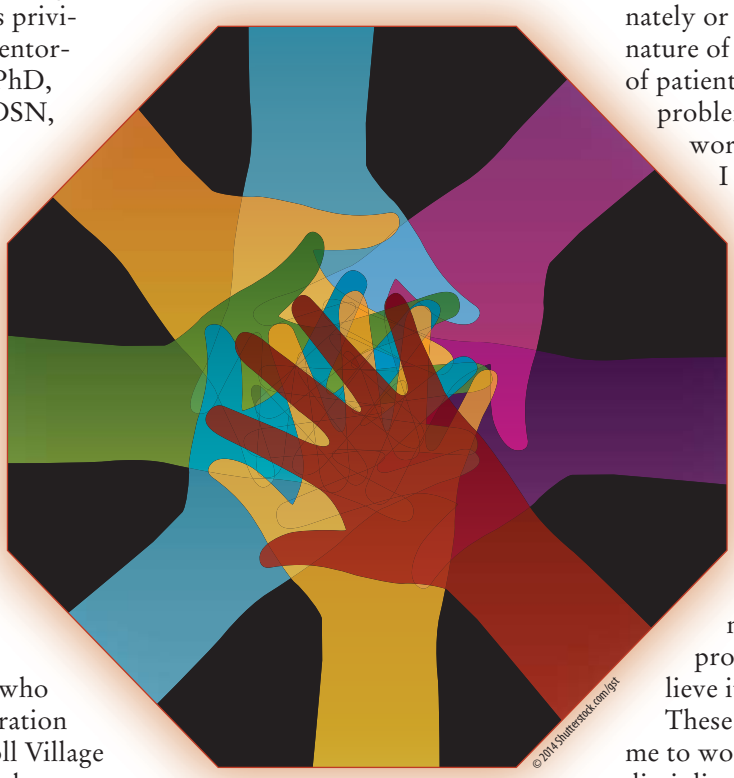
What I Know For Sure

The Value of Interprofessional Education and Practice in Geriatrics and an Exciting New Collaboration for Our Journal

This month's editorial allows me to reminisce, to remind myself that everything that is old is new again, and to look ahead to an exciting new partnership.

In 1987, as a new student at the University of Cincinnati College of Nursing and Health, I was privileged to train under the mentorship of Ann McCracken, PhD, RNC, Evelyn Fitzwater, DSN, RN, and Gregg Warshaw, MD, and to be part of a Robert Wood Johnson (RWJ)–funded teaching nursing home project that began in the 1980s at Maple Knoll Village. This particular collaboration focused on a shared primary nursing model. As hoped by RWJ, the program influenced both the university and the nursing home staff and patients, but it also had a profound effect on me and other students who came through this collaboration and worked in Maple Knoll Village as our clinical site (McCracken-Knights, 1984).

At the clinical site, we worked and trained side-by-side with other disciplines. We would visit the nursing home with medical, nutrition, and pharmacy students. We would all assess the patient (usually together, if not overwhelming) and then come back to the conference room and discuss our experience, our assessment, and where we thought we could add value in improving care for this particular patient. Many times we would have different perspectives, but all were valued, and we had fun learning and caring for older adults together. Most importantly, from this early ground-breaking interprofessional educational experience, we ended up with a stronger, more comprehensive approach to patient care and an appreciation for one another professionally.



Sometimes it can be difficult and frustrating to work with other disciplines, and some days it may seem easier to "do it alone," but fortunately or not for gerontology, the nature of our work and complexity of patient care and presentation of problems and needs demand we work together well in real life.

I believe this early experience of learning outside of my discipline has allowed me to embrace and respect the value that other health professionals add and know that they want the same things for the patient as I do—quality care, appropriate care, and care that respects the older adults' preferences and values. It may not always be a quicker process, but I strongly believe it is better.

These early experiences allowed me to work naturally with other disciplines and feel comfortable reaching out to them for practice, educational, and research initiatives. My first academic position was in a school of medicine teaching residents and medical students. My longest (23 years) mentoring relationship is with a physician, and our National Institutes

of Health–funded grants are all interdisciplinary, consisting of a team of nurses, physicians, psychologists, pharmacists, health economists, and others working together to advance the science of delirium care. Over the past several years, I have had the opportunity to do this on a more public scale in several outlets, as a nurse on the Institute of Medicine Committee on the Public Health Dimensions of Cognitive Aging (http://www.iom.edu/Activities/Aging/CognitiveHealthAging.aspx), as a member of the American Geriatrics Society (AGS) Delirium Guidelines Panel, as co-chair of the AGS Beers Update on Potentially Inappropriate Medication Use in Older Adults (http://www.americangeriatrics.org/health_care_professionals/clinical_practice/clinical_guidelines_recommendations/2012), and lastly, as Editor of the *Journal of Gerontological Nursing* (*JGN*). Kitty Buckwalter, PhD, RN, FAAN, and the other editors who came before me have illustrated strong ties with other disciplines in *JGN*, and we continued this tradition by adding a pharmacist as a section editor in the past year (Nicole J. Brandt, PharmD, CGP, BCPP, FASCP) and publishing strong practice- and research-based publications with psychologists, physical therapists, physicians, pharmacists, speech therapists, and others (Bagli, Ergenoglu, Akin, & Aribogan, 2014; Chen, Saczynski, & Inouye, 2014; Smith et al., 2013).

This is why I am extremely excited to announce our new partnership as an affiliate journal with the AGS. *JGN* will be available for professional nurse members of the AGS. The AGS has been an important part of my life as an advanced practice nurse, as I present research at their annual meetings, use their educational and practice resources, and serve on expert guideline panels for improving clinical practice. I recently attended the AGS 2014 annual meeting. I presented work from our team and came away invigorated with new ideas. I was reminded of the appropriateness of the quote by Seth Godin in his February 2014 Technology, Entertainment, and Design (TED) talk: "...ideas don't get smaller when they're shared, they get bigger."

Just like in my early teaching nursing home experience, I am impressed with the AGS's ability to embrace the differences and strengths of all disciplines that care for older adults and to disseminate this work to health professionals and consumers. In the July issue of *JGN*, we will hear more details of this partnership in an editorial by the current president of AGS, Wayne McCormick, MD, PhD, who praises this announcement by saying:

> The American Geriatrics Society is so pleased to be partnering with SLACK Incorporated to provide the *Journal of Gerontological Nursing* to our professional nurse members. This exciting partnership provides a valuable new benefit for our members and also offers us the opportunity to bring other AGS content to the attention of the nursing community.

Approximately 30 years have passed since that teaching nursing home experience, but I leave our readers with the perspective that the more I work in geriatric practice, education, and research, the more convinced I am we all want the same thing (improved care for older adults), and working together we will achieve this goal. We may have different strengths, limitations, perspectives, and working styles, but we are there for similar reasons and we learn so much from working out those differences. Differences are often where new ideas come from—when we leave our comfort zones and our safe environments, creativity and critical thinking emerge (Johnson, 2011). With our new partnership, I am looking forward to even more creativity and advances in care and research being made for all older adults!

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