

Integrating Gerontological
Content Into Advanced
Practice Nursing Education

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I dedicate this book to my husband Brett Auerhahn for always being there, to my parents Mildred and Albert Szymanski who always faced the challenges of aging “head-on,” to my older patients who taught me so much, and to the older adults of today and tomorrow for whom this book has ultimately been written.

Carolyn Auerhahn

I would like to dedicate this book to my husband Chris and son Brendan for their support and encouragement during this endeavor. To my parents Nancy and Edward Kennedy, who are models of successful aging.

Laurie Kennedy-Malone

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Foreword

The aging of the U.S. population is a reality that presents multiple challenges to this nation, not the least of which is the need to have a highly educated workforce of health professionals able to deliver high-quality and appropriate care to the population of older adults. Advanced practice registered nurses (APRNs) are an essential part of the workforce to deliver care to our nation's older adults. Given the important role APRNs have, and will continue to play, in providing high-quality care to older adults, the advanced practice community has developed radically transformative recommendations about the education of any APRN who will care for adults.

The results of the APRN Consensus Process mandate that any APRN educated to care for adults must have an extensive exposure to the unique practice requirements of caring for older adults. The reality is that almost all practice today is practice with an older adult population. Additionally, given the widespread recognition that the expertise for care of geriatric patients cannot reside only in the armamentarium of geriatric specialty-prepared clinicians, a national process has begun to transform the education of APRNs who will now be prepared as adult/gerontology APRNs in roles as nurse practitioners or clinical nurse specialists.

This timely book provides a unique resource for our nation's advanced practice nursing clinicians, students, and educators and is representative of the lifelong commitment to care of older adults embodied in the work of its authors, Dr. Carolyn Auerhahn and Dr. Laurie Kennedy-Malone. I am pleased and honored to be able to write this foreword to share with the readers of this important work my respect for Carolyn and Laurie. I also am pleased to offer my endorsement for its importance to our profession and the goals of the APRN community to ensure that all clinicians caring for adults have a high level of knowledge and the skills for care of older adults.

I had the privilege of meeting Carolyn through our mutual work in our respective organizations to address concerns about how we will better prepare nurses in advanced practice to care for older adults. Her zeal and

commitment to this work were a valuable asset to us at the American Association of Colleges of Nursing (AACN) as we sought to educate faculty about the needs of older adults. AACN's strong commitment to development of faculty for their roles as knowledge-based educators of professional nurses who will provide high-quality, safe, and appropriate care to older adults is shared by Carolyn. Her work to develop case studies for graduate students evolved to collaboration with the AACN in development of the competencies for adult/gerontology practice. Moreover, her commitment to this important work has continued as she has collaborated with us in the development of resources and tools that will provide faculty in the APRN programs with the capacity to teach this important content. What started with a mutually shared commitment to the best care of this population, however, has evolved to a respect for her work, her commitment, her expertise, and her energy in this important effort.

Dr. Kennedy-Malone's life's work has been devoted to education, practice, and research in care of older adults. She is nationally and internationally recognized for her expertise in gerontology and is highly sought after as a consultant by APRN faculty. The quality of her work has also been recognized by her induction as a Fellow of the Association of Gerontology in Higher Education. Laurie has been an integral part of a number of AACN initiatives focused on faculty development and APRN education in care of older adults, and in 2007 she received the AACN and John A. Hartford Foundation Institute Award for Excellence in Gerontological Nursing Education: Geriatric Nursing Faculty Champion. A major focus of Laurie's collaboration with AACN has been the development of APRN competencies for care of older adults and this continues with the development of competencies for adult/gerontology practice and resources for APRN faculty.

The Institute of Medicine (IOM) report, *Retooling for an Aging America*, issued a challenge to all health professionals, not just APRNs, to prepare our new clinicians for the reality of a changing demographic. Dr. Auerhahn and Dr. Kennedy-Malone have taken up this challenge and developed multiple resources to ensure that APRNs are engaged fully and competently in this new care reality. The IOM report predicts that the current 12% of the U.S. population over the age of 65 will increase to 20% in the near future. Chronic illness and high use of health care services are common in this population and, despite this reality, older adults often receive care that is disconnected, complex, and uncoordinated. APRNs are essential to overcoming these challenges. As our nation's nurse educators respond to this reality, they will

be challenged to reframe and dramatically revise and improve the content and learning experiences that frame the journey to advanced practice. This text will provide an important source of support for ensuring that APRN educators can address this need.

I am delighted that the development of this important text coincides with the growing efforts among the APRN community of providers to transform how we are prepared for practice and how we focus on the needs of a significant component of the patient population. This text is a natural adjunct that will assist faculty and students to achieve the goal of being well prepared for care of older adults. Carolyn Auerhahn and Laurie Kennedy-Malone are to be commended for this leading-edge work to ensure that nurses in general, and APRNs specifically, have the requisite knowledge, skills, and commitment to care for older adults.

Geraldine Polly Bednash, PhD, RN, FAAN
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Preface

We are on the brink of a major health care crisis. As the Baby Boomers transition into old age, we will see a doubling or tripling, by the year 2030, in the number of adults over the age of 65. This unprecedented increase alone would qualify as a crisis, but when it occurs within the context of an “across-the-board” shortage of health care providers with the necessary knowledge and skills to provide care for this growing population, the magnitude of this crisis exceeds that of any we have seen in modern times. The Institute of Medicine (2008) in its recent report, *Retooling for an Aging America: Building the Health Care Workforce*, calls for fundamental reform in the training of health care providers and an increase in the production of providers qualified to care for older adults in order to address this workforce shortage. Advanced practice nurses (APNs) have always taken a proactive approach in response to crises and difficult challenges and we are doing that now.

The intended audience for this text is faculty in all nongerontological advanced practice nursing (APN) programs. It is a *must-have* resource given the projected changes in population demographics (aging of the Baby Boomers), proposed changes in the regulation of APNs, and potential changes in accreditation of APN programs. The audience includes not only adult and family APNs but also acute care, women’s health, psychiatric mental health, holistic, palliative, pediatrics, and other specialties. Graduates of all these programs have the potential for caring for older adults, whether directly as a patient or indirectly as a family member or caregiver. Therefore, gerontological content must be included in the curricula of these programs as well.

However, there are many questions that must be answered and resources to answer those questions may not seem to be readily available. What are the priorities? What content requires the most emphasis? How do you engage students in an area in which you yourself have little engagement? This text offers the answers to these questions and more.

This text will facilitate the integration of much needed content about care of older adults into their curricula by faculty in nongerontological APN programs. It provides clear “user-friendly” guidelines *written by APN faculty for APN faculty*. It focuses on ways to incorporate the content into already existing programs without requiring major curricular changes. The authors are sharing almost 50 years of combined experience of struggling with the answers to these and other curricular questions as well as specific examples of strategies for inclusion of gerontological content.

The text is divided into three sections. Section I: Key Factors Related to Integration of Gerontological Content Into Advanced Practice Nursing Curriculum presents content related to the rationale/need to do this, challenges to inclusion of this content, strategies to address these challenges, and gerontological content that needs to be included. Section II: Resources for Integration of Gerontological Content Into Advanced Practice Nursing Curriculum provides detailed lists of print media and internet resources. Section III: Methodology for Integration of Gerontological Content Into Advanced Practice Nursing Curriculum includes a discussion of a competency-based framework and process for the integration of gerontological content. In addition, there are three chapters that focus on course-specific gerontological content, competencies addressed by this content, teaching/learning strategies, and evaluation methods for integration of this content into graduate nursing core, APN core, and specialty courses. Strategies to facilitate the inclusion of clinical experiences focused on care of older adults are included as well. This section also includes examples, written by other APN faculty, of successful integration of this content into several nongerontological APN programs.

Adding content to an already burgeoning APN curriculum can be challenging given the numerous restraints we have on our time and resources. The authors have addressed many of the challenges and offered overall general strategies for curricular enhancement of gerontological content needed for APNs managing the care of older adults. By integrating content across the graduate program using blended technology and the multiple gerontological resources recommended in this text, faculty can begin to ensure that students gain gerontological competency.

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Carolyn Auerhahn, EdD, ANP, GNP-BC, FAANP

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Laurie Kennedy-Malone, PhD, GNP-BC, FAANP, FAGHE

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SECTION I

Key Factors Related to Integration of Gerontological Content Into Advanced Practice Nursing Curriculum

The Aging of America and Its Impact on Advanced Practice Nursing Education

Carolyn Auerhahn

One of the major health care challenges of the 21st century will be the provision of quality, comprehensive, cost-effective care for a rapidly increasing number of older adults. The elderly population in the US is expected to double, if not triple, by 2030 with the greatest growth in those 80 years of age and older. The prevalence of chronic illness and disability, especially in those over the age of 85, is expected to skyrocket. Health care costs are expected to escalate at a rate not seen before (Administration on Aging [AoA], 2008).

Despite the recent increased emphasis on gerontology in medical and nursing curricula, the emergence of specialized care units in hospitals, and the development of alternative long-term care options, the demand will still overwhelm the supply of qualified providers (Institute of Medicine [IOM], 2008). That leaves us with the burning question: Who will care for this ever-growing number of older adults? It is obvious that in order to address this challenge, more health care providers with the knowledge and skills to provide care for this growing population are needed.

This chapter will provide an overview of these issues. Recommendations from a recent Institute of Medicine (IOM) report will be discussed. The role of advanced practice nurses (APN) in addressing this challenge and the proposed new model for the regulation of APNs, including its mandate to include more gerontology in all APN programs, will also be discussed. Finally, the purpose of the text and an overview of its contents will be presented.

OVERVIEW OF THE ISSUES

Changes in Population Demographics

By now the statement “the Boomers are aging” has become commonplace in our society. But who exactly are the Boomers? Between 1946 and 1964 there was a dramatic increase in births that was dubbed the “Baby Boom,” and the term “Boomer” was coined to describe those born during this time period. Driving many public services, such as schools and health care, the Boomers have dominated U.S. culture since the end of World War II.

The first wave of the Boomers became eligible for Social Security in January 2008 and will turn 65 in 2011. Life expectancy for someone turning 65 in 2009 is, on average, an additional 19.0 years (AOA, 2008), and given past trends it is a reasonable expectation that this number will increase as we go forward. The aging of the Boomers will result in an extraordinary increase in the population over 65, predicted to be a doubling or tripling of the older population by 2030 (AOA, 2008).

Not only will the number of older adults increase, there will also be an increase in the prevalence of chronic illness. Sixty percent of the aging Boomers will be managing more than one chronic condition. Obesity will be a major problem affecting more than one out of every three Boomers. It is projected that one in four will have diabetes and one in two will have arthritis (American Hospital Association [AHA], 2008).

In addition, the Boomers are different from earlier generations in several ways that will impact health care delivery. They are more racially and ethnically diverse than previous generations. Approximately 20% are members of minority groups, and this percentage is expected to increase as the immigrant population continues to expand and the disparity in projected life span between minorities and non-Hispanic Whites continues to decrease. Boomers are more educated and, in general, more active participants in their health care. They also have higher expectations of service and will demand more innovative, personalized health care programs (AHA, 2008). These differences will mandate health care delivery systems and will expect a workforce with knowledge and sensitivity to cultural differences and their impact on health care, and will require a philosophy that is patient-focused, flexible, and individualized.

Health Care Workforce

The demands on the U.S. health care system by those over the age of 65 will be greater than they have ever been before (AHA, 2008). In a recent

report, *Retooling for an Aging America: Building the Health Care Workforce*, the IOM (2008) issued the urgent warning that the U.S. health care system is ill-prepared to meet these demands. The projected shortage of a health care workforce capable of delivering quality care to the growing number of older adults is a major area of concern. Providing care for the older adult is not merely providing care for an adult who is older. It requires specialized knowledge and skills, as well as a proactive attitude and approach.

The projected workforce shortage applies to all health care disciplines. In medicine, there is an estimated need for 36,000 board-certified geriatricians by 2030. As of 2007, there were only 7,128 board-certified geriatricians, which was a 22% decrease since 2000. Current enrollments in geriatric fellowship programs do not indicate that this decline will be eliminated in the near future. One estimate predicts that if current trends in growth and attrition continue, there will only be approximately 7,750 board-certified geriatricians by 2030. A similar shortage is also predicted for geriatric psychiatry (IOM, 2008).

The situation for advanced practice nursing is comparable to that of medicine. There is already a shortage of gerontological APNs relative to the current number of older adults, and recent trends in the preparation of APNs do not look promising for the future. Although a 60% decline in the number of gerontological nurse practitioner (NP) graduates from 2002 to 2004 stabilized by 2007, the numbers are still insufficient to meet the current, let alone the growing, need. Due to the low numbers of gerontological clinical nurse specialist (CNS) graduates, no statistical trends have been noted. The current shortage of gerontological APNs is probably a direct result of a national trend to prepare APNs with a broader scope of practice, such as family NPs or adult health CNSs (Thornlow, Auerhahn, & Stanley, 2006).

The shortage of health care professionals prepared to care for older adults is not limited to medicine and advanced practice nursing. Less than 1% of registered nurses, pharmacists, and physician assistants specialize in geriatrics. Social work reports that only 4% of social workers specialize in geriatrics (IOM, 2008).

IOM RECOMMENDATIONS

In its report *Retooling for an Aging America: Building the Health Care Workforce*, the IOM (2008) presents recommendations to address the imminent shortage in the health care professional workforce. The three major points

of this report are: the training and use of the workforce needs to undergo fundamental reform; the workforce needs to be large enough and must possess the necessary skills to care for the growing population of older adults; and this workforce shortage needs to be addressed quickly and efficiently. A key recommendation is the expansion of the definition of the health care workforce to include not only health care professionals and direct-care workers, but also informal caregivers and patients.

IOM's recommended approach consists of three parts. First, knowledge and skills of the newly defined workforce in care of older adults need to be ensured. There also needs to be an increase in efforts focused on the recruitment and retention of health care professionals and caregivers who are specialists in the care of older adults. Last, and certainly not least, plans for improvement in health care delivery to older adults need to be developed. Suggested strategies include the requirement of basic competence in the care of older adults for licensure or certification of health care workers, and the inclusion of common geriatric conditions, such as decreased mobility and impaired vision and hearing, in all workforce training programs. The report also strongly recommends the use of nursing homes, patients' homes, or assisted living facilities as training sites for medical students and resident physicians (IOM, 2008).

As discussed previously, our health care system is facing new challenges related to population differences, challenges that are greater than ever before—a workforce shortage and a workforce that is ill-prepared to meet these demands. The IOM recommendations offer guidelines that will be useful to all health care professions as we work together to address the health care challenges of the 21st century.

ROLE OF ADVANCED PRACTICE NURSING

We are faced not only with the burgeoning growth of our population aged 65 and over, but with a population that will require caregivers to be knowledgeable about and sensitive to cultural differences, to be patient focused, and to be flexible in their approach to care. These are characteristics that are integral to APN roles and require only that we continue to practice as we always have and to educate our future generations to do likewise.

The workforce deficits are, however, another matter. As the data show, it is unrealistic to expect only APNs who have graduated from gerontological APN programs to care for older adults (Thornlow, Auerhahn, & Stanley,

2006). APNs have always taken a proactive approach in response to difficult challenges and we are doing that again now. Creative strategies have already been employed and initiatives have been begun by APNs to address this critical issue.

One strategy recently instituted to address this issue in the short term is the recent change in eligibility requirements for the American Nurses Credentialing Center's (ANCC) Gerontological NP Certification Exam. Alternative eligibility criteria, which include education and practice requirements, have been developed by ANCC that allow nationally certified adult, acute care, and family NPs to apply for a second certification as an ANCC Gerontological NP (ANCC, 2009). This strategy will increase the numbers of NPs currently in practice who have achieved national recognition for their expertise in delivering quality care to older adults. It may also encourage other practicing NPs who already care for older adults to acquire the additional knowledge and skills necessary to achieve that recognition.

Another strategy, which could prove to be the long-term answer to the workforce issue for APNs, is to include a foundation in gerontology in the education of all APNs who provide care to older adults (Thornlow et al., 2006). A first step in the implementation of this strategy was taken in 2004 by the American Association of Colleges of Nursing (AACN) with the publication of the *Nurse Practitioner and Clinical Nurse Specialist Competencies for Older Adult Care*. With funding from the John A. Hartford Foundation, a set of gerontological competencies was developed for both NPs and CNSs in specialties that provide care to older adults but who are not specialists in gerontology. The intent of this document is to outline the competencies and critical content that should be included in nongerontological APN educational programs in order to prepare their graduates to safely and competently care for older adults (AACN, 2004). This document will be discussed in detail in Chapter 6 of this text.

This strategy has also been evident in recent efforts focused on proposed changes in the regulation of APNs. A new model for regulation of APNs has been developed by the Advanced Practice Nursing Consensus Work Group (Consensus Group) and the National Council of State Boards of Nursing APRN Committee (NCSBN). Work on this project by these two bodies has been ongoing for several years. Initially begun independently of one another, representatives of the Consensus Group and NCSBN joined forces to form what is called the APRN Joint Dialogue Group (Joint Dialogue Group). The product of the Joint Dialogue Group, "Consensus Model for APRN Regulation: Licensure, Accreditation, Certification & Education"

(Consensus Document), was reached by consensus, and unanimous agreement was obtained on most of the recommendations in the document. It defines APN practice and describes the APN regulatory model, including the titles to be used. It also defines specialty and population foci. Strategies for implementation of the new model are also presented (APRN & NCSBN, 2008). An overview of the new model and a discussion of the Joint Dialogue Group's recommendations as they relate to this text are presented in the following. The full document is available on the AACN Web site and can be accessed at www.aacn.nche.edu/.

NEW MODEL FOR REGULATION OF ADVANCED PRACTICE NURSING

In the new model presented in the Consensus Document, regulation has been defined to include licensure, accreditation, certification, and education, which is commonly known as LACE. The ultimate goal of LACE is to protect the public and promote patient safety. The recommendations in the Consensus Document address issues that APNs are dealing with currently, but they also focus on the future. The strength of this new model is that it was developed through the collaboration of APN certifying agencies, accrediting organizations, public regulators, educators, and employers. The goal of the Consensus Document is that it will provide guidance for informed decision making by all parties when confronted with current and future APN issues (APRN & NCSBN, 2008).

The new model, as shown in Figure 1.1, has three levels. The first level consists of the four APN roles that currently exist: certified registered nurse anesthetist (CRNA), certified nurse-midwife (CNM), clinical nurse specialist (CNS), and certified nurse practitioner (CNP). In the new model, the four roles will all have the same title of advanced practice registered nurse (APRN). The second level consists of six populations: family/individual across the life span, adult-gerontology, neonatal, pediatrics, women's health/gender-related, and psychiatric/mental health. Education, certification, and licensure will bring together the APRN core and role competencies within the context of at least one of the six populations. Licensure will be as independent practitioners in the role and population for which they have been educated and certified (Figure 1.2). The third level consists of APN specialties such as oncology, palliative care, and orthopedics. Specialties will serve to expand or deepen practice within the APRN's

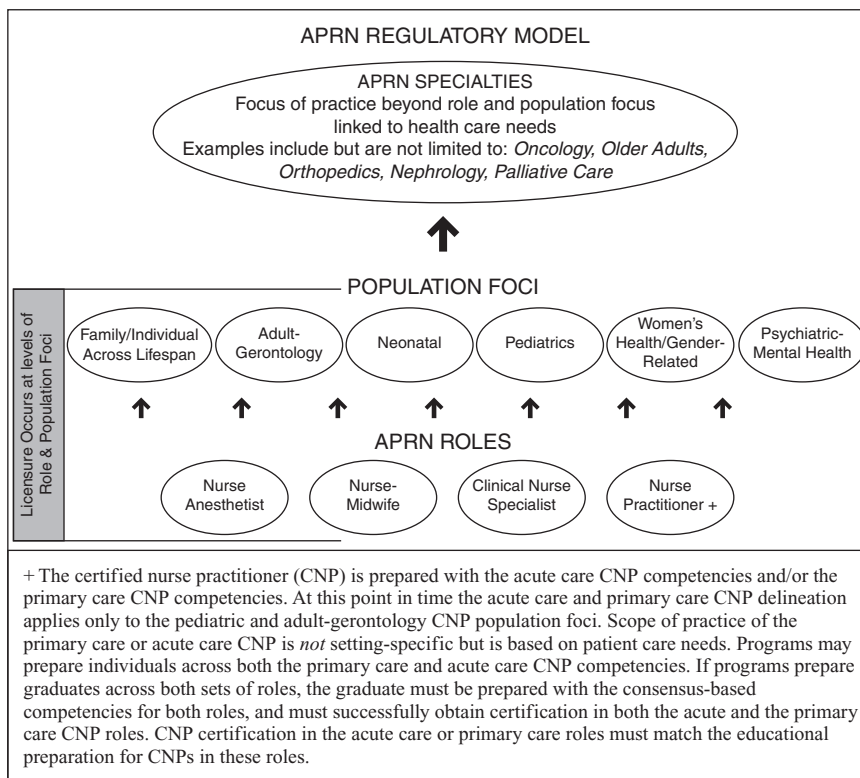


Figure 1.1. APRN Regulatory Model.

Source: APRN Consensus Work Group and National Council of State Boards of Nursing APRN Advisory Committee (APRN and NCSBN). (2008). Consensus Model for APRN Regulation: Licensure, Accreditation, Certification & Education.

specific population. They will not be a basis for licensure. Curriculum for the specialties will be developed by the nursing profession and assessment of competence in the specialties will be the responsibility of professional certifying organizations, not state boards of nursing (see Figure 1.2) (APRN & NCSBN, 2008).

Several of the Joint Dialogue Group's recommendations are especially relevant to the purpose and content of this text. The first of these is the designation of one of the populations as adult-gerontology. This population is defined as being inclusive of the young adult to the older adult, with specific mention made of the frail elderly (APRN & NCSBN, 2008). The recommendations also state that "APRNs educated and certified in the

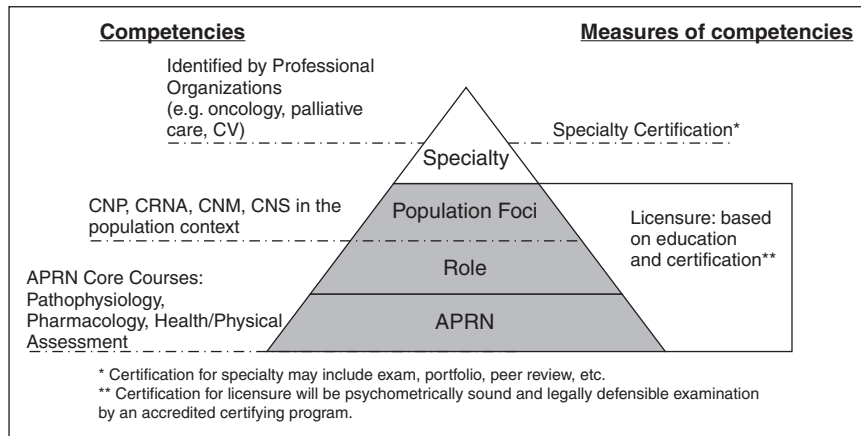


Figure 1.2. Relationship among educational competencies, licensure, and certification in the role/population foci and education and credentialing in a specialty.

Source: APRN Consensus Work Group and National Council of State Boards of Nursing APRN Advisory Committee (APRN and NCSBN). (2008). Consensus Model for APRN Regulation: Licensure, Accreditation, Certification & Education.

adult-gerontology population are educated and certified across both areas of practice” (APRN & NCSBN, 2008, p. 9).

While older adults are currently within the scope of practice for adult NPs and adult health CNSs, gerontological content in these educational programs is not consistent and often lacks fundamental content necessary to care for older adults, especially for the most frail in this group. The numbers of adult NP and adult health CNS educational programs are significantly greater than those that prepare gerontological APNs (Thornlow et al., 2006). By requiring all adult NP and adult health CNS educational programs to provide essentially the same gerontological content as current gerontological NP and CNS programs, the number of APNs capable of providing safe, comprehensive care to older adults would increase exponentially.

In addition, the Joint Dialogue Group recommends that “all APRNs in any of the four roles providing care to the adult population, e.g., family or gender specific, must be prepared to meet the growing needs of the older adult population” and “the education program should include didactic and clinical education experiences necessary to prepare APRNs with these enhanced skills and knowledge” (APRN & NCSBN, 2008, p. 9). While this recommendation does not specifically require the same amount or depth

of gerontological content as in the adult-gerontology population focus, it does provide for the inclusion or augmentation of gerontological content in these programs. This would result in an additional component of the APN workforce that is better equipped to address the health care challenges associated with the growing population of older adults.

Recommendations regarding the process and requirements for APN program accreditation are also included in the Consensus Document. Although they are essentially the same as current requirements, they are clearly defined within the context of the new model of APRN role and population.

The new model for regulation of advanced practice nursing is an important initiative that would enhance our ability to successfully meet the challenges of the health care professional workforce shortage head on. It addresses the three major points of the IOM (2008) report: the training and use of the workforce needs to undergo fundamental reform; the workforce needs to be large enough and possess the necessary skills to care for the growing population of older adults; and this workforce shortage needs to be addressed quickly and efficiently. It is also consistent with the IOM's suggested strategy that basic competence in care of older adults be a requirement for licensure or certification of all health care workers (IOM, 2008).

The new model is targeted for full implementation in 2015. The Joint Dialogue Group continues to meet to discuss the formation of a permanent LACE structure that will provide guidance for implementation. In order for full implementation to occur, however, the individual state boards of nursing, schools of nursing, certifying organizations, and accrediting bodies will need to evaluate what changes need to be made and what specific actions will be necessary to bring about these changes (Stanley, 2009).

PURPOSE AND OVERVIEW OF THE TEXT

As APN faculty, we are facing a number of significant challenges in APN education that need to be addressed over the next several years. The expected changes in population demographics will result in a shortage of health care providers qualified to care for the older adult population. We are responsible for the production of future APNs and, consequently, will need to find ways to increase the number of graduates qualified to care for this population. The proposed change in the regulation of advanced practice nursing, specifically the requirement of more gerontological content in all

APN programs, is one way to accomplish this. However, this presents another challenge to faculty in nongerontological APN programs: the unique nature of older adults.

As mentioned earlier, providing care for the older adult is not merely providing care for an adult who is older. It requires specialized knowledge and skills, as well as a proactive attitude and approach. Understanding the importance of not treating aging changes as a disease and not attributing disease to older age is a critical skill for all APNs. For example, geriatric syndromes, while a familiar concept to APN faculty with gerontological specialization, are often foreign concepts to nongerontological APN faculty. Depression, dementia, delirium, sleep disturbances, constipation, incontinence of bladder and bowel, polypharmacy, and decreased vitality are examples of syndromes that may not be addressed in nongerontological curricula. In addition, in the older adult, common diseases present in uncommon ways and diseases that are rare in younger adults may be the diagnosis in the older adult.

The purpose of this text is to facilitate the integration of gerontological content into curricula by faculty in nongerontological APN programs. It provides clear “user-friendly” guidelines and detailed lists of resources. In addition, it focuses on ways to incorporate the content into already existing programs without requiring major curricular changes.

The content of the text is divided into three sections. Section I discusses key factors related to the integration of gerontological content into advanced practice nursing curriculum, such as the preceding discussion of the rationale/need for this, challenges to the inclusion of this content, strategies to address these challenges, and the gerontological content that needs to be included. Section II consists of annotated lists of both print media and Internet resources. Section III presents a competency-based framework for the integration of gerontological content, and specific guidelines for integration of this content into graduate nursing and APN core courses, as well as specialty courses within the context of this framework. Also included in Section III are exemplars or “success stories” from nongerontological APN programs that have been successful in integrating gerontological content.

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