G-Up: How to level up your nursing students' gerontology skills

By Ang SGM, Munk S, Stewart E, Scott L, Smyth A and Bail K

Positive clinical placements are formative experiences which impact future preferences and career direction in nursing students.[1]

Creating positive supported learning environments involves preparing preceptor ('buddy') Registered Nurses (RNs) as positive role models. This is particularly important for future gerontological workforce given the growing ageing population and increased need for nurses in residential aged care.[2,3] This paper describes a scaffolding document used to guide student clinical activities and clinical facilitators implementing the Clinical Placements with Older People (CPOP) program and evaluation, funded by the Australian Government Department of Health Disability and Ageing.

CPOP has been developed and implemented in four universities (University of Canberra, University of Wollongong, Edith Cowan University, and Curtin University), commencing in 2023 and to date has provided more than 2,000 CPOP placements providing student nurses with positive and well supported placement experiences with older people. CPOP is expanding across Australia 2025-2027 to include University of the Sunshine Coast, Central Queensland University, University of Tasmania, Southern Cross University, and The University of Sydney.

BACKGROUND

The Australian population is ageing, and the proportion of older people is projected to reach 21-23% by 2066.[4] As life expectancy increases, there is a need for more Registered Nurses trained in gerontological nursing to provide care for older Australians, who may experience multiple health conditions and have complex health needs. Gerontological nursing is a complex specialty, with skills and knowledge applicable in multiple settings, and is the largest specialisation in Australia.[5]

The RN workforce faces an uphill challenge of attracting and retaining staff leading to an undersupply of RN in aged care.[6]

UC CPOP students, graduates, team members and Warrigal industry partner (back row L-R): Lee Karsson, Amy Cornelia-Boceanu, Kasia Bail, Stephanie Munk, and Shrijana Gautum, (front row L-R) Becky Pilledge, Fardin Ahmed, Xanthe Armamento, and Amir Tubalinal

This workforce shortage has been further impacted by issues such as historical low pay, poor conditions, lack of professional development, and limited career advancement opportunities.[7] Students have been found to have negative perceptions of aged care, impacting recruitment of new graduate nurses.[8-12]

Quality clinical placements and Clinical Facilitators are important in changing these perceptions. However, most clinical placements for student RNs are offered in acute care settings.[13] Aged care clinical placements are often used for learning foundational skills,[14] or as a backup when acute care placements are unavailable.[10] Additionally, the student nurse may not be supervised by a RN buddy, but instead accompany the 'assistant in nursing'. Thus visibility and accessibility of a career as a specialised gerontological RN has been limited for these student nurses with traditional approaches to clinical placement.[15]

Structured clinical placements are important to change negative perceptions about working with older people,[16] and the potential career opportunities in aged care.[17,18]

The role of RNs working in residential aged care includes the supervision of junior nurses and assistants in nursing, management and leadership, monitoring and reporting quality indicators, and responding, escalating and coordinating care.[19] CPOP was designed to help fill this gap and highlight the complex, rewarding, person-centred potential of working with older people for students early in their career pathway. The program, is part of the Aged Care Nursing Clinical Placements Program **(https://www.health.gov.au/our-work/aged-care-nursing-clinical-placements-program)**, which is funded by the Australian Government Department of Health, Disability and Ageing.

CPOP PROGRAM OUTLINE

The CPOP program provides gerontological upskilling for clinical facilitators, and a structured supported placement for 2nd and 3rd year undergraduate nursing and Graduate Entry Masters (GEM) students on placements where older people were at least 50% over the of age 65. The one-day CPOP Clinical Facilitator training was adapted from the Gerontological Nursing Competencies program.[20] The online

modules consisted of learning activities that enhance gerontological nursing knowledge and skills, including dementia, delirium, dignity of risk, supported decision making, legal and ethical frameworks, as well as learning styles and mentoring skills in supporting student RNs. The clinical facilitators also completed an online Murra Mullangari Cultural Safety program provided by the Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM). So far, CPOP upskilled more than 270 educators, supporting 2,227 nursing placements at 206 different health service locations ranging from inpatient hospital settings to residential aged care to community settings across Australian Capital Territory, New South Wales, Tasmania, Victoria and Western Australia.

CPOP FEEDBACK

The Clinical Facilitators were enthusiastic and able to see the benefits of the program, with comments such as:

> *'CPOP is helping students understand the complexity and depth of knowledge needed when working with older people.'*
>
> CLINICAL FACILITATOR

> *'Students have been quite surprised – aged care is not what it's made out to be in media and other places.'*
>
> CLINICAL FACILITATOR

Unique to the CPOP program was the provision of a reflective workbook that the Clinical Facilitators and students would work on together which facilitated learning for the students. Students who used the workbook provided positive feedback such as:

> *'I saw it [the structured workbook] as a great opportunity to structure my learning and reflect more deeply…Given my passion for advocating and caring for older people, the CPOP workbook greatly assisted in my learning outcomes for this placement.'*

Reflections on leadership in gerontological nursing highlighted greater awareness among students about advanced leadership skills demonstrated by gerontological RNs in coordination, communication, teamwork, and management and complexity of gerontological nursing skills.

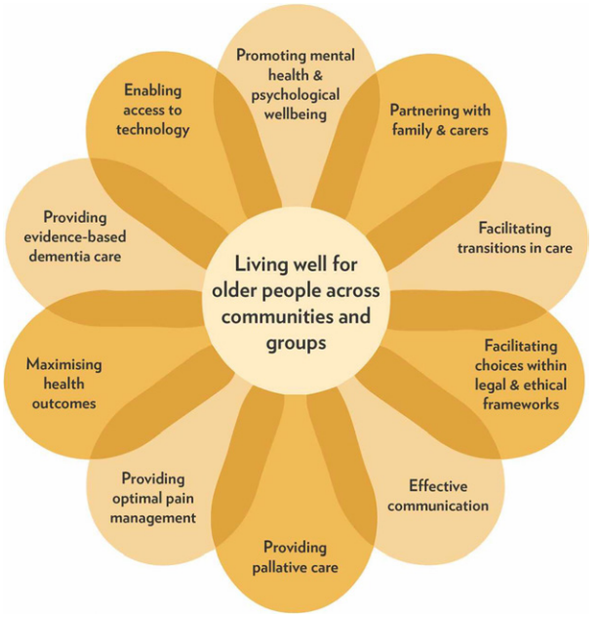
> *'What I have additionally learned about the role of an RN in aged care is the leadership role that is undertaken by the nurse, in making sure that every aspect of the ward runs smoothly.'*

> *'What stood out after this placement was the complexity of the nurse's role in addressing every aspect of health such as emotional, cognitive, social, wellbeing and physical health.'*

> *'My placement deepened my appreciation for the complexities of gerontological nursing.'*

The need for therapeutic, person-centred, and empathetic nursing were also discussed as surprisingly complex psychosocial aspects of gerontological nursing.

FIGURE 1: Gerontological Nursing Competencies



> *'What surprised me most was the strong emotional connection they [gerontological RNs] build with residents when balancing medical care with compassion. Overall, this experience has deepened my understanding of how RNs work holistically to improve both the physical and emotional wellbeing of older adults.'*

Some students stated that participating in the CPOP placement had resulted in their changed perceptions about gerontological nursing:

> *'This has been an eye-opening experience. I've learned so much over these four weeks that I will carry with me throughout my nursing career.'*
>
> *'This placement led me to consider specialising in aged care and think that aged care nurses are valuable and professional.'*
>
> *'Week 1 I didn't want to work in aged care, but I really enjoyed my placement and now I am open to it.'*
>
> *'Overall, during my placement, I learned a lot of valuable lessons regarding importance of person-centred care. In the future I might work as a gerontological nurse and would be grateful if I get a chance.'*
>
> *'I came to this placement with low expectations and leaving with greater knowledge. Aged care will definitely be on my mind when choosing a specialty.'*
>
> *'The CPOP program offered invaluable opportunities that enriched my personal growth and helped me learn about older persons nursing but also advanced my career development. The professional relationships developed on this placement helped me secure my current job in aged care.'*

The University of Canberra CPOP leadership team, L-R Kasia Bail, Steph Munk, Ash Smyth, Kelly Marriott-Statham, and Diane Gibson

CPOP universities partnered with over 90 organisations or locations to deliver quality placements with older people. Feedback from industry partners included:

> *'One of your CPOP students enjoyed their experience so much they applied and were offered a carer role [with us] and will then apply for an RN position when they graduate - how amazing!'*
>
> INDUSTRY PARTNER

THE DEVELOPMENT OF THE 'CLINICAL SCAFFOLDING DOCUMENT'

Clinical Facilitators highlighted that the difficulty to identify the difference between the scope of practice for a 1st year and a 3rd year nursing student. This issue becomes particularly challenging when they were assigned to an unfamiliar area of aged care, where they lacked the clinical imagination to negotiate nursing learning opportunities with the RN buddies.

Consequently, a living 'clinical scaffolding document' was developed. The CPOP team comprises gerontological nursing academics, Clinical Facilitators, project officers and Work Integrated Learning managers created a document and incorporated feedback from the CPOP expert advisory committee which includes student and new graduate nurses, consumer and carer representatives, Aboriginal and Torres Strait Islander nurses, national and international gerontological nursing researchers, and aged care union representatives.

The document was tested with the Clinical Facilitators during a monthly 'Community of Practice' workshop.

The scaffolding document was then presented as a living document[21] via the CPOP website to facilitate ongoing discussions and updates on clinical placement expectations and experiences. The clinical examples may help with ideas to illuminate clinical practice opportunities relevant to students working with older people in different settings such as residential aged care, acute care, community, sub-acute, rehabilitation, mental health, or palliative care. The ideas are scaffolded against the Gerontological Nursing Competencies (GNC) domains

TABLE 1: Example of scaffolding document

GNC Domains	Early in degree	Later in degree (eg CPOP)

GNC 5. Facilitating choices within legal and ethical framework	• Demonstrate awareness of aged care legislative framework.
	  - EG: advanced care planning, living wills, power of attorney and legal guardianship.
	• Assist in ensuring care is planned and delivered in respect to legislative framework.
	• Recognise every interaction requires consent and is part of an iterative process of rapport and relationship that supports decision making.
	• Recognise the difference between autonomous, supported and substitute decision making.
	• Recognise that all individuals are equal before the law, including people with disabilities and dementia. Every person is entitled to equal protection of the law without discrimination.
		• Educate older person, family carers on aged care legislation.
		  - EG: voluntary assisted dying, restrictive practices
		• Educate AINs, care workers
		• Intervene to eliminate or minimise the use of physical, chemical, and environmental restraints.
		• Understand and implement 'dignity of risk' in relation to choice, independence, self-determination, and self-esteem, and identify the nursing roles that can promote self-determination and supported decision making.
		  - EG: James had a public advocate who wouldn't support him to leave the facility and go for walks because of fear of absconding. The nurse leaders stepped in and advocated so that he had access to the whole grounds, his right to decision making and freedom of movement was supported, and his quality of life was improved
		  - EG: Two widows who met in a secure memory unit and developed a romance. The family were concerned. The nurses worked with the families to come to share understanding that promoted the daily happiness of the couple.

GNC 8. Providing evidence-based dementia care	• Understand presentations of dementia.
	• Use evidenced-based non-pharmacological strategies to address unmet needs.
	  - EG: reminiscence, life stories, and meaningful engagement.
	• Demonstrate knowledge regarding 'behaviours of unmet need', also known as 'responsive behaviours' or Behavioural and Psychological Symptoms of Dementia (BPSD).
	  - EG: Agitation, anxiety, depression, psychosis, aggression, wandering, apathy and sleep disturbances, disinhibition.
	• Understand the use of cognitive screening and assessment tools for dementia care.
	  - EG: MMSE, RUDAS and MOCA.
	• Assess for environmental impacts such as sensory deficit, environmental stress, and loneliness.
	• Assess for sensory deficits and create plans for interventions.
		• Understand the main types of dementia.
		  - EG: Alzheimer's Disease, Vascular, Lewy Body etc
		  - EG: Differentiate between dementia and health factors that can exacerbate dementia.
		  - EG: Infection, pain, malnutrition
		• Assist in developing, implementing, and evaluating support strategies for a person with dementia whilst fostering antipsychotic stewardship.
		  - EG: review dementia support plan and implement measures for calming/de-escalation.
		  - EG: assess efficacy of measures/ support plan and refer for review of plan where necessary.
		  - EG: liaison with pharmacist, GP, family, care workers regarding antipsychotic use and minimisation, consent.
		• Develop awareness of evidenced-based therapies and interventions available to support wellbeing of person with dementia.
		  - EG: Complementary therapy, reminiscence, music and aromatherapy, access to sunlight, sleep hygiene, and meaningful daytime activities.
		• Identify possible triggers and strategies to minimise them
		  - EG: Environmental temperature - too hot or cold, bright lights, busy/overstimulating environment.
		  - EG: Environmental changes, reduction of noise and pain.
		• Be able to recognise the need for, and place referrals.
		  - EG: Physio and OT referral.

of practice (**Figure 1**) (**https://www.adhere.org.au/gerontological-nursing-competencies**)[22] and the Nursing Domains Data Standards (**Table 1**).[23]

An example of two of the 11 core GNC competencies that the Scaffolding Document highlights can be seen in **Table 2.** The preceptor RN and/or Clinical Facilitator could identify clinical activities from the scaffolding document relevant to the student depending on the stages of their nursing program and prior experience and knowledge to optimise learning opportunities during their placement. The scaffolding document is freely available to nurses through the CPOP website **https://www.canberra.edu.au/faculties/health/carat/cpop** under 'Resources'. The CPOP team hope that learning more about gerontological nursing can be positively supported on any clinical placement that involves older people.

TABLE 2: Nursing Data Domain Standards (nine domains informed by nursing theories and frameworks)

Domain	Standards
Fundamental Functional Domains	1. Psychosocial 2. Nutrition and Hydration 3. Mobility and falls 4. Hygiene and skin integrity 5. Continence and toileting
Clinical Domains	6. Cognition 7. Pain 8. Medication risks 9. Clinical changes

CONCLUSION

Over the next 20 years there will be a significant increase in the amount of older people with complex health issues and comorbidities requiring care from RNs. Increasing the confidence and competence of students and staff to work with complex, older people will bolster the aged care workforce, has the potential to increase satisfaction with career opportunities and support the positive perception of gerontological nursing. The scaffolding document provides greater clarity and guidance for Clinical Facilitators and RNs about the specific clinical activities relevant to the stages of student RNs participating in placements with older people and may be used in placements outside of the CPOP-affiliated universities to further promote the specialty.

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