Enhancing Gerontology Content in Canadian Nursing Education Through Knowledge Translation

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Honor Society of Nursing, Sigma Theta Tau International
24th International Nursing Research Congress
Prague, Czech Republic, July 2013
• National Initiative for Care of the Elderly (NICE)
• Canadian Institutes of Health Research (CIHR)

• Registered Nurses Association of Ontario (RNAO)
• Canadian Coalition for Seniors Mental Health (CCSMH)
Outline

- Knowledge to Action Process Model
- Development of the Knowledge Exchange Institutes
- Post Institute Evaluations
- 1 Year follow-up Evaluations
- Advice from Participants
Knowledge to Action Process model (Graham et al., 2006).
Knowledge to Action Process, Graham et al., 2006, p. 13

ACTION CYCLE (Application)
Knowledge to Action Process, Graham et al., 2006, p. 13

**Action Cycle (Application)**

- Identify, Review, Select Knowledge
- Identify Problem
- Adapt Knowledge to Local Context
- Assess Barriers & Facilitators to Knowledge Use
- Select, Tailor, Implement Interventions
- Monitor Knowledge Use
- Evaluate Outcomes
- Sustain Knowledge Use
Summary

- There is an urgent need to enhance gerontological content in nursing education
- Core business of health care
- Insufficient expert faculty
- So much to keep up with
Knowledge Exchange Institutes

Goals & Objectives:

• Transfer new research-based evidence about care of older persons to Canadian nursing, social work, and physician educators

• Provide tools to incorporate evidence into entry to practice curricula

• Engage participants as knowledge translation champions
Participants

- 2009 (n = 30, including 10 trainees)
- 2011 (n = 39, including 11 trainees)
  - 11 social work
  - 25 nursing
  - 1 medicine
  - 2 interdisciplinary
Post Institute Evaluations

- Overwhelmingly positive
- All participants reported planning to work on improving gerontology content in their programs
- Agreed with statement “I learned strategies to influence my colleagues”
1 Year Follow-up (n = 21)

How helpful has your participation in the Institute been in integrating gerontology content into your courses?
“I went online, I used the communication that Lynn sent, set-up. Like, she set-up an email communication to be able to, I guess it’s called a Wiki, I’m not sure exactly, but it’s out of Brock University and the email goes to all the people who participated in the Knowledge Exchange, the workshop that we had in the Spring.
1 Year Follow-up

I was able to send an email and ask my colleagues if they would share with me any examples of geriatric syllabus, some of this they’ve developed for geriatric courses and I got a really great response. People sent their stuff....

I also went online to look at resources on that same Wiki. Resources for films and geriatric content and then I went online to, I guess it was the NICE website.”
1 Year Follow-up (n = 21)

Use of Institute Resources

- RNAO BPG resources
- National Initiative for Care of the Elderly pocket tools & related resources
- Geriatric Nursing Education Consortium
- Try This/How to Try This Hartford Institute for Geriatric Nursing

Mean number of resources used in teaching = 4.4
1 Year Follow-up (n = 21)

- Share with Colleagues (n = 20)
  Mean number of resources shared = 8.2
- Report to Dean/Chair (n = 16)
1 Year Follow-up (n = 17)

In your experience, how feasible is the overall strategy of incorporating curricular resources from the institute into the DIDACTIC component of nursing courses?
1 Year Follow-up (n = 17)

In your experience, how feasible is the overall strategy of incorporating curricular resources from the institute into the CLINICAL component of nursing courses?
1 Year Follow-up (n = 17)

How confident are you in your ability to teach materials from the Institute?

- Completely
- Confident
- Somewhat
- Minimally
- Not at all
1 Year Follow-up (n = 17)

How confident are you in your ability to convince other faculty to incorporate materials from the Institute into DIDACTIC nursing courses?
How confident are you in your ability to convince other faculty to incorporate materials from the Institute into CLINICAL nursing courses?

1 Year Follow-up (n = 17)
1 Year Follow-up (n = 17)

Overall, how helpful was your participation in the Institute in integrating gerontology content into your courses?
1 Year Follow-up (n = 17)

Most commonly reported barriers to integration into curriculum:

- Perception among faculty/leadership that the materials presented at the institute were not useful or appropriate for their courses
- Impending or recent overall curricular revision
- Impending accreditation or re-accreditation
- Lack of confidence among other faculty in using/presenting curricular resources from the Institute
“I think that our dean is extremely supportive of anything that is sort of new and innovative and knowledge based. So she was very pleased and she came into one of my classrooms to see what was happening, and she really enjoyed that. And I think has been quite enthusiastic about it.”
“there’s a lot of new faculty coming on board, so I, um, I think it’s important for me to focus my energy on the new clinical instructors, the new faculty that comes in to just make them aware that this is.”
Interviewer: Ok and what advice would you give to others who are beginning the process of integrating gerontology content in nursing curriculum?

Participant: Oh, well, dive into it.
“Keep going and don’t give up. There’s a lot of work to do and I think the, the, most faculties are ready to integrate more of that content and all I’ve done since the Knowledge Institute has been very very well received.”