Nurse Practitioners as Primary Educators for Medical Trainees in Geriatric Medicine

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ABSTRACT

Nurse practitioners (NPs) are contributing a great deal to the educational workforce in geriatric medicine. As the number of trained geriatricians lags, the role of NPs in preparing physicians to provide optimal care for older patients becomes more apparent. To properly capitalize on the clinical expertise and educational skills of NPs, it is necessary to create opportunities in which they will have the greatest potential to teach and role model for trainees in geriatrics. This article reviews the importance of NPs in geriatric medical education for the full spectrum of medical trainees and describes steps that can be followed to ensure success.

Keywords: geriatrics, medical education, nurse practitioners

TEACHING CASE #1—Experience of an Internal Medicine Resident: a second-year internal medicine resident was assigned to geriatrics for a 1-month rotation from a residency program at an affiliated hospital. Within that month, he was assigned to work with 2 nurse practitioners (NPs) in our Program of All-Inclusive Care for the Elderly (PACE) for a total of 3 days. During the second session, we reviewed a case of probable neglect in an 82-year-old woman with dementia who lived alone. This patient had family nearby who reported to medical staff that they were "regularly involved" with the patient. However, this was not supported by the observations of the team and the substantial input of the NP. The resident had evaluated this patient and was not sure how to proceed. With education and guidance from the NP, an Adult Protective Services referral was made, and several aspects of abuse and neglect were confirmed. Guardianship was pursued. The NP explained to the resident how information "came together" to inform this action and that she was constantly alert to clues to aid in management. The internal medicine resident acknowledged that he would never have suspected this situation from the typical vantage point of a hospital-based resident. The educational value of exposing this resident to the workings of an interdisciplinary team (IDT) with leadership by the NP was significant.

Teaching Case #2—The Perspective of a Geriatric Medicine Fellow: "The great aspect that I saw working with NPs is the rapport they (NPs) develop with patients and families. Sometimes I think the MD [medical doctor] gets in the way because of formality. In a city with a disadvantaged population, the NP is often able to bond and develop a trusting relationship. Sometimes people are afraid of talking to a doctor."

"At the heart of the NP are the skills they have mastered during their nursing training, specifically the bedside care of the patient and family often for 10-12 hours at a time. The relationship that develops during this time is very special. Watching the NPs use their nursing skills to cultivate a relationship often through listening, personal care, and touch was something that I took away through working with them. It is the little things that count when you only have a few-minute clinical encounter as a provider (filling a

patient's water, getting another blanket, pushing the wheelchair down the hall, etc)."

"In regards to an IDT, the NP has the provider and nurse skill set, given their training. They possess the knowledge that transcends both fields (clinician/nurse) and are able to effectively communicate to a team made up of therapists, nurses, pharmacists, social workers and doctors."

"What I mentioned above has been role modeled well for me."

NPs are recognized as a key piece in a national strategy to provide quality care for older adults. In 2008, the Institute of Medicine (IOM) identified the looming health care workforce shortage in our aging society, noting that nonphysician providers will become an increasingly important part of the care team.[1] In "The Future of Nursing" report, also generated by the IOM, which addressed a range of health care needs in the United States, nurses were specifically highlighted as professionals who "should be full partners, with physicians and other health professionals, in redesigning health care in the United States." In addition to the important role of nursing expertise and perspective in clinical care, the value of NPs in geriatrics also extends to the education of a range of health care providers.[2] The American Association of Nurse Practitioners supports the IOM concept of team-based care to provide coordinated, high-quality, and patient-centered care.[3]

At all levels of medical education (ie, medical students, residents, and fellows), trainees can benefit from the expertise and experience of NPs.[4,5] For example, geriatric medicine fellows in the US must demonstrate competence and readiness for independence in 23 professional *reporting milestones* before the end of a 1-year clinical fellowship, including the ability to work effectively within an IDT.[6] NPs often work in clinical venues in which these clinical opportunities exist and offer a different perspective (NP vs MD). These settings include ambulatory clinics, nursing homes, skilled (postacute) units, and hospitals. Among the 76 *curricular milestones* identified by the Association of Directors of Geriatric Academic Programs, those that fall under the "systems-based care for older adults" are especially conducive to enhanced learning through NP teachers. Since 2015, all advance practice registered nursing programs are training NPs in a combined adult-geriatric model,[7] ensuring the future preparedness that all adult NPs will have in caring for older adults and educating others on these principles. It is also possible for NPs to pursue additional (fellowship) training to further prepare them for teaching and patient care in geriatrics.

A factor that might impact full integration of NPs into medical education for physicians is perceived inequalities between physicians and NPs. Despite advances for NPs in the education realm, data suggest that some physicians and NPs have different perspectives on how NPs should be incorporated into standard medical practices and payment structures.[8] Several states continue to have policies that restrict the practice and pay (for same services) for NPs.[9] These issues are relevant to the practice of both NPs and physicians and should be acknowledged during the early phase of one's training and career. However, it has been shown that the quality of care for older adults in the ambulatory setting is improved when NPs are involved,[10] and the majority of NPs express confidence in their geriatric assessment skills.[11]

Role modeling and exposure to various clinical styles are necessary for medical trainees to experience, grow, and develop skills.[12,13] Medical training has historically emphasized the use of physicians as teachers, but learning from NPs has the added benefit of exposure to health professionals with a different training background and approach to patient care.[14] The use of NPs as primary educators also provides increased opportunity to learn more about interprofessional education (IPE), which is described in more detail later. NPs are an integral part of IPE and team care for older adults, especially when systems and program leaders endorse and facilitate that role.[15] The creation of a robust interprofessional curriculum requires a good understanding of each profession's or professional team member's core values, developmental models, and language. Interprofessional coprecepting is most robust when educators engage with learners so that all understand the approach and specific skills of the professions involved.[16] Because NPs are often in roles that have direct and frequent communication with other disciplines, they are able to direct learners toward appropriate members of the IDT when medical