

The Faculty Learning About Geriatrics (FLAG) Program: Bringing Together Experts in Geriatric Nursing Education

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abstract

Strengthening geriatric content in schools of nursing is a key initiative for the Minnesota Hartford Center of Geriatric Nursing Excellence. The first Faculty Learning About Geriatrics (FLAG) program was implemented in the summer of 2008. Selected nursing faculty from across the Upper Midwest and tribal colleges have successfully completed the FLAG program in the last 2 years. Participants completed a 5-day summer institute at the University of Minnesota and a 1-year mentorship program. The FLAG program is designed to broaden expertise in geriatric nursing through building teaching and academic leadership skills and to increase content knowledge through collaboration with academic and geriatric leaders. This article provides an overview of the educational experience of FLAG participants who have earned the title of FLAG program fellow. The perspectives of the FLAG mentors and fellows are highlighted.

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As the older adult population increases, so will the demand for geriatric health care services. It was noted by Gilje, Lacey, and Moore (2007) that adults 65 years and older had about four times the number of hospitalization days compared with those who were younger, based on the 2003 data reported to the Administration on Aging (2004). Older persons also reported, on average, more contacts with physicians in 2000 than did persons of all ages (Administration on Aging, 2004), and they use a large portion of health care services (Mion, 2003). According to the 2008 Institute of Medicine report, *Re-tooling for an Aging America: Building the Health Care Workforce*, the number of older patients with more complex health needs increasingly outpaces the number of

health care providers with the knowledge and skills to care for them adequately. The number of people older than 65 years increased to 39.6 million in 2009 from 38.9 million in 2008, accounting for 12.9% of the U.S. population (Administration on Aging, 2009). One of the significant results of the demographic shift is that the majority of nurses will provide care for older adults. Nurses often are not adequately prepared to provide the specialized care that older adults need because they lack the essential knowledge and skills to deliver competent geriatric nursing care. In addition, gerontological certification is not required for registered nurses to provide care for older adults. Fewer than 1% of the nation's 2.4 million practicing registered nurses are certified as gerontological nurses or geriatric advanced practice registered nurses (Health Resources & Services Administration, 2004; Wilson, 2010). Nurses must understand the scope and standards of basic geriatric nursing to address the health care needs of an aging society. Information on aging-

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related health and wellness will continue to be an emphasis as the quest for quality aging grows.

PURPOSE

This article describes the Faculty Learning About Geriatrics (FLAG) program from the perspective of a team of FLAG fellows who attended the Minnesota Hartford Center of Geriatric Nursing Excellence (MnHCGNE). The purpose and components of the FLAG program are described, and the outcomes and reflections of the FLAG program, from the perspective of the fellows, are illustrated.

BACKGROUND

Special efforts have been made since the 1990s to enhance the gerontological nursing curricula for undergraduate nursing students to ensure that new graduates nationally are equipped with the knowledge and skills needed for best gerontological nursing practices (American Association of Colleges of Nursing [AACN], 2005). In June 2001, the John A. Hartford Foundation of New York awarded the AACN a \$4 million grant to enhance gerontology curriculum development and new clinical experiences in schools of nursing across the United States. AACN ascertained that faculty development is essential to the successful implementation and maintenance of geriatric content in nursing curricula (Latimer & Thornlow, 2006). Faculty preparation in geriatrics and gerontology is an ongoing concern. To effectively include geriatric content in the nursing curriculum, the shortage of faculty with qualifications in gerontological nursing needs to be addressed (Berman et al., 2005). Innovative strategies are needed to enhance faculty interest and knowledge regarding geriatric nursing. Wallace, Greiner, Grossman, Lange, and Lippman (2006) identified the international deficiency in caring for this population. The FLAG program is a national initiative funded by the John A. Hartford Foundation through the University of Minnesota to increase nurse educators' knowledge in this area.

Few nurses are competent in geriatric nursing, and the need for expanded education in this area is drawing concern on the part of nursing faculty and clinicians. Geriatric knowledge is necessary for entry-level nurses and also for experienced nurses in updating knowledge in best practices, as noted by Barba and Fay (2009). The number of nursing faculty with preparation in geriatric nursing and gerontology is also limited. In a descriptive study by Gilje et al. (2007) that surveyed all AACN-accredited baccalaureate programs in 2004, of 202 returned surveys, only a few reported having faculty who were AACN certified as gerontological nurse practitio-

ners or gerontologist nurse clinical specialists, or who were board certified as gerontological nurses. They also reported that barriers to offering gerontology and geriatric courses included "curriculum overload," a "lack of interest among faculty," "insufficient number of faculty qualified to teach," and "lack of clinical resources" (Gilje et al., 2007, p. 25). Wilson (2010) acknowledged the support by the AACN for the importance of nursing faculty having resources on evidence-based information to update and strengthen gerontology content in the nursing curriculum. Preparing nursing faculty to access resources on evidence-based information to update and strengthen the gerontology content in the nursing curriculum is critical to meeting the future health care needs of older adults.

A recent report by Miller, Van Son, Cartwright, and Allen (2010) indicated that faculty development programs are beginning to address the need for additional education in geriatric nursing by providing excellent workshops for baccalaureate faculty to build knowledge in geriatric care. Innovative strategies are needed to support and prepare nursing faculty to promote and teach geriatric nursing to prepare nurses to care for geriatric patients. With the complexity of geriatric care, best practice must be incorporated into clinical practice.

In 2008, the University of Minnesota School of Nursing was awarded Hartford funding for 5 years to develop the MnHCGNE. The purpose of the MnHCGNE is to increase the number of new and existing faculty with knowledge and expertise in geriatric nursing and to improve their ability to teach nursing care of older adults to nursing students at all levels. To accomplish this goal, the Hartford Center established the FLAG program for faculty in schools of nursing (associate, baccalaureate, master's), doctoral nursing students, and adult health practice nurses who want to develop or increase their expertise in teaching geriatric nursing. A call for interest and a program application were sent to 84 Upper Midwest and tribal colleges (Minnesota, Wisconsin, North Dakota, South Dakota, and tribal colleges). FLAG applicants could self-nominate, but all applicants needed the written approval of the dean or director of the nursing program to devote approximately 10% of faculty time during the next year to complete individually identified FLAG activities, including a geriatric educational project. Funding from the Hartford Center provided selected participants with a modest travel stipend. No application fee was required, and housing was the participant's responsibility. The first FLAG program was held in the summer of 2008, and currently, there are 76 FLAG fellows, including 4 faculty from tribal colleges.

THE FLAG PROGRAM

The FLAG program has three major components: a 1-week summer institute, a yearlong mentorship program, and ongoing opportunities for continuing education (Krichbaum, Kaas, Mueller, & Wyman, 2010). An understanding of all three components is important in highlighting the scholarship and mentorship provided to participants. Krichbaum et al. (2010, p. 221) described the content and outcomes model of the FLAG program. This model reflects the relationships between the FLAG program, FLAG fellows, and expected outcomes.

FLAG Summer Institute

The FLAG summer institute is structured around four core content areas: (1) geriatrics and nursing care of older adults; (2) teaching, learning, and evaluation, with an emphasis on teaching geriatric nursing; (3) academic leadership, knowledge, skills, and attitudes to make curricular changes and create effective teams and partnerships to advance geriatric nursing education; and (4) informatics and knowledge about information systems and consumer health informatics as they relate to geriatric care. The 2010 FLAG participants met for the first time during the summer institute and shared a common desire to infuse geriatric nursing content into the current curricula and incorporate competencies for geriatric nursing. The summer institute schedule included interactive didactic class sessions, keynote speakers, skill enhancement opportunities in informatics and unfolding case studies, online resources, preparation for teaching assignments, and simulation in geriatric nursing education. During the week-long institute, rich discussions took place formally and informally as faculty discovered techniques to best teach geriatric nursing. FLAG participants were teamed with partners at the beginning of the week and assigned a geriatric nursing topic to teach in a 15-minute micro teaching session at the end of the week. Participants designed their teaching plans to incorporate innovative teaching techniques while meeting geriatric competencies, and they presented their plans to the group at the end of the week. Opportunities to discuss strategies for addressing geriatric nursing competencies at all levels of nursing promoted rich discussions about innovation and change in nursing education. Discussions about building geriatric nursing competencies provided FLAG participants with ideas and direction for revising the nursing curricula at the participants' home schools. Evidence-based content in geriatric nursing provided by the institute faculty gave participants new knowledge and skills to integrate into their nursing courses. FLAG participants were also introduced to doctoral preparation through both doctor of philosophy and doctor of

nursing practice programs. Bringing scholarship and leadership to teaching and encouraging evidence-based research challenged participants in the nurse educator role. Peer support for developing new courses and enhancing geriatric coursework was also discussed.

FLAG Mentorship Program

The second component of the FLAG program is a yearlong mentorship experience for the FLAG participants provided by the FLAG faculty mentors. The FLAG mentoring program is designed to guide the fellows' academic careers in geriatric nursing. FLAG participants were assigned faculty mentors with whom they discussed their future goals and plans for professional development in geriatric nursing. Participants also discussed with their mentors a geriatric nursing educational project that they planned to implement at their home schools. Professional goals and strategies for the year were formalized with an individual learning plan (ILP) for each fellow. The ILPs served as guides for the year by identifying the FLAG participants' learning objectives, corresponding learning activities, target dates for accomplishing the learning objectives, and methods for evaluating participants' learning. During the summer institute, FLAG participants initiated their professional development plans. Most participants included in their ILPs the goal of updating or developing courses in geriatric care, attending older adult continuing education programs, or presenting information on geriatric resources to colleagues. Table 1 shows a sample ILP from one of the authors (JAV). After completion of the summer institute, participants were considered FLAG fellows. Mentors were matched with their assigned FLAG fellows during the summer institute, and together they developed a schedule of quarterly meetings and potential topics. These topics included progress of the FLAG fellows' ILPs; common interests in geriatric nursing education, such as course development and strategies to integrate geriatric content into the existing curriculum; and professional development, such as publishing. The mentors acted as resources for the fellows during the year, providing direction and support during quarterly meetings. Fellows could initiate contact with mentors at any time. Quarterly small group conference calls, videoconferences, or face-to-face meetings helped the FLAG fellows to monitor their progress and identify resources needed to accomplish their learning goals and educational projects. Additionally, FLAG fellows were given membership in a network of nurses with expertise in geriatric nursing education for future references and collaborations.

Although most FLAG fellows accomplish their proj-

TABLE 1
SAMPLE INDIVIDUAL LEARNING PLAN

Objectives	FLAG Learning Activities	Target Date	Evaluation
Goal: Develop an elective undergraduate course with a focus on drug therapy in geriatric patients.			
Objectives:			
1. Complete a learning needs assessment (related to geriatric pharmacology) for undergraduate students and faculty with the nursing department at the university.	1. Develop and administer a needs assessment to undergraduate students and faculty.	1. 02/15/10	1. The needs assessment is used to develop an appropriate course description and objectives.
2. Investigate the literature on drug therapy in the elderly or attend a geriatric conference.	2. Complete a literature search on the topic. Consult with a pharmacology professor for additional readings and resources and attend one geriatric conference.	2. 03/01/10	2. The literature review includes at least 15 pertinent journal articles.
3. Develop a course description and course objectives.	3. Consult with a geriatric nurse practitioner or professor and FLAG mentor.	3. 03/29/10	3. The course description and objectives are completed.

Signature of FLAG Fellow: _____

Signature of FLAG Mentor: _____

Note. FLAG = Faculty Learning About Geriatrics.

ects and plans during the year, one of the biggest challenges of the mentors is to keep the fellows motivated throughout the year. FLAG fellows are excited and energized after the week-long summer institute and are enthusiastic about teaching geriatric nursing. A key role that the FLAG mentors play in this experience is providing the FLAG fellows with resources and assisting them to make realistic choices about curricular changes. The mentors also help the fellows to identify barriers to completing their educational projects and offer strategies to overcome these challenges. FLAG mentors worked collaboratively with the FLAG fellows to assist in accomplishing the ILP goals. The FLAG program started with three mentors and has grown to nine for the 2010 cohort.

Continuing Education

The third component of the FLAG program is continuing education for FLAG fellows. This continuing education includes professional online presentations by geriatric nursing experts, collaboration between FLAG faculty and fellows to develop and deliver presentations at professional conferences, and online resources through GeroShare, the networking website for geriatric nurses developed by the MnHCGNE and used by FLAG fellows and mentors. Fellows can also participate

in a journal club at the University of Minnesota School of Nursing. FLAG fellows can present their educational projects as posters at the Upper Midwest Geriatric Nursing Education Alliance meeting and are encouraged to develop presentations for regional and national meetings. The Alliance is made up of associate's degree and higher education nursing programs (associate's degree, baccalaureate, and master's degree) and tribal colleges in the Midwest that designate a school champion to meet to provide resources and showcase excellence in geriatric initiatives.

Addressing multiple educational approaches in continuing education for geriatric content is an advantage of participation in the FLAG program. Self-assessment of the need to participate in the program, commitment to the program length and time, and interaction with colleagues and mentors provide an effective approach to learning.

EVALUATION PROCESS

Evaluation of the FLAG program outcomes includes FLAG fellows' self-reports of improved knowledge and competency in geriatric nursing education, the FLAG fellows' deans' assessment outcomes, and the effect of the FLAG program on nursing curricular content and student interest in geriatric nursing.

TABLE 2
THEMES AND EXAMPLES

Category	Example
Immersion	"Spending a whole week thinking, talking, and learning about geriatrics is really enriching. The program offers many new insights and strategies that are very useful."
Networking	"I really enjoy learning from other FLAG Fellows and getting to know their struggles and success in teaching and promoting geriatric nursing."
Empowerment	"Sometimes you feel like this is only important to you. I found out that there were many more nurse educators who had the same passion."
Teaching the teachers	"I enjoyed listening to the innovative presentations."
Lessons learned	"I planted the seed to enhance geriatric content in the current nursing curriculum at my college; it is now time to make it grow."
Year commitment	"It was helpful to hear about each other's progress and have a mentor who was helpful in advising and coaching me to accomplish my goals."
Bells and whistles	"I was able to take back several innovative teaching strategies."

Note. FLAG = Faculty Learning About Geriatrics.

FLAG Survey Evaluation

As described by Krichbaum et al. (2010), evaluation data support the improved teaching efficacy of FLAG fellows. Findings indicate that the FLAG fellows learned new information on geriatric nursing and developed and used new curricular strategies. In addition, more prelicensure nursing students expressed an interest in geriatric nursing. In November 2010, Krichbaum, Kaas, Wyman, and Mueller presented evaluation data in support of the FLAG program at the annual Gerontological Society of America conference in New Orleans, Louisiana.

In addition, the personal reflections of some of the 2009 FLAG fellows noted the value of bringing the educators together and the importance of mentorship opportunities.

Fellows' Reflections as Evaluation Data

Comments generated about the FLAG program by 2009 FLAG fellows occurred over the year through self-evaluation and informal communications. Success stories as well as barriers that hindered the implementation of ILPs and geriatric nursing educational projects were shared in one mentoring group from the 2009 cohort, consisting of five FLAG fellows and two co-mentors. Comments were reviewed by the mentoring group and categorized by themes. Table 2 identifies themes and examples of comments. An additional comment by a fellow supporting the use of new knowledge learned was, "I implemented several learning techniques and tools that I learned through FLAG into my undergraduate and graduate courses this year. The interactive learning games and simulation techniques worked wonders in keeping a lecture hall of 150 undergraduate students engaged and in-

terested in geriatrics." Finally, a participant wrote, "During the FLAG program, each participant received a flash drive (materials covered) and a bag of resources (additional handouts, participants' teaching plans, and Hartford Foundation resources). The resource I use the most is a textbook titled, *Evidence-Based Geriatric Nursing Protocols for Best Practice* (Kluger et al., 2008). This has been shared with other nursing faculty over the course of the year. The psychosocial instructor particularly uses the resource." Another resource used by faculty was *Geriatrics at Your Fingertips* (Reuben et al., 2009), which provides a quick reference to diseases and assessment instruments. The 2009 cohort initiated the process of documenting personal reflections on the program. The personal reflections acknowledged the value of bringing the educators together and the importance of mentorship opportunities.

Fellow End-of-Program Evaluation Data

At the end-of-the-year experience, each participant wrote a self-evaluation and noted the completion status of the ILP. A paragraph from each fellow about the program and project status was submitted to the mentors at the end of the program. Information about projects was shared with all participants.

CHALLENGES

The most frequent discussion held by FLAG fellows was about the challenges in completing their ILPs and educational projects. Although deans and chairpersons acknowledge the need to expand geriatric content, the reality of daily demands on nursing faculty continue to take precedence over new endeavors. One consistent

barrier was lack of time to complete ILPs. Even through support was given by deans and chairpersons in advance for a year of relief time, the need for faculty and work overload became issues.

Budgets for nursing programs greatly affect the opportunities for faculty to take advantage of educational opportunities. The costs associated with “being away from the office,” hotel accommodations, and travel continue to be an out-of-pocket expense for some faculty. Although the registration fee was covered and a small travel stipend was provided, costs for continuing education continue to rise without reimbursement or with limited funding from academic institutions. Opportunities did exist to present to nurses and faculty and to submit proposals for innovative changes and pending research to state and national organizations.

FUTURE IMPLICATIONS

Nursing students and nurses need to be competent in caring for older adults in both acute care and community health settings. The complexity of geriatric care requires faculty to be current on theoretical approaches and to use evidence-based practice in teaching and curriculum development. Faculty in various nursing programs have many opportunities to teach nurses and nursing students about providing care to older adults in both classroom and clinical settings. Relevant areas include fundamentals, mental health and illness, public and community health, adult health, pharmacology, nutrition, and leadership and management. The FLAG program provided an immersion experience in geriatric education that allowed participants time for critical thinking, networking, updating of teaching skills, and awareness of current information and resources in geriatric care. One major advantage of the mentoring component of the program was the opportunity to share projects and discuss the barriers and possible solutions to completing ILPs. The opportunity to be associated with the Upper Midwest Geriatric Nursing Education Alliance provides for ongoing continuing education, with potential collaboration on research initiatives at the local, regional, and national levels, contributing to evidence-based geriatric care.

The FLAG program was established by a group of faculty in the area of geriatric nursing to enhance the education of faculty to teach students and colleagues about geriatric nursing. As geriatric teaching needs are addressed, interest in becoming a FLAG fellow will increase, adding to the needed number of experts in geriatric care. The FLAG program provides an opportunity to expand knowledge in geriatric care and offers innovative teaching strategies to interest new graduates in pursuing careers addressing the health care needs of an aging so-

key points

Geriatrics

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- 1 The need for expanded geriatric education is a concern for nursing faculty.
- 2 The Faculty Learning About Geriatrics (FLAG) program provides three major components—a 1-week summer institute, a yearlong mentorship program, and continuing education.
- 3 FLAG participants develop individual learning plans to identify their learning needs.

ciety. More geriatric nursing programs need to be developed and modeled after the FLAG program to address the needs of the changing population.

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