



Prescriptions for Excellence in Gerontological Nursing Education

A Joint Position Statement

May 2008

Preamble

Following a Memorandum of Agreement (October 2003) between the National Gerontological Nursing Association (NGNA) and the Canadian Gerontological Nursing Association (CGNA), the two organizations made a commitment to develop a joint position statement that reflects their common vision of exemplary care for older people.

Canada and the United States are experiencing growth in the numbers of older adults. The resultant issues and care concerns are compelling and span across settings. For example, many acute care hospitals are not user-friendly for older adults; long-term care facilities struggle to attend to the increasing acuity of residents; and community supports that might promote continued aging-in-place are lacking. The need for well-educated and skilled gerontological nurses has never been greater.

Undergraduate nursing students will likely care for older adults at some time in their careers. Consequently, nursing faculty need to prepare students who are knowledgeable in the best practices of care of older adults.

This position statement offers direction to nursing faculties and individual nurse educators who are searching for the connection between current trends in gerontological education and a curriculum context that allows for the advancement of gerontological nursing knowledge. The position statement does not negate the strides made by nurse educators and faculties themselves in moving forward to promote gerontological nursing education.

“Prescriptions for Excellence in Gerontological Nursing Education” is a reflection of the responsibility felt by the NGNA and CGNA to promote quality nursing education and care for older adults.

Context

Over the next 30 years, the number of older adults in the United States will grow at an accelerated rate, and this population will be more racially and ethnically diverse than in the past. In the United States in 2003, those over age 65 accounted for approximately 12% of the total population. In 2005, those over age 65 had three times as many hospital discharges and an average length of stay

of 5.5 days compared to 4.8 days for all ages. Older Americans spent 12.4% of their total expenditures on health, compared to 5.7% of the entire population (Administration on Aging, 2007). By 2030, projections indicate that the older population will be twice as large as it was in 2000, representing approximately 20% of the total U.S. population.

Canada is also experiencing a boom in the population growth of seniors with more than 4.3 million of its total population of 31.6 million over the age of 65 in 2006 (Statistics Canada, 2007). By 2011, the population is predicted to grow to 32.36 million, with 4.8 million over the age of 65 and more than 8 million by the year 2031 (Statistics Canada, 2006). Total health expenditures for individuals aged 75 to 84 account for the largest health expenditures (16.7 percent), while those 85 years and older are the second largest (11.6 percent) (Statistics Canada, 2001).

In the United States, strides are being made to incorporate gerontological nursing content into baccalaureate programs. A recent survey revealed that approximately half of the responding schools included a stand-alone gerontological nursing course (Gilje, Lacey, & Moore, 2007). However, a lack of faculty prepared in gerontology and lack of incorporation of American Association of Colleges of Nursing (AACN) competencies persists. No publications were found that addressed this content in associate degree programs.

Older adults have more complex health needs and use more health services compared with younger adults, yet gerontological nursing content has still not received appropriate attention in many Canadian nursing education programs (King, 2004). A review of gerontological nursing content in Canadian baccalaureate nursing programs found that only 8% of clinical hours had a focus on nursing older adults and that only 5.5% of students chose geriatrics for their final clinical placement prior to graduation (Baumbusch & Andrusyszyn, 2002).

Statement of Philosophy of Gerontological Nursing Education

Both NGNA and CGNA believe

- Gerontological nursing knowledge is distinct.
- Aging is a normal process.
- All undergraduate students require knowledge and clinical practice specific to the nursing needs of older adults.
- Gerontological content should be readily visible in nursing curricula.
- Gerontological content should be taught by faculty with recognized credentials or interest and knowledge in this specialty.
- Gerontological education, research, and practice are interdependent.
- Gerontological nursing is both an art and a science.
- Evidence-based practice enhances the care of older adults.

Recommendations

Our associations endorse the recommendations within “Prescriptions for Excellence in Gerontological Nursing Education.” They will provide the following:

- A basis for self-assessment of existing programs.
- A basis for the development of new programs.
- Information for potential students and the public about promoting the health of older adults.

Recommendation #1: All students require core knowledge specific to the health and well-being of older adults. This knowledge should include current evidence about the social, psychological, spiritual, developmental, and biological changes associated with aging.

Rationale:

- Knowledge obtained from research, theory, and practice comprises the evidence base for nursing care to older adults.

Strategies:

- Include in the curriculum guidelines a criterion which specifies the inclusion of gerontological nursing.
- Adopt gerontological nursing curriculum content guidelines.
- Develop faculty expertise in gerontological nursing via programs such as the Geriatric Nursing Education Consortium (GNEC).
- Ensure curricula at all levels address required competencies.

Recommendation #2: A gerontology-specific practicum should be required of every student.

Rationale:

- Supervised clinical practice during formal education provides the foundation for future age-specific care as a professional nurse.
- Clinical experiences are opportunities for students to provide holistic care within interdisciplinary perspectives.

Strategies:

- Develop care plans and nursing interventions specific to meeting the needs of older adults and incorporating evidence-based practice as requirements in these practica.
- Provide clinical placements that provide students with opportunities to offer health promotion and nursing services to older adults who have a variety of functional abilities and comorbidities.
- Provide course content on atypical presentations of diseases in older adults and an assessment of and interventions for common geriatric syndromes.

Recommendation #3: Infuse gerontological content into current nursing courses.

Rationale:

- Infusing content across all courses communicates the value of informed gerontological nursing.
- Such exposure to information and opportunities will foster an interest in gerontology as a career.

Strategies:

- Provide a senior gerontology elective.
- Offer clinical rotations in various sites which provide care to older adults, such as home care, senior centers, hospitals, assisted-living facilities, and ambulatory care.
- Develop a student gerontological special interest group.
- Encourage membership in professional gerontological groups, such as NGNA/CGNA.
- Facilitate independent studies or honors projects on topics relevant to gerontological nursing.

- Invite gerontological nurses to present to student nursing organizations or classes to advertise career opportunities.

Recommendation #4: Gerontological content should be taught by a nurse educator with experience, interest, and knowledge of seniors' health. We recommend certification. Interest and involvement in research is an asset in maintaining currency of content.

Rationale:

- Certification demonstrates attainment of specific knowledge, skills, and abilities in gerontological nursing.
- Certification provides a mechanism to recognize the benchmark of evidence-based standards of practice.
- Knowledgeable and passionate educators inspire students to learn more.
- Research experience assists in evaluating evidence for standards of practice.

Strategies:

- Recruit at least one faculty member with qualifications, expertise, and experience in gerontological nursing.
- Initiate a workshop for faculty members interested in teaching gerontological nursing content. This will also raise awareness in other faculty members of basic content areas.
- Participate in professional activities to assist in developing geriatric content and curriculum.
- Develop liaisons with local NGNA/CGNA chapters to find gerontological nursing experts.
- Provide financial support and release time for faculty members to keep abreast of gerontological knowledge and to qualify for certification examination.

Recommendation #5: Develop and implement a mentor program between nursing students and nursing professionals with a commitment to gerontological nursing practice.

Rationale:

- Mentorship is a long-term, close, personal, and guiding relationship between an expert and novice; the relationship is non-competitive and nurturing (Cahill, 1996).

Strategies:

- Initiate a gerontological mentoring program between students and faculty.
- Create relationships with local NGNA/CGNA chapters to find mentors.

Conclusion

All nurses caring for older adults need a core knowledge base in gerontological nursing for safe, effective, and evidence-based practice. To meet the demands of a growing and aging population, many more nurses with specialty education in the care of older adults will be needed. In this position paper, the Canadian Gerontological Nursing Association and the National Gerontological Nursing Association made recommendations for curriculum development and presented strategies for the advancement of gerontological nursing within Canadian and U.S. nursing programs.

Educational Resources

The following gerontological resources are provided to support the implementation of the recommendations.

Organizations

Canadian Gerontological Nursing Association (www.cgna.net)

National Gerontological Nursing Association (www.ngna.org)

Competencies

Mauk, K. L. (2006). *Gerontological nursing: Competencies for care*. Boston: Jones and Bartlett.

Mezey, M., Quinlan E., Fairchild S., & Vezina, M. (2006). Geriatric competencies for RNs in hospitals. *Journal for Nurses in Staff Development*, 22(1), 2-10.

Schmidt-Luggen, A., & Meiner, S. E. (2001). *NGNA, core curriculum for gerontological nursing* (2nd ed.). Philadelphia: Mosby.

Websites

American Association of Colleges of Nursing and The John A. Hartford Foundation Institute for Geriatric Nursing. (2000). *Older adults: Recommended baccalaureate competencies and curricular guidelines for geriatric nursing care*. Retrieved October 3, 2007, from <http://www.aacn.nche.edu/Education/pdf/Gercomp.pdf> (NOTE: Copy and paste this address into your Internet access software.)

American Association of Colleges of Nursing. (2007). *Geriatric nursing education consortium*. Retrieved October 3, 2007, from <http://www.aacn.nche.edu/gnec.htm>

Association for Gerontology in Higher Education (AGHE)

A national organization devoted to gerontological education, AGHE develops and sponsors education and training initiatives and involves students, educators, researchers, and officials primarily from across the United States in providing resources for older adults and for those who serve them. The site offers a range of resources to support the education of students.

<http://www.aghe.org/site/aghewebsite/>

Best Practice Sites

The goal is to teach innovative practical solutions to nurses and other healthcare clinicians working with older, frail patients and is a logical extension of this mission.

http://www.nursing.upenn.edu/centers/hcgne/gero_tips/RES_Best_Practice.htm

Canadian Coalition for Seniors Mental Health

The site includes best practice guidelines for mental health issues and also resource inventories for front line workers and informal caregivers. <http://www.ccsmh.ca/>

ConsultGeriRN

This is the geriatric clinical nursing website of The Hartford Institute for Geriatric Nursing, New York University College of Nursing. ConsultGeriRN.org is an evidence-based online resource for nurses in clinical and educational settings. <http://www.consultgerirn.org/>

J.W. Crane Memorial Library

The J.W. Crane Memorial Library of Gerontology and Geriatrics is Canada's largest and best-known special library on aging and long-term care.

http://www.deerlodge.mb.ca/crane_library/search_catalogue.asp

The Hospital Elder Life Program (HELP)

This website provides information about recognizing delirium (new mental confusion). It also describes a program that prevents delirium in hospitalized older people—the Hospital Elder Life Program. The site includes educational material, including videoclips.

<http://elderlife.med.yale.edu/private/manuals.php?pageid=01.03.12>

The John A. Hartford Foundation Institute for Geriatric Nursing

The Hartford Institute identifies and develops best practices in nursing care of older adults and infuses these practices into the education of nursing students and the work environment of practicing professional nurses. Its site includes curriculum resources.

<http://www.hartfordign.org/>

Educational and other resources: <http://www.hartfordign.org/resources/index.html>

The Registered Nurses' Association of Ontario (RNAO)

The RNAO is the professional association representing registered nurses in Ontario. It has sponsored the development of Best Practice Guidelines, many of which are relevant for gerontological nursing education.

<http://www.rnao.org/Page.asp?PageID=861&SiteNodeID=133>

University of Kansas, Center on Aging

Access to a number of educational resources.

<http://coa.kumc.edu/Library/AdditionalOnlineResources.htm>

References

Administration on Aging. (2007). *A profile of older Americans: 2007*. Department of Health and Human Services. Retrieved April 22, 2008, from

<http://www.aoa.gov/PROF/Statistics/profile/2007/profiles2007.asp>

Baumbusch, J. L., & Andrusyszyn, M. (2002). Gerontological content in Canadian baccalaureate nursing programs: Cause for concern? *Canadian Journal of Nursing Research, 34*, 119 - 129.

Cahill, H. A. (1996). A qualitative analysis of student nurses' experiences of mentorship. *Journal of Advanced Nursing, 24*, 791-799.

Gilje, F., Lacey, L., & Moore, C. (2007). Gerontology and geriatric issues and trends in U. S. nursing programs: A national survey. *Journal of Professional Nursing, 23*(1), 21-29.

King, T. (2004). Status and standards of care for older adults. *Canadian Nurse, 100*(5), 23-26.

Statistics Canada. (2007). *Age and sex, 2006 counts for both sexes, for Canada, provinces and territories – 100% data*. Retrieved April 29, 2008 from [http://www12.statcan.ca/english/census06/data/highlights/agesex/pages/Page.cfm?Lang=E&Geo=PR&Code=01&Table=1&Data=Count&Sex=1&StartRec=1&Sort=2&Display=Page\[1\]](http://www12.statcan.ca/english/census06/data/highlights/agesex/pages/Page.cfm?Lang=E&Geo=PR&Code=01&Table=1&Data=Count&Sex=1&StartRec=1&Sort=2&Display=Page[1])

Statistics Canada. (2006). *A portrait of seniors in Canada*. Ottawa, ON: Author.

Statistics Canada. (2001). *Health care in Canada, 2001*. Retrieved September 21, 2007, from http://secure.cihi.ca/cihiweb/dispPage.jsp?cw_page=PG_58_E&cw_topic=58&cw_rel=AR_43_E

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