Webinar Faculty

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Gerontology Program Director
American Association of Colleges of Nursing

Webinar Faculty

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New York University College of Nursing

Webinar Faculty

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University of Pennsylvania School of Nursing

Process for the Webinar

- Faculty will present for about 40-50 minutes
- Faculty will take 20-30 minutes to respond to participant questions. Questions will be administered following the presentation.

Purpose or this GNEC Webinar

You as a faculty member, will be able to:

Objectives/Purpose for this Webinar

At the end of this Webinar:
- Describe the essential “building blocks” framing the development of the GNEC resources
- Describe the process approach and educational rigor used in developing individual GNEC resources
- Identify the resources that make up GNEC
- Identify general strategies for using GNEC in your nursing program
- Review how to access all of the GNEC resources (after completion of the Webinar evaluation)
Outline for this Webinar

- Overview of GNEC project and objectives
- Development of GNEC resources
  - GNEC objectives
  - Blueprint for developing GNEC resources
  - Evidence-based approach (CD)

Webinar Outline cont.

- GNEC Resources
  - White Papers on 9 Topics
  - Slide Library with Teaching Notes
  - Case Studies
  - Supplemental Resources
  - Innovative Teaching Strategies
  - Sample Content: Incontinence
  - GNEC Evaluation
  - GNEC Resource Center

GNEC Project Overview

- AACN administered project funded by the John A. Hartford Foundation through a $2.6 million grant
- Conducted in collaboration with the Hartford Institute for Geriatric Nursing, NYU College of Nursing
- GNEC: Titled the Geriatric Nursing Education Consortium to highlight the collaborative nature of the initiative

GNEC Project Objectives

- Educate faculty at a majority of the BSN programs across the country in care of older adults with complex, chronic illnesses
- Provide faculty with an array of innovative resources to prepare baccalaureate-educated nurses with the expertise and enthusiasm to care for older adults
- Support and empower “trained” faculty as they champion geriatric education, train other faculty, and oversee curriculum revision at their home institution

Disseminating GNEC Resources

- GNEC Resources were initially disseminated at six national face-to-face Institutes
  - 808 faculty attended representing
    - >418 schools of nursing
    - >50 states and Puerto Rico, Mexico and Canada
GNEC Essential “Building Blocks”

Educational Foundation Framed by:
- AACN’s “The Essentials of Baccalaureate Education for Professional Nursing Practice (2008)
- AACN’s “Older Adults: Recommended Baccalaureate Competencies and Curricular Guidelines for Geriatric Nursing Care” (2006)

Revised “Recommended Baccalaureate Competencies and Curricular Guidelines for the Nursing Care of Older Adults (2010)

http://www.aacn.nche.edu/Education/adultgerocomp.htm

Defining “Upper Division” Content

- Defined ‘upper division content’ as follows:
  Courses typically required prior to taking nursing-specific content in BSN programs, such as Nursing Fundamentals, Health Assessment, and other foundational courses, were considered “lower division”.
  All subsequent nursing-specific courses, such as Medical/surgical, Psych/mental health, OB, Pediatrics, Critical Care, Community, etc., were considered “senior-level” or “upper division.”

Supplementary GNEC Topics

- Cultural Competence
- Spirituality
- Sexuality

Modules for the GNEC Topics

- White Paper summarizing best-practice for each topic
  - Evidence based approach used to develop each White Paper
- Slide library summarizing White Paper content in slide format, with teaching strategies for each topic

Developing the GNEC Modules

- Organizing framework/template developed
- Content expert authors for modules identified
- Evidence-based content developed in a state of the science paper centering on the selected template
- Drafts edited through an iterative process by expert reviewers and AACN editors
- Module endorsement by relevant organizations

Organizing Framework (template) for GNEC White Papers and Slide Library

- Topic:
- Key message:
- Assumptions/pre-requisites:
- Actual (evidence-based) Content:
  - Demographics
  - Impact of comorbidities, functional, physical and psychosocial issues
  - Health promotion, risk reduction
  - Clinical practice guidelines
  - Impact of technology
- Setting specific issues (priority setting)

Organizing Framework

- Learner objectives:
- Case studies: Follow a standard template; incorporate learner objectives

GNEC Evidence-based Approach

- GNEC White Papers and Slide Library were developed using an evidence-based approach
- Evidence-based process used the AGREE approach
- NYU librarian conducted evidence-based review of literature for each GNEC topic
- White Paper authors were provided with evidence-based review of literature for their topic

Module Endorsement

- All 9 GNEC Modules were reviewed and endorsed by The National Gerontological Nursing Association (NGNA), [http://www.ngna.org](http://www.ngna.org)
- Critical Care Module has been endorsed by American Association of Critical Care Nurses, [http://www.aacn.org](http://www.aacn.org)
- Dementia Module has been endorsed by the Alzheimer’s Association, [http://www.alz.org](http://www.alz.org)
- Mental Health and Cognitive Disorders Modules have been endorsed by The American Psychiatric Nurses Association, [http://www.apna.org](http://www.apna.org)
- The Interdisciplinary Care Module has been endorsed by The American Geriatrics Society, [http://www.americangeriatrics.org](http://www.americangeriatrics.org)
**How to Use GNEC Content**

- Select content from Slide Library for use in classroom lectures
- Use case studies to develop simulation scenarios
- Have students use Slide Library to construct clinical presentations
- Have students review podcasts prior to class
  - [http://consultgeri.org/resources/gnec_podcasts/](http://consultgeri.org/resources/gnec_podcasts/)
- Assign students to review web-sites
- Ask clinical faculty to review the web-based modules prepared uniquely for their use

**Sample GNEC Module Content**

- Module: Modification of Assessment and Atypical Presentation and Geriatric Syndromes in Older Adults with Complex Illness:
  - Assessment and Management of Older Adults with Urinary Incontinence
  - [State of the Science White Paper](http://hartfordign.org/education/Baccalaureate_education/)

**Urinary Incontinence: Background**

- Traditional nursing care for incontinent patients focuses on containment strategies
  - This needs to be commented on, but students need to understand that containment should NOT be the only or primary strategy.
  - UI is a not normal consequence of aging. It's not normal at any age.
  - UI is most often defined as the involuntary loss of urine sufficient to be a problem or a bother

**Urinary Incontinence: Teaching A&P**

- Provide students with A&P readings/references/slides to review before class.
- Talk about A&P in practical terms and use examples from teaching patients about A&P.
- Use a model or slides with pictures of male and female anatomy.
- Remind students that we will go back to A&P when discussing nursing evaluation and treatments.

**UI Risk Factors, comorbidities, Consequences, & Prevention**

- Numerous risk factors associated with UI
  - Ask students to identify from clinical rotations. Discuss the most common: fluid type/intake; drugs; functional status.
- Numerous consequences and comorbidities
  - Consider a case study here
  - I talk about my research here

**UI Risk Factors, comorbidities, Consequences, & Prevention**

- Continence experts recommend prevention. Little evidence exists regarding benefits or efficacy.
  - Avoid cigarette smoking; Teach PFME; Healthy bowel/bladder habits; Proper lifting techniques; Adequate toilet facilities in public places; Caregiver expectations of continence
**Expert Consensus Opinion on Defining UI**

- **Types of UI**
  - Transient (acute)
  - Established (chronic) UI

- **Transient UI** is characterized by the sudden onset of potentially reversible symptoms

<table>
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<tr>
<th>Case Study</th>
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<td>Hospitalized older adults are at risk of developing transient UI, and with shorter hospital stays, are also at risk of being discharged without resolution of the UI</td>
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**Nursing Assessment of UI**

- Differentiating between transient and established UI is essential
  - Although the seven-day bladder diary or record is the most evaluated and recommended tool used to quantify UI, a three-day evaluation may be more feasible in the clinical setting
    - May want to include a handout or slide of a bladder diary
    - Talk about in the context of how this can provide assessment and evaluation data
    - Discuss how an RN might work with staff to encourage completion of diaries with/for patients who cannot do independently

**Setting Specific Issues**

- Stress the importance of nursing assessment and interventions:
  - Collaborative
  - Interdisciplinary
  - Criteria for referral

- Engage students in strategies they relate to:
  - Fluid management/Avoid bladder irritants

**Setting Specific Issues: Medications to Treat OAB/Urge UI**

- Anticholinergic (antimuscarinic), antispasmodic medications are commonly prescribed for urge UI and OAB because they reduce detrusor overactivity and spasm, and in turn, decrease urinary urgency, frequency, and urge UI

<table>
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<tr>
<th>Available Medications</th>
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<tr>
<td>oxybutynin (Ditropan®), tolterodine (Detrol®), darifenacin (Enablex®), trospium chloride (Sanctura®), solifenacin succinate (Vesicare®)</td>
</tr>
<tr>
<td>Long-acting formulations, transdermal patch preparations, and lower dose</td>
</tr>
</tbody>
</table>

- If prescribed, the nurse should assess the patient for common side effects
**Use of Clinical Practice Guidelines in the Assessment of UI**

- 1988: National Institutes of Health (NIH): Multidisciplinary Consensus Panel to examine the state of knowledge regarding adult UI
  - Examined available research in a directed effort to answer specific trigger questions
  - Agenda for future research and practice

**Summary: Points Not to Miss!**

- 1. Atypical and non-specific presentations are common, may signal an emergency and warrant prompt evaluation and treatment
- 2. Myths that UI is “normal” and cannot be fixed/improved
- 3. Consequences and types of UI
- 4. Assessment and Management of UI: A Nursing Issue!
  - Treatments are available that work!
- 5. Examples of Evidence-Based Guidelines
- 6. Students/staff nurses can play a significant role in UI care

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**Supplemental GNEC Resources**

- GNEC modules have been developed into podcasts for students: [http://consultgerirn.org/resources/gnec_podcasts/](http://consultgerirn.org/resources/gnec_podcasts/)
- 3 New GNEC Modules: Cultural Competence, Spirituality, and Sexuality
  - [http://www.hartfordn.org/education/gnc1_%E2%80%93_geriatric_nurs ing_consortium/](http://www.hartfordn.org/education/gnc1_%E2%80%93_geriatric_nursing_consortium/)
- July 2010 Special issue of the Journal of Gerontological Nursing titled “Geriatric Nursing Education Consortium: Improving Care for Older Adults Starts in the Classroom” (Volume 36, Number 7)
- 2010 Recommended Baccalaureate Competencies and Curricular Guidelines for the Nursing Care of Older Adults, Supplement to the Essentials of Baccalaureate Education for Professional Nursing Practice
  - [http://www.aacn.nche.edu/Education/adultgerocomp.htm](http://www.aacn.nche.edu/Education/adultgerocomp.htm)
- 1988 NIH AHRQ’s UI clinical practice guidelines
- NIH 2008: Prevention of UI and FI
- Emphasize resources for obtaining latest guidelines

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**Supplemental GNEC Resources cont.**

- Nursing Homes as Clinical Placement Sites for Nursing Students: Six web-based modules to help faculty select nursing homes as clinical placements, including culture change nursing homes
  - [http://www.hartfordn.org/education/NH_Modules/](http://www.hartfordn.org/education/NH_Modules/)
- Integrating Care of Older Patients Into Student Clinical Rotations: Guides for Clinical Faculty: Three modules directed at clinical faculty to enhance the integration of geriatric content in BSN and APRN clinical rotations in a hospital and a nursing home
- AACN/Hartford Institute webinars

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**GNEC Evaluation**

- Impact on curriculum and revisions to senior-level courses
  - Mapping of competencies and content
  - Curriculum Mapping Tool: Two Models
    - [http://www.aacn.nche.edu/Education/Hartford/resources.htm](http://www.aacn.nche.edu/Education/Hartford/resources.htm)
- Year 1 and 2 Evaluation reports from electronic survey
- Evaluator concluded
  - “Clearly, this strategy has been extremely effective in creating a cadre of nursing faculty who are both able and willing to work quite hard to increase attention to geriatric nursing in the senior and even lower level curriculum.”
  - “This is a remarkable achievement, and may well be unprecedented as an impact of faculty development based efforts to improve health professional curriculum.”

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**Recap: Key Points to Consider**

As you think about using GNEC resources, we present the following key points to consider:

- Start by using GNEC resources to “infuse” content into course(s). Creating an entire new course or curriculum may feel overwhelming.
- GNEC materials and resources were developed for senior-level undergraduate courses; however, many could be adapted for lower-level students.
- Experiment with innovative teaching strategies. You don’t know if it will work until you try it and test it.
- You don’t have to do this alone. Meet with your Dean/Chair and fellow colleagues. Share the GNEC resources. Encourage geriatric content to be reinforced in all course offerings.
- Use clinical sites to reinforce gerontology content.
Accessing GNEC Resources

- Complete the program evaluation prior to accessing the GNEC resources
- GNEC resources can be found on: http://www.gnecresources.com

Permission to Use Resources

- All of the content in the GNEC resources is open access and can be copied and used in the classroom for educational purposes only; they may not be used for any commercial or other purpose
  - Permission is hereby granted to reproduce, post, download, and/or distribute, this material for not-for-profit educational purposes only, provided that GNEC: The American Association of Colleges of Nursing and The Hartford Institute for Geriatric Nursing, College of Nursing, New York University are cited as the source. This material may be downloaded and/or distributed in electronic format, including PDA format.

Upcoming GNEC Webinars

- Part II: Geriatric Resources for Faculty
  Wednesday, November 2, 1:00 – 2:30 pm ET
  Speakers: Mathy Mezey, Marie Boltz, and Sherry Greenberg

- Part III: Teaching Strategies to Infuse Geriatric Content
  Wednesday, November 30, 1:00 – 2:30 pm ET
  Speakers: Mathy Mezey, Christine Bradway, and Melissa Aselage

www.aacn.nche.edu/Faculty/FacultyLink/2011/gnec.html

This Webinar will be archived and be accessed at:
www.aacn.nche.edu/Faculty/FacultyLink/webinararchive.html

We will now take your QUESTIONS

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