



Entry-to-Practice Gerontological
Care Competencies for
Baccalaureate Programs in Nursing

CASN
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Purpose

The entry-to-practice competencies in gerontological nursing represent the core competencies that new registered nurses in Canada should possess, as related to the care of the older person and their family. The purpose of the competencies is to provide direction for nurse educators teaching in nursing education programs and for curriculum development. The competencies with their accompanying indicators delineate the set of knowledge, skills, and attitudes that all new nursing graduates should integrate during the course of their program related to caring for the older person and family. The competencies are not intended to replace jurisdictional entry-to-practice guidelines, but rather to offer national, consensus-based direction regarding the depth and breadth of curriculum coverage concerning the care of the older person and their family.

CASN is committed to developing inclusive policies and statements that challenge discrimination and cisnormative behaviour. A guiding objective, therefore, in developing this competency framework was to ensure that it promotes sensitivity, inclusion, and respect for all people including but not limited to transgender, non-binary, intersex, and for all marginalised communities.

Background

Canadian registered nurses are integral to ensuring continuous, evidence-informed, person-centred, and safe care to the older people and family. The Canadian Gerontological Nursing Association (2010) specifies that the role of the nurse in providing this is to assess, develop, implement and evaluate an individualized, evidence informed plan of care for the older person and family, based on their unique needs and wishes. This combination of inclusive family care with individualized person-centred attention is essential for the health and well-being of the older person (Touhy, McCleary, & Boscart, 2012).

Canada's population is aging and continues to include a growing number and proportion of older people. In the 2016 census data, there was a 20% increase in the number of Canadians over the age of 65 compared with 2011 (Statistics Canada, 2015). This has been attributed to the aging of the baby boomers, the large cohort born between 1946 and 1965, and increasing life expectancy. Canadians are living longer due to growth in regional economies, enhanced nutrition, advanced acute illness treatments and successful interventions to manage multi-morbidity states (Gellatly & Richards, 2017; Statistics Canada, 2016a; 2016b). Canadian life expectancy in 2017 is projected to be 79 years for men and 83 years for women (Statistics Canada, 2017). Moreover the number of Canadians who have reached the age of 100 or more has grown. In 2011, it was estimated that 5,825 people were 100 years and older, compared to 4,635 in 2006 and 3,795 in 2001 (Statistics Canada, 2015). In addition, recent Statistics Canada population projections show that life expectancy is likely to continue to rise in Canada over the next decades, increasing the chance for individuals to reach 100 years (Statistics Canada, 2015).

Many older persons in Canada are healthy, active, independent, and living well in their community. Their health care needs revolve around health promotion, illness prevention, and may involve some support in the self-management of chronic illnesses. Other older persons, however, experiencing multiple co-morbidities, require more extensive caregiving from health care professionals to enjoy an optimum quality of life (Baumbusch & Andryszyn, 2002; Baumbusch, Dahlke, & Phinney, 2012; Baumbusch & Goldenberg, 2000; Kaasalainen et al., 2006; McCleary, Boscart, Donahue, & Harvey, 2014; McCleary, Luinstra-Toohey, Hoogeveen, Boscart, & Donahue, 2014; McCleary, Donahue, Woo, Boscart, & McGilton, 2011; McCleary, McGilton, Boscart, & Oudshoorn, 2009).

Although gerontological nursing care is often associated with geriatric inpatient units or long-term care, most registered nurses in Canada are providing care to the older person and family across the continuum of care, in emergency departments, intensive care units, medical/surgical units, rehabilitation units, community clinics, home care, and primary health care. In fact, the majority of patients in most settings are older adults and need evidence-informed, best practices in gerontological nursing care (Baumbusch, Leblanc, Shaw, & Kjørven, 2016; Baumbusch & Shaw, 2011; Coker et al., 2010; Dahlke, Phinney, Hall, Rodney, & Baumbusch, 2015; Dahlke & Baumbusch, 2015; Parke & Hunter, 2014; Parke et al., 2013; Voyer, Champoux, et al., 2015).

In the context of health promotion, gerontological care of the older person and family includes support for aging well, awareness and promotion of geriatric mental health, illness prevention, and support for age and dementia-friendly communities. In the chronic care contexts, it includes multi-morbidity management and palliative and end-of-life care. In acute care settings, the older person often experiences life threatening exacerbations of the symptoms of chronic conditions

or have been admitted because of an accident such as a fall (Latham & Ackroyd-Stolarz, 2014). They require close monitoring, delirium assessment and prevention, transition/discharge planning, and navigation between healthcare settings as well as end-of-life care. In long-term care, registered nurses, including new graduates, provide leadership at both the organizational and unit-based level. They also conduct comprehensive assessments for mobility and function, pain, palliation, cognition, behaviour and family-centred care (Brazil, Brink, Kaasalainen, Kelly, & McAiney, 2012; Kaasalainen, 2013; Kaasalainen, Hadjistavropoulos, Zakhaleh, Akhtar-Danesh & Verreault, 2013; Kaasalainen et al., 2012; McCleary, Boscart, et al., 2014; McCleary, Luinstra-Toohy, et al., 2014b; McGilton et al., 2016; Slaughter et al., 2015; Voyer, McCusker, et al., 2015; Wickson-Griffiths, Kaasalainen, & Herr, 2016). As of 2010, there were 25,591 registered nurses in Canada employed directly in Geriatric/Long-Term Care (CIHI, 2012).

Family caregivers need information, education, inclusion and support in every context of health care delivery (Duggleby et al., 2016). Capacity building and promoting resilience among the family of the older people is an important part of gerontological nursing care (Duggleby et al., 2016).

Nursing care for the older person and family in the Canadian context must take into account some relatively unique socio-cultural considerations. These include an understanding of the needs of a culturally and linguistically diverse older population some of whom may be very recent immigrants to Canada (Statistics Canada, 2016). The entry-to-practice nurse must understand that different cultures may have different expectations for the relational care of older people.

The entry-to-practice nurse must also understand that Canada's older population who are Indigenous or living in rural areas face unique barriers to access of care and must be prepared to address these social determinants of health (Duggleby et al., 2016; Duggleby et al., 2015; Forbes et al., 2015; Weeks, MacQuarrie, Begley, Gill, & LeBlanc, 2016; Weeks, Nesto, & Begley, in-press). Moreover, Indigenous elders require support and end-of-life care delivered with an understanding of their culture and their support networks (Forbes et al., 2013).

The Truth and Reconciliation Commission of Canada (2015) has specifically called upon Canadian schools of nursing to prepare students with "skills-based training in intercultural competency, conflict resolution, human rights, anti-racism" (p. 3). New graduates of baccalaureate programs of nursing must enter practice having developed the intercultural competency to respond to the needs of the Indigenous older person and family (Guse, 2015).

In summary, graduates of baccalaureate programs in nursing in Canada need to possess the knowledge, attitudes and skills to provide entry level, culturally responsive care, in collaboration with the older person and family, across the continuum of care, and in multiple health care settings.

Competency Development Methods

The competency development method represents a modified Delphi approach that incorporates a multi-step iterative process which includes stakeholder input into the consensus-building among a panel of experts. An environmental scan of existing resources, standards, and competencies related gerontological nursing served as a starting point to develop a first draft of the *Entry-to-Practice Gerontological Care Competencies for Baccalaureate Programs in Nursing*. A Task Force of experts in gerontological nursing with representation from all parts of Canada was then struck to guide the development of the competencies. The first draft of the competencies underwent three rounds of revisions by the Task Force until an initial consensus was reached.

An in-person stakeholder forum was held in May 2017 at the 19th Biennial National Conference of the Canadian Gerontological Nursing Association to review this initial consensus-based draft, attended by 30 stakeholders in nursing education, practice, and policy from across Canada. A world café format was used at the forum, which allowed for different perspectives in the room to engage in an in-depth review of each competency and indicator statement. This stakeholder feedback was collated, analyzed, and used by the Task Force to review and revise the competencies and reach a second consensus.

The final step of the competency development process was to send out a national online validation survey to obtain final stakeholder feedback. A total of 98 respondents answered the survey, which asked respondents to rate their level of agreement for the competency statement and each indicator as one of the following: “essential”, “important”, “somewhat important”, “not important”, or to indicate if they did not know. Respondents were also given the opportunity to provide comments throughout the survey. All competencies and indicator statements achieved over 85% on the “essential” and “important” ranking. The Task Force reviewed the comments, made minor revisions, and reached a final consensus.

Competency Framework

Competencies are defined as *complex know-acts based on combining and mobilizing internal resources (knowledge, skills, attitudes) and external resources, and applying them appropriately to specific types of situations* (Tardif, 2006). Three core entry-to-practice gerontological care competencies for baccalaureate programs of nursing were identified.

The indicators under each competency statement are *the assessable and observable manifestations of the critical learnings needed to develop the competency* (Tardif, 2006).

The glossary provides definitions for a number of terms used in the competency and indicators statements.

Entry-to-Practice
Gerontological Care
Competencies for
Baccalaureate programs in
Nursing

Competency 1

Collaborates with the older person and their family to promote health and well-being, foster resilience and adaptation to change, optimize function, and prevent illness and injury.

Indicators

- 1.1 Recognizes that care of the older person is affected by ageism and societal and personal views related to aging.
- 1.2 Engages in a therapeutic relationship with the older person and their family that recognizes and values the diversity of their experiences, history, and culture.
- 1.3 Promotes the health and well-being of the older person within the context of the aging process.
- 1.4 Respects the perceptions of health and cultural expectations of the older person and family related to aging, and provides culturally safe care.
- 1.5 Uses adaptive communication strategies to address age-related changes.
- 1.6 Fosters healthy aging, optimal function and autonomy of the older person.
- 1.7 Responds therapeutically to age-related changes in the psychosocial context of the older person including loss, isolation, and social determinants of health.
- 1.8 Assists the older person and their family to access community resources that support optimal function and well-being.
- 1.9 Collaborates with the older person, their family, and health care team to develop and implement a plan of care to manage age-related changes, risk factors and/or changes affecting well-being.

Competency 1

Collaborates with the older person and their family to promote health and well-being, foster resilience and adaptation to change, optimize function, and prevent illness and injury.

Indicators

- 1.10 Fosters positive and supportive relationships between the older person and others.
- 1.11 Identifies actual or potential mistreatment/abuse (emotional, financial, neglect and/or self-neglect, physical, and sexual) in the older person, and responds appropriately.

Competency 2

Collaborates with the older person and family to optimize well-being in the context of complex acute and chronic conditions.

Indicators

- 2.1 Conducts a holistic and comprehensive assessment of the older person, using evidence-based and ethically sound approaches to determine cognitive, emotional, functional, physical, safety, sexual, social, and spiritual needs and vulnerabilities.
- 2.2 Uses critical thinking in monitoring the complex interactions among acute and chronic conditions, and responding to changes in the health status and functioning of the older person.
- 2.3 Collaborates with the older person, family and health care team in planning care to promote and/or maintain function in response to changes related to acute and chronic illnesses.
- 2.4 Supports the older person and their family in navigating through transitions of care.
- 2.5 Adapts interventions to address age-related changes and risk factors when providing care to the older person.
- 2.6 Identifies the effects of aging on therapeutic responses to non-pharmacological and pharmacological treatments.
- 2.7 Conducts a critical analysis of the older person for potential poly-pharmacy and interactions of over the counter medications that may compound acute and chronic conditions.
- 2.8 Identifies potential barriers that the older person may experience in accessing care and/or following a treatment regimen and implements strategies to minimize these barriers.

Competency 2

Collaborates with the older person and family to optimize well-being in the context of complex acute and chronic conditions.

Indicators

- 2.9 Recognizes and responds therapeutically to geriatric syndromes such as incontinence, delirium, dementia, depression, and falls.
- 2.10 Provides informational, emotional, and instrumental support to the family caregiver.
- 2.11 Identifies when the older person and family need further care and/or support, and initiates appropriate referrals.

Competency 3

Collaborates with the older person and family to provide competent, respectful, and culturally sensitive palliative and end-of-life care.

Indicators

- 3.1 Understands that death is a process of life and discusses advance care directives with the older person and family.
- 3.2 Supports the older person in determining goals of care and advocates for the right to self-determination of care including decision-making related to treatments, advance care directives, end-of-life-care and medical assistance in dying.
- 3.3 Assesses and responds appropriately to the signs and symptoms of approaching death in the older person.
- 3.4 Assesses the needs of the older person and their family, and engages the health care team in a palliative approach when indicated.
- 3.5 Provides physical, emotional, and spiritual care to the older person during the dying trajectory and final moments of life.
- 3.6 Provides comfort and support to the older person who is dying and family, with care that is consistent with their wishes, spirituality, and culture.
- 3.7 Provides assistance and emotional support to family members who are grieving during and following the death of an older person.
- 3.8 Recognizes the need for and engages in self-care following the death of an older person in one's care.

Glossary

Term	Definition
Advance care directives	Health or personal care consisting of instructions given by a capable person, often in written form, about their wishes for health care (treatment) and/or personal care in the event that they become incapable of giving informed consent (Dunbrack, 2006).
Ageism	The stereotyping of, and discrimination against, individuals or groups because of their age (WHO, 2012). Ageism is multi-faceted and manifests itself in multiple ways, such as prejudicial attitudes towards older people, old age, and the ageing process; discriminatory practices against older people; and institutional practices and policies that perpetuate stereotypes about older people (Wilkinson & Ferraro, 2002).
Cisnormativity	The assumption that all people are in line with their gender identity or matches the sex they were assigned at birth, and everyone accepts this as “the norm.” The term is used to describe stereotypes, negative attitudes and prejudice towards transgender people that are more widespread or systemic in society and its institutions (Ontario Human Rights Commission, 2014).
End-of-life care	Supportive and compassionate care that focuses on comfort, quality of life, respect for personal health care treatment decisions, support for the family, and psychological, cultural and spiritual concerns for the dying older person and family (British Columbia Ministry of Health, n.d.).
Family	CASN uses a functional definition of family that focuses on relationships and roles which includes “two or more persons who are bound together over time by ties of mutual consent, birth and/or adoption or placement and who, together, assume responsibilities for variant combinations of some of the following” (The Vanier Institute of Family).
Health care team	Health care teams are primary health care organizations that include a team of family physicians, nurse practitioners, registered nurses, social workers, dietitians, and other professionals who work together to provide primary health care for their community. They ensure that people receive the care they need in their communities, as each team is set-up based on local health and community needs (Ontario Ministry of Health and Long-Term Care, 2016).
Palliative approach	Improves the quality of life of the older person and family facing the problem associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual (WHO, 2017).
Poly-pharmacy	Variably defined as high numbers of medications (e.g., more than 5-10), use of more drugs than clinically indicated or use of inappropriate medications (Farrell, Shamji, Monahan, & Merkley, 2013).
Social determinants of health	The social determinants of health influence the health of populations. They include: income and social status; social support networks; education; employment/working conditions; social environments; physical environments; personal health practices and coping skills; healthy child development; gender; and culture (Public Health Agency of Canada, 2016).

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