

OLDER ADULTS:
RECOMMENDED
BACCALAUREATE COMPETENCIES
AND
CURRICULAR GUIDELINES
FOR
GERIATRIC NURSING CARE

July 2000



American Association
of Colleges of Nursing



THE JOHN A. HARTFORD FOUNDATION
INSTITUTE FOR GERIATRIC NURSING



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The American Association of Colleges of Nursing and the John A. Hartford Foundation Institute for Geriatric Nursing have worked in collaboration to develop these competencies and curricular guidelines for geriatric nursing care. As the percentage of the elderly population continues to increase dramatically, the demand for geriatric nursing care also is rising. AACN and the Hartford Institute have developed core competencies for baccalaureate nursing education to ensure that nursing students will be able to provide the necessary geriatric care for the nation's aging population.

Although the majority of baccalaureate prepared nurses provide care for geriatric patients, most receive limited preparation in the baccalaureate nursing curriculum. It is our hope that this document will provide the necessary information and guidance to assist nurse educators in incorporating geriatric nursing content into the curriculum.

Sincerely,

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Background

Older people constitute a majority - and growing - proportion of people who receive nursing care in the United States. Currently 13% of the nation's population, over 25 million people, are over 65 years of age. This represents an eight-fold increase in the last 80 years, triple that of the population as a whole. By the year 2030, 20 percent of people will be over 65; close to 10 percent of the population will be over 80 years of age (AOA, 1998).

The health status of older people is diverse. Health status often is influenced by income level, living arrangements, and need for physical and psycho/social supports. Many of the ailments afflicting the elderly are represented in the 22 priority areas identified as responsive to health promotion and prevention activities in *Healthy People 2010: National Health Promotion and Disease Prevention Objectives* (PHS, 1999). A major focus of health promotion is to minimize the loss of independence associated with functional decline and illness (Rowe & Kahn, 1999). The predominant health problems of older people are chronic rather than acute and are exacerbated by the normal changes of aging and the increased risk of illness associated with old age. Despite this picture, the majority of older people report themselves to be in "good" health as measured by level of function and general self-perception of health.

Of the people who are sick and seek care in this country, the overwhelming majority are elderly. Over 48 percent of hospital patients, 80 percent of home care patients, and 85 percent of all residents of nursing homes are elderly (Mezey, 1996). In home care, the fastest growing area of health care, the 5,600 agencies certified to receive Medicare reimbursement made over 38 million visits to approximately 1.6 million Medicare beneficiaries. Fifty-two percent of these were nursing visits, while approximately 30 percent were for nursing aide services (Mitty & Mezey, 1999).

Despite a 30-year effort on the part of academic and professional nursing organizations, the number of master's prepared geriatric nurses remains very small. Approximately 1,800 nurses nationally are certified by the American Nurses Credentialing Center (ANCC) as Geriatric Nurse Practitioners, and only 500± are certified as Gerontological Clinical Nurse Specialists (GCNS) (ANCC, 1999). Their small numbers prevent geriatric nurse specialists from providing care to those older persons who are at high risk or whose needs are extremely complex. In addition, because nurses tend to cluster in urban areas, few advanced practice geriatric nurses are available to care for older persons living in rural areas.

With the exception of maternal-child and psychiatric mental-health nursing, the overwhelming majority of nurses practicing in this country today are, by default, geriatric nurses. For this reason, entry-level professional nurses must ensure that older people receive optimum nursing care. Unfortunately, most nurses practicing today have limited preparation in the principles of geriatric nursing care. Only 23 percent of baccalaureate nursing programs have a required course in geriatric nursing (Rosenfeld, Bottrell, Fulmer & Mezey, 1999).

The field of geriatrics/gerontology has matured to the point where there is now a recognized body of literature on care of older adults (Abraham, Bottrell, Fulmer & Mezey, 1999). There is now a consensus in geriatric nursing and medicine as to what constitutes “best practice” in care of older adults. Failure to implement these geriatric care standards for older people is unacceptable.

The Association for Gerontology in Higher Education (AGHE), the National League for Nursing (NLN), and the Bureau of Health Professions have identified core curriculum and terminal objectives for entry level professional nurses in the area of geriatrics. The proceedings of a conference of geriatric nurse educators funded by Merck and edited by Fulmer & Matzo (1996) provide a critical review of the literature on entry level geriatric nursing education. The authors identify critical competencies that entry level professional nurses need in order to care for older adults and their families.

AACN’s *The Essentials of Baccalaureate Education for Professional Nursing Practice* (AACN, 1998) provides a framework for developing, defining, and revising baccalaureate nursing curricula. This document addresses the professional values, core competencies, core knowledge, and role of the professional nurse. In addition, the document stresses the need for course work and clinical experiences to prepare the graduate to provide care across the lifespan, with particular attention to changes due to aging. These core values, competencies, and knowledge are vital in ensuring accessible, quality nursing care for the growing geriatric population.

Thus, an increasing focus of professional nursing education and practice is on the care of healthy and frail older adults. The purpose of this current document, *Older Adults: Recommended Baccalaureate Competencies and Curricular Guidelines for Geriatric Nursing Care*, is to help nurse educators to incorporate specific geriatric nursing content into baccalaureate nursing curriculum.

This baccalaureate geriatric nursing competency document is organized as follows:

- A) Competencies necessary for nurses to provide high-quality care to older adults and their families
- B) Geriatric competencies in relationship to the AACN document *The Essentials of Baccalaureate Education for Professional Nursing Practice* (AACN, 1998), with suggestions for content and teaching strategies
- C) Including competencies, content, and teaching strategies in the curriculum
- D) Resources to facilitate implementation of content and teaching strategies

A. Competencies necessary for nurses to provide high-quality care to older adults and their families

1. Recognize one's own and others' attitudes, values, and expectations about aging and their impact on care of older adults and their families.
2. Adopt the concept of individualized care as the standard of practice with older adults.
3. Communicate effectively, respectfully, and compassionately with older adults and their families.
4. Recognize that sensation and perception in older adults are mediated by functional, physical, cognitive, psychological, and social changes common in old age.
5. Incorporate into daily practice valid and reliable tools to assess the functional, physical, cognitive, psychological, social, and spiritual status of older adults.
6. Assess older adults' living environment with special awareness of the functional, physical, cognitive, psychological, and social changes common in old age.
7. Analyze the effectiveness of community resources in assisting older adults and their families to retain personal goals, maximize function, maintain independence, and live in the least restrictive environment.
8. Assess family knowledge of skills necessary to deliver care to older adults.
9. Adapt technical skills to meet the functional, physical, cognitive, psychological, social, and endurance capacities of older adults.
10. Individualize care and prevent morbidity and mortality associated with the use of physical and chemical restraints in older adults.
11. Prevent or reduce common risk factors that contribute to functional decline, impaired quality of life, and excess disability in older adults.
12. Establish and follow standards of care to recognize and report elder mistreatment.
13. Apply evidence-based standards to screen, immunize, and promote healthy activities in older adults.
14. Recognize and manage geriatric syndromes common to older adults.
15. Recognize the complex interaction of acute and chronic co-morbid conditions common to older adults.

16. Use technology to enhance older adults' function, independence, and safety.
17. Facilitate communication as older adults transition across and between home, hospital, and nursing home, with a particular focus on the use of technology.
18. Assist older adults, families, and caregivers to understand and balance "everyday" autonomy and safety decisions.
19. Apply ethical and legal principles to the complex issues that arise in care of older adults.
20. Appreciate the influence of attitudes, roles, language, culture, race, religion, gender, and lifestyle on how families and assistive personnel provide long-term care to older adults.
21. Evaluate differing international models of geriatric care.
22. Analyze the impact of an aging society on the health care system.
23. Evaluate the influence of payer systems on access, availability, and affordability of health care for older adults.
24. Contrast the opportunities and constraints of supportive living arrangements on the function and independence of older adults and on their families.
25. Recognize the benefits of interdisciplinary team participation in care of older adults.
26. Evaluate the utility of complementary and integrative health care practices on health promotion and symptom management for older adults.
27. Facilitate older adults' active participation in all aspects of their own health care.
28. Involve, educate, and when appropriate, supervise family, friends, and assistive personnel in implementing best practices for older adults.
29. Ensure quality of care commensurate with older adults' vulnerability and frequency and intensity of care needs.
30. Promote the desirability of quality end-of-life care for older adults, including pain and symptom management, as essential, desirable, and integral components of nursing practice.

B. Geriatric competencies in relationship to the AACN document *The Essentials of Baccalaureate Education for Professional Nursing Practice*, with suggestions as to appropriate content and teaching strategies

AACN Core Competency: Critical Thinking

1. Recognize one's own and others' attitudes, values, and expectations about aging and their impact on care of older adults and their families.
2. Adopt the concept of individualized care as the standard of practice with older adults.

Content: Consideration of students and societal attitudes toward aging, and how the myths that older people themselves, family members, health care professionals, and society hold toward older adults influence the health care that older adults receive. Consideration of successful aging across a continuum that promotes an appreciation of how aging has changed through history and how aging is valued across cultures.

Teaching Strategies: Print, audio, video, film and web-based exercises to foster values clarification and critical thinking about aging (examples appended).

AACN Core Competency: Communication

3. Communicate effectively, respectfully, and compassionately with older adults and their families.
4. Recognize that sensation and perception in older adults are mediated by functional, physical, cognitive, psychological, and social changes common in old age.

Content: Sensory changes in hearing, vision, smell, taste, speech, touch, and movement that have a high potential to impair communication with older adults, and compensatory actions to assess and overcome or minimize these communication barriers. Techniques to assist providers decipher the "meaning" behind behaviors of cognitively impaired older adults.

Teaching Strategies: Role playing or computer-assisted simulation exercises that assist students to experience the sensory changes common to older adults and to appreciate the effects of sensory changes on older peoples' day-to-day ability to carry out activities of daily living.

AACN Core Competency: Assessment

5. Incorporate into daily practice valid and reliable tools to assess the functional, physical, cognitive, psychological, social and spiritual status of older adults.
6. Assess older adults' living environment with special awareness of the functional, physical, cognitive, psychological, and social changes common in old age.
7. Analyze the effectiveness of community resources in assisting older adults and their families to retain personal goals, maximize function, maintain independence, and live in the least restrictive environment.
8. Assess family knowledge of skills necessary to deliver care to older adults.

Content: Standard instruments to assess function, mental status, falls, social support, sleep, depression, pressure ulcer risk, and risk for complications during hospitalization; analysis of the usefulness of these instruments in practice. Modifications in history taking and physical examination to encompass changes common to older adults. Assessment of home and community living situations and analysis of how services (e.g., transportation, location, and environmental modifications) facilitate and impede independent living. Assessment of relationships among intergenerational families, the capacity and expectations of family members to provide care, family knowledge of caregiving, and assessment of family burden.

Teaching Strategies: Role-playing, simulated patients, and patient care situations to implement, validate, and critique assessment instruments. Web-based experiences with sites such as American Association of Retired Persons, the Alzheimer's Disease Association, and the National Coalition of Nursing Home Reform expose students to sources of information about family caregiving, living options, and community resources for older adults. In clinical experience, analysis of the medical record for evidence of patient and family assessment and use of assessments in care plans and clinical logs.

AACN Core Competency: Technical Skills

9. Adapt technical skills to meet the functional, physical, cognitive, psychological, social, and endurance capabilities of older adults.
10. Individualize care and prevent morbidity and mortality associated with the use of physical and chemical restraints in older adults.

Content: Adaptation of technical skills (vital signs, physical assessment, injections, and infusions, and use of assistive devices) to accommodate changes common to older adults. Alternative strategies to the use of physical and chemical restraints in order to manage treatment interference in older adults.

Teaching Strategies: Simulations, laboratory experiences, and case studies that demonstrate adaptation of technical skills and the untoward consequences of failure to modify technical skills for older adults. Video and web-based learning that demonstrate restraint free care (resources appended). Clinical experiences that offer models of best practices and specific strategies to avoid restraint use.

AACN Core Knowledge: Health Promotion, Risk Reduction, and Disease Prevention

11. Prevent or reduce common risk factors that contribute to functional decline, impaired quality of life, and excess disability in older adults.
12. Establish and follow standards of care to recognize and report elder mistreatment.
13. Apply evidence-based standards to reduce risk, screen, immunize, and promote healthy activities in older adults.

Content: Age recommendations in *Healthy People 2010*. Health promotion for older adults, irrespective of age or living environment: exercise; prevention of osteoporosis, injury;

iatrogenesis and polypharmacy; immunizations; nutrition guidelines; and reduction of social isolation. Exposure to instruments to detect physical, psychological, and financial elder mistreatment and state guidelines for reporting elder abuse (resources appended).

Teaching Strategies: Participation in health fairs, brown-bag medication reviews at senior centers and immunization campaigns. Assignments that use health promotion web pages, such as National Institutes of Health (NIH) National Institute for Aging and Cancer Institute, and American Association of Retired Persons (AARP). Use of elder mistreatment instruments when risk is identified or suspected.

AACN Core Knowledge: Illness and Disease Management

14. Recognize and manage geriatric syndromes common to older adults.
15. Recognize the complex interaction of acute and chronic co-morbid conditions common to older adults.

Content: Instruments and guidelines to identify and manage syndromes common to older adults, e.g., falls, iatrogenesis, polypharmacy, dementia and delirium, urinary incontinence, sleep disturbance, problems of eating and feeding, pressure ulcers. Understanding of how these syndromes present in older adults. Differentiation among delirium, depression, and dementia and management of acute and chronic pain in older adults. Consideration of the interaction of chronic and acute illness on the expression of symptoms and recovery from illness in older adults.

Teaching Strategies: Clinical experiences that promote analysis of the impact of underlying chronic illness on recovery from acute illness and consideration of atypical presentation of acute illness in the clinical setting. Use of instruments, such as SPICES (Fulmer, 1998) to alert students to clinical syndromes common to older adults.

AACN Core Knowledge: Information and Health Care Technologies

16. Use technology to enhance older adults' function, independence, and safety.
17. Facilitate communication as older adults transition across and between home, hospital, and nursing home, with a particular focus on the use of technology.

Content: Instruments and guidelines to prevent and recognize common areas of communication impairments in older adults. Technologies that directly impact function: hearing aids, assistive devices, and adaptive equipment. Technologies that facilitate adherence to treatment: electronic monitoring of clinical indicators such as blood pressure; glucose; aids to medication and treatment adherence; personal emergency response systems useful in alerting frail older people and their caregivers to potential untoward events.

Teaching Strategies: Assignments that promote analysis and evaluation as to the usefulness and availability of technologies. Direct use and evaluation of technology, especially as older people transition between health care settings (resources appended).

AACN Core Knowledge: Ethics

18. Assist older adults, families, and caregivers to understand and balance “everyday” autonomy and safety decisions.
19. Apply ethical and legal principles to the complex issues that arise in care of older adults.

Content: Ethical issues that pose threats to the autonomy of older adults, e.g., ability to live independently in the community, self-medication, driving, and adherence to a plan of care. Decision-making about health care for older adults, e.g., decision-specific capacity, advance directives, informed consent, refusal of treatment. Decisions critical to older people as they transition between health care settings, e.g., placement, use of physical restraints and feeding tubes. Ethical dilemmas using age as a criterion for allocation of scarce resources, i.e. access to organ donation and to intensive care units. Role of ethics committees in clarifying and resolving disputes around care of older adults.

Teaching Strategies: Observations at ethics committees and ethics case conferences. Exposure to the extant literature, films, videos, and web resources that depict ethical dilemmas and provide a framework for ethical decision-making concerning frail older adults (resources appended).

AACN Core Knowledge: Human Diversity

20. Appreciate the influence of attitudes, roles, language, culture, race, religion, gender, and lifestyle on how families and assistive personnel provide long-term care to older adults.

Content: The ethnic, cultural, language, and socio-economic diversity of patients, families, and paid caregivers (nurses, nurse assistive personnel, physicians and therapists) who provide long-term care to frail older adults. An analytic framework for evaluating how the values and attitudes of frail older people and of the people who provide their care impact on when, how, and whether care is delivered, and the satisfaction of both patient and provider with that care.

Teaching Strategies: Readings, assignments, and simulations that allow students to analyze their values and attitudes about diversity in the care of frail older adults. Opportunities to discuss and reflect on clinical experiences where diversity has impacted on an older adult’s care.

AACN Core Knowledge: Global Health Care

21. Evaluate differing international models of geriatric care.

Content: Analysis of similarities and differences of global health care models that favor community long-term care over institutional care and that promote individualized care.

Teaching Strategies: Direct observation of global health care of older adults. Analysis of videos, simulations, and electronic materials of global models for care of older adults.

AACN Core Knowledge: Health Care Systems and Policy

22. Analyze the impact of an aging society on the nation's health care system.
23. Evaluate the influence of payer systems on access, availability, and affordability of health care for older adults.
24. Contrast the opportunities and constraints of supportive living arrangements on the function and independence of older adults and on their families.

Content: The effects of an aging society on disease prevalence, morbidity, and mortality. Evaluation of the consequences of an aging society on health care utilization, resource allocation, cost, and work force needs. Payment systems for older adults, e.g., Social Security, Medicare, Medicaid, supplemental and long-term care insurance, and capitation. How an aging society and payment systems drive housing options for the elderly, e.g., assisted living, continuing care retirement options, home care, and nursing homes.

Teaching Strategies: Opportunities to compare and contrast the impact of the payment system on quality of services received by older adults. Federal and state Web citations on papers and in preparation for clinical.

AACN Role Development: Provider of Care

25. Recognize the benefits of interdisciplinary teams in care of older adults.
26. Evaluate the utility of complementary and integrative health care practices on health promotion and symptom management for older adults.

Content: The use of interdisciplinary teams to assess and deliver care to older adults. Knowledge of how disciplines other than nursing contribute to the well-being of older adults. Complementary health practices, e.g., relaxation, massage, pet therapy, reminiscence and life review, acupuncture used by many older adults. Analysis of the relative merits of teams and complementary health practices in improving care for older adults.

Teaching Strategies: Experience on teams assessing and delivering care to older adults. Didactic and clinical experience that foster analysis of the effectiveness of complementary and integrative health practices on improving the health of older adults.

AACN Role Development: Designer/Manager/Coordinator of Care

27. Facilitate older adults' active participation in all aspects of their own health care.
28. Involve, educate, and when appropriate, supervise family, friends, and assistive personnel in implementing best practices for older adults.
29. Ensure quality of care commensurate with older adults' vulnerability and frequency and intensity of care needs.

Content: Assessment and education strategies to maximize older adults and family participation in health promotion, disease prevention, and illness management. Quality improvement strategies to evaluate effectiveness of assessment and education activities on older adults and on families. Assess, supervise, and evaluate the care provided to older adults by licensed and

unlicensed assistive personnel. Conflict resolution skills to redress conflicts among providers, older adults and families.

Teaching Strategies: Clinical experience in community agencies and senior centers where students can assess older people's efficacy in self-care. Patient and family teaching assignments that include evaluation of effectiveness of teaching older people and families. Experiences to assess, teach, and evaluate assistive personnel.

AACN Role Development: Member of a Profession

30. Promote quality preventive and end-of-life care for older adults as essential, desirable, and integral components of nursing practice.

Content: The importance of illness prevention and end-of-life care for older adults. Analysis of how membership in, and participation on, boards of professional organizations and lobbying and political activities promote integration of prevention and end-of-life care for older adults into federal and state legislation, regulations, and reimbursement streams.

Teaching Strategies: Assignments requiring reference to organizations promoting prevention and end-of-life care for older adults, i.e., American Association of Retired Persons (AARP), National Coalition for Nursing Home Reform, Alzheimer's Disease and Related Disorders Association, Senate Committee on Aging, State Area Agencies on Aging, National Hospice Association. Evaluation of the effectiveness of professional nursing's efforts to promote prevention and quality end-of-life care for older adults.

C. Including competencies, content, and teaching strategies in the curriculum

Competencies, content, and teaching strategies should be incorporated into separate courses in geriatric care and throughout the curriculum. Adequate content on care of older adults is dependent on a curriculum infusion and a sufficient number of faculty prepared in geriatric nursing.

Free-Standing, Required Course in Geriatric Care

Ideally, the curriculum should include a free-standing, required course in geriatric nursing that has both a didactic and clinical component. The focus of the course should be on health and deviations from health in older people. The clinical should provide continuity experiences that allow students to follow older patients and their family members across health care settings. Interdisciplinary team exposure should be an integral component of the course.

Health Assessment

In health assessment courses, students should be introduced to the use of standardized assessment instruments common to care of older adults. Such instruments include assessment of functional and cognitive status, syndromes common to older adults (e.g., sleep disturbance, depression, and urinary incontinence), specific assessment parameters (e.g., pain), and assessment for elder mistreatment. The timing of initial and ongoing administration of instruments should be included.

Adult Health Nursing Courses

Care of older adults and their families should be addressed in all adult health nursing clinical courses. Objectives, didactic and clinical content, texts and readings, and evaluation strategies should address modifications in communication and assessment specific to older adults, individualized care, risk factors common to old age, recognition and management of geriatric syndromes, and the interaction of acute and chronic co-morbid conditions common to older adults. Geriatric nursing threads begun in life-span, nutrition, and pathophysiology and pharmacology courses should be reinforced and expanded. These clinical courses should operationalize exposure to older adults at all levels of health, maximizing student exposures to community and institutional settings serving the elderly: home care, assisted living, continuing care retirement communities, acute and long term care settings and the issues that affect smooth transitions for older people and their families as they move between health care settings. Content should address end-of-life care issues for the elderly, including decision making and advance directives. Students should be exposed to theory and practice of the use of interdisciplinary teams to assess and manage care for older adults with complex health needs.

Community Health Nursing

Students in community health should have opportunities to assess, compare, and contrast the living environments of older adults, and to analyze the effectiveness of community resources in

assisting older adults and their families to retain personal goals, maximize function, maintain independence, and live in the least restrictive environment. Students should have opportunities to assess, work with, and evaluate the care provided by family members and assistive personnel. The importance of health promotion for older adults and of involving older adults as active participants in aspects of their own health care and the evidence-based outcomes that stem from these actions should be included in clinical community rotations. Students should be encouraged to seek out experiences that allow observation of complementary and integrative health care practices on the health promotion and symptom management for older adults.

Psychiatric-Mental Health

Courses that address communication, group dynamics, and psychiatric mental health offer opportunities to address student attitudes and values about older adults and aging, strategies to maximize effective communication with older adults, and issues of family dynamics as they apply to older adults. Students should be exposed to the cognitive changes common to older adults, particularly, dementia, delirium, and depression, and to case finding and management of elder mistreatment. Maximizing independence should be discussed in relationship to maintaining older people in the least restrictive environment and alternatives to the use of physical and chemical restraints.

Ethical/Legal Content

Students should apply, in free-standing courses or integrated into nursing courses, the ethical and legal principles that underpin the complex issues arising in care of older adults. They should understand and apply concepts of decision-specific capacity and have opportunities to assist older adults, families, and caregivers in balancing everyday autonomy and safety decisions. Content should include exposure to alternative modalities to physical and chemical restraints. Aspects of quality end-of-life care for older adults should be addressed.

Nursing Research

Courses that address nursing research should include: 1) examples of nursing research that have benefited the care of older adults, and 2) evidence-based examples of management of geriatric syndromes. Students should have opportunities to participate in research studies that focus on care of the elderly.

Professional Issues/Health Care Settings

Courses in professional ethics are ideal for incorporating content and experiences in analyzing the impact of an aging society on the health care system, and the impact of payer systems on access, availability, and affordability of health care for older adults. Students should be exposed to the advocacy groups within and outside of nursing that promote quality of care for older adults.

Support Courses: Lifespan Development, Nutrition, Pathophysiology, Pharmacology

Support courses provide opportunities to expose students to alterations in physiologic parameters that occur as people age, and to the psychological and social changes associated with aging. Lifespan development should encompass a thorough consideration of the psychological and social changes that occur as people age and the consequences of these changes for the individual and the family. International models of geriatric care should be provided along with opportunities to analyze the impact of an aging society on the health care system. Opportunities should be explored to thoroughly address the nutritional needs of well and ill older adults. Pathophysiology should take into account an older person's susceptibility and response to illness and physiological changes that influence illness recovery. Pharmacokinetics of aging, issues of polypharmacy, and use of non-prescription medications should be introduced early and reinforced in relationship to specific pharmacological agents, cost of medications, Medicare and Medicaid reimbursement for medications, and issues of dosages and use of generic options.

D. Resources to facilitate implementation of content and teaching strategies

Appendix A includes a list of resources to assist in locating geriatric nursing "best practices" and teaching strategies. It includes reference books on geriatric content and core curricula, journals, national associations and government agencies, audio visual references and web sites.

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APPENDIX A

RESOURCES FOR GERONTOLOGY & GERIATRIC NURSING

From the Hartford Institute for Geriatric Nursing at the Division of Nursing, New York University Baccalaureate Nursing Program Partners for Dissemination of Best Practices in Care for Older Adults Program.

BOOKS

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Geriatric Web Sites

Aging Associations/Societies/Institutes

Administration on Aging	http://www.aoa.dhhs.gov/
Alzheimer's Association	http://www.alz.org/
American Association of Retired Persons	http://www.aarp.org/
American Geriatrics Society	http://www.americangeriatrics.org/
American Society on Aging	http://www.asaging.org/
Gerontological Society of America	http://www.geron.org/

Hartford Institute for Geriatric Nursing

<http://www.nyu.edu/education/nursing/hartford.institute/>

Health Care Financing Administration	http://www.hcfa.gov/
National Association of Geriatric Education Centers	http://www.hcoa.org/nagec/
National Council on Aging	http://www.ncoa.org/
National Gerontological Nursing Association	http://www.ngna.org
National Institute on Aging	http://www.nih.gov/nia/

Case Studies

Caregivers Webring	http://www.alzwell.com/ring.html
Senior Webring	http://www.esmanet.com/webring.htm

Curriculum Guides

GeroNet Health & Aging Resources for Higher Education	http://www.ph.ucla.edu/
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Hartford Institute for Geriatric Nursing

<http://www.nyu.edu/education/nursing/hartford.institute/>

Teaching Gerontology Newsletter	http://www.brookdale.org
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Gerontology Centers/Education Centers

Andrus Gerontology Center	http://www.usc.edu/dept/gero/
Brookdale Center on Aging	http://www.brookdale.org/
Gerontological Nursing Interventions Research Center	http://www.nursing.uiowa.edu/gnirc/index.htm
Reynolds Center on Aging	http://www.geriatrics.uams.edu/main.asp
Texas Consortium of Geriatric Education Centers	http://www.bcm.tmc.edu/hcoa/links/tcgec.html
Wayne State University Institute of Gerontology	http://www.iog.wayne.edu/
Wisconsin Geriatric Education Center	http://www.marquette.edu/wgec/

Journals/Magazines/Educational Resources

Age of Reason	http://www.ageofreason.com/
Age and Aging-Online Services	http://www.oup.co.uk/ageing/contents/
ElderWeb	http://www.elderweb.com/
Gerontology & Geriatrics Education	
	http://www.bubl.ac.uk/journals/soc/gage/v19n0298.htm
Geriatric Nursing	http://www.lmosby.com/periodicals/
Geriatric Video Productions	http://www.geriatricvideo.com/
The Gerontologist	http://www.geron.org/journals/gsapub.html
Journal of Gerontological Nursing	http://www.slackinc.com/jgn.htm
Geropsychology Central Abstracts and Journals	http://www.premier.net/~gero/journals.html
Resources for Active Seniors	http://www.efn.org/~radham/senior/htm
SeniorCom	http://www.senior.com/
Senior Law Home Page	http://www.seniorlaw.com/
Senior Net	http://www.seniornet.com/
ThirdAge	http://www.thirdage.com/

Statistics

Fastats	http://www.cdc.gov/nchswww/fastats/elderly.htm
International Year for Older Persons 1999	http://www.un.org/esa/socdev/iyop/index.html
National Center for Health Statistics	http://www.cdc.gov/nchswww/default.htm
Statistical Information on Older Persons	http://www.aoa.dhhs.gov/aoa/stats/statpage.html

Listserves

GERO-NURSE (Listserv for the Research Development and Dissemination Core-University of Iowa Gerontological Nursing Intervention Project). Mailing List address: gero-nurse-request@list.uiowa.edu

GERINNET (Gerontological Nursing Issues). Mailing List address: listserv@ubvm.cc.buffalo.edu

AGING-DD- A discussion group for aging and developmental disabilities. Mailing List address: listserv@lsv.uky.edu