

Contemporary Gerontological Nursing

Concepts for Lecture

LEARNING OUTCOMES

1. Describe national certification criteria, practice standards, and scope of practice for gerontological nursing.
2. Explain contemporary workforce issues related to quality of care and QSEN standards.
3. Discuss the nurse's role in caring for older adults.
4. Apply functional health patterns to the formulation of a nursing diagnosis.
5. Utilize ethical principles to formulate a nursing care plan.
6. Summarize effective communication techniques appropriate for use with the older adult.

1. Discuss the nurse's role in caring for older adults.

2. List appropriate educational preparation and certification requirements

of the gerontological nurse generalist and specialist.

3. Identify components of the long-term care system.

4. Describe the ANA standards and scope of practice for gerontological nursing.

5. Apply the use of functional health patterns in the formulation of a nursing diagnosis.

6. Recognize the basis and use of QSEN standards to support and improve

quality nursing care.

7. Relate the uses and need for gerontological nursing research as support

for evidence-based practice.

8. Summarize effective communication techniques appropriate for use with the older adult.

I-INTRODUCTION

Working with older people is one of the most rewarding and challenging opportunities in the nurse's professional career.

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Many nurses enjoy working with older people because they have had or have a special relationship with a positive role model of aging, such as a grandparent or an older adult as special friend or mentor.

In the 1920s, a few visionary nurses began to identify the need for specialization in caring for older people.

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Nurses began to consider gerontological nursing a specialty.

II. SCOPE OF PRACTICE, STANDARDS, AND CERTIFICATION

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LO 2.1 Describe national certification criteria, practice standards, and scope of practice for gerontological nursing.

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Key Findings

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The American Nurses Association (ANA) is responsible for defining the scope of practice and standards of nursing practice.

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The range of nursing functions is differentiated according to the level of practice, the role of the nurse, and the work setting.

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The three elements of the scope of practice consist of quality, evidence, and safety.

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Standards for Quality Nursing Care for Aging Persons

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The primary goal of gerontological nursing is defined as the provision of high-quality care to older adults.

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Gerontological nurses additionally employ a shared body of skills and knowledge to address the full range of needs related to aging. The standards are defined as statements enunciated by the profession by which the quality of practice, service, or education can be judged.

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Refer to Figure 2-1.

The ANA publishes A Statement on the Scope of Gerontological Nursing Practice, which defines the nature and scope of current gerontological nursing practice.

Standards apply in all clinical practice settings.

Gerontological Specialty Certification

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Certification is defined as the formal process by which clinical competence is validated in a specialty area of practice.

Nurses can become certified as gerontological nurses or as advanced practice registered nurses (APRNs).

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Refer to Table 2-1.

Practice Doctorate in Nursing

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In 2004, the AACN endorsed the Position Statement on the Practice Doctorate in Nursing (DNP), voting to move the level of preparation necessary for advanced nursing practice from the master’s degree to the doctorate level (DNP) by 2025.

The DNP is designed for those in direct clinical practice who can apply the principles of evidence-based practice and assume leadership positions. It does not replace the PhD.

Suggestions for Classroom Activities

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- Invite the director of nursing from a local long-term-care facility to visit with the class. Ask the nurse-administrator to discuss the various roles for the gerontological nurse within the facility.

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Suggestions for Clinical Activities

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- Assign students to shadow case managers or educators who actively work with the gerontological population. If there are not enough mentors or enough time to assign all students to a mentor, assign a small number and then allow them to come back and report their observations to the group.

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II The responsibilities of the gerontological nurse include direct care, management and development of the professional and other nursing personnel, and evaluation of care and services for the older adult.

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COMPETENCIES AND STANDARDS OF PRACTICE FOR GERONTOLOGICAL NURSING

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LO 2.2 Explain contemporary workforce issues related to quality of care and QSEN standards.

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Key Findings

III. Standards and Practice of Gerontological Nursing

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The Standards of Clinical Gerontological Nursing Care describe the necessary competencies of care for each step of the nursing process.

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Understanding the issues related to nursing education and preparation of the nursing workforce is key to ensuring adequate numbers of nurses in the years to come.

Workforce and Quality of Care

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Large numbers of nursing faculty members will be retiring.

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Faculty shortages limit the number of students that can be admitted to nursing programs.

The recent slowdown in economic growth has resulted in many nurses delaying retirement or moving from part-time to full-time positions.

New job advertisements were up 46% from last-yea2010f, indicating nurses continue to be sought after.

The U.S. nursing shortage is projected to grow to 260,000 registered nurses by 2025.

Long-Term Care:

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Many long-term care facility residents are short-stay rehabilitation patients who receive skilled nursing services and then are discharged to home.

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The average nursing-home resident is an older woman, age 83.2 years, with at least one disability that necessitates the need for placement in a long-term care facility.

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Nursing experts recommend that safe staffing standards mandated for long-term care facility residents include:

- Presence of an RN at all times
- Director of Nursing holds a baccalaureate degree or is certified in geriatric nursing
- Direct nursing care should be at least 4.1 hours/resident day
- Skilled nursing facility residents may require more than 4.1 hours/resident day
- Administrative nursing positions should not be counted toward hours/resident day

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Four trends in long-term care are affecting hiring needs and institutional planning:

- Increasing numbers of high-acuity residents.
- Increasing popularity of aging-in-place residences in the community enhances the need for a coordinated continuum of care.
- Increased focus on person-centered care.
- Long-term care is increasingly reliant on technology.

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The number of patients requiring ongoing custodial care for chronic illnesses such as Alzheimer's disease has remained relatively stable.

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Staffing standards mandate that long-term care facility residents receive at least 4.13 hours of direct nursing care each day.

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~~Lower nurse staffing levels are associated with higher rates of urinary catheter use, increased pressure ulcer rates, and lower resident participation in activities.~~

~~Higher RN staffing levels were found to reduce the likelihood of death.~~

The Role of the Gerontological Nurse:

~~The role of the gerontological nurse includes the following clinical practitioner, patient advocate, nurse educator, nurse manager, nurse consultant, and nurse researcher.:~~

~~To focus on the physical health and function of their patients.~~

~~To address issues of access to healthcare services, quality and affordability of health care, and coordination of services by the interdisciplinary team.~~

~~To be a patient advocate, nurse educator, nurse manager, nurse consultant, and nurse researcher.~~

~~The primary goal of the gerontological nurse is to help patients achieve their optimal level of physical, mental, and psychosocial well-being.~~

Quality and Safety Education for Nurses (QSEN):

~~The QSEN project's goal is to prepare future nurses with the knowledge, skills, and attitudes (KSAs) necessary to continuously improve the quality and safety of the healthcare system.~~

~~Care should be based upon current research evidence.~~

~~Improvement of patient safety is a prime area of concern.~~

Suggestions for Classroom Activities

- ~~• Invite a guest speaker to the class who has successfully completed the gerontological certification process. Ask the speaker to review preparation for the process.~~

Suggestions for Clinical Activities

- ~~• Instruct the students to assess the educational preparation and certifications of the nurses on the care unit. Discuss the findings during the next postconference period.~~

~~The nursing profession must meet the challenge of preparing future nurses who will have the knowledge, skills, and attitudes necessary to continuously improve the quality and safety of the healthcare systems within which they work.~~

IV THE FUTURE OF NURSING

~~The nursing profession should double the number of nurses with doctorates by 2020.~~

~~Nurses must engage in lifelong learning, and lead change to advance health.~~

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V Functional Health Patterns Assessment and Nursing Diagnosis

Functional health patterns is an interrelated group of behavioral areas that provides a view of the whole person and his or her relationship with the environment.

There are 11 functional areas to guide the nurse to seek information about the older patient and form a crucial foundation to the care-planning process and diagnosis of the patient's nursing needs.

Nursing Diagnosis:

The nursing diagnosis provides the basis for the selection of interventions for which the nurse is accountable.

Problems may be identified as actual or potential threats to health, allowing the nurse to intervene.

The ability to formulate an accurate nursing diagnosis will depend on the nurse's adherence to a systematic approach, and the nurse's knowledge and experience.

Care Planning and Realistic Goals

Realistic goals of care planning should:

- be linked to the nursing diagnoses.
- be mutually formulated with the older adult, family, and interdisciplinary team whenever possible.
- be culturally appropriate.
- be attainable in relationship to available resources and the care setting.
- include a time frame for attainment.
- adequately reflect associated benefits and costs.
- provide direction for continuity of care.
- be realistic, achievable, and measurable.

Implementation of the Nursing Care Plan:

The gerontological nurse will choose appropriate interventions.

Nursing interventions will be selected based on the following:

1. Linkage to the desired outcome.
2. Characteristics of the nursing diagnosis.
3. Strength of the research associated with the intervention.

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- 4. Probability of successfully implementing the intervention.
- 5. Acceptability of the intervention to the older person and others involved in the plan of care.
- 6. Assurance that the intervention is safe, ethical, culturally competent, and appropriate.
- 7. Knowledge, skills, experience, and creativity of the nurse.

Evaluation:

- The final component of the nursing process.
- Considers information from the physical, social, and psychological assessment of the patient.
- Includes documentation of the costs and benefits of the treatment.

VIII- ROLE BY SETTING

LO 2.3 Discuss the nurse's role in caring for older adults.

Key Findings

The term long-term healthcare delivery system is now used to designate several types of non-acute care settings

- Skilled-nursing facilities. Residents receive skilled care from nurses and others.
- Retirement communities. Senior-citizen retirement communities range in size and scope of services.
- Adult day care for older adults with multiple comorbidities or people who require daytime supervision and activities.
- Residential-care facilities. Previously called rest homes.
- Transitional-care units provide subacute care, rehabilitation, and palliative-care health services to patients who no longer require acute care.
- Rehabilitation hospitals or facilities provide subacute care to patients with complex health needs.
- Community nursing care. Visiting-nurse services are an option for many older patients requiring skilled care in the home.

Suggestions for Classroom Activities

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- Develop a list of patients with specific characteristics and needs. Instruct the students to match the patient with the type of appropriate care service.
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Suggestions for Clinical Activities

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- Invite a guest speaker to the class from an assisted living facility to discuss the services offered with the class.

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In the United States, there are several types of non-acute care settings in which gerontological nurses have the opportunity to practice:

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1. Skilled nursing facilities
2. Retirement communities
3. Adult day care
4. Residential care facilities
5. Transitional care units
6. Rehabilitation hospitals or facilities
7. Community nursing care

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VII Trends in Financing Health Care for Older Persons

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Medicaid is the largest funding source for long-term care.

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Federal spending for Medicare, Medicaid, and Social Security is expected to surge, nearly doubling by 2035.

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Advances in medical technology and prescription drugs will likely keep pushing up the costs of health care.

Nurses should assume a leadership position in all debates and discussions regarding healthcare reform and financing relating to older people.

One of the factors contributing to lack of preparation for long-term care is a widespread misunderstanding about what services Medicare will cover.

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FUNCTIONAL HEALTH PATTERN ASSESSMENT AND NURSING DIAGNOSIS

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LO 2.4 Apply functional health patterns to the formulation of a nursing diagnosis.

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Key Findings

A systematic nursing assessment, called functional health patterns, is necessary to provide holistic care to the older person.

This nursing assessment is defined as an interrelated group of behavioral areas that provides a view of the whole person and his or her relationship with the environment.

Refer to Table 2-2.

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Nursing Diagnosis

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Health problems or dysfunctional patterns may be identified as actual or potential threats to health, allowing the nurse an opportunity to intervene.

The ability to formulate an accurate nursing diagnosis will depend on the nurse's adherence to a systematic approach, the application of relevant clinical skills, the nurse's experience, and the nurse's knowledge of the norms and presentation of disease in the older person.

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Care Planning and Setting Realistic Goals

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After completing an assessment and reaching appropriate nursing diagnoses, the nurse formulates a plan of care.

Gerontological nurses often focus on improving the patient's quality of life and functional status, and promoting of well-being.

High priority problems include those that immediately impact negatively on health status, are of concern to the older person and the family, and that negatively affect function and quality of life.

The gerontological nurse must set realistic and achievable goals.

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Implementation of the Nursing Care Plan

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Interventions are selected on the basis of the needs, desires, and resources of the older adult and accepted nursing practice.

The Nursing Outcomes Classification (NOC) is a comprehensive, standardized classification of patient/client outcomes developed to evaluate the effects of nursing interventions.

The Nursing Interventions Classification (NIC) provides examples of nursing interventions based on theoretical or clinical perspectives.

The gold standard for nursing interventions are those that have been tested in a randomized controlled clinical trial (evidence-based practice).

Refer to Table 2-3

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Evaluation

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The gerontological nurse systematically gathers and records actual patient outcomes and compares these outcomes to the patient outcomes set as goals in the nursing care plan.

By gathering outcome data on large numbers of older patients, nurse managers and clinicians can identify opportunities for improvement.

Research Agenda

Per ANA Standard VII, gerontological nurses interpret, apply, and evaluate research findings to inform and improve gerontological nursing practice.

The gerontological nurse participates by identifying clinical problems appropriate for study, gathering data, and interpreting findings to improve the nursing care provided to older adults.

V TRENDS IN FINANCING HEALTH CARE FOR OLDER PERSONS

Approximately 66% of expenditures for long-term care services are paid by public programs, primarily by Medicaid and Medicare, and about 22.4% is paid by patients and their families.

Refer to Figure 2-1

Medicaid, the joint federal and state program for low-income individuals, is the largest funding source for long-term care.

Medicare is intended to cover acute and post-acute medical care for people 65 and older and for younger people who qualify for Social Security because of disability.

Demographic Changes

Federal spending for Medicare, Medicaid, and Social Security are expected to surge, nearly doubling by 2035, as people live longer and spend more time in retirement.

More gerontological nurse clinicians, researchers, and educators are needed to prepare the quantity and quality of nurses needed to meet the needs of the older person.

Nurses should assume a leadership position in all debates and discussions regarding healthcare reform and financing relating to older people.

Suggestions for Classroom Activities

- Review the ANA website. Using the site’s search prompts, review the documentation available regarding gerontological nursing.
- Discuss and provide examples of patient goals.

Suggestions for Clinical Activities

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- Instruct students to perform a functional assessment on one patient in the clinical environment. Compare the results.

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VI. H-ETHICS

LO 2.5 Utilize ethical principles to formulate a nursing care plan.

Key Findings

Gerontological nurses are required to provide nursing services and health care that are responsive to the public's trust and the older person's rights.

This ethical practice is guided by the Code for Nurses with Interpretive Statements.

Ethical Issues issues include":

- Providing care with compassion and respect
- Maintaining primary commitment to the patient (individual, family, group, or population)
- Promoting, advocating, protecting the rights, health, and safety of the patient
- Maintaining authority, accountability, and responsibility for nursing practice
- Maintaining and promoting personal health and safety, promoting wholeness of character and integrity, maintaining competence and continued personal and professional growth
- Establishing, maintaining, and improving the ethical environment of the work setting and condition of employment conducive to safe, quality health care
- Advancing the profession through research and scholarly inquiry, professional standards development, and the generation of both nursing and health policy
- Collaborating with other health professionals and the public to protect human rights, promote health diplomacy, and reduce health disparities
- Articulating nursing values, maintaining integrity of the profession, and integrating principles of social justice into nursing and health policy through professional organizations
- ~~Obtaining informed consent for research and clinical treatment.~~
- ~~Obtaining, clarifying, and carrying out advance directives.~~
- ~~Appropriateness of emergency treatment.~~
- ~~Provision of palliative care, including pain and symptom control, need for self-determination, quality of life, and treatment termination.~~
- ~~Elimination of the use of chemical and physical restraints.~~
- ~~Patient confidentiality, including electronic records.~~
- ~~Surrogate decision making.~~

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- ~~Access to complementary treatments.~~
- ~~Fair distribution of resources.~~
- ~~Economic decision making.~~

Refer to Box 2-3.

Ethical decision-making competency involves knowledge and skills, application, and ethical environment.

- Cultural norms and practice are critical parts of any assessment of patients and families.
- Important aspects of ethical decision making:
 - 1. Assessment
 - 2. Relevant contextual factors
 - 3. Capability of the patient to make decisions
 - 4. Patient preferences
 - 5. Needs of the patient as a person
 - 6. Preferences of the family
 - 7. Competing interests
 - 8. Issues of power or conflict
 - 9. Opportunity for all involved to speak and be heard

Suggestions for Classroom Activities

- Have students discuss potential barriers to research utilization and methods to improve research utilization in nursing.

Suggestions for Clinical Activities

- During the postconference period, ask students for problems noted on the unit related to gerontological nursing care that would benefit from research.

IX-VII COMMUNICATION

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LO 2.6 Summarize effective communication techniques appropriate for use with the older adult.

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Key Findings

Communication is an ongoing, continuous, dynamic process that includes verbal and nonverbal signals.

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Nonverbal communication is thought to comprise 80% of the communication process and includes body language such as position, eye contact, touch, tone of voice, and facial expression.

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Open-ended statements will encourage the patient to talk.

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Nurses should not be afraid to acknowledge their feelings.

Encouraging reminiscing is usually fruitful when communicating with older patients.

Refer to Box 2-4.

Suggestions for Classroom Activities

- Have students role-play therapeutic communication.

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Suggestions for Clinical Activities

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- Have students record their communication interactions with a patient and then perform a self-evaluation of their therapeutic communication effectiveness.

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- Have students identify problems they experienced with communicating with elders in the clinical setting. Discuss methods to enhance and improve the identified problems.

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PATIENT AND FAMILY TEACHING

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Gerontological nNurses need skills and knowledge related to teaching patients and families about the key concepts of gerontology and gerontological nursing.

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Nurses assume the role of teacher and coach.

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Refer to Box: Patient-Family Teaching Guidelines

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Discussion Question: Ethical Dilemma Suggestions and Strategies for Classroom Activities:

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- *Invite the director of nursing from a local long-term care facility to visit with the class. Ask the nurse to discuss the various roles for the gerontological nurse within his or her facility.
- *Invite a guest speaker to the class who has successfully completed the gerontological certification process. Ask the speaker to review the preparation for the process.
- *Develop a listing of patients with specific characteristics and needs. Instruct the students to match the patient with the type of appropriate care service.
- *Review the ANA website. Using the site's search prompts, review the documentation available regarding gerontological nursing.
- *Discuss and provide examples of patient goals.
- *Have students discuss potential barriers to research utilization and methods to improve research utilization in nursing.
- *Have students role play therapeutic communication.

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Suggestions and Strategies for Clinical Activities:

- *Assign students to shadow case managers or educators who actively work with the gerontological population. If there is an inadequate number of mentors or a lack of time to assign all students to a mentor, assign a small number and then allow them to come back and report their observations to the group.
- *Instruct the students to assess the educational preparation and certifications of the nurses on the care unit. Discuss the findings during the next postconference period.
- *Invite a guest speaker to the class from an assisted living facility. Request that the speaker discuss the services offered with the class.
- *Instruct students to perform a functional assessment on one patient in the clinical environment. Compare the results.
- *During the postconference period, ask students for problems noted on the unit related to gerontological nursing care that would benefit from research.
- *Have students record their communication interactions with a patient and then perform a self-evaluation of their therapeutic communication effectiveness.
- Have students identify problems they experienced with communicating with elders in the clinical setting. Discuss methods to enhance and improve the identified problems.

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Mrs. Kepler is an 85-year-old woman recovering from hip surgery. She smiles, nods her head, and looks away whenever any of the nursing staff tries to speak to her. Some staff members think the patient suffers from dementia and lacks the ability to stay focused long enough to carry on a conversation. Another nurse on the floor state, "I never even try to talk to her anymore, because she just gives you that same silly smile in response. It's just more efficient to give her care without even trying to talk with her." What is the best course of action for the nurse to follow?

Answer:

By providing care without explanation, the principle of autonomy is being violated. Although the care is being delivered carefully and competently, the patient may feel anxiety and may not be prepared for what is about to happen to her. The patient may come to dread and fear nursing care and even become defensive or resistive to the care. It may be helpful to role-model appropriate verbal communication with the patient and the careful use of touch and nonverbal communication, consult with the patient's family if appropriate, and seek advice and consultation from others on the healthcare team.

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