

## **GERONTOLOGY ACCELERATION PROGRAMME (GAP)**

### *PROGRAMME HANDBOOK*

The Gerontology Acceleration Programme (GAP) programme focuses on enhancing the career development for Registered Nurses working with Older People across the health care continuum by providing a different range of professional opportunities. Participants access a variety of clinical settings to gain an in-depth inter-service understanding, while expanding their networks.

This intensive career opportunity should accelerate your professional development as you acquire necessary knowledge and skills for progression towards advanced gerontology nursing roles.

The programme has three components:

- 1 Clinical experience through the rotations in two pre-selected clinical areas
- 2 Generic programme expectations with mentor support, and
- 3 Postgraduate education in gerontology nursing

#### **Programme Aims**

- It is expected that the participants will progress to attaining proficient level RN on the PDRP at the completion of the 12 month programme.
- As a joint venture between secondary care and the Aged Residential Care sector, strong, positive functional relationships will be fostered.
- Retention of talented Gerontology RNs will strengthen skill mix and flexibility within this workforce.

#### **Expected attributes of the RN completing the programme:**

- Acts as a **role model** and a **resource person** for other nurses and members of the health care team when nursing older people
- Actively contributes to **clinical learning** for colleagues/caregivers and education for families/whanau.
- Engages in collaborative practice to achieve positive outcomes for older people inclusive of transitional care.
- Demonstrates **leadership** in the aged care health team in different care contexts

- Participates in **quality improvement** and **change** to improve gerontological nursing practice.
- Demonstrates in-depth understanding of the complex factors that contribute to health outcomes in the older person and applies this knowledge to **plan care** which meets their particular needs.
- Demonstrates inclusiveness when managing the care of older people and their families/whanau
- **Advocates and protects the rights** of older people.
- Demonstrates **autonomous** and **collaborative** evidence based aged care nursing practice
- Participates in changes in gerontology settings that recognise and integrate the principles of **Te Tiriti o Waitangi** and **cultural safety**.

During GAP, experienced staff will guide you through the programme by providing clinical mentorship, facilitating your professional growth.

### Roles and Responsibilities

Roles	Responsibilities
GAP Nurse	<p>You will be expected to define your own learning goals and opportunities during each clinical rotation. At the end of each rotation, goal attainment will be reviewed with your mentor with input from the Manager of the clinical area, preceptor and others that have worked with you.</p> <p>It is expected that you will take responsibility for acquiring information by working with the provided resources.</p> <p>In the case of any <b>sick leave or otherwise unplanned leave</b>, communicate directly with the Host manager in accordance with the protocols of that area. External rotations: The Host Manager will email the Base Manager to ensure that the roster can be amended accordingly.</p> <p>If <b>annual leave</b> is requested during the rotation, communicate with the Host Manager in accordance with that area's usual protocols to establish whether this can be accommodated. External rotations: The Host Manager will liaise with the Base Manager to seek their approval or otherwise. If approved by the Host Manager you will need to complete a Leave Form as per usual process in your base area.</p>
Preceptor	Provide clinical oversight and assist the GAP Nurse work through

	<p>orientation for that area.</p> <p>Review and sign off clinical skills /competencies in week 1 and thereafter.</p> <p>The Preceptor role is rotation specific.</p>
<p>Programme Mentor: <i>A senior nurse</i></p>	<p>Assist with individual goal setting, review and programme support. This will include monthly meetings with the GAP nurse to discuss their progress towards advancing gerontology nursing practice.</p> <p>Allocate time to meet the GAP nurse and assist with goal setting, critical thinking, leadership and professional growth.</p> <p>If appropriate review the goals at each rotation.</p> <p>Provide professional support throughout all rotations</p>
<p>Host Manager: (line manager in charge during the GAP rotation)</p>	<p>Allocate a preceptor to support and orientate GAP nurse during supernumerary period.</p> <p>Fortnightly meetings with GAP Nurse to review transition and progress with ward based competencies and placement goals and objectives.</p> <p>External rotations: Email the Base Manager if leave taken by Gap Nurse to ensure that the roster can be amended accordingly.</p> <p>In the event of a single clinical incident, follow the local organisational process. You or the GAP RN may wish to contact the Mentor to conduct a debrief and provide professional support. The GAP RN may elect to share the incident with the base manager.</p> <p>Escalate issues to the base manager should there be any recurring issues or performance concerns. In addition the GAP programme leader and DON may need to be informed according to local policy.</p>
<p>Base Manager : (main employer)</p>	<p>The Base Manager is the employer of the GAP RN.</p> <p>If GAP RN rotates to another organisation, the Base Manager continues to be responsible for ensuring GAP RN's salary is paid.</p> <p>CDHB CNMs Use <b>CDHB - Appointment / Change of Position Form</b> for internal change of cost centre for internal rotations within CDHB.</p>
<p>GAP Convenor</p>	<p>GAP Convenor is Kate Gibb, Nursing Director, Older People – Population Health, CDHB: <a href="mailto:Kate.gibb@cdhb.govt.nz">Kate.gibb@cdhb.govt.nz</a></p>

**Orientation to Programme:**

An introductory afternoon will be held at which expectations will be clarified, resources identified and any questions answered. During each placement, you will have the opportunity to update relevant core competencies related to each placement area such as CPR, Emergency procedures, and IV/CVAD.

**Clinical rotations:**

**Area based orientation:** In each clinical rotation, you will orientate to that area, according to the specific Orientation Package for that location. The Orientation Package targets specific requirements of gerontology nursing within that environment and a day to day “survival guide”.

**Postgraduate Studies:** Centre for Postgraduate Nursing Studies, University of Otago.

You are required to complete the postgraduate qualification that has been approved for you. Should you need any academic support your Post Graduate Lecturer is the first point of call. Should you require further assistance or support you are welcome to contact:

Jenny Gardner Nurse, Coordinator PG nursing education.	<a href="mailto:Jenny.gardner@cdhb.health.nz">Jenny.gardner@cdhb.health.nz</a> 337 8679
Janette Dallas, Nurse Manager Professional Practice Development.	<a href="mailto:Janette.dallas@cdhb.health.nz">Janette.dallas@cdhb.health.nz</a> 364 1689

## First Rotation

**PREPARATION:**

In preparation for this clinical placement discuss with your current manager your and their expectations of this programme.

Discuss the value you see in the programme.

Identify any key pre-reading you need to do prior to commencing first rotation

Week 1 Supernumerary Period	Date completed & signed by preceptor
<p>Preceptor Name: _____</p> <p>Evaluate your existing knowledge &amp; skills with preceptor to identify goals and skill acquisition that you would like to focus on this rotation.</p>	
Unit Orientation with Preceptor – as per Unit Orientation Book	
Review unit routines / patient care delivery	
Review clinical structure with preceptor	
<p>List relevant <b>skills/competencies</b> required for clinical area following discussion with Preceptor and Clinical Area Manager</p> <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> <li>•</li> </ul>	<p>Date achieved &amp; signed by Preceptor</p> <p style="color: red;">This section is different for each Clinical Rotation setting</p>

**Week 1 Setting your own goals (see list at end of booklet)**

<p>Identify <b>own goals</b> for attainment in this rotation</p> <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> <li>•</li> <li>•</li> </ul> <p>Sign: _____ Date: _____</p>	<p>List how you will achieve these goals</p>
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**Week 4**

Arrange appt with Mentor/Preceptor to review goal attainment.

Sign: \_\_\_\_\_ / \_\_\_\_\_ Date: \_\_\_\_\_

**Week 8**

Arrange appt with Mentor/Preceptor to review goal attainment

Sign: \_\_\_\_\_ / \_\_\_\_\_ Date: \_\_\_\_\_

**By Week 12**

**Date**

Update PDRP Portfolio

Arrange appointment with Mentor for Review of Goals

Complete "Review of Goal Attainment" in conjunction with manager by end of Week 12

## Second Rotation

**PREPARATION:**

**In preparation for this clinical placement discuss with your mentor your expectations of this rotation. Identify any key pre-reading you need to do prior to commencing your second rotation**

Week 1 Supernumerary Period	Date completed & signed by preceptor
<p>Preceptor Name: _____</p> <p>Evaluate your existing knowledge &amp; skills with preceptor to identify goals and skill acquisition that you would like to focus on this rotation.</p>	
Unit Orientation with Preceptor – as per Unit Orientation Book	
Review unit routines / patient care delivery	
Review clinical structure with Preceptor	
<p>List relevant <b>skills/competencies</b> required for clinical area following discussion with Preceptor and Clinical Area Manager</p> <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> <li>•</li> </ul>	<p>Date achieved &amp; signed by Preceptor</p> <p style="color: red;">This section is different for each Clinical Rotation setting</p>

**Week 1 Setting your own goals (see list at end of booklet)**

Identify **own goals** for attainment in this rotation

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List how you will achieve these goals

Sign:

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Date:

**Week 4**

Arrange appt with Mentor/Preceptor to review goals attainment.

Sign:

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Date:

**Week 8**

Arrange appt with Mentor/Preceptor to review goals attainment

Sign:

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Date:

**By Week 12**

**Date**

Update PDRP Portfolio

Arrange appointment with Mentor for Review of Goals

Complete "Review of Goal Attainment" in conjunction with Manager by end of Week 12



## Final Rotation in home unit/area

**PREPARATION:**

In preparation for this clinical placement discuss with your manager, your experience of the programme, goals achieved to date and key learnings/areas you wish to focus upon/apply for the remaining time in the GAP programme.

**Week 1 Setting your own goals (see list at end of booklet)**

Identify **own** goals for attainment

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List how you will achieve these goals

Sign:

Date:

**Week 4**

Arrange appt with Mentor/Manager to review goals attainment.

Sign:

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Date:

**Week 8**

Arrange appt with Mentor/Manager to review goals attainment

Sign:

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Date:

**Final week**

**Date**

Update PDRP Portfolio

Arrange final appointment with Mentor for Review of Goals

Complete final "Review of Goal Attainment" at end of programme

Complete programme evaluation

## Goal Setting to Develop your Skills and Knowledge

These are some ideas of goals/activities which you could consider when developing your learning goals for your clinical rotations:

- Interview a patient and family about their transitional care experience.
- Work alongside a pharmacist doing a MMS review.
- Work alongside a SLT or dysphagia screen accredited RN to observe a dysphagia screen.
- Work alongside a clinical assessor on a home visit for an inter-Rai assessment.
- Lead an IDT meeting.
- Identify an area for review of clinical practice, undertake a literature review to identify best practice and present findings to colleagues (links to gerontology paper)
- Work alongside the continence nurse specialist and complete a continence assessment
  - Define the main types of incontinence, the signs & symptoms and discuss the treatment and management of each type
  - Discuss the types of continence products and the factors which would influence your selection
- Discuss the applications and goals of the bladder scan. Demonstrate the use of the bladder scanner and discuss factors affecting accuracy of the readings.
- Demonstrate safe catheterisation following the protocol of your work area.
- Define constipation and faecal impaction, discuss their signs, symptoms and management.
- Discuss with mentor an ethical decision you faced, considering issues of advocacy and upholding the rights of older adults.
- Work alongside the Transfer of Care nurse to manage a complex discharge.
- Use advanced conflict resolution skills to manage conflict in the team/ a family.
- Use a screening tool to assess nutritional status.
- Discuss nutritional support in the older patient group including the indications and nursing management issues for:
  - Oral supplementation
  - NG supplementation
  - Gastrostomy (PEG).
- Discuss health/care implications for patients with:
  - Morbid obesity
  - Cachexia.
- Work alongside the wound care nurse specialist to assess and develop wound management plan for a complex client.
- Discuss the main effects that ageing has on skin integrity and best practice measures employed to protect older peoples' skin.
- Using the Wound Assessment tool in your clinical setting, provide an exemplar of a patient who presents with venous ulcer. Discuss assessment, Rx options, medications and products used; and ongoing assessment including tests, documentation, nutrition and infection control.
- Use health pathways tool(s) to identify the appropriate patient management.
- Participate in Advance Care Planning.
- Participate in completing a Comprehensive Clinical Assessment (InterRAI) in the ARC setting.
- Discuss the InterRAI Clinical Assessment Protocols.
- Demonstrate knowledge of patient advocacy and nursing responsibility of the following:
  - Informed consent
  - Informed consent when cognitively impaired
  - The right to decline medical treatment
  - Next of kin.
  - patient education

- power of attorney
- patients advocacy service
- communication with police
- cultural safety
- Acts:
  - Mental Health Act (compulsory assessment and treatment) 1992
  - Crimes Act 1961 and amendments
  - Medicines Act 1981
  - Misuse of Drugs Act 1975 (and amendments)
  - Health and Disability Commissioner Act 1994
  - The New Zealand Public Health and Disability Act (2000)
  - Health Practitioners Competence Assurance Act 2003
  - Triple PR Act (1988)
- Discuss appropriate referral with respect to the following:
  - notification of coroner situations/cases
  - referral to social worker
  - involvement of ACC
  - notification to Psychiatric Emergency Services (PES) and referral
  - involvement of Maori/Pacific liaison
  - involvement of Chaplaincy service
- Define ageism and give five examples of this in the community and the workplace. Discuss strategies for combating ageism.
- Explain the heterogeneity of old age
- Name 10 key medications used with older people and describe actions, contraindications and side effects.
- Define and discuss implications of Polypharmacy for nurses.
- Over the counter (OTC) medications – possible interactions with prescribed drugs: list five common OTCs
- Discuss self-medication policy in your practice area and issues surrounding this
- Discuss effects of alcohol abuse on older adults and management issues.
- Discuss pain assessment and management in a patient with cognitive changes and/or aphasia, e.g. delirium, stroke, dementia
- Demonstrate understanding of the causes and presentation of acute confusion/delirium in the gerontology setting including:
  - pathophysiology factors
  - environmental factors
  - alcohol withdrawal
  - pharmacological factors
- Outline options for management plan of acute confusional states:
  - environmental control
  - specific management of the causes
  - pharmacological interventions
  - assessment tools
  - referrals to delirium team
  - effective communication with patients and families
  - documentation
- Work alongside a member of the delirium team and review the delirium assessment tools and management guidelines in the area
- Describe methods of communicating within professional networks
- Discuss ways to enhance inter-professional teamwork
- Describe the feedback mechanisms used to evaluate your care/service.