

## **Appendix B**

### **Gerontology Core Competencies**

These Gerontology competencies are organized using the areas from the original Nursing Core Competencies from the AACN & John A. Hartford Foundation (2000) publication that grouped nursing competencies for gerontology and geriatric care.

#### **CRITICAL THINKING**

**Content:** Consideration of students and societal attitudes toward aging, and how the myths that older people themselves, family members, health care professionals, and society hold toward older adults influence the health care that older adults receive. Consideration of successful aging across a continuum that promotes an appreciation of how aging has changed through history and how aging is valued across cultures.

1. Recognize the contributions that aging persons make.
2. Define/describe the bio/psycho/social concepts and theories used to study aging.
3. Understand the influence of theory on policies and procedures in practice.
4. Modify practice and policy as concepts and theories indicate.
5. Evaluate the efficacy of theory as a way of designing interventions.
6. Identify aspects that may influence the interpersonal environment.
7. Understand the importance of evaluating popular media representations of aging.
8. Analyze the continuity of adult development in terms of prior psycho/social development.
9. Synthesize theories of positive aging and formulate a personal definition.
10. Examine how an older population impacts and is impacted by major social and political issues.

#### **COMMUNICATION**

**Content:** Sensory changes in hearing, vision, smell, taste, speech, touch, and movement that have a high potential to impair communication with older adults, and compensatory actions to assess and overcome or minimize these communication barriers. Techniques to assist providers decipher the "meaning" behind behaviors of cognitively impaired older adults.

11. Establish rapport and sustain effective working relationships with a wide range of older adults, their families, and caregivers.

#### **ASSESSMENT**

**Content:** Standard instruments to assess function, mental status, falls, social support, sleep, depression, pressure ulcer risk, and risk for complications during hospitalization; analysis of the usefulness of these instruments in practice. Modifications in history taking and physical examination to encompass changes common to older adults. Assessment of home and community living situations and analysis of how services (e.g., transportation, location, and environmental modifications) facilitate and impede independent living. Assessment of relationships among intergenerational families, the capacity and expectations of family members to provide care, family knowledge of caregiving, and assessment of family burden.

12. Understand the trajectories of improvement and/or decrement in individual functioning.
13. Employ appropriate assessment procedures to maintain optimal levels of functional capacity and adaptation, and to enhance life quality throughout the life cycle.

#### **PROFESSIONAL PRACTICE SKILLS (clinical/direct service skills)**

**Content:** Adaptation of technical skills (vital signs, physical assessment, injections, and infusions, and use of assistive devices) to accommodate changes common to older adults. Alternative strategies to the use of physical and chemical restraints in order to manage treatment interference in older adults.

14. Use knowledge of contexts to access resources, to frame interventions and to organize individual, family and community efforts.
15. Work effectively with other professionals to provide necessary services and resources for aging individuals, their families and support groups.
16. Develop statements of relationships between problems and solutions.
17. Understand how applied research can be utilized to improve practice.

18. Conduct literature reviews and utilize professional and scientific literature in gerontology to maintain currency in knowledge and skills and provided rationale(s) for practice and policies\*
19. Understand the missions, objectives, staff, and target populations of agencies providing funding and services for elders.
20. Understand the requisite practice skills appropriate to the intended area of gerontological practice.
21. Understand the importance of program review and evaluation for program effectiveness.
22. Develop and implement programs and services for individuals, families and communities across the service continuum.
23. Advocate for necessary services and resources.
24. Employ appropriate intervention strategies within interdisciplinary context.

### **HEALTH PROMOTION, RISK REDUCTION, & DISEASE PREVENTION:**

**Content:** Age recommendations in Healthy People 2010. Health promotion for older adults, irrespective of age or living environment: exercise; prevention of osteoporosis, injury; iatrogenesis and polypharmacy; immunizations; nutrition guidelines; and reduction of social isolation. Exposure to instruments to detect physical, psychological, and financial elder mistreatment and state guidelines for reporting elder abuse (resources appended).

25. Maintain currency in research findings of Evidence-Based Prevention studies.
26. Understand common threats to loss of independence: falls, medication management, and lifestyle.
27. Understand the role of service providers and community recreation and health services in their involvement with older persons.
28. Understand Primary, Secondary, and Tertiary level prevention.

### **ILLNESS AND DISEASE MANAGEMENT:**

**Content:** Instruments and guidelines to identify and manage syndromes common to older adults, e.g., falls, iatrogenesis, polypharmacy, dementia and delirium, urinary incontinence, sleep disturbance, problems of eating and feeding, pressure ulcers. Understanding of how these syndromes present in older adults. Differentiation among delirium, depression, and dementia and management of acute and chronic pain in older adults. Consideration of the interaction of chronic and acute illness on the expression of symptoms and recovery from illness in older adults.

29. Maintain currency in research findings of Evidence-based disease management programs.
30. Understand health disparities among older adults and their impact on society.
31. Facilitate elders' and families' adaptive capacity related to disease and geriatric syndrome management.

### **INFORMATION & TECHNOLOGY**

*(Was Information & Health Care Technologies)* **Content:** Instruments and guidelines to prevent and recognize common areas of communication impairments in older adults. Technologies that directly impact function: hearing aids, assistive devices, and adaptive equipment. Technologies that facilitate adherence to treatment: electronic monitoring of clinical indicators such as blood pressure; glucose; aids to medication and treatment adherence; personal emergency response systems useful in alerting frail older people and their caregivers to potential untoward events.

32. Evaluate popular media for scientific accuracy to provide appropriate professional opinions.
33. Use technology to enhance older adults' function, independence, and safety.

### **ETHICS**

**Content:** Ethical issues that pose threats to the autonomy of older adults, e.g., ability to live independently in the community, self-medication, driving, and adherence to a plan of care. Decision-making about health care for older adults, e.g., decision-specific capacity, advance directives, informed consent, refusal of treatment. Decisions critical to older people as they transition between health care settings, e.g., placement, use of physical restraints and feeding tubes. Ethical dilemmas using age as a criterion for allocation of scarce resources, i.e. access to organ donation and to intensive care units. Role of ethics committees in clarifying and resolving disputes around care of older adults.

34. Uses knowledge of general ethical principals and how they relate to professional practice in gerontology.
35. Appreciate the need for ethical accountability in practice.

36. Identify current ethical issues in the field of aging.
37. Behave ethically in relation to clients, colleagues, and the profession.

### HUMAN DIVERSITY

**Content:** The ethnic, cultural, language, and socio-economic diversity of patients, families, and paid caregivers (nurses, nurse assistive personnel, physicians and therapists) who provide long-term care to frail older adults. An analytic framework for evaluating how the values and attitudes of frail older people and of the people who provide their care impact on when, how, and whether care is delivered, and the satisfaction of both patient and provider with that care.

38. Understand the variety of contexts within which aging can be examined and their implications for practice.
39. Identify how an older person is affected by the person-environment interactions.
40. Incorporate into treatment and service planning the relationship of race, ethnicity, and culture on health status, beliefs, help-seeking behaviors, practice, and health outcomes (i.e., traditional and non-traditional medicine).

### GLOBAL HEALTH CARE

**Content:** Analysis of similarities and differences of global health care models that favor community long-term care over institutional care and that promote individualized care.

41. Recognize changing international demographics of aging.
42. Evaluate differing international models of geriatric care.

### CARE SYSTEMS & POLICY

*(Was Health Care Systems & Policy)* **Content:** The effects of an aging society on disease prevalence, morbidity, and mortality. Evaluation of the consequences of an aging society on health care utilization, resource allocation, cost, and work force needs. Payment systems for older adults, e.g., Social Security, Medicare, Medicaid, supplemental and long-term care insurance, and capitation. How an aging society and payment systems drive housing options for the elderly, e.g., assisted living, continuing care retirement options, home care, and nursing homes.

43. Recognize the reciprocal effects of aging on groups, social institutions and social policy over time.
44. Act to enhance the adaptive capacity of organizations to deal with change.
45. Identify a range of available services for elders in most communities.
46. Understand state and national aging policy and programs.
47. Understand the organizational structure of health services for older people.
48. Identify how policies, regulations, and programs differentially impact older adults and their caregivers, particularly among historically disadvantaged populations (e.g., women and elders of color).
49. Analyze the impact of an aging society on the nation's health care system.

### ROLE DEVELOPMENT ~

#### PROVIDER, MANAGER/COORDINATOR, PROFESSIONAL MEMBER

**Content: Provider of Care:** The use of interdisciplinary teams to assess and deliver care to older adults. Knowledge of how disciplines other than nursing contribute to the well-being of older adults. Complementary health practices, e.g., relaxation, massage, pet therapy, reminiscence and life review, acupuncture used by many older adults. Analysis of the relative merits of teams and complementary health practices in improving care for older adults. **Designer/Manager/Coordinator of Care:** Assessment and education strategies to maximize older adults and family participation in health promotion, disease prevention, and illness management. Quality improvement strategies to evaluate effectiveness of assessment and education activities on older adults and on families. Assess, supervise, and evaluate the care provided to older adults by licensed and unlicensed assistive personnel. Conflict resolution skills to redress conflicts among providers, older adults and families. **Member of a Profession:** The importance of illness prevention and end-of-life care for older adults. Analysis of how membership in, and participation on, boards of professional organizations and lobbying and political activities promote integration of prevention and end-of-life care for older adults into federal and state legislation, regulations, and reimbursement streams.

50. Conduct, utilize and disseminate applied research to improve practice.
51. Demonstrate appropriate socialization, including behavioral and organizational protocols, use of resources, and professional responsibilities.
52. Develop skills necessary for grant writing.

**Competencies are drawn from the following:**

**Nursing:**

AACN & John A. Hartford Foundation Institute for Geriatric Nursing (2000). *Older Adults: Recommended Baccalaureate Competencies and Curricular Guidelines for Geriatric Nursing Care*. Accessed from: <http://www.aacn.nche.edu/Education/pdf/Gercomp.pdf>

**Social Work:**

Social Work Leadership Institute and Council on Social Work Education (2005). *Practicum Partnership Program Geriatric Social Work Competency Scale II*. Accessed from:

[http://www.socialworkleadership.org/nsw/resources/products/gsw\\_competencies\\_scale\\_ii.pdf](http://www.socialworkleadership.org/nsw/resources/products/gsw_competencies_scale_ii.pdf)

**Gerontology:**

Wendt PF, Peterson DA, Douglass EB (1993). *Core Principles and Outcomes of Gerontology, Geriatrics and Aging Studies Instruction*. Association for Gerontology in Higher Education (AGHE) Publication.

California Council of Gerontology and Geriatrics (CCGG) Competency Evaluation and Development Task Force SAGE Project 2007-2010, (2009).

**NOTES:**

Core Competency Areas (e.g. Critical Thinking, Communication, Assessment) are from the AACN & John A. Hartford Foundation (2000) publication to group Nursing competencies. Competencies from the other disciplines (Social Work and Gerontology) were grouped within the Nursing Core Competency areas.

#s 8-10, 24, 28, 40 & 52 awaiting affirmation by AGHE.