

geriatric education. This Title VII-funded program provides financial incentives to junior geriatric faculty and is renewable for 3 years. However, its funding was cut in 2006 and although resumed in 2007, it was flat-funded for 2008-2009. This allowed continuing support for prior recipients but did not provide funding for new applicants.<sup>18</sup>

### **Infusing Geriatrics and Gerontology Throughout the Curriculum**

Even with maximum support, it is unlikely that 37,000 geriatricians will be educated by 2030. It is therefore important to educate the current medical provider workforce in principles of geriatric medicine. This needs to be accomplished through drastic curriculum revisions, career-long demonstration of geriatric competence, and increases in the number of faculty teaching geriatrics. Educational settings must be expanded beyond the hospital to patients' homes, clinics, assisted living facilities, and nursing homes.<sup>4</sup>

Medical student education must include a structured, prolonged, and required experience in geriatrics. Residency training must include geriatric training for all but pediatricians and should be, at minimum, 6 months for primary care residencies. The Donald W. Reynolds Foundation and John A. Hartford Foundation have granted millions of dollars and have advanced geriatric training tremendously. However, without regulatory mandates for minimal training in medical school, non-primary care residencies and fellowships, and more extensive training in primary care residencies, less compelling agendas will capture curriculum time and money.

The National Council of State Boards of Nursing has spearheaded a growing movement in nursing education to emphasize the care of an aging population. With substantial support from the John A. Hartford Foundation, the Health Resources and Services Administration, and others, schools of nursing have made considerable strides in strengthening geriatric competence in baccalaureate graduates.<sup>9</sup> A successful model for gerontological curricular enhancement includes developing a core group of interested faculty who consider geriatrics to be essential in all courses, using available national standards and teaching resources, and strengthening links with community agencies that share a commitment to high quality nursing care for elderly patients.<sup>19</sup>

Many nurse practitioners who care for older adults also lack specialized training in geriatrics. Nurse practitioner faculty who teach in non-gerontological nurse practitioner programs are encouraged to use the American Association of Colleges of Nursing and the John A. Hartford Foundation Geriatrics Nursing Initiatives *Nurse Practitioner and Clinical Nurse Specialist Competencies for Older Adult Care* as a guide to integrate gerontological nursing content into the curriculum.<sup>11,20</sup> Designating specific hours of clinical preparation in settings across the continuum of care for older adults, assigning specific readings, and determining clinical competency of the non-gerontological nurse practitioner will help ensure that all nurse practitioners have a foundation in gerontological care.<sup>11,21,22</sup>

## **North Carolina Gerontology Consortium Continuing Education Initiative**

*Jim Mitchell, PhD*

Supported by the North Carolina General Assembly, the Institute on Aging of the University of North Carolina system was established in the mid 1990s. Its statewide advisory committee endorsed the development of a comprehensive educational program to strengthen university-based credentialing programs in gerontology and to develop a coordinated continuing education initiative for those in the workforce serving older adults. The committee endorsed the formation of a North Carolina Gerontology Consortium, approved by the University of North Carolina General Administration in May 2003, which would serve as the delivery mechanism for the proposed comprehensive educational program. The 11-campus Consortium (UNC Asheville, Chapel Hill, Charlotte, Greensboro, Pembroke, and Wilmington; Appalachian State University; East Carolina University; North Carolina State University, including NC Cooperative Extension; Western Carolina University; and Winston-Salem State University) has coordinated the web-based delivery of 18 graduate-level gerontology courses. The courses are shared among member institutions, enhancing curricular flexibility for credentialing programs and graduate students.

Drawing from the experience of web-based graduate course delivery and in partnership with the North Carolina Division of Aging and Adult Services, the Consortium is embarking upon a continuing education initiative targeting the nonclinical workforce providing community-based services to older adults. With funding from the University of North Carolina General Administration, a pilot project is underway to solicit topics for continuing education from those employed through the network of services supported by federal and state Home and Community Care Block Grant appropriations. This large segment of the workforce providing supportive services to older adults is overlooked by the clinical continuing education network. The topics will drive formation of web-based continuing education modules to be delivered through the Institute on Aging and North Carolina Division of Aging and Adult Services websites. Those completing the modules will receive a certificate of completion by the University of North Carolina Gerontology Consortium. Following consumer evaluation, the modules will be delivered nationally through partnership with the Association for Gerontology in Higher Education.

## Interdisciplinary Training in Geriatrics

Interdisciplinary training for health care professionals should begin prior to professionals entering the workforce. It is essential for graduates in the health care field and some of the social science disciplines to understand one another's role and the importance of collaboration to ensure delivery of adequate health care. While it is often difficult for students and faculty of different disciplines to schedule classes or clinical rotations at the same time, universities could consider conducting health fairs in the community for vulnerable populations where students and faculty from different programs collaborate to provide prevention screenings and health promotion information. This would allow students a first-hand opportunity to appreciate the specialized knowledge and skills set that each discipline is known for as well as refer health fair participants to their colleagues.

The National Institute of Medicine proposes a 3-pronged approach to improve the ability of the health care workforce to care for older Americans:

- Enhance the competence of all individuals in the delivery of geriatric care.
- Increase the recruitment and retention of geriatric specialists and caregivers.
- Redesign models of care and broaden provider and patient roles to achieve greater flexibility.

The redesign of models of care includes a more efficient utilization of and interaction among the interdisciplinary team. This enhances the role of direct care workers, including personal care aides, nursing aides, home care aides, and others. These people have the closest contact with elderly patients, providing vital information for geriatrics providers, and yet they are only required to have a minimum of 75 hours of training by federal mandate, and only a few states have higher requirements. The IOM report suggests increasing the minimum training requirement for certified nurse aides and home health aides to 120 hours and requiring demonstration of competence in the care of older adults for certification. While longer training is crucial, the increased requirement may deter many from entering the field of geriatrics, further exacerbating the current shortage of geriatric aides. A potential solution would be a concomitant increase in pay compared to aides with less training and without geriatric certification.

The Program for All-Inclusive Care in the Elderly (PACE) is an interdisciplinary team approach to care and is funded by

The University of North Carolina Gerontology Consortium represents the largest multi-campus organizational entity of its type in the state university system. It offers an opportunity to efficiently share expertise and instructional resources across campuses to better serve the needs of college and university students, formal and informal care providers, and citizens as we negotiate a response to the aging of North Carolina's population.

*Jim Mitchell, PhD, is the director of the East Carolina University Center on Aging and the associate director of the University of North Carolina Institute on Aging. He can be reached at mitchellj (at) ecu.edu.*

Medicare. One remarkable result of this program has been a very low 12% turnover of direct-care workers (aides) in these programs compared to the approximately 100% turnover in most settings. This was achieved through financial support, additional training, and career advancement opportunities.<sup>23</sup> Family and friends provide the largest proportion of the care for older adults. Adequate training opportunities also need to be provided in the community to optimize care, prevent burnout, and facilitate understanding and support.

North Carolina would benefit from adopting multiple strategies to address the looming crisis in geriatric care. Some of these include:

- Expand geriatric training in all health care and social science fields.
- Provide funding for developing and/or sustaining creative educational programs that prepare geriatric health care professionals.
- Establish scholarships for health care professionals seeking a career in gerontological health care.
- Increase public awareness and support for caregivers of elderly.
- Increase reimbursement of geriatric health care providers to alleviate the critical shortage.

Perhaps one of the saving graces and best-selling points for a career in geriatrics is that, despite the low pay and myriad other frustrations, geriatricians have the highest job satisfaction of all specialties.<sup>24</sup> North Carolina will be depending on us to get this word out. **NCMJ**

## REFERENCES

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