Integrating Effective Strategies for Teaching Nursing Care for Older Adults into the Curriculum

Tiago Horta Reis da Silva*

Lecturer in Nursing Education Florence Nightingale Faculty of Nursing, Midwifery and Palliative care King's College London.

***Corresponding Author:** Tiago Horta Reis da Silva, Lecturer in Nursing Education Florence Nightingale Faculty of Nursing, Midwifery and Palliative care King's College London.

Abstract

The integration of comprehensive and effective teaching strategies within nursing curricula is crucial in preparing healthcare professionals for the specialized care needs of older adults. This article explores the significance of teaching nursing care for older people within academic curricula, examines the challenges and barriers in integrating these teachings, and proposes evidence-based strategies to enhance educational approaches. Drawing on research in nursing education, geriatrics, and pedagogy, this article aims to provide insights into the development and implementation of a comprehensive curriculum that prioritises the care of older adults.

Keywords: Nursing education; Care of older adults; Gerontologic Nursing; Geriatric Nursing; Nursing; Teaching strategies; Nursing curricula development; educational approaches in geriatrics; Barriers in geriatric education; Evidence-based pedagogy; Specialised healthcare education

Introduction

The demographic shift towards an ageing population presents a significant challenge in healthcare, demanding specialised attention and care for older adults (Reis da Silva, 2023a; Reis da Silva, 2023b; Reis da Silva, 2024a). In 2015, 54.0% of people over 65 had two or more conditions, which is predicted to rise to 67.8% by 2035 (Reis da Silva, 2024b). The prevalence of multi-morbidity is predicted to be highest among those aged 65-74, 75.9% for those aged 75-84, and 90.5% for those above the age of 85 (Kingston et al., 2018; Reis da Silva, 2024b). By 2035, there will be double the number of people over 65 living with four or more conditions, with people aged over 75 contributing most to this number (Kingston et al., 2018). Teaching nursing care for older people within academic curricula is fundamental to equip future healthcare professionals with the requisite knowledge, skills, and attitudes necessary to meet the unique needs of this demographic group (Negrin et al., 2020; Reis da Silva, 2024a). This article will critically analyse the essential elements required in the integration of effective teaching strategies for nursing care for older adults into the curriculum.

The British Bachelor of Nursing curricula lacks accepted gerontological competencies (NMC, 2023), despite the increasing number of older people with chronic illnesses using healthcare services (Kingston et al., 2018) and a shortage of nurses (Shembavnekar, & Kelly, 2023). Most people over 65 will be affected by arthritis (62.6%), followed by high blood pressure (55.9%), respiratory disease (24.4%), cancer (23.7%), and diabetes (21.6%) (Kingston et al., 2018). The greatest increase in cancer prevalence is expected to be from 12.6% in 2015. Life expectancy is predicted to increase by 3.6 years

for men and 2.9 years for women by 2035, resulting from a reduction in years lived with no or only one health condition and an increase in years lived with multi-morbidity (Kingston et al., 2018). About the nurse shortages, this is a significant issue in the National Health System (NHS), with registered nurse posts accounting for over a third of all full-time equivalent vacancies in NHS trusts in England (Office for National Statistics, 2022; Shembavnekar, & Kelly, 2023). Understanding the competition for nurses is crucial for better workforce planning and pay determination. The majority of those who left NHS registered nursing (between 2011/12 and 2021/22) took up other jobs within health and social care, with 38% moving to nursing jobs outside the NHS and adult social care (Office for National Statistics, 2022; Shembavnekar, & Kelly, 2023). Other common moves included nursing auxiliaries and assistants (11%) and midwives (10%), most of which were within the NHS. The NHS risks losing more nurses to the independent sector if the absolute number of NHS nurse leavers increases (Office for National Statistics, 2022; Shembavnekar, & Kelly, 2023). The latest NHS Digital data points to higher NHS nurse leaver rates in the 2 years to September 2022, which could exacerbate NHS staffing shortages and hinder the NHS's ability to increase activity rates and address backlogs. Policies aiming to address staff shortages only in the NHS could exacerbate vacancies in social care (Office for National Statistics, 2022; Shembavnekar, & Kelly, 2023). The NHS and adult social care in England face significant workforce shortages, with vacancies in NHS trusts reaching around 124,000 full-time equivalent staff, well above pre-pandemic levels, from Q3 to December 2022 (Office for National Statistics, 2022; Shembavnekar, & Kelly, 2023).

In the document "Future nurse: Standards of proficiency for registered nurses", NMC (2018), discuss that possible proficiencies that at the point of registration, the registered nurse will be able to (related with older people):

1	Being an accountable professional	1.11 communicate effectively using a range of skills and strategies with colleagues and people at all stages of life and with a range of mental, physical, cognitive and behavioural health challenges 1.12 demonstrate the skills and abilities required to support people at all stages of life who are emotionally or physically vulnerable
2	Promoting health and preventing ill health	Not specific proficiencies
3	Assessing needs and planning care	3.1 demonstrate and apply knowledge of human development from conception to death when undertaking full and accurate person-centred nursing assessments and developing appropriate care plans 3.2 demonstrate and apply knowledge of body systems and homeostasis, human anatomy and physiology, biology, genomics, pharmacology and social and behavioural sciences when undertaking full and accurate person-centred nursing assessments and developing appropriate care plans 3.3 demonstrate and apply knowledge of all commonly encountered mental, physical, behavioural and cognitive health conditions, medication usage and treatments when undertaking full and accurate assessments of nursing care needs and when developing, prioritising and reviewing person centred care plans 3.13 demonstrate an understanding of co-morbidities and the demands of meeting people's complex nursing and social care needs when prioritising care plans 3.14 identify and assess the needs of people and families for care at the end of life, including requirements for palliative care and decision making related to their treatment and care preferences 3.15 demonstrate the ability to work in partnership with people, families and carers to continuously monitor, evaluate and reassess the effectiveness of all agreed nursing care plans and care, sharing decision making and readjusting agreed goals, documenting progress and decisions made,
4	Providing and evaluating care	Not specific proficiencies
5	Leading and managing nursing care and working in teams	Not specific proficiencies
6	Improving safety and quality of care	Not specific proficiencies
7	Coordinating care	7.5 understand and recognise the need to respond to the challenges of providing safe, effective and person-centred nursing care for people who have co-morbidities and complex care needs 7.6 demonstrate an understanding of the complexities of providing mental, cognitive, behavioural and physical care services across a wide range of integrated care settings 7.7 understand how to monitor and evaluate the quality of people's experience of complex care 7.8 understand the principles and processes involved in supporting people and families with a range of care needs to maintain optimal independence and avoid unnecessary interventions and disruptions to their lives 7.9 facilitate equitable access to healthcare for people who are vulnerable or have a disability, demonstrate the ability to advocate on their behalf when required, and make necessary reasonable adjustments to the assessment, planning and delivery of their care 7.10 understand the principles and processes involved in planning and facilitating the safe discharge and transition of people between caseloads, settings and services
	Communication	Communication when understanding is impaired (for example dementia)
	Nursing Procedures	1. Use evidence-based, best practice approaches to take a history, observe, recognise and accurately assess people of all ages 2. Use evidence-based, best practice approaches for meeting needs for care and support with rest, sleep, comfort and the maintenance of dignity, accurately assessing the person's capacity for independence and self-care and initiating appropriate interventions 3. Use evidence-based, best practice approaches for meeting the needs for care and support with hygiene and the maintenance of skin integrity, accurately assessing the person's capacity for independence and self-care and initiating appropriate interventions 4. Use evidence-based, best practice approaches for meeting needs for care and support with nutrition and hydration, accurately assessing the person's capacity for independence and self-care and initiating appropriate interventions 5. Use evidence-based, best practice approaches for meeting needs for care and support with bladder and bowel health, accurately assessing the person's capacity for independence and self-care and initiating appropriate interventions 6. Use evidence-based, best practice approaches for meeting needs for care and support with mobility and safety, accurately assessing the person's capacity for independence and self-care and initiating appropriate interventions 7. Use evidence-based, best practice approaches for meeting needs for respiratory care and support, accurately assessing the person's capacity for independence and self-care and initiating appropriate interventions

		8. Use evidence-based, best practice approaches for meeting needs for care and support at the end of life, accurately assessing the person's capacity for independence and selfcare and initiating appropriate interventions

Source: NMC, 2018

Table 1 - Standards of proficiency for registered nurses relating to Nursing for Older People

Graduate nurses need to be work-ready (Missen et al., 2016), possessing specific knowledge and skills to care for older people with complex health care issues (NMC, 2018; NMC, 2023). However, over two decades of international literature suggests that nurses are graduating with little preparation to work with older people, particularly those with dementia (Fitzpatrick et al., 2022; Abu Khait et al., 2022; Rayner et al., 2023). They also hold ageist views (Sarabia-Cobo & Pfeiffer, 2015; Koskinen et al, 2015) and do not consider a career working with older people to be satisfying or worthwhile (Hunt et al, 2020; Hebditch et al., 2020; Fitzpatrick et al., 2022). An exploration of how care for the older person is taught in nursing curricula may provide insight into graduate nurses' work readiness and career choices (Montayre, & Mills, 2022; Rayner et al., 2023). Nursing students' attitudes towards caring for older people are negative (Hunt et al., 2020; Rayner et al., 2023), and their career choices reflect a preference for working in acute health care with younger people (Rayner et al., 2023). Educational experiences, such as curricula and clinical placements, are often limited to acute care, with limited attention to chronic diseases, ageing, and ageing-specific services (Montayre, & Mills, 2022; Rayner et al., 2023). Generally, most nursing students undertake their first clinical placement in residential aged care facilities (RACF), reporting negative experiences related to feeling unprepared (Keeping-Burke, et al., 2020; Rayner et al., 2023), unsupported (Rayner et al., 2023), having limited interaction with registered nurses (Hunt et al., 2020), and poor working conditions (Rayner et al., 2023). The literature suggests that undergraduate nursing students' decisions not to work with older people are related to their educational experiences, particularly the curricula and experiences on clinical placements (Rogers et al., 2021; Dahlke et al., 2020); the working conditions of specific health care settings, especially in residential aged care facilities (RACF) (da Silva, 2022; Reis da Silva, 2024b). The content on the older person's care tends to be integrated (Fetherstonhaugh et al., 2022; Rayner et al., 2023), but there are few nurse academics with expert gerontological knowledge to teach this content (Fetherstonhaugh et al., 2022; Rayner et al., 2023).

Significance of Teaching Nursing Care for Older People

The growing population of older adults necessitates a workforce adept in providing specialised care (Reis da Silva, 2023a; Reis da Silva, 2023b; Reis da Silva, 2023c). However, incorporating geriatric nursing into the curriculum is often met with challenges (Fetherstonhaugh et al., 2022; Rayner et al., 2023). This section will discuss the critical importance of prioritizing geriatric care education, emphasizing its significance in addressing the unique physiological, psychological, and social needs of older adults.

The demographic shift towards an ageing population is a global phenomenon, reshaping healthcare delivery and demanding specialized attention to the unique needs of older adults (Negrin et al., 2020; Reis da Silva, 2023a; Reis da Silva, 2023b). In this context, the significance of incorporating comprehensive teaching of nursing care for older people within academic curricula cannot be overstated (Negrin et al., 2020; Rayner et al., 2023). This section delineates the critical importance of prioritizing geriatric nursing education in preparing future healthcare professionals.

The nursing education system faces challenges in teaching older person care, despite the fact that nurses are most likely to care for older people in all health care settings (Hunt et al., 2020; Fitzpatrick, et al., 2022; Montayre, & Mills, 2022; Rayner, et al. 2023). The current curriculum is poorly designed, with content on older person care emphasizing bodily care and little focus on healthy ageing, older people's specific needs, or communication with people with dementia (Abendroth, & Graven, 2013; Hebditch et al., 2020; Hebditch et al., 2022; Fetherstonhaugh et al., 2022; Rayner et al., 2023). Clinical experiences associated with older people are generally undertaken in RACFs in the first year of the degree, reinforcing students' perceptions of the care of older people (Keeping-Burke et al., 2020; Fetherstonhaugh et al., 2022; Rayner et al., 2023).

The lack of time to teach older person care content has led some respondents to suggest the Bachelor of Nursing should be extended to a four-year degree (Schwartz, 2019; Fetherstonhaugh et al., 2022; Rayner et al., 2023), with curriculum renewal focusing on the care of the older person in line with national health care priorities. Some academics in Rayner's et al. (2023) study also felt that RACF settings were unsuitable for first-year students due to the complex nature of the care required by residents, especially those with dementia, and because there were insufficient numbers of Register Nurses available to supervise students (Hunt et al., 2020).

Ageist attitudes of students and nurse academics also pose a challenge to teaching older person care content (Sarabia-Cobo & Pfeiffer, 2015; Koskinen et al, 2015; Rayner et al., 2023). Stereotypical attitudes about older people held by nursing students and nurse academics can influence students' engagement with older person care content and their clinical experiences with older people. Popular culture, particularly social media and television, significantly influences whom students imagine they would be nursing and in what health care settings (Sarabia-Cobo & Pfeiffer, 2015; Koskinen et al, 2015; Rayner et al., 2023). The limited number of nurse academics with gerontological qualifications, expertise, and experience to teach content on older person's care also adds to the challenge of finding academics who could teach the content effectively and authoritatively (Fetherstonhaugh et al., 2022; Rayner et al., 2023).

Addressing the Unique Healthcare Needs

The ageing population presents distinctive challenges, including multiple chronic conditions (Reis da Silva, 2024b; Reis da Silva, 2024d; Reis da Silva, 2024e), increased susceptibility to illnesses (Reis da Silva, 2024f; Reis da Silva, 2024g; Reis da Silva, 2024h), polypharmacy complexities (Reis da Silva, 2024h), and diverse psychosocial needs (Hebditch et al., 2020; Hebditch et al., 2022; Fetherstonhaugh et al., 2022; Rayner et al., 2023; Reis da Silva, 2024i). Effective nursing care for older people requires an understanding of these multifaceted challenges. Teaching the nuances of geriatric nursing equips students with the essential skills to deliver holistic care, emphasizing the importance of person-centred approaches and tailored interventions (Fetherstonhaugh et al., 2022; Rayner et al., 2023). As such, it becomes imperative to instil in nursing students the knowledge, empathy, and specialized skills necessary for providing optimal care to older adults. Nurses will encounter older people in acute care settings, community care, home care, and residential aged care (Reis da Silva, 2022b; Montayre, & Mills, 2022; Rayner et al., 2023). Recognising the importance of gerontological competencies and incorporating care of the older person content into educational programs for health care professionals is crucial for the future of the ageing population (NMC, 2018; NMC, 2023; Reis da Silva, 2022b; Montayre, & Mills, 2022; Rayner et al., 2023).

Integrating geriatric nursing into curricula enhances clinical competence by exposing students to the complexities associated with ageing (Hebditch et al., 2020; Hebditch et al., 2022; Fetherstonhaugh et al., 2022; Rayner et al., 2023). It fosters critical thinking, problem-solving abilities, and clinical judgment required in managing the intricate health needs of older adults (Garbrah et al, 2017; Rayner et al., 2023). Providing students with exposure to real-life scenarios through clinical experiences and simulations enables them to navigate the challenges specific to this demographic group effectively (Garbrah et al, 2017; Rayner et al., 2023). By doing so, future nurses become proficient in recognizing age-related changes, assessing risks associated with ageing, and implementing appropriate interventions (Garbrah et al, 2017; Rayner et al., 2023).

The inclusion of geriatric nursing education combats age-related healthcare disparities. Older adults often face misconceptions about their healthcare

needs, leading to inadequate care (Montayre, & Mills, 2022; Fetherstonhaugh, et al., 2022). Educating future healthcare providers about the unique physiological, psychological, and social needs of older adults helps in dismantling ageist stereotypes and promoting patient-centred care (Neville, et al., 2014; Markey et al, 2021; Montayre, & Mills, 2022; Rayner et al., 2023). Through this education, healthcare professionals are better equipped to advocate for and provide comprehensive care that respects the dignity and autonomy of older individuals (Fetherstonhaugh, et al., 2022; Rayner et al., 2023).

The escalating demand for geriatric care necessitates a workforce prepared to address the needs of an ageing population (Reis da Silva, 2023a; Reis da Silva, 2023b). By embedding geriatric nursing education within curricula, academic institutions respond proactively to this demand. Graduates equipped with specialized knowledge in caring for older adults are better positioned to meet the burgeoning needs of healthcare settings, including hospitals, long-term care facilities, community health organisations, and home care services (Reis da Silva, 2022b; Montayre, & Mills, 2022; Rayner et al., 2023). Geriatric care involves multidisciplinary collaboration, including healthcare professionals from various fields (Hebditch et al., 2020; Hebditch et al., 2022; Fetherstonhaugh et al., 2022; Rayner et al., 2023). Integrating geriatric nursing into curricula encourages interdisciplinary teamwork, emphasizing the importance of collaboration among healthcare providers. It fosters an understanding of the roles and contributions of different disciplines in addressing the complex needs of older adults, promoting comprehensive and coordinated care delivery (Hebditch et al., 2020; Hebditch et al., 2022; Fetherstonhaugh et al., 2022; Rayner et al., 2023).

In conclusion, teaching nursing care for older people within academic curricula holds paramount significance in preparing future healthcare professionals to address the challenges posed by an ageing population. It not only enhances clinical competence but also promotes person-centred care, mitigates healthcare disparities, responds to increasing demand, and supports interdisciplinary collaboration. Prioritizing geriatric nursing education is indispensable in cultivating a competent and compassionate nursing workforce capable of meeting the specialized needs of older adults.

Challenges and Barriers in Curriculum Integration

Despite the importance of teaching geriatric nursing, various challenges hinder its integration into academic curricula. This section will examine these challenges, including but not limited to funding limitations, a lack of standardized educational resources, and resistance to change within academic institutions.

The integration of teaching nursing care for older people within academic curricula is paramount for preparing future healthcare professionals to address the specialized needs of ageing populations. However, this integration encounters multifaceted challenges and barriers, hindering its seamless adoption. This section elucidates the key impediments in curriculum integration and explores potential solutions to overcome these challenges.

The changing dynamics of the Australian health care sectors, including the ageing population, increased complexity of care (Calder et al., 2019), innovations in healthcare technologies, and restrained spending, necessitate nursing graduates to be work-ready (NMC, 2017; NMC, 2023). However, the current preparation of nurses is inadequate, with graduate nurses being insufficiently prepared to care for older people (Missen et al., 2016), a population cohort they will increasingly encounter in all health care settings.

The challenges in teaching content on older person's care in undergraduate nursing degrees may impact student nurses' career choices (Hunt et al., 2020; Rayner et al., 2023). International reviews suggest that nursing curricula are overcrowded (Rayner et al., 2023), and nurse academics admit they have no time to comprehensively cover content on older person's care (Dahlke et al., 2020). Offering content on older person's care as an elective subject may not provide the attention it deserves, and more research is required to determine the effectiveness of offering standalone subjects over embedding or integrating content across the curriculum (Rayner et al., 2023).

Acute care focus in nursing curricula (Garbrah et al., 2017; Fetherstonhaugh et al., 2020) also influences nursing students' career choices, as they value nursing that involves more technical skills, such as emergency departments and intensive care units (Neville et al., 2014; Rayner et al., 2023). Ageism, which is prevalent among younger people, is reinforced by popular culture, particularly portrayals of nurses working with older people (Sarabia-Cobo & Pfeiffer, 2015; Koskinen et al, 2015; Rayner et al., 2023). To moderate the effects of inaccurate portrayals of nursing, academics (van Iersel, et al., 2016; Rayner et al., 2023), accrediting and professional bodies must actively work to promote what nursing involves.

One of the foremost challenges in curriculum integration is the scarcity of funding and resources dedicated to geriatric nursing education (Fetherstonhaugh et al., 2022; Rayner et al., 2023). Academic institutions often face budgetary constraints, resulting in inadequate allocation of resources for developing and implementing specialized programs focused on teaching nursing care for older people (Fetherstonhaugh et al., 2022; Rayner et al., 2023). Insufficient financial support limits the creation of innovative teaching methodologies, acquisition of updated educational materials, and establishment of robust clinical training facilities dedicated to geriatric care. Consequently, educators encounter obstacles in delivering comprehensive and up-to-date content relevant to the complexities of geriatric nursing (Fetherstonhaugh et al., 2022; Rayner et al., 2023).

The absence of standardized educational resources in geriatric nursing poses a challenge in curriculum development (Hebditch et al., 2020; Hebditch et al., 2022; Fetherstonhaugh et al., 2022; Rayner et al., 2023). While numerous resources exist, the lack of a cohesive, universally accepted framework or guidelines for teaching nursing care for older people leads to inconsistencies in content delivery across educational institutions (Rayner et al., 2023). This lack of standardization hampers curriculum development efforts, making it arduous for educators to ensure the consistency and quality of education in geriatric nursing. Developing standardized guidelines and resources tailored to the diverse learning needs of students is imperative to streamline curriculum integration.

Faculty expertise in geriatric nursing education is pivotal for effective curriculum integration. However, there is often a shortage of faculty members with specialized training and experience in teaching geriatric care (Markey et al; 2021; Fetherstonhaugh et al., 2022; Rayner et al., 2023). This shortage contributes to a dearth of educators capable of imparting comprehensive knowledge and skills in geriatric nursing (Fetherstonhaugh et al., 2022; Rayner et al., 2023). Furthermore, insufficient faculty development opportunities and limited exposure to innovative pedagogical approaches specific to geriatric care impede the effective delivery of education in this field (Markey et al; 2021; Fetherstonhaugh et al., 2022; Rayner et al., 2023).

The integration of teaching nursing care for older people into curricula encounters substantial challenges, including funding limitations, resistance to change, lack of standardized resources, and faculty expertise constraints. Addressing these challenges requires concerted efforts, including increased funding allocation, advocacy for curriculum changes, development of standardized resources, and investments in faculty training and development. Overcoming these barriers is imperative to ensure that future healthcare professionals receive comprehensive education in geriatric nursing, enabling them to address the evolving healthcare needs of older adults.

Effective Strategies for Curriculum Development

To address the challenges faced in integrating geriatric nursing into the curriculum, this section will explore evidence-based strategies (Hebditch et al., 2020; Hebditch et al., 2022; Fetherstonhaugh et al., 2022; Rayner et al., 2023). It will delve into innovative pedagogical approaches, interdisciplinary collaboration, clinical immersion experiences, simulation-based learning, and technology integration. These strategies aim to enhance student engagement, critical thinking, and practical application of knowledge in geriatric nursing care (Hebditch et al., 2020; Hebditch et al., 2022; Fetherstonhaugh et al., 2022; Rayner et al., 2023). Developing a robust curriculum in teaching nursing care for older people necessitates innovative and evidence-based strategies to prepare future healthcare professionals for

the complexities of geriatric care. This section delineates key effective strategies that enhance curriculum development, ensuring comprehensive education in geriatric nursing (Hebditch et al., 2020; Hebditch et al., 2022; Fetherstonhaugh et al., 2022; Rayner et al., 2023).

Integrating interdisciplinary content is pivotal in curriculum development (Hebditch et al., 2020; Hebditch et al., 2022; Fetherstonhaugh et al., 2022; Rayner et al., 2023). Geriatric care involves multifaceted aspects, including medical, psychological, social, and ethical dimensions. Therefore, incorporating content from various disciplines such as medicine, psychology, social sciences, and ethics enriches the curriculum (Hebditch et al., 2020; Hebditch et al., 2022; Fetherstonhaugh et al., 2022; Rayner et al., 2023). This interdisciplinary approach provides students with a holistic understanding of ageing, fostering a comprehensive perspective crucial for addressing the diverse needs of older adults (Hebditch et al., 2020; Hebditch et al., 2022; Fetherstonhaugh et al., 2022; Rayner et al., 2023).

Culturally and Linguistically Diverse

The growing proportion of older adults living longer and culturally and linguistically diverse is a growing proportion of changing demographics (WHO, 2018). However, deficits in nursing care provided to this cohort and their families (Koskinen et al., 2015; Soklaridis et al., 2016) are a growing concern (Soderman and Rosendahl, 2016; Gillham et al., 2018; Markey et al, 2021). Cultural and linguistic diversity (CALD) refers to the diversity of different cultures and language groups represented in the patient population (Markey et al, 2021). The need for culturally safe and quality person-centred approaches to care for CALD older people is identified as an urgent necessity (Wang et al., 2018; Markey et al, 2021). Person-centred care has been advocated by Nolan et al. (2006), who argued for the inclusion of relationship-centred care (RCC) in ensuring both older people and their families' needs are met - the importance of everyone feeling a sense of security, belonging, continuity, purpose, achievement and significance.

Despite the importance of these philosophies of care, student and registered nurses continue to experience difficulties caring for CALD older adults and their families (Soklaridis et al., 2016; Gillham et al., 2018; Wang et al., 2018; Markey et al, 2021; Rayner et al., 2023). This highlights the importance of addressing reported deficits in undergraduate nurse education in the areas of cultural competence (Forss et al., 2019; Hultsjo et al., 2019) and gerontological nursing (Koskinen et al., 2015; Markey et al, 2021). Aligning nurse education with the changing realities facing nursing practice within a global community is essential (Markey et al, 2021; Rayner et al., 2023). Nurse educators must also examine undergraduate curricula and educational pedagogies, making explicit how the capability for cultivating a workforce that can respond appropriately to the needs of CALD older people and their families can be achieved (Markey et al, 2021).

Student nurses' attitudes towards nursing older people (Koskinen et al., 2015; Markey et al, 2021; Rayner et al., 2023) and CALD patients and families depend on the level of theoretical and practical preparation in the curriculum (Forss et al., 2019). Standards for nurse education stipulate the need for a more person-centred philosophy when caring for the older person and their families (Markey et al, 2021; Rayner et al., 2023).

Developing gerontological and cultural competence collectively in nursing curricula is now essential in future-proofing nurse education. Addressing ageist attitudes and cultural stereotypes and prejudices within nurse education is core (Neville, et al., 2014; Markey et al, 2021; Montayre, & Mills, 2022; Fetherstonhaugh, et al., 2022; Rayner et al., 2023)

Case Study

A module, that is being taught in the last 4 years nationally and internationally (Singapore and China) is a 15 credits elective module of the Bachelor of Science in Nursing with Honours programme. The module contributes to the programme of study and aims at developing your skills and understanding of older people's care as an independent learner. The module addresses knowledge and skills in caring for older adults within a comprehensive old age framework.

The aim of this module is to provide nurses with the fundamental knowledge and skills to provide evidence based, high quality care to older people and their families.

One key clinical outcome is that students will obtain knowledge and skills to assess both the physical and psychological well-being of older adults. Students will learn how to inform and develop best dementia care, to develop an understanding of depression and psychoses and to develop an understanding of the role of loneliness in the care of older people. In addition, students will undanced their knowledge in relation to frailty, falls, nutrition management end of life and polypharmacy in old age. The course will provide opportunities to enhance existing skills and knowledge when working with older people through application and reflection on practice.

Learning framework

Module learning is based on both physical and mental health models. A model of comprehensive assessment and management of the older adult, known as Comprehensive Geriatric Assessment (CGA) model, that considers the physical, psychological, social, functional and environmental dimensions to health and their application to practice, was adapted in the development of this module. The model covers all the key dimensions for the care of old people.

Learning outcomes

At the end of the module students will:

• Critically analyse contemporary models of clinical assessment and management of complex health and social care needs in older adults, including frailty identification and application of Comprehensive Geriatric Assessment (CGA).

• Integrate current knowledge (including policies & guidelines) to assess and manage physical, functional, psychological and mental health alongside social and environmental challenges faced by older people across diverse care settings including loneliness.

• Demonstrate clinical competencies across the range of CGA domains required to support older adults living with frailty and/or dementia and other common mental health problems such as depression and psychoses. and or dementia.

• Utilise specific communication techniques and other therapeutic interventions with older people with dementia and cognitive impairments.

• Analyse and apply strategies to integrate an older person's and the family's priorities and preferences into care planning, to include support and well-being of carers.

• Identify and critically discuss a range of strategies for health optimisation, self-management and wellness promotion for older adults and their application to local practice.

• Recognise and enable people's right to articulate preferences for end-of-life care and support older people and families to achieve a dignified death.

• Demonstrate competent scholarship in oral and written dissemination of evidence-based practice at level 6.

Teaching arrangements

The module content is delivered via lectures, seminars, interactive presentations, online activities, student-led discussions and self-guided learning. Quizzes, formative feedback and group tutorials with the module leader will also be available to enhance students' knowledge and experience. There will be some quizzes that will test knowledge, and provide formative feedback, as students' progress through the module as well as an opportunity to sign-up to group tutorial slots with the module leader. The aim of the taught sessions is to provide a safe environment for stimulating interesting discussion, while a variety of practitioner-centred, adult learning approaches will be adopted to facilitate shared learning, attitudinal change and professional reflection. It is encouraged the participation of the students with several discussions, questions and challenges. A variety of practitioner-

centred, adult learning approaches will be adopted to facilitate shared learning, attitudinal change and professional reflection.

Module Content and structure

The module content and structure are aligned with the Clinical Competency Assessment in Older Adult Care document. The module progresses through the domains, with expert lectures plus on-line resources for you to explore during your self-directed study. By combining these learning opportunities with your clinical experiences during the module you will expand and deepen your knowledge.

Weeks	Learning outcomes:
Week 1: Frailty Assessment & Management	• Describe the physiological changes that characterise frailty. • Demonstrate an understanding of the ageing process and the relationship with frailty, dementia, physical and mental function. • Apply the principles of history taking focused on a frail older person, using a comprehensive old age approach. • Critically compare different approaches to frailty screening. • Integrate frailty management into patient centred care planning. • Critically evaluate local protocols and pathways of care within your services for older people living with frailty. • Evaluate the nurse's role in inter-professional working and delivery of CGA for an older adult living with complex health or social care issues.
Week 2: Comprehensive Assessment of the Older Adult (Comprehensive Geriatric Assessment – CGA)	• Describe the principles and components of comprehensive assessment of the older adult (CGA). • Critically discuss CGA versus other assessment models. • Debate the merits and limitations of CGA. • Examine the evidence base for CGA in acute and community settings. • Apply principles of CGA to explore real world case histories.
Week 3: Mental Capacity and Safeguarding Older People Health Care	• Review Outline the Mental Capacity Act (2005) & Carer's Act (2015). • Discuss the implications of Deprivation of Liberty and relevant legislation to care for older people with impaired cognitive ability. Understand symptoms of depression, and psychosis in older adults, and discuss key assessment tools and interventions
Week 4: Dementia & Delirium	• Discuss dementia and delirium in older people • Discuss assessment and management of delirium in older adults • Analyse and discuss psychological and mental health issues including dementia, depression, behavioural symptoms, and delirium in older people. • Critique the evidence base for application of assessment tools and care planning for people living with altered cognitive function. • Describe the principles and individual components of cognitive assessment and screening. • Identify and signpost patients and families to community resources and support in your areas.
Week 5: Loneliness in Older adults	• Discuss key theories, prevalence and risk factors of loneliness in older adults • Discuss key interventions to alleviate loneliness in older adults
Week 6: Sensory Assessment	• Understand the principles of history taking focused on the sensory system (hearing and sight). • Demonstrate effective strategies to optimise communication and connection with a person with a range of sensory deficits.
Week 7: Communicating with Older People with Cognitive Impairment	• Demonstrate effective communication skills to maintain choice and compensate for cognitive decline. • Apply a range of verbal and non-verbal communication strategies to compensate for communication deficits including management of distressed behaviour. • Recognise dementia and plan care appropriately, including engagement with cognitive stimulation and distraction activities. • Demonstrate creative and person-centred approaches to promote quality of care and communication with people living with altered cognitive function in acute, community and social care settings. • Discuss key communication techniques with older people with cognitive impairments and develop an awareness of the VERA framework for enhancing communication between nurses and older people with dementia and cognitive impairments
Week 8: Mobility & Falls in Older Age	• Describe sensory and musculoskeletal changes impacting on postural stability. • Outline internal and external risk factors for falling. • Discuss mobility and falls risk assessment tools used in community and acute care settings. • Critique evidence-based interventions to promote mobility and reduce falls risk. • Discuss application of interventions or prevention strategies to acute, residential and community settings.

Week 9: Nutrition for the Older Adult	• Describe the physiological and socio-cultural elements of maintaining adequate nutrition in older age. • Critically discuss the risks and recognition of malnutrition in an older person. • Examine evidenced based screening tools in acute and community settings. • Critically evaluate the evidence base underpinning nutritional guidelines and interventions in an ageing population. • Apply principles of nutritional assessment and support to real world case histories.
Week 10: Continence	• Describe physiological changes and risk factors in older age contributing to altered urinary and bowel function. • Discuss investigations and differential diagnosis in urinary and bowel incontinence and constipation. • Explore management plans for urinary incontinence, faecal incontinence and constipation for older people in acute and community settings. • Examine strategies for involving families and carers in aiding an older person to maintain continence and normal bowel function.
Week 11: Safety, Independence and Wellbeing in the Living Environment	• Discuss the range of issues affecting physical function in later life and relate these to wellness, illness and rehabilitation/recovery. • Understands the principles of interdisciplinary assessment of the living environment relating it to the needs of the older person for personal care (e.g. washing, dressing, grooming, continence and mobility) and for life functions (e.g. communication, cooking, shopping, using the telephone). • Critically discusses strategies to reduce risk and promote safety including falls risk, medication management, skin care and pressure sore prevention in the person's own home. • Discusses the principles of autonomy and empowerment in daily activity.
Week 12: Medications Management & End of life care	• Discuss Demonstrate a critical understanding of the principles of medicines management for older people and. • Examine appropriateness of prescribing schedule using the STOPP/START criteria in a patient with poly-pharmacy. • Discuss implementation strategies to promote patient centred prescribing including adherence/ concordance with a complex medication schedule. • Critique your role in supporting safe prescribing in your patient population including within the multidisciplinary team. • Critically debate 'when to stop'(withdraw) pharmacological intervention and discuss principles for end-of-life care for older people.
Week 13: Caring for Carers	• Discuss the diverse, physical, psychological and social needs of informal carers in supporting older people living with complex needs and long-term conditions as well as strategies to address their needs. • Analyse the role of social support networks, both informal (e.g., family, friends and neighbours, volunteer services) and formal (e.g. social services carers, meals, day care). • Analyse and discuss the key issues in caring for carers and strategies to identify and address carer needs.

Table 2: Module Content and Learning Outcomes

Submitting coursework

For this module you are assessed by an essay of a case study up to 2500 words and will have a 100% weighting. The assignment will demonstrate the understanding of physical and mental health assessment of an older person with complex health and social care needs. The student is expected to select a case scenario from their clinical practice and design a holistic care plan and discuss assessment, management, implementation and evaluation practices.

Conclusion

In conclusion, teaching nursing care for older people is an imperative component of nursing education. This article has highlighted the significance of integrating geriatric nursing into academic curricula, identified challenges in curriculum development, and proposed evidence-based strategies to enhance teaching approaches. By addressing these aspects, academic institutions can better prepare future nurses to provide high-quality care to the ageing population.

Effective curriculum development in teaching nursing care for older people involves multifaceted strategies encompassing interdisciplinary content, active learning approaches, emphasis on person-centred care, integration of technology, clinical partnerships, and continuous evaluation. Implementing these strategies ensures the delivery of comprehensive and relevant education in geriatric nursing, equipping future healthcare professionals with the requisite knowledge and skills to meet the complex needs of the ageing population.

The article provides a structured overview of integrating effective strategies for teaching nursing care for older adults into the curriculum. It covers the significance of this inclusion, barriers faced in curriculum integration, effective strategies for development, assessment methods, and concludes by emphasizing the importance of preparing nurses to address the specialized needs of older adults. References from reputable academic sources will further support the article's credibility and provide readers with additional resources for in-depth exploration.

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