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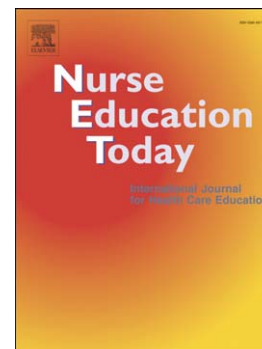
The Development of the Older Person's Nurse Fellowship: Education concept to delivery

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Title: The Development of the Older Person's Nurse Fellowship: education concept to delivery

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Word count 4980

Tables 1

Figures 2

Box 2

ACCEPTED MANUSCRIPT

Title:

The design and delivery of the Older Person's Nurse Fellowship programme.

Abstract

Background: Preparing the nursing workforce to meet the challenges of an ageing population is a priority for many countries. The development of an Older Person's Nurse Fellowship (OPNF) programme for senior clinical nurses is an important innovation.

Objectives: This article describes the philosophical development, delivery and early evaluation of the OPNF.

Design: In 2014, Health Education England funded 24 senior clinical nurses to participate in the OPNF. The Fellowship was designed to build clinical leadership and innovation capability and develop a network of nurses to influence local and national strategy for older people's care. The Fellows selected were drawn from mental health (n=4), community/primary care (n=9) and acute care (n=11). The twelve month programme consisted of two Masters-level modules, delivered through study days and e-learning. The first cohort (n=12) commenced the course in November 2014 with a module designed to enhance clinical knowledge and skills.

Methods: Evaluation data were collected from the first cohort using anonymous surveys (n=11) and focus group interviews (n=9). Descriptive statistics are presented for the quantitative data and common themes are described in the qualitative data.

Results: The overall satisfaction with the clinical module was high with a median score of 18/20 (range 17-20). Topics such as comprehensive geriatric assessment, frailty, pharmacology and cognitive assessment were regarded as highly relevant and most likely to result in a change to clinical practice. In the focus group interviews students discussed their learning experience in terms of: module specificity, peer-to-peer learning and using the OPNF as leverage for change.

Conclusions: The OPNF is a timely innovation and a positive commitment to developing an academic pathway for senior nurses. It marks an important step in the future development of the older person's nursing workforce.

## INTRODUCTION

The global growth of the ageing population, estimated to be 1.3 billion people over the age of 65 (WHO, 2015), demands a healthcare workforce with the ability to lead and deliver effective age-attuned services. The Older Person's Nurse Fellowship (OPNF) is a national programme, developed in 2014 by the Florence Nightingale Faculty of Nursing and Midwifery, King's College London (KCL) in collaboration with Health Education England (HEE). The aim of the OPNF is to enhance the clinical knowledge, leadership and innovation capability of nurses working in senior roles within older people's services in England.

The commissioning of the Fellowship reflects broader societal changes in population demographics and older person's health and social care services. The growth in the population requiring complex and multifaceted care has highlighted deficits in workforce training and leadership (Mezey and Strudy, 2004; Brooker et al., 2014; BGS, 2014); both of which are cited as contributory factors in inconsistent and sometimes neglectful standards in care and dignity for older people (Francis Report, 2013; CQC, 2015).

Simultaneously there is an ongoing challenge to attract high calibre and motivated professionals to work within older person's services (Oliver et al., 2014; Samra et al., 2015). Nursing is no exception; the specialty has been described as a 'Cinderella' career choice and is often negatively perceived by nursing students, junior staff and even senior managers from other fields of nursing (Kydd and Wild, 2013; Stevens, 2011; Liu et al., 2013). The gerontologic nursing workforce experiences high turnover and is itself an ageing workforce (Carrigan, 2009; RCN 2012; DH, 2015). However, there is evidence that once nurses establish their role in the specialty, they are able to articulate the skill set involved in complex care for older people and demonstrate pride in their work (RCN, 2012).

### Background to Nurse Education in Older Person's Care

The provision of older person's post-registration education throughout England is variable. Degree and masters level modules are offered by some universities but are

often not viable long term due to insufficient student numbers. Internationally, there are similar challenges in the preparation of advanced level practitioners in gerontologic nursing. The United States (US), partly due to falling numbers of nurses electing to undertake specialist older person's education or practice, has moved towards a generalist model of workforce preparation with the introduction of Adult-Gerontology certifications (GAPNA, 2015). However, there are concerns that such practitioners may lack the higher level competencies to manage the complexity of the older old population. This has led to an initiative to clearly articulate the proficiencies for Advanced Practice Registered Nurse Gerontological Specialists and to retain it as a unique specialisation within advanced practice nursing (GAPNA, 2015). These challenges are not restricted to the US. Huizenga et al. (2016) reflected similar concerns with a Registered Nurses Specialized in Gerontology and Geriatric programme in the Netherlands. The results identified a focus on direct-patient care while higher level competencies such as health advocate, scholarship and professional development showing 'role stagnation'. Whereas in the UK, there has been an effort to develop a shared vision of the Gerontological Nurse Specialists. Goldberg et al. (2016) gained consensus from a national panel of multidisciplinary experts and lay representatives for 49 essential competencies for advanced nurse practitioners (ANPs) working with older people with Frailty. This was seen as a starting point for developing a standardised national ANP curriculum in geriatric medicine.

The need to start by articulating such a curriculum in the UK reflects stagnation of the speciality over recent years. In England, due to limited opportunities, a large proportion of nurses working in older person's services do so without a recognised post-registration qualification in gerontologic nursing; this is in stark contrast to other specialities such as intensive care (Page and Hope, 2013). In addition, there is concern that older person's specific content in undergraduate curricula is inadequate and fails to reflect the complexity of this population (Deschodt et al., 2009). The poor public and professional image of older person's nursing (Fulmer, 2015) combined with a lack of gerontologic education and poorly articulated career pathways are likely to contribute to difficulties in recruiting and retaining staff and to variability in competency among the current workforce (RCN, 2012; GAPNA, 2015, Goldberg et

al. 2016). The development of the OPNF is designed to partly address the gap in the provision of older person's specialist education pathways.

In planning a nursing workforce with the requisite competencies to meet demographic and health care challenges HEE in collaboration with Northumbria University, undertook a needs analysis with a broad range of older person's stakeholders. One outcome was the National Career Framework for Nurses Caring for Older People with Complex Needs in England. It describes three levels of continuing professional development – Foundation, Specialist and Higher Specialist (Pearson et al., 2015). The basis of the framework is that the majority of adult nurses work with older people and the distinction between the three levels of competency is 'permeable' with all nurses needing older person's specialist knowledge and skills at times. The concept of a Fellowship programme also stemmed from the needs analysis activity.

## OLDER PERSON'S NURSE FELLOWSHIP

The OPNF was commissioned by HEE to address the development needs of higher level specialists, broadly considered as senior nurses who work predominantly with older people in specialist roles such as clinical nurse specialist, matron, advanced nurse practitioner or nurse consultant. The term "Fellowship" is applied to diverse education and research opportunities. The OPNF aligns with the definition used at Cornell University (2015) 'Fellowships are generally merit-based internal or external awards to support a student in a course of study'. The vision for the OPNF is to enhance the development of leadership, innovation and networking capability of senior nurses working in older people's services and to increase recognition of older person's nursing as a specialty.

The aim of this article is to describe the philosophical underpinnings and the development of a unique higher specialist fellowship programme in older person's nursing and to report on an early stage evaluation.

### Philosophy of the OPNF

The overarching philosophy of the OPNF is to develop expert senior clinical nurses to fulfil their potential as leaders and innovators in older person's care (Box 1).



*Insert Box 1 here*

### Curriculum Design

The curriculum design assumes the Fellows have advanced knowledge and skills in older person's nursing, are registered with the Nursing and Midwifery Council (NMC) and are at a senior level within their organisation with responsibility for quality improvement or service innovation. The programme is designed at masters (MSc) level (Level 7) and the Fellows should have relevant education qualifications. The OPNF runs over 12 months with Fellows attending university once a month for face-to face study days. Fellows engage in e-learning, on-line group discussion and a two day residential to facilitate networking and collaboration. In 2014/15, twenty-four students were recruited from across England. The programme ran as two separate cohorts with 12 students starting in November 2014 and the remaining joining in March 2015.

### Modules

The Fellowship is part of the pathway for an MSc in Advanced Practice in Nursing. Learning is structured around two modules and on successful completion of the Fellowship students exit with a Post-Graduate Certificate in Advanced Practice.

Module 1 'Enhanced knowledge and skills in older person's care' is designed to update and extend existing knowledge and to provide a shared knowledge base across different fields of nursing. The learning outcomes focus on managing complexity in collaboration with older people, their families and the multidisciplinary team (Box 2).

*Insert Box 2 here*

The module concentrates on quality of life issues for older people and addresses topics such as comprehensive geriatric assessment (CGA), frailty, nutrition, mobility,

pharmacology, mental health and end of life care. The student evaluation of this module will be presented below.

The second module 'Leadership in service development and quality improvement in older person's care' is designed to increase Fellows' leadership and innovation capability. Learning is structured to support students to undertake a quality improvement project; further details of this module will be described in a later publication.

### Teaching strategy

The teaching strategy adopts a flipped class room model (Brame, 2013), whereby didactic lectures are pre-recorded and delivered on-line as screencasts with on-line exercises. During face-to-face learning the emphasis is on case or project management facilitated by multidisciplinary experts. The teaching explicitly acknowledges the expertise within the group and peer-to-peer learning is as valuable as the formal curriculum (Boud and Lee, 2005). An important strategy during the programme is to facilitate the development of a network of older person's nurses through the sharing of experience, expertise and creative ideas. Huston (2008) recognised that enhancing collaborative team working and professional networks is one of eight leadership competencies in preparing future nurse leaders.

### Student profile

In the first programme, twenty-four Fellows were selected from different fields of nursing with eleven people from acute care, nine from community/primary care and four from mental health. Residential and care home sectors were not represented and this has been addressed in later recruitment. The Fellows worked in a broad range of services (Figure 1). The range of job titles reflected real differences in roles as well as different 'branding' of similar roles within individual organisations. The position of matron in acute older person's services was the most frequent role title, followed by clinical nurse specialist or dementia lead.

*Insert Figure 1 here*

Over half of participants already had a Masters level qualification prior to starting the OPNF (Table 1). However, less than a third had completed any formal older person's education. The median duration Fellows were in their current posts was 16 months (range 1 month to 10 years) indicating a high degree of job mobility, with over a third (n=9) having commenced a new post within the previous 12 months.

*Inset Table 1 here*

### MODULE EVALUATION

A concurrent evaluation was designed at the outset of the programme, the information presented here reports on the first cohort of eleven students (one of 12 withdrew) who completed the knowledge and skills module. Ethical approval to undertake the evaluation was obtained from the KCL ethics committee and students gave written informed consent to participate.

#### Method

The evaluation used the framework outlined by Alvarez et al. (2004) an 'integrated model of training evaluation and effectiveness'. The evaluation model focuses on a) training content and design, b) changes in learning and c) organisational payoffs. The model recognises the complexity of the interactions between student attitudes and motivation, curriculum content and delivery, and the student's organisational context and culture when assessing the impact of education. Alvarez et al. (2004) outline a complex and nuanced relationship between learning and outcomes with the quality of the education programme as one factor influencing professionals' behaviour leading to improved patient outcomes.

Data were collected using on-line surveys and focus group interviews. The purpose was to examine students' reaction to the content and perceived quality of the module in terms of the formal and informal curriculum. The evaluation included the standard KCL 'end of module' survey in addition to monthly surveys following each study day. The surveys comprised of statements and students ranked their level of agreement on a 5 point Likert scale (1=strongly disagree to 5 =strongly agree). The information

was collected using anonymous on-line surveys situated on the students' e-learning platform.

Focus group interviews were carried out with Fellows to explore their motivation in undertaking the OPNF, the information presented here concentrates on one of the interview questions examining Fellows' reaction to the module and perceived impact on their learning. Two focus group interviews with nine students were facilitated by researchers not involved with the course. The interviews lasted 50- 60 minutes, were recorded and transcribed.

### Data analysis

Descriptive statistics are presented using median and the minimum and maximum range of values, the data were analysed using IBM SPSS V22. The sample size was too small to allow more detailed analysis. The focus group interviews were analysed in NVivo 10 using thematic analysis as outlined by Braun and Clarke (2006). Three researchers (CN, CN and ZZ) met to discuss the themes identified in the focus groups and explored variance in the theme descriptions.

## RESULTS

Eleven of the twelve students completed the module and ten students completed the 'end of module' evaluation survey. A composite satisfaction score was calculated by combining the scores across four statements (maximum value 20, higher scores indicated higher satisfaction). The overall satisfaction with the module was very high with a median score of 18 (range 17-20). The majority of students (n=10) agreed or strongly agreed the module was relevant, well organised, and assessment was appropriate and eight agreed the environment was conducive to learning. In addition, monthly surveys were designed to obtain more specific feedback on module content. Students were asked to rate on a five point scale a) the relevance of the topic to them, b) was it covered in sufficient depth, c) did they intend to change their practice (Figure 2).

### Relevance to practice

Across the module, relevance of topics received a median score of 4.7 (range 3.9-5), Comprehensive Geriatric Assessment (CGA), pharmacology and mental health received the highest ranking of 5.

An increase in student confidence is illustrated in a free text comment:

'It's [CGA] giving me that additional confidence and a structure and a framework to actually challenge practices....., it gives you a very clear way when you're going to raise issues with GPs because you're talking their language and... they tie in and work with you, rather than not'.

### Topic covered in sufficient depth

There was a greater degree of variation in response to this statement. The median score was 4.2 (range min 3.0- 4.8). The highest ranked topics were pharmacology (4.8), frailty and cognitive screening (4.5). Students indicated they would like more time especially related to physical examination as a component of CGA.

### Intention to change practice

Intention to change practice received the most diverse response ratings with a median score of 4.0 (range 3.7- 4.8). Again frailty (4.8), followed by CGA, pharmacology and mental health were topics most likely to prompt a change in practice. Although this item relies on self-report, a number of practitioners have anecdotally reported introducing frailty screening into their practice and across their teams. Building on the outcomes from frailty screening, students have reported increased patient referral for CGA and use of the STOPP/START pharmacology tool (O'Mahony et al., 2015) in medication reviews and referral for medication reconciliation.

*Insert Figure 2 here*

### Student learning

Short-term student learning was demonstrated through the module assessment. Students submitted a case study from their practice outlining the application of the

CGA domains (medical, psychological, social, functional abilities, environmental domains) to develop a management plan. The assignment aligned to the module learning outcomes and facilitated students to critically adapt the medically dominant CGA approach to a more bio-psychosocial nursing model of assessment and management of an older person reflecting the individual's priorities. Exemplars of the case studies will be published as a case series in the RCN Nursing Older Adult Journal starting in March 2016.

### Focus group interviews

Student feedback on the module was explored in two focus group interviews. Three main themes were identified: module specificity, valuing peer-to-peer learning and using the OPNF as leverage.

### Module Specificity

The relevance and specificity of the module identified in the survey was reiterated in the focus group interviews.

Topics are just what we deal with every day [Participant (P) 2]

The focus was on 'the older population not conditions...It just confirms ... we're up to date... and then there is always little bits that are added and you think ah! [P4]

This was in contrast to some students' previous experience of higher education where in particular education Masters were described as generic.

[Describing a masters in research] needed for career progression...almost like ticking the box... I hated every minute. It wasn't where my passion is [P3].

[Masters in Nursing' was] nearly self-directed you have to find the bits that apply[P5].

Students identified areas for improvement in the module and suggested greater emphasis on applied skills such as physical assessment, history taking, managing

challenging behaviour and initiating sensitive conversations on advanced care or anticipatory care planning.

### Peer-to-Peer learning

Given the expertise within the student group, peer-to-peer learning was highly valued.

We're experts in our own field.... but I do get a sense of satisfaction about actually listening to other people's – what's happening with their services because actually, it's about sharing best practice for me. [P6]

Work with people from around the country, get to see what is happening around the country and network and learn a lot really from others. [P8]

Fellows spontaneously shared resources with each other on service development, assessment tools or protocols from different regions and services.

Share ideas, protocols 'I'll send you that'...no point reinventing the wheel if it hasn't worked and we could hopefully create our own wheels. [P2]

Sharing peer-to-peer experiences also helped practitioners validate what they were doing in their own services:

Well actually, it makes me feel a little bit better if I talk about something openly in a lecture and other people go, 'Oh really? Are you doing that?' and I think, 'Well actually, we're not that far behind...we're leading stuff that we don't shout about. [P6]

However, such experiences were not always positive. While sharing experiences of service development or solution focused patient issues were valued, there was also a risk that peer experiences were too case specific or dwelt on intractable problems. Although recognised as perhaps being of 'cathartic benefit', there was also a sense of frustration with such anecdotes.

Based on this feedback, more structured student-led case studies aligned to session topics were introduced with an emphasis on management strategies and implications for wider practice.

### The OPNF as leverage for change

Fellows described using the OPNF as leverage within their organisations to gain the attention of their medical colleagues, senior nurses and managers to achieve improvements in care and services for older adults. Even within the time span of the first module (four months), participants reported feeling empowered to initiate change within their organisations.

We have managed to introduce the attendance of a dietician at our weekly MDT (multidisciplinary team) meeting. Following the module, I was able to go back into the workplace and focus minds on the importance of nutrition in frail elderly hip fracture patients. [P4]

I think we're sharing with medical colleagues. I mean, I share a lot with the GPs I work with [P9]

However, despite the confidence gained from participating in the OPNF, Fellows were acutely aware that the credibility of the Fellowship was vulnerable partly because a 'Fellowship' is a new concept within nursing.

It does seem to be quite hard to define or to say what is the Fellowship. ... How do I actually sell it? And say what it is?'.....It's a completely new concept, isn't it, for nurses? [P4]

So from the Fellowship point of view from my medical colleagues it's much more respected, almost. Whereas my nursing colleagues, certainly at Band 5s, aren't [respecting it]. [P3]



Fellows also viewed the short-term funding commitment from national funders for the OPNF as a risk to its credibility and their ability to influence change over time.

I think that becomes almost a problem for this Fellowship as in if it only gets funded for one or two cohorts, what does that actually say about, what does it say about us? You know, have we not made an impact? [P2]

## DISCUSSION

This paper described the concept and design of the Older Person's Nurse Fellowship. While this early stage evaluation includes only a small group of Fellows, the data have provided insight into the intended and the hidden OPNF curriculum. There was a clear sense of the motivation and appetite of this group of nurses to adopt evidence-based practice such as CGA to support older people. Fellows valued opportunities to update knowledge and skills, but highlighted areas that require further curriculum development. Perhaps the greatest gains occurred beyond the class room with the development of a peer-to-peer network for sharing ideas and resources and increased confidence to challenge practices and stimulate new ideas within their own organisations.

In an international context older people's nursing faces similar challenges (Huston, 2008; Fulmer, 2015; Huizenga et al 2016). There is an urgency to up-skill and create a dynamic workforce to meet changes in population demographics and rising rates of dementia and frailty (Pearson et al., 2015; Brooker et al., 2014; Oliver et al., 2014; Huizenga et al., 2016; Goldberg et al., 2016 ). Yet, to simultaneously see beyond a disease driven discourse and envisage a health ageing model optimising functional and cognitive capability (WHO, 2015). New models of care are emerging and it is nursing that adds some of the fundamental dimensions to such models that contributes to well-being for older people and carers (Dwyer 2011; Ament et al., 2015). However, lack of investment in post-registration education and opportunities to develop higher level professional attributes limits the scalability of new models of care (Huston 2008, Houde and Melillo 2009; Huizenga et al 2016).

The OPNF is a timely innovation in the academic pathway for older people's nursing and aligns with the ethos of the World Health Organisation's (WHO 2015) strategy on health and ageing. Currently there is a dichotomised debate in gerontologic nursing, on the one hand a 'generalist view' (upskill all nurses (DH, 2013)) and on the other, to develop 'specialist older person's nurses, (recognising that some older people require higher levels of nurse expertise to support a dignified quality of life and end of life) (Pearson et al., 2015; Fulmer, 2015; GAPNA, 2015; Huizenga et al 2016). In reality both approaches are required but the debate has impeded funding for career and academic pathways in this field of nursing.

The broad based expertise and diverse career and education pathways of the Fellows reflects the lack of a standardised approach to developing a workforce to match changing population needs (Dwyer 2011; Goldberg et al., 2016). The rich diversity of background and experiences contributed significantly to peer-to-peer learning but posed challenges in designing a curriculum that met all participants' expectations. However, a shared commitment within the OPNF was the passion and drive of Fellows to improve their knowledge and that of their teams to ensure older people receive evidence-based care regardless of geographical location.

In adult nursing, the OPNF has a unique focus on a population rather than on disease and is unlike other fellowships that are more generic such as patient safety or quality improvement. The OPNF provides a route for nurses to develop contemporary models of care and higher order professional attributes that broadens the emerging models of comprehensive old age assessment (Nicolson et al., 2012; BGS, 2014) blending evidenced practice with a compassionate, educative and supportive approach. Central strategic support for the development of 'higher level' older people's nurse specialists is an acknowledgement that nursing is an essential profession in meeting changing population demographics and new models of care built on cross boundary and innovative practices ( DH, 2013; Huizenga et al., 2016; Goldberg et al., 2016). While recognising there are episodes of poor care both by individuals and institutions (CQC, 2015; Francis Report, 2013), nursing remains the profession with the greatest capacity, flexibility and resilience to work across hierarchal, professional and service boundaries. These are essential attributes in

redesigning integrated health and social care systems in new models of care (Alderwick et al., 2015).

Central funding for the OPNF may indicate that Government policy is recognising the unique potential of older people's nursing as a specialty to support an ageing population and is moving beyond a narrow disease based model (DH, 2013). The OPNF is at an embryonic stage, with the first cohort about to complete the programme and a further 36 Fellows recruited for a second OPNF programme. It is too early to examine the value of investing in 'higher level' older people's nurses from an organisation and patient perspective. However, there are already promising signs of change through enhanced knowledge, network collaboration and confidence to challenge practice and contribute new ideas.

#### Limitations

The evaluation element of this paper is small with data from 11 people; a prospective evaluation of the OPNF is ongoing including organisational and patient impact. The data relies on self-report and the actual impact of the programme on individual patient care, performance and influence on organisational change may be regarded differently by managers and other practitioners.

#### Conclusion

Older people's nursing can contribute and lead in developing a health and social care workforce that is built around the needs of a population. The specialty requires vision, trust, leadership and sustained commitment to provide a defined education pathway from pre-registration to higher level specialist. Initiatives such as the Older Person's Nurse Fellowship can support committed senior nurses to continue working in this field where they have the greatest impact on patients' lives and act as role models for nurses entering the profession. Further evaluation of the programme is indicated but the initial cohort evaluation has demonstrated positive outcomes in terms of empowerment of Fellows and increased confidence in their roles.

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ACCEPTED MANUSCRIPT

## Box 1 OPNF Philosophy

The Older Person's Nurse Fellows will be:

active in transforming integrated care and quality improvement in older people's services

skilled collaborators with older people, families and carers

recognised leaders and role models in older people's nursing

an influential network of experts in shaping local, national and international policy and strategy



## Box 2 Example of module 1 learning outcomes

Demonstrate a systematic understanding and critical awareness of evidence-based decision making in the management of older people with complex health and social care needs.

Critically synthesis and integrate advanced level knowledge (including policies & guidelines) with creative problem solving to assess and manage complex health, psychological, social and environmental challenges faced by older people within and during transitions in care settings.

Analysis creative and original approaches to identify and integrate an older persons' and his/her family's preferences into health and social care packages and advanced care planning.

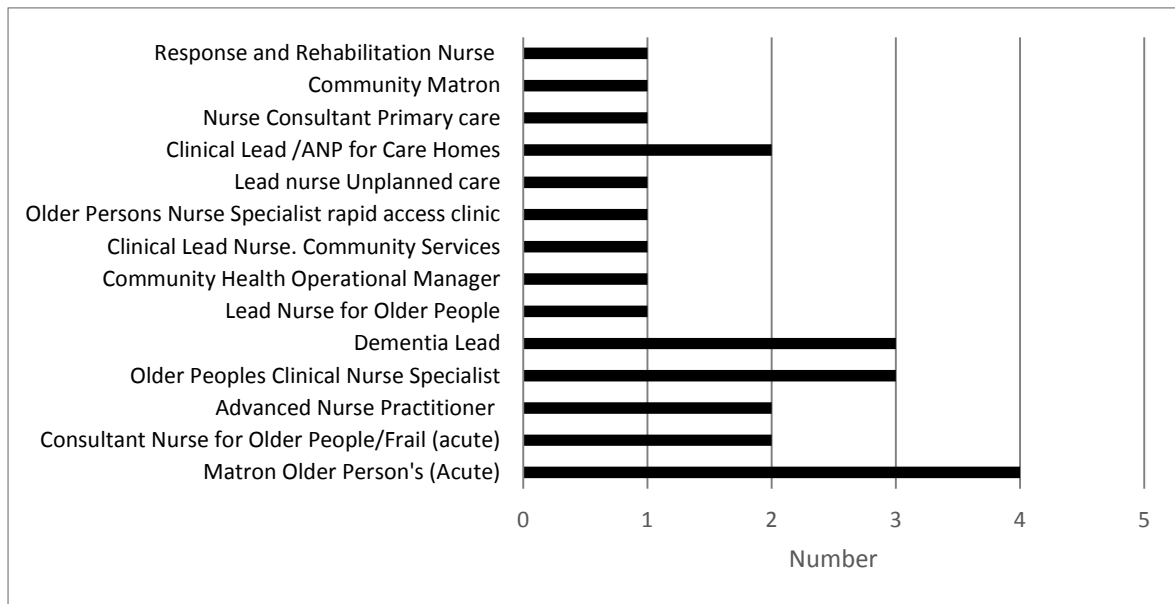
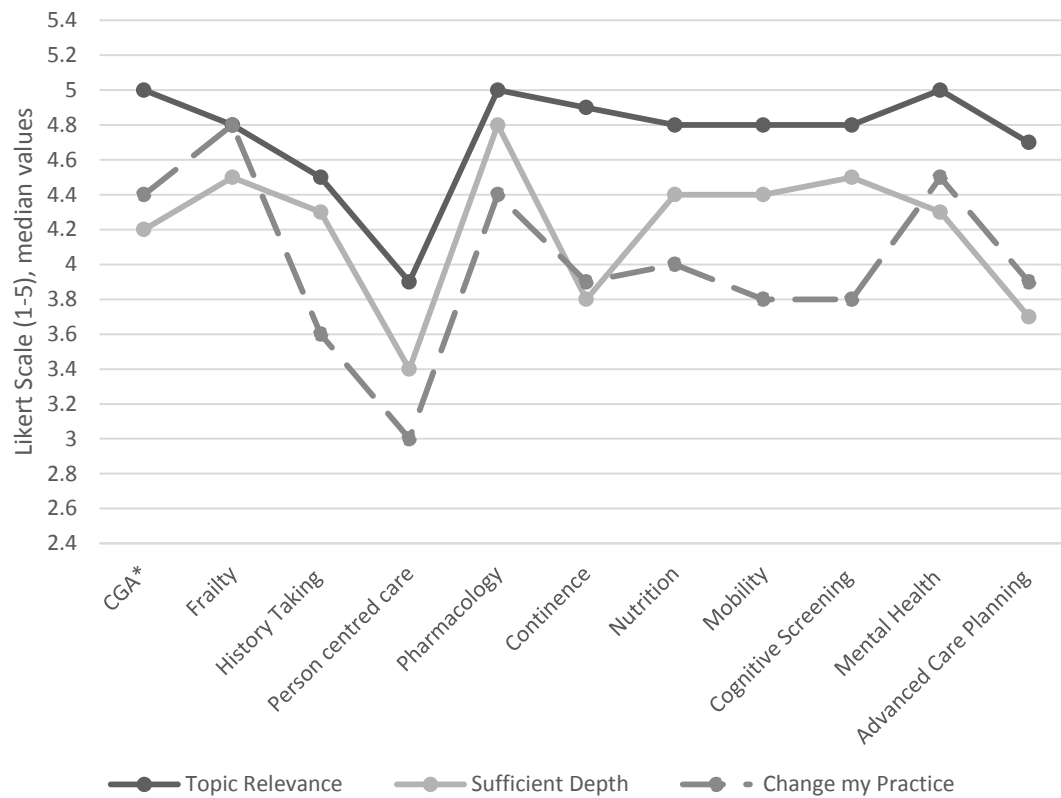


Figure 1: Nursing roles and older person's services represented in OPNF cohort



\* CGA comprehensive Geriatric Assessment, e-learning not included as not all topics had associated e-learning activity

Insert Figure 2 Student response to individual topics

Table 1 Profile of Fellows selected for 2014/15 OPNF

Variable		N	%
Nursing Band	6	1	(4)
	7	7	(26)
	8	16	(59)
Duration in Current post	Months (median)	16.5	(IQR 5.2-42)
Highest Education	BSc.	9	(33 )
	Masters	15	(56)
Older person's/gerontology course	Yes	8	(30)
	No	16	(59)

### Highlights

- Increases in population age, dementia and frailty is driving new care models and workforce development.
- The Older Person's Nurse Fellowship is an innovative programme extending gerontologic nursing models
- Older people's quality of life, Fellows networking and confidence to challenge characterise the OPNF
- Leadership and commitment to person-centred evidence-based care is central to the OPNF ethos
- Sustained, high level commitment will enable older people's nursing achieve its full potential