Nursing Homes as a Clinical Site for Training Geriatric Health Care Professionals

Mathy Mezey, EdD, RN, FAAN, Ethel Mitty, EdD, RN, and Sarah G. Burger, MPH, RN, FAAN

Nursing homes can be ideal clinical teaching and learning environments for acquiring geriatric specialty and interdisciplinary team skills, particularly those regarding assessment, care planning, management, monitoring, and collaborating in an interdisciplinary milieu. Little is known as to how geriatric specialty training programs use nursing homes to meet expected specialty competencies, or the types of clinical experiences in nursing homes required by academic geriatric training programs. This article describes the expectations of 5 clinical health care disciplines (dentistry, medicine, nursing, pharmacy, and social work) and nursing home administration regarding desirable nursing home characteristics that support gaining geriatric competencies. The issues involved in using nursing homes as supportive educational environments in geriatric education are discussed. **(J Am Med Dir Assoc 2009; 10: 196–203)**

Keywords: Geriatric specialist; nursing homes; competencies

Questions have been raised regarding the extent to which geriatric specialty training programs use nursing homes for clinical student rotations.[1] Graduates of clinical geriatric health care programs in dentistry, medicine, nursing, pharmacy, and social work spend full- or part-time caring for residents in the nation's 16,000 Medicare-certified skilled nursing facilities (ie, nursing homes). Graduates of programs preparing nursing home administrators have key responsibility for setting the tone and policy in which clinical care is delivered in nursing homes. Nursing home administrators have to be invested in interdisciplinary collaboration and staff education for the nursing home to be effective as a clinical site. Exposure to nursing home practice as students in clinical geriatric specialties and administration is important given that, when employed in nursing homes, these geriatric health care specialists direct resident care and establish the nursing home's standards of care.

While geriatric specialty programs report that they use nursing homes as clinical training sites, little is known as to how these programs specifically use nursing homes to meet expected specialty competencies, or the number and type of clinical experiences in nursing homes required by the programs. Better understanding of how clinical specialty programs and programs in nursing home administration specify clinical experiences can help strengthen nursing home rotations and, possibly, lead to the development of criteria for judging the appropriateness of nursing homes as clinical sites for health care professionals preparing for certification in their specialty area.

In 2005, the Hartford Institute for Geriatric Nursing convened an Expert Panel to reevaluate the role of teaching nursing homes (TNHs) as a model to improve both the education of geriatric health care professionals and quality of care in nursing homes. One recommendation of the TNH Expert Panel was the need for research on the use of nursing homes by academic programs that prepare geriatric health care specialists.[1] Based on a review of the extant literature, experts concluded that virtually nothing was known about the criteria that academic geriatric specialty programs use to select a nursing home site or the extent to which nursing home practicums enhance interdisciplinary skills. The Expert Panel raised the possibility of research that might help move towards "certification" of nursing homes that had effective structures, processes, leadership, and quality outcomes that made them exemplary learning environments for geriatric specialty students.

This article identifies the terminal competencies set forth in documents of the 5 geriatric clinical health care specialties of interest in this study (dentistry, medicine, nursing, social work, pharmacy) and of health care management programs with nursing home administrator training programs that are met through nursing home rotations. Similarities and differences across disciplines in use of nursing homes as clinical sites are identified. The influence of nursing home rotations on specialty education, and specifically the use of nursing homes in the preparation of geriatric professional manpower, is discussed.

The Hartford Institute for Geriatric Nursing, New York University, College of Nursing, New York, NY (M.M., E.M., S.G.B.).
Supported by a grant from the Commonwealth Fund.

Address correspondence to Mathy Mezey, EdD, RN, FAAN, The Hartford Institute for Geriatric Nursing, New York University College of Nursing, 246 Greene Street, New York, NY 10003–6677. E-mail: mathy.mezey@nyu.edu

Copyright ©2009 American Medical Directors Association

DOI:10.1016/j.jamda.2008.11.002

BACKGROUND

Consistent with our interest in the use of nursing homes by academic geriatric specialty programs to develop the competencies of their students, we conducted a systematic review (CINAHL, PUBMED, Web of Science, Psych Info, Social Work Abstracts [SWAB] and Social Services InfoNet) to identify relevant articles, using key terms that included variations on gerodentist, geriatric medicine (geriatrician), geriatric advanced practice nurse and clinical nurse specialist, geropharmacist, gero-social worker, and nursing home administrator. Virtually no relevant articles were found through this review. Some articles described the context of nursing home education and practice although the "student" was more likely an undergraduate rather than a specialist working toward advance practice competencies and credentials in geriatrics. We found no articles regarding the use of nursing homes by specialty academic programs in dentistry, pharmacy, social work, or advanced practice nursing (APN) (ie, gerontologic nurse practitioner [GNP] or clinical nurse specialist [CNS]).

In *geriatric medicine*, in the United States, nursing home rotation is required for accreditation by the Council on Graduate Medical Education (CGME) for geriatric fellowship programs.[2] Internal medicine residency training programs rely heavily on nursing homes for their geriatric training.[3] Nursing homes and outpatient geriatric assessment centers account for more than half of the clinical sites in comparison to hospital-based clinical training sites. Among 29 internal medicine programs requiring only one clinical geriatric experience, 3 were in acute care and 6 were in nursing homes.

No study was found that described how geriatric fellowship programs or internal medicine residency programs use nursing homes as clinical sites. Characteristics of an effective teaching nursing home in the early 1990s included good patient care, a relationship with an academic teaching hospital where faculty had a medical staff appointment, good communications, faculty linkages between acute and long-term care "teaching institutions," a nursing home medical director with solid credentials (ie, medical school appointment and acute care responsibilities), and a robust geriatric curriculum.[2] Reciprocal admissions between the acute and long-term care facility were seen as important. The nursing home patient/resident would return to the facility from the hospital, thus increasing the likelihood of continuity of care across settings. Unknowns with regard to effective medical academia–nursing home teaching models included conflicting institutional commitments among faculty and clinical practitioners, "over-medicalization" (including lengthier examinations and interviews by students), potential disregard of resident treatment and site-of-care preferences, and increased staff workload.[2]

In *geriatric nursing*, although no articles were found that looked at advanced practice nurse rotations in the nursing homes, among a small sample of baccalaureate nursing programs (N = 53), almost all (83%) used a nursing home to teach fundamentals of nursing, physical assessment, and communication skills.[4] The advantages of the nursing home clinical site were the opportunity to develop a positive attitude about aging among nursing students, and that nursing home staff are generally receptive of the students. Nursing school faculty felt that a high-functioning interdisciplinary team with time to spend with the students was a significant advantage but the lack of gerontologic nurse role models in the nursing home and the students' observations of poor-quality care and/or lack of supplies was disheartening.[4] The core geriatric nursing competencies for baccalaureate education speak to the interdisciplinary team, practicing across the continuum of care, and the need to expose students to all levels of health, including "long-term care."[5] (p. 11) An advanced practice nursing competency document does not address the site(s) in which to develop these competencies[6] nor does an article that speaks to a curricula model and new learning strategies for advanced practice nursing competency training.[7]

In *geriatric social work*, nursing home social workers were found to be neither trained for nor able to meet nursing home residents' psychosocial needs.[8,9] Inconsistent application of national requirements for social work services in nursing homes was found to likely contribute to inadequate social work education or preparation for the job.[8] The commitment of social workers to being part of an interdisciplinary care planning team varied in relation to teamwork style, facility leadership patterns, the social worker's educational background, and clarity about what is expected of them as part of the team.[10] Recommendations articulated by the Institute for the Advancement of Social Work Research speak to formal recognition of long-term care facilities with exemplary social services and using them as clinical education sites.[11] Characteristics of these model facilities are not described. Yet, there is a presumption (indeed, a hope) that gerontologically trained social workers would be ideally positioned to teach and mentor the next generation of nursing home social workers.

Nursing home administrator training has been shown to value nursing home rotations for knowledge about the certification and survey process (ie, scope and severity ratings), skills to construct a plan of correction, and current information about regulations that have an impact on reimbursement.[12] Leadership and management skills were listed as the most important competencies, followed by knowledge about human resources, finances, resident care, and the physical environment. Characteristics of the organization (eg, type, size) and the administrator (eg, age, gender, education, experience) were trumped by the influence of the regulatory process and compliance activities.[12]

In response to a significant decline in the number of nursing home administrators entering the profession, a National Association of Boards of Examiners of Long-Term Care Administrators survey conducted in 2001 found that decline varied geographically; some states experienced a decline, others not.[13] Reasons for declines included a punitive regulatory environment, inadequate salary, and more attractive options to earn a living (and respect). Controversy about the educational requirements of what it takes to be a nursing home administrator (eg, a baccalaureate degree) and the

acceptability of a college degree unrelated to long-term health care contribute to the lack of clarity as to nursing home administrator's competencies. The requirement of an administrator-in-training (AIT) component varies among states from none to 6 or 12 months. Some states have reduced the AIT requirement to increase access to nursing home administrator licensure. In most states, however, a combination of education and experience can substitute for the formal AIT requirement. Characteristics of an appropriate or exemplar nursing home for an AIT were not described.[13]

DESIGN/METHOD

The findings reported in this article constitute the second phase of a 2-part study. The first phase compared geriatric competencies across 5 clinical disciplines—dentistry, medicine, nursing, pharmacy, and social work.[14] Each of these 5 disciplines has competencies for their specialty and establishes a means, typically a written certifying examination, of recognition for having met the specialty standards. Source documents containing this information for the 5 clinical disciplines and for nursing home administrator are shown in Table 1. The competencies of the 5 clinical disciplines were identified and classified into the following framework: Assessment (includes age-related changes, risk, health promotion, environment); Diagnostic (acute and chronic health problems, functionality); Plan of Care and Implementation; Evaluation; Professional Role; Teaching/Coaching; Cultural Competence; and Managing and Negotiating Health Delivery Systems.[15] The methods for determining the competencies of each of the 5 disciplines, of reviewing and verifying competency documents, and of extracting the competencies for each of the disciplines is described elsewhere.[14] The 5 clinical specialties were found to have many similar competency expectations in the 8 domains.

In order to examine the use of nursing homes as clinical sites by the 5 clinical disciplines (dentistry, medicine, nursing, pharmacy, and social work), and by nursing home administration, we developed an Expert Panel of academic program directors representing the 5 clinical disciplines and nursing home administration. These program directors were identified through the authors' professional networks and represented leaders of major academic programs in their field. Among the 24 expert panel members were 3 program directors from geriatric dentistry, 4 from geriatric medicine, 5 from geriatric advanced practice nursing, 3 from geriatric social workers, and 4 from nursing home administration. The program directors were e-mailed a worksheet that they could download into hard copy or respond to electronically. They were asked to identify competencies both in, and missing from, their respective source documents (mailed to them) that were met in their programs through rotations in nursing homes.

The program directors were also asked to respond to 3 open-ended questions: (1) What structures and processes do you look for in a nursing home relative to the competencies in your discipline? (2) Which competencies in your discipline in your view are the most important for interprofessional collaboration? and (3) Are there specific competencies relative to your discipline that you currently meet through the nursing home rotation that are not reflected in your discipline's source document? Responses were categorized by geriatric specialty and similarity and consistency across disciplines. Communication between project staff and the Expert Panel was by mail, fax, e-mail, and conference call. After receiving

Table 1. *Source Documents for the 5 Clinical Geriatric Disciplines and for Nursing Home Administration*

Dentistry (geriatric dentistry)	No official source document. List of competencies prepared by J. Yellowitz, DDS, University of Maryland School of Dentistry.
Medicine (geriatrician)	Program Requirements for Residency Education in Internal Medicine Geriatric Medicine (ACGME) www.acgme.org/acWebsite/RRC_140/140_prIndex.asp Accessed Feb 11, 2006. Geriatric Medicine Exam (American Board of Internal Medicine) www.abim.org/specialty/geri.aspx
Advanced Practice Nursing: Gerontological Nurse Practitioner and Clinical Nurse Specialist	Gerontological Nurse Practitioner Primary Care Competencies. April 2002 (HRSA) www.nonpf.com/finalaug2002.pdf Accessed Jan 25, 2006. Gerontological Nurse Practitioner Board Certification Examination Content Outline (ANCC) www.nursecredentialing.org/cert/TCOs/GNP23TCO.html Accessed Jan 25, 2006.
Pharmacy (geropharmacist)	Geriatric Pharmacy Curriculum Guide (ASCP) www.ascp.com/education/curriculumguide Accessed Jan 22, 2006. Content of Certification Exam in Geriatric Pharmacy (Commission for Certification in Geriatric Pharmacy [CCGP]) www.ccgp.org Accessed Jan 22, 2006.
Social Work (gero-social work)	Geriatric Social Work Competency Scale 2/23/05. (Hartford Practicum Partnership Program. Council on Social Work Education) www.socialworkleadership.org/nsw/resources/products/gsw_competencies_scale_ii_description.pdf Accessed Feb 2, 2006.
Nursing Home Administrator	Nursing Home Administrators Licensing Examination. Information for Candidates. National Association of LTC Administrator Boards www.nabweb.org/NABWEB/uploadedFiles/Examinations Accessed Feb. 11, 2006.

written responses from the Expert Panel, at least one phone conference was held with a program director from each discipline to verify that we had appropriately categorized his or her responses. The project was approved by the New York University Committee on Human Subjects.

FINDINGS

Competencies of the Five Clinical Specialties Met Through Nursing Home Rotations

Without exception, the 5 clinical specialties use nursing homes to meet competency training requirements (Table 2). The nursing home setting is highly valued by all program directors for skill development in assessment, communication, interpretation of the professional role to colleagues, and ethical decision making in an interdisciplinary context. However, the extent of immersion in the nursing home's structures and processes of care varies among disciplines.

In contrast to pharmacy and social work, neither dentistry, nursing, nor medicine use the nursing home to develop cultural competency or culture assessment skills. Dental programs do not use the nursing home setting to develop psychosocial assessment skills, whereas social work education/training concentrates on interviewing skills associated with a specific domain: plan of care. Implementation of the plan of care, in social work, includes case management and ethical decision making.

The program directors identified competencies not addressed in their respective discipline's source document but that were nevertheless met through nursing home placement (Table 3). For dental program directors, the missing competencies in the source documents were the development of research skills, inculcating principles of interdisciplinary teamwork, team building, communication, and providing some basic instruction in gerontology. Only the dental program directors spoke to the *conduct* of research in the nursing home whereas the other disciplines spoke to the *application* of research. All pharmacy program directors felt that their specialty's competencies were achievable through nursing home placement.

For advanced practice nurse (APN) faculty, the competencies not addressed in their source document but met through nursing home placement were sensitization of students to the regulatory environment of practice and the ability to facilitate transition between levels of care. Social work programs use nursing homes for skill development in application of family dynamics concepts, leadership in an interdisciplinary context, environmental assessment, and interview skills to differentially assess and intervene with culturally diverse residents—none of which are in the social work source document.

Desirable Characteristics of Nursing Homes

Being highly rated, having an effective interdisciplinary team, a busy, diverse clinical service, and stable administrative and nursing leadership are nursing home characteristics valued by the program directors (Table 4). Nevertheless, with regard to the use of nursing home staff as clinical preceptors, faculty role and student supervision in the nursing home, there is considerable variation across disciplines.

Geriatric dentistry and pharmacy bring in faculty to precept students. Geriatric dental program directors seek a nursing home with dental examination/treatment room or access to an established dental practice setting. Program directors want to push forward recognition of the importance of the oral exam and care for older adults/nursing home residents. One of the dental program directors expressed that the contribution of the geriatric dentistry was under-appreciated. One dental program had no nursing home affiliation but was, nevertheless, keenly interested in dental research with older adults.

Geriatric pharmacy programs assign faculty as preceptors even in those nursing homes with an in-house pharmacy and pharmacist. Pharmacy program directors seek nursing homes where students can be involved in interdisciplinary patient care rounds, ideally with full-time medical staff, and in nursing homes that value an academic affiliation.

Geriatric medicine, nursing and social work rely fully or partially on nursing home staff to precept students. Geriatric medicine program directors seek nursing homes with an

Table 2. *Competencies Reflected in the 6 Disciplines' Source Documents Met Through Nursing Home Rotation*

Competency	DDS	MED	APN	PHARM	SW	NHA
Assessment	X	X	X	X	X	X
Diagnosis	X	X	X	X	X	X
Plan of care & implementation	X	X	X	X	X	X
Evaluation	X	X	X	X	X	X
Professional role						
Advocacy		X	X	X	X	X
Resource (education)	X	X	X	X		X
Bereavement support			X	X	X	X
QI participation	X	X	X	X		X
Facilitate transitions between levels of care	X	X	X	X	X	X
Teaching/Coaching	X	X	X	X	X	X
Cultural competence				X	X	X
Health delivery systems	X	X	X	X	X	X

DDS, dental; MED, medical; APN, advanced practice nursing; PHARM, pharmacy; SW, social worker; NHA, nursing home administrator; QI, quality improvement.

Table 3. *Competencies Met in the Nursing Home But Not Reflected in the 6 Disciplines' Source Documents*

Competency	DDS	MED	APN	PHARM	SW	NHA
Research skills	X					
Principles of interdisciplinary teamwork	X					
Formal instruction in basic gerontology/ geriatrics	X					
Federal and state regulations regarding LTC			X			
Environmental assessment					X	
Cultural diversity					X	

DDS, dental; MED, medical; APN, advanced practice nursing; PHARM, pharmacy; SW, social worker; NHA, nursing home administrator; LTC, long-term care.

interdisciplinary team that is willing to teach and collaborate with fellows, a robust quality assurance program, and sufficient trained registered nurses. Program directors express concern about the preparation of a nursing home's medical (and nursing) staff to teach Fellows. Geriatric fellows in nursing homes were felt to be deeply immersed in nursing home practice, and thus benefit from precepting from several disciplines. In one program, geriatric fellows conduct an environmental assessment in the patient's home, with a nurse.

The lack of availability and accessibility of a high-quality preceptor/mentor in the nursing home was noted by APN program directors. The preceptor role is very important and such mentorship was noted as often lacking. Nursing program directors cited the importance of the nursing home being in good standing in the community and with regulatory and accrediting bodies, a philosophy of care congruent with the nursing program, staff receptivity to student participation in care planning and care delivery, and few barriers to students' experiences.

Social work program directors indicate that staff social workers supervise student experiences and, thus, they select nursing homes with staff social workers who are guided by the discipline's competencies, have a strong professional identity and effective interdisciplinary skills. Nursing home staff social workers are not always prepared for their role as instructors and mentors. Masters' prepared social workers need to evidence training in field instructions and expose students to a range of social service roles in the long-term care setting.

Nursing Home Administrator Training and Competencies

The Directors of the health care management programs that offer an option in nursing home management emphasized that most programs in health care management do not focus exclusively on training nursing home administrators and, in fact, some offer little opportunity for this area of study. Program goals focus on broad health care competencies and executive leadership in acute care and network health care systems, but not necessarily those necessary for long-term care administration. Some schools attempt to have a long-term care track but it is not required. Therefore, use of nursing homes to teach or develop competencies is the exception rather than the rule. As such, there is little training in these programs in human relationships, interdisciplinary teams, or "knowing the customer" and their clinical issues, and handling conflict despite the fact that conflict resolution consumes 20% of a nursing home administrators time.[16] When nursing homes are used as training sites, similar to the other disciplines, program directors of health care management programs seek quality mentors for the long-term care administration students, full access to residents and, also, to facility

Table 4. *Nursing Home Characteristics Important to Meeting Competencies*

Nursing Home Characteristic	DDS	MED	APN	PHARM	SW	NHA
High-quality mentors/preceptors			X		X	X
Robust high-quality interdisciplinary team	X	X	X	X	X	X
Appropriate equipment	X					
Committee collaboration	X					
Research	X					
Busy clinical service	X	X	X	X	X	X
Time to provide teaching	X	X				
Quality assurance program		X				
Trained nurses, SWs, allied health staff		X			X	
Cultural/social diversity of residents	X		X	X		
Good reputation of NH	X	X	X	X	X	X
Supportive relationship between academia and nursing home			X	X		
Staff receptive to students			X			
Reasonable commute to the NH			X			
Stable admin. & nursing leadership	X	X	X	X	X	X
Multilevel NH: broad experiences					X	

DDS, dental; MED, medical; APN, advanced practice nursing; PHARM, pharmacy; SW, social worker; NHA, nursing home administrator; NH, nursing home.

records. In short, they want the nursing home placement to provide the student (ie, the administrator-in-training [AIT]) with an in-depth experience.

The program directors indicated that nursing home administrators lack adequate management training, for example, in strategic planning and marketing. Not uncommonly, many nursing home administrators have come up through the ranks: via pharmacy, nursing, or accounting. Nursing homes and hospitals require and use different management techniques. If the academic focus is on hospital/acute care and medical groups, there will be scant attention or focus on nursing homes and long-term care. Those individuals with an interest in becoming a nursing home administrator will have to conduct a rigorous search for a program that will prepare them for nursing home practice with the relevant skills for the increasingly complex domain of long-term care.

Interdisciplinary Collaboration

Program directors of the 5 clinical geriatric specialties and health care management programs identified that knowledge of one's professional role (and ethical practice) and cultural competence were necessary competencies for interdisciplinary collaboration (Table 5). program directors in dentistry, nursing, pharmacy and social work identified nursing homes as of particular value in developing competencies related to interdisciplinary collaboration.

Program directors in geriatric dentistry, advanced practice nursing and in health care management identified the need to be knowledgeable about all the disciplines providing long-term care. Geriatric dental program directors felt that effective collaboration depended on communication of the importance of oral care to their colleagues. This theme of communication of the specific aspect of their practice to professional colleagues was echoed by the APN program directors, who identified the need for APNs to be able to interpret the advanced practice nursing role to the other disciplines.

Directors of health care management programs noted that, as a prerequisite for interdisciplinary practice, nursing home administrators need to be knowledgeable about the basic roles and technical skills of the (5) professional disciplines. Yet, there were very few nursing home administrator competencies in their source document related to their role in interdisciplinary practice with respect to care outcomes and workforce utilization.

Social work program directors did not describe communication or collaborative skills as necessary aspects of the role for interdisciplinary practice. This was surprising given that nursing home social workers act as patient's rights advocates and are the health care professional that families are most likely to turn to for problem resolution, even when the issue involves nursing care.[17] Perhaps these competencies are embedded in other competencies, such as professional role.

Only APN and health care management program directors felt that knowledge of the regulatory process was important for interdisciplinary collaboration. One APN program director commented that the literature supports that advanced practice nurses need skills to adapt interventions to residents' complex needs and knowledge about the payer system. Only the nursing home administrator program director stated that leadership skills were important.

DISCUSSION

Program directors of all 5 geriatric clinical specialties and directors of nursing home administrator programs that participated in this project use nursing homes for clinical rotations to meet competencies related to assessment, clinical management, and interdisciplinary practice. Nursing homes can be ideal learning environments for acquiring clinical geriatric competencies.

Data from the National Nursing Home Survey (NNHS) shows that 13% of nursing home residents were 65 years of age or younger in 1977 and constituted less than 10% of the resident population in 1999.[18] Those 85 years of age and older comprised 35% of the resident population in 1977 and 47% in 1999. The rate of discharge has increased and length of stay has decreased since 1977. However, at any point in time, at least 60% of long-stay residents have been in the nursing home for 1 or more years. Given the length of stay and the fact that nursing home residents are

Table 5. *Most Important Competencies for Interdisciplinary Collaboration*

	DDS	MED	APN	PHARM	SW	NHA
Knowledge of all aspects of the professions providing long-term care in the nursing home	X		X			X
Leadership skills						X
Communication skills	X	X	X	X		X
Collaborative team skills	X	X	X	X		
Teaching skill	X	X				
Research skills	X					
Knowledge of age-related changes	X		X		X	
Professional role (including ethics)	X	X	X	X	X	
Cultural competence	X	X	X	X	X	
Knowledge of regulatory process			X			X
Plan of care and implementation	X			X	X	
Managing/negotiating health care delivery systems			X		X	

DDS, dental; MED, medical; APN, advanced practice nursing; PHARM, pharmacy; SW, social worker; NHA, nursing home administrator.

older and more culturally and clinically diverse, students in the health professions have a unique opportunity for long-term, in-depth professional relationships with the residents and family as well as the staff. Alternatives to nursing homes, such as assisted living and enriched home care services could likewise serve as substantive clinical placements for students.

The advantages of nursing homes as clinical sites needs to be promoted among the programs preparing geriatric specialties while acknowledging and rectifying the shortcomings of nursing homes as training sites. On the positive side, nursing home residents have a wide spectrum of health needs, the census is stable, treatments are regularly scheduled, and long- and short-term care residents have diverse demographic characteristics, clinical needs, and expectations that create a rich climate for clinical learning. Drawbacks to the use of nursing homes as clinical sites mentioned by program directors in this study are consistent with those cited elsewhere and include the lack of adequate role models to precept students, lack of faculty interest, as well as preparation, and the potential for creating negative attitudes toward the elderly.[19]

A panel reexamining the potential role for teaching nursing homes to serve as educational sites for students suggested the need to develop criteria on which to evaluate the potential of a nursing home to serve as a clinical site for geriatric health care professional training.[1] This study provides some data on which to base selection of nursing homes as training sites. Such criteria could position the placement of geriatric specialty students in nursing homes to dispel the negative image of and attitudes toward older adults, and build a cadre of role models, appropriately prepared clinicians, and potential future faculty.

Academic training programs might be more inclined to use nursing homes if criteria existed against which to evaluate the potential of a nursing home to be a clinical training site for geriatric health care professionals.[3] This might pave the way for recognition of care of nursing home residents as meriting special consideration. In Holland, the Royal Dutch Medical Association has recognized nursing home medicine as a new medical specialty.[20]

Coordinating nursing home rotations for geriatric health care specialties would be strengthened if the role of clinical preceptor and faculty were more clearly identified. Geriatric medicine typically draws clinical preceptors from the nursing home's full- and part-time attending staff. Advanced practice nursing uses the nursing home's nurse practitioners, clinical specialists, and/or physicians as clinical preceptors, but academic faculty conduct rounds and clinical conferences. In homes that have a relationship with Evercare or in Wellspring nursing homes, nurse practitioners and clinical specialists would be available and could potentially supervise students' clinical experiences. Little is known as to the preparation of nursing homes' physicians, advanced practice nurses, or social workers for their preceptor role.

It is interesting to note that health care management programs minimally address interdisciplinary management or teams. Despite the attention given interdisciplinary care in nursing home philosophy, regulation, and survey, it would be important to ascertain whether nursing home administrators appreciate the barriers to collaboration by virtue of caseload, number of professionals on staff, and so forth.

NEXT STEPS

This article provides previously unknown detail from program directors of 5 key geriatric clinical specialties and from health care management programs about the use of nursing homes as sites for clinical education. Although there appears to be agreement on the part of all 6 disciplines on the use of nursing homes and the desirable nursing home characteristics needed to serve as a clinical site, there is no research on the interdisciplinary characteristics that would lead to positive professional and resident outcomes. Our data clearly show that specific competencies among all the disciplines are integral to and support interdisciplinary collaboration (Table 5). This finding can move forward the Institute of Medicine's published recommendations in 2002 that students and professionals need to develop and maintain competency as a member of an interdisciplinary team.[21]

In thinking about what should be done next, we suggest taking another look at the teaching nursing home (TNH) model as a potential structure in nursing home readiness to be a clinical site for education of geriatric health care professionals.[1] Given the joint accountability of practice and education in the TNH model, the likelihood of a robust educational experience, with immersion in interdisciplinary collaborative practice, is vastly increased. We also suggest the development of criteria that would be required of a nursing home if it is to be a clinical education site for geriatric clinical health care professionals and nursing home administrators. For example, among the criteria could be a quality improvement plan that implements evidence-based structures and processes of care, information management, and communication.

In our conversations with program directors, each of the disciplines spoke to the importance of preceptors who were prepared for the role, and who had workload relief so that they could enact this key role. Little is known about preparation for the preceptor role in any of the disciplines. This is an opportunity to identify convergence of a preceptor's knowledge and skills across disciplines to not only increase efficiency but to offer students a broader, richer understanding of the similarities and differences across disciplines and practitioners. Because all the professions reported on in this paper use nursing homes as clinical sites, the opportunity to build on this work to meet the widening gap between those needing long-term care and the dearth of professionals able to meet their needs is imperative.

ACKNOWLEDGMENT

The authors thank Malvina Kluger, Hartford Institute, for her reading and recommendations.

REFERENCES

1. Mezey M, Mitty E, Burger S. Rethinking teaching nursing homes: Potential for improving long-term care. Gerontologist 2008;48:8–15.

2. Lipsitz LA. The teaching nursing home: An educational and economic resource for geriatric training. Am J Med 1994;97(4A):24S–26S.
3. Warshaw GA, Bragg EJ, Thomas DC, et al. Are internal medicine residency programs adequately preparing physicians to care for the baby boomers? A National Survey from the Association of Directors of Geriatric Academic Programs Status of Geriatric Workforce Study. J Am Geriatr Soc 2006;54:1603–1609.
4. Chen S, Brown JW, Groves ML, Spezia AM. Baccalaureate education and American nursing homes: A survey of nursing schools. Nurse Edu Today 2007;27:909–914.
5. American Association of Colleges of Nursing (AACN) and the John A. Hartford Foundation Institute for Geriatric Nursing. Older adults: Recommended baccalaureate competencies and curricular guidelines for geriatric nursing care. Washington, DC: American Association of Colleges of Nursing; 2000.
6. American Association of Colleges of Nursing (AACN). Nurse practitioner and clinical nurse specialist competencies for older adult care. Washington, DC: American Association of Colleges of Nursing; 2004.
7. Thornlow DK, Auerhahn C, Stanley J. A necessity not a luxury: Preparing advanced practice nurses to care for older adults. J Prof Nurs 2006;22:116–122.
8. Allen PD, Nelson HW, Netting FE. Current practice and policy realities revisited: Undertrained nursing home social workers in the US. Soc Work Health Care 2007;45(4):1–22.
9. Gleason-Wynn P. Addressing the educational needs of nursing home social workers. Gerontol Geriatr Educ 1996;16:31–36.
10. Nanden M. Commitment of social workers to interdisciplinary care planning teams: An exploration. Soc Work Res 1997;21:249–259.
11. Vourlekis B, Zlotnik, JL, Simons K, Toni R. Blueprint for measuring social work's contribution to psychosocial care in nursing homes: Results of a national conference. Institute for Geriatric Social Work. Issue brief. Wi 2005. Available at: http://charityadvantage.com/iaswr/FinalIGSWIASWRBrief33105.pdf. Accessed December 18, 2007.
12. Fabbri MA. Factors that influence an administrator's perception of what they consider important in job knowledge and how those perceptions impact quality of care [dissertation]. Minneapolis, MN: Capella University; 2006.
13. Pratt JR. The disappearing administrator: Results of a national survey. Nursing Homes. Long Term Care Management 2002;51(24):26–92. 68–69.
14. Mezey M, Mitty E, Burger S, McCallion P. Healthcare professional training: A comparison of geriatric competencies. J Am Geriatr Soc 2008;56:1724–1729.
15. HRSA. Nurse Practitioners Primary Care Competencies in Specialty Areas: Adult, Family, Gerontological, Pediatrics and Women's Health. Washington DC: US Department of Health and Human Services, Health Resources and Services Administration, Bureau of Health Professions, Division of Nursing; 2002.
16. Nelson HW, Cox DM. The causes and consequences of violence in nursing homes: Working towards a collaborative work culture. Health Care Manager 2003;22:349–360.
17. Vincent L, Mazza N. Aggressive behavior directed at nursing home personnel by residents' family members. Gerontologist 1994;34:528–533.
18. Decker FH. Nursing Homes, 1977–99: What has changed, what has not? Hyattsville, MD: National Center for Health Statistics, 2005. Available at: www.cdc.gov/nchs/data/nnhsd/NursingHomes1977_99.pdf. Accessed November 18, 2006.
19. Chen S, Melcher P, Witucki J, McKibben MA. Nursing homes use for clinical rotations: Taking a second look. Nurs Health Sci 2002;4:131–137.
20. Hoek JF, Ribbe MW, Hertogh CMPM, van der Vleuten CPM. The specialist training program for nursing home physician: A new professional challenge. J Am Med Dir Assoc 2001;2:326–330.
21. Institute of Medicine. Greiner AC, Knebel E. In: Professions Health, editor. A Bridge to Quality. Washington DC: National Academy Press; 2002.