

A Communications Service to Nursing School Deans, Administrators, and Faculty

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EDITOR: JUDITH A. TYLER, MA, RN

The 'How to Try This' Project



"In general, the health care workforce receives very little geriatric training and is not prepared to deliver the best possible care to older patients. Since virtually all health professionals care for older adults to some degree, geriatric competence needs to be improved through significant enhancements in educational curricula and training programs" (Institute of Medicine [IOM,] 2008).

In April 2007, the *How to Try This* project was funded by the John A. Hartford Foundation to the Hartford Institute for Geriatric Nursing at New York University's College of Nursing in collaboration with the *American Journal of Nursing (AJN)*. This 3-year initiative is translating 30 of the topics found in the evidence-based geriatric assessment tools comprising the *Try This assessment series* (www.HartfordIGN.org/trythis) into cost-free, Web-based resources – primarily developed for faculty and students in pre-licensure nursing programs. These resources include demonstration videos as well as companion articles in *AJN* developed to provide background on geriatric syndromes, demonstrations of assessments, and best practices to identify and treat these syndromes, and case studies to bring these topics to life. Of note, the series includes assessments and best practices for older adults *and for older adults with dementia*.

The project is advised by nursing faculty and students, as well as by clinicians and practitioners with expertise in gerontology. The first two years of the project (2007-2009) are primarily geared toward the production of video and print resources, with an eye toward marketing and dissemination – the focus for the final project year (2009-2010). Once all topics are complete, a compilation of the assessment videos will be sent in DVD format to all pre-licensure nursing programs in the U.S.

To date, 15 of the topics are currently available from www.NursingCenter.com/AJNolderadults. Among the issues offered include:

- Detecting and managing delirium.
- Recognizing dementia.
- Assessing for fall risk (Hendrich II).
- Prevention of pressure ulcers (Braden Scale).
- Depression screening.
- Preventing aspiration.
- Preventing restraint use in cognitively impaired patients.

The *How to Try This* project and other projects funded by the Hartford Foundation provide a broad range of resources that address concerns outlined by the Institute of Medicine (IOM) regarding the capacity of today's health care workforce to meet the unique and growing needs of older adults. For

those of us who graduated from a pre-nursing program many years ago, what we learned about aging then is far different from what research has illuminated over the past decade. Understanding the causes, presentation, and implications of delirium alone has shed a whole new light for me on many patients for whom I had provided care in Thoracic ICU 20 years ago, and also as a family caregiver today. Data show that approximately 56% of older adults will experience delirium during hospitalization. In ICUs, the prevalence rate is as high as 80%. The implications of undetected and untreated delirium are so significant that delirium is considered a medical emergency. Yet, experts say that up to 70% of delirium cases go undetected by nurses and other health care professionals and can result in severe consequences, such as:

- Increased morbidity and mortality.
- Functional decline.
- Pressure ulcers.
- Falls.
- Urinary incontinence.
- Dehydration/malnutrition.
- Increased length of stay.
- Placement in LTC facilities.
- Readmission to acute care.

Changing Demographics Drive Changing Care Needs

How much of a force should the older adult population be in driving the need to change our care policies and practices? According to Dr. Mathy Mezey, EdD, RN, FAAN, chair of the Independence Foundation Professorship of Nursing Education in the New York University Division of Nursing, and the founder of the John A. Hartford Foundation Institute for Geriatric Nursing in the NYU College of Nursing, those 65 and older are "the core population" across health care settings. Currently, one in eight people in the U.S. are 65 and older. However, by 2030, *one in five* will be in this age group, and the number of older adults will double from 35 to 70 million people. Not surprisingly, this demographic utilizes a disproportionate quantity of health care services. While older adults represent only 13% of the population, on average they account for:

- 50% of hospital days.
- 46% of patients in critical care.
- 70% of home health services.
- 60% of adult primary care visits.
- 50% of ambulatory care visits.
- 90% of residents in nursing facilities.

Care of older adults is complex and challenging. Aging-related changes that occur at the cellular level and affect the entire physiology of the human body result in unique presentations of illness, easily missed diagnoses, and abnormal responses to medications and treatments routinely used prior to this point in the aging process. Unique to this population are

geriatric syndromes, such as delirium, falls, and incontinence. While those who are unaware may only see a single symptom, each is really the manifestation of multiple problems or risk factors. When nurses and others are untrained in the distinct differences associated with aging, patients experience poor outcomes and diminished quality of life. As a society, we see increased costs for health care.

To continue with the previous example, when clinicians see and dismiss agitation, lethargy, or inability to pay attention as being “normal” for older adults, what they may actually see is delirium resulting from underlying infection, medication interactions, dehydration, impaction, or other problems. Missing the mark on delirium through lack of awareness or outdated assessment skills can result in severe consequences or death for the geriatric patient. When unprepared, nurses and others find the care of older adults overwhelming, and ultimately, unsatisfying (Waszynski, 2007).

The Institute of Medicine Mandate

Although older adults easily utilize the bulk of health care services, currently less than 1% of RNs and MDs have any certification in geriatrics. Further, only 3% of advanced practice nurses (APNs) and approximately 5% of social workers hold certification in gerontology.

On April 14, 2008, the IOM released one of its newest reports – *Retooling for an Aging America: Building the Health Care Workforce*. The Committee on the Future Health Care Workforce for Older Americans, a group comprising representatives of nursing, medicine, pharmacy, social work, education, and health policy, was charged to “determine the health care needs of Americans over 65 years of age and to assess those needs through an analysis of the forces that shape the health care workforce, including education and training, models of care, and public and private programs.” The report addresses the preparedness of the current health care workforce to meet the complex health care needs of those 65 and older. It states, “In order to deliver high-quality care to older adults, the development of a health care workforce that is sufficient in both size and skill is essential. While the impending demands on the health care system have been recognized for decades, little has been done to prepare for the years ahead. The nation needs to move quickly and efficiently to make certain that the health care workforce increases in size and has the proper education and training to handle the needs of a new generation of older Americans.”

The IOM recommends that all health care professionals should be required to demonstrate competence in basic geriatric care to maintain their licenses and certifications, and that *all health professional schools and health care training programs should expand coursework and training in the treatment of older individuals*. The report identifies specific barriers for the current lack of sufficient geriatric content in curricula:

- Lack of faculty.
- Lack of funding.
- Lack of time in already-busy curricula.
- Lack of recognition of the importance of geriatric training.

In addition, three essential actions have been identified to resolve the existing gap between the needs of older adults and the number and skill level of the workforce:

- Enhance the geriatric competence of the entire workforce.
- Increase the recruitment and retention of geriatric specialists and caregivers.
- Improve the way care is delivered.

While the priorities seem distinct, in reality, they are not. In addressing competence through improved education, pro-

fessional satisfaction is enhanced. That satisfaction translates to the retention (and eventually recruitment) of caregivers with expertise in geriatrics, thereby improving care delivery and outcomes for older adults. Hospitals participating in the Nurses Improving Care for Health System Elders (NICHE) model (a program started in 1992 at the Hartford Institute for Geriatric Nursing at New York University's College of Nursing to provide tools and resources to hospital to revamp practices and policies in order to give individualized and age appropriate care to patients 65 and older) report multiple benefits:

- Enhanced nursing knowledge and skills regarding treatment of common geriatric syndromes.
- Greater patient satisfaction.
- Decreased length of stay for elderly patients.
- Reductions in readmission rates.
- Increases in the length of time between re-admissions.
- Reductions in costs associated with hospital care for the elderly.

Resources to Improve Knowledge and Skills

Clearly, assessment skills are fundamental to the care of any patient. *Geriatric* assessment skills are especially critical in identifying health care problems uniquely manifested in this patient population and in creating age-appropriate care plans for this burgeoning demographic. To bridge this gap, *How to Try This* is providing much-needed teaching/learning resources and making them available via the Internet to meet the needs of faculty in traditional, virtual, and hybrid nursing programs, and in formats to suit the unique learning styles of today's students. These video and print resources can be downloaded at no cost to desktop computers and handheld devices (such as iPods or PDAs), and may be posted on Blackboard and other e-learning formats for convenient reference. Accompanying the demonstration videos is a companion series of continuing education articles in *AJN* that provide case studies and supporting information for the use of each of the assessment tools. For a fee, continuing education credit is also available for both articles and videos.

Many health care providers have developed their skills by first watching someone else perform a task or procedure, doing the actual task themselves, and then teaching someone else to do the same thing – better known as the “see one, do one, teach one” method. Recognizing this, the videos are designed so that faculty with limited expertise in geriatric assessment can build skills rapidly and prepare to teach their students. They may also assign students to review a program prior to performing assessments with their patients. After viewing the 30-minute program or separate chapters (with information organized into distinct segments for those interested in viewing specific aspects of the program), the learner will see how geriatric assessments should be conducted, interpreted, communicated, and used to shape the plan of care for an older adult. More specifically, the videos demonstrate:

- On whom assessments should be conducted.
- When to conduct the assessment.
- How to conduct the assessment.
- How to interpret the assessment.
- How to communicate the findings to the patient, family, and other members of the healthcare team.
- How to use the findings to shape the plan of care.

Each month, two new videos and *AJN* articles are posted online at the older adults' resource page (www.NursingCenter.com/AJNolderadults), made available by *AJN*. From the release of the first two programs on October 1, 2007, through April 2008, over 10,000 viewers have logged on to view approximately twice as many programs. Approximately

one-third of viewers are nursing faculty and students, one-third are clinicians across all professions, and one-third are a broad range of viewers from staff development to caregivers to administrators. What are faculty saying about these resources?

- “Last November I attended a conference sponsored by NOADN, and I obtained the DVD on *SPICES and the Geriatric Depression Scale*. I used this tool in one of my lectures and the students “loved it”. This video helped my lecture to “come alive.”
- “I am going to integrate the video in our first semester assessment class as a demonstration of how nurses can be instrumental in assessing geriatric problems; also, it is a great example of interviewing.”
- “I teach first-quarter nursing students who perform their clinical rotation on a rehab unit in a long-term care facility. Patients with CVAs, dementia, and other neurological disorders who are at risk for aspiration make up a large part of the population. I would like to show parts of this video to my students; it’s a wonderful auditory and visual learning method taught by experts in their field.”
- “I will use this for both students and staff, and recommend total staff awareness. Our facility is striving to achieve Magnet® status, and this is one way to implement evidence-based practice into this goal.”
- “This video is in real time and is up to date on best practices. I will use it to teach my students about fall risks and how to prevent such [falls]. I would like to take some of the suggestions to further develop a program for the student to implement at one of our clinical sites.”

Student nurses are featured in the videos to help viewers in the primary audience better connect with the programs. Assessments are done using older adult patients (or volunteers). Students involved in the videos observe the assessment process, participate with the clinician in the interpretation, and may also join the team during the development of the individualized care plan. Another distinctive aspect of the

videos is the recognition that care of older adults requires an interdisciplinary approach. As a result, team meetings are interdisciplinary in nature, and they feature social workers, pharmacists, speech and language pathologists, dieticians, physical and occupational therapists, physicians, and dentists well-grounded in the care of older adults – an advantage that does not exist in all clinical settings or for the majority of older adults receiving care today. Programs are filmed in hospital and health care settings across the entire U.S. and reflect the diversity of the population, as well as unique considerations based on the ethnic and cultural diversity of patients and staff participants.

As outlined by the IOM report, many barriers exist to expanding gerontology content in nursing curriculum. Lack of expertise in gerontology, lack of time, and too many competing priorities make this imperative difficult. Resources developed through this project can be a useful adjunct to faculty and students in all nursing programs. In addition, another project goal is to compile strategies to help faculty integrate these resources into existing curriculum and provide teaching tips as part of the final resource package developed for schools of nursing. To offer suggestions or for further information about the project, feel free to contact me via e-mail katherinekany@comcast.net or phone 703-729-6050.

Katherine A. Kany, BS, RN, is a registered nurse and currently works in the Department of Nursing Practice and Policy, the American Nurses Association (ANA). She has been the Project Manager for Nursing’s Agenda for the Future since its inception in March 2001.

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- Institute of Medicine (IOM). (2008). *Retooling for an Aging America: Building the Health Care Workforce*. Washington, DC: National Academies Press.
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Robert Wood Johnson Foundation Partners with AACN to Launch New Careers in Nursing Scholarship Program

The Robert Wood Johnson Foundation (RWJF) and the American Association of Colleges of Nursing (AACN) announced the creation of the *RWJF New Careers in Nursing Scholarship Program*, designed to alleviate the nation’s nursing shortage by dramatically expanding the pipeline of students in accelerated nursing programs. Scholarships in the amount of \$10,000 each will be awarded to 1,500 entry-level nursing students over the next three years. Preference will be given to students from groups under-represented in nursing or from a disadvantaged background.

Through the *RWJF Careers in Nursing Scholarship Program*, funding will be available to schools of nursing with entry-level accelerated programs at the baccalaureate and/or master’s level. Schools must use funding to increase the number of students enrolled in accelerated programs and to enhance efforts to recruit students from groups under-represented in nursing or disadvantaged backgrounds. Preference will be given to schools that show how funding can be used to help leverage new faculty resources. All applicants must specify the mentoring and leadership development resources that will be available to ensure suc-

cessful completion of the nursing program by accelerated students.

AACN will serve as the National Program Office for this RWJF-funded initiative and will oversee the grant application submission and review process. A National Advisory Committee (NAC) composed of experts from nursing, health care, and the academic arenas will conduct the individual proposal reviews. For more information, visit <http://www.newcareersinnursing.org>

Schools of nursing interested in applying for a scholarship are invited to review the Call for Proposals (CFP) found online at <http://www.rwjf.org/applications/solicited/cfp.jsp?ID=20301>. All proposals must be submitted electronically through RWJF’s Grantmaking Online system and will be accepted through June 26, 2008. Two Web conferences are scheduled for May 6, 2008 and June 10, 2008, to provide guidance to applicants as well as a forum to ask questions. Contact the National Program Office at ncin@aacn.nche.edu or call 202-463-6930, extension 232, for more information.

Once you have finished with this newsletter, please pass it along to share with a colleague or friend.

DEAN'S Notes™

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Two NSNA Leadership Conferences Planned - *State and School Chapter Leaders and Faculty Invited!*

New England Leadership Workshop

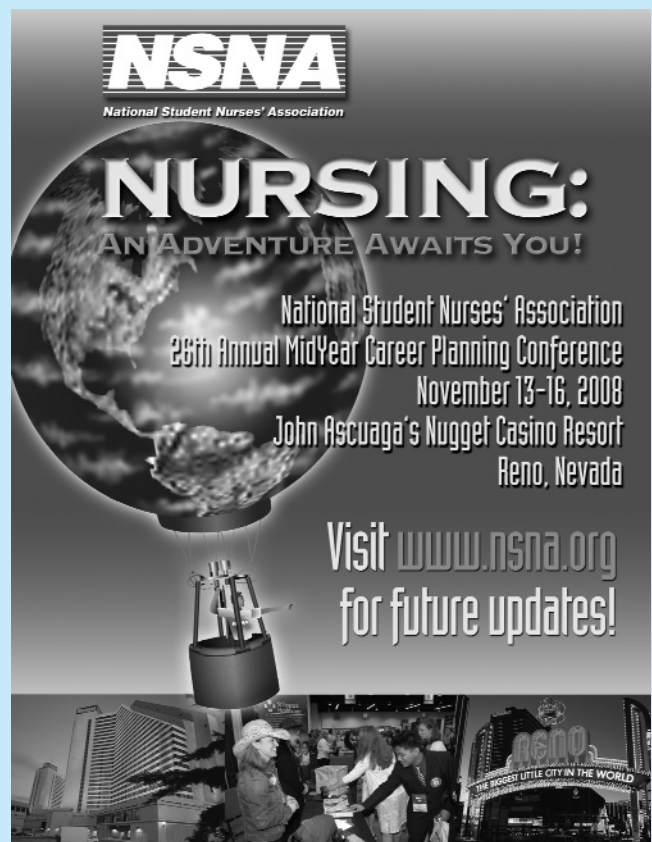
Friday, June 13, 2008, 9:00 a.m. – 4:00 p.m.
Hosted by The Cambridge Health Alliance
1493 Cambridge Street, 7th Floor Board Room
Cambridge, MA 02139

Annual Northeast Leadership Conference

Friday, August 1, 2008, 9:00 a.m. - 4:00 p.m.
Hosted by The Mt. Sinai Medical Center
Room to be announced.
1425 Madison Avenue (98th Street and Madison
Avenue)
New York, NY 10029

If you are interested in attending either the New England or the Northeast Leadership Conference, send an e-mail with your contact information, the school you attend, and the leadership position you hold (or aspire to) to nsna@nsna.org

The purpose of the Leadership Workshop is to gain a better understanding of NSNA's mission and programs, create stronger school and state chapters, and problem solve and share ideas. School and state leaders are invited to attend, as well as faculty advisors and consultants. Continental breakfast and lunch will be served. For more information call Judith Tyler, MA, RN, Director of Programs, at 718-210-0705, ext 106, or e-mail judith@nsna.org.



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