Are We Preparing Gerontological Nurses of the Future?

This past year our nursing program entered into the process of a curricular gap analysis. Such gap analyses are occurring regularly throughout the nation in response to the Institute of Medicine (IOM; 2011) Future of Nursing report. In response to this report, the AARP partnered with the Robert Wood Johnson Foundation to form The Future of Nursing Campaign for Action. Our gap analysis was supported by the Connecticut Nursing Collaborative–Action Coalition, which is one of 51 state Action Coalitions of the Campaign for Action and aims to improve the health of populations through a strong, diverse nursing workforce. Other states have also been actively working toward these common goals.

The state of Massachusetts led the nation in the development of an education/practice competency model for curricular redesign (Sroczynski, Gravlin, Route, Hoffart, & Creelman, 2011) and disseminated the model for replication by academic and clinical colleagues. The gap analysis process facilitated a series of monthly meetings between associate degree and baccalaureate degree nursing programs and clinical partners. The aim was to determine how to best prepare students to meet the nurse of the future competencies at each educational level and through their transition to professional practice. Early in the project it became clear how large of a gap existed. In many cases, what academia thought students needed was not what was expected of them in their first nursing positions. Although the gap was bigger than expected, it was not particular to our institution. When we gathered for a statewide retreat, six gap areas were addressed, but many more were found. One of the most effective outcomes of the gap analysis was the direct communication and relationship-building that developed between the academic and practice partners around these issues.

The Future of Nursing competencies (IOM, 2011) focus on the overall needs of the health care system rather than a specific patient population; however, it occurred to me that the gap analysis process used to prepare nurses for the future could be helpful in preparing gerontological nurses of the future. As the fastest growing population, and the population with the most health care needs, older adults are the primary consumers of health care. The need
to prepare gerontological nurses is integral to preparing the nurse of the future. The questions are: Are we teaching our nursing students what they need to know to effectively care for the growing population of older adults, or are there gaps between our curricular competencies, as suggested by the American Association of Colleges of Nursing (2010), and what is expected of the nurse caring for older adults in the practice setting?

I flipped through the table of contents of issues of the *Journal of Gerontological Nursing* over the past several months and found a number of publications that clearly represent the needs of the practice environment. Chief among the clinical practice problems were articles on skin care, home monitoring, fall prevention, dementia care, and advanced directives. Although a foundation in many of these issues is provided through our curriculum, are students as prepared as they could be to assume their practice role? Importantly, have we asked our practice partners in acute care, long-term care, and community-based care whether our graduates are sufficiently competent in key areas of geriatric practice, and how can we better prepare them for practice in these settings? I received my answer last week during a meeting with representatives from the Alzheimer’s Association who asked us to encourage students to refer patients and families to them for help and support. Their referrals were often coming in too late (i.e., after a fall resulted in a fracture or a pressure sore had begun). Clearly, we can all do better.

We have come a long way in gerontological nursing education over the past several decades. Since the development of a Gerontological Nurse Specialty by the American Nurses Association in 1966, the needs of older adults have continuously been investigated and integrated into educational programs in efforts to improve practice. I suggest more work may be needed. Maybe it is time to ask practice partners whether schools are effectively preparing students to care for the unique needs of older adults. Targeted discussions on preparing nurses of the future provided us with a number of gap areas to be addressed. If we asked our gerontological clinical partners how educational institutions could better educate gerontological nurses of the future, we would have more information needed to close the gaps and better meet the health care needs of older adults.

**REFERENCES**


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