Integrating gerontological content across advanced practice registered nurse programs

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Abstract

Purpose: Faculty members across the country are faced with integrating gerontological content and competencies across advanced practice registered nurse (APRN) programs that focus on the adult-gerontology population. The purpose of this initiative was to effectively and efficiently integrate gerontological content into the adult management courses for several APRN programs in acute and primary care at one university’s college of nursing.

Data sources: Current literature, resources for integrating adult-gerontology content, course evaluations, and end of program surveys were used in this project.

Conclusion: This curricular update effectively utilized resources and engaged faculty across programs to infuse gerontological content into the adult management courses. Students from multiple programs sharing these courses benefited from gerontological lecturers, content, and learning activities. The content gaps were integrated into existing courses rather than developing a new course. Current outcome data reflect this was an effective curricular change.

Implications for practice: In conjunction with meeting national requirements for integrating adult-gerontology content into APRN curriculum, APRNs prepared with enhanced gerontological knowledge and skills build a workforce that is competent to improve care for older adults across the continuum of care.

The Institute of Medicine (IOM, 2008) calls for fundamental reform in the way the workforce is trained to care for older adults. In addition to this mandate, the advanced practice registered nurse (APRN) regulatory model established the population focus, adult gerontology in order to increase the number of APRNs prepared to care for older adults (APRN Consensus Work Group, 2008). Faculty members teaching in APRN programs across the country are required to design curricula that include the didactic and clinical experiences necessary to prepare students with the knowledge and skills to care for older adults. There is urgency to this work because the national APRN credentialing bodies announced that certification exams in 2013 will be updated to include gerontological content. This change in certification exams is consistent with the timetable for implementation of the APRN regulatory model. This paper serves as one successful example from a College of Nursing (CON) for integrating older adult content across APRN programs that can easily be applied to other programs. It describes a collaborative process and includes examples of content, strategies, evaluation methods, and outcomes.

Background

The shifting demographics of the U.S. population have dramatic implications for the healthcare system and healthcare providers. In 2009, there were 39.6 million persons aged 65 or older, representing about 12.9% of the population. By 2030, there will be about 72.1 million older persons, representing about 19% of the population (Administration on Aging, 2010). The older population itself is becoming increasingly older, with adults over age 85 years representing the fastest growing segment of the population. Moreover, the older adult population is more racially and ethnically diverse than previous generations,
with approximately 20% belonging to minority groups (Greyson & Velkoff, 2010).

This shift in demographics has far-reaching implications for the U.S. healthcare system. For example, about 80% of older adults have one chronic condition, and 50% have at least two (Centers for Disease Control and Prevention [CDC], 2011a). Chronic conditions often involve pain, functional limitations, and the need for long-term self-management of symptoms (Grady, 2011). Chronic conditions not only impact quality of life, but are associated with considerable economic costs in the United States. However, research has shown that poor health does not have to be an inevitable consequence of aging (CDC, 2011a). Older adults who practice healthy behaviors are more likely to live independently and incur fewer health-related costs (CDC, 2011b). APRNs are in a unique position to partner with older adults and their families to address modifiable health risk behaviors and self-management strategies to maintain independence, function, and mental and physical health.

In 2007, the IOM charged the ad hoc Committee on the Future Health Care Workforce for Older Americans to determine the healthcare needs of Americans over 65 years of age. In its report, *Retooling for an Aging America*, the IOM (2008) described a three-pronged approach for addressing the healthcare needs of older adults including (a) enhancing the competence of the entire workforce; (b) increasing recruitment and retention of geriatric specialists and caregivers; and (c) improving the way care is delivered. This report called for fundamental change in how the workforce is trained and utilized to care for older adults (IOM, 2008). It served as a call to action for educators to better prepare future healthcare workers to provide high-quality care to older adults.

An additional call to action for APRN educators is the *Consensus Model for APRN Regulation* (APRN Consensus Work Group, 2008). The model sets forth requirements for future licensure, certification, education, and accreditation of APRN education programs. One major aspect of this model, largely in response to the growing population of older adults and their need for chronic care, is the combination of the adult and gerontology APRNs into one population focus. The preparation of the adult-gerontology APRNs must include the continuum of care from the young to the older adult (Stanley, 2009). This model also dictates that all APRN roles that provide care to adults must include the care of the older adult population. This decision increases the number of APRNs prepared to care for the growing older population. It is consistent with the IOM (2008) recommendation that the workforce needs to be large enough and possess the necessary skills to care for the older adult growing population.

APRN educators across the country are faced with the challenge to revise curricula to address this “call to action.” Curricular revision requires leadership, vision, and resources. One challenge is the faculty time and resources necessary to design and implement a major curricular change in CONS. Auerhahn, Mezey, Stanley, and DodgeWilson’s (2012) needs assessment survey of faculty members support the need for faculty resources and formal faculty development opportunities. The faculty at Rush University CON efficiently integrated gerontological content in the adult management courses across several APRN programs. This initiative is unique because it represents a collaboration of faculty from the family nurse practitioner (FNP), acute care NP (ACNP), adult NP (ANP), and dual adult/gerontological NP (ANP/GNP) programs. The purpose of this article is to describe this collaborative process, including examples of content, strategies, evaluation methods, and outcomes.

**Addressing the APRN consensus model mandate**

**Background and context**

Rush University CON, located in Chicago, Illinois, has a strong gerontological presence that began in the 1980s. Examples of the impact of this focus include a GNP program ranked seventh nationally (U.S. News and World Report, 2011), a longstanding Geriatric Interdisciplinary Team Training Program, well established faculty led wellness programs in community-based senior centers, and successful research programs focused on caregivers and clinical outcomes of older adults. The expertise and passion of faculty involved in these initiatives creates a culture that values an emphasis on the health needs of the aging population. Rush is well positioned to execute the APRN consensus model mandate through a focused approach that includes collaboration across programs, course assessment and revisions, and the integration of gerontology content into key course lectures, teaching strategies, and learning activities.

**Collaboration across NP programs**

Historically, faculty members at Rush collaborated to teach the adult management two part course entitled, *Management of the Adult: Acute and Chronic Illness I and II*. This course addressed the management of common health conditions in adults. Students take this sequence of courses in the final year of the program with the clinical practicum sequence.

This management sequence was initially designed for the ACNP students in the mid-1990s. Because primary NP
Integrating gerontological content across APRN Assessment

Influencing this collaboration was the need to effectively utilize resources and not replicate the teaching of similar content in different programs. Faculty met to discuss philosophy of teaching, traditional definitions of primary and acute care, teaching strategies, and content. Faculty agreed on the content that reflected a focus on acute and chronic health problems and integrated all levels of prevention. This content reflected existing nursing specialty competencies. Expert practitioners across the University and Medical Center lecture on current evidence-based management topics in their specialties. This approach integrated lecturers from other disciplines such as medicine, social service, and nutrition. Currently, FNP, ACNP, ANP, and ANP/GNP students all benefit from this interdisciplinary approach. Specific discussion of cases and application of content occurs in seminar groups separated according to specialties. Each specialty program offers additional management courses to address the content and competencies within its specialty. This collaboration across programs set the stage for integrating additional gerontological content into the management course.

Process to integrate gerontological content: Assessment

As an initial step in assessing opportunities for integrating gerontological content into the curricula, a task force was convened in the summer of 2010. The purpose of this group was to evaluate the gerontological content in existing management courses, identify content gaps, and develop strategies to effectively integrate content and methods of evaluation. This group included faculty across multiple NP programs: FNP, ACNP, ANP, and ANP/GNP. This broad representation was essential to ensure that any curricular revision would reflect the input, perspectives, and expertise of faculty across the programs. This faculty involvement helped to ensure the sustainability of any changes. In addition, several faculty members attended the American Association of Colleges of Nursing’s (AACN) preconference workshop on integrating gerontological content into APRN curriculum offered at a national nursing conference. Resources from this workshop were useful in this process. The content from this workshop is now available through webinars archived on the AACN website.

According to Auerhahn and Kennedy-Malone (2010), a key to success for integrating gerontological content across nongerontological APRN curricula was to have an APRN faculty champion. The gerontological faculty served as champions of this process. Their clinical expertise, knowledge base, teaching experience, and familiarity with gerontological resources facilitated this process. They developed a list of major concepts and content that needed to be included across APRN programs. The faculty developed a list of concepts and content from the following resources: Integrating Gerontological Content into Advanced Practice Nursing Education (Auerhahn & Kennedy-Malone, 2010), Standards and Guidelines for Gerontological and Geriatric Programs (Association for Gerontology in Higher Education, 2008), Adult-Gerontology Primary Care NP Competencies (AACN, 2010), and Minimum Geriatric Competencies for Medical Students (American Association of Medical Colleges, 2008).

Faculty developed a crosswalk, which included the essential gerontological content and the current management and core courses such as pathophysiology, research, health promotion, and pharmacology (see Table S1). The crosswalk served as the framework for a critical assessment of the gerontological content integrated into existing courses. This facilitated a thorough discussion and critical analysis of the breadth and depth of gerontological content and the identification of gaps. Sample content areas included aging demographics, aging changes, geriatric syndromes, geriatric assessment tools and resources, adaption of guidelines for comorbidities, transitions of care and care coordination, facilitation of self-management of chronic conditions, decisional capacity, elder abuse and neglect, and interprofessional collaboration. Faculty worked with course directors in the core courses to add gerontological content as appropriate.

Strategies to integrate necessary content

The next step was to strategically integrate content to address these gaps into the adult-gerontology management course sequence. Faculty reviewed the content in the current management courses and determined where and how the needed gerontological content could be added. Faculty recognized that gerontological concepts needed to be integrated into all organ system and condition discussions and presentations and in significant learning activities.

As with any substantive curricular change, the course description and course objectives must be revised to reflect the new course content and major focus on gerontology. This change required a major course revision form approval from the graduate curriculum committee. This step was important to formalize the changes as well as to ensure sustainability of the change. This process also required an analysis and linkage of the current national competencies with the course changes. This linkage ensured that current competencies drove the changes in the curriculum.
In addition, the faculty added a new clinical objective to the clinical evaluation tool across programs. The objective was to incorporate knowledge of age-related changes and issues when planning and providing care for older adults. The purpose of the new clinical objective was to ensure that students and preceptors focused on meeting the competencies in caring for older adults in the clinical setting. Students developed skills related to this competency throughout all clinical quarters.

A multifaceted approach integrated the gerontological content. This approach included interprofessional and community experts, adding required readings and web-based resources, and integrating older adult cases. Expert lecturers, including CON faculty, APRNs, physicians, and community-based experts were asked to specifically integrate the older adult content in their lectures. This content included atypical presentations and unique management and evaluation considerations specific to older adults. See Figure S1 for a sample letter to lecturers.

An example illustrating the teaching strategies was the expansion of content on comprehensive gerontological assessment, including specific gerontological assessment tools. The task force intentionally scheduled this as the first topic in the two quarter management course. The intent was to highlight the importance of this content as the springboard for the adult-gerontology management courses and clinical practicum. Another goal was to positively influence the perspectives of students regarding the care for older adults. A GNP faculty member developed a comprehensive lecture that addressed key gerontological content, including aging changes, comprehensive assessment, and gerontological assessment tools. Videotapes, You Tube clips, clinical examples, stories, and exploration of resources and tools on the consultgerirn.org website were integrated into the lecture. Table 1 identifies the gerontological resources integrated into this lecture to enhance the gerontological content.

Another content gap identified by the task force was transitions of care and care coordination. An interprofessional panel of community-based experts described prominent transitions of care models in the country and identified specific strategies to coordinate care for older adults across settings. The panel included an APRN, a social worker, and an administrator from a national regulatory agency, who were all involved with innovative transition of care models. The discussion focused on specific strategies to effectively coordinate care and the interprofessional collaboration required to manage and transition older adults effectively across care settings. The various perspectives highlighted the importance of identifying patients that are complex and at high risk for readmission to the hospital. See Table 2 for panel objectives.

Facilitating patient self-management of chronic conditions was another gap identified in the analysis. According to the CDC, about 80% of older adults have one chronic condition, and 50% have at least two (CDC,

### Table 1: Gerontological Resources

<table>
<thead>
<tr>
<th>Resource</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><a href="http://consultgerirn.org/resources">http://consultgerirn.org/resources</a></td>
<td>1. Try This tools and guidelines for assessment and care of older adults for general, specialty, and dementia practice (e.g., Mental Status Assessment of Older Adults: The Mini–Cog, Beers’ Criteria for Potentially Inappropriate Medication Use in the Elderly Parts I and II, The Modified Caregiver Strain Index)</td>
</tr>
<tr>
<td><a href="http://consultgerirn.org/resources/gnec_podcasts/">http://consultgerirn.org/resources/gnec_podcasts/</a></td>
<td>2. Videos and articles with specific Try This tools and guidelines showing how to use the tools</td>
</tr>
<tr>
<td><a href="http://www.aoa.gov/AoARoot/Aging_Statistics/Profile/2011/docs/2011profile.pdf">http://www.aoa.gov/AoARoot/Aging_Statistics/Profile/2011/docs/2011profile.pdf</a></td>
<td>Podcasts from the Geriatric Nursing Education Consortium (nine currently available; sample topics: Atypical Presentation in Older Adults with Complex Illness, Complex Care needs in Older Adults with Dementia)</td>
</tr>
<tr>
<td><a href="http://pogoe.org">http://pogoe.org</a></td>
<td>A Profile of Older Americans (statistics and trends)</td>
</tr>
<tr>
<td><a href="http://www.reynolds.med.arizona.edu/EduProducts/ElderCareProviderSheets.cfm">http://www.reynolds.med.arizona.edu/EduProducts/ElderCareProviderSheets.cfm</a></td>
<td>Portal of Geriatric Online Education (POGOe) is a free public repository of a growing collection of geriatric educational materials in various e-learning formats</td>
</tr>
<tr>
<td><a href="http://www.youtube.com">http://www.youtube.com</a></td>
<td>Various videos for</td>
</tr>
<tr>
<td></td>
<td>2. Interviewing vulnerable older adults, <a href="http://www.youtube.com/watch?v=Ereawm4_F7k">http://www.youtube.com/watch?v=Ereawm4_F7k</a>, Center for Medicare and Medicaid Services video, interviews at middle to end of video</td>
</tr>
<tr>
<td>A smaller pocket book with a new edition every year</td>
<td></td>
</tr>
</tbody>
</table>
Integrating gerontological content across APRN

Table 2 Transitions of care panel

Objectives
1. Identify factors influencing the focus on transitional care and care coordination.
2. Compare and contrast current prominent transition of care models.
3. Discuss the importance of interprofessional collaboration to effectively manage transitions and coordinate care.
4. Identify specific strategies to reduce 30 day readmission rates for vulnerable populations.

Questions for the panel members
1. What is your target population? What is the setting?
2. What is the goal of your model/practice?
3. What are some specific strategies that you use to facilitate transitions and/or coordinate care?
4. How do you engage patients and family members in this process?
5. Do you track specific performance measures? If yes, what are they?
6. Have you used technological solutions/interventions to facilitate cross-setting communication?
7. Is there anything else you would like to add?

2011b). A panel of experts addressed this content. A faculty member certified in motivational interviewing (MI) taught the principles and techniques of MI. MI is a person-centered approach to elicit and strengthen motivation for change (Miller & Rollnick, 2009). A dietician summarized the evidence related to facilitating weight loss. A smoking cessation specialist provided an overview of evidence-based strategies to promote smoking cessation. The experts utilized roleplaying to engage the students in the techniques of MI. This content was then integrated throughout the course in weekly case discussions and a case study assignment.

Weekly learning objectives and activities included gerontological considerations that covered patient history, as well as typical and atypical clinical presentations, assessments, and plans specific to the older adult. Faculty encouraged students to use gerontological assessment tools in their clinical settings. Learning activities focused on clinical dilemmas that students would likely encounter in their practicum. A case-based approach developed diagnostic reasoning skills and critical thinking skills related to older adults. One clinical scenario related to the respiratory module was a 70-year-old male who resided in a nursing home and presented with chronic shortness of breath. Students discussed the differences in the care approach for the older individual, as well as interview skills and history taking challenges. Students also addressed the assessment of changes in functional level because of degree of disability, safety, efficacy of pharmacologic interventions, and nutritional status. Students discussed nonpharmacologic strategies, appropriate testing, labs, and follow-up considering this patient’s past medical history and nursing home placement for the various differential diagnoses. Support systems and resources for the patient were also analyzed and integrated in the management plans.

Evaluation methods and outcomes

Forty-seven students completed this management course sequence in 2011 (15 ANPs, 12 ACNPs, 14 FNPs, and 6 ANP/GNPs) and successfully met the course objectives. The primary evaluation method consisted of three multiple choice exams each quarter. A blueprint for the exams ensured that the test questions reflected all the new gerontological content added to the course. Faculty added a percentage of case-based questions focused on gerontological considerations of every major system covered. Over 25% of questions specifically evaluated the students’ knowledge in caring for the older adult population.

In addition to written exams, two older adult cases evaluated students’ knowledge and skills regarding the care of older adults. Students were assigned either a case of an older woman with heart failure or an older man with pneumonia. The case studies were evolving cases that were streamed into the web-based section of the course. The video clips portrayed an older adult describing his/her symptoms and medical history. Students also received a brief written history and physical of the older adult. Part two of the case study provided additional information about the case including results of diagnostic tests and additional history and physical exam findings. See Table 3 for the questions related to the case studies. The case study required the students to apply their knowledge regarding the care of older adults and to analyze gerontological resources and integrate them effectively into their responses.

Students completed four patient profiles over three quarters in their concurrent clinical practicum course. Students had to select an older adult for at least one of the four profiles. This assignment evaluated student integration and knowledge of management content into their practice and was very effective in helping students to recognize the specialized care needed for older adults. The guidelines for this assignment are in Table 4.

The course evaluation data administered via SurveyMonkey was one method to determine the effectiveness of this curricular change. Thirty-eight percent of the students completed the course evaluation. The items used a Likert scale with 1 as strongly disagree and 4 as strongly
Table 3  Case study assignment

| Part 1 | 1. Go to the website, www.consultgerirn.org (use the tool bar at the top of the page and select clinical resources/tools, consider resources in all three sections: general assessment, specialty, and dementia), and identify two Try This tools or guidelines that could be used to assess for actual or potential problems or needs. Provide a rationale for your choices. (10 points) |
| 2. Using the data given to you, identify five possible diagnoses. Explain your rationale for each possible diagnosis (15 points) |
| 3. What additional information do you need from the history and physical exam to assist in developing a diagnosis? Explain. (10 points) |
| 4. Identify two interactions between aging or age-related changes and any of the possible diagnoses or signs and symptoms/information needed for a diagnosis. (5 points) |
| 5. What additional data or diagnostic tests are needed to confirm your diagnosis? Include your rationale for these tests. (10 points) |

| Part 2 | 1. After combining subjective and objective data with test findings, what is this patient’s diagnosis? Identify data that support this diagnosis. (10 points) |
| 2. Describe two pharmacologic interventions and one nonpharmacologic intervention for this patient. Write a rationale for each intervention. (10 points) |
| 3. Select a pertinent clinical guideline related to the management of this patient. Identify the source of this guideline (e.g., American Heart Association). Describe concisely the clinical application of this guideline as it pertains to this patient. (15 points) |
| 4. Describe the teaching plan you would implement with this patient and how would you adapt it for his age. Use the lecture content and reading assignments from week 1 on facilitating behavior changes and motivational interviewing to select an approach for at least one priority teaching point. Describe how the selected approach guided the teaching plan. (10 points) |
| 5. For future follow-up visits, what preventive services or potential needs need to be addressed for this patient? (5 points) |

agree. The average mean response for all 22 items was 3.47. An example of one item reflecting the effectiveness of teaching strategies to build knowledge and skills applicable in the clinical arena was “How much did your work in this class emphasize applying theories or concepts to real world situations?” The majority of students responded positively to this question with a mean response of 3.42.

The students in this adult-gerontology management sequence also managed older adults in their clinical practicum. A review of this groups’ clinical performance on the new older adult clinical objective showed that the majority of students achieved a score of 4 or 5 on a 5-point Likert scale that ranged from not met to meeting the specific objective consistently. This objective ensured that students and their clinical preceptors focused on developing their competencies regarding the care of older adults.

All 47 APRN students graduated from the CON by March 2011. Faculty will track certification exam results as part of the evaluation plan regarding the curricular changes. Also, data collected as part of the CON evaluation plan tracks student outcomes. This evaluation plan includes a CON alumni survey sent approximately 6 and 18 months after graduation. Major survey categories include employment and practice roles, population served, scholarship, leadership, service, and program satisfaction. Also, the CON employment follow-up questionnaire is sent approximately 6 months after graduation. Graduates list aspects of their jobs they feel well prepared for and those they wish they had better preparation. The alumni and employment follow-up surveys are competency-based, thus assisting the determination of the program’s contribution to meeting the needs of older adults. Faculty will track the impact of this curricular change over the next several years.

Profile of an ANP graduate

One ANP graduate assumed an innovative position with a large internal medicine group with a major focus on older adults. This graduate manages patients in four clinics; two in assisted living facilities and two in independent living facilities. The goal of this practice is to keep older adults in their “home” while balancing the medical needs with the goals of the older adult. The graduate manages patients across the care settings from assisted living, to the hospital, and then to the nursing home. In her own words, “This has enabled me to better know the patient and family to help support them in decision making.”

This graduate also serves as the director of education in this practice. The goal is to advance the knowledge and skills of the staff that directly care for older adults across the care settings. She coordinates educational programs for nurses in the nursing homes and the hospital and became approved as a provider unit through the Illinois Nurses Association. She is successful in meeting the expectations of this position even though she is still new to this role. According to this graduate, “I was well prepared to assume this type of position.”
Table 4 Patient profile guidelines

Patient profiles are framed within the nursing process (i.e., assessment, planning, implementation, and evaluation). Patient profiles should also reflect scientific basis for care including current recommendations from major authorities such as the U.S. Preventive Services Task Force Guide to Clinical Preventive Services and National Institutes of Health’s consensus committee reports. If clinical protocols are used, they should reflect the current scientific basis for care.

Patient profiles should contain the most significant and pertinent data reflected of the management of the individual patient. As students become more adept at patient management over the three quarters, the case profiles should reflect development of concise, comprehensive patient care.

The patient profiles should also reflect changes in management as appropriate based on subsequent follow-up visits. One or more of the four patient profiles over the three quarters must be a person aged 65 or older.

Below is an outline/guide for the written profiles: (bolded sections are the gerontological focused additions)

1. Initial presentation of patient.
2. Historical data: symptoms, past medical history, family/social environment, including functional ability and complementary and alternative therapies.
3. Physical findings: summarize pertinent positive and negative findings.
   (For the older adult profiles also include any possible atypical presentations.)
4. Pertinent laboratory and diagnostic tests with results
   (For the older adult profiles also include the results of 1–2 appropriate assessment tools for older adults, many of these tools are listed on the www.consultgerirn.org website as Try This tools.)
5. Management plan, including complementary and alternative therapies.
   (For the older adult profiles also include the plan to decrease the risk of adverse responses, complications, and appropriate geriatric syndromes and the fit between the patient and provider goals of care.)
6. APN/student interactions and involvement with case.
7. Describe any special considerations pertinent to the case.
   (For the older adult profiles also include any possible issues of ageism that may have impacted the management or care of the patient and considerations related to transition, coordination, and support needs of the patient and their family/caregivers.)

*Geriatric syndromes: delirium and altered cognition, falls, pressure ulcers, incontinence, sleep disturbances, depression, nutrition/weight loss, polypharmacy, decreased function/deconditioning, pain, and frailty/failure to thrive.

Within the patient profile, the student may wish to include a brief summary of the pathophysiology of the patient’s problem and risk factors. Patient profiles are developed each quarter and submitted to the advisor for final grading by a negotiated date. Each profile is worth a maximum of 10 points.

Lessons learned

A curriculum revision does not need to be an onerous, lengthy, and costly process. Key elements to facilitate this type of change include the right faculty at the table who know the content and can implement the change; a task force leader who can facilitate group decision making and keep the group on task; and the group “all onboard” with the need to prepare our students to manage the older adult population effectively. Faculty involved in this curricular update were ready to respond to the “call to action” established by the IOM and the APRN Consensus group.

Multiple interprofessional experts and resources were integral to the implementation of this curricular revision. Gerontological faculty served as champions and content experts. Also other experts in gerontology from the Medical Center and community were identified to address content gaps. For example, an expert panel described the prominent transition of care models in the country and specific APRN strategies to coordinate and transition care across settings. The utilization of community-based experts effectively highlighted innovative models in the region to address the health needs of older adults. Offering CON adjunct faculty status to these experts was an important and effective strategy to expand the faculty and student perspectives and the most up to date information on innovative models of care.

This curricular update effectively utilized resources because faculty across programs collaborated to infuse gerontological content into the adult management courses. Students from multiple programs share these courses and benefit from lecturers that have expertise in gerontology. Also, faculty integrated content to fill identified gaps into existing courses, rather than develop a new course. The outcome evaluation plan will determine the effectiveness of this curricular change.

Faculty who are passionate about gerontology can infuse and transfer their enthusiasm to our APRN students. For example, one student was very reluctant to have a clinical quarter in long-term care facility. A faculty advisor passionate about older adults helped the student reframe the entire experience in a different and positive way. This student found that she enjoyed this experience and is currently seeking employment working with older adults!

Next steps

The CON is transitioning the APRN programs to the BSN-DNP degree in fall 2012. The CON is also moving
from quarters to semesters with the redesign of every course in the curriculum. This presents an opportunity to critically evaluate the entire curriculum including both the didactic and clinical components. Faculty across adult-gerontology acute and primary care programs will collaborate to conduct a comprehensive evaluation of the curriculum and practicum activities based on the new adult-gerontology competencies for acute and primary NPs (AACN, 2010, 2012), DNP Essentials (AACN, 2006), and Core Competencies for Interprofessional Practice (Interprofessional Education Collaborative Expert Panel, 2011). An initial step in this process is the development of a framework/matrix that serves as a tool for curricular assessment, content mapping, and alignment to competencies. The development of problem-based learning strategies and other learning activities build from this further curricular assessment and integration of additional competencies and essentials. Resources developed by AACN and the Hartford Institute for Geriatric Nursing found at http://consultgeri.org/aprncenter serve as a beginning point for this development. This APRN Faculty Resource Center houses a variety of resources including content slide banks, curricular models, text, and online web resources. Using these resources ensures that essential gerontology content is integrated throughout the entire curriculum. This work builds upon the collaborative work to integrate geriatric content into the adult-gerontology management course sequence.

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**References**


**Supporting Information**

Additional Supporting Information may be found in the online version of this article at the publisher’s website:

**Table S1.** Gerontological content crosswalk.  
**Figure S1.** Sample lecturer confirmation letter.