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Teaching Nursing Students to Communicate with Older Adults

Lena Moffitt McEachern

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Teaching Nursing Students to Communicate with Older Adults

by

Lena Moffitt McEachern

A DNP project submitted to the faculty of
Gardner-Webb University Hunt School of Nursing
In partial fulfillment of the requirements for the degree of
Doctor of Nursing Practice

Boiling Springs, NC

2019

Submitted by:

Approved by:

Lena Moffitt McEachern

Dr. Cindy Miller, PhD, RN

Date

Date

Approval Page

This DNP project has been approved by the following DNP Project Committee Members:

Approved by:

Vicki Caraway, MSN, RN, CNE
Committee Member

Date

Elizabeth Payne, MSN, RN
Committee Member

Date

Dr. Candice Rome, DNP, RN
Chair, Digital Learning Programs

Date

Abstract

Student nurses have difficulty communicating effectively with older adults. Nurses willing to work with this age group are in high demand due to the growing population. Lack of knowledge and preconceived ideas deter students from a willingness to work in geriatrics. Improving communication skills by increasing knowledge and decreasing bias in the clinical setting will benefit students and the community. The focus of this project was to discover if instruction, practice through role playing, and completion of a simulation with standardized patients prepare students for communicating effectively with older adults and increase the desire to work with this population. The participants included 16 first-year Associate Degree Nursing Program students attending a small community college. One male and 15 females were included in the project. The project utilized a descriptive pretest-posttest design. A pre-intervention and post-intervention 50-question quiz and Likert scale survey was used to determine if knowledge increased and bias decreased after the intervention were administered. A Likert scale survey was completed by simulated patient volunteers to determine how well the students communicated during simulation. A statistical significance was noted in knowledge increase and bias decrease. No statistical significance was found for students' willingness to work with older adults.

Keywords: nursing students, communication skills, older adults, fear, anxiety, teaching communication, bias, and lack of knowledge

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Table of Contents

SECTION I: PROBLEM RECOGNITION

Problem Recognition1

Background.....2

Problem Statement.....3

Literature Review.....3

 Preconceived Ideas and Attitudes4

 Communication.....5

 Inadequate Workforce.....6

 Readmissions7

 Requirements for Project Success.....7

SECTION II: NEEDS ASSESSMENT

Needs Assessment.....9

Population9

Deficient Knowledge10

Preconceived Ideas.....10

Communication Issues10

 PICOT Statement11

Project Sponsor and Key Stakeholders11

Organizational Assessment.....12

Strengths, Weaknesses, Opportunities, Threats, and Analysis12

Available Resources.....14

Desired and Expected Outcomes14

Project Team Members	15
Cost/Benefit Analysis	15
Scope of the Problem	16
SECTION III: GOALS, OBJECTIVES, AND MISSION STATEMENT	
Goals	17
Outcomes and Objectives	17
Mission Statement.....	19
SECTION IV: THEORETICAL FOUNDATION	
Theoretical Foundation	20
Concepts.....	22
SECTION V: WORK PLANNING	
Work Planning	24
Project Management Tool.....	24
Project Timeline.....	25
Budget	27
SECTION VI: EVALUATION OF OUTCOMES	
Evaluation of Outcomes.....	29
SECTION VII: IMPLEMENTATION	
Implementation	32
SECTION VIII: ANALYSIS AND INTERPRETATION OF DATA	
Analysis and Interpretation of Data	35
Sample.....	35
Descriptive of Knowledge and Attitudes toward Working with Older	

Adults	35
Pre and Post Intervention Differences of Knowledge and Attitudes Toward Working with Older Adults	37
Standardized Patients Ratings.....	38
Discussion.....	39
Implications.....	40
Future Research	41
Limitations	41
Conclusion	41
REFERENCES	43

List of Figures

Figure 1: Hildegard Peplau's Theory of Interpersonal Nursing	21
Figure 2: Gantt Chart	25
Figure 3: Work Breakdown Structure.....	27

List of Tables

Table 1: Logic Model.....	29
Table 2: Descriptive Statistics of Knowledge and Attitudes toward Working with Older Adults Before and After Teaching Intervention	36
Table 3: Descriptive Statistics of Standardized Patient Ratings of Students' Communication Skills.....	39

SECTION I

Problem Recognition

According to several clinical instructors at a local community college, one of the biggest difficulties for new nursing students is communicating with older adults. Students enrolled in the small rural college relate feeling fearful about interacting with the older generation in the clinical setting. Many acknowledged that the expectation of dementia, hearing impairment, frailty, irritability, and pain played a part in the apprehension reported. The students are unsure of what to say and expect during the first clinical rotation. McNeill, Shattell, Rossen, and Bartlett (2008) found that not knowing what to expect and having preconceived negative ideas causes many students to feel as if they could never work with the elderly. This thinking can be a burden to healthcare facilities already experiencing a shortage of skilled nurses.

A lack of knowledge and qualified nursing staff results in patients not receiving appropriate care (Institute of Medicine [IOM], 2008). Inadequate care is one of the reasons for hospital readmissions in patients suffering from chronic health conditions (Carthon, Lasater, Sloane, & Kutney-Lee, 2015). In addition to an increase in readmissions, an already struggling short-staffed hospital will be further burdened by a decrease in reimbursement if patients are readmitted within 30 days of discharge (McHugh, Berez, & Small, 2013).

Adults over the age of 65 will make up more than one-fifth of the population in the United States by the year 2030 (Vespa, Armstrong, & Medina, 2018). More nurses will be required to care for this generation. Older adults have experienced wars, the great depression, and illnesses not commonly seen today. Much is to be learned from these

experiences. Each person offers a wealth of skills and knowledge that should be revered by each caregiver, and nursing students need to be taught how to communicate effectively with this growing population. Increased knowledge is shown to positively impact the attitudes of nursing students (Mandville-Anstey, Ward, Grainger, & Foley, 2014). Incorporating teaching strategies to improve knowledge and decrease bias will increase the likelihood of graduates willing to work with older adults.

Background

The Director of Nursing (DON) at one of the clinical sites utilized by nursing students verbalized that the students “put up a wall and are fearful because it is believed that the clients are different. It is anticipated by the students that all clients have cognitive deficits, which leads to difficulty communicating.” Therapeutic communication is an important aspect of success in the clinical setting and plays a large part in accomplishing learning outcomes for nursing students (Webster, 2013).

Students have many obstacles to overcome in nursing school. Participation in the clinical learning environment introduces a whole new set of challenges. Many stressors are associated with immersion into the healthcare setting, where it is expected that students have the knowledge and technical skills needed to perform adequately (Cowen, Hubbard, & Hancock, 2016).

There are many reasons for poor communication between older adults and nursing students. As noted by Mandville-Anstey et al. (2014), negative attitudes and deficiency in knowledge can lead to adverse interactions with the older population. Therapeutic communication can be hindered when the nursing student experiences anxiety (Webster,

2013). Emotions such as worry, apprehension, anxiety, and concern may be experienced by persons not skilled in working with older adults (Brown & Bright, 2017).

If nursing students are given the knowledge and ability to practice communication skills, the patient receives better care. The student is more comfortable with the patient which can create a desire to work with this population. Students are not being taught in a simulated setting or in the clinical setting exactly how to communicate with and appreciate the life experiences of older adults. Therefore, a project was conducted to determine if adequate preparation and implementation of role-playing with standardized patients would diminish barriers to communication between the nursing student and the older adult.

Problem Statement

Often nursing students are unable to communicate effectively with older adults during clinical rotations at the hospital or long-term care setting, due to deficient knowledge and preconceived ideas.

Literature Review

A literature search was performed to investigate statements from the Director of Nursing, clinical instructors, and students regarding preconceived ideas, feelings, and lack of knowledge experienced before beginning clinical in the hospital or long-term care setting. Communication between older adults and nursing students was examined via a thorough search of the current literature databases. Keywords for the literature search included: “older adult,” “anxiety,” “hospital readmissions,” “attitudes,” “aging,” and “nursing student” combined with “communication”. Many studies were found relating to student distress before attending clinical. Few research studies were found that applied

teaching strategies before and during clinical to improve communication and the student's perceptions of the older adult, thereby increasing the willingness to work with this population.

Preconceived Ideas and Attitudes

Hanson (2014) completed a systematic literature review that showed negative attitudes by nursing students toward older adults had a negative impact on care patients received. Mandville-Anstey et al. (2014) conducted research that showed before taking a Healthy Aging course, first-year nursing students were more likely to have negative preconceived ideas about the older adult. This descriptive study was completed by experts in the field of nursing education. Factual knowledge and attitudes of nursing students before and after taking a course in healthy aging were studied. The students were found to have retained knowledge and showed a significant improvement in attitude toward older adults (Mandville-Anstey et al., 2014). The researchers noted the same initial knowledge deficit and negative thoughts in the nursing students as reported by the DON and clinical instructors at the local community college.

In a descriptive study conducted by Cowen et al. (2016), 96 nursing students were surveyed and reported fear and apprehension that mirrored the anxiety and reservations reported by students at the project institution before attending clinical. This data reflects other research that assesses attitudes about nursing students attending clinical for the first time. Following implementation of teaching strategies to increase knowledge and confidence, the negative emotions decreased (Cowen et al., 2016).

Data was collected from 19 second and third year nursing students in a descriptive study by Potter, Clark, Hackett, and Little (2013) to explore specific knowledge about

older adults. The use of valid and reliable assessment tools was shown to make a positive impact on the student's confidence, critical thinking, and how they perceived older adults (Potter et al., 2013). This increase in knowledge was demonstrated through the use of focus group sessions pre-teaching and post-teaching which included six weeks of practice (Potter et al., 2013).

Communication

In a descriptive study conducted by McNeill et al. (2008), students initially reported no desire to work with the elderly, due in part to preconceived notions. Participants were given resources which increased knowledge and communication skills at orientation during a clinical rotation. Reflection papers written by participants at the end of the study revealed unexpected relationship developments with, and an appreciation for, the older adults.

Anxiety reported by nursing students was thought to be a common barrier to effective communication, which is needed to collaborate with patients to incorporate stated values and beliefs (Webster, 2013). The author was an expert in the field of nursing education. The study illustrated why students struggled with therapeutic communication and ways to improve the ability to incorporate patient preferences, which are needed to expand patient-centered care (Webster, 2013). The article reiterates emotions expressed by nursing students at the local college and offers solutions to this common problem.

Brown and Bright (2017) conducted a qualitative phenomenological study with 45 nursing students reporting anxiety and ageism concerning older adults, as well as solutions to change that common theme. These emotions and attitudes were verbalized

by nursing students at the local college, prior to attending clinical at a long-term care facility. The attitudes of the participants in the research study were entirely changed after completing a learning course specifically created to transform feelings and perceptions about working with the older population (Brown & Bright, 2017).

Many research studies have the common denominator of preconceived opinions, anxiety, ageism, and fear as a few of the reasons for difficulties engaging in therapeutic communication between nursing students and older adults. These studies describe student attitudes while offering methods of combating this occurrence through various teaching modalities. Cronenwett et al. (2007) described the importance of Quality and Safety Education for Nurses (QSEN) as well as the importance of knowledge, skills, and attitudes required for providing compassionate care to each patient. According to Cronenwett et al. (2007), effective communication falls under each of these headings.

Inadequate Workforce

The older population is growing. According to Vespa et al. (2018), by the year 2035 there will be a greater number of older adults than children in the United States. Therefore, more qualified nurses will be needed. The IOM (2008) found the older population requires significant care due to comorbidities; however, training of healthcare professionals for the geriatric population has decreased. Since many students decide to work in other areas of health care, more needs to be done to entice graduates to consider seeking a career caring for older adults, thereby ensuring adequate care is available to this population (IOM, 2008).

Readmissions

The consequences of students who are not interested in working with older adults may lead to insufficient staffing, thereby resulting in decreased performance due to nurses being overburdened and unable to complete fundamental care for the patient (McHugh et al., 2013; McNeill et al., 2008). A cross-sectional study led by Carthon et al. (2015) utilized three linked statistics from 2,976 hospitals that exposed the relationship between incomplete care in the hospital by nurses and readmission rates. Instituting new modalities of teaching nursing students can bring about a positive change in attitudes, increased knowledge, and decreased anxiety, thereby creating more interest in working with this growing population. Staffing needs can be met when more graduates are interested in geriatric care, thus improving the health of this population. Better care equates to decreased readmission rates (Carthon et al., 2015).

Requirements for Project Success

A white paper written with the support of The Robert Wood Johnson Foundation delineated ways to improve declining health and promote behaviors to advance the health of everyone in the 21st century (Storfjell, Winslow, & Saunders, 2017). A need for nurses to care for the older population is noted, as well as steps to achieve the greatest well-being for everyone (Storfjell et al. 2017). It is noted that nurses providing care to the older population need to be equipped to offer complex care coordination, participate in teams, and use technology in the care of older adults (Storfjell et al. 2017).

Lasater, Johnson, Ravert, and Rink (2014) found that nursing students were having issues with applying clinical judgment during the clinical course rotation. The following two research questions were examined by Lasater et al. (2014): during

simulation, do role models affect student clinical judgment; and are students able to apply clinical judgment learned in class to the clinical setting? There were 275 participants in the mixed-methods study which used the Model of Clinical Judgment by Tanner as the theoretical framework (Lasater et al., 2014). After watching professional role modeling and participating in the simulation, techniques learned by the students led to increased confidence, increased awareness, and the ability to transfer what was learned in simulation to the clinical setting (Lasater et al., 2014). The students needed more experience in communicating with family members and healthcare professionals (Lasater et al., 2014). The study showed communication was one of the toughest areas of clinical rotation for the students to grasp (Lasater et al., 2014).

Tagliareni, Cline, Mengel, McLaughlin, and King (2012) found The Advancing Care Excellence for Seniors (ACES) project developed by The National League for Nursing (NLN) was designed to improve content in all pre-licensure nursing programs nationally, with the goal of encouraging excellent care. ACES noted the need to increase the size of the workforce to care for the growing older population (Tagliareni et al., 2012).

SECTION II

Needs Assessment

Nursing students' lack of communication skills affects the older population in various ways. To develop a plan for this project, the nursing students' bias and lack of knowledge were evaluated and discussed. Peer-reviewed studies, roundtable student discussion, and clinical instructors' views on student communication skills all pointed to a need for more training of nursing students before clinical rotation.

Interviews were conducted with adjunct clinical instructors, nurses, and a DON from a local clinical site. Each person interviewed reported that older adults are affected by a lack of knowledge, preconceived ideas, and poor communication skills of nursing students. Ageism and preconceived ideas were noted during a roundtable discussion with practical nursing students after the first day of clinical. These issues can be corrected with advance preparation through specific learning strategies, thereby improving communication skills.

Population

A greater number of nurses could be recruited if nursing students were more comfortable working with the older adult age group. Effective communication learned before taking part in the clinical setting and greater knowledge will lead to more interest in pursuing a career as a geriatric specialist (IOM, 2008). Nursing students perceived older adults as dependent and unhealthy due to lack of knowledge and preconceived ideas (Potter et al., 2013; Redfield, et al., 2016). These deficits hamper the ability to communicate with older adults.

Deficient Knowledge

Potter et al. (2013) found that older adults are not valued by some nursing students. There can be various reasons for devaluing this generation. Mandville-Anstey et al. (2014) noted that some nursing students have negative attitudes and a lack of knowledge when it comes to providing care for the older population. Nursing students reported working with older adults was a “spirit jarring experience” (Jaffer & Cassum, 2016). This experience can negatively affect communication and how the student interacts with this generation.

Preconceived Ideas

Ageism was noted during discussions with a group of new nursing students. This type of bias can present problems when caring for the older adult. Prior to specific education, Brown and Bright (2017) noted nursing students experienced apprehension and attitudes of bias when dealing with older adults with cognitive or physical limitations. This stereotyping is common due to the older generation being portrayed negatively (Hanson, 2014).

Communication Issues

Nursing professionals have indicated that bias and knowledge deficiency are the leading causes of a breakdown in communication between the nursing student and the older population. Potter et al. (2013) noted nursing students use endearments inappropriately and felt ill-prepared to deal with all aspects of the aging client. Hanson (2014) found issues surrounding the ability to communicate effectively with older adults lead to lack of enthusiasm. It is imperative that nursing students become interested in

working with the older population, due to the growth of this age group and the need for gerontological nurses (Mandville-Anstey et al., 2014).

PICOT Statement

Student nurses experience barriers to effective communication with older adults due to preconceived ideas and knowledge deficiency. Incorporation of different learning modalities followed by role-playing in the simulation lab with older adult volunteers as standardized patients during the first semester, were implemented to improve communication skills and knowledge level. Bias and knowledge of the nursing student through surveys and a test given before and after the learning activities were compared. The project spanned three months.

Project Sponsor and Key Stakeholders

No institutional barriers existed in the small community college where the project was implemented. The director of the nursing program at the community college approved the project in order to find answers to the persistent communication problems experienced by nursing students. There are many key stakeholders who have an interest in the outcome of the project. Nursing students, instructors, residents of the county where the college is located, facilities where clinical rotation takes place, and patients at the facilities were all key stakeholders in this project.

Nursing students are at a disadvantage if a lack of knowledge and bias are not addressed. Potter et al. (2013) noted that given the right tools, students' knowledge of older adults improved, and positive attitudes were developed. Nursing instructors strive to find new ways to impact student learning. Insufficient training of health professionals

is a stumbling block to optimal care of the older adult (IOM, 2008). For this reason, instructors are interested in the outcome of this project.

Residents, including older adults and family members in the community, will be affected by this project. Facilities and patients being treated have an interest in pedagogical strategies employed. The IOM (2008) found effective models of care are not widely implemented. This can have a negative effect on patient outcomes, thereby leading to an increase in readmissions, placing a greater burden on family members responsible for patient care. There are many in the community with a vested interest in the outcome of this project.

Organizational Assessment

Organizational values are congruent with the project. Community, excellence, and opportunity are priorities at this institution. It was the goal of the organization to offer the students the best possible education to improve all facets of life for students, each person associated with the college, and the community. Implementing proven pedagogical strategies will affect the entire community and be consistent with the values of the community college.

Strengths, Weaknesses, Opportunities, Threats, and Analysis

A strengths, weaknesses, opportunities, and threats (SWOT) analysis was performed for the organization. The college has many strengths. It is known for training students to be excellent nurses and offering individualized attention. Upon graduation, the students are prepared to work in high stress jobs with confidence. Last year the college had a 95% pass rate on the National Council Licensure Examination. Change is always welcome to improve student performance. The local hospital frequently contacts

the college when job openings become available because of the school's reputation for preparing the students to work as nurses immediately after graduation.

Several weaknesses need to be addressed. More evidenced-based practice needs to be employed during instruction. Proven techniques increase the student's knowledge base and progression to perform as a professional healthcare provider (Potter et al., 2013). Community volunteers need to be enlisted to help with the simulation lab. This will address the current situation involving students being ill-prepared to communicate with older adults.

Opportunities for growth include the desire of the instructors to implement best practice in all forms of instruction. The college is working with The Accreditation Commission for Education in Nursing to become an accredited program. By including best practice in all phases of instruction, weaknesses can be turned into opportunities.

Threats consist of complacency and dwindling registration numbers. If money were not an option, students would have many choices when deciding what school to attend for the goal of becoming a nurse. There are several colleges that local students can attend to obtain the education required to become registered nurses. This small community college is the only option for those who cannot afford a four-year institution. The graduates deserve the best education available. Therefore, complacency is not an option. For the student who can afford to attend a university, the college must remain viable and offer reasons for the students to choose this school over others in the area. Researching and implementing best practice is a proven way to offer the best education. By employing proven strategies in the nursing program, education will remain up to date

and offer the best choice for those deciding where to obtain the knowledge to become a registered nurse.

Available Resources

The nursing program has a new, fully equipped simulation lab which can be used for the implementation of role-play, utilizing older adult volunteers in the community as standardized patients. Theory, clinical, and lab instructors are available and willing to execute best practice. Computers, printers, paper, toner, and ink are available for use to make sure all information is available to the instructors, students, and volunteers. The director of the nursing program agreed to accept any costs associated with the project as a part of the nursing program budget.

Desired and Expected Outcomes

Improvement in teaching strategies developed by nursing programs will result in understanding the older population and how they communicate with various health professionals through an understanding about decisions made by this group throughout the lifespan (Tagliareni et al., 2012). Quality and Safety Education for Nurses (QSEN) promotes competencies for student nurses to be prepared for employment as registered nurses (Cronenwett et al., 2007). The competencies allow the student nurse to have foundational knowledge to care for the older adult.

Storfjell et al. (2017) found that the nursing profession must fulfill four specific population-focused competencies: (a) utilize a holistic approach, (b) care coordination among providers, (c) partnership with stakeholders and healthcare professionals, and (d) advocating for the community and the patient. With the implementation of teaching strategies that improve communication skills, each of these competencies can be met. It is

expected that improving communication skills of the nursing student will lead to improved care of the older adult and a desire to work with this population.

Project Team Members

The practice partner for this project was the school counselor. She had many years of experience assisting students with strategies to improve confidence and communication skills. The community college nursing program simulation coordinator and program coordinator were project Committee Members. The project chairperson assisted in identification of best practice for the project and offering guidance for each step. The simulation coordinator was available to guide the project implementation in the simulation lab. The program coordinator has been a nursing instructor for 30 years and provided guidance on best practices.

Cost/Benefit Analysis

The costs to implement this project were minimal. Computers and printers were already being utilized for many other aspects of instruction at the college and were available to use for the project. Paper, toner, and ink were minimal costs, and were absorbed into the budget for the instruction of the nursing students. Volunteers were utilized, so no cost was incurred for standardized patients taking part in role-playing. Time involved in constructing a viable plan for implementation of the project was incurred by the doctoral student. Time involved to prepare for the project was included in preplanned meetings for the instruction of new nursing students.

The cost benefits derived from the project were substantial. When nursing students are taught to communicate effectively with older adults and teaching strategies are applied to increase knowledge, feelings of anxiety will decrease and the desire to

work with this age group will increase (Brown & Bright, 2017; Webster, 2013). Students will gain knowledge about the geriatric population; therefore, care will be improved, leading to decreased readmissions and a hospital that is better staffed (IOM, 2008; Carthon et al., 2015). The Agency for Healthcare Research and Quality (AHRQ) has assessed that the average cost of every Medicare readmission is \$13,800 (Elixhauser & Steiner, 2013). A fully staffed hospital will save money by not incurring overtime pay expenditures to employees, due to insufficient staffing.

Scope of the Problem

A two-phase approach to address the problem of the nursing student's inability to effectively communicate with the older adult was employed. Instruction about how to communicate with the older generation was given to each student. Nursing students had the opportunity to practice learned skills via case scenarios. The students then role played with an older adult volunteer as the standardized patient, during simulation lab. The student determined the way the patient learns best, then instructed the patient in certain skills which are normally taught during the first semester of nursing school. Nursing students incorporated the standardized patient's preferences while providing care. After taking part in the simulation with a standardized patient, the students will be more confident and know what to expect in the clinical setting (Lasater et al., 2014).

SECTION III

Goals, Objectives, and Mission Statement

Goals

The purpose of this project was to improve the communication skills of nursing students with the older adult population, thereby increasing the number of graduates willing to work with this growing population.

Outcomes and Objectives

The short-term outcome to be achieved was demonstrating improved communication skills of nursing students with older adults at the local community college in one semester and increasing the desire to work with this population upon graduation. A pre- and post-Facts on Aging survey (Breytspraak & Badura, 2015) was administered before and after the implementation phase, along with a Likert scale survey to measure findings. The following four outcomes with objectives were addressed:

- Outcome 1- Upon completion of instruction and practice, the first-year nursing student will be able to demonstrate effective communication with older adult patients.
 - Objective a- The student acquires verbal and non-verbal techniques, e.g., verbal communication, touch, eye contact, and facial expressions.
 - Objective b- The student demonstrates dispositional traits, e.g., warmth and openness, empathy and caring.
- Outcome 2- Upon completion of the simulation, the first-year nursing student will be able to apply critical thinking when communicating with the standardized patient.
 - Objective a- The student will answer questions satisfactorily about

alternatives to prescribed medication.

- Outcome 3- Upon completion of learning, practice, and simulation with a standardized patient, the first-year nursing student will be able to evaluate if confidence and knowledge concerning communication with older adults is satisfactory.
 - Objective a- The student will indicate satisfaction with confidence and knowledge about communication acquired through learning, practice, and simulation with a standardized patient.
- Outcome 4- Upon completion of learning, practice, and simulation with a standardized patient, the first-year nursing student will demonstrate a desire to work with the older adult population.
 - Objective a- The student will indicate a desire to work with older adults after graduation.

Process objectives are increasing knowledge and correcting preconceived ideas through classroom instruction and participation in role modeling through acting out case studies in laboratory class by nursing students. After communication instruction, the opportunity was given for role play with standardized patients in the simulation lab setting. By increasing knowledge about older adults and decreasing preconceived ideas, communication skills will improve, leading to a desire to work with this growing age group.

Mission Statement

This project was planned to improve nursing students' communication skills by correcting preconceived ideas and increasing knowledge about older adults, thereby creating a desire to work with this generation. Instruction in communication techniques, role-modeling, practice, and role-play with a standardized patient in the simulation laboratory will offer the knowledge and practice needed to communicate effectively.

SECTION IV

Theoretical Foundation

Deane and Fain (2016) found appropriate “knowledge and attitudes” are required for nursing students to holistically provide care for the older generation; however, communication between new nursing students and patients is lacking. Peplau’s theory is an ideal choice for increasing communication between nursing students and older adult patients and will be beneficial to both parties (Deane & Fain, 2016). The phases of Peplau’s theory are intertwining and work well for classroom instruction and skills laboratory practice of communication techniques (Deane & Fain, 2016). The addition of utilizing standardized patients in the simulation laboratory to gauge effectiveness of student learning is another way to improve communication between nursing students and older adults.

This project revolved around the nursing student’s capacity to communicate with older adults. The underpinning which guided the entire project was Hildegard Peplau’s, *Interpersonal Relations in Nursing Theory*, which correlates with the problem experienced by most nursing students of ineffectual communication with older adults. This theory was the framework for the project. Figure 1 outlines the Conceptual/Theoretical/Empirical structure of this framework. A supposition stated by Peplau is that maturity must be incorporated into the personality through nursing education by using methods to address interpersonal complications (Peplau, 1988). Maturity can evolve from education about older adults and practice of communication skills.

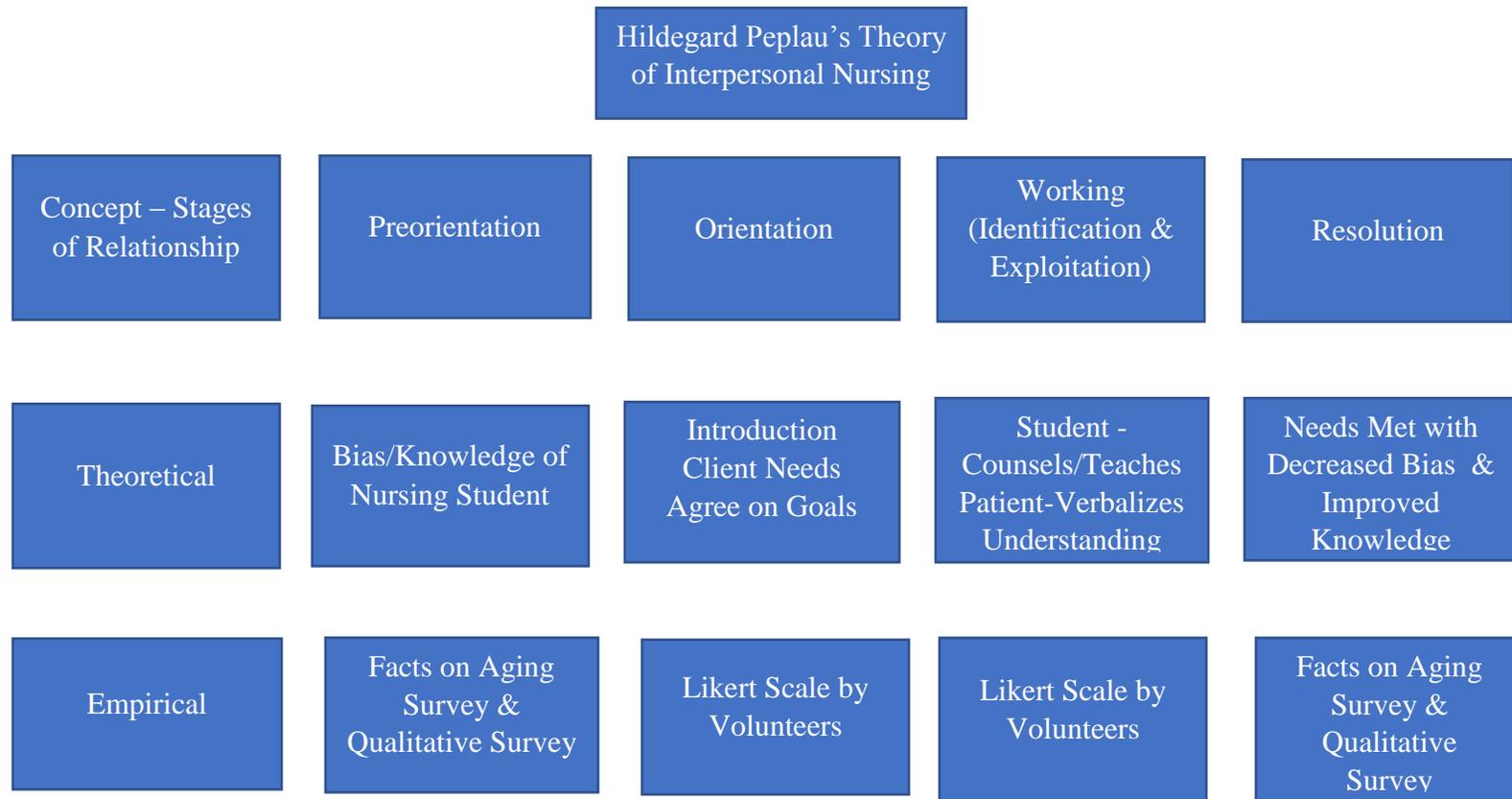


Figure 1: Hildegard Peplau's Theory of Interpersonal Nursing

Concepts

Any interaction with patients by healthcare providers should culminate in beneficial results for the patient (Peplau, 1993). Because the term “nursing” means different things to different people, each nursing student must define what the term “nursing” means individually (Peplau, 1988). The most current recognized phases of Peplau’s theory are “preorientation,” “orientation,” “working,” and “termination” (Nelson, 2018, p. 270). Interaction with a standardized patient in a simulation setting meets the goal of a true learning experience as noted by Peplau (1988).

During the preorientation phase, information is gathered from the patient and the nursing student will engage in self-reflection (Nelson, 2018). Peplau noted that allowing the student to assess opinions associated with teaching the client in an appropriate setting gives the opportunity for critiquing and changing bias noted in the process (Peplau, 1988). Practice in a simulated setting culminating in interaction with a standardized patient permits self-reflection and a transformation of preconceived ideas.

The orientation phase included meeting the patient, clarifying needs and knowledge deficits of the patient, and agreement upon goal of instruction by the student nurse (Nelson, 2018). During the introduction period, trust between the patient and student nurse began to be developed leading to a mutually satisfying relationship. The student developed new understanding and matured through interaction with the patient. The patient garnered knowledge, leading to improved health outcomes.

The working phase was divided into two categories. Identification is the first category. The student nurse counseled the patient about specific needs (Nelson, 2018). The patient verbalized the desire to apply what is learned to improve health (Nelson,

2018). Exploitation was the second phase. Through resource material and knowledge learned in school, the student nurse taught, then led the patient in learning and solidifying new knowledge through verbal or physical repetition (Nelson, 2018). Peplau (1988) found during this phase the patient develops new goals centering on regaining independence

Resolution was the last phase where closure with the patient takes place (Nelson, 2018). As noted by Peplau (1988), a certain sequence must take place for resolution to be successful. Adequate education by the nursing student led to the patient's needs being met, as evidenced by independence and a resolution of deficient knowledge (Nelson, 2018; Peplau, 1988).

Applying Peplau's theory to the project gave the nursing student the opportunity to discover preconceived ideas and apply the newly discovered insight to the teaching process. The patient received and applied knowledge learned from the student. The student matured in the thought process concerning the older adult. Application of Peplau's theory culminates in a mutually beneficial interpersonal communication between the nursing student and the older adult patient.

SECTION V

Work Planning

Addressing all facets of this project took careful planning. Each step of the project needed to follow a sequential or parallel timeline, depending on the task. A management tool, timeline, and budget were discussed.

Project Management Tool

The project management tool utilized for the project was a Gantt chart which can be found in Figure 2. At the beginning of the fall semester, a meeting was held with the committee members to discuss the implementation of the project. The Project Leader also gave a thorough description to the students concerning simulation, lab practice, and standardized patients. Consent forms were given to each student. Those wishing to take part in the project signed consent forms and completed The Facts on Aging Quiz (Breyspraak & Badura, 2015) and Likert scale survey. Student instruction regarding older adults and communication continued for approximately one month. Simulation lab practice began after all aspects of communication with the older adult had been taught and discussed. The students had approximately two weeks to practice communication skills. After lab practice, the students took part in role-play with a standardized patient during simulation lab. Upon completion of the instruction, practice, and role-play, The Facts on Aging Quiz (Breyspraak & Badura, 2015) and Likert scale survey questions were administered to the students again. The pre-instruction and post-instruction results were analyzed to determine if knowledge and bias of the nursing student affected communication skills and the desire to work with older adults.

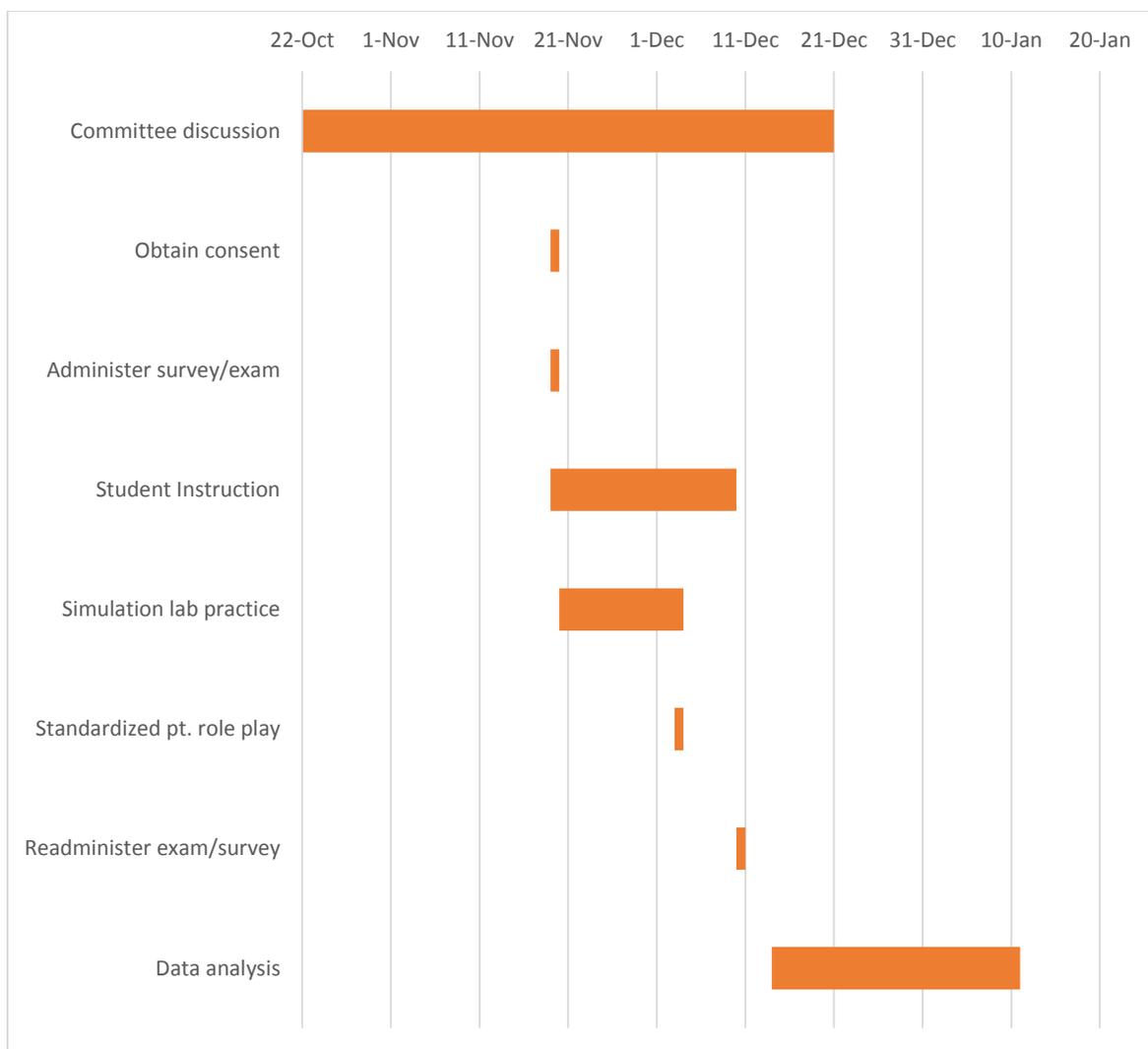


Figure 2: Gantt Chart

Project Timeline

All required tasks to be accomplished to reach appropriate milestones for the completion of the project were included in a work breakdown diagram as seen in Figure 3. All steps of the project followed a sequential timeline, except for practice of skills learned. Skills learned paralleled or overlapped with practice in the skills lab.

Before administering surveys to nursing students, a committee meeting took place to solidify all facts previously discussed by committee members. The Project Leader

planned class time for the surveys to be administered. Once both aspects had been addressed, the anonymous surveys were administered to the nursing students.

Communication skills were taught to first-semester nursing students. First, the Project Leader developed goals which culminated in the instruction required for the students to become adept at communication with the older adult. Next, a teaching plan including all areas of communication was developed. After goals and a teaching plan were established, student instruction could take place. Making the patient a partner in providing care, knowing patient values and beliefs, and students being aware of personal communication techniques, were included in classroom instruction (Webster, 2013).

Students were prepared for participation in the simulation lab setting for role-playing with standardized patients. Communication skills were described and discussed in the classroom. The students practiced techniques learned in the classroom by taking part in various scenarios during laboratory time in preparation for role-playing with standardized patients.

The same anonymous quiz and Likert scale survey questions the students took at the beginning of the project were printed and administered during class after instruction, practice, and role-playing. All forms were collected and kept in a secure area.

An analysis tool was chosen to compare the results. Responses were gathered and analyzed. A comparison was made between the pre-instruction and post-instruction surveys to compare bias and knowledge with communication skills and a desire to work with the older adult. All responses remained anonymous.

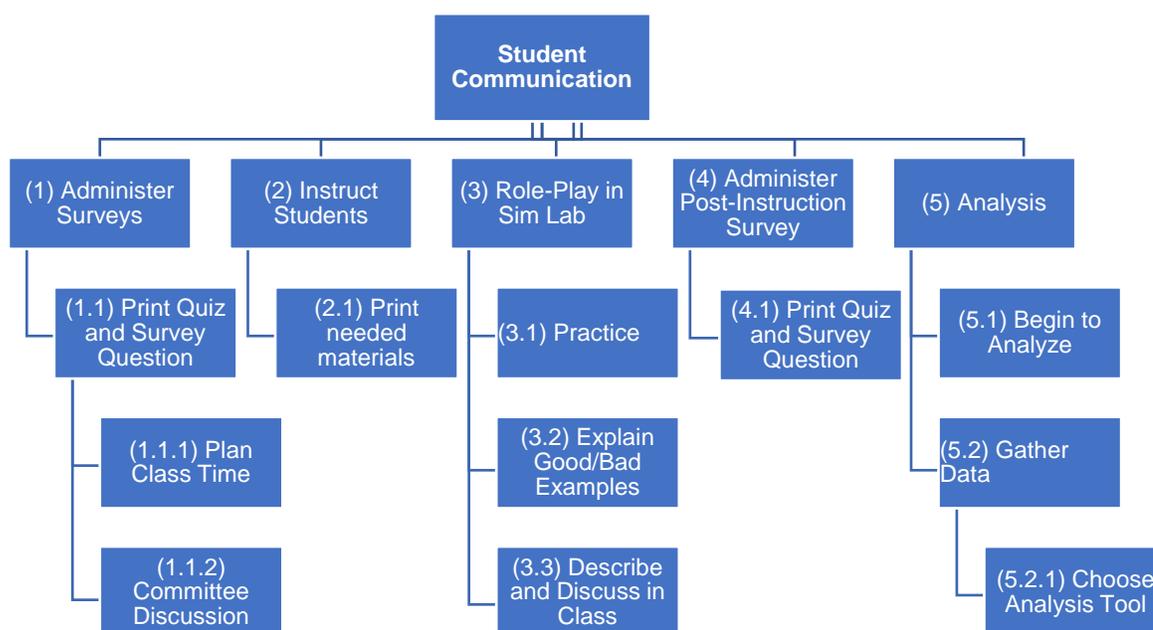


Figure 3: Work Breakdown Structure

Budget

The budget for the project was small. The program director offered to cover all costs associated with the project from the nursing budget due to a desire to implement best practice into student instruction. Salary of those involved in meetings totaled \$277.00. That total included four instructors for eight hours. Printing surveys to be completed by students and Likert scale evaluations for the standardized patient volunteer to fill out for each student cost \$25.00. The dollar amount was for 100 copies in total for 20 students. The library charges \$.25 per copy. The internet is available for students and instructors, with an average cost of \$30.00 per month. The total for three months is \$90.00. Refreshments were provided for the volunteers at a total cost of \$40.00.

The project was estimated to be completed in two months. The Gantt Chart allowed all facets of the project to remain on task and milestones were met with the implementation of The Work Breakdown Structure (White & Zaccagnini, 2017). The project remained within budget.

SECTION VI

Evaluation of Outcomes

Four outcomes were established to evaluate if the student objectives are successful. The logic model was employed to assess if each outcome correctly measures the proposed change, if the data is easy to verify, and if the outcomes are valid and reliable (White & Zaccagnini, 2017). Inputs, constraints, activities, outputs and outcomes are included in the model in Table 1.

Table 1

Logic Model

Inputs	Constraints	Activities	Outputs	Outcomes		
				Short Term	Long Term	Impact
Personnel	Time Frame	Meetings	Number of participants	Communicate Effectively	Increase Confidence/ Knowledge	Desire to Work with Older Adults
Financial	Existing Culture	Instruction	Education Provided	Apply Critical Thinking		
Facilities		Practice Simulation				

The following are the outcomes for the project:

- Outcome 1- Upon completion of instruction and practice, the first-year nursing student will be able to demonstrate effective communication with older adult patients.
- Outcome 2- Upon completion of the simulation, the first-year nursing student will

be able to apply critical thinking when communicating with the standardized patient.

- Outcome 3- Upon completion of learning, practice, and simulation with a standardized patient, the first-year nursing student will be able to evaluate if confidence and knowledge concerning communication with older adults is satisfactory.
- Outcome 4- Upon completion of learning, practice, and simulation with a standardized patient, the first-year nursing student will demonstrate a desire to work with the older adult population.

The logic model chosen to clarify each component of this project was a combination of several types of models (White & Zaccagnini, 2017). Under inputs, committee members, practice partner, financial resources, and facilities were included as resources. The committee members were included in all discussions dealing with the project. The practice partner was available for suggestions and guidance when a problem arose. Financial resources were offered from the Health Sciences department to bring about evidence-based practice change which can improve student learning and understanding of subject material. Facilities were secured to carry out the project plan.

Constraints for project implementation were few. The time frame for implementation was rigid, due to the semester calendar. Keeping a tight schedule with implementation was imperative for the completion of the project in a timely manner. Existing culture can be a hindrance to the project, if parties involved are reluctant to execute the plan due to fear of change.

There were many activities included in the project to guide it successfully toward completion. Meeting with all personnel involved must be carried out on a regular basis for input and to keep the stakeholders apprised of the activities. Instruction of students took place. This included practice of material learned, culminating in a simulation with standardized patients.

Outputs included 16 first semester nursing students taking part in this project. Participating was voluntary. Education was provided in the form of a PowerPoint, online material, practice scenarios, and simulation with standardized patients according to evidence-based practice. The goal was improving the communication skills of nursing students and increasing knowledge concerning older adults, culminating in an increased desire to work with this population.

SECTION VII

Implementation

Breytenbach, ten Ham-Baloyi, and Jordan (2017) noted that to meet the goal of teaching to various learning styles, multiple teaching strategies must be employed. This project encompassed various forms of instruction including the use of a PowerPoint presentation with lecture, accessing evidence-based guidelines via the internet, class discussion, case studies with role-playing, and simulation with standardized patients. Nursing educators, as well as nurses who specialize in gerontology, agree on the common goal of graduating students who can effectively communicate with older adults. Collaboration between nursing educators and practice nurses to discuss problems and potential solutions is one way to achieve this goal (Beauvais et al., 2017). Input from geriatric specialists was considered while formulating a plan to improve knowledge and decrease bias in nursing students to improve communication with older adults.

A request was made for volunteers to participate in the simulation lab as a standardized patient and was distributed via a college-wide email. Before any type of classroom instruction began, the project was explained by the project manager to the nursing students. The explanation emphasized that participation in the pre/post exams and surveys was not required. Each student was required to participate in classroom discussion, practice scenarios, and simulation, as this content was a part of the fundamentals of nursing class. Consent was explained by the project leader and completed before any instruction began in the classroom. The project leader discussed the outcomes and objectives with the students before instruction began. The International Nursing Association for Clinical Simulation and Learning (INACSL) has designated that

objectives must be specific, measurable, achievable, realistic, and time related (2016). Each project objective met the criteria. The expected outcomes met all required elements for simulation with standardized patients according to INACSL (2016).

Instruction began by utilizing a PowerPoint presentation describing communication skills which was also discussed in class. The Communication with Older Adults evidence-based review from the Gerontological Society of America was accessed online by each student and each of the 29 points discussed in class. The Project Leader used the information from the PowerPoint presentation and the Communication with Older Adults handout in classroom instruction. Learning took place over two, four-hour theory class days. The students practiced what they learned by pairing up into teams to create a scenario for each of three situations detailed in the handout. During the next two laboratory classes, the students practiced what they learned through role-playing the scenario each team developed. On the third laboratory class day the students selected and presented one of the scenarios to the class. Each of these evidence-based teaching strategies have been shown to increase knowledge of the material being presented (Breytenbach et al., 2017).

After all instruction and practice sessions were completed, a simulation was conducted. Students interacted with volunteers playing standardized patients, to assess communication skills learned. Before simulation took place, the simulation was piloted in its entirety by second year nursing students who did not take part in the project. The students played the part of the first semester nursing students and standardized patient, to assess for any issues with the simulation. The second-year students offered several ideas for use in future communication classes.

Informed consent to participate in the simulation scenario and what was expected was explained by the Project Leader and filled out by the volunteers before the simulation scenario took place. Instruction was given by the project leader to the volunteers about the simulation and how to prepare for it. The students took part in pre-briefing by the project leader about the simulation scenario. All questions from the students and volunteers were addressed by the project leader, in separate sessions. The simulation took place with the first semester nursing students and volunteers as standardized patients. Two students and one volunteer participated in each simulation. One student acted as a night shift nurse introducing the second student, representing the day shift nurse to the patient, played by the standardized patient.

After completion of the simulation, the volunteers completed the Likert scale survey addressing how well the students communicated. Debriefing of all the students participating in the project took place by first reiterating the objectives. The Plus/Delta theory was used to note positive outcomes and areas that the students felt could be improved. This debriefing theory is shown to improve the learning experience (Brown & Holt, 2015). The students participating in the project then took the 50-question quiz and filled out the Likert scale survey again in the next class held after simulation.

SECTION VIII

Analysis and Interpretation of Data

Students were measured using a pre- and post- intervention design to see if they changed in response to a teaching intervention about communicating effectively with older adults. A PowerPoint presentation including a lecture, evidence-based guidelines, class discussion, and case studies with role-playing were utilized during instruction. In addition, older adults played standardized patients and rated the students' communication skills based on the simulation.

Sample

Sixteen nursing students were required to take a Nursing Fundamentals course. All students were recruited and completed the project. The participants were all first semester students in a small community college. There were 15 females and one male, ranging in age from 18 to 36.

Descriptive of Knowledge and Attitudes toward Working with Older Adults

All descriptive statistics of the pre- and post- intervention measures are shown in Table 2.

Table 2.

Descriptive Statistics of Knowledge and Attitudes toward Working with Older Adults Before and After Teaching Intervention

	Pre scores					Post scores				
	Mean	Median	SD	Min	Max	Mean	Median	SD	Min	Max
Knowledge quiz	30.81	31	1.38	28	33	35.81	34.5	4.81	31	45
"When I graduate, I can see myself working with the older adult population"	3.31	4	1.14	1	5	3.44	4	1.09	1	5
"I feel prepared to communicate effectively with older adults"	4.06	4	0.68	2	5	4.38	4	0.50	4	5
"I feel older adults are different"	3.00	3	1.10	1	5	3.00	3	1.03	1	4
"I have a good grasp of verbal and non-verbal forms of communication"	4.06	4	0.57	3	5	4.31	4	0.48	4	5
"I have a good understanding of older adults"	3.88	4	1.09	1	5	4.38	4	0.50	4	5
Average rating of working with older adults (Q 1,2,4,5)	3.83	4	0.57	2.25	4.75	4.13	4	0.39	3.5	5

As seen, students scored an average 30.8 items correct out of the 50 knowledge questions before the intervention, and improved to 35.8 items after the intervention, including a high score of 45. The five statements of attitudes towards working with older adults were all rated on a 1 to 5 Likert scale where higher numbers indicated more agreement with the positive statements about working with this population. However, there was one question that upon further reflection may not have been perceived as intended: “I feel older adults are different” was intended to address if students saw them as different in a negative way, but it is possible that people could agree with the statement in a way that does not reflect negative attitudes and instead demonstrates awareness that in some circumstances, this population may have different needs or should be interacted with in a different way. Thus, the results from this question are not as interpretable, and in creating an overall mean score of attitudes towards working with older adults, the mean was computed on the other four questions and this question was excluded. As seen in Table 2, on the other four questions and the average scores at both the pre- and post-intervention were all above the neutral midpoint of three, indicating they had positive attitudes. All the post-intervention scores were also higher than the pre-intervention scores.

Pre and Post Intervention Differences of Knowledge and Attitudes toward Working with Older Adults

Because the pre- and post-intervention measures were not matched by participant, the two time points were just treated as two groups to be compared. Independent samples t-tests were used to compare if pre- and post-intervention scores were significantly different. Independent samples t-test assumes the variances (the standard deviations

squared) of the two groups are roughly equal, but as seen in Table 2 there were very different standards in pre- and post- intervention scores for two variables: the knowledge quiz score and the fifth statement ("I have a good understanding of older adults"). Specifically, the ratio of the larger variance to the smaller standard deviation was greater than 2 for these measures. Thus, for these two measures the independent samples t-tests for unequal variances are used.

Average scores on the 50-question quiz were significantly higher after the intervention than they were before, $t(17) = -4.00, p = .001$. Although the scores were higher after the intervention compared to before on each of the statements about attitudes toward working with older adults, none of the differences were significant: "When I graduate, I can see myself working with the older adult population," $t(30) = 0.32, p = .754$; "I feel prepared to communicate effectively with older adults," $t(30) = -1.48, p = .149$; "I have a good grasp of verbal and non-verbal forms of communication," $t(30) = -1.34, p = .191$; "I have a good understanding of older adults," $t(21) = -1.67, p = .110$; average rating of working with older adults, $t(30) = -1.73, p = .094$.

Standardized Patients Ratings

Older adults who posed as standardized patients interacted with the students after the intervention and provided ratings of the students' communication skills. The descriptive statistics of ratings on five aspects of their communications skills are displayed in Table 3, as well as descriptives of an overall average rating created from the mean of their answers across the five questions. All questions were rated on 1 to 5 Likert scales of agreement where higher numbers indicate more agreement and thus better ratings of the students' communication skills. As seen in Table 3, students'

communication skills were rated very highly on average across all questions (all means above 4), and because all medians were 5 it indicates that more than half of the sample was scoring at this maximum possible value.

Table 3

Descriptive Statistics of Standardized Patient Ratings of Students' Communication Skills

	Mean	Median	SD	Min	Max
"The student displayed a caring attitude"	4.69	5	0.70	3	5
"I feel the student listened to me"	4.63	5	1.02	2	5
"The student made eye contact"	4.75	5	0.68	3	5
"I felt comfortable during the simulation"	4.88	5	0.34	4	5
"The student addressed my concerns"	4.75	5	0.68	3	5
Average rating of the student	4.74	5	0.68	3	5

Discussion

First-year nursing students verbalized anxiety concerning communicating with older adults during a roundtable discussion before attending the first clinical rotation. Students verbalized expectations of the clinical setting. Several students used the following terms to describe the geriatric population: “angry, forgetful, sick, dependent, and depressed.” This form of ageism leads to anxiety and fear before clinical placement and affects the desire to work with the gerontological population. Two themes emerged in this project. First-year nursing students’ lack of knowledge and preconceived ideas affected their ability to communicate with older adults effectively.

This project provides important information relating to specific instruction and the study of evidence-based guidelines to decrease bias and increase knowledge in first-

semester nursing students. Hildegard Peplau's theory was woven into the development of the intervention and included when creating the survey for standardized patients to assess the students' communication skills (Deane & Fain, 2016). The results in the areas of knowledge and bias post-intervention were significant. Incorporating scenarios, role play, and standardized simulation with older adults demonstrated the students can communicate effectively with this generation, as evidenced by the survey results completed by volunteers. Simulation with standardized patients embraced Peplau's theory of the helping relationship (Peplau, 2002; Taylor, Lillis, Lynn, & LeMone, 2015). The survey addressed if the students listened, had a caring attitude, and met the needs which were verbalized by standardized patients. The volunteers were impressed by the students' ability to communicate effectively. The volunteers felt comfortable and strongly agreed that all concerns were addressed. The students verbalized confidence in communicating with older adults during debriefing.

Implications

Several implications were noted from the qualitative data and from statements made by participants. Instruction which includes various teaching modalities can benefit all nursing students. Adding scenarios, role play, and standardized simulation to classroom instruction assisted learners to grasp and apply new content. Including evidence-based guidelines and giving students ample opportunity to practice the new material increases confidence in communication skills. This type of instruction can be applied to various subjects, thereby increasing confidence and knowledge. If this information was introduced at the beginning of the first semester of nursing school, it

would allow the students to start clinical rotation with a better grasp of communication skills, thereby decreasing anxiety.

Future Research

The students verbalized a greater understanding of how to communicate during debriefing after simulation and stated they felt prepared to do so during clinical rotation. A similar project implemented earlier in the semester may produce significant results with the students' willingness to work with older adults. The multipronged approach to instruction should be implemented with other subjects to assess if it will improve confidence and retention in other areas.

Limitations

The students completed a pre- and post-Likert scale survey which addressed their ability to communicate with older adults. Student responses to the statements were unusually high pre-intervention. This left little room for improvement when the post-intervention survey was completed. Before the intervention, the students did not grasp their lack of working knowledge concerning communication skills. Student learning and application of knowledge was impressive. However, due to the high scores before the intervention, the true measure of the increase in communication skills could not be assessed. Also, only 16 students participated in this project.

Conclusion

Adequate instruction using various teaching methods to enhance understanding and combat the stigma associated with older adults was shown to improve the communication skills of first-semester nursing students. This strategy will decrease anxiety and boost the confidence of students attending the first scheduled clinical

rotation. The resulting change in attitude will lead to better patient care through effective communication (IOM, 2008; Webster, 2013). Nursing instructors struggle with presenting new content in a way which students will comprehend and retain. Utilization of different teaching modalities improves student confidence and retention of material taught. Combining online material, practice scenarios, and standardized simulation with classroom instruction results in a more successful outcome by encouraging students to be involved actively while learning (Wolf, Rutar, Delgado, & Niederriter, 2017).

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