

Internal Grant Final Report

A Curriculum and Literature Review on the Integration of Gerontology
in Health Related Programs in Alberta and in Canada

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Abstract

Recent research on Canadian health and social service education (Boscart, McCleary, Huson, Sheiban, & Harvey, 2016) suggests that “(o)verall, gerontological education remains insufficient” (p. 1). Similarly, the team of researchers from the National Seniors Strategy (2015) stated that “a fundamental mismatch exists between . . . current training provisions and the fact that older Canadians are becoming the greatest users of our health care system” (p. 1). This paper explores the curriculum of Canadian postsecondary health programs to establish a baseline of how and what gerontological concepts are integrated in the curriculum and answer the research question, “What health and social gerontology concepts and skills need to be integrated in the area of gerontology for related courses?” The purpose of this research was to determine the gerontological concepts currently taught in Alberta and in Canada, and compare them with established interdisciplinary gerontological education standards.

A literature search using Cumulative Index of Nursing and Allied Health Literature (CINAHL) and EBSCO was conducted. Studies reporting the outcomes of continuing education courses in gerontology both in Canada and the United States indicated that concepts relating to assessment, recognition, and management of geriatric syndromes, as well as skills related to interdisciplinary communication and leadership are the most relevant. A Google search of Canadian health professions curricula suggest that gerontology is integrated in most programs, while a few programs with a standalone gerontology course focus on the macro implications of aging in society, and the complexity involved in transitions as a family member ages. Key topics in social gerontology include demography, sociology of aging, psychology of aging, and social

policy. A survey tool to be used in data collection from health professionals in the workplace was developed (Appendix).

Keywords: gerontology, health, nursing, curriculum, integration, gerontology competencies, geriatric syndromes, older adults/people

Introduction

According to Statistics Canada, for the first time in the year 2015, there are more Canadians aged 65 and older compared to those aged 0 to 14 years. The increase in lifespan will translate to more demand in health and social services in the future. Dr. Samir Sinha, the Provincial Lead of Ontario's Seniors Strategy, stated that one of the top barriers in integrating care for older adults comes from not "requir(ing) any current or future health care professional to learn about care of the elderly" (2013, slide 3). Professional health associations in Alberta (e.g., College of Licensed Practical Nurses of Alberta) require the integration of gerontology in the curriculum, indicate entry-level gerontological competencies, and test gerontological concepts in the licensure examination; however, there are gaps between the competencies taught as part of formal education and the skills and knowledge that are needed in the workplace.

Because gerontology is mostly integrated in health and social service curriculum, it is challenging to determine what gerontological concepts are embedded in the curriculum. Therefore, this research examined what is taught in stand-alone gerontology courses in Canadian health and social service professions. The findings were then compared with literature reviews which evaluated gaps in gerontological education from continuing education

programs in North America. This will be the first step in connecting concepts which are currently taught in educational programs to skills and knowledge relevant in gerontologic practice which are not taught. The findings from this study will be the basis for (1) creating a survey tool to be used in the second phase of the study, which involves interviewing gerontologic nurses, health care aides, and lay people involved in the care of older adults, and (2) comparing literature findings from this research with the next phase of the research: interviews and focus groups with gerontologic professionals and lay people. The author will utilize the results of the study in collaborating with the curriculum committee of the School of Health and Wellness (SH&W) and the Institute for Aging Well in Bow Valley College to connect research with educational approaches and innovations in teaching gerontology.

Literature Review

A literature search using CINAHL and EBSCO databases was conducted using the keywords *gerontology, health, nursing, curriculum, integration, gerontology competencies, geriatric syndromes, and older adults/people*. A Google search of Canadian postsecondary health and social services curricula was also completed to assess the course outlines of stand-alone gerontology courses.

Inclusion and exclusion criteria. Literature was included if it satisfies one or more of the following:

- a. published research or gray literature describing integration of gerontology in undergraduate nursing curriculum (traditional face-to-face delivery and/or clinical

- education) in the North American (Canada and United States) or British/UK workplace, including interdisciplinary approaches
- b. described gerontological competencies that need to be included in the nursing curriculum
 - c. described the outcomes of a continuing education program in gerontology in different care settings (e.g., continuing care, hospital)
 - d. published between January 2000 to present, in order to provide the most up-to-date review.

After meeting one or more criteria above, a study was finally considered for inclusion if it is deemed to be of high quality in terms of validity, impact, and applicability using the Critical Appraisal Skills Programme (CASP, 2013) Qualitative Research Checklist.

Literature was excluded if the material

- a. discussed non-North American or non-UK data
- b. was written in a language other than English
- c. included graduate-level competencies, and/or
- d. described online learning.

Gaps in gerontologic education across health care settings

Acute care: maintaining functional abilities of patients, and interdisciplinary communication among staff. Baumbusch, Leblanc, Shaw, and Kjørven (2015) evaluated the factors influencing the readiness of nurses to care for hospitalized older people after a continuing education programme in gerontological nursing was offered to hospital RNs. While nurses ensured that the patients became medically stable, their functional ability was often

overlooked because of the time constraints and approach to care in acute settings.

Interdisciplinary communication continued to be an ongoing challenge as patients moved across different units and settings.

Long-term care (LTC): assessment and management of physical and cognitive changes, spiritual and end-of-life needs, leadership skills. Faulk, Parker, Lazenby, and Morris (2008) delivered eight learning modules to Licensed Practical Nurses (LPNs) who worked in two rural long-term care (LTC) facilities in Alabama, USA. The LPNs demonstrated statistically significant improvement and pre- and post- test scores in assessment of physical and cognitive changes, psychosocial health, and meeting spiritual and end-of-life needs of residents. Six weeks after the study, the LTC Directors of Nursing shared anecdotal observations of increased leadership skills, interprofessional communication with HCAs and physicians, and improved listening skills to residents (Faulk et al., 2008, pp. 96-97).

Acute care: geriatric syndromes, managing responsive behaviours. Fox et al. (2016) conducted a multi-method study of the geriatric learning needs of acute care hospital nurses in Ontario, Canada. Nurse participants shared that they initially regarded geriatric care as “simple and custodial” because their exposure to geriatrics in nursing school was early during the program when they did not have as much knowledge and responsibility for patient care (p. 70). The nurses then realized that “geriatric care is more complex than initially anticipated and the most pressing learning needs were knowledge of geriatric syndromes, including how to differentiate it from anticipated aging processes and chronic diseases, and nonpharmacological management of responsive behaviours” (Fox et al., 2016, p. 71).

Inclusion of health gerontology in health professions curricula

Nursing and social work programs. Researchers from the University of Calgary (Hirst, Lane, & Stares, 2012) reported that 79% of nursing and social work programs in Canada have gerontology content integrated in the curriculum (p. 10); this integration makes objective assessment of gerontological content taught to students challenging to assess. Two baccalaureate nursing programs in Alberta have stand-alone gerontology courses either as an elective senior level course, or a mandatory junior level course. The stand-alone Seniors' Health course focuses on sociological implications of aging to society, the complex transitions that older adults undergo, basic concepts in death and dying (Athabasca University, 2016), and "critical thinking and clinical judgement in a variety of contexts" (Mount Royal University, 2017). The University of Toronto nursing program conducts team teaching of gerontology concepts from a primary care and acute care perspective in the senior baccalaureate year. Hirst et al. (2012) listed recommendations to support the integration of expert teaching of gerontology in the curriculum such as hiring faculty with gerontologic expertise, using Canadian interdisciplinary gerontologic competencies as a benchmark in teaching gerontology, and learning from international leaders in aged care, such as Scandinavian countries (p. 11).

Social service workers and pharmacist programs. A stand-alone gerontology course is also offered to learners in the Social Service Worker program in Sheridan College in Ontario, which focuses on the social aspects of aging. The Canadian Society of Consultant Pharmacists (n.d.), which provides geriatric certification, highlighted the special considerations of medication therapy management to older adults, such as polypharmacy and "(t)he impact of medications on geriatric syndromes (e.g. falls, cognitive impairment)" (para. 4).

Gerontology diploma and nutrition management program. George Brown College in Ontario (n.d.) offers the Activation Co-ordinator/Gerontology diploma program which prepares graduates to “design and deliver therapeutic programs to enhance the quality of life of older adults” (para. 4). Another program in the College which has a stand-alone gerontology course is the Food and Nutrition Management program, a one-year postgraduate course which equips graduates with nutritional care competencies to work in hospital and LTC settings.

Health care aide program. The 2001 Health Care Aide provincial curriculum which is mandated by Alberta Health (Government of Alberta, 2017) includes dementia care and end-of-life care as basic competencies. The curriculum emphasizes the importance of shifting care from a custodial approach, which involves doing things for patients, to a restorative paradigm which maximizes function and comfort. This shift has been proven to increase self-care, home management, and mobility among seniors receiving home care (Tinetti et al., 2002).

Interprofessional competencies. The National Initiative for the Care of the Elderly (NICE, n.d.), a Canadian resource funded by Health Canada, lists interprofessional gerontologic core competencies, which include clinician, communicator, collaborator, leader, advocate, scholar, professional, and educator. The core competencies identified by NICE can be used as a baseline to map the curriculum of health-related programs and to determine the strengths and gaps in gerontologic education.

Social gerontology: foundation for gerontologic knowledge, skills, and professional attitudes

Tinker, Hussain, D’Cruz, Yee Seng, and Zaidman (2016, p. 191) concur with Burley (1981), who stated that “there is a general agreement that courses in geriatrics should include

an introduction to Social Gerontology” because it provides learners with a more holistic understanding of aging for the increasing number of seniors that they will provide care for in the future. The four key concepts in social gerontology according to Tinker et al. (2016) are discussed below.

Demography. This concept examines the increasing numbers of seniors in the population, and its implications to the demand in health and social services. Specifically, seniors who are frail, have multiple comorbidities, and those aged 85+ who often need more health care services and social supports.

Sociology of aging. Because health and social service professionals often have older patients who are sick and vulnerable, these professionals have a biased thinking that frailty and disease occur in all older individuals. Sociology of aging emphasizes that aging is an individual experience which is a product of social, economic, and political environment. By being aware of the life course of a patient, health and social service professionals will view the current situation of their patients as a point in their life course, therefore avoiding and minimizing ageist stereotypes.

Psychology of Aging. This topic explores the evolution of personality and cognitive function throughout older adulthood, and focuses on first-hand experiences of seniors, including losses of different types: of personal abilities due to disability and chronic disease, of spouse (widowhood) and family members, and of professional identity due to retirement. This concept also investigates the development of resilience, use of coping strategies, and finding meaning in old age – an understanding of which will help health and social service professionals to communicate with empathy and more effectively to older adults and their families.

A concept which overlaps in Sociology and Psychology of Aging and has implications on transcultural aging is the variety of discourses used to describe the meaning of aging and what constitutes “aging well”. Liang and Luo (2012) contrasted “successful aging”, a Western concept, with gerotranscendence and with “harmonious aging”. Successful aging focuses on being productive, i.e., contributing to the economy, and on civic engagement. This view implies that some seniors who neither contribute to the economy nor are fully engaged due to a decline in physical capacity are “unsuccessful” in their aging (p. 329). Gerotranscendence is more contemplative and emphasizes “self-discovery, decrease in superficial relationships and increased need for solitude, material detachment, ambiguity between right and wrong. . . receded fear of death, and renewed interest in nature” (Tornstam, 2005, in Liang and Luo, 2012). On the other hand, harmonious aging – an Eastern concept – focuses on “interpersonal connectedness and a balance between positive and negative affect”, “following the natural laws of one’s body. . . cultivating a sense of harmony with oneself and one’s surroundings, and gaining wisdom (in) handling challenges and thus making adaptations accordingly” (p. 332).

Social policy. Knowledge of social policy and social services enables learners to be aware of the socio-political and fiscal states of their working environments and identify suitable resources available to seniors. This prepares health and social service professionals to eventually shape and influence social policies as they affect older adults from a broader perspective (Tinker et al., 2016, p. 191). An example of social policy is Age-Friendly Calgary.

Discussion

Based on the literature, the most pressing gaps in gerontologic education for entry-level nurses include recognizing, assessing, and managing geriatric syndromes, and interprofessional communication of related findings.

Although gerontology is integrated into most health service programs' curriculums, the literature review confirms the gaps in gerontological education. Because SH&W will offer the course, Sociology of Aging, this research focused on the physiologic aspects of care and interprofessional communication. Interdisciplinary core competencies recommended by NICE (n.d.) that are consistent with education gaps from the literature review include recognition and management of geriatric syndromes as part of the clinician role and promotion of "team problem-solving, decision-making and interprofessional collaboration by jointly assessing outcomes of care, planning interventions, implementing new strategies, evaluating the impact on older adults, families, and team members" (p. 2).

The findings will be used in collaboration with the Curriculum Committee of the SH&W to guide a more explicit, objective, and robust integration of gerontology in health science courses, and with Bow Valley College Institute of Aging Well. The limitations of the project will be addressed in the second phase of research which involves the use of a survey tool to interview health professionals involved with clinical practice, policy, and education of health social service professionals who serve older adults.

Limitation of the study. This study is based on available online information only, which may not be the most current, or may differ from actual practice. Sampling of gerontologic

content were collected from health related institutions from Alberta, British Columbia, and Ontario only; therefore, the literature review findings do not reflect all of Canada.

Conclusion

Starting fall 2017, SH&W will offer the course Sociology of Aging (from Portage College) in place of the General Sociology course that is presently used. Based on the course outline, it can be assumed that demographics will be covered under Theories and Methods of Aging. Sociology and Psychology will also be part of the course content; however, Social Policy is not implicitly covered under the course topics listed. It is highly recommended that the course be mapped so that it can be adapted to include the four topics listed above.

It is hoped that the findings of this study will help ensure that essential gerontologic concepts are taught in a structured and objective manner, and not serendipitously. Facilitation of learning of gerontologic concepts will be delivered using an approach that is time efficient and fosters competent, compassionate, and culturally relevant understanding of the diversity of health care needs of older adults.

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Appendix

Survey tool for interviews or focus groups of nurse managers, nurses (non-managers), health care aides, and seniors (non-health care professionals) in the care of older adults

Purpose of research: to validate the gaps in gerontologic education of entry-level health and social service professionals as identified in literature.

Mention confidentiality of answers, encourage participants to expound as needed.

Ask: Position title/role of participant (e.g., nurse manager, nurse [non-manager], health care aide,) care setting; or older adult/adult involved in the care of an older adult family member

I. Strengths of entry-level health professionals

- A. What are the strengths of entry-level health professionals (knowledge, skills, and attitudes)?

II. Areas of growth of entry-level health professionals

- B. What are the areas of growth of entry-level health professionals (knowledge, skills, and attitudes)?
- C. What are the concepts or skills that you wish you knew or had to better prepare you to work in this setting?
- D. Patient needs as well as health care delivery is evolving. What concepts or skills do you think are important to teach future students to prepare them to become partners in the care of older adults?

III. Strengths and areas of growth of other partners in the care of older adults (patients, family members, policy makers, management/administration)

- E. What are the strengths and/or areas of growth of other partners in the care of older adults? Please feel free to propose solutions to address any area of growth.

IV. Anything else you wish to add