Foreword: Array of opportunities in health professions education programs to advance older adult health care

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Finally there is an international movement to reframe aging and create Age-Friendly Health Systems. These initiatives are attempting to thwart care models that associate aging with disease, decline, and withdrawal. Health professions education is a critical component in establishing strategies to reframe aging and redesign health care systems to be age friendly. Older adults are stimulating changes as they re-think their role in the doctor–patient relationship and challenge the traditional care models to respond to their own standards for quality of life. Health professions education is key to redressing aging myths and establishing professional competencies needed to meet older adults’ expectations and new training methods and partners.

Engagement of older adults in the design of new models of care is an emerging approach to training. There is an abundance of older people (note the terms geriatric patient and elderly are derogatory implying pathology and frailty) who are gerotranscended—choosing to be active participants rather than passive recipients and making clear to their providers what matters to them. Education programs that engage older adults have shown it enhances students’ competence to become health care providers that are mindful in the care of older adults and their care partners. Case in point, the coauthor of this Foreword, a member of the silent generation, has been a GEM – Geriatrics Education Mentor – for six years for the University of New England College of Osteopathic Medicine. Each year two medical students are paired with Dr. Weaver with the intent of building or refining their relationship skills as they train to be physicians. She meets with her students in her home, six times over 18 months, and each visit has a focused assignment. These students learn that older adults have skills and insights about aging, their autonomy is an asset to be understood and honored, and health care is not all about curing; healing is a special art.

Why is this important? It demands us to change the way we provide medical care, which in turn forces educators to restructure the way we teach, the language we use, and the training we employ for future health care and service providers. Health professions education and continuing education of practitioners is the red thread that can reframe older adult medical care into health care that meets their needs and personal quality of life goals. The push toward Age-Friendly Health Systems needs to be part of every health professions curriculum. It is essential that the 4 M’s (Matters Most, Mentation, Mobilization and Medication) are front and center when teaching about older adult care; in fact, isn’t this the approach that all people deserve? Person-centered care should be the heart of all health professions education programs. Focus on the 4 M’s aids in keeping that heart beating with purpose and quality of care.

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In this issue of *Gerontology and Geriatrics Education*, the focus is on health professions education innovations that are addressing special needs of care recipients (including those with dementia and challenging behaviors) and new ways of training. These authors recognize the limitations of prior methods. The articles in this edition are a composite of various types and levels of health professions education. Some respond to the demand for interdisciplinary education, while others focus on their work with older adults. Because of the changing patient population, there is a new demand for continuity of educational opportunities for each of the professions from their degree programs through practice.

There is a new emphasis on quality of life; the role of “voice” or partnership with older adults in provision of their care. The social determinants of health, those economic and social conditions that influence individual and group differences in health status, help provide meaning in the care of older adults. Providers are entering a new challenging practice context – that of increasing practice mindfulness. Educators have been the tail that was supposed to wag the dog, but it wasn’t until the demographics changed so dramatically that now educators, as the tail, are able to wag the dog!

In four of the articles, a strong emphasis is on interdisciplinary training; that of collaboration across disciplines that supports interprofessional education. This is one of the underpinnings to providing person-centered care and ensuring the gaps that may be present from one discipline can be bolstered by the content from another. Linda Lee and her colleagues tested the efficacy and benefits of “Booster Days.” In this initiative, clinicians work within an interprofessional environment to augment networking, shared learning, supported practice improvements, and fostering community along with team building. Students and practitioners benefit (as do their patients) by understanding and respecting the roles of other providers in the care team. Marie-Lee Yous and colleagues focused on interprofessional staff training in acute settings, establishing an educational model referred to as P.I.E.C.E.S. for people with dementia – Physical, Intellectual, and Emotional health, Capabilities of an individual, the living Environment and Social being. The essence of which is the role of educational reinforcements and the implantation of sustainability strategies to ensure continuity of educational training. The role of interprofessional teamwork is stated to be a key component for medication management for older adults by Tia Kostas and her colleagues. However, in their needs assessment survey of medical school faculty and students, it was determined that neither students nor faculty felt that students were adequately prepared in three geriatrics competencies related to medication management at the time of graduation. They also stated that students are not receiving sufficient interprofessional educational opportunities that augment medication management and reduce adverse events in older adults. Similarly, Kristin M. Zimmerman and her colleagues focused on the interprofessional role of deprescribing medications for older adults through an examination of perceptions of curriculum preparation for medicine, pharmacy and nursing trainees. It was determined that current curricular content should be modified to address lack of preparedness to deprescribe in clinical practice. The bottom line is that changes in clinical practice could result from interprofessional trainee education to improve Interprofessional role recognition to address gaps in older adult care.

Beverly O’Connell and her colleagues addressed education and training structures to increase preparedness of Bachelor of Nursing students working with long-term care residents who exhibit challenging behaviors. It was determined that providing
a theoretical course prior to the clinical course placement increased students’ feelings of preparedness to manage the complex behaviors exhibited by residents. Of note is the ongoing theme within many of these articles that continuity of education and training is key to increase competence as well as confidence for health professions students and practitioners; whether this occurs through formal educational programs or in community settings. Lourdes R. Guerrero and colleagues addressed this through developing and implementing a community training; specifically they studied the effect of a competency-based training program designed for direct care workers at the In-Home Supportive Services Program in California. The training, provided in English and Spanish, resulted in statistically significant gains in care and overall confidence in caregiving skills and knowledge.

Kenneth M. Manning and colleagues applied a unique approach for medical clinicians at a geriatrics rotation where these clinicians were paired with an older adult outside the hospital setting to participate in a group exercise program. Too often older adults are marginalized, hence the term “geriatric patient” which in and of itself warrants the creation of a “problem list” rather than an “ability list.” This program changed the clinicians’ perceptions of older adults and increased confidence in their ability to serve as advocates for physical activity for older adults. This direct relationship between the clinicians and older adults supported them being participants (in exercise) rather than passive recipients (of care); resulting in mutual learning.

There are social imperatives that are impacting health professions education, regardless of the discipline. This forces us to propose ways to collaborate in health professions training especially when dealing with cross-cultural educational issues. Sirpa Rosendahl and colleagues took a bold step in nursing education within Sweden and Thailand to elucidate the need for pedagogical strategies to be developed by nurse educators who specialize in cross-cultural gerontology. Their findings made it clear that this is essential to improve current and future nursing education in both countries.

The Gerontological Society of America (GSA) turns 75 years old this year and knows aging! But it is the Academy for Gerontology in Higher Education (AGHE) within GSA that knows education on aging – geriatrics and gerontology. AGHE’s recent education service is the Program of Merit for Health Professions Programs. This voluntary evaluation process for health professions programs applies standards and guidelines for preparing students to work with older adults. A successful application review results in the program being awarded Program of Merit status. As the authors in this edition have demonstrated, there are numerous frontiers to advance health professions education and training on aging. The work of these authors paves the way for our practitioners of tomorrow to learn how to adapt to demographic shifts and to work with older adults to attain health, well-being, and quality of life.