

**CARING FOR OLDER ADULTS*****A Living Document from the National League for Nursing***NLN Board of Governors  
April 2011**INTRODUCTION**

The National League for Nursing promotes excellence in nursing education to build a strong and diverse workforce to advance the nation's health. As the voice for nursing education, the NLN believes that there is an immediate need to transform nursing education in ways that better prepare students to advance the health of the nation's multi-ethnic, elderly population.

The NLN's vision of this transformed nursing education discipline ([summarized in the Advancing Care Excellence for Seniors \[ACES\] Essential Nursing Actions](#)) includes:

- Attending to emerging demographics and changing health care needs
- Teaching the evolving knowledge of caring for older adults
- Designing intentional encounters with older adults in a variety of health care settings
- Cultivating students' clinical decision-making skills
- Preparing students to manage and coordinate care during transitions across health care settings

ACES ([www.nln.org/ACES](http://www.nln.org/ACES)) provides a foundation for faculty and students to advance care excellence for seniors in a variety of home, institutional, and community-based settings. ACES is based on the NLN's core values of caring, integrity, diversity, and excellence and on the NLN Education-Competencies Model (2010) which calls for graduates of nursing programs to be prepared to:

- Promote and enhance *human flourishing* for patients, families, communities, and themselves
- Demonstrate sound *nursing judgment*
- Continually develop their *professional identity*
- Maintain a *spirit of inquiry* as they move into the world of nursing practice and beyond

*Caring for Older Adults* encourages schools of nursing and their practice partners to help create a future in which care of older adults is holistic, consistently competent, individualized, and humane. The NLN is grateful to the John A. Hartford Foundation, the Independence Foundation, and Laerdal Medical for supporting the NLN's ACES project, a partnership with Community College of Philadelphia (CCP).

**BACKGROUND AND SIGNIFICANCE**

The NLN's call for reform is consistent with similar appeals to transform nursing education. Seminal work has already been accomplished that focuses nursing practice on clinical judgment, quality, and safety (Cronewett et al, 2007). In 2010, the Carnegie Foundation for the Advancement of Teaching report, *Educating Nurses: A Call for Radical Reform* urged faculty to stay clinically current and the Institute of Medicine report, *the Future of Nursing*, called for increased integration of gerontology and community-based care in prelicensure curricula.

Currently, prelicensure nursing curricula “are not providing enough nurses with the required competencies in such areas as geriatrics and culturally relevant care to meet the changing health needs of the U.S. population” (IOM, 2010, 4-23). The IOM report also notes that the intricacies of care coordination are not adequately addressed in most prelicensure nursing curricula. Taken together, these voices sound a compelling argument for the transformation of nursing education.

Large-scale, substantive change in nursing education has been slow in coming. Many schools of nursing continue to prepare students by teaching about disease processes. Taught in this way, students do not fully develop the ability to identify salient clinical issues or the ability to use acquired knowledge when needed in a clinical setting (Benner et al, 2010). While clinical courses commonly focus on exposing students to predominantly acute care settings, faculty teaching in those settings report great difficulty providing appropriate guidance and supervision and teaching students to “think on their feet” and make clinical judgments (Ironsides & McNelis, 2010).

## **KEY FACTORS**

### **Responding to Population Changes and Increased Complexity of Care**

The core of nursing education reform is being responsive to demographic, socio-cultural changes and the evolving health and nursing care needs of the nation. It is imperative that nursing curricula provide flexibility that encourages faculty to be innovative in order to readily and continually respond to trends that occur at both local and national levels. Because adults aged 65 and older in the United States and throughout the world account for an increasing proportion of the population and are entering the health care system in greater numbers, there is widespread acknowledgement that they have become the core business of health care.

To effectively care for the aging population, nurses entering the workforce must be adept at managing complex conditions (including acute episodes of one or more chronic conditions), facilitating transitions in care, identifying real or potential risks, gaps in care, and waste. They must capably devise strategies for improvement, tracking progress over time and making adjustments as needed (IOM, 2010). Often overlooked in nursing curricula is the complexity of caring for older adults with co-morbidities and the attendant ethical questions about care and treatment. In many nursing programs, curricula remain focused on acute, episodic care with clinical experiences concentrating on specific disease processes or the skills students can perform in the provision of care (Ironsides, Tagliareni, McLaughlin, King, and Mengel, 2010).

For example, historically, students begin their clinical experiences providing care to a single patient in a non-acute setting such as long-term care. These early clinical experiences focus on the performance of fundamental skills such as bathing. The literature shows that because students encounter older adults in this way, they often overlook the complexity of care required by these individuals and equate nursing care of the elderly with basic nursing skills (Ironsides et al, 2010). By continuing to teach elder care throughout the curriculum, students can experience caring for individuals with complex needs relating to family, values and beliefs, economics, living arrangements, treatment, support, and community services.

Nursing education reform requires that faculty create and implement learning experiences that engage students in providing complex care. [ACES Essential Nursing Actions](#) guide faculty to create learning experiences that help students identify:

- the complexity of their patient’s situation

- the gaps (real or potential) that exist or are perceived by the older adult and their caregivers
- the older adult's experience of the care being provided
- care needs which exist in home, respite, palliative, and hospice settings (if this is true)
- the congruence between the care being provided and national standards and expectations for this care
- the role of the patient as the central partner in the design and execution of the plan of care

Case studies and clinical experiences need to recognize, respect, and address numerous interconnected factors affecting care. [Complex case studies](#) using ACES facilitate the ability of nurses to care for older adults and their caregivers in a way that is competent, individualized, and humane.

### **Coaching Students to Coordinate Care and to Manage Care During Transitions**

Nurses hold the key to improving health care because of their specialized knowledge and proximity to patients across health care settings. Care is improved when nursing students learn to effectively coordinate care and manage transitions by collaborating and communicating effectively with patients, their families, and care givers; other members of the health care team; and health systems. Yet, many students graduate from prelicensure programs without having had a meaningful conversation about patient care with a non-nurse provider (Benner, 2010). Nursing education reform, led by the National League for Nursing, intends to change the prevailing paradigm.

Designing these learning experiences requires that faculty no longer focus on content transmission, but rather on:

- Informatics – how to find and use information
- Culturally Sensitive Care – how to account for individual values and beliefs
- Evidence-Based Practice – how to critique and evaluate the appropriate use of particular knowledge in a specific situation
- Patient-Centered Care – how to take patient preferences and expectations into account
- Situational Decision-Making/Quality Improvement – through research, discover new ways to improve and adapt care currently provided
- Teamwork/Collaboration – how to work effectively with other team members to ensure safety and provide and improve care
- Program Outcomes – identification of measurable nursing practice outcomes that respond to the needs of older adults

Once students understand that older adulthood is fluid as individuals transition from one state, activity, or place to another, they see the fundamental value of coordinating care during significant life changes. Competent, individualized, and humane care is more than a series of discrete services: continuity of care is essential when the older adult moves among care settings. Additionally, during transitions, the older adults' immediate and long-term needs converge in complex ways as they experience changes in health status, environment, financial resources, and levels of independence and functioning. Transitions, when poorly managed, increase older adults' vulnerability and exacerbations of chronic health conditions. Nursing education reform requires that faculty teach students to observe, interpret, respond to, and reflect on evolving clinical situations and ethical issues; to use informed, principled, and situated judgment; and to maintain the function, control, dignity, and integrity of the older adult. In this way the nurse helps the individual and caretakers in efforts to reclaim or develop new pathways toward human flourishing.

### **Preparing and Developing Faculty**

Transforming nursing education will require additional numbers of faculty who are prepared to be innovators. Currently nursing faces three persistent challenges: too few faculty, faculty with insufficient preparation for teaching, and faculty who are no longer clinically competent (Benner et al, 2010). In addition, the number of full- and part-time faculty with nursing expertise in care of older adults is limited (Ironsides, Tagliareni, McLaughlin, King, and Mengel, 2010).

The NLN ACES project, which builds on existing Hartford Foundation-funded resources and competencies, as well as on new resources and teaching strategies developed by the NLN and CCP, assists faculty to enhance their knowledge of the growing body of evidence about specialized care for older adults. ACES is based on a staunch belief that familiarity with the field of geriatrics creates exciting learning opportunities for faculty, students, and their clinical partners. Central to this tenet is a keen understanding that direct knowledge of older adults in planned, intentional encounters is necessary in order for nurses to promote human flourishing with scientifically-grounded nursing judgment.

An important concept underlying this crucial work is that student learning outcomes and instructional strategies about geriatrics and the care of older adults are not separate activities. Rather, this pedagogy is intimately linked with knowledge generation, application, dissemination, and the achievement of core competencies and learning outcomes. Together, teacher and student use evolving evidence-based geriatric knowledge, technology, and best practices to encourage a spirit of inquiry and to provide competent care for older adult.

### **RECOMMENDATIONS**

In order to transform nursing education to foster competent, individualized, and humane care for older adults, the National League for Nursing recommends the following for faculty, administrators, its own leaders and members and its practice partners:

#### ***For Nurse Faculty***

- Increase the amount and quality of intentional learning experiences related to care of older adults in a variety of settings.
- Participate in faculty development programs to update clinical knowledge and skills.
- Access new knowledge and develop new skills related to the teaching of care of older adults.
- Teach students how to manage chronic care as people transition through a variety of health care settings, recognizing the subtle changes that occur over time and the qualitative variations in clinical conditions.
- [Explore available resources, tools, and guides](#) to promote quality and safety for older adults in multiple practice settings.
- Implement unfolding case studies into classroom and clinical courses to optimize students' learning and development of clinical judgment.

#### ***For Deans/Directors/Chairs***

- Create mechanisms to enhance faculty's clinical and teaching expertise.
- Establish networks among faculty to enhance geriatric content and experiences and to broadly share best practices for teaching students to care for older adults.
- Designate faculty champions to serve as role models and consult with faculty in the integration of geriatric nursing across the nursing curriculum.
- Provide support to faculty to develop new knowledge about the care of older adults.

- Enhance faculty skills and abilities to ensure that students learn the complexities of care provided across settings.
- Allocate sufficient resources to support transformative efforts.

### ***For the National League for Nursing***

- Provide faculty development programming related to emerging knowledge about care of older adults.
- Support teaching and learning innovations regarding care of older adults.
- Raise faculty awareness of the excellent resources available to teach care of older adults and how these resources can be used to enhance their own expertise and the content of and experiences in their programs.
- Use the [NLN ACES website](#) to create ways for sharing best practices across schools.

## **REFERENCES**

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