

University of Washington School of Nursing

Course Description:

2-credit course, lecture, class discussion, case studies

Assignments/exams:

- Weekly reflective journal writing – turned in at end of quarter in an organized packet with a summary reflective writing on top – changes in attitudes, values, beliefs, knowledge about aging and older adults over the course of the quarter.
- *Alternative: on last day, have students complete written survey of these changes.*
- Take home mid term exam (Groups - multiple choice w/short answer justification)
- Take home final exam (Groups - Multiple choice w/short answer justification)

Course Objectives:

- Recognize one's own and others' attitudes, values, and expectations about aging and their impact on care of older adults and their families.
- Incorporate into daily practice valid and reliable tools to assess the functional, physical, cognitive, psychological, social, and spiritual status of older adults.
- Assess older adults' living environment within a context of age-related changes/underlying disease states and in relation to community resources that can assist older adults and their families to retain personal goals, maximize function, maintain independence, and live in the least restrictive environment.
- Prevent or reduce common risk factors that contribute to functional decline, impaired quality of life, and excess disability in older adults.
- Recognize and manage geriatric syndromes common to older adults.
- Appreciate the influence of payer systems on access, availability, and affordability of health care for older adults
- Contrast the opportunities and constraints of supportive living arrangements on the function and independence of older adults and on their families.

Schedule:

- Week 1: Introduction to gerontological nursing
- Week 2: Nursing assessment of the older adult
- Week 3: Polypharmacy
- Week 4: Dementia, depression, delirium
- Week 5: Urinary & fecal incontinence
- Week 6: Falls & trauma
- Week 7: Sleep
- Week 8: Caregiving and mistreatment of older adults
- Week 9: Continuum of care: independent, retirement centers, assisted living, skilled home/institutional, adult day centers, hospice
- Week 10: Socioeconomic considerations and financing healthcare for older adults

Required Textbooks:

Gerontologic Nursing, 2nd edition (2000), Annette G. Lueckenotte, Mosby
Gerontologic Assessment, 3rd edition (1998), Annette G. Lueckenotte, Mosby

Week 1: Introduction to gerontological nursing

Learning objectives:

- Recognize major demographic trends for population of older adults in the United States
- Differentiate terms used in gerontological nursing
- Explore personal and societal attitudes and values about aging and linkages to definitions of healthy aging and societal/individual expectations for healthy aging
- Recognize the consequences of stereotyping older adults
- Articulate the heterogeneity of elder development
- Articulate challenges associated with assessment of older adults, including differentiation of normal age-related changes vs disease-related states
- Understand the nurse's role as advocate for older adult and holistic approach to assessment

Class activities:

1. Pass out index cards with instructions for students to write answers to:
 - "I will be old when..."

Focus for follow-up discussion:

- Heterogeneity of perspectives
- How might these different perspectives influence our nursing assessments of older adults?

Readings:

Required: Gerontological Nursing, 2nd edition –
Chapter 4: Gerontologic Assessment, p. 63-95

Lecture/discussion:

1. Course expectations & syllabus review
2. Why gerontological nursing?
 - a. Demographics & trends
 - i. Life expectancy
 - ii. Cultural, gender
 - iii. Diseases
 - iv. Stats for older adult usage of health care system (% hospitalizations, % office visits, % home care visits, % skilled nursing)
 - b. Heterogeneity of development in older adults
3. Terminology
 - a. Gerontology, geriatrics, lifespan vs life expectancy/longevity, senescence
4. Attitudes and values re: aging
 - a. Ageism, stereotypes, myths (tie back to index card activity)
5. What is aging? (from DiGiovanna text)
 - a. Biological, chronological, cosmetic, social, psychological, economic
 - b. Interactions among these different types of aging
 - c. What aging is NOT
6. What is normal aging?
 - a. General introduction to normal age-related physiological/anatomical changes
 - i. Decreased ability to maintain homeostasis (ability to stay in optimal range)
 - ii. Decreased response to physical and emotional stresses
 - iii. Decreased reserve capacity (delicate balance as we age)

- iv. Multiple system changes – triggering effect
- v. Heterogeneity
 - 1. The older we get, the more different we are
- b. Implications
 - i. Decreased reserve capacity due to passage of time (genetic & lifestyle/environmental influences)
 - ii. Increased exposure to disease-causing factors
 - iii. Decreased ability of body to maintain normal ranges
 - iv. = increased susceptibility and increased incidence of disease
 - v. Aging DOES NOT automatically include disease
- 7. What is healthy aging? (tie back to index card activity)
 - a. Expectations, desired lifestyle, interpretations/accommodation to normal age-related changes and chronic disease states
- 8. Nurse's role
 - a. As advocate – ask the questions – inquire about client's baseline
 - b. Holistic approach: socio-cultural, environmental, economic, physiologic

Week 2: Nursing assessment of the older adult

Learning objectives:

- Describe how the nature of illness presentation, changes in homeostatic mechanisms and the lack of normative standards for older adults affect the assessment process
- Explain rationale for conducting assessments of functional status in older adults and considerations for baseline comparisons
- Describe elements of general assessment and useful assessment tools
- Discuss rationale for integrating findings from physical, psychosocial, functional, and environmental assessments

Lecture/discussion:

1. Overview: steps to assessment
 - a. Assume heterogeneity
 - b. Use elder's previous status as baseline for setting unique, individualized standard
 - c. Differentiate normal age-related changes from disease states
 - i. Prevention, early detection, proper intervention, proper evaluation of treatment effects, identification of adverse reactions/side effects
2. Assessment considerations
 - a. Altered/atypical presentation and response to specific diseases (i.e., modified, unrelated, absent)
 - b. Functional status
 - c. Cumulative and integrated effects of multiple losses: psychosocial/physiologic conditions, functional changes
 - i. Short term/long term functional implications (ADLs, IADLs)?
 - ii. Failure to thrive – what is this? Multi-layered, multi-dimensional
 - d. Socio-cultural, environmental, economic, physiologic, psychologic
3. Assessment challenges
 - a. Standards for “normal aging”
 - b. Absence of norms for many pathological conditions
 - i. Atypical presentations
 - c. Landmarks for development after 65? Are they the same at ages 75, 85, 90?
 - d. Baseline for functional status
4. Assessment tools (general)
 - a. *Try this:* Best Practices in Nursing Care of Older Adults
 - i. Fulmer SPICES: An Overall Assessment Tool of Older Adults
 - ii. Katz Index of Activities of Daily Living
 - iii. Beers' Criteria for Potentially Inappropriate Medication Use in the Elderly
 - iv. Predicting Pressure Ulcer Risk
 - v. Fall Risk Assessment
 - vi. Nutritional Assessment?

Week 3: Polypharmacy

Learning objectives:

- Identify the demographics of medication usage in older adults
- Define polypharmacy and describe related provider/client characteristics
- Identify normal anatomical, physiological, & functional changes of aging, as related to drug absorption, distribution, and clearance
- Describe adverse reactions to medications commonly occurring in older adults
- Identify iatrogenic problems associated with multi-geriatric syndromes and their medication regimens
- Discuss strategies for preventing polypharmacy and enhancing medication compliance/adherence
- Develop an understanding of the complex cost issues related to medications for older adults
- Discuss effects of tricyclic antidepressant drugs in older adults

Readings:

Required: Gerontologic Nursing, 2nd edition – *Chapter 21: Pharmacologic Management*

Gray, S.L., Sager, M., Lestico, M.R., & Jalaluddin, M. (1998). Adverse drug events in hospitalized elderly, *The Journals of Gerontology*, 53A(1), M59-M63.

Owens, N.J., Silliman, R.A., & Fretwell., M.D. (1989). The relationship between comprehensive functional assessment and optimal pharmacotherapy in the older patient, *DICP, The Annals of Pharmacotherapy*, 23, 847-853.

Optional:

Flaherty, J.H., Perry, H.M., Lynchard, G.S., & Morley, J.E. (2000). Polypharmacy and hospitalization among older home care patients. *The Journals of Gerontology*, 55A(10), M554-M559.

Hanlon, J.T., Shimp, L.A., & Semla, T.P. (2000). Recent advances in geriatrics: drug-related problems in the elderly. *The Annals of Pharmacotherapy*, 24, 360-365. (see Tables)

Lecture/discussion:

1. Medication usage in older adults
 - a. Demographic trends
 - i. #s of prescriptions, economic implications
 - b. Definition of polypharmacy
 - c. Factors that lead to polypharmacy
 - i. Patient characteristics
 - ii. Prescriber characteristics
2. Brief overview of normal age-related physiologic changes and effects on drug absorption, distribution, clearance (covered in greater detail in NURS 309)
3. Adverse reactions to medications commonly occurring in older adults
 - a. Causes
 - b. Examples

4. Iatrogenic problems associated with multi-geriatric syndromes and their medication regimens
 - a. Anticholinergics
 - b. Tricyclics
 - c. Antiemetics
 - d. Digoxin
 - e. H₂blockers
 - f. Long-acting benzodiazepines
 - g. Narcotics
5. Factors associated with adherence to prescribed medication regimens
 - a. Cognition
 - b. Social support
 - c. Economic/insurance reimbursement considerations
 - d. Depression
 - e. Function ability
6. Cost issues related to medications for older adults
 - a. Medicare prescription drug coverage
 - b. Medicaid
 - c. Gap insurance
 - d. Out-of-pocket
7. Effects of tricyclic antidepressant drugs in older adults
8. Tool: *try this*: Beers' Criteria for Potentially Inappropriate Medication Use in Elderly

Week 4: Dementia, depression, & delirium

Readings:

Required: Gerontologic Nursing, 2nd edition
Chapter 27: Cognitive and Neurologic Function p. 615-643

Insel, K. & Badger, T.A. (2002). Deciphering the 4 D's: cognitive decline, delirium, depression and dementia – a review. *Journal of Advanced Nursing*, 38(4), 360-368.

Segatore, M. & Adams, D. (2001). Managing delirium and agitation in elderly hospitalized orthopaedic patients: part 1- theoretical aspects. *Orthopaedic Nursing*, 20(1), 31-46.

McCarthy, M. (2003). Situated clinical reasoning: distinguishing acute confusion from dementia in hospitalized older adults. *Research in Nursing & Health*, 26, 90-101.

Optional: Inouye, S.K., Bogardus, S.T., Charpentier, P.A., Leo-Summers, L., & Acampora, D., et al. (1999). A multicomponent intervention to prevent delirium in hospitalized older patients. *The New England Journal of Medicine*, 340(9), 669-676.

Learning objectives:

- Describe normal age-related anatomical/physiological changes in the neurologic system and functional implications
- Describe the prevalence of depression in older adults
- Discuss symptoms and treatment strategies for depression in older adults
- Identify an assessment instruments for depression, dementia, & confusion in older adults
- Describe the prevalence of delirium and dementia in older adults
- Discuss the symptoms of delirium and dementia
- Discuss the assessment and treatment strategies for delirium and dementia
- Differentiate between depression, delirium, and dementia in older adults

Lecture/discussion:

1. Normal age-related changes in the neurologic system
 - a. Structural
 - b. Functional
2. Depression, delirium, dementia
 - a. Prevalence
 - b. Symptoms
 - c. Underlying causes
 - d. Assessment
 - e. Treatment strategies
3. Contrast criteria for differentiating depression, delirium, and dementia in older adults
4. Factors that commonly interfere with appropriate diagnosis and treatment
 - a. Provider, patient, family-related
5. Nursing implications for psychotropic medication administration

6. Chemical and non-chemical restraints
7. Nursing implications/strategies for care of older adult with dementia
8. Assessment tools: *try this*:
 - a. The Geriatric Depression Scale (GDS)
 - b. Recognition of Dementia in Hospitalized Older Adults
 - c. Confusion Assessment Method (CAM)

Week 5: Urinary and fecal incontinence

Readings:

Required: Gerontologic Nursing, 2nd edition
Chapter 25: Gastrointestinal Function, page 550
Chapter 26: Urinary Function, pages 586-600

Newman, K.K., & Palmer, M.H., (Eds). Executive summary: proceedings of the symposium - state of the science on urinary incontinence." (2003). *American Journal of Nursing, March Supplement, 4-8.*

Newman, K.K., & Palmer, M.H., (Eds). Discussion and recommendations: overcoming barriers to nursing care of people with urinary incontinence - state of the science on urinary incontinence. (2003). *American Journal of Nursing, March Supplement, 47-53.*

Mason, D.J., Newman, D.K. & Palmer, M.H. (2003). Changing UI practice. *American Journal of Nursing, March Supplement, 2-3.*

Lekan-Rutledge, D. & Colling, J. (2003). Urinary incontinence in the frail elderly: even when it's too late to prevent a problem, you can still slow its progress. *American Journal of Nursing, March Supplement, 36-46.*

Learning Objectives:

- Describe normal age-related anatomical/physiological changes in the urinary/renal system and functional implications
- Identify the prevalence of urinary incontinence and the risk factors associated with involuntary loss of urine
- Identify causes of transient incontinence
- Identify the types of persistent urinary incontinence, with associated signs and symptoms
- Identify assessment options for urinary incontinence
- Identify treatment options for urinary incontinence
- Identify consequences of incontinence for the older adults
- Assess the appropriate use of indwelling urinary catheters

Lecture/discussion:

1. Normal age-related changes in urinary structure and function
2. Prevalence of urinary incontinence
3. Risk factors
4. Transient causes of incontinence
5. Types of urinary incontinence & related signs/symptoms
 - a. Acute
 - b. Chronic
 - c. Stress
 - d. Urge
 - e. Overflow
 - f. Functional
6. Functional assessment

7. Environmental assessment
8. Psychosocial assessment
9. Physical examination
10. Individualized treatment options
 - a. Environment
 - b. Behavior
 - c. Pharmacological
 - d. Surgical
 - e. Equipment/devices
11. Indwelling urinary catheters
 - a. Indications
 - b. Contraindications
 - c. Risks
12. Assessment tool
 - a. *try this*: Urinary Incontinence Assessment

Week 6: Falls & trauma

Readings:

Required: Gerontologic Nursing, 2nd edition
Chapter 12: Safety, pages 232-255

Learning Objectives:

- Describe demographics related to falls in older adults
- Identify risk factors related to falls in older adults
- Identify components in an evaluation of a fall
- Discuss interventions for fall prevention and minimizing injury in older adults

Lecture/discussion:

1. Demographics related to falls in older adults
 - a. Injuries, acute care costs, hospitalization, long-term trajectory
2. Normal age-related anatomical/physiological/functional changes that contribute to falls
 - a. Sensory
 - i. Vision, hearing
 - b. Cardiovascular
 - c. Musculoskeletal
 - d. Neurologic
3. Risks
 - a. Intrinsic
 - i. Postural hypotension
 - ii. Impaired mobility / gait / balance
 - iii. Acute and chronic illness
 - iv. polypharmacy
 - b. Extrinsic
 - i. Environmental hazards
 - c. Multifactorial etiologies
4. Types of falls
 - a. Isolated falls
 - b. Accidental falls
 - c. Cluster falls
 - d. Premonitory falls (produced by specific medical illnesses)
 - e. Prodromal falls
 - f. Drop attack
 - g. Intentional falls
5. Fall Consequences
 - a. Physical injury
 - b. Psychologic trauma
6. Fall assessment
 - a. History
 - b. Physical examination:
 - i. Vision
 - ii. CV
 - iii. Extremities
 - iv. Neurologic system

- v. Contineny
 - vi. Romberg Test, sternal push
 - vii. Use of assistive devices
 - viii. Tinetti Balance and Gait Evaluation
 - c. Environment
7. Nursing management
- a. Interventions
 - i. Risk assessment tool: *try this*: Fall Risk Assessment
 - ii. Fall prevention
 - 1. Education
 - 2. Environment
 - 3. Decreased use of physical restraints
 - iii. Treatments indicated per risk assessment
 - b. Organizational indicators to consider when evaluating the impact of a Fall Prevention Program

Week 7: Sleep

Readings:

Required: Gerontologic Nursing, 2nd edition
Chapter 10: Sleep and Activity, pages 199-210

Learning Objectives:

- Describe the normal age-related changes associated with age and functional implications
- Identify the causes of sleep disturbance among older adults
- Identify processes/tools for assessment of sleep in older adults
- Identify nursing interventions to restore sleep quality among older adults

Lecture/discussion:

1. Normal age-related changes in sleep patterns and functional implications
2. Factors affecting sleep
 - a. Environment
 - b. Pain, discomfort, and other illness factors
 - c. Lifestyle changes
 - d. Dietary influence
 - e. Drug-inducing sleep
 - f. Depression
 - g. Dementia
3. Sleep disorders & conditions
 - a. Disorders
 - i. Dyssomnias
 - ii. Parasomnias
 - iii. Disorders associated with medical or psychiatric disorders
 - iv. Proposed sleep disorders
 - b. Periodic limb movement in sleep
 - c. Sleep apnea
4. Assessment
 - a. Sleep history, diary
 - i. Sleep-wake patterns
 - ii. Bedtime routines/rituals
 - iii. Medical history
 - iv. Medications
 - v. Diet
 - vi. Environmental
 - vii. Psychosocial
 - viii. Assessment tool - *try this*: The Pittsburgh Sleep Quality Index
5. Interventions
 - a. Non-pharmacologic options
 - i. Removal of contributing factors (drugs, diet, activity levels/weight, etc)
 - ii. Education
 - iii. Sleep hygiene
 - iv. Positive Airway Pressure
 - v. Cognitive-behavior therapy
 - b. Pharmacologic options

Week 8: Caregiving and mistreatment of older adults

Readings:

Required: Gerontologic Nursing, 2nd edition
Chapter 6: Family Influences, pages 130-140
Chapter 3: Legal and Ethical Issues, pages 37-38
Chapter 7: Socioeconomic and Environmental Influences, page 164-168
Chapter 12: Safety, pages 251-252

(additional readings from journal articles – related to topics listed)

Learning Objectives:

- Define caregiving and describe demographics related to caregiving of older adults
- Identify specific positive and adverse consequences associated with caregiving
- Discuss resources available to caregivers of older adults
- Describe the role of grandparents as caregivers
- Describe types and indicators of and contributing factors to elder mistreatment
- Discuss strategies for the reporting, treatment, and prevention of elder mistreatment

Lecture/discussion:

1. Definition of caregiving and demographics related to caregiving of older adults
2. Positive and adverse consequences associated with caregiving
 - a. Caregiver Strain Index
3. Resources available to caregivers of older adults
4. Role of grandparents as caregivers
5. Possible causes of elder mistreatment
 - a. Caregiver stress
 - b. Dependency or impairment
 - c. External stress
 - d. Social isolation
 - e. Intergenerational transmission of violence; history of abusive relationships
 - f. Intra-individual dynamics or personal problems of the abuser
6. Types of elder mistreatment
 - a. Prevalence
 - b. Types
 - i. Physical abuse, neglect
 - ii. Psychological (emotional) abuse, neglect
 - iii. Financial / material abuse, neglect
 - iv. Violation of personal rights
7. Self-abuse or self-neglect
8. Indicators of elderly mistreatment
 - a. Physical
 - b. Psychological
 - c. Financial
9. Intervention and reporting
10. Treatment
 - a. Assessment tools:
 - i. *try this*: Elder Abuse and Neglect Assessment Form

- ii. Screening & Assessment of Elder Mistreatment
- iii. Interventions for Elder Mistreatment

11. Prevention of Elder Abuse

Week 9: Continuum of care: independent, retirement centers, assisted living, skilled home/institutional, adult day centers, hospice

Readings:

Required: Gerontologic Nursing, 2nd edition
Chapter 31: Acute Care, pages 757-770
Chapter 32: Home Care & Hospice, pages 771-796
Chapter 33: Long Term Care, pages 797-814

Learning Objectives:

- Describe acute care hospital use patterns in the older adults population
- Identify risks associated with hospitalization of older adults
- Identify and describe the various care settings that comprise the continuum of care and their roles
- Discuss concept of “aging in place” for older adults
- Distinguish the categories and types of home care organizations available to elders

Lecture/discussion:

1. Acute care
 - a. Characteristics of older adults in acute care
 - b. Risks of hospitalization
 - i. Adverse drug reactions
 - ii. Falls
 - iii. Infection
 - iv. Hazards of immobility
 - v. Quality improvement
 - c. Nursing in the acute care setting
2. Non-institutionalized care needs
 - a. Factors affecting the healthcare needs of non-institutionalized older adults
 - i. Common diagnoses
 - ii. Functional status
 - iii. Cognitive function
 - iv. Housing options
 - b. Informal caregivers
 - i. Profile
 - ii. Effects of caregiving
 - iii. Health of caregivers
 - iv. Psychological and emotional strain
 - v. Physical strain
 - vi. Financial strain
 - c. Home health care
 - d. Hospice
3. Institutional long-term care
 - a. Demographics of nursing facilities and residents
 - b. Factors associated with institutionalization
 - c. Medical and psychosocial models of care

- d. Regulatory framework
4. Continuum of care
- a. Case management
 - b. Current trends

Week 10: Socioeconomic considerations and financing healthcare for older adults

Readings:

Required: Gerontologic Nursing, 2nd edition
Chapter 3, pg 34-35
Chapter 7: *Socioeconomic and Environmental Influences*, pp 150-160

Feder, J., Komisar, H.L., & Niefeld, M. (2001). The financing and organization of health care. In Birstock R.H. & George L.K., (Eds). *Handbook of Aging and the Social Sciences*, San Diego: Academy Press, 387-405.

Learning Objectives:

- Identify major socioeconomic and environmental factors that influence the health of older adults
- Discuss fundamental principles associated with current public financing of care for older adults
- Distinguish between Medicare and Medicaid programs
- Identify roles and relationships between federal and state governments
- Discuss linkages between financing structures, care delivery practices, access to care
- Discuss current political, economic, and social issues relating to public/private financing of medical care and long term care for older adults

Lecture/discussion:

- 1) Socioeconomic factors
 - a) Age cohorts
 - b) Income sources
 - c) Poverty, education, health status
- 2) Financing – entitlements and benefits
 - a) Overview: differentiation between Medicare and Medicaid
 - i) Medical care
 - ii) Long term care
 - b) Medicare program
 - i) Fundamental principles
 - ii) Payment structures
 - (1) Part A
 - (2) Part B
 - (3) Part C
 - (4) Part D
 - iii) Cost sharing
 - (1) Deductibles, co-pays
 - (a) Medi-gap coverage
 - (b) Employer sponsored
 - (c) Private pay
 - c) Medicaid program
 - i) Fundamental principles
 - ii) Payment structures
 - (1) State-set eligibility and benefits
 - (2) Long term care insurance
 - (3) Private Pay
 - d) Current policy issues re: Medicare financing

- i) Adequacy of current funding/structures
- ii) Proposals for change
- e) Current policy issues re: Medicaid financing
 - i) Fed/state linkages – conflicting goals, ‘burden’ shifting
 - ii) State budgets & cost containment