

Integration of Gerontology Content in Nongeriatric Undergraduate Nursing Courses

By: [Debbie Hancock, MN, RN](#), [Mary Jo Helfers, MSN, RN](#), [Kay Cowen, MSN, RN](#), [Susan Letvak, PhD, RN](#), [Beth E. Barba, PhD, RN](#), [Charlotte Herrick, PhD, RN](#), [Debra Wallace, PhD, RN](#), [Eileen Rossen, PhD, RN](#), [Mary Bannon, MSN, RN](#)

Hancock, D., Helfers, M. J., Cowen, K., Letvak, S., Barba, B. E., Herrick, C., Wallace, D., Rossen, E., & Bannon, M. (2006). Integration of gerontology content in nongeriatric undergraduate nursing courses. *Geriatric Nursing*, 27(2), 103-111.

Made available courtesy of Elsevier: <http://www.elsevier.com/>

***** Note: Figures may be missing from this format of the document**

Abstract:

During the last several years, a school of nursing in the southeastern United States has made concerted efforts to integrate geriatric content into every undergraduate course except obstetrics. Even the pediatric nursing course has infused content about grandparents, both as care providers for children and as extended family members. Faculty expertise and passion for teaching geriatric best practices stimulated innovative and creative student experiences without overwhelming curricular revision. This article describes how gerontology content was incorporated into each curricular area and provides examples of classroom and clinical teaching strategies that were successful at this school. (*Geriatr Nurs* 2006;27:103-111)

Article:

“If we want to improve life for everybody in our society, one of the very best places to begin is to change how we think about, care for, and honor our elders.”¹

With the growing population of older Americans, nurses must know how to support and care for effectively older adults who are experiencing emotional, physical, or cognitive problems. The National Council of State Boards of Nursing reports that 63% of new nurses have a majority of patients who are 65 years and older.² However, according to Fusner and Staib,³ students rarely select gerontology as a specialty. Nevertheless, an undergraduate curriculum enriched with geriatric content was found to influence positively student nurses' attitudes toward caring for older adults, and upon completion of the curriculum, students were more “open to an opportunity to work with elders.”^{4,5}

During the last several years, a school of nursing in the southeastern United States made concerted efforts to integrate geriatric content into every undergraduate course except obstetrics. Even the pediatric nursing course infused content about grandparents, both as care providers for children and as extended family members. The curriculum is organized so that students learn about wellness and health promotion and disease prevention across the life span at the sophomore level. In the junior year, illness, disease, and dysfunction of families are covered in child and maternal health, acute illness, and mental health courses. Community health, chronic illness, complex illness, gerontology, and leadership and management are studied at the senior level. A final capstone practicum with a clinical preceptor is required during senior year.

Before the integration project began, the existing curriculum was reviewed to determine the gerontology content already included, using *Older Adults: Recommended Baccalaureate Competencies and Curricular Guidelines for Geriatric Nursing Care*⁶ to guide the review. Most of the gerontology content was in a senior level required gerontology course. Recognizing that gerontology needed to be a key component throughout the undergraduate curriculum, faculty developed a plan to enhance gerontological content in both didactic and clinical experiences, with a focus on aging patients, intergenerational families, and experiences in wellness centers and in interdisciplinary and community settings.

Because all faculty needed to be comfortable with gerontological nursing content and experiences, an 8-hour faculty workshop was held at a retirement center near campus where there were presentations of gerontology content, demonstrations of teaching strategies, and a display of learning resources. Faculty members increased their gerontology knowledge by participating in summer workshops, holding mini teaching sessions at undergraduate faculty meetings, and having internal and external geriatric curriculum consultations on integrating

gerontology into specific courses. Faculty enthusiastically attended “Lunch Bunch” sessions to share teaching strategies used in classroom and clinical that focused on care of older adults. Successful approaches were celebrated, refined, and applied to various courses and clinical settings. Faculty expertise and passion for teaching geriatric best practices stimulated innovative and creative student experiences. This article describes how gerontology content was incorporated into each curricular area and provides examples of classroom and clinical teaching strategies that were successful at this school.

Curricular Content Areas

Introductory Nursing Courses

As new nursing hopefuls, students in the sophomore year of the baccalaureate program complete 2 nursing fundamental courses: “Concepts in Nursing” and “Nursing Assessment of Well Individuals.” These are considered corner-stones of the curriculum that introduce students to the science and art of nursing practice, and they were restructured to enhance gerontological content. Each course includes a laboratory in which theory is translated into practice at the bedside. Traditionally, the “client” in these courses has been the typical middle-aged individual who is challenged by a medical or surgical health crisis. However, the older adult is now the typical client whom nursing students care for in the health setting in this course. For example, case studies with patients include those who, in addition to health problems, face age-related limitations, and students use client scenarios such as 76-year-old woman with abdominal pain for practicing assessment skills. Furthermore, discussions regarding end of life, health, and legal, ethical, and social issues have been expanded. With this introduction to the health needs of older adults, students move on to courses in the upper division.

Nursing Skills Course

Undergraduate nursing students enrolled in the “Advanced Nursing Skills” course are exposed to nursing interventions and clinical skills related to airway management, oxygenation, nutrition, skin integrity, wound and ostomy care, pain management, parenteral therapy, enteral therapy, urinary elimination, and mobility. In the classroom, students learn the theory behind nursing procedures, and then they practice psychomotor skills in the clinical laboratory, a simulated acute care environment with 9 adult manikins in hospital beds. After a period of practice at teaching stations in the learning laboratory, each student’s skill proficiency is evaluated in a return demonstration to an instructor. Two older adult manikins are used to demonstrate age-related issues related to each week’s skill topic. These learning opportunities are case-study based, requiring the student to assess the patient and produce a plan of care specific to a skill-related topic. The case studies reinforce the information students learn from their text-book’s description of geriatric considerations for each topic (Table 1). The patient might be Joe Smith, who is undergoing continuous bladder irrigation following surgery for prostate cancer, and his 85 year-old wife, Ruth Smith. Or the 65 year-old could be Steve Jones, who is in Buck’s traction awaiting surgery for a broken left hip, and his mother and caregiver, Betty Jones. Or the patients could be 75-year-old fraternal twins residing in an extended nursing care facility where they both receive enteral feedings, one by intermittent bolus via a small bore feeding tube, and the other by continuous infusion via a gastrostomy tube. These “could-be” patients are in fact manikins who have a realistic elderly appearance. The use of the manikins in the learning-lab teaching stations is a valuable way to incorporate geriatric content into courses that aim to build student confidence and proficiency in the performance of psychomotor nursing skills.

Adult Health Nursing Courses

The content of our junior-level adult-health nursing course, “Care of the Adult with Common Physiological Problems,” focuses primarily on the nursing care of adults. However, the patients whom students care for in the clinical environment are typically 65 years or older. Recognizing the valuable learning opportunities these patients offer to students, clinical instructors developed strategies for increasing students’ awareness of normal aging and health-related issues that may occur in older adults, as well as the physical and emotional care needs of these patients (Figure 1). The medical-surgical nursing text and health assessment handbook were selected based on inclusion of geriatric nursing and health assessment techniques. This information helps the student prepare for clinical experiences and anticipate the care needs of older adult patients.

During the clinical practicum, students perform a complete health history and physical assessment of an adult and prepare a plan of care based on their findings. When assigned to older adult patients, students use various “Try This” tools provided by the Hartford Institute for Geriatric Nursing 8 to enhance their assessment. These tools include Fall Risk Assessment, Assessing Pain in Older Adults, Urinary Incontinence Assessment, Nutrition and Hydration Assessment, the Braden Risk Assessment Scale, and the Pittsburgh Sleep Quality Index (Figure 2).

Clinical faculty members take advantage of “teachable moments” during clinical conferences with students to emphasize care concerns unique to older adults with health-related problems. Examples are given in Table 2.

Child Health Nursing

The 2000 census found that in the United States, 6.3% of children under age 18 (4.5 million children) live in homes headed by grandparents; 2.4 million grandparents reported that they were responsible for their grandchildren’s daily needs. Additionally, 34% of these grandparents resided with their grandchildren without the parents present in the home.⁹ Clearly, grandparents are frequently involved in the care of their grandchildren, with or without assistance from parents. In addition to children who live with their grandparents, many children have frequent contact with grandparents who live outside the home on a daily basis or less frequently.

In the pediatric course “Nursing Care of the Developing Family,” increased emphasis and content on grandparenting were added. Course objectives explicitly include grandparenting issues and extended or intergenerational families.

Table 1.
Geriatric Considerations for Selected Topics

Topic	Geriatric Teaching Stations		
	Case Study	Skill	Lesson
Airway management	75 y.o. man with peripheral vascular disease, anemia, and chronic CO ₂ retention related to COPD	Pulse oximetry	Acceptable sensor sight may be difficult
	80 y.o. woman with generalized weakness related to malnutrition	Nasotracheal suctioning	Fragility of tissues may cause bloody suction returns
	80 y.o. woman receiving enteral therapy via newly placed gastrostomy tube; history of type 2 diabetes	Enteral feedings via intermittent bolus	Older adults are more susceptible to high glucose concentrations of enteral feedings
		Monitoring side effects of therapy	Plan of care is needed for nausea and vomiting, diarrhea, constipation, malabsorption, tube clogging
Pain management	80 y.o. woman with cognitive impairment fell at home and has an acute hip fracture	Pain assessment	Use of visual analog or numerical pain scale may be difficult with impaired cognition. Consider routine or scheduled analgesia rather than as needed (prn) when pain is expected due to patient’s condition
Urinary elimination	75 y.o. man with cognitive impairment and urinary incontinence	Promoting continence	Risk for urinary sepsis; promote fluid intake, assist patient to bathroom on a scheduled basis to prevent incontinence; incontinent patients should not be routinely catheterized
Mobility	75 y.o. man s/p total knee replacement	Continuous passive motion machine	Identify pressure points of CPM; diminish risk of skin breakdown
	80 y.o. woman with hip fracture	Buck’s traction	Increased risk of skin breakdown and increased need for position changes; daily Braden assessments

*COPD = chronic obstructive pulmonary disease; CPM = continuous passive motion; y.o. = year old.
Data from Elkins, Perry, and Potter, 2004⁷*

Table 2.
“Teachable Moments”

As the Student Discusses . . .	Teachable Moment Arises Regarding . . .
Older adult’s large number of prescription medications	<ul style="list-style-type: none"> ● Difficulties with self-administration ● Ability to afford ● Ability to get to the pharmacy
Older adult’s loss of weight and low levels of protein indicators	<ul style="list-style-type: none"> ● Food purchase and preparation ability ● Difficulty with chewing, swallowing
Vision and/or hearing defects	<ul style="list-style-type: none"> ● Safety concerns ● Optimal communication techniques

During clinical orientation, students assess children and issues of wellness and illness. Parenting and grandparenting issues are introduced, and the students have an opportunity to examine the special needs of parenting or grandparenting a child with a medical concern.

Students are exposed to a variety of inpatient and outpatient settings. Many students observe for the first time the challenge of being a grandparent guardian for a child or children. Reasons vary but often include teenage pregnancy, parental death, incarceration, substance abuse, illness, or relocation. Pediatric students are given a questionnaire that assesses their interactions with grandparents, which is a frequent topic for clinical conferences. Safety concerns include grandparents and the unique challenges they face in parenting. Topics added to clinical conferences include spanking, which is now considered a form of child abuse by most authorities; the use of proper government-tested car seats in vehicles; helmets for children whose activities include riding bikes, skateboarding, rollerblading, and the like; “preowned” cribs and toys that are unsafe; and the use of acetaminophen drops versus elixir.

Frequently the term “grandparent” is equated with an older person; in reality, grandparents are frequently in their 40s and 50s and sometimes even younger. One student said, “I interacted with grandparents, but they were not geriatric.” Grandparents are generally concerned not only about their grandchild but also about their child (the parent of the hospitalized child) and about their own health. Because of these concerns, grandparents may be perceived as overbearing, questioning, or even hard to get along with. Students have noted that grand-mothers tend to watch them more than parents. Grandparents may also have different ideas about what is best for a sick child than the child’s parents, and this may lead to conflict within the family. Students learn to deal with the conflicts that may arise in families, and consideration of legal guardianship and decision-making arise. A major role of the faculty is to help students realize that older adults have unique strengths and gifts for children’s health.

Nursing Care of Individuals With Psychosocial Problems

A number of strategies have been used to infuse geriatric nursing content into the junior-level BSN course on nursing care of people of all ages suffering from psychosocial problems. Information on primary psychosocial problems of older adults, including cognitive dysfunction, depression, suicide, and exacerbation of psychiatric disorders, has been included in the curriculum for 10 years. Therapeutic communication with older adults and group dynamics with older people were added to students’ clinical expectations. Clinical assignments with older adults living in retirement communities were added to the traditional inpatient psychiatric experiences, with a focus on therapeutic communication. The goals of teaching/learning therapeutic communication and understanding the unique aspects of geropsychiatric nursing and group dynamics with older cognitively impaired adults are realized through students’ clinical experiences with older adults residing in a residential long-term care setting. Each student is expected to establish a one-to-one relationship with an older adult in the retirement community during the semester. The retirement community offers students an opportunity to understand group dynamics with older people who suffer from dementia (Table 3).

Clinical experiences in continuing care facilities fostered the development of communication skills in building relationships with older adults. Because students have most of their clinical experiences in fast-paced, short-stay environments (e.g., acute inpatient hospitals), they have few opportunities to experience the 3 phases of the nurse-patient relationship described by Peplau.¹⁰ These visits between a student and an older adult have 2 purposes. First, the student has an opportunity to develop a relationship and to experience building trust and security in the orientation phase that Peplau¹⁰ identified as the beginning

Table 3.
Psychosocial Issues Faced by Older Adults

Strategy	Examples
Highlight psychosocial problems of elders	Social isolation Caregiver burden Suicide and depression Physical and chemical restraints
Enhance content on communication and group dynamics with older adults	Visual and hearing Cultural applications
Provide clinical experiences with interdisciplinary teams in long-term care	Short-term visitation over time with an elder in long-term care to gain understanding of elder issues, communication and relationship-building skills, and end-of-life issues. Attend a Timeslip Activity to understand both dementia and dynamics of leading a group of older adults
Use popular and educational movies/videos and books in didactic and clinical settings to enhance understanding of issues, behaviors, and symptoms of elders	<i>Iris</i> (Alzheimer's disease) <i>Grace</i> (Alzheimer's disease) <i>'Night Mother</i> (Depression and Suicide) <i>I'm Still Here</i> (Schizophrenia) <i>Catch a Falling Star: Living with Alzheimer's; When I Am an Old Woman, I Shall Wear Purple</i>
Teach stress management	Deep breathing techniques Progressive relaxation techniques Thought stopping and other cognitive-behavioral techniques Guided imagery

phase of a therapeutic nurse-patient relationship and to experience dealing with the termination phase or ending the relationship. The students examine the nurse's role in mental health for older adults by using the "visits" to explore the interests, hobbies, life stories, and values of their assigned older adult. At the completion of each visit, students write a "reflection" on this clinical experience focusing on (1) their attitudes, feelings, myths, and values related to aging and mental health and (2) areas of professional growth gained from this experience (e.g., insight, unexpected learning, specific knowledge, and understanding of how a situation might be handled differently in the future). A second clinical experience in the retirement community is to attend a Timeslip Activity.¹¹ This group activity, led by a trained facilitator, focuses on creative expression of individuals who have dementia. Students complete a "reflection" on their personal and professional growth based on this clinical experience. We hope to expand students' experiences with an older adult over time from the psychosocial nursing course to other courses over the last 2 collegiate years. Students would continue with the assigned patient during their student careers. At this juncture, there is not a developed plan for this idea. Instituting this clinical experience in the psychosocial nursing course served as a pilot project to determine the efficacy of making it a requirement across the junior and senior levels of the curriculum.

The faculty created a list of books and movies that present psychiatric illnesses or complex psychosocial situations of individuals across the life span, including older adults, for students to gain additional learning experiences. Students may review either a popular book such as *When I Am an Old Woman, I Shall Wear Purple* or a movie such as *Iris* and focus on psychosocial nursing issues in the work. They then present their reviews to peers in clinical postconferences or write a brief critique of the book or movie and submit it to the instructor.

In this course, health promotion activities revolve primarily around stress management. Stress management is taught both in the classroom and in the clinical setting with the goals that students will take better care of themselves so that they can be successful as students; in turn, they are expected to teach patients how better to cope with their illness and, for older adult patients, with the aging process. They are taught some techniques, such as deep breathing, relaxation, good nutrition, imagery, thought stopping, and other cognitive-behavioral techniques.

Community Health Nursing

Innovations to enhance gerontology in the “Community Health Nursing” course included increased didactic content and written assignments on law, policies, and community services specific for older adults. Students assess the effectiveness of community resources in assisting older adults and their families. Discussions on disaster preparedness include issues specific to older adults, such as access to medications, difficulties with possible evacuation, and stress responses. Case studies are also used. Faculty members provide students complex patient scenarios requiring an understanding of nursing care as well as available community resources. Case studies include questions such as, “Now what if this client was 84 years old and not 36 years old, how might this change your plan of care?” Additionally, content on recognition of elder abuse expanded to include more information on legal and ethical issues, the ombudsman role, and the various state and federal agencies that protect older adults from abuse and neglect. Nursing’s role in these activities is also discussed. Additionally, as a community nursing course, health promotion is emphasized. Students are provided information on immunizations, health screenings specific to older adults (including osteoporosis, prostate, and breast), and caregiver support.

Nursing Leadership, Management, and Research

Gerontology content was enhanced in the “Nursing Leadership, Management, and Research” course. New emphasis was placed on the importance of participation on boards and political lobbying for older adult health care. Conflict-resolution content now includes exercises specific to issues related to older adults, their families, and their caregivers. Additionally, students review and critique articles on compliance with medications in older adults and discuss ethical issues in research with older adults, such as informed consent and assent in those with cognitive impairment.

The practicum for the course emphasizes the application of theories, concepts, and research in gerontological and community nursing, as well as the leadership and management roles of the professional nurse. All students are required to provide care to older adults in a mix of community, acute care, and long-term care settings. Students conduct home visits to low-income older adults and assist them in accessing community resources for their health and well-being. The “Try This” assessment tools⁸ are used in assessing older clients and in evaluating nursing interventions. Additionally, students are expected to document cultural diversity among older adults and provide culturally sensitive care. Specific clinical assignments include the following:

1. Review an older patient’s assessment and lab data. From the findings, determine what abnormal data could be altered through diet, exercise, stress reduction, and other lifestyle changes.
2. Conduct a “life review” with an older adult patient. Think about why this process is beneficial to patients and health care providers.
3. Choose a topic related to the care of older adults and develop a teaching plan specific to nursing assistants. After sharing the plan with faculty, ask to share the plan with the nursing assistants in your clinical area.
4. Review nursing research related to care of older adults. What trends do you find? What gaps do you find? Choose one area that you believe needs further research and discuss why.
5. Interview an older adult or family from a culture different from your own and determine the following: What health practices are unique to this culture? How are health and illness defined, and what does each imply? How are older adults viewed in this culture?

Complex Nursing Care

In “Nursing Care of Individuals with Complex Illnesses,” the final senior semester course, faculty use a case-study approach to plan, manage, and evaluate adult patient care outcomes in acute care settings. Each student is required to care for at least 1 older adult and his or her family, and most students work with a majority of older clients and families. In addition, test questions include content specific to complex gerontological nursing care.

During the final practicum, students work in collaboration with an registered nurse preceptor in a student-selected clinical area. Historically students have chosen acute and intensive care clinical settings for this experience. The number of preceptor experiences available in long-term care settings has increased, with

the goal of having more students placed with preceptors in clinical agencies with predominantly older adults.

Conclusion

The integration of gerontology in all under-graduate courses except obstetrics is ongoing. Initial efforts to integrate geriatric content focused on preparation of faculty to teach gerontology. Helping faculty identify what they valued most about teaching a course and how gerontological content could add to what they valued rather than subtract from it helped to overcome their initial resistance. The next step was to integrate gerontology into courses without adding course hours. Faculty rose to the challenge. Guided by the national geriatric competencies,⁶ a “percent rule” was adopted. That is, a percent-age of certain classroom content, assignments, testing and evaluation, and clinical conference time focuses on aging issues. A percentage of the case studies that faculty members use in class to illustrate a point or for group study, a percentage of required research articles, 1 multigenerational family assessment, and a percent-age of examination questions focus on geriatric health issues. In clinical conferences, faculty members focus on age and frailty as factors in illness presentation, treatment options, and prognosis. For example, the psychosocial nursing course now examines each psychiatric syndrome across the life span rather than focusing only on adult patients.

The clinical experience during which a student establishes a relationship with an adult in a retirement setting is also within the required clinical hours. Consequently, the hours remain the same for the didactic and clinical courses. Other courses have approached integrating geriatric content in a similar fashion. Students have responded positively to the curriculum changes. They not only have learned about gerontological nursing best practices in a wide variety of settings but have also expressed interest in gerontology as a nursing specialty. They consistently score above the national average on standardized assessments. A preliminary questionnaire developed by the pediatric faculty confirmed that adding geriatric content in the pediatric course promoted positive attitudes toward older adults, even though some students had little or no personal experiences with elders before their nursing courses.

In summary, successful integration of gerontological knowledge into an existing baccalaureate nursing curriculum can be accomplished without overwhelming curricular revision. Tips and lessons learned include the following:

1. Refocus the course and clinical content in such a way that geriatric content is enhanced without requiring additional hours.
2. Recognize that integration of gerontology into students’ clinical experiences does not necessitate developing all new clinical sites. Look around you— older adult clients are probably the majority in the settings you already use and where faculty are already comfortable.
3. Assist faculty member in adding to their own expertise in gerontology so that they perceive adding gerontological content not as a loss but as a gain for both themselves and their students.
4. Explore innovative teaching strategies to integrate gerontological content into courses.
5. Assign each student to an older adult to “befriend” on an ongoing basis, following a psychosocial clinical experience with an older adult. The psychosocial theoretical and clinical content provides a foundation for learning how to establish a therapeutic relationship. The extended assignment with an older adult will provide the student with an indepth interpersonal relationship over time that will give the student an opportunity to experience the various stages of the therapeutic nurse-patient relationship. Students’ understanding of the unique needs of older adults and their strengths and wisdom will be enhanced. Long-term relationships will help students improve their listening, communication, and other interpersonal skills, such as conveying empathy, which can be generalized to other professional nursing relationships.
6. Reward faculty successes. It is important to celebrate what faculty members are doing right so that their excitement about teaching undergraduates continues.

With the changing demographics of the American population, it is imperative to prepare nursing students to care for the growing population of older adults. Curricular changes can be made to integrate gerontology into undergraduate nursing courses and stimulate faculty’s creativity.

References

- Thomas WH. Life Worth Living: How Someone You Love Can Still Enjoy Life in a Nursing Home: The Eden Alternative in Action. Action, MA: VanderWyk & Burnham; 1996.
- Wendt A. Mapping gerontological nursing competencies to the 2001 NCLEX-RN test plan. *Nurs Outlook* 2004;51:152-7.
- Fusner S, Staib S. Students and senior citizens learning from each other. *J Gerontol Nurs* 2004;30(3): 40-5.
- Jansen DA, Morse WA. Positively influencing student nurse attitudes toward care for elders: results of a curriculum assessment study. *Gerontol Geriatr Educ* 2004;25:1-12.
- McLafferty I, Morrison F. (2004). Attitudes towards hospitalized older adults. *J Adv Nurs* 2004;47:446-53.
- American Association of Colleges of Nursing, The John A. Hartford Foundation Institute for Geriatric Nursing. Older adults: Recommended baccalaureate competencies and curricular guidelines for geriatric nursing care. Washington, DC: American Association of Colleges of Nursing; 2000.
- Elkin MK, Perry AG, Potter PA. Nursing interventions & clinical skills. 3rd ed. St Louis: CV Mosby; 2004.
- The John A. Hartford Institute for Geriatric Nursing Website. Try this: Best practices in nursing care to older adults from the Hartford Institute for Geriatric Nursing. Available at www.hartfordign.org/resources/education/tryThis.html. Cited November 5, 2005.
- United States Bureau of the Census. American factfinder: DP-2. Profile of selected social characteristics: 2000. Available [factfinder.census.gov/servlet/QTTTable? - bm=y&-geo-id=D&- qr--name=DEC_2000_SF4_U_DP2&-ds_name=D&-_lang=en](http://factfinder.census.gov/servlet/QTTTable?_bm=y&-geo-id=D&-qr--name=DEC_2000_SF4_U_DP2&-ds_name=D&-_lang=en). Cited November 5, 2005.
- Peplau HE. Interpersonal relations in nursing. Revised ed. London: MacMillan; 1988.
- Timeslip.org.uk. The official Timeslip Web page. Available at www.timeslip.org.uk/. Cited November 5, 2005.
- DEBBIE HANCOCK, MN, RN, is a clinical assistant professor; MARY JO HELFERS, MSN, RN, is a clinical assistant professor; KAY COWEN, MSN, RN, is a clinical associate professor; SUSAN LETVAK, PhD, RN, is an assistant professor; BETH E. BARBA, PhD, RN, is an associate professor; CHARLOTTE HERRICK, PhD, RN, is a professor; DEBRA WALLACE, PhD, RN, is a professor and director of research; EILEEN ROSSEN, PhD RN, is an assistant professor; and MARYBANNON, MSNRN, is a clinical instructor, all at the School of Nursing, University of North Carolina at Greensboro, Greensboro, North Carolina.

ACKNOWLEDGEMENT

The work described in this article was completed at the School of Nursing of the University of North Carolina at Greensboro. The project was supported by the John A. Hartford Foundation/American Association of Colleges of Nursing Enhancing Geriatric Nursing Education in Baccalaureate Programs grant.