



Development of core competencies and a recognition program for gerontological nursing educators



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ABSTRACT

Despite efforts to implement learner competencies in gerontological nursing, a significant knowledge-attitude disassociation remains, with few students interested in pursuing careers in the care of older adults. One reason may be the lack of well-qualified faculty who can design engaging learning experiences with older adults and serve as positive role models for aging care. In response, the National Hartford Center of Gerontological Nursing Excellence commissioned the development of core competencies and a recognition program for educators in gerontological nursing. The goal of these competencies is to promote quality instruction in the care of older adults by describing a set of preferred skills characterizing faculty teaching gerontological content to nursing and interprofessional learners. These educator-focused competencies can guide individual career development for new and current educators who specialize in teaching about the care of older adults. They provide direction for selecting well-prepared individuals for gerontological nursing teaching positions and evaluating educator role performance. This paper describes the development of seven core competencies for nurse educators who teach in academic and professional development programs, as well as criteria for their recognition. An iterative development process was used to define the core competencies, along with descriptions and exemplars of each domain.

A decade ago, the Institute of Medicine published its groundbreaking report, *Retooling for an Aging America: Building the Health Care Workforce* (2008). This report stressed the imminent need to increase the number of health care providers competent in providing high quality care to the rapidly growing older population. In the United States, the population age 65 years and over is projected to nearly double over the next three decades, from 48 million to 88 million by 2050 (Centers for Disease Control and Prevention, 2013; He, Goodkind, Kowal, & U.S. Census Bureau, 2016). Most older adults have complex

health needs requiring providers to be skilled in management of chronic conditions as well as interdisciplinary team-based care. A key recommendation of the IOM's report was to integrate specialized education and training in the care of older adults in all educational programs that prepare health care providers. An important underlying strategy was to ensure educators are knowledgeable in gerontology and geriatric care and capable of training future generations of health care providers.

Prior to and since the IOM's report, professional organizations and nursing accrediting bodies have been championing the integration of

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specialized gerontological competencies and curricular guidelines into the preparation of nurses at all academic levels. These include the: American Association for Colleges of Nursing (AACN & HIGN, 2010a, 2010b; AACN, 2011, 2016; Thornlow, Latimer, Kingsborough, & Arietti, 2001), Association for Gerontology in Higher Education (AGHE, 2014), Gerontological Advanced Practice Nurses Association (GAPNA, 2016), Geropsychiatric Nursing Collaboration (2010a, 2010b, 2010c, 2010d, 2010e, 2010f, 2010g, 2010h, 2010i), Institute of Medicine (2011), National Hartford Center of Gerontological Nursing Excellence (formerly Building Academic Geriatric Nursing, 2001), National League for Nursing (NLN, 2011), and the New York University's Rory Meyers College of Nursing's Hartford Institute for Geriatric Nursing. Curricular guidelines have led to the development of specialized gerontological content, case studies and simulation scenarios by organizations such as the National League for Nursing's Advancing Care Excellence for Seniors program, University of Iowa's Hartford Center for Gerontological Nursing Excellence's evidence-based practice guidelines in gerontological nursing, and the Portal of Geriatrics Online Education (POGO-e) website. In addition, the Hartford Institute of Geriatric Nursing has developed support for nursing clinical agencies who provide care to older adults through its clinical website (<https://consultgeri.org>) as well as other e-Learning resources.

Despite significant efforts to integrate gerontological and geriatric care principles and content, clinical experiences, and resources into curricula across all levels of educational programs, little progress globally and in the United States has been made in changing student attitudes and their plans for choosing a career related to the care of older adults (Koh, Merchant, Lim, & Amin, 2012; McCann, Clark, & Lu, 2010; Ben Natan, Danino, Freudlich, Barda, & Yosef, 2015; Sizer, Burton, & Harris, 2016; Rush, Hickey, Epp, & Janke, 2017). This is especially true in nursing where the current and future demand for registered nurses is a national concern (AACN, 2017). With nurses providing a majority of the direct care to older patients, the well-documented lack of career interest by students for specializing in the care of older adults reflects a significant challenge for educational programs (IOM, 2008).

Three recent literature reviews identified several factors that prevent undergraduate nursing students from choosing gerontological nursing as a career option (Sizer et al., 2016; van Iersel, Latour, de Vos, Kirschner, & Scholte op Reimer, 2016; Garbah, Välimäki, Palovaara, & Kankkunen, 2017). Among these factors are the lack of positive experiences with older adults, negative faculty attitudes, inadequate clinical placements that reinforce nursing students' prejudices and stereotypical attitudes toward the care of older adults, perception related to lack of technical skills needed, and curricula that focus primarily on acute and critical care. These reviews highlight the importance of having instructors with sufficient knowledge and experience in care of older adults, as well as those who could serve as enthusiastic and positive role models about aging care issues.

To meet the challenge of preparing the future nurse workforce to be skilled and interested in providing quality care for the older population, nurse faculty and staff educators, including those who are novice to the role and/or with diverse programs or backgrounds, are needed who have gerontological/geriatric expertise, positive attitudes toward aging, and experience in using innovative instructional methods engaging learners and facilitating interest in the care of older adults. While the National League for Nursing has developed competencies for academic nurse educators (Halstead, 2007), these competencies are generic, serving only to define the knowledge, skills, and attitudes necessary to implement the educator role across all subspecialty areas. They do not address the specific teaching and learning needs necessary to prepare learners in subspecialties such as gerontological nursing. Although many faculties are prepared to teach adult health nursing content, faculty teaching the care of older adults requires a different knowledge and skill set, serving as role models for students and consultants with other faculty in the integration of gerontological and geriatric content

across the nursing curriculum (National League for Nursing, 2011).

In 2015, recognizing the need to define the unique characteristics and expertise needed by educators in gerontological nursing, the National Hartford Center of Gerontological Nursing Excellence commissioned an Expert Panel to develop core competencies in gerontological nursing for all educators. The goal of these competencies is to promote quality didactic and experiential instruction in the care of older adults by describing a set of behaviors that characterize faculty who teach nursing and interprofessional learners in academic and professional development programs. In addition, these competencies would serve to guide individual career development for new and current educators who seek to specialize in teaching about the care of older adults. Furthermore, they could provide direction for evaluating and recognizing role performance and may be used by deans and directors in selecting qualified individuals for teaching and educational leadership positions in gerontological nursing who demonstrate mastery of the core competencies. Mastery of the core competencies could be demonstrated through a formal national recognition program established by a professional organization or a teaching portfolio highlighting accomplishments as a gerontological nurse educator.

The purposes of this article are to: 1) describe the process used to develop the core competencies for gerontological nursing educators; 2) summarize the core competency domains and the exemplars that illustrate evaluation methods; and 3) describe a recognition program for identifying educators who meet the core competencies in gerontological nursing education.

Background

Competence and competency statements in nursing

Competence broadly refers to a person's capacity to perform his or her job function. In nursing, competence is defined as knowledge, skills, traits, motives, and attitudes central to effective performance in education, clinical practice, or to any element of nursing (Moghabqhab, Tong, Hallaran, & Anderson, 2018). Competency is different from the term "competence" in that it suggests the extent of ability in performing the task according to an industry standard (Beaver et al., 2016). A competency statement describes a broad area of behavior/performance that is requisite for being competent in a particular role and work setting. This statement can serve as a metric for evaluation. Competency statements are typically described in a written document supported by a large national organization or a group of experts in the field.

In nursing, national organizations such as the National League of Nursing (Schultz, 2010), American Association of College of Nursing (AACN, 2016), the International Confederation of Midwives (Woeber, 2018), the National Geriatric Pain Collaborative (Swafford et al., 2014) and specialty organizations such as the Oncology Nurses Association (Day et al., 2014; Gaguski et al., 2017) have defined a set of competencies considered essential for professional nursing practice in the specialty or in a particular role in the specialty. Job performance, work experience, educational level, and type of nursing are factors that drive the development of competencies (Rizany, Hariyati, & Handayani, 2018). In nursing, competencies focus the preparation of nursing students on the knowledge, skills, and attitudes essential for professional nursing practice, and contribute to the development of nursing curricula at both prelicensure and graduate levels (Fullerton, Thompson, & Johnson, 2013; Iwasiw & Goldenberg, 2015). Benefits to defining nurse competencies include not only specifying content, but also, highlighting the areas of evaluation that can serve as a blueprint for the licensing and certification examinations foundational to nursing practice (Barbé & Kimble, 2018).

Nurse educator competencies

Competencies for nurse educators guide professional development by identifying educational features that must be considered by faculty in designing courses and programs to meet overall program goals. Educator competencies include defining the knowledge and ability to create and articulate a vision for nursing education, anticipating trends and future direction of healthcare needs, and demonstrating integration of principles of higher education into nursing programs (Patterson & Krouse, 2015). Clearly articulated competencies for nurse educators may also drive teaching innovations in collaboration with other disciplines delivering health professions education programs (White, Pillay, & Huang, 2016), and based on current evidence, may lead to discoveries in knowledge and evidence for practice (Zomorodi, 2018). Understanding the need of healthcare organizations to deliver quality care to patients helps educators to understand the needs of students, and thus, to delineate the skills and content essential to defining competencies necessary for educating those students (Weatherford, Bower, & Vitello-Cicciu, 2018). Educator competencies include the need to understand the frequently evolving clinical and technological needs of the healthcare industry, and to master the use of different technologies in teaching and evaluating students (Kirkman, Hall, Winston, & Pierce, 2018).

Need for nurse educator competencies in gerontological nursing

An understanding of and recognized expertise in gerontological nursing is critically important for nurse educators because of the challenges of ageism associated with caring for older adults. Ageism, a form of bigotry first identified by Robert Butler in 1969, is the over-idealization and negative stereotyping of older adults (Butler, 1969). This type of prejudice focuses on old age as associated with frailty, ill health, and the end of life. Ageism fosters a belief that gerontology is a non-desirable profession because it is “not chic”, older adults have poor prognoses, are a poor investment, and their care settings are typically associated with low pay (Rosowsky, 2005), low prestige, and limited career opportunities (Stone & Harahan, 2010).

In contrast to acute care nursing, child care, and midwifery, caring for older adults is ranked lower among desirable practice populations by nursing students (Happell, 2002; McCann et al., 2010; Haron, Ley, Albagli, Rotstein, & Riba, 2013). This is concerning because older adults are the largest age group receiving services across the current United States health care system. Students enter nursing education programs with biases against older adults. Those biases may influence faculty decisions to avoid clinical placements in long-term care settings because students perceive these places as boring, as requiring hard physical work, and as providing insufficient opportunity to practice technical skills (Schrader, 2009). In acute and critical care settings, the focus of students and faculty tends to be on the disease process and treatments rather than commonly encountered challenges (e.g., delirium, polypharmacy, and deconditioning) experienced by older adults and their families with these diseases and treatments (Ironsides, Tagliareni, McLaughlin, King, & Menge, 2010).

These concerns mandate nurse educators be competent in gerontological knowledge, to act as role models not only address the complex care needs of older adults, but also to counteract the deep-seated ageism present in nursing as well as society. Needed are nurse educators with crucial gerontological knowledge and instructional skills to facilitate students not only recognizing that older adults will constitute a large part of their care population across most settings, but also having positive attitudes toward their care. Nurses with gerontological expertise will be in demand in all care settings with the growing organizational awareness that older adults are the core business (Mezey, Capezuti, & Fulmer, 2004) of health services delivery.

The competencies described in this paper delineate gerontological nurse educators' expertise and lay out a path for nurse educators to

develop gerontological content knowledge and pedagogic/ instructional skills to create innovative clinical experiences for students. Nursing faculty do recognize that gerontology and geriatric specific content (e.g., normal aging, geriatric syndromes, and aging in the community) are not adequately covered in their programs (Bednash, Mezey, & Tagliareni, 2011). Faculty members cite several reasons for their own discomfort in teaching gerontologic content related to care of older adults; the most frequently cited reasons include lack of knowledge, discomfort, and lack of familiarity caring for older adults across various settings (Schrader, 2009). Despite the challenges and complexity of caring for older adults with geriatric syndromes and chronic health conditions, faculty and students also state that older adults are uniquely complex in terms of care requirements, coordination, and transitional care issues. Recent attention to various medical conditions that commonly occur in older adults in acute care settings demands that nurses be competent in developing and implementing protocols such as prevention of falls, early recognition of delirium, and prevention of deconditioning in critical care units; protocols that are driven in great part by fiscal disincentives from Medicare.

With the shift in care to community settings that emphasizes self-care for chronic conditions, wellness promotion, and health care delivery by unlicensed staff, the critical need for community-based nurses who are competent in the care of older adults is expanding (IOM, 2011). Clearly-defined gerontological nurse educator competencies can articulate and recognize the content and skills necessary for educating future gerontological nurses who are not only able to provide safe, dignified, respectful person-centered care for older adults, but who will raise the standards of quality care for gerontological nursing.

Development of core competencies

Establishment of the expert panel

The National Hartford Center of Gerontological Nursing Excellence (NHCGNE) issued a call for individuals to serve on an Expert Panel to develop the core competencies. Eligibility criteria included: 1) faculty member in a NHCGNE member institution or a NHCGNE legacy affiliate member; 2) graduate degree in nursing (e.g. MS, DNP, PhD); 3) have a teaching focus in gerontological nursing; and 4) minimum of five years of teaching experience in the care of older adults. The Education Committee reviewed applications to serve on the Expert Panel and made recommendations subsequently approved by the NHCGNE Board of Directors. Panel members were selected based on: teaching background and expertise in gerontological nursing; diverse representation by geographical location, nursing subspecialty (e.g., adult/gerontological health, psychiatric/mental health, and community/public health), nursing programs (e.g., prelicensure, advanced practice), and expertise in different teaching delivery methods (e.g., clinical, classroom, online, and simulation). Table 1 lists members of the Expert Panel. Dr. Joan Stanley from the American Association of Colleges of Nursing and Dr. Elaine Tagliareni, from the National League for Nursing served as ex officio panel members.

Expert panel charge

The NHCGNE Board of Directors charged the Expert Panel to: 1) assess the current state of academic gerontological nurse educator training and recognition; 2) review relevant documents related to the development of professional and/or educational competencies, and literature associated with gerontological nurse educator competencies; 3) identify a framework for the development of competencies for an educator in gerontological nursing; 4) design processes for the generation, validation, and dissemination of competencies; and 5) create a self-sustaining action plan for formal recognition of individuals who master the core competencies.

Table 1
Expert panel members and validation chair.

Jean F. Wyman, PhD, CNP, GNP-BC, FGSA, FAAN (Chair) University of Minnesota School of Nursing	Kathleen Krichbaum, PhD, RN, ANEF, FGSA, FAAN University of Minnesota School of Nursing
Lisa Abdallah, PhD, RN, CNE University of Massachusetts Lowell Solomont School of Nursing	Christine A. Mueller, PhD, RN, FGSA, FAAN (Validation Chair) University of Minnesota School of Nursing
Natalie Baker, DNP, CRNP, GNP-BC, ANP-BC, FAANP University of Alabama at Birmingham School of Nursing	Janine Overcash, PhD, GNP-BC, FAANP The Ohio State University College of Nursing
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Juliana C. Cartwright, PhD, RN Oregon Health & Science University School of Nursing	Catherine R. Van Son, PhD, RN, ANEF Washington State University College of Nursing
Sherry A. Greenberg, PhD, RN, GNP-BC, FGSA New York University Rory Meyers College of Nursing	Joan Stanley, PhD, CRNP, FAANP, FAAN (Ex Officio member) American Association of Colleges of Nursing
Jennifer Kim, DNP, GNP-BC, FNAP, FAANP Vanderbilt University School of Nursing	Elaine Tagliareni, EdD, RN, CNE, FAAN (Ex Officio member) National League for Nursing

Iterative development process

The Expert Panel used an iterative process to develop a consensus set of knowledge, skills, and attitudes for the broad practice of educators in gerontological nursing. This approach has been used by nursing and other professional groups to develop core competencies in education, clinical practice, and research (AACN & HIGN, 2010a, 2010b, 2011; Forrest, Chesley, Tregear, & Mistry, 2017; Bornstein, Heritage, Chudak, Tamblyn, McMahon, & Brown, 2018; Shellenbarger, 2018). The iterative development process involves identifying the need or problem, generating ideas to meet the need, and testing and revising the ideas through various methods involving repeated rounds of analysis (iteration).

The iterative development process was divided into three phases. Phase 1: discipline-specific competency identification and initial specification; Phase 2: national validation of the proposed competencies; and Phase 3: competency refinement and finalization. In preparation for its charge, the Expert Panel reviewed documents from national groups that reflected nurse educator, student, and practitioner competencies as well as position statements that addressed faculty preparation in aging and/or gerontological nursing (Table 2).

Discipline-specific competency identification and initial specification phase

The development process of the core competencies was launched at an in-person meeting of the Expert Panel on November 21st, 2015 at the Gerontological Society of America 68th Annual Scientific Meeting in Orlando, Florida. Follow-up meetings via telephone conference calls were held on a biweekly or monthly basis from January 2016 through October 2017. During the initial meeting, panel members engaged in rich dialogue about the current state of gerontological nursing education and the faculty who teach this content. These educators range from those who possess master's and doctoral level preparation in gerontological nursing, may or may not hold national certification in the care of older adults, to those who have gained knowledge and expertise in the care of older adults from non-traditional educational offerings. In addition, some educators have developed gerontological competence through clinical and research experience in caring for this specialized population for many years. The panel recognized that gerontological nurse educators teach in diverse programs and settings that encompass all levels of formal nursing education (e.g., LPN to PhD), formal programs in gerontology, in professional or staff development programs in universities and clinical organizations with nursing and interprofessional staff. Based on this discussion, the Expert Panel defined the target audience for the core competencies as all nurse educators who specialize in teaching about the care of older adults in academic and professional development programs. The goal of developing the core competencies was to describe the necessary knowledge, skills, and attitudes required to be considered as a knowledgeable and capable

Table 2

Documents reviewed related to gerontological nursing education

Nurse, Gerontology, or Interprofessional Educator Competencies Competencies for the Academic Nurse Educator (NLN, 2012)
Gerontological Nursing Education Caring for an Aging America; A Guide for Nursing Faculty (AAN, 2001 ¹)
Gerontological Nursing Education or Practice Competencies Recommended Baccalaureate Competencies and Curricular Guidelines for the Nursing Care of Older Adults (AACN & HIGN, 2010c)
Adult-Gerontology Primary Care Nurse Practitioner Competencies (AACN & HIGN, 2010b; AACN & NONPF, 2016)
Adult-Gerontology Clinical Nurse Specialist Competencies (AACN, HIGN, & NACNS, 2010a)
Geropsychiatric Nursing Definition and Competency Enhancements (e.g., Entry Level Nursing, Gerontological CNS, Gerontological NP) (Geropsychiatric Nursing Collaborative, 2010a-i)
Adult-Gerontology Acute Care Nurse Practitioner Competencies (AACN, HIGN, & NONPF, 2012; AACN, 2016)
Consensus Statement on Proficiencies for the APRN Gerontological Specialist (GAPNA, 2015 ²)
Gerontology or Geriatric Education Retooling for an Aging American: Building the Healthcare Workforce (IOM, 2008)
Multidisciplinary Competencies in the Care of Older Adults at the Completion of the Entry-level Health Professional Degree (PHA, 2010)
Gerontology Competencies for Undergraduate and Graduate Education (AGHE, 2014)
Nursing Education or Practice Nurse Educator Competencies (SREB, 2002)
Essentials of Baccalaureate Education for Professional Nursing Practice (AACN, 2008)
Public Health Nursing Competencies (QCC, 2011)
Essentials of Master's Education in Nursing (AACN, 2011)
Interprofessional Education and Practice Global Health Competency Model (ASPH, 2011)
Core Competencies for Interprofessional Collaborative Practice (IPEC, 2012; 2016)

Note: AACN = American Association of Colleges of Nursing; AAN = American Academy of Nursing; AGHE = Association for Gerontology in Higher Education; ASPH = Association of Schools and Programs of Public Health; GAPNA = Gerontological Advanced Practice Nurses Association; HIGN = Hartford Institute of Geriatric Nursing at New York University Rory Meyers College of Nursing; IOM = Institute of Medicine (now the National Academy of Medicine); IPEC = Interprofessional Education Collaborative; JAHF = John A. Hartford Foundation; NACNS = National Association of Clinical Nurse Specialists; NLN = National League for Nursing; NONPF = National Organization of Nurse Practitioner Faculties; PHA = Partnership for Health in Aging Workgroup on Multidisciplinary Competencies in Geriatrics; QCC = Quad Council Coalition of Public Health Nursing Organizations; SREB = Southern Regional Education Board

¹ Thornlow, Latimer, Kingsborough, & Arrietti, 2001; ²Nunnelee, Tanner, Cotton, Harris, Alderman, Hassler, ... Schumacher, 2015

educator in gerontological nursing.

The National League for Nursing's (NLN) Competencies for the Academic Nurse Educator (Halstead, 2007; NLN, 2012); were reviewed as a possible framework to model the competencies for gerontological

nurse educators. It became evident that the National League for Nursing competencies were designed to identify competencies necessary for teaching in formal nursing programs, and for becoming a Certified Nurse Educator (NLN Certification Commission and Certification Test Development Committee, 2012). The NLN competencies did not address those abilities considered essential for teaching in a particular nursing subspecialty.

The Expert Panel decided to focus on unique aspects that characterize educators who specialize in teaching the care of older adults at all levels of academic programs and professional development programs, including programs that are interprofessional in nature. The panel consensus was that there are variations in the qualifications of faculty assigned to teach gerontological and associated clinical courses, such as nursing fundamentals, where the population being cared for includes older adults. Therefore, development of specific core competencies for educators in gerontological nursing would provide a foundation for career development as well as for recognition of nurse educators with expertise in teaching the care of older adults. Individuals who exhibit these competencies would be recognized with a certificate of excellence as a Distinguished Educator in Gerontological Nursing. This recognition would strengthen nurse educators' curriculum vitae when applying for teaching positions, as well as for clinical, research, and leadership positions where expertise in providing care to older adults is needed. This recognition would not be limited to nurse faculty in academic programs but be inclusive of nurses who teach in professional nursing education programs, as well as those who teach staff in clinical practice.

Initial conference calls of the Expert Panel focused on identifying broad domains of core competencies. Studies identifying factors including characteristics of nurse faculty that are most likely to influence learners' attitudes and knowledge about caring for older adults, (Baumbush, Dahlke, & Phonney, 2012; Deschodt, Dierckx de Casterlé, & Milisen, 2010; Rodgers & Gilmour, 2011; Sizer et al., 2016; van Iersel et al., 2016) were used in determining the initial broad domains. These domains incorporated: 1) specific knowledge, skills and attitudes in care of older adults; 2) designing and evaluating active learning strategies for engaging learners in care of older adults; 3) serving as an advocate and positive role model for aging; and 4) demonstrating the scholarship of teaching in gerontological nursing through scholarly dissemination. In addition, the core competencies also addressed leadership in curriculum development in gerontological nursing, participation in professional or community service related to aging, and mentorship of faculty, students, and clinicians in caring for older adults.

After identifying seven unique domains of the core competencies (Table 3), the Expert Panel members divided into smaller working groups of two to three people to further define each competency and identify exemplars describing indicators of how a competency could be measured or observed. The panel decided on the term “exemplar” to explain that not all specific examples of activities would need to be met, but rather that demonstrating fulfillment of an exemplar would show how a person's engagement in a specific activity would meet that competency. These exemplars were meant to be a representative not an exhaustive.

Validation phase

The NHCNE Board selected Dr. Christine Mueller to oversee the validation process. In collaboration with the Expert Panel, an online survey to validate the competencies, their descriptions, and associated exemplars was created. For each competency, respondents were asked to rate the importance of the competency for nurse educators specializing in teaching care of older adults on a 4-point Likert-like scale ranging from “not at all” to “extremely important.” Respondents were also asked to rate their level of agreement about the appropriateness of the exemplar using a 4-point Likert-like scale ranging from “not at all” to “strongly agree,” and to indicate if the exemplar required revision

Table 3

Core competencies for educators in gerontological nursing

Domain 1	Maintains knowledge and skills in the care of older adults
	The gerontological nurse educator possesses the requisite knowledge and skills to prepare learners to deliver high quality nursing care to diverse older adult populations. This includes gerontological, geriatric, and geropsychiatric knowledge and skills that can be obtained through post-baccalaureate formal education, or other professional development programs/activities. Experience in working with older adults is crucial.
	Exemplars that may demonstrate this competency:
	1.1. Incorporates comprehensive geriatric assessment and evidence-based interventions for older adults and families into his/her teaching.
	1.2. Educates learners about normal aging and the complex factors that influence the health, function, and independence of older adults such as socioeconomic and environmental issues, multiple chronic conditions, geriatric syndromes, atypical illness presentation, and geropharmacology.
	1.3. Integrates theories and science of aging into didactic and clinical teaching.
	1.4. Maintains national certification(s) in the care of older adults.
Domain 2	Serves as an advocate and positive role model for quality care for older adults
	The gerontological nurse educator serves as an advocate for policy development and the use of evidence-based practices that promote the health, wellness, and delivery of quality care to older adults across settings. This includes serving as a role model who portrays the necessary positive values, attitudes and behaviors that demonstrates commitment in the care of older adults.
	Exemplars that may demonstrate this competency:
	2.1. Applies principles of effective teaching, knowledge of the science of learning, national standards of nursing practice, and/or research evidence to inspire and motivate learners in the care of older adults, their families, and caregivers within the context of varied health care settings.
	2.2. Develops collegial working relationships with learners, faculty, interprofessional team members, and community members/partners to promote positive learning environments and commitment in the care of older adults.
	2.3. Serves as a consultant or resource for evidence-based practice, theoretical development, and/or teaching in gerontological nursing.
	2.4. Provides leadership related to care of older adults at local/organizational, regional, national, and/or international levels.
	2.5. Advocates for policies that promote the health and quality care of older adults.
Domain 3	Implements innovative teaching strategies for engaging learners to develop knowledge, attitudes, and skills about healthy aging and the care of older adults
	The gerontological nurse educator understands the multidimensional context of aging, and uses this knowledge in the design and implementation of innovative learner-centered teaching strategies that nurture a positive view of aging and care of older adults across cultures, health care settings, and the wellness-illness continuum.
	Exemplars that may demonstrate this competency:
	3.1. Incorporates conceptual frameworks about aging into teaching.
	3.2. Uses evidence-based teaching and learning strategies that influence learners' value for and interest in the care of older adults.
	3.3. Integrates affective learning activities associated with reflection on the aging process and individual experiences.
	3.4. Engages learners in activities that increase awareness of their own attitudes, values, and expectations about aging and how these influence the care of diverse older adults, families, and communities.
	3.5. Develops innovative learning opportunities for learners to interact with older adults and their families across the wellness-illness continuum and a variety of settings.
Domain 4	Facilitates interprofessional learning opportunities related to healthy aging and care of older adults
	The gerontological nurse educator builds strong collaborative relationships with other disciplines to develop meaningful interprofessional education and practice opportunities for learners to acquire knowledge and skills related to healthy aging and care of older adults. Interprofessional learning opportunities occur in diverse practice settings ranging from the hospital to post-acute environments and communities.
	Exemplars that may demonstrate this competency:
	4.1. Uses nationally recognized competencies for interprofessional education in designing learning opportunities for building team skills and collaborative practice (e.g., Core Competencies for Interprofessional Education and Collaborative Practice [IPEC]).
	4.2. Implements learning opportunities that promote positive attitudes for collaborative practice in care of older adults and their families/caregivers and prepare learners to deliver person and family-centered care in interprofessional teams.

(continued on next page)

Table 3 (continued)

4.3. Uses case studies, simulation scenarios, and other active learning activities to foster interprofessional practice.
4.4. Creates, implements, or actively participates in practice models that exemplify collaborative practice in diverse settings to foster healthy aging and quality care for older adults and their families/caregivers.
Domain 5
Facilitates the integration of concepts of healthy aging and care of older adults in academic and/or professional development programs
The gerontological nurse educators serves as an expert in knowledge of healthy aging and care of older adults. Using this expertise, the gerontological nurse educator periodically reviews academic and/or professional development program curricula to ensure that current knowledge and care competencies are integrated throughout courses and education programs.
Exemplars that may demonstrate this competency:
5.1. Advocates for the integration of concepts of healthy aging and quality care of older adults in academic and/or professional development programs.
5.2. Ensures didactic and practice learning opportunities in the care of older adults and their families are incorporated into the academic and/or professional curricula.
5.3. Advocates for the periodic review of the academic and/or professional curricula to ensure that concepts of healthy aging and care of older adults are well-integrated.
5.4. Provides faculty with current, evidence-based resources to enhance teaching and learning about the care of older adults in a variety of settings.
Domain 6
Collaborates in the evaluation of learning about healthy aging and care of older adults in academic and/or professional development programs
The gerontological nurse educator clearly describes expected learning outcomes for learners in prelicensure, graduate, and professional development programs based on nationally recognized gerontological/geriatric nursing and other related competencies. The gerontological nurse educator evaluates learning outcomes in online, classroom, laboratory, simulation, clinical, and community settings using specific criteria for evaluation related to care of older adults.
Exemplars that may demonstrate this competency:
6.1. Describes expected program outcomes for learners that indicate integration of content and experiences in healthy aging and care of older adults.
6.2. Incorporates reliable, valid criteria, standards, and assessment methods into the evaluation of learning related to healthy aging and care of older adults.
6.3. Provides faculty development opportunities related to the evaluation of competency-based learning in the care of older adults
Domain 7
Demonstrates scholarship and leadership that advances gerontological nursing education and practice, and fosters others' professional development
The gerontological nurse educator demonstrates scholarly leadership in gerontological nursing by disseminating scholarly work in the following areas: teaching, mentorship, and learning related to the care of older adults in academic and professional development programs; discovery that advances new knowledge about healthy aging and care of older adults; integration of gerontology/geriatrics across disciplines and professions; application by engaging in evidence-based practice and policy advocacy and/or leadership related to care of older adults; or by application of new knowledge to improve care of older adults.
Exemplars that may demonstrate this competency include:
7.1. Presents on gerontological nursing research, education, practice, or policy at local, state, regional, national, or international conferences.
7.2. Provides testimony on aging issues to policy-makers.
7.3. Publishes information about research, education, and/or practice projects related to healthy aging and care of older adults.
7.4. Mentors faculty members, clinicians, and/or other learners interested in gerontological nursing or interprofessional geriatric practice.
7.5. Demonstrates leadership at the local, state, regional, national, and/or international level that influences the care of older adults.

Note: NHCNE = National Hartford Center of Gerontological Nursing Excellence

and if so, to provide one. For each competency, respondents were asked to identify other exemplars they would recommend that would demonstrate the competency. Demographic information on the backgrounds of respondents, including the types of education programs they represented was also collected.

The survey was distributed electronically to deans and faculty in schools of nursing via email. In addition, survey invitations were emailed to all former John A. Hartford Foundation Building Academic Geriatric Nursing Capacity (BAGNC) or NHCNE predoctoral scholars

Table 4

Demographics of respondents to validation survey (N = 43)

	N (%)
Position title	
Instructor	2 (5)
Assistant professor	14 (33)
Associate professor	7 (16)
Professor	7 (16)
Clinical assistant professor	3 (7)
Clinical professor	1 (2)
Other (e.g., dean, associate dean, post-doctoral fellow)	7 (16)
No response	2 (5)
Role in NHCNE member school*	
Dean or director	3 (7)
NHCNE member school representative faculty	11 (26)
Member school faculty-not the representative	11 (26)
JAHF Pre-doctoral scholar or post-doctoral fellow	24 (54)
None of the categories applied	1 (2)
Years of experience in nursing education	
< 10 years	17 (40)
10–19 years	7 (16)
20–29 years	10 (23)
≥ 30 years	8 (19)
No response	1 (2)
Hold certification in gerontological nursing	
Yes ¹	8 (19)
No	34 (79)
No response	1 (2)
Currently teaching gerontological nursing	
Yes	24 (51)
No	20 (47)
No response	1 (2)

Note: NHCNE = National Hartford Center of Gerontological Nursing Excellence; JAHF = John A. Hartford Foundation.

*Could select more than one response

and postdoctoral fellows. A snowball sampling technique was used by requesting email recipients to forward the email and survey link to individuals who had an interest in gerontological nursing education. Several requests to complete the survey were made through the NHCNE's e-newsletter and its list of former scholars and fellows; therefore, it is not possible to determine the total number of individuals who received the survey.

Tables 4 and 5 summarize the background of respondents and the survey results, respectively. Fifty-two (52) respondents completed some portion of the survey and 43 of these respondents provided a response for each of the seven competencies. The responses from these 43 individuals were used to analyze the results of the validation survey. All faculty ranks were represented. Over half of the respondents (56%) had been a John A. Hartford Foundation predoctoral scholar or postdoctoral fellow. The majority (58%) had been in nursing education for 10 years or more. While over half reported teaching gerontological nursing, only 19% held national certification in gerontological nursing. Over half of the respondents (53%) were employed in public universities/colleges. The schools represented by the respondents included baccalaureate, entry level post-baccalaureate, and RN to BSN programs, and graduate nursing programs (e.g., DNP, PhD). Almost half (44%) indicated that in their prelicensure nursing program, gerontological nursing was integrated into the curriculum. The majority (86%) of the 43 respondents indicated they had a gerontological specialty focus in their graduate nursing programs.

Finalization phase

Table 5 summarizes the validation survey results. There was strong consensus that all seven domains of the proposed competencies were important (98%–100%). For 31 of the 34 exemplars, there was 90% or higher agreement that the indicators were appropriate for the competency. Even though there was high agreement with the domain

Table 5
Importance and agreement ratings for each competency domain and corresponding exemplars (N = 43)

Domain*	Importance (Very important/Important) (%)	Exemplars Strongly agree/Agree (Mean rating) ¹ Importance very important/Important (%)					
1	100%	1.1	1.2	1.3	1.4		
		98%	100%	98%	65%		
2	98%	2.1	2.2	2.3	2.4	2.5	2.6
		98%	98%	94%	90%	92%	98%
3	98%	3.1	3.2	3.3	3.4	3.5	
		98%	96%	91%	100%	98%	
4	100%	4.1	4.2	4.3	4.4	4.5	4.6
		93%	98%	98%	96%	85%	91%
5	98%	5.1	5.2	5.3	5.4		
		93%	100%	95%	93%		
6	98%	6.1	6.2	6.3	6.4		
		98%	98%	98%	91%		
7	100%	7.1	7.2	7.3	7.4	7.5	
		100%	78%	98%	93%	95%	

*Domains:

1. Maintains Knowledge and Skills in the Care of Older Adults
 2. Serves as an Advocate and Positive Role Model for Quality Care for Older Adults.
 3. Implements Innovative Teaching Strategies for Engaging Learners to Develop Knowledge, Attitudes, and Skills about Healthy Aging and the Care of Older Adults.
 4. Facilitates Interprofessional Learning Opportunities Related to Healthy Aging and Care of Older Adults.
 5. Facilitates the Integration of Concepts of Healthy Aging and Care of Older Adults in Academic and/or Professional Development Programs.
 6. Collaborates in the Evaluation of Learning about Healthy Aging and Care of Older Adults in Academic and/or Professional Development Programs.
 7. Demonstrates Scholarship and Leadership that Advances Gerontological Nursing Education and Practice, and Fosters Others' Professional Development.
- ¹Rating scale ranged from 1 (strongly agree) to 4 (strong disagree).

description and exemplar statements, the respondents provided extensive recommendations for improving the wording or clarity of the indicator.

The Expert Panel carefully reviewed and discussed each comment and recommendation for rewording, deletion, or addition. Based upon the extensive feedback, multiple revisions were incorporated into the final version of the core competencies, their descriptions, and exemplars. These were agreed upon by a consensus decision-making process and sent to the NHCNE Board of Directors for their final approval. Based on comments by Board members, there were some minor wording changes incorporated and then approved in Fall 2017.

Core competencies for educators in gerontological nursing

The Core Competencies reflect foundational skills desirable for nurse educators in academic and professional development programs including staff development who teach about the care of older adults. These competencies are organized into seven broad domains, reflecting essential knowledge, skills, and attitudes within gerontological nursing and gerontological nursing education (Table 3). Each domain includes a description explaining the competency, along with exemplar statements that are representative of how an individual could meet a particular competency.

Recognition program

To fulfill its charge, the Expert Panel created a formal recognition program for nurse educators who have mastered the core competencies approved by the NHCNE Board of Directors. To meet eligibility

criteria for this recognition, individuals must: 1) hold a masters or higher degree in nursing; 2) have completed post-baccalaureate academic education in gerontological nursing or related professional development programs; 3) have a minimum of three years' experience in gerontological nursing education; and 4) be actively engaged in gerontological/geriatric nursing education. Active engagement could include: teaching aging or gerontological/geriatric nursing content or courses; involvement in curriculum development in gerontological nursing or interprofessional geriatric care; involvement in clinical, laboratory, or simulation instruction in gerontological nursing or geriatric care; serving as an administrator or coordinator of aging studies, gerontological nursing education, or interprofessional geriatric education programs; providing professional development in care of older adults; and/or providing community education in aging or gerontological/geriatric content.

The NHCNE recognition program will annually award a certificate of excellence with the title of *Distinguished Educator in Gerontological Nursing* to qualified applicants. The title will be awarded to those faculty who demonstrate a professional commitment to teaching about the care of older adults and contribute to the progress of gerontological nursing education and/or the care of older adults. This designation is for a five year period, and can be renewed upon resubmission of an application. Potential candidates submit a curriculum vitae and complete an online application summarizing how they have achieved mastery of the core competencies. For more information about the recognition program, see <https://www.nhcne.org>.

Conclusion

The Core Competencies for Educators in Gerontological Nursing and the associated recognition program for *Distinguished Educators in Gerontological Nursing* provide a framework for faculty workforce development planning and action. For individuals who want to pursue and advance in careers as a gerontological nurse educator, these core competencies and their associated exemplars will help faculty to prepare and improve their teaching of future nurses; to increase their own knowledge and understanding of caring for older adults; to lead their organizations in engaging learners and other faculty in the value of high quality care for older adults; and to share their expertise by disseminating their knowledge in scholarly publications. Deans and directors are encouraged to hire individuals who have demonstrated mastery of the core competencies, not only to teach about the care of older adults, but also to lead programmatic efforts in gerontological nursing education within the school or program. The core competencies can be used in faculty development efforts to ensure that faculty who are teaching care of older adults are well-prepared with the essential knowledge, skills, and attitudes to lead future nurses in improving the quality of care for older adults.

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