

# IMPROVING THE QUALITY OF GERIATRIC NURSING CARE: ENDURING OUTCOMES FROM THE GERIATRIC NURSING EDUCATION CONSORTIUM



DEANNA GRAY-MICELI, PhD, GNP-BC, FAANP, FAAN\*,  
 LAURIE DODGE WILSON, MSN, APRN, AGPCNP-BC†,  
 JOAN STANLEY, PhD, CRNP, FAAN, FAANP‡, RACHAEL WATMAN, MSW§,  
 AMY SHIRE, MPH||, SHOSHANNA SOFAER, DR.P.H.¶, AND MATHY MEZEY, EdD, RN, FAAN#

The nation's aging demography, few nursing faculty with gerontological nursing expertise, and insufficient geriatric content in nursing programs have created a national imperative to increase the supply of nurses qualified to provide care for older adults. Geriatric Nursing Education Consortium (GNEC), a collaborative program of the John A. Hartford Foundation, the American Association of Colleges of Nursing, and the New York University (NYU) Nursing Hartford Institute for Geriatric Nursing, was initiated to provide faculty with the necessary skills, knowledge, and competency to implement sustainable curricular innovations in care of older adults. This article describes the background, step-by-step process approach to the development of GNEC evidence-based curricular materials, and the dissemination of these materials through 6-, 2-, and a half-day national Faculty Development Institutes (FDIs). Eight hundred eight faculty, representing 418 schools of nursing, attended. A total of 479 individuals responded to an evaluation conducted by Baruch College that showed faculty feasibility to incorporate GNEC content into courses, confidence in teaching and incorporating content, and overall high rating of the GNEC materials. The impact of GNEC is discussed along with effects on faculty participants over 2 years. Administrative- and faculty-level recommendations to sustain and expand GNEC are highlighted. (Index words: Geriatric nursing education; Baccalaureate nursing; Faculty development) *J Prof Nurs 30:447–455, 2014. © 2014 Elsevier Inc. All rights reserved.*

\*Assistant Professor, Former Senior Consultant to the Hartford Institute for Geriatric Nursing and John A. Hartford Post-Doctoral Fellow, Rutgers University College of Nursing, Newark, NJ 07102.

†Research Instructor in Nursing, George Washington University, Washington, DC 20036.

‡Senior Director of Education Policy, American Association of Colleges of Nursing, Washington, DC 20036.

§Senior Program Officer, John A. Hartford Foundation, New York, NY 10022.

||Consultant, Research and Evaluation, Brooklyn, NY 11201.

¶Robert P. Luciano Professor of Health Care Policy, School of Public Affairs, Baruch College, City University of New York, New York, N.Y.

#Professor Emeritus, Senior Research Scientist, Associate Director, the Hartford Institute for Geriatric Nursing, New York University College of Nursing, New York, NY 10003.

Address correspondence to Dr. Gray-Miceli: Rutgers University College of Nursing, Newark, NJ 07102. E-mail: [dmiceli@rutgers.edu](mailto:dmiceli@rutgers.edu) (D. Gray-Miceli), [ldwilson@email.gwu.edu](mailto:ldwilson@email.gwu.edu) (L.D. Wilson), [jstanley@aacn.nche.edu](mailto:jstanley@aacn.nche.edu) (J. Stanley), [Rachael.watman@jhartfound.org](mailto:Rachael.watman@jhartfound.org) (R. Watman), [apshire1@gmail.com](mailto:apshire1@gmail.com) (A. Shire), [Shoshanna.sofaer@baruch.cuny.edu](mailto:Shoshanna.sofaer@baruch.cuny.edu) (S. Sofaer), [Mm5@nyu.edu](mailto:Mm5@nyu.edu) (M. Mezey) 8755-7223

**I**N 2011, THE first of the baby boomers turned 65 years of age, and every day 10,000 Americans celebrate their 65th birthday. By 2040, there will be more than 79.7 million Americans more than 65 years of age (Administration on Aging, 2012).

Our nation’s 3 million registered nurses (RNs) represent the largest health care provider group for older adults (U.S. Department of Health and Human Services & Health Resources and Services Administration [HRSA], 2010), just as older adults are the largest group of patients in hospitals, home care, and nursing homes. Nurses are vital to meeting the diverse health care needs of these patients, and yet, a serious gap exists between supply and demand of geriatric-prepared nurses.

Before the mid-1990s, in nursing education, there were no national educational competencies on the care of older adults, very few nursing faculty were prepared to teach geriatric nursing, and there was little geriatric-specific content in the baccalaureate curriculum. Only 23% of nursing schools had a required course in geriatrics, and 60% of baccalaureate nursing program had no gero-expert faculty (Rosenfeld, Bottrell, Fulmer, & Mezey, 1999). Similarly, in practice settings, there were no hospital-wide initiatives to improve overall care of older adults and scant resources to prepare staff or assess their knowledge in geriatrics. Fewer than 1% of the 2.7 million practicing RNs were certified in geriatrics (Institute of Medicine [IOM] & Committee of the Future Health Care Workforce for Older Americans, 2008; Rosenfeld et al., 1999), and most schools of nursing had no faculty members certified in gerontological nursing by the American Nurses Credentialing Center (Rosenfeld et al., 1999). Further, only 2.6% of advanced practice RNs who provide care to the elderly were certified in geriatrics (IOM & Committee of the Future Health Care Workforce for Older Americans, 2008; U.S. Department of Health and Human Services & HRSA, 2010).

Supported by a \$70 million investment from the John A. Hartford Foundation (JAHF), since 1996, major efforts have been mounted to build the geriatric capacity of the nurse workforce by enhancing the competence of individual nurses to care for older adults and by increasing the recruitment and retention of geriatric specialists (Bednash, Mezey, & Tagliareni, 2011). These initiatives, involving the American Association of Colleges of Nursing (AACN), American Academy of Nursing, National League for Nursing, Sigma Theta Tau, the Gerontological Society of America, the Hartford Institute for Geriatric Nursing (HIGN), New York University (NYU)

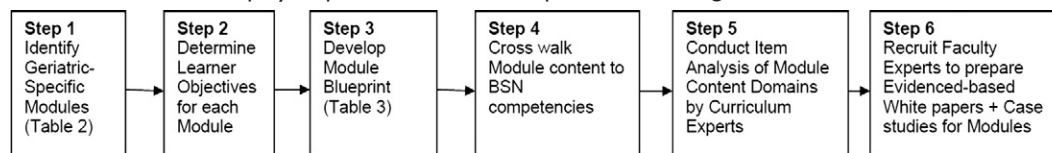
College of Nursing, and Hartford Centers of Gerontological Nursing Excellence, have increased and enhanced the nurse workforce capacity to care for older adults via faculty development and curricular efforts, and through clinical models such as Nurses Improving Care to Healthsystem Elders (NICHE, <http://www.nicheprogram.org>) and the Transitional Care Model (Naylor et al., 2013). These have transformed the field by growing a cadre of gero-expert nurse leaders in academia and by infusing aging into all levels of nursing curricula. In particular, this collaborative work of the HIGN and AACN, Geriatric Nursing Education Consortium (GNEC), has sought to prepare nurses during their formal education including development of the faculty and curriculum needed for that education. In doing so, the next generation of nurses will be prepared with the necessary skills and competence to provide quality care to our aging population.

The GNEC, a 3-year, national initiative, funded by the JAHF and implemented jointly by AACN and HIGN, used an organization change approach and “train-the-trainer” Faculty Development Institutes (FDIs) to infuse geriatric content in senior-level undergraduate nursing courses (Wilson, 2010). GNEC served as a major impetus to assure that baccalaureate-prepared nurses graduate with the necessary competencies to deliver quality care to older adults. This article summarizes the process used to develop and implement GNEC and presents outcome data from the GNEC national evaluation. Specifically, the article describes how GNEC was conceptualized, the implementation of FDIs, and the GNEC outcomes.

### GNEC Building Blocks Step by Step

The GNEC model was built on two prior AACN projects: a 2001 JAHF-funded initiative that supported efforts at 20 baccalaureate schools of nursing to redesign existing gerontology curriculum, develop innovative clinical experiences, and develop and disseminate bachelor of science in nursing (BSN) competencies in gerontological nursing ([http://www.jhartfound.org/ar2012/2001\\_Curriculum\\_Grants\\_in\\_Nursing.html](http://www.jhartfound.org/ar2012/2001_Curriculum_Grants_in_Nursing.html)) and the End of Life Nursing Education Consortium (ELNEC), a national program administered by AACN for teaching end-of-life care to nurse faculty (<http://www.aacn.nche.edu/el nec/about/fact-sheet>; <http://www.aacn.nche.edu/el nec/el nec-publications>). The success of the GNEC project from module development to creation of white papers and dissemination through the FDIs hinged on enlistment and support of faculty appointed to the GNEC advisory board and working committees.

**Table I.** Timeline and Step by Step Activities for Development of the Original GNEC Module Content



Download English Version:

<https://daneshyari.com/en/article/2667935>

Download Persian Version:

<https://daneshyari.com/article/2667935>

[Daneshyari.com](https://daneshyari.com)