

Recommended Geropsychiatric Competency Enhancements for Entry Level Professional Nurses

Nurses care for older adults in health and illness across the full range of health care settings. Especially in late life, physical illness often precipitates and/or is accompanied by psychiatric symptoms. These recommended competency enhancement statements draw attention to the special needs of older adults with mental health concerns. They are not intended to 'stand-alone,' but rather to enhance existing or to-be-developed competencies for the entry level professional nurse.¹ The enhancements are organized within the existing *Older Adults: Recommended Baccalaureate Competencies and Cultural Guidelines for Geriatric Nursing Care*² developed in 2004 by AACN/HGNI. The geropsychiatric competency enhancements were drafted in Fall 2008 by the Geropsychiatric Nursing Collaborative (GPNC), a project supported by the John A. Hartford Foundation and housed at the American Academy of Nursing. They were reviewed by representatives of key professional organizations, revised, and then endorsed by the GPNC Core Competency Workgroup and National Advisory Panel and disseminated in early 2010 to all relevant professional organizations and schools of nursing for endorsement and utilization.

New competency enhancement statements and modifications to existing competencies are highlighted in yellow for ease in identification.

As revisions are made to existing competency documents, we recommend that the intent of these recommended enhancements be included and that the terms 'health,' 'illness,' 'frailty,' 'care' or 'disease' be broadly defined as both 'physical and mental.' Although physical and mental may be assumed, we believe that it is helpful to have both of these dimensions explicitly stated. Likewise, the term 'psychiatric disorder' should be used in combination with 'substance misuse disorder' to be more inclusive. It is further recommended that an expectation for the use of valid and reliable clinical assessment tools and evidence-based practices and processes be clearly stated and that gender, sexual orientation, and spirituality be made explicit when referring to cultural issues. Finally, the focus of these enhancements is on older adults; we recognize that the work of entry level nurses may have a lifespan perspective and, thus, some of these enhancements may also apply to other population groups.

¹ This competency enhancement document is one of seven developed and recommended by the Geropsychiatric Nursing Collaborative. The seven enhancement documents are aimed at the entry level nurse and the following groups of advanced practice nurses: gerontological NP and CNS, psychiatric NP and CNS, and other APRNs (NP and CNS) who care for older adults but are not prepared as gerontological experts, e.g., women's health, adult, family and acute care. A link to the entire set of enhancement documents can be found at <http://www.aannet.org/GPNCresources>. For more information, see www.aannet.org/GPNCgeropsych.

² AACN/HGNI (2004). *Older Adults: Recommended Baccalaureate Competencies and Cultural Guidelines for Geriatric Nursing Care*, available at www.aacn.nche.edu/Education/pdf/Gercomp.pdf

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Entry Level Gerontologic Nursing Competency Statements With Suggested Enhancements

1. Recognize one's own and others' attitudes, values, and expectations about aging and their impact on **physical and mental health** care of older adults and their families.
NEW: Identify opportunities for promoting mental and cognitive health of older adults and their families based on an assessment of strengths and resources.
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, **including those who are experiencing affective, behavioral and cognitive symptoms, recognizing and respecting generational and cultural differences.**
4. Recognize that sensation and perception in older adults are mediated by **culture as well as** 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.
NEW: Assess and implement evidence-based interventions to decrease disparities and enhance health promotion and therapeutic outcomes in individuals, families, communities and organizations across a range of health care settings.
7. Analyze the effectiveness of **individual, family and community** resources in assisting older adults to **achieve** personal goals, maximize function, maintain independence and **participate in decision-making regarding least restrictive living** environments.
8. Assess family knowledge of skills necessary to deliver **mental and physical health** care to older adults.
9. Adapt technical skills to meet the functional, physical, cognitive, psychological, social, and endurance capacities of older adults.
10. **Promote adherence to a standard** of individualized, **restraint-free care in all healthcare settings.**
11. Prevent or reduce common risk factors that contribute to **decline in mental and physical function**, impaired quality of life, and excess disability in older adults.

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12. Establish and follow standards of care to recognize, report **and address physical and mental health outcomes of** elder mistreatment.
13. Apply evidence-based standards to screen, immunize, and **promote physically and mentally** healthy activities in older adults.
- NEW: Recognize normal, age-related physiological and cognitive changes as distinguished from pathology.**
14. Recognize and manage geriatric syndromes **and their psychiatric components** common to older adults, **considering relevant functional losses, cognitive impairment, and situational, developmental and transitional challenges.**
15. Recognize the complex interaction of acute and chronic co-morbid **physical and mental disorders and associated treatments** common to older adults.
16. Use technology to enhance older adults' functioning (**physical, social, cognitive and affective**), independence, and safety.
17. Facilitate **interdisciplinary and family** 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, **supporting the decisional capacity of older adults, including those with cognitive decline.**
- NEW: Support and advocate for older adults with cognitive, affective or behavioral symptoms in ethical, non-coercive decision-making with their families/caregivers related to everyday living, medical treatment, advance directives, and end of life care.**
19. Apply ethical and legal principles to the complex issues that arise in care of older adults.
- NEW: Appreciate issues related to decisional capacity, guardianship, financial management and durable and healthcare powers of attorney in the treatment 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 **physical and mental health** care.
22. Analyze the impact of an aging society on **its physical and mental** health care systems.

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23. Evaluate the influence of legislative and payer systems on access, availability, and affordability of health care for older adults.
- NEW:** Ensure safe and effective transitions across levels of care between acute care and community-based long term care settings (e.g., Home, Assisted Living, Hospice, Nursing Homes) for older adults and their families.
24. Contrast the opportunities and constraints of supportive living arrangements on the mental health, function and independence of older adults and on their families.
25. Recognize the benefits of interdisciplinary team participation in physical and mental health 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. Involve, educate and, when appropriate, supervise family, friends and assistive personnel in implementing evidence-based practices for older adults, including those with cognitive, affective and/or behavioral symptoms, while sustaining the mental health and wellbeing of those providing the care.
28. Facilitate older adults' active participation in all aspects of their own health care.
29. Ensure quality and safety of care commensurate with older adults' vulnerability and frequency and intensity of care needs.
30. Promote quality end-of-life care for older adults, including those with cognitive impairment, which encompasses psychosocial care as well as pain and symptom management, as essential, desirable, and integral components of nursing practice.