middle-aged adults.

T F 25. People 65 years of age and older currently make up about 20% of the U.S. population.

T F 26. Most older people are living in nursing homes.

T F 27. The modern family no longer takes care of its elderly.

T F 28. The life expectancy of men at age 65 is about the same as that of women.

T F 29. Remaining life expectancy of blacks at age 85 is about the same as whites.

T F 30. Social Security benefits automatically increase with inflation.

T F 31. Living below or near the poverty level is no longer a significant problem for most older Americans.

T F 32. Most older drivers are quite capable of safely operating a motor vehicle.

T F 33. Older workers cannot work as effectively as younger workers.

T F 34. Most old people are set in their ways and unable to change.

T F 35. The majority of old people are bored.

T F 36. In general, most old people are pretty much alike.

T F 37. Older adults (65+) have higher rates of criminal victimization than adults under 65 do.

T F 38. Older people tend to become more spiritual as they grow older.

T F 39. Older adults (65+) are more fearful of crime than are persons under 65.

T F 40. Older people do not adapt as well as younger age groups when they relocate to a new environment.

T F 41. Participation in volunteering through organizations (e.g., churches and clubs) tends to decline among older adults.

T F 42. Older people are much happier if they are allowed to disengage from society.

T F 43. Geriatrics is a specialty in American medicine.

T F 44. All medical schools now require students to take courses in geriatrics and gerontology.

T F 45. Abuse of older adults is not a significant problem in the U.S.

T F 46. Grandparents today take less responsibility for rearing grandchildren than ever before.

T F 47. Older persons take longer to recover from physical and psychological stress.

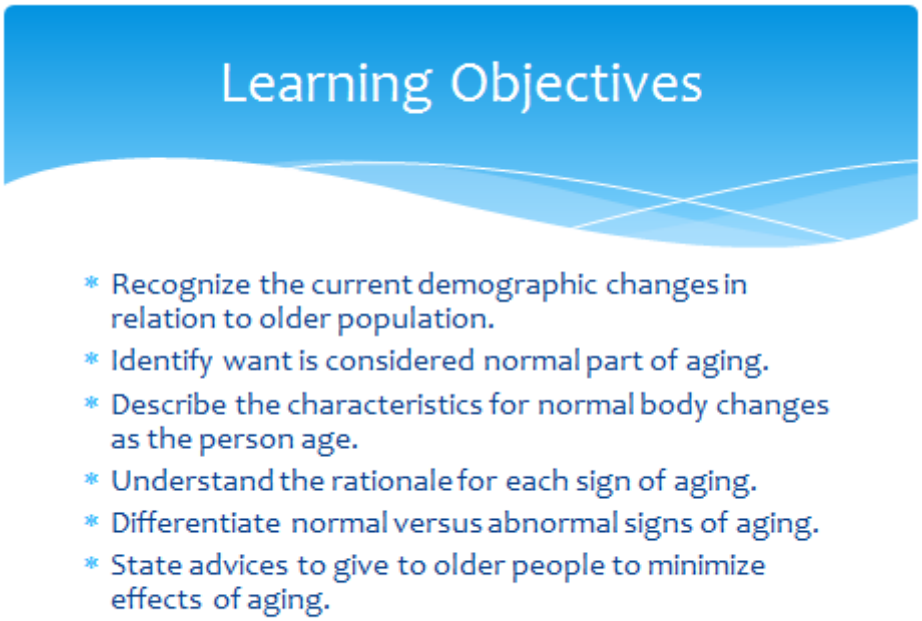
T F 48. Most adults consider their health to be good or excellent.

T F 49. Older females exhibit better health care practices than older males.

T F 50. Research has shown that old age truly begins at 65.

Appendix I

PowerPoint Presentation on Healthy Aging and Geriatric Syndromes



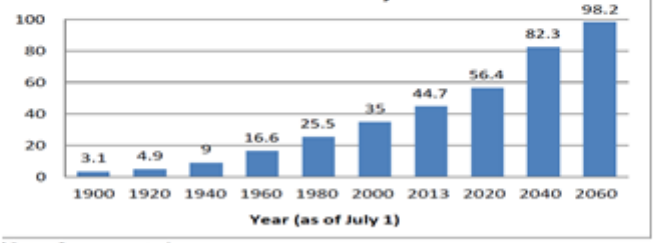
Older Population

* In 2013, population 65 years and older:
  - 1 in seven Americans
  - numbered 44.7 million in 2013
  - represent 14.1% of US population
  - reaching 65 years old has average life expectancy of additional 19.3 years
  - (20.5 years for females and 17.9 years for males).
  - 67,347 persons aged 100 or more in 2013

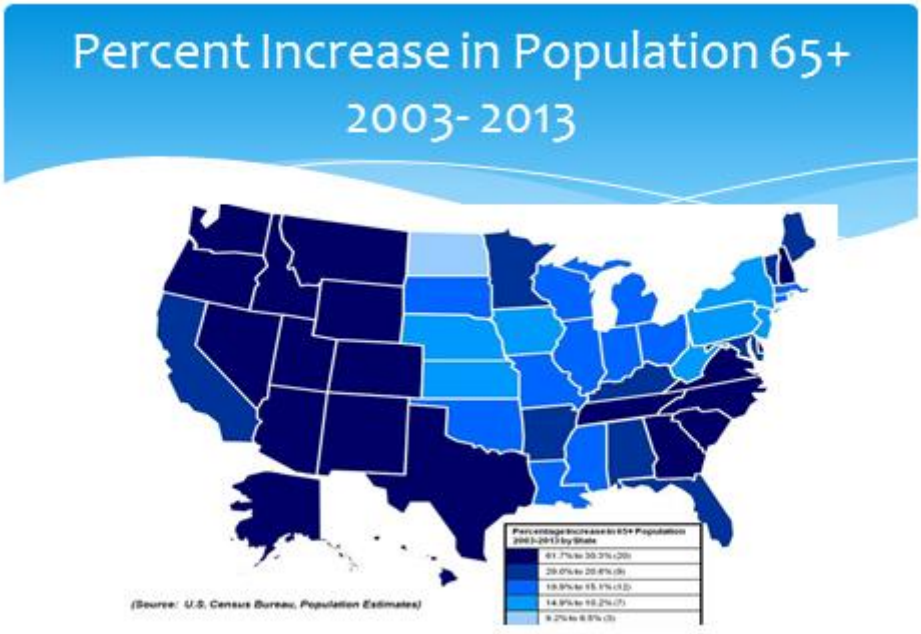
Source: U.S. Census Bureau, Population Division
http://www.aoa.acl.gov/Aging_Statistics/Profile/2014/docs/2014-Profile.pdf A Profile of Older Americans: 2014

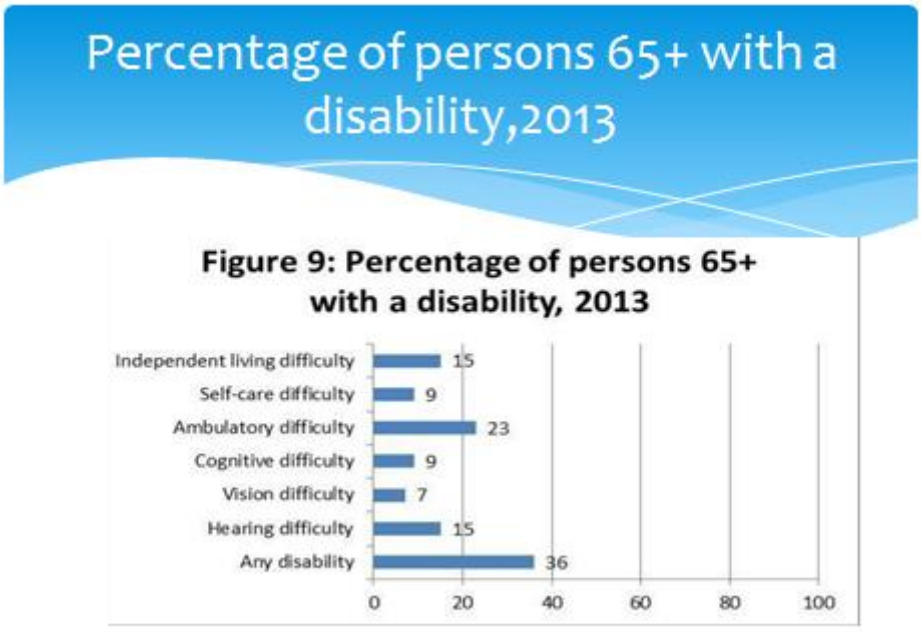
Number of Persons 65+

Figure 1: Number of Persons 65+, 1900 to 2060 (numbers in millions)

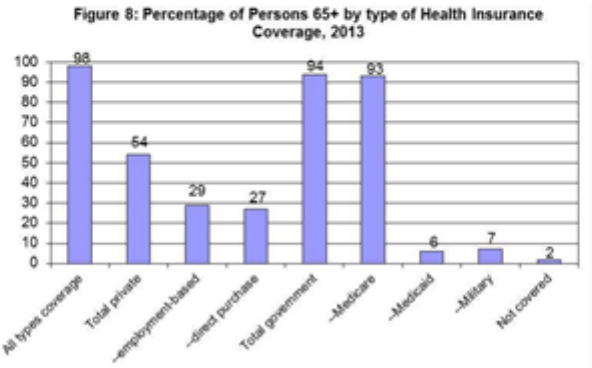


Note: Increments in years are uneven.
Source: U.S. Census Bureau, Population Estimates and Projections.


Percent Increase in Population 65+
2003- 2013
(Source: U.S. Census Bureau, Population Estimates)


Percentage of persons 65+ with a disability,2013
Figure 9: Percentage of persons 65+ with a disability, 2013
Independent living difficulty
Self-care difficulty
Ambulatory difficulty
Cognitive difficulty
Vision difficulty
Hearing difficulty
Any disability
15
9
23
9
7
15
36
0
20
40
60
80
100

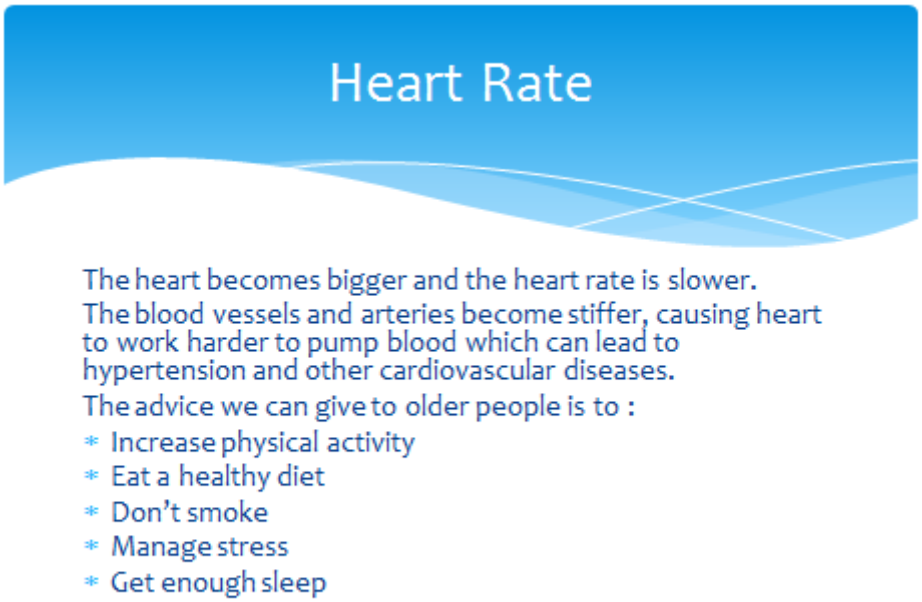
Health Insurance Coverage

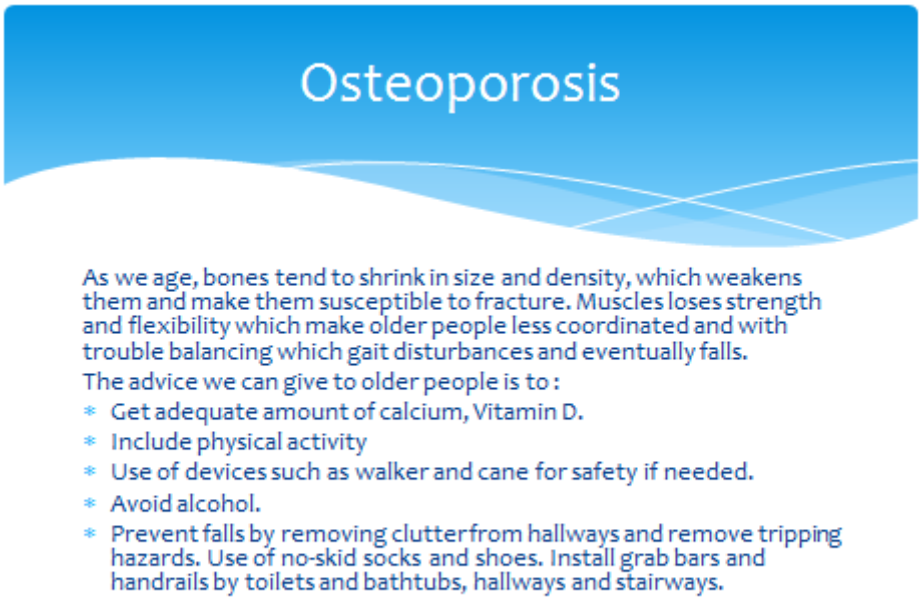


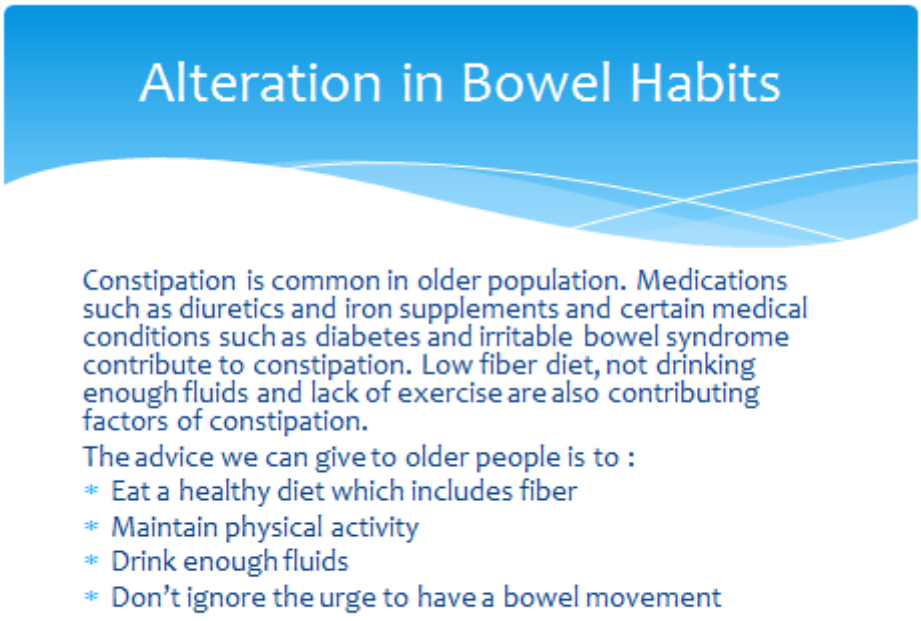
Healthy Aging

What is considered normal part of aging?

* Heart rate becomes slightly slower, your heart might become bigger.
* Bones tend to shrink in size and density. You might even become a bit shorter
* Alterations in bowel movements
* Loss of Bladder Control
* Memory Loss
* Recede gums
* Skin thins and less elastic
* Weight Loss
* Decrease sexual desire


Heart Rate
The heart becomes bigger and the heart rate is slower.
The blood vessels and arteries become stiffer, causing heart to work harder to pump blood which can lead to hypertension and other cardiovascular diseases.
The advice we can give to older people is to :
* Increase physical activity
* Eat a healthy diet
* Don't smoke
* Manage stress
* Get enough sleep


Osteoporosis
As we age, bones tend to shrink in size and density, which weakens them and make them susceptible to fracture. Muscles loses strength and flexibility which make older people less coordinated and with trouble balancing which gait disturbances and eventually falls.
The advice we can give to older people is to :
Get adequate amount of calcium, Vitamin D.
Include physical activity
Use of devices such as walker and cane for safety if needed.
Avoid alcohol.
Prevent falls by removing clutterfrom hallways and remove tripping hazards. Use of no-skid socks and shoes. Install grab bars and handrails by toilets and bathtubs, hallways and stairways.


Alteration in Bowel Habits
Constipation is common in older population. Medications such as diuretics and iron supplements and certain medical conditions such as diabetes and irritable bowel syndrome contribute to constipation. Low fiber diet, not drinking enough fluids and lack of exercise are also contributing factors of constipation.
The advice we can give to older people is to :
Eat a healthy diet which includes fiber
Maintain physical activity
Drink enough fluids
Don't ignore the urge to have a bowel movement

Loss of Bladder Control

Loss of bladder control (urinary incontinence) is common with aging due enlarged prostate for men and menopause in women).

The advice we can give to older people is to:

* Regular toileting and don't ignore the urge to use the restroom
* Maintain a healthy weight
* Avoid smoking and alcohol.

Memory Loss

Memory naturally become less efficient with age.

The advice we can give to older people is to:

* To stay mentally active and remain physically active.
* Be social and stay connected with friends and family
* Eat a healthy diet
* Keep blood pressure within normal limits
* Quit smoking

Vision and Hearing affected

With age, they have difficulty in focusing on objects, sensitive to glare and trouble adapting to different levels of light.

The advice we can give to older people is to:

* Have a regular eye and ear checkups with your healthcare provider
* Avoid excessive light and use of window shades in the room
* Take precautions: wear sunglasses, hat, earplugs

Poor Dentition

Older people may have their gums pull back from the teeth. Certain medications, such as those that treat allergies, asthma, high blood pressure and high cholesterol, can also cause dry mouth. As a result, your teeth and gums might become slightly more vulnerable to tooth decay and infection.

The advice we can give to older people is to:

* Promote oral health, encourage patient to brush and floss once or twice a day.
* Schedule regular dental checkups
* Perform oral assessments for in-patients and proper referral if needed to the dentist

Fragile Skin

Older people skin thins and becomes less elastic due to decrease fatty tissue, decreased production of natural oil making the skin drier. Wrinkles, age spots and small growth known as skin tags are common.

To prevent further damage:

* Keep skin clean and dry. Use of lotion for dry skin.
* Be gentle and practice safe patient handling.
* Take precautions and protect skin from excessive sun exposure by using hats, sun glasses and sunscreens.
* Advice older people to quit smoking

Maintaining a healthy weight

Encourage physical activity and eat a healthy diet as good nutrition keeps muscles, bones, organs, and other body parts strong for longer life. Eating vitamin-rich food boosts immunity and fights illness-causing toxins. A proper diet reduces the risk of heart disease, stroke, high blood pressure, type-2 diabetes, bone loss, cancer, and anemia.

For older adults, the benefits of adopting a healthy diet include increased mental acuteness, resistance to illness and disease, higher energy levels, faster recuperation times, and better management of chronic health problems.

Sexual needs

Sexual desire decreases and ceases in later years and attributed to:

For men, the most common causes are lack of desire (usually resulting from medications), ill health, and erectile difficulties.

For women most often report they stop having intercourse is due to a lack of desire (usually resulting from medications), loss of a partner, hormonal changes linked to menopause, or a partner's wishes.

The advice we can provide is to:

* Sharing needs and concerns with your partners
* Advice patient to talk with the doctor for any sexual concerns.

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Geriatric Syndromes

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Learning Objectives

- Identify common geriatric syndromes.
- Describe the prevalence and associated risk factors.
- Identify the components of assessments.
- Discuss and identify interventions.

Definition of terms:

- "Geriatric syndrome" is the term use by the Geriatricians to describe the unique features of common health conditions in older people that do not fit to any disease category. It is one or more related medical problems common to older adults.
- Geriatric syndromes share many common features.
- Effects on quality of life and disabilities are substantial. Gerontology is the study of the aging process and individuals as they grow from middle age through later life.
- Geriatrics is a). Study of health and disease in later life and b). Comprehensive health care of older adults

Reference: Careers in Aging by Association for Gerontology in Higher Education and Gerontological Society of America

Geriatric Syndrome	Causes
Difficulty Swallowing	Age related physical changes, medication side-effects, dementia and certain medical illness can make swallowing difficult. Other problems may be choking or aspiration.
Malnutrition	Oder adults usually need fewer calories than younger adults, but may need more of certain nutrients, such as calcium, vitamin D., and vitamin B12. Malnutrition can show as a sign of weight loss or weight gain. This can often lead to other problem such as body weakness and falls, bone disorders, and diabetes.

Geriatric Syndrome	Causes
Bladder Control Problems also known as "urinary incontinence"	The causes includes an overactive bladder muscle, urinary tract infection, constipation, delirium, heart disease, diabetes, dementia, medication side effects, and difficulty getting to the toilet on time. This can lead to problems such as falls, depression and isolation.
Sleep problems	Factors that can affect sleep are stress, anxiety, depression, delirium, dementia, certain drugs, alcohol, and medical problems such as pain, arthritis, nerve problems, breathing difficulty, heartburn, and frequent trips to the bathroom at night.

Geriatric Syndrome	Causes
Delirium: a sudden state of confusion that can last days, weeks or even months.	Drug side effects, dehydration, thyroid problems, pain, urinary tract or other infections, poor vision or hearing, strokes, bleeding, or heart and breathing problems can cause delirium. Older people can develop serious and life threatening complications and loss of function if delirium is not recognized and treated quickly.
Dementia is a memory problem significant enough to affect your ability to carry out your usual tasks.	The most common cause is Alzheimer's disease. The other form of dementia is vascular dementia caused by a series of small strokes.

Geriatric Syndrome	Causes
Osteoporosis or "thinning bones" is a condition that makes the bones of older adults more fragile and easy to break.	A diet that doesn't have enough calcium and vitamin D, too little exercise, smoking, too much alcohol, certain medications, and certain medical conditions such as thyroid problems can increase the risk of osteoporosis. Also common to people with family history of osteoporosis.
Pressure ulcers also known as "bed sores" .	This is caused by constant pressure on skin and the soft tissue underneath it. Smoking, being underweight, poor diet, low blood pressure, diabetes, heart disease, kidney failure and bladder problems can increase the risks of developing pressure ulcers. These can be painful and can lead to serious infections.

Geriatric Syndrome	Causes
Vision problems: • include nearsightedness, glaucoma, cataracts, diabetic eye disease, presbyopia, (age-related changes in the eye that make it hard to see things closer. • Approximately one person in three has some form of vision-reducing eye disease by the age of 65. Hearing problems: • 28 million U.S. adults have hearing loss. • Next to hypertension and arthritis, it is the most common chronic health problem in older persons. • Men usually experience greater hearing loss and have earlier onset compared with women.	The most common causes of vision loss among the elderly are age-related macular degeneration, glaucoma, cataract and diabetic retinopathy. Age-related macular degeneration is characterized by the loss of central vision. Primary open-angle glaucoma results in optic nerve damage and visual field loss. Obstruction of external auditory canal, impairment of tympanic membrane function and middle ear conditions. Age-related hearing loss; noise trauma; medications; autoimmune disease; mechanical trauma (e.g., temporal bone fracture); Meniere disease; infection (e.g., meningitis, labyrinthitis); neoplasm (e.g., acoustic neuroma). Hearing loss is the most common sensory problem among older adults.

Geriatric Syndrome	Causes
Dizziness is described as feeling of spinning, almost fainting, falling or lightheadedness.	Low blood pressure, vision problems, inner ear problems, anxiety and medication side effects.
Fainting or briefly passing out is increasingly common in older population and leads to falls.	Low blood pressure, low blood sugar levels and irregular heart beat.
Difficulty walking or gait problems	Cause by a combination of age-related health problems or diseases such as arthritis, bone and muscle problems, Parkinson's disease, poor circulation, dizziness, changes after stroke, vision problems, loss of strength , and even fear of falling.

Types of Incontinence

Transient Incontinence	Urge Incontinence	Stress Incontinence
DRIP D- Delirium R- (Urinary) Retention or restricted mobility I- (Fecal) Impaction P- Polyuria and pharmaceuticals	Associated with strong urge to void caused by: Involuntary bladder contraction Various neurological conditions like stroke, spinal cord lesions and multiple sclerosis	Associated with actions that increase intra-abdominal pressure such as coughing, sneezing, bending, lifting, or laughing. Cause by pelvic muscular weakness or urethral hypermobility.

Types of Incontinence Cont.

Overflow Incontinence	Functional Incontinence
Occurs when the bladder muscle is over distended. May present with stress or urge symptoms. Cause is an underactive bladder muscle, or a bladder outlet or urethral obstruction leading to over distention and overflow.	Occurs when a physical and psychological impairment impedes continence status despite a competent urinary system.

Urinary Incontinence

- Definition: an involuntary loss of urine that is objectively demonstrable and leads to a social and hygienic problem.
- Demographics:
- Less than half of people with symptoms of incontinence seek treatment
- 15-30% of non-institutionalized older people are affected: 19% are men and 39% are women.
- Twice as prevalent in older women as in older men.
- Direct costs to community-dwelling older adult is est.over 7 billion annually and $3.3 billion in long-term care nursing facilities

Risk Factors

- Immobility
- Impaired Cognition
- Medications
- High-impact physical activities
- Environmental barriers
- Diabetes
- Stroke
- Estrogen depletion
- Pelvic muscle weakness
- Childhood nocturnal enuresis

Falls

- Definition:

A fall is defined as any event that led to an unplanned, unexpected contact with as supporting surface.

Demographics:

- Leading cause of accidental death in older adults
- 1out of every 7 falls result in a fracture
- Risk for falls increases as the person ages. One-third of older persons over the age of 65 living in the community fall each year. About 67% of nursing home residents fall each year.
- Estimated costs related to fractures in acute care is estimated at $10 billion annually.
- About 40% of nursing home admissions are related to falls and instability.

Reference: Cook, A.; Brauer, S.; Woollacott, M. (2000). Predicting the Probability for Falls in Community-Dwelling Older Adults Using the Timed Up & Go Test. Physical Therapy Sep 2000, 80 (9) 896-903;

Risk Factors

- Cognitive Impairment
- Medication
- Impaired Mobility
- Fall history
- Acute or chronic illness
- Elimination problems
- Environmental factors
- Sensory deficits
- Alcohol use
- Postural hypotension
- Depression
- Use of assistive device
- Frailty and deconditioning
- Fear of falling

Assessment

History

- Activity at the time of fall
- Premonitory symptoms
- Location of fall
- Witness to fall
- History of previous fall
- Past medical history
- Medications

Physical Examination

- Visual acuity
- Cardiovascular system
- Extremities
- Neurologic system
- Romberg test
- Injuries
- Use of assistive devices

Prevention

Intrinsic Factors

- Review medication regimen
- Assess alcohol use
- Assess cognitive abilities
- Assess patient mood state especially for depression
- Increase strength of older adult
- Evaluate gait and balance
- Assess client use of assistive device
- Evaluate continence
- Assess patient's and caregiver/surrogate understanding of fall risk and prevention strategies

Extrinsic Factors

- Evaluate environment
- Evaluate client footwear
- Utilize bed-exit alarms
- Shower and toilet grab bars
- Elevated toilet seats
- Put frequently used items on lower shelves in home, use grabbing devices
- Remove clutter

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Appendix J

Cost Analysis

Budget		Actual
Erasable Board (1)	$50.00	$36.99
Dry-Eraser	$6.00	$6.99
Rim of paper (1)	$10.00	$10.99
Ink Cartridge (1)	$60.00	$42.99
Miscellaneous	$50.00	$50.00
Total	$176.00	$147.96

Prices from www.officedepot.com

Appendix K

Presurvey and Postsurvey Test Results in Facts on Aging Quiz

Nursing Student	Pretest	Posttest
1	74	100
2	72	100
3	72	100
4	72	100
5	70	100
6	66	98
7	64	98
8	62	98
9	60	96
10	58	94
11	58	84

Appendix L

USF Faculty Gerontological Strengths and Needs Assessment Survey Questions

1. What is the faculty's' attitude regarding the older adult/ aging population?

2. What is the faculty's gerontological background and knowledge? Please indicate previous geriatric experiences, programs/ conferences attended.

   A). Do you have a Graduate Degree in Geriatrics or Gerontology Nursing? Yes or No

   B). Do you have Post-graduate course work (i.e. Certification) in Geriatric Nursing from an accredited program such as Hartford Institute or AACN? Yes or No

3. What will be the faculty's learning needs regarding gerontological nursing?

4. Have the faculty utilize any available gerontological resources: on-line, journals and others?

5. To the faculty's knowledge what gerontological content is included in the curriculum?

6. Does the faculty think that the current curriculum provide adequate amount of geriatric content?

7. Where does the faculty obtain additional geriatric knowledge and information to teach?

Andrade, S. 1/16/16

Appendix M

SWOT Analysis

Strengths	Weaknesses	Opportunities	Threats
• Support from the Dean and USF School of Nursing and Health Professions. • Significant amount of resources re: geriatric competencies. • Numerous geriatric research and studies. • Partnerships with other nursing schools. • Community partnerships for clinical sites. • Curriculum Standardization	• University/ Faculty commitment to change. • Curriculum overload. • Education and Training • Robust information • Faculty and student engagement • Costs	• Review of current curriculum. • Identification of existing gaps in the field of geriatrics. • Faculty interaction and participation. • Integration of geriatric content to nursing curriculum. • Standardization of nursing curriculum. • Creation of stand-alone geriatric course. • Integration of geriatric content to multi-level of nursing programs.	• Faculty buys in. • Curriculum overload. • Time allocation to build/ integrate courses to current curriculum. • Time for education and training • Cost for education and training.

Strengths	Weaknesses	Opportunities	Threats
		• Partnership with the community health care services and clinical placements. • Partnership with the multi-disciplinary team like pharmacy, rehab services and community resources. • Increase faculty's competencies • Increase student nurses competencies • Positive effects on patient care: decrease re-admission • Short hospital length of stay • Prevention of complications • Longer life span • Quality of life	

Appendix N

Gerontological Faculty Resources

The Hartford Geriatric Nursing Initiative (HGNI) brings together AACN, JAHFIGN and the American Academy of Nursing (AAN), all recipients of Hartford Foundation funding, to improve care for older adults through innovations in nursing education, research and practice.

http://www.hgni.org

The John A. Hartford Foundation Institute for Geriatric Nursing (JAHFIGN) website is an excellent resource and highlights the latest news in geriatric nursing and provides information on the review course, Try This, Partners for Dissemination, and Summer Research Seminar.

http://www.hartfordign.org

GeroNurseOnline is an excellent website produced by the Nurse Competence in Aging initiative. The website contains current best practice information on care of older adults.

http://www.geron-urseonline.org/

Association of Gerontology in Higher Education (AGHE) is a national membership organization devoted to gerontological education. AGHE develops and sponsors education and training initiatives and involves students, educators, researchers, and officials from across the country in providing resources for older adults and for those who serve them.

http://www.aghe.org

The National Association of Geriatric Education Centers (NAGEC) is dedicated to improving the education, supply, distribution and quality of health care professionals through strong community-academic partnerships.

http://www.nagec.org/

Gerontology Interdisciplinary Team Training (GITT) is an effort to encourage health care professionals to work in teams to improve care for older adults. http://www.gitt.org/

Faculty development is a necessary precursor to successfully implement and sustain curricular enhancements in gerontology. The “train the trainer” approach, will train faculty to lead their colleagues in gerontologizing their senior-level curricula, to teach and mentor students in the care of older adults, and to use geriatric curriculum resources.

http://www.aacn.nche.edu/Education/Hartford/index.htm

Appendix O

Gap Analysis

Successful Innovative Practices/ Faculty Development/Geriatric Integration To Curriculum	Schools/Universities	USF School of Nursing and Health Professions
•A week long workshops. •Faculty is paid to attend gerontology conferences. • All Connecticut schools and six Fairfield community partners were invited to 4 day gerontology workshop. • Workshop topics were derived from Older Adults: Recommended Baccalaureate Competencies and Curricular Guidelines for Geriatric Nursing Care	Fairfield University	Some faculty members are paid to attend conferences.
• Organized consultant visits and faculty workshops. • Updated its curriculum by integrating geriatric content into all undergraduate nursing classes (even obstetrics and pediatrics). • Stand-alone gerontology course for senior undergraduate students.	Florida International University (FIU)	Consultant visit in Fall 2015 Spring 2016: in the process of curriculum revision

Successful Innovative Practices/ Faculty Development/Geriatric Integration To Curriculum	Schools/Universities	USF School of Nursing and Health Professions
• Mapping geriatric content to AACN baccalaureate competencies (Older Adults: Recommended Baccalaureate Competencies and Curricular Guidelines for Geriatric Nursing Care) to existing curriculum. • Mapping tool distributed to the faculty, along with teaching packets that included topics and resources to be included in each undergraduate course. • Intranet site was posted on Blackboard, enabling the faculty and students to access a myriad of geriatric assessment tools and resources.	Grand Valley State University	Currently mapping the curriculum
• Create13 web-based gerontological modules for use in both the prelicensure nursing program and the RN–BSN program. • Consultant conducts a preliminary gerontology curriculum development workshop and then conducted ongoing faculty development. • Instituted one-to-one web-based instruction for faculty members so that they may learn to use online gerontology modules. • Faculty members showing particular innovation and integration were awarded fo*r curricular module excellence.*	Illinois State University	Faculty utilized gerontological modules from another institution. Offered to faculty Unknown

Successful Innovative Practices/ Faculty Development/Geriatric Integration To Curriculum	Schools/Universities	USF School of Nursing and Health Professions
• Two day faculty retreat for New York University, Steinhardt School of Education, Division of Nursing faculty, which included an online preworkshop featuring Palmore's The Facts on Aging Quiz: A Handbook of Uses and Results. • Core and clinical adjunct faculty attended the retreat which featured results of an aging quiz and a curriculum mapping exercise. • Partnership with Long Island Geriatric Education Center for continued faculty development. • Close one-to-one mentoring provided by the site director. • Integrated gerontology into all baccalaureate nursing classes. • The faculty developed a new course: Therapeutic Interventions in Nursing, which includes the Senior Mentor Project	New York University	Unaware of geriatric retreats/ workshops for the faculty
• Several faculty retreats with the advisory committee to conduct curriculum mapping exercises. • Acknowledging gaps in the curriculum, the faculty agreed to integrate geriatric content into all courses in the undergraduate curriculum and to include assessment, health promotion, mental health, family, and adult nursing courses. • Implementation of two new upper-level undergraduate courses:	Otterbein College	Curriculum assessment is currently in progress.

Successful Innovative Practices/ Faculty Development/Geriatric Integration To Curriculum	Schools/Universities	USF School of Nursing and Health Professions
a. Perspectives on the Culture of the 65+ Generation b. International Perspectives on Issues of Aging and Views of Aging Thru Literature and Art.		
• Interdisciplinary case studies, formal seminars (including an ethics seminar), conducts tele web conferences, and formalizing a problem-based learning program. • Two faculty members became gero associates after completion of 40 continuing education unit (CEU) hours. • Six faculty members completed 20 CEU hours in geriatrics. • Faculty members formed a geriatric interest group, responsible for the ongoing integration and evaluation of gerontological content into the undergraduate curriculum. • Developed geriatric problem-based learning modules, SUNY integrated geriatric content into five existing nursing courses, including the senior practicum.	SUNY-Stony Brook	Case-studies presentation in clinical and in classroom discussions.

Successful Innovative Practices/ Faculty Development/Geriatric Integration To Curriculum	Schools/Universities	USF School of Nursing and Health Professions
• Half-day gerontology workshop, faculty gerontology knowledge assessed by using an aging quiz and aging simulation exercises. • Engaged faculty members in content mapping. • Practice case studies. • Faculty needs assessment survey on the second full-day faculty workshop. • Faculty attended conferences on gero-related issues, including ethical and legal issues in pain management, and dignity at the end of life. • Integration of gerontology into all baccalaureate nursing classes and sequenced the classes so that each builds on students' knowledge base as they progress through the Baccalaureate program. • Developed a required course Holistic Approach to the Aging Population at Risk in the 21st Century, which focuses on vulnerable populations, including those older adults with mental health problems and inadequate access to health care.	Tuskegee University	Unaware of gerontology workshop for faculty. Gerontology in integrated to all nursing classes.

Successful Innovative Practices/ Faculty Development/Geriatric Integration To Curriculum	Schools/Universities	USF School of Nursing and Health Professions
• Conducted a full-day faculty workshop and offered CEU credits for attendance and participation. The workshop included expert panel presentations and site visits to local organizations that care for older adults. • Faculty given CD-ROMs with gerontological web sites and images for use in faculty presentations. • Laminated and copied Try This Best Practices Assessment Series for faculty members and made suggestions for its use as a teaching aid. • Two additional half-hour presentations on incontinence and delirium. • Developed a gerontology bulletin board, which included short sessions on geriatric nursing topics. • Faculty development includes full-day sessions, publications, orientations for new faculty members, library space devoted to gerontology, a monthly newsletter on geriatric activities, and semester reports on geriatric activity. • Encouraged current faculty to become certified in gerontology. • Nine faculty members completed the Online Gerontological Certification Review Course, and sought geriatric settings on their own.	University of North Carolina at Greensboro	Unknown workshop/retreats for the faculty development in geriatrics.

Successful Innovative Practices/ Faculty Development/Geriatric Integration To Curriculum	Schools/Universities	USF School of Nursing and Health Professions
• Conducted two faculty workshops: a full-day kickoff workshop, which addressed medication issues, critical reflective inquiry, and planning; and a second workshop, which focused on knowledge and attitude assessment and techniques for using critical reflective inquiry. • Collaborated with the Rhode Island Geriatric Education Center, which sponsors frequent workshops on aging, to address further faculty development needs. • Procured assistance from a local geriatric certified nurse specialist, who mentored the faculty. • Created a map of geriatric knowledge needs (based on Older Adults: Recommended Baccalaureate Competencies and	University of Rhode Island (URI)	Unknown faculty workshop for geriatric medication issues and attitude assessments.

Appendix P

Acronym List

AACN	**American Association of Colleges of Nursing**
AGHE	Association for Gerontology in Higher Education
ANCC	American Nurses Credentialing Center
APN	Advanced Practice Nurse/Nursing
BAGNC	Building Academic Geriatric Nursing Capacity
CCNE	Commission on Collegiate Nursing Education
CDC	Centers for Disease Control and Prevention
CEU	Continuing Education Unit
CGNE	Center for Geriatric Nursing Excellence
ELNEC	End of Life Nursing Education Consortium
EOL	End of Life
ESL	English as a Second Language
FNP	Family Nurse Practitioner
GCNS	Geriatric Clinical Nurse Specialist
GNP	Geriatric Nurse Practitioner
JAHF	John A. Hartford Foundation
JAHFIGN	John A. Hartford Foundation Institute for Geriatric Nursing
LTC	Long Term Care
NCHS	National Center for Health Statistics
NCLEX	National Council Licensure Exam
SON	School of Nursing

Appendix Q

DNP Project Approval Form

UNIVERSITY OF SAN FRANCISCO | School of Nursing and Health Professions

DNP Project Approval Form: Statement of Determination

Student Name: Sylvia Andrade

Title of Project:

Enhance and sustain nursing student's capacities and competencies in gerontological care through improvement and integration of geriatric-focused content to the nursing curriculum.

Brief Description of Project:

According to the American Association of Colleges of Nursing and Hartford Institute for Geriatric Nursing (2010), currently 13% of the nation's populations (close to 38 million people) are over age 65.This is projected to increase to19% by 2050 in which 21% will be over 85 years of age. In the United States, the older adult population constitutes a majority and growing proportion of people who receive nursing care. On average, older adults visits physician's offices twice as much as do people less than 65 years of age. Older adults have much higher utilization rates of all health care services than do younger population. The predominant health problems are mostly associated with chronic illness and aggravated by the normal process of aging and the increased risk of illness associated with old age. The healthcare of older adults is highly complex and requires nurses who are more knowledgeable, sensitive, focused, and committed to providing care specific to the needs of older populations and their families. Leaders in both nursing and geriatric/gerontology recognize the unique needs of older adults. Despite the 40-year effort by academic and professional nursing organizations to advocate gerontology expertise, the number of practicing geriatrics nurses remains very small. By default our nurses today have not had enough preparation in caring for this population. Our entry level professional nurses are in the workforce and must ensure that older adults receive optimum nursing care. To prepare our new graduate nurses of today to care for the older population, this DNP student will assess the geriatric content in the USF nursing curriculum (both undergraduate and graduate level) and identify gaps based on findings. The DNP student will include an examination of established nursing school programs that

have successfully incorporated the geriatric component to their curriculum. The American Association of Colleges of Nursing acknowledges that most baccalaureate curricula now include content on the care of older adult, but need reassurance that it is fully incorporated into the didactic and clinical education of undergraduate and graduate prepared nurses.

A) Aim Statement:

In an effort to improve nursing students' geriatric knowledge and skills (purpose), the DNP student will assess the gap in USF graduate nursing curriculum (what), and compare to other nursing schools (population) curriculum that has successfully developed and incorporated geriatric component. The DNP student will develop and integrate geriatric content to USF nursing curriculum to enhance nursing knowledge, skills and competencies in caring for older adult population by December, 2015 (timeframe).

B) Description of Intervention:

The project will begin with the identification of gerontology competencies which includes understanding of human biological, psychological and social aspects of aging. Along with the identification of competencies, the required core geriatrics competencies on health maintenance and safety in nursing care for older adult will be establish. The DNP student will present to the Dean of USF School of Nursing the identified geriatric competencies for approval. Upon approval, the required competencies will be presented to clinical groups in Laguna Honda assigned to geriatric units. The identified core competencies will be offered and presented on the first day of the clinical rotation through didactic and clinical education. The DNP student is the assigned Clinical Faculty for the clinical groups and will be responsible for conducting the educational component, monitoring and evaluation of the program. There is no additional cost to USF School of Nursing for the implementation of this clinical improvement project. The student nurses from clinical groups at Laguna Honda Hospital will complete a survey before learning and completing the geriatric competencies. The students will apply learned competencies during their scheduled clinical rotation. On the 10^{th} week of clinical rotation, the students will complete a survey on knowledge acquisition and skills application. These results will be compared between the initial knowledge assessment and post knowledge acquisition. Clinical group from other clinical facility (the unexposed group) will also complete a survey on geriatric knowledge and competence in caring for older population. Survey

results between the exposed and unexposed groups will be analyzed to evaluate evidence of increased knowledge and competence in caring for older adults.

C) How will this intervention change practice?

This intervention will prepare nursing students to provide optimum care to an older population whose nursing care is unique and complex. The change of practice will benefit the older population receiving the care from knowledgeable and competent student nurses. Studies have shown that knowledgeable and competent clinicians provide quality care to patients and subsequently minimize complications, reduce length of stay, reduce healthcare costs and reduce re-admission to acute care setting.

D) Outcome measurements:

Geriatric competencies are embedded in theory and clinical objectives.

Faculty met the required competencies.

To qualify as an Evidence-based Change in Practice Project, rather than a Research Project, the criteria outlined in federal guidelines will be used: (http://answers.hhs.gov/ohrp/categories/1569)

X This project meets the guidelines for an Evidence-based Change in Practice Project as outlined in the Project Checklist (attached). Student may proceed with implementation.

☐ This project involves research with human subjects and must be submitted for IRB approval before project activity can commence.

Comments:

EVIDENCE-BASED CHANGE OF PRACTICE PROJECT CHECKLIST *

Instructions: Answer YES or NO to each of the following statements:

Project Title: Enhance and sustain nursing student's capacities and competencies in gerontological care through improvement and integration of geriatric-focused content to the nursing curriculum.	**YES**	**NO**
The aim of the project is to improve the process or delivery of care with established/ accepted standards, or to implement evidence-based change. There is no intention of using the data for research purposes.	**X**	
The specific aim is to improve performance on a specific service or program and **is a part of usual care**. ALL participants will receive standard of care.	**X**	
The project is **NOT** designed to follow a research design, e.g., hypothesis testing or group comparison, randomization, control groups, prospective comparison groups, cross-sectional, case control). The project does **NOT** follow a protocol that overrides clinical decision-making.	**X**	
The project involves implementation of established and tested quality standards and/or systematic monitoring, assessment or evaluation of the organization to ensure that existing quality standards are being met. The project does **NOT** develop paradigms or untested methods or new untested standards.	**X**	
The project involves implementation of care practices and interventions that are consensus-based or evidence-based. The project does **NOT** seek to test an intervention that is beyond current science and experience.	**X**	
The project is conducted by staff where the project will take place and involves staff who are working at an agency that has an agreement with USF SONHP.	**X**	
The project has **NO** funding from federal agencies or research-focused organizations and is not receiving funding for implementation research.	**X**	
The agency or clinical practice unit agrees that this is a project that will be implemented to improve the process or delivery of care, i.e., **not** a personal research project that is dependent upon the voluntary participation of colleagues, students and/ or patients.	**X**	

If there is an intent to, or possibility of publishing your work, you and supervising faculty and the agency oversight committee are comfortable with the following statement in your methods section: *"This project was undertaken as an Evidence-based change of practice project at X hospital or agency and as such was not formally supervised by the Institutional Review Board."*	**X**	

ANSWER KEY: If the answer to **ALL** of these items is yes, the project can be considered an Evidence-based activity that does NOT meet the definition of research. **IRB review is not required. Keep a copy of this checklist in your files.** If the answer to ANY of these questions is **NO**, you must submit for IRB approval.

*Adapted with permission of Elizabeth L. Hohmann, MD, Director and Chair, Partners Human Research Committee, Partners Health System, Boston, MA.

STUDENT NAME (Please print): Sylvia Andrade

_____

Signature of Student:

_____DATE: 2/16/15

SUPERVISING FACULTY MEMBER (CHAIR) NAME (Please print):

_____

Signature of Supervising Faculty Member (Chair):

_____DATE_____

Appendix R

Learning Contract

Student Name: Sylvia Andrade Course No: N795

Preceptor Name: Dr. Enna Trevathan Semester: Spring 2016

Agency: Laguna Honda Hospital and Rehabilitation Center
University of San Francisco School of Nursing and Health Professions

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Students Goals for Practicum Experience:

By the end of the Spring Semester 2016, the student has collaborated and maintained partnership with the staff of Laguna Honda Hospital as the clinical affiliation for the undergraduate and graduate nursing students during the first clinical rotation. The student also had maintained continued partnership with USF lead faculties to MSN/CNL entry and BSN programs and the Associate Dean of graduate nursing studies. In addition the educational project to enhance and sustain student's capacities and competencies in gerontological care through improvement and integration of geriatric- focused content to the nursing curriculum will be implemented and evaluated. The initial focus of the project will be with the MSN/CNL cohort to follow will be BSN group.

Students Learning Objectives:

1. **Collaborate and provide update with the MSN/CNL Director, Dr. Helen Nguyen.**
2. **Collaborate with Dr. W. Borgess, Dr. E. Trevathan re-curriculum advice and design.**
3. **Meet with Nicole Cuadro, an instructional designer and curriculum developer for program/module set up.**
4. **Perform assessment to joining faculty's re- knowledge on geriatric care competencies.**
5. **Perform assessment of student's knowledge on geriatric care competencies pre and post implementation of the project.**
6. **Continue to brainstorm teaching strategies to the CNL Director on how to incorporate geriatric components to the current USF MSN/CNL nursing curriculum.**
7. **Identify which medium to convey geriatric content to students: on-line teaching, webinar, module, lectures or case presentations.**
8. **Continue to collaborate with the Laguna Honda Hospital patients and staff, management and educational department.**

Description of Student Project:

According to the American Association of Colleges of Nursing and Hartford Institute for Geriatric Nursing (2010), currently 13% of the nation's populations (close to 38 million people) are over age 65.This is projected to increase to19% by 2050 in which 21% will be over 85 years of age. In the United States, the older adult population constitutes a majority and growing proportion of people who receive nursing care. On average, older adults visits physician's offices twice as much as do people less than 65 years of age. Older adults have much higher utilization rates of all health care services than do younger population. The predominant health problems are mostly associated with chronic illness and aggravated by the normal process of aging and the increased risk of illness associated with old age. The healthcare of older adults is highly complex and requires nurses who are more knowledgeable, sensitive, focused, and committed to providing care specific to the needs of older populations and their families. Leaders in both nursing and geriatric/gerontology recognize the unique needs of older adults. Despite the 40-year effort by academic and professional nursing organizations to advocate gerontology expertise, the number of practicing geriatrics nurses remains very small. By default our nurses today have not had enough preparation in caring for this population. Our entry level professional nurses are in the workforce and must ensure that older adults receive optimum nursing care. To prepare our new graduate nurses of today to care for the older population, this DNP student will assess the geriatric content in the USF nursing curriculum (both undergraduate and graduate level) and identify gaps based on findings. The DNP student will include an examination of established nursing school programs that have successfully incorporated the geriatric component to their curriculum. The American Association of Colleges of Nursing acknowledges that most baccalaureate curricula now include content on the care of older adult, but need reassurance that it is fully incorporated into the didactic and clinical education of undergraduate and graduate prepared nurses.

Description of Intervention:

The project will begin with the identification of gerontology competencies (content) which includes understanding of human biological, psychological and social aspects of aging. Along with the identification of competencies, the required core geriatrics competencies on health maintenance and

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_____ _____

Student Signature / Date **Preceptor Signature / Date**

_____

Faculty Signature / Date **Agency Contract Verified**

_____ Yes _____ No

Appendix S

BRN Approval

State of California]

Department of Consumer Affairs
Board of Registered Nursing
(916) 322-3350

FACULTY APPROVAL / RESIGNATION NOTIFICATION

(Submit forms electronically or if mailed in DUPLICATE)

EDP-P-02 (Rev. 09/2012; Approved 2/09)

INSTRUCTIONS:

Print or type. Complete **BOTH PAGES SIDES** of form for Faculty Approval.
Check a box for approval or resignation notification.
Provide the appointee with a photocopy of this form after it has been approved by a BRN consultant.

Program Name: University of San Francisco, School of Nursing and Health Professions		
Appointee's Name: Sylvia Andrade		
CA RN License: 394935	Expiration Date: 10/31/2017	Verified by: Anna Kwong

CLASSIFICATION AND STATUS

In addition to California Code of Regulations (CCR) Section **1425,** all faculty must meet CCR section **1424**(h), which states nursing faculty members whose teaching responsibilities include subject matter directly related to the practice of nursing shall be clinically competent in the areas to which they are assigned and Section **1420(d),** which defines clinically competent to mean that a nursing program faculty member possesses and exercises the degree of learning, skill, care and experience ordinarily possessed and exercised by staff level registered nurses of the clinical unit to which the faculty member is assigned.

Faculty Approval / Resignation Notification:

Check one box. Complete Page 1 for all approvals / resignation notifications.

- ☐ **Initial Faculty Approval** (Submit prior to employment)
  Complete Second Page:
  Section A for Instructor.
  Section B for Assistant Instructor
  Section C for Clinical Teaching Assistant.
- ☒ **Faculty Reclassification** (Complete Second Page)
  Attach previous approval form **and** documentation to demonstrate qualifications for requested change.
- ☐ **Faculty Resignation**
  (Complete only the top section; submit only one form)
  Effective Date _____

Clinical Assignment Area(s) Requested:

(Check the area(s) next to the classification being requested)

Classification	M-S	O	C	P/MH	G
Instructor					
Assistant Instructor	X				X
Clinical Teaching Assistant					

M-S = Medical-Surgical O = Obstetrics C = Children (Pediatrics)
P/MH = Psych/Mental Health G = Geriatrics

The above information is verified by:

Name of Program Director: Scott R. Ziehm	Signature: [signature]	Date: 2/14/2016

For Board Use Only:

NEC / Approval Date	Approved Clinical Area(s)					Approved Classifications		
	M-S	O	C	P-MH	G	I	AI	CTA
Sylvia Approval 4/2012	X	—	—	—	—	—	X	—
Completed Geriatric Remediation	X	—	—	—	X	—	X	—
Shelley Leach 2-23-2016								

Date:_____ NEC_____

Does not qualify for _____ for the reason(s) listed below. Resubmit with **COMPETENCY EVIDENCE**.

- ☐ Lacks required education.
- ☐ Lacks previous teaching experience in pre-or post-licensure nursing programs or course in practice teaching.
- ☐ Lacks one year of professional nursing experience.
- ☐ Lacks evidence of clinical competence

Other: _____

3.4.1

SECTION A - INSTRUCTOR

Section **1425(c)** states, " An instructor shall meet the following minimum qualifications: 1425(a)(1) A Master or higher degree from an accredited college or university which includes course work in nursing, education, or administration. If degree other than in nursing submit information verifying course work in nursing education."

COLLEGE/UNIVERSITY/CITY/STATE	DEGREE & YEAR COMPLETED	AREA OF PREPARATION

1425(c)(3) Completion of at least one (1) year's experience teaching courses related to registered nursing or completion of a post-baccalaureate course which includes **PRACTICE IN TEACHING REGISTERED NURSING.** Submit official course description to verify course content.

1. COLLEGE/UNIVERSITY/CITY/STATE **(Teaching in Pre-Post RN program)**	COURSE CONTENT/AREA	FROM MONTH/YR	TO MONTH/YR
2. COLLEGE/UNIVERSITY/CITY/STATE **(Teaching in Pre-Post RN program)**	PRACTICE TEACHING COURSE	UNITS	DATE

1425(c)(2) Direct patient care experience within the previous five (5) years in the nursing area to which he or she is assigned, which can be met by: (A) One (1) year's continuous, full-time or its equivalent experience providing direct patient care as a registered nurse in the designated nursing area; or (B) One (1) academic year of registered nurse level clinical teaching experience in the designated nursing area or its equivalent.

AGENCY NAME AND CITY/STATE (List most recent first)	POSITION	CLINICAL AREA	FROM MONTH/YR	TO MONTH/YR

SECTION B - ASSISTANT INSTRUCTOR

1425(d) An assistant instructor shall meet the following minimum qualifications: (1) A Baccalaureate degree from an accredited college which shall include courses in nursing, or in a natural behavioral or social science relevant to nursing practice;

COLLEGE/UNIVERSITY AND CITY/ STATE	DEGREE & YEAR COMPLETED	AREA OF PREPARATION
UCSF, San Francisco, CA	Masters of Science, 2010	Nursing Leadership
Concordia College, Manila, Philippines	Bachelors of Science, 1980	Nursing

1425(d)(2) Direct patient care experience within the previous five (5) years in the nursing area to which he or she is assigned, which can be met by: (A) One (1) year's continuous, full-time or its equivalent experience providing direct patient care as a registered nurse in the designated nursing area; or (B) One (1) academic year of registered nurse level clinical teaching experience in the designated nursing area or its equivalents.

AGENCY NAME AND CITY/STATE (List most recent first)	POSITION	CLINICAL AREA	FROM MONTH/YR	TO MONTH/YR
UCSF, San Francisco, CA	Hospital Nursing Supervisor	Acute/ICU	2009	2011-Present
UCSF, San Francisco, CA	Patient Care Manager		2006	2009

SECTION C - CLINICAL TEACHING ASSISTANT

1425(e) A clinical teaching assistant shall have at least one (1) year continuous, full-time or its equivalent experience in the designated nursing area within the previous five years (5) as a registered nurse providing direct patient care.

AGENCY NAME AND CITY/STATE	POSITION	CLINICAL AREA	FROM MONTH/YR	TO MONTH/YR

3.4.2

Appendix T

GANTT Chart Project Timeline

Milestones	2015 June	July	Aug.	Sept.	Oct.	Nov.	Dec.	2016 Jan.	Feb.	Mar.	Apr.	May
Review of Geriatric Competencies and Essentials												
Assemble the project team members (Associate Dean, Lead Faculty) On-going meetings												
Curriculum Mapping, Gap assessments and Discussion of Results												
Faculty Knowledge Assessments												
Review of available geriatric resources for certifications/ competencies for faculty												
Completion of Geriatric modules/ certifications												
Pick the pilot group and confirm the venue for implementation												
Prepare for Spring 2016												

class.												
Define course description and course objectives												
Preparation of course materials/ weekly class agenda.												
Implementation: Weekly classes												
Evaluation Data collection and interpretation of results Report results												

Appendix U

Evidence Table

Study	Method	Sample	Intervention	Outcomes/ Recommendations	Strength of Evidence
Rosenfeld et al. 1999	Baseline study of geriatric content in baccalaureate nursing programs. Descriptive Study	598 Baccalaureate nursing programs	Survey questionnaires on: a. geriatric content b. barriers to incorporate geriatric content to curricula c. faculty characteristics d. institutional characteristics	NCLEX questions should reflect knowledge in the care of elderly. Professional organizations that accredit baccalaureate nursing programs should reflect the importance of preparing nursing graduates in the care of older adults. Baccalaureate programs should revise curriculum reflecting the societal needs. Stand-alone courses in care for elderly. Faculty to teach students state-of-the-art care to elderly	Level V

Plonczynski et al. (2007)	Research study Cross-sectional design	26 faculty members from Midwestern school	Survey questionnaires on faculty knowledge and commitment to gerontological care. Self-evaluation and curriculum review	Moderately positive attitude of faculty toward older adult. Moderately high level of faculty gerontology knowledge. Moderate pursuit of knowledge of older adults. Continuing education for nursing faculty and program support in curricula.	Level IV
Berman et al. (2005)	Compare survey studies in 1997 and in 20013	556 completed surveys	Electronic surveys sent to 623 baccalaureate nursing programs. Comparison of 1997 and 2003 studies with integration of gerontology to curriculum, stand-alone vs integration, geriatric content, faculty expertise and curricular enhancements.	Geriatric content incorporated into nursing curriculum an increase to and 60% increase from 1997. Baccalaureate programs attempt to enhance geriatric content. Shortage of faculty with gerontological credentials. JAHF, AACN and ANN are developing initiatives in closing the gap in faculty expertise.	Level V

Gilje et al. (2007)	Descriptive Study	202 returned surveys.	To survey issues and trends in curricula development since the development of AACN Older Adults: Recommended Baccalaureate Competencies and Curricular Guidelines for Geriatric Nursing Care Self-report to survey questions that are divided into 4 parts. Profile of the respondents, geriatric integration and content and geriatric and curriculum content in relation to AACN competencies and guidelines.	50% of respondents reported geriatric content integrated to nursing curriculum and the other 50% reported. Key issues: -Faculty geriatric competency. -Gaps in implementing AACN recommended competencies. -Extent on integration of AACN recommended competencies.	Level V

Blais et al. (2006)	Descriptive study	2 nursing schools Otterbein College and Florida International University	Geriatric integration into curriculum versus stand-alone courses. Student knowledge assessment. Faculty development.	Faculty development strategies and examples of community and international partnerships are presented. Recommendation: Focus on positive aspects of aging. Student's exposure to diverse cultural populations. Experiences in the community should be incorporated to the curricula. International exposure to aging may lead to the development of global perspective.	Level V

	Descriptive study	20 baccalaureate and 10 graduate schools of nursing	AACN received 3.9 million dollar grant to enhance gerontology curriculum. Expound on strategies adapted by the schools for faculty developments activities.	Faculty development is the foundation for successful geriatric infusion, implementation and maintenance in the nursing curriculum. Recommendations for faculty development includes: -Having a champion in gerontology. -Engage faculty and be active participants for curricular changes. -Assessment of faculty knowledge and comfort level. -Initiate faculty workshops. -Obtain the dean's support. -Encourage use of excellent resources for faculty to integrate geriatric into curriculum.	Level V

Kennedy-Mallone et al.(2006)	Descriptive study	2 graduate nursing schools: University of North Carolina at Greensboro (UNCG) and Pennsylvania State University (PSU).	UNCG and PSU integrated the AACN Nurse Practitioner and Clinical Nurse Specialist Competencies for Older Adult Care into advanced practice curriculum and fostered strategies to maintain curricular innovations.	Lessons learned: -Curricular revision is a tedious process. -Resistance from faculty members to curricular change. -Enhance faculty buy-in Recommendations for curricular revisions: -Develop web-based courses. - Community partnerships. - Develop web-based resources.	Level V

Rating System for the Hierarchy of Evidence for Intervention/Treatment Questions

Level 1 = Evidence from a systematic review or meta-analysis of all relevant randomized controlled trial (RCTs)

Level II = Evidence obtained from well-designed RCTs

Level III = Evidence obtained from well-designed controlled trials without randomization

Level IV = Evidence from well-designed case-control and cohort studies

Level V = Evidence from systematic reviews of descriptive and qualitative studies

Level VI= Evidence from single descriptive or qualitative studies

Level VII= Evidence from opinion of authorities and or reports of expert committees

Source: Adapted from (Melnyk & Fineout-Overholt, 2011)