

# Preliminary Conclusions from the Cross-Cutting Evaluation of the Hartford Geriatric Nursing Initiative: Building Academic Geriatric Nursing Capacity Coordinating Center at the American Academy of Nursing

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<sup>1</sup> These results were prepared by George J. Huba, Ph.D.; Le B. Quach, MPH; and Lisa A. Melchior, Ph.D.; with contributions from Emmeline Chuang, B.A.; Fred Loya, B.A., and Aaron Griffith, M.A.; as one part of the evaluation of the John A. Hartford Foundation's Geriatric Nursing Initiative. The overall design for this portion of the evaluation was developed by the Staff of The Measurement Group.

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## **Introduction**

**Summary.** In 2000, the John A. Hartford Foundation launched the Building Academic Geriatric Nursing Capacity [BAGNC] Initiative. The American Academy of Nursing was selected as an active partner that would provide a home for a Coordinating Center to facilitate the activities of the programs and grantees who were part of the BAGNC Initiative, foster communications among grantees and the Foundation, and provide oversight of various kinds for the different programs. The BAGNC Initiative's goals include producing expert researchers, academicians and practitioners who will lead the field of gerontological nursing; training others to be gerontological nurses, and ultimately improving elder care in our society. The Coordinating Center was established at the American Academy of Nursing to act as a central entity to provide oversight and facilitate the development and coordination of the BAGNC programs. The BAGNC Programs include the Centers of Geriatric Nursing Excellence [CGNE] located at five Schools of Nursing, the Hartford Academic and MBA Scholars Program, the Annual BAGNC Leadership Conference, and the Nursing School Geriatric Investment Program [NSGIP] that supports programs at seven Schools of Nursing. Funding for the Coordinating Center began in July 2000. The Centers of Geriatric Nursing Excellence were funded beginning January 2001; the first cohort of Scholars was funded in July 2001; the first Leadership Conference was held on November 2001; and the Nursing School for Geriatric Nursing Investment Program was funded beginning in February 2002. Each of the programs is still active as of October 2004.

The specific goals of the Coordinating Center are as follows:

- Provide the organizational structure to support the new initiative including a "home" for the Program Director, Dr. Claire Fagin and her administrative staff.
- Facilitate linkages and networking among the John A. Hartford Centers of Geriatric Nursing Excellence [CGNEs].
- Provide the review, selection, and administrative structures and processes for the Hartford Scholars program.
- Develop and support conferences to advance two important aspects of building academic geriatric capacity; preparation of geriatric advanced practice nurses and leadership development of the faculty and individuals involved with the CGNEs and the Scholars program.
- Develop a data center to track the productivity and outcome information from the CGNEs and the Hartford Scholars.

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<sup>2</sup> These interim results were prepared by George J. Huba, Ph.D.; Le Quach, MPH; and Lisa A. Melchior, Ph.D.; with contributions from Emmeline Chuang, B.A.; Fred Loya, B.A., and Aaron Griffith, M.A.; as one part of the evaluation of the John A. Hartford Foundation's Geriatric Nursing Initiative.

**Evaluation Data and Evaluation Domains.** This report is derived from data collected by The Measurement Group as part of the national independent evaluation of the John A. Hartford Foundation Geriatric Nursing Initiative and represents program activities for the first four years of the BAGNC Coordinating Center grant [July 1, 2000 through June 30, 2004]. Because the Coordinating Center facilitates BAGNC program activities, the scope of the Coordinating Center's work and contributions can only be fully appreciated by considering the activities and outcomes of the entire BAGNC program and looking at how the efforts of the Coordinating Center have enhanced the efforts of the programs. *In many cases, the activities of individual BAGNC programs – as guided by the efforts of the Coordinating Center – represent the outcomes of the Coordinating Center's activities.* As a result, data from all of the BAGNC programs were used to generate this report.

Table 1 lists all data sources used to compile this report. Data sources include:

- *Evaluation surveys:* self administered electronic surveys submitted to The Measurement Group as part of the cross-cutting evaluation of the HGNI either every 6 or 12 months;
- *Narrative reports:* narrative summaries that provide an update on grant activities and goals submitted to Coordinating Center or Foundation;
- *Other sources of data:* any additional materials produced that inform the evaluation or provide evidence of project progress.

Table 2 lists the survey domains used to evaluate Coordinating Center activities and progress, and provides definitions for each domain. These survey domains represent the superset of domains used for the overall evaluation of the Hartford Geriatric Nursing Initiative since data used here are collected within different programs.

Narrative data were analyzed using NVIVO 2.0<sup>3</sup>, a qualitative data analysis program. Coding was conducted using a classification system of 28 empirical or "automated" domains consisting of over 360 individual keywords and manual codes. The completed annual or biannual evaluation forms, the biannual narrative reports submitted to the AAN Coordinating Center, and transcripts of interviews with the key grantee Project Directors and Hartford Scholars were used as qualitative data sources. When appropriate, data were also analyzed quantitatively using SPSS.

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<sup>3</sup> QSR International, QSR NVivo 2, Melbourne, Australia.

**Table 1. Data Sources Used to Compile the AAN Interim Evaluation Report**

<b>Component</b>	<b>Evaluation Surveys</b>	<b>Narrative Reports</b>	<b>Other Sources of Data</b>
AAN Coordinating Center	Not used for this program component	<ul style="list-style-type: none"> <li>July 2000-December 2000</li> <li>January 2001-June 2001</li> <li>July 2001-December 2001</li> <li>January 2002-June 2002</li> <li>July 2002-December 2002</li> <li>January 2003-June 2003</li> <li>July 2003-December 2003</li> <li>January 2003-June 2004</li> </ul>	<ul style="list-style-type: none"> <li>AAN Coordinating Center Proposal</li> <li>Summary of Center Successes, Obstacles, Lessons Learned, and Wishes [2002 Stakeholder Meeting]</li> </ul>
Centers of Geriatric Nursing Excellence	<ul style="list-style-type: none"> <li>January 2001-June 2001</li> <li>July 2001-December 2001</li> <li>January 2002-June 2002</li> <li>July 2002-December 2002</li> <li>January 2003-June 2003</li> <li>July 2003-December 2003</li> <li>January 2003-June 2004</li> </ul>	<ul style="list-style-type: none"> <li>January 2001-June 2001</li> <li>July 2001-December 2001</li> <li>January 2002-June 2002</li> <li>July 2002-December 2002</li> <li>January 2003-June 2003</li> <li>July 2003-December 2003</li> <li>January 2003-June 2004</li> </ul>	<ul style="list-style-type: none"> <li>HCGNE Grant Proposal</li> <li>Monthly Update [June 2001]</li> <li>Monthly Update [July 2001]</li> <li>Monthly Update [August 2001]</li> <li>Monthly Update [September 2001]</li> <li>Monthly Update [October 2001]</li> <li>Summary of HCGNE Successes, Obstacles, Lessons Learned, and Wishes [2002 Stakeholder Meeting]</li> <li>Transcripts of interviews conducted in May and June 2003 by Dr. George Huba of The Measurement Group</li> </ul>
AAN 2001 Hartford Scholars	<ul style="list-style-type: none"> <li>July 2001-June 2002</li> <li>July 2002-December 2002</li> <li>January 2003-June 2003</li> <li>July 2003-December 2003<sup>2</sup></li> </ul>	<ul style="list-style-type: none"> <li>July 2001-June 2002</li> <li>July 2002-December 2002</li> <li>January 2003-June 2003</li> <li>July 2003-December 2003<sup>4</sup></li> </ul>	<ul style="list-style-type: none"> <li>Transcripts of interviews conducted in March through June 2003 by Dr. George Huba of The Measurement Group</li> </ul>
AAN 2002 Hartford Scholars	<ul style="list-style-type: none"> <li>July 2002-December 2002</li> <li>January 2003-June 2003</li> <li>July 2003-December 2003</li> <li>January 2003-June 2004</li> </ul>	<ul style="list-style-type: none"> <li>July 2002-December 2002</li> <li>January 2003-June 2003</li> <li>July 2003-December 2003</li> <li>January 2003-June 2004</li> </ul>	<ul style="list-style-type: none"> <li>Transcripts of interviews conducted in March through June 2003 by Dr. George Huba of The Measurement Group</li> </ul>
AAN 2003 Hartford Scholars	<ul style="list-style-type: none"> <li>July 2003-December 2003</li> <li>January 2003-June 2004</li> </ul>	<ul style="list-style-type: none"> <li>July 2003-December 2003</li> <li>January 2003-June 2004</li> </ul>	<ul style="list-style-type: none"> <li>Transcripts of interviews conducted in March through June 2003 by Dr. George Huba of The Measurement Group</li> </ul>
AAN MBA Scholars	Not used for this program component	Not used for this program component	<ul style="list-style-type: none"> <li>Transcripts of interviews conducted in March through June 2003 by Dr. George Huba of The Measurement Group</li> </ul>
Nursing School Geriatric Investment Program	<ul style="list-style-type: none"> <li>January 2002-December 2002</li> <li>January 2003-December 2003</li> </ul>	<ul style="list-style-type: none"> <li>July 2002-December 2002</li> <li>January 2003-June 2003</li> <li>July 2003-December 2003</li> <li>January 2003-June 2004</li> </ul>	<ul style="list-style-type: none"> <li>Transcripts of interviews conducted in April 2004 by Drs. Claire Fagin and Sarajane Brittis, and Patricia Franklin</li> <li>Transcripts of interviews conducted in August through October 2004 by Dr. George Huba of The Measurement Group</li> </ul>

<sup>4</sup> Data were collected from 5 of the 2001 Scholars who received extensions on their Scholarship.

**Table 2. Definitions of Measurement Domains Used in the Evaluation Report Form for the John A. Hartford Building Academic Geriatric Nursing Capacity Initiative Coordinating Center at the American Academy of Nursing**

Domain	Definition of Domain
Development of a Vision for Geriatric/Gerontological Nursing	This domain refers to activities that create/clarify/magnify the vision and/or impetus for the geriatric/gerontological nursing initiative.
Advisory and Organizational Activities	This domain refers to activities that guide the Hartford programs by directly lending the AAN Coordinating Center's expertise to the Hartford programs or by acting as a resource for these programs. Such activities may include any advisory/consultative roles or activities that a AAN Coordinating Center Director staff may have participated in with a Hartford program.
Enhanced Capacity to Train Students in Geriatric/Gerontological Nursing	This domain refers to activities that stimulate, assist, or directly lead to increases in the opportunities [slots] available to train students in academic institutions for different degrees related to geriatric nursing or an improvement in existing training slots so as to make them more appropriate for such training. Capacity increase needs to be differentiated from developing curricula or retaining students. The key defining characteristic for this domain is that a larger number of students at various levels can be trained for professional degrees or practice careers in geriatric nursing.
Hartford Scholars Program	This domain refers to activities that facilitate/support/promote/coordinate the Hartford Scholars Program. This may include the work of the advisory committee, activities to track Scholar information, activities to ensure the viability of the program; activities to administer, enhance, or develop the Scholars program, or activities related to directly mentoring or assisting the Hartford Scholars.
Recruitment and Retention of Geriatric/Gerontological Nursing Students	This domain refers to activities that enhance or facilitate the recruitment and retention efforts of nursing schools nation wide. Such activities may include piquing interest in the field of geriatric/gerontological nursing or developing/enhancing methods and techniques for recruiting additional students into academic programs related to geriatric nursing careers and/or retaining students within such programs. This domain does not include recruitment and retention efforts direct at the Hartford Scholars program.
Nursing Curriculum Development and Implementation Activities	This domain refers to activities that stimulate, assist, or directly lead to curriculum development and implementation in academic institutions nationwide for geriatric nursing or gerontology courses whether offered in class, on the Internet, or through other means.
Internal Infrastructure Development Activities to Support the Preparation of Geriatric/Gerontological Nurses	This domain refers to the development of relatively permanent structures within the AAN Coordinating Center in order to support/enhance the AAN Coordinating Center's activities in the arenas of education, practice, research, and public policy/consumer education in the field of geriatric/gerontological nursing. Such changes may be structural [organizational] ones such as enhancing the board of directors, or they may be informational or attitudinal.
Leadership Conference Development	This domain refers to activities related to the planning, developing, enhancing, or administering of the Leadership Conference in order to shape it into a professional and leadership training experience for JAHF-supported Scholars.

**Table 2 [continued]. Definitions of Measurement Domains Used in the Evaluation Report Form for the John A. Hartford Building Academic Geriatric Nursing Capacity Initiative Coordinating Center at the American Academy of Nursing**

Domain	Definition of Domain
AAN Coordinating Center Participation in Professional Development Activities Related to Geriatric/Gerontological Nursing	This domain refers to specific activities conducted on behalf of the AAN Coordinating Center or in which the AAN Coordinating Center participates in to help AAN Coordinating Center staff develop lasting professional skills related to geriatric nursing. This domain does not include the development of research skills or the activities related to the Leadership Conference.
Self Development of Project Faculty, Staff, Students Research Skills and Research Capacity	This domain refers to specific activities conducted on behalf of the AAN Coordinating Center or in which the AAN Coordinating Center participates that help AAN Coordinating Center staff develop lasting research skills.
Development of Models for Geriatric/Gerontological Care	This domain refers to activities that stimulate, assist, or directly lead to the development of [evidence-based] models for geriatric care, implementation, and testing of these models in nursing institutions nationwide.
Influence on Policy for Services to the Elderly	This domain refers to the participation of AAN Coordinating Center staff in activities designed to change/develop local, state, or national policy on care for the elderly.
Improvement of Capacity for, or Quality of, Elderly Patient Care	This domain refers to specific activities that stimulate, assist, or directly lead to improvements in elderly patient care or increase the number of treatment slots available to the elderly.
Specific Professional Accomplishments [Papers, Presentations, Internal or External Funding] Supported by the JAHF Grant	This domain refers to traditional academic indicators of professional accomplishments including papers, chapters, and books published; presentations at professional meetings; submission-receipt of additional grants/funds based on work started with JAHF support.
Meetings/Trainings/ Workshops Held to Promote Geriatric/Gerontological Nursing	This domain refers to specific, time-limited workshops, trainings, meetings held by the AAN Coordinating Center to promote issues in geriatric nursing models of care, research, training, or education. This domain does not include activities related to the Leadership Conference.
Other Dissemination of Information on Geriatric/Gerontological Nursing Practice, Research, Training	This domain refers to information dissemination about the AAN Coordinating Center, research findings, and models from the AAN Coordinating Center using alternative methods to traditional academic publications.
Awards/Recognitions from Other Organizations Resulting from JAHF-Sponsored Work	This domain refers to awards or recognitions that may be made of the JAHF-sponsored work conducted by the AAN Coordinating Center.

**Table 2 [continued]. Definitions of Measurement Domains Used in the Evaluation Report Form for the John A. Hartford Building Academic Geriatric Nursing Capacity Initiative Coordinating Center at the American Academy of Nursing**

Domain	Definition of Domain
Formal or Informal Linkages/Collaborations to Further Geriatric/Gerontological Nursing Education, Practice, Research, or Public Policy.	This domain refers to formal or informal linkages that the AAN Coordinating Center has made with JAHF Stakeholders or other organizations, or facilitated/supported/promoted/coordinated between JAHF Stakeholders, or with JAHF Stakeholders and other organizations in an effort to facilitate synergistic relationships to improve the geriatric/gerontological nursing practice, research, and training. This domain does not include activities related to the Leadership Conference.
Project Involvement in the Professional Training of Other Institutions Related to Geriatric/Gerontological Nursing Practice, Research, and Training	This domain refers to specific, time-limited Workshops, Trainings, Meetings held by the AAN Coordinating Center to promote issues in geriatric nursing models of care, research, training, or education. This domain does not include activities related to the Leadership Conference.
Leveraging of the JAHF Grant/Designation	This domain refers to the ways in which the AAN Coordinating Center may have used its designation as a JAHF Grantee to receive additional funding, influence policy, or improve the status of geriatric nursing programs.
Strategies for Dealing with Increasing Diversity among Student, Professional, Patient Populations	This domain refers to strategies that have been developed to encourage the full participation of diverse groups of nursing students and professionals nationwide in the appropriate care of diverse groups of older adults, or in research on these populations.
Changing Status of Academic and Practitioner Geriatric/Gerontological Nursing	This domain refers to a view, on the part of the AAN Coordinating Center, that there is a changing status for the academic or practitioner geriatric/gerontological nurse. It also applies to ways that the AAN Coordinating Center has attempted to influence how the status of practitioners is viewed by the larger field and society.

## The Building Academic Geriatric Nursing Capacity Program

As previously noted, the BAGNC Coordinating Center is charged with administering and/or coordinating the activities of four major projects as part of the Building Academic Geriatric Nursing Capacity Initiative:

- The Centers of Geriatric Nursing Excellence [CGNEs];
- The Hartford Academic and MBA Scholars Program;
- The Annual BAGNC Leadership Conference; and
- The Nursing School Geriatric Investment Program [NSGIP];

Since these programs were partially conceived and almost fully implemented under the leadership of the Coordinating Center, each project has required a clear vision and a large investment of resources by the Coordinating Center in order to support program activities. To this end, the Coordinating Center worked with all of the BAGNC programs in four main areas: developing infrastructure; facilitating communication between grantees; disseminating information about the programs; and developing leadership in the field. A summary of the Coordinating Center's activities to develop and support the Building Academic Geriatric Nursing Initiative over the four years of the grant to date is shown in Table 3

- *Developing Infrastructure.* The Coordinating Center generally established itself within AAN with staff and expertise to effectively provide support and oversight for grant administration, act as a hub for communications, and facilitate programmatic growth and progress. The Coordinating Center also developed the application and selection process for the Hartford Scholars Program and developed an infrastructure to assist a number of Schools of Nursing nationwide to produce highly competent geriatric nurses.
- *Facilitating Communication.* One of the central goals of the Coordinating Center was to facilitate communications among grantees in order to promote collaboration and synergy. To this end, the Center implemented a number of programs to ensure that BAGNC grantees communicated with one another. These mechanisms include monthly or quarterly conference calls, electronic updates, and conferences and meetings.
- *Disseminating Information.* The Coordinating Center devoted significant resources to promoting the BAGNC programs. The Coordinating Center has disseminated press releases to media outlets, produced brochures, presented at national conferences and made personal contact with key individuals to promote individual Hartford Scholars and the overall Hartford Scholars program. A web site – implemented as part of the American Academy of Nursing web site – was developed and presents information about the general program. The Coordinating Center also worked fairly closely over a two-year period with the Coordinating Center at AACN and the Hartford Institute to jointly promote the HGNI and the HGNI brand.
- *Developing Leadership Skills.* The Leadership Conferences hosted by the Coordinating Center have played a key role in developing leaders in the field of geriatric nursing, and in many ways have served as the single most important way of tying all of the John A. Hartford Foundation geriatric nursing programs together. Originally conceived as an opportunity to develop the leadership skills of Hartford Pre-Doctoral and Post-Doctoral Scholars, the Leadership Conference has grown into a “training camp” for all geriatric nursing Scholars and key faculty supported by the John A. Hartford Foundation, as well as a major opportunity for networking and sharing expertise.

The success of the Coordinating Center can be seen in the outcomes of the individual BAGNC programs that it administers. These outcomes are described in the sections that follow.

**Table 3. Major Coordinating Center Activities to Develop and Support the Building Academic Geriatric Nursing Initiative**

Time Period	Major Coordinating Center Activities
July – December 2000	<ul style="list-style-type: none"> <li>• Developed the Hartford Scholarship Application</li> <li>• Began promoting Hartford Scholarship Program in major nursing journals, and at key conferences and meetings</li> <li>• Distributed Hartford Scholarship applications               <ul style="list-style-type: none"> <li>▪ Directly to over 300 individuals</li> <li>▪ E-mailed to more than 75 Deans of Schools of Nursing offering Graduate or Doctoral programs</li> <li>▪ Made available on the AAN Website</li> </ul> </li> <li>• Established a 12 person Advisory and Selection Committee</li> <li>• Held the first meeting of the Advisory and Selection Committee on December 9 - 10, 2000 in Washington DC</li> <li>• Selected 17 applicants to receive the Hartford Scholarship [10 Pre- and 7 Post-Doctoral Scholars]</li> <li>• Developed a press release announcing the funding of the CGNEs by Hartford which was released via the newswire on December 12, 2000 and sent directly to 85 organizations by email</li> <li>• Revised the Hartford Scholars Program application and included a separate application for administrative Scholars</li> <li>• Held first CGNE meeting on November 18, 2000 during GSA to introduce Center Directors and provide a forum for discussion</li> <li>• Began working with the CGNE to facilitate Center development activities</li> </ul>
January – June 2001	<ul style="list-style-type: none"> <li>• Opened the Coordinating Center full time</li> <li>• Increased the Program Manager's role to 1 FTE and hired a permanent administrative assistant</li> <li>• Helped plan for a web site [<a href="http://www.GeriatricNursing.org">www.GeriatricNursing.org</a>] designed to provide up-to-date information and timely responses to inquiries</li> <li>• Distributed a press release on March 19, 2001 announcing the 17 selected Scholars and their respective institutions via electronic mail to over 64 news publications and approximately 85 organizations</li> <li>• Sent a letter to each Scholar's federal Senators and Congressional Representative, announcing the award and Scholarship program</li> <li>• Sent out the updated application for the second [2002] cohort of Scholars</li> <li>• Began monthly conference calls with CGNE Directors and/or assistants on May 2001</li> <li>• Solicited Nursing School Geriatric Investment Program proposals from seven schools of nursing which applied for, but did not receive funding as CGNE; all seven schools submitted proposals Worked with HRSA to convene an Expert Panel in Washington DC, March 8 – 9, 2001 and developed "Caring for Older Americans, Recommendations for Building A National Program For Graduate Nursing Education In Gerontology"</li> </ul>
July – December 2001	<ul style="list-style-type: none"> <li>• Held a meeting between the JAHF site evaluator, the AAN Coordinating Center staff, and Foundation members on October 12, 2001 to clarify the Center's position and provide direction for the future</li> <li>• Continued the Center's functions of supporting BAGNC grantees and facilitating communications               <ul style="list-style-type: none"> <li>▪ Launched the <a href="http://www.GeriatricNursing.org">www.GeriatricNursing.org</a> web site to provide information about the BAGNC programs</li> <li>▪ Debuted the HGNI exhibit booth and exhibited the booth at key conferences</li> <li>▪ Developed a brochure and a promotional item to distribute at the exhibit</li> <li>▪ Continued to promote the Hartford Scholars Program in major nursing journals and at key conferences and meetings, and disseminate applications</li> </ul> </li> <li>• Began Coordinating Center Functions of supporting Hartford Scholars' professional and career development</li> <li>• Recruited suitable candidates for the MBA/Administrative Scholar Awards</li> <li>• Held the first Leadership Conference on November 14 – 15, 2001 in Chicago, Illinois; all 17 Scholars, their primary mentors, the Advisory and Selection Committee, CGNE directors, staff and NSGIP Directors met face to face for the first time</li> <li>• Worked with the CGNEs to hold a JAHF CGNE-sponsored reception at the GSA meeting on Friday, November 16, 2001</li> <li>• Continued to organize and facilitate monthly CGNE Conference Calls and Communications               <ul style="list-style-type: none"> <li>▪ Initiated an alternating schedule of "executive" and "all staff" monthly conference calls to accommodate the growing needs of the CGNE</li> <li>▪ Held face-to-face CGNE Directors and Administrator's meetings at the 2001 Leadership Conference</li> </ul> </li> <li>• Began official Nursing School Geriatric Investment Program operations on October 1, 2001</li> <li>• Began serving as member of the Advisory Committee for the two Geriatric Nursing Education program coordinated by the AACN to further communication and synergy between the programs</li> <li>• Posted "Graduate Nursing Education In Gerontology," the report from the March 2001 Expert Panel, on the <a href="http://www.GeriatricNursing.org">www.GeriatricNursing.org</a> web site</li> </ul>

**Table 3 [continued]. Major Coordinating Center Activities to Develop and Support the Building Academic Geriatric Nursing Initiative**

Time Period	Major Coordinating Center Activities
January – June 2002	<ul style="list-style-type: none"> <li>• Continued to support Hartford Scholars' professional and career development</li> <li>• Began providing an electronic "Monthly Update" aimed specifically at the Scholars but copied to each CGNE to keep them apprised of Scholar issues</li> <li>• Promoted individual Hartford Scholars by sending letters to Scholars' Senators and Congressional Representatives, including a copy of the Expert Panel Report</li> <li>• Held a meeting of the Advisory and Selection Committee to select scholars revise the Pre- and Post-Doctoral application forms               <ul style="list-style-type: none"> <li>▪ Selected 11 pre-Doctoral and 9 Post-Doctoral Scholars in January and the two Hartford MBA/Nurse Scholars in March</li> </ul> </li> <li>• Continued the Center's functions of promoting BAGNC grantees               <ul style="list-style-type: none"> <li>▪ Exhibited the HGNI booth at key conferences</li> <li>▪ Developed a Power Point Presentation on the entire BAGNC Program and featured all 5 Centers</li> <li>▪ Continued to promote the Hartford Scholars Program in major nursing journals and at key conferences and meetings, and disseminate applications</li> <li>▪ Created Nursing School Geriatric Investment Program web pages, built onto the Building Academic Geriatric Nursing web site</li> <li>▪ Continued to maintain and update the BAGNC website</li> </ul> </li> <li>• Continued to organize and facilitate monthly CGNE Conference Calls</li> <li>• Participated in the first Hartford CGNE meeting "Building Synergy Across the Hartford Center Network" on June 26 -27, 2002</li> <li>• Continued to administer the NSGIP projects</li> <li>• Began quarterly conference calls of NSGIP Directors</li> <li>• Continued to serve on the Geriatric Nursing Education Advisory Committee</li> <li>• Worked with Dr. Claudia Beverly to develop a press kit for her testimony before the Senate Special Committee on Aging, which prompted an invitation to meetings with the Department of Health and Human Services</li> </ul>
July – December 2002	<ul style="list-style-type: none"> <li>• Designed a new electronic program capable of tracking expenditures and producing monthly financial reports with relative ease and improved accuracy</li> <li>• Coordinated the Stakeholders meeting September 29th – October 1, 2002 which brought together all five CGNEs directors, the principle investigators from the seven Nursing School Geriatric Investment Projects, the Co-directors of the JAHF Institute for Geriatric Nursing, the Coordinating Center staff, and the American Association of Colleges of Nursing staff</li> <li>• Formed and participated in a HGNI Communications Committee to coordinate the stakeholders' work across all programs of the Initiative               <ul style="list-style-type: none"> <li>▪ Developed a flyer that presented all JAHF-funded geriatric nursing programs</li> <li>▪ Worked on the JAHF interdisciplinary research poster session and networking dinner at the GSA Annual Scientific meeting</li> </ul> </li> <li>• Continued to support Hartford Scholars' professional and career development               <ul style="list-style-type: none"> <li>▪ Continued to provide monthly updates to Scholars</li> </ul> </li> <li>• Held the 2002 Leadership Conference on November 20 – 22, 2002 in Boston, MA, which [compared to 2001] hosted more than double the attendees, more than double the number of invited speakers, and more than double the networking events without doubling the expenditures; the audience was expanded to include the first MBA/Nurse Scholars, AACN Scholars, a few Scholar mentors-advisors, and staff from the AACN</li> <li>• Held face-to-face CGNE Directors and Administrator's meetings at the 2002 Leadership Conference</li> <li>• Designed, promoted and coordinated the CGNE sponsored reception at the GSA Annual Scientific meeting</li> <li>• Continued to organize and facilitate monthly CGNE Conference Calls</li> <li>• Continued to administer the NSGIP projects</li> <li>• Continued to organize and facilitate quarterly NSGIP Conference Calls</li> <li>• Continued the Center's functions of promoting BAGNC grantees               <ul style="list-style-type: none"> <li>▪ Exhibited the HGNI booth at key conferences</li> <li>▪ Continued to promote the Hartford Scholars Program in major nursing journals and at key conferences and meetings, and disseminate applications</li> <li>▪ Continued to maintain and update the BAGNC website</li> <li>▪ Continued to maintain and update the NSGIP website</li> </ul> </li> <li>• Continued to serve on the Geriatric Nursing Education Advisory Committee</li> <li>• Worked with the National Capital Area Alzheimer's Association to develop a conference informing the public of current research efforts, results, and implications for the future, scheduled for May 31, 2003</li> </ul>

**Table 3 [continued]. Major Coordinating Center Activities to Develop and Support the Building Academic Geriatric Nursing Initiative**

Time Period	Major Coordinating Center Activities
January – June 2003	<ul style="list-style-type: none"> <li>• Expanded the Advisory Board by one member</li> <li>• Continued to track expenditures of the BAGNC grantees electronically</li> <li>• Held an Advisory and Selection Committee meeting in January 2003 to select 20 Pre- and Post-Doctoral Scholars</li> <li>• Revised the Scholar Awards Program to allow the Advisory and Selection Committee to adjust awards according to Scholar institutions' tuition and fees</li> <li>• Sought partnerships for funding the Scholars Awards program</li> <li>• Developed a plan for a Mary Starke Harper Distinguished Lectureship as a permanent feature of the conference; during this period, proposals for financial support for this lectureship were submitted to three potential funding sources</li> <li>• Continued to support Hartford Scholars' professional and career development</li> <li>• Expanded the monthly electronic updates used to share knowledge and promote collaboration between Scholars and CGNEs to cover a wider variety of information</li> <li>• Continued to provide monthly updates to Scholars</li> <li>• Continued to organize and facilitate monthly CGNE Conference Calls</li> <li>• Continued to administer the NSGIP projects</li> <li>• Continued to organize and facilitate quarterly NSGIP Conference Calls</li> <li>• Continued the Center's functions of promoting BAGNC grantees               <ul style="list-style-type: none"> <li>▪ Continued to maintain and update the BAGNC website</li> <li>▪ Continued participate in the HGNI Communications Committee</li> <li>▪ Collaborated with The Measurement Group to develop and implement seven Listservs to fuel communication around seven specific topic areas identified by the JAHF GNI Stakeholders</li> <li>▪ Continued to promote the Hartford Scholars Program in major nursing journals and at key conferences and meetings, and disseminate applications</li> <li>▪ Exhibited the HGNI booth at key conferences</li> <li>▪ Continued to maintain and update the NSGIP website</li> </ul> </li> <li>• Continued to serve on the Geriatric Nursing Education Advisory Committee</li> </ul>
July – December 2003	<ul style="list-style-type: none"> <li>• Presented at the JAHF Board of Directors meeting about the success of the Hartford Scholars Program and worked on the renewal of the Hartford Scholars Program</li> <li>• Graduated the first Scholar cohort [2001] from the Hartford Scholars Program [with a handful wrapping up a six month, no-cost extension by December 2003]</li> <li>• Continued to support Hartford Scholars' professional and career development</li> <li>• Continued to provide monthly updates to Scholars</li> <li>• Held the 2003 Leadership Conference on November 19 – 21, 2003 in San Diego, CA; attendance swelled to 160 - a 300% increase from the first conference held in 2001</li> <li>• Held the first Mary Starke Harper Distinguished Lectureship, supported by a gift of \$12,000 from the Johnson &amp; Johnson Family of Companies</li> <li>• Held face-to-face CGNE Directors and Administrator's meetings at the 2003 Leadership Conference</li> <li>• Continued to organize and facilitate monthly CGNE Conference Calls</li> <li>• Continued to administer the NSGIP projects</li> <li>• Continued to organize and facilitate quarterly NSGIP Conference Calls</li> <li>• Continued the Center's functions of promoting BAGNC grantees               <ul style="list-style-type: none"> <li>▪ Continued to maintain and update the BAGNC website</li> <li>▪ Exhibited the HGNI booth at key conferences</li> <li>▪ Produced a brochure to communicate the Initiative's mission and messages to key external audiences and distributed it at key meetings and conferences</li> <li>▪ Developed a concept for a book which will describe all elements of the BAGNC program</li> <li>▪ Continued to promote the Hartford Scholars Program in major nursing journals and at key conferences and meetings, and disseminate applications</li> <li>▪ Continued to maintain and update the NSGIP website</li> <li>▪ Worked with the American Academy of Nursing to facilitate the Academy's Annual meetings on November 13 16, 2003 which focused on a spectrum of aging issues</li> </ul> </li> <li>• Continued participate in the HGNI Communications Committee               <ul style="list-style-type: none"> <li>▪ Continued to facilitate dialogue in the listservs</li> <li>▪ Collaborated with HGNI programs and John Beilenson to finalize the new HGNI logo and work to brand the HGNI</li> </ul> </li> <li>• Continued to serve on the Geriatric Nursing Education Advisory Committee</li> </ul>

**Table 3 [continued]. Major Coordinating Center Activities to Develop and Support the Building Academic Geriatric Nursing Initiative**

Time Period	Major Coordinating Center Activities
January – June 2004	<ul style="list-style-type: none"> <li>• Contracted all operational services to Executive Director Incorporate [EDI], a management firm</li> <li>• Received two additional streams of funding for the Scholar awards program</li> <li>• Selected 13 Pre-Doctoral and 8 Post- Doctoral Scholars</li> <li>• Heard comments from the Advisory and Selection Committee about enhancing the Scholar Awards Programs' promotional efforts and employ strategies that reach out to minorities</li> <li>• Collaborated with the five Centers to successfully submit a symposium abstract to Sigma Theta Tau International and present their model program on July 22, 2004 in Dublin Ireland</li> <li>• Continued to organize and facilitate monthly CGNE Conference Calls</li> <li>• Continued to administer the NSGIP projects</li> <li>• Continued to organize and facilitate quarterly NSGIP Conference Calls</li> <li>• Interviewed all NSGIP directors about their experience with the program</li> <li>• Continued the Center's functions of promoting BAGNC grantees               <ul style="list-style-type: none"> <li>▪ Re-tooled the HGNI exhibit booth to be more flexible for use in more venues and better at representing the combined programs</li> <li>▪ Began work to identify appropriate publications for ads to promote the Hartford Scholars Program to increase national awareness and reach minority nurses</li> <li>▪ Continued to maintain and update the BAGNC website</li> <li>▪ Exhibited the HGNI booth at key conferences</li> <li>▪ Continued to develop the a book to describe the BAGNC program</li> <li>▪ Continued to promote the Hartford Scholars Program in major nursing journals and at key conferences and meetings, and disseminate applications</li> <li>▪ Continued to maintain and update the NSGIP website</li> </ul> </li> <li>• Continue to serve on the Geriatric Nursing Education Advisory Committee</li> </ul>

**Centers of Geriatric Nursing Excellence.** Five CGNEs were created by the John A. Hartford Foundation to build a critical mass of geriatric nursing activity and expertise around the areas of education and training, research, clinical practice, policy, and regional and national collaboration.

The Coordinating Center was charged with the responsibility of facilitating communication and synergy among CGNEs. Successful linkages made between CGNEs result in exchanges of ideas and resources, opportunities to share work, and availability of a broad set of skills and expertise – all of which are concentrated around affecting change in the field of geriatric nursing and geriatric nursing education.

A significant percentage of the level of productivity resulting from collaboration among the CGNEs can be directly attributed to the work that the Coordinating Center does to promote inter-CGNE communication and activity. The CGNEs have made an impact on many domains of geriatric nursing and education. Additionally, the direction and development of many of the CGNE projects have largely been informed and guided by the vision that the Coordinating Center created.

The CGNEs' work is most apparent in the domains of clinical practice, education/training methods, knowledge dissemination, practice standards/best practices, programmatic research and research opportunities, model development, and policy. The most commonly used methods for making progress in these domains are infrastructure development, linkage/networking, use of innovative technology, mentoring/expert guidance/consulting, enhanced human resources, and innovative methods of implementation. Exemplars of activities pursued by each of the five CGNEs in major areas of geriatric nursing are presented in Table 4. Exemplars of methods used by each of the five CGNEs to make enhancements in the field of geriatric nursing are shown in Table 5.

## **Contributions of the Coordinating Center to the Performance of the Centers of Geriatric Nursing Excellence**

- Before the formal existence of the Coordinating Center, Dr. Claire Fagin selected – in collaboration with the staff of the Foundation – five highly qualified [and subsequently extremely productive] Schools of Nursing for the designation as Centers of Geriatric Nursing Excellence. A significant level of success from the program was ensured by the careful selection process, of which the [subsequent] Director of the Coordinating Center – Dr. Claire Fagin – was a major part.
- The Coordinating Center was largely responsible for orienting the five, carefully-selected, CGNEs to a set of goals for the program established by the John A. Hartford Foundation and the Coordinating Center staff, and almost exclusively responsible for helping individual CGNEs understand how to best implement their programs so as to optimally meet these goals. Without the orientation, assistance in knowing how to best implement a Center of Excellence, and feedback from one of the more experienced academic nursing administrators in the U.S., it is likely that all five of the CGNEs would have achieved significantly less in their initial years of operation.
- As would be expected, the Center of Geriatric Nursing Excellence awards were made to five institutions and professional teams that are renowned for their ability to compete with their peers and secure federal and other funding, at the same time preparing “proprietary” scientific and educational products. Perhaps the greatest contribution of the Coordinating Center was in implementing both a process – through administrative support – and an agenda – through the unparalleled leadership of Dr. Fagin – that would naturally encourage competitive, separated Schools of Nursing to freely share information in a supportive and trustworthy environment where the successes and mistakes of any four of the CGNEs could inform and enhance the remaining CGNE. All five CGNEs strongly benefited from this process and in hearing how their four peer institutions addressed a number of common issues. While it is premature to put an exact estimate about how much the Coordinating Center increased the effectiveness and impact of the five individual CGNEs, it is clear that this is a very large effect that greatly outweighs its cost.
- Since the beginning of the CGNE funding period, the five Centers have actively shared expertise and experiences. The long history of this key set of interactions virtually insures that a “cooperative interdependence” among the Centers will continue through the next funding cycle[s] for the Centers of Geriatric Nursing Excellence and the BAGNC Coordinating Center.

**Table 4. Exemplars of Hartford Centers of Geriatric Nursing Excellence Domains for Enhancement**

Domains for Enhancement	Exemplars of Domains for Enhancement				
	Oregon Health and Science University	University of Arkansas for Medical Sciences	University of Iowa	University of Pennsylvania	University of California, San Francisco
Clinical Practice	<ul style="list-style-type: none"> <li>Collaborated with a major treatment provider to develop skin care consultation in long-term care and improve the cost effectiveness of wound care.</li> </ul>	<ul style="list-style-type: none"> <li>Established Rural Centers of Excellence in Geriatrics that function as hospital-based outpatient clinics under Medicare.</li> </ul>	<ul style="list-style-type: none"> <li>Created a Young Gerontological Nurse Clinical Program to provide selected undergraduates with 1-2 years of intensive geriatric clinical experience in an elder care facility.</li> </ul>	<ul style="list-style-type: none"> <li>Launched a national clinical demonstration project to prove the effectiveness of the APN specialist transitional care model across various integrated health systems.</li> </ul>	<ul style="list-style-type: none"> <li>Implemented a clinical practice site for nurse practitioner student residencies in a propriety nursing home.</li> </ul>
Education/Training Methods	<ul style="list-style-type: none"> <li>Began development of a BS to MS/PhD fast track program.</li> </ul>	<ul style="list-style-type: none"> <li>Developed the Southern Geriatric Nursing Certificate Program to prepare nursing faculty from the southern region in geriatric nursing by Web-based course design, and delivery.</li> </ul>	<ul style="list-style-type: none"> <li>Implemented new required geriatric didactic and elective practicum curricula for all undergraduate students.</li> </ul>	<ul style="list-style-type: none"> <li>Developed an international exchange program with the Hong Kong School of Nursing to promote aging and nursing cross-cultural independent study opportunities.</li> </ul>	<ul style="list-style-type: none"> <li>Developed a new three-year MS curriculum track in gerontology geared towards working nurses.</li> </ul>
Knowledge Dissemination	<ul style="list-style-type: none"> <li>Co-sponsored a presentation with CareOregon on best practices in mental health geared towards faculty in the region.</li> </ul>	<ul style="list-style-type: none"> <li>Designed an HCGNE poster for distribution at HCGNE-sponsored events.</li> </ul>	<ul style="list-style-type: none"> <li>Developed a chapter on Innovative Nursing Models of Long-term Care.</li> </ul>	<ul style="list-style-type: none"> <li>Designed a user-friendly HCGNE web site to provide real-time access to recruitment information and to provide student researchers and clinicians with easy access to research and evidence-based best practices.</li> </ul>	<ul style="list-style-type: none"> <li>Held an evening leadership seminar for students to discuss nursing issues and disseminate findings from a statewide survey of nursing homes.</li> </ul>

**Table 4 [continued]. Exemplars of Hartford Centers of Geriatric Nursing Excellence Domains for Enhancement**

Domains for Enhancement	Exemplars of Domains for Enhancement				
	Oregon Health and Science University	University of Arkansas for Medical Sciences	University of Iowa	University of Pennsylvania	University of California, San Francisco
Practice Standards/Best Practices	<ul style="list-style-type: none"> <li>• Provided coaches as part of a statewide initiative to change the existing “behavioral management” culture to one of person-centered care.</li> </ul>	<ul style="list-style-type: none"> <li>• Implemented best practices in Falls Prevention at the Senior Health Clinic.</li> </ul>	<ul style="list-style-type: none"> <li>• Developed, disseminated, and tested Evidence-Based Practice protocols for long-term care nurses and staff.</li> </ul>	<ul style="list-style-type: none"> <li>• Presented geriatrics education and training materials at a faculty “Teaching Swap” to build gero-nursing best practice curriculum nationally.</li> </ul>	<ul style="list-style-type: none"> <li>• Used evidence-based practice to reduce the incidence of patient falls and severity of fall-related injury in California hospitals.</li> </ul>
Programmatic Research and Research Opportunities	<ul style="list-style-type: none"> <li>• Developed a research project related to pain management for geriatric patients in intensive care units.</li> </ul>	<ul style="list-style-type: none"> <li>• Continued Geriatric Grand Rounds to provide a weekly series of interdisciplinary research presentations for faculty, students, and staff.</li> </ul>	<ul style="list-style-type: none"> <li>• Implemented the Regional Research Summer Scholars Program to increase the number of nurses and/or faculty with gerontologic research training.</li> </ul>	<ul style="list-style-type: none"> <li>• Initiated research collaboration on the transfer of cognitively impaired nursing home residents and a “transition” program to reduce residents’ stress.</li> </ul>	<ul style="list-style-type: none"> <li>• Established an Advisory Committee and initiated individual meetings with researchers to develop gerontological interdisciplinary research.</li> </ul>
Model Development	<ul style="list-style-type: none"> <li>• Created a Best Practices partnership model where research-based innovations are tailored to the ‘real life’ constraints of the organizations involved.</li> </ul>	<ul style="list-style-type: none"> <li>• Developed and tested a model of clinical care promoting functional independence in Senior Health Centers in Arkansas.</li> </ul>	<ul style="list-style-type: none"> <li>• Collaborated with HomeSafe and Elderly Care Management to develop a model of case management to enhance services to elders in their homes.</li> </ul>	<ul style="list-style-type: none"> <li>• Developed a model of APN specialist transitional care to improve post-discharge outcomes among a vulnerable patient group.</li> </ul>	<ul style="list-style-type: none"> <li>• Collaborated with other professional schools to create a model interdisciplinary curriculum for doctoral students in gerontological nursing.</li> </ul>
Policy	<ul style="list-style-type: none"> <li>• Worked on a statewide initiative to change the existing ‘behavioral management’ culture in Senior and Persons with Disabilities licensed facilities.</li> </ul>	<ul style="list-style-type: none"> <li>• Tracked the cost of operating these Rural Centers of Excellence in Geriatrics, which could impact policy at the national level.</li> </ul>	<ul style="list-style-type: none"> <li>• Communicated with state aging agencies and policy makers to share best practices and discuss the cost benefits of nursing for elders.</li> </ul>	<ul style="list-style-type: none"> <li>• Funded pilot study on “Medicare Payments to APN Nurses Following the Balanced Budget Act of 1997” to propose changes to the payment system.</li> </ul>	<ul style="list-style-type: none"> <li>• Faculty published a paper to be used as the consumer guide to policy action by the National Citizens Coalition for Nursing Home Reform.</li> </ul>

**Table 5. Exemplars of Methods Used by Hartford Centers of Geriatric Nursing Excellence for Enhancement**

Methods Used for Enhancement	Exemplars of Methods Used for Enhancement				
	Oregon Health and Science University	University of Arkansas for Medical Sciences	University of Iowa	University of Pennsylvania	University of California, San Francisco
Infrastructure Development	<ul style="list-style-type: none"> <li>Added a new faculty to the Geriatric Best Practices Initiative [BPI] team, which seeks to address key clinical issues in the care of elders through partnership with major care providers.</li> </ul>	<ul style="list-style-type: none"> <li>Recruited an educational director for one of seven planned Rural Centers of Excellence to oversee initiatives related to care of older adults.</li> </ul>	<ul style="list-style-type: none"> <li>Identified and added six additional collaborating practicum sites.</li> </ul>	<ul style="list-style-type: none"> <li>Increased the Center's faculty affiliation by recruiting an associate faculty member with expertise in palliative care research and curriculum development.</li> </ul>	<ul style="list-style-type: none"> <li>Recruited a new gerontological faculty and HCGNE staff member, increasing the program's capacity to train more students.</li> </ul>
Linkage/Networking	<ul style="list-style-type: none"> <li>Developed new contacts with two regional health providers to explore potential partnerships in dementia care best practices and wellness in the aging force.</li> </ul>	<ul style="list-style-type: none"> <li>Hosted a coalition, brought together 21 nursing colleges in the southern region to discuss geriatric nursing issues and design a plan to implement geriatric curricula in all BSN programs.</li> </ul>	<ul style="list-style-type: none"> <li>Collaborated with other regional colleges to develop a "Tuition Sharing Program" for web-based and distance learning courses.</li> </ul>	<ul style="list-style-type: none"> <li>Collaborated with the University of Hong Kong to develop a nursing research-based practice consultation service with the Hospital Authority.</li> </ul>	<ul style="list-style-type: none"> <li>Partnered with a long-term care facility to design the curriculum for a new MS program geared towards working nurses.</li> </ul>
Use of Innovative Technology	<ul style="list-style-type: none"> <li>Produced a recruitment videotape for the BS to MS/PhD program.</li> </ul>	<ul style="list-style-type: none"> <li>Developed a website that utilizes the GetCare information system to assist older and disabled adults locate supportive services and resources to continue living in the community.</li> </ul>	<ul style="list-style-type: none"> <li>Offered web-based grantsmanship courses targeted at junior faculty in regional consortium schools.</li> </ul>	<ul style="list-style-type: none"> <li>Provided a webcast of the kickoff event for the Marian S. Ware Alzheimer Program, which advocates progress in medical research and treatment for Alzheimer's Disease.</li> </ul>	<ul style="list-style-type: none"> <li>Developed a website to provide consumers with previously unavailable information on quality indicators in California nursing homes.</li> </ul>

**Table 5 [continued]. Exemplars of Methods Used by Hartford Centers of Geriatric Nursing Excellence for Enhancement**

Methods Used for Enhancement	Exemplars of Methods Used for Enhancement				
	Oregon Health and Science University	University of Arkansas for Medical Sciences	University of Iowa	University of Pennsylvania	University of California, San Francisco
Mentoring/Expert Guidance/Consulting	<ul style="list-style-type: none"> <li>Developed a mentoring program in the BS to MS/PhD fast track program to pair students and mentors according to mutual interest.</li> </ul>	<ul style="list-style-type: none"> <li>Implemented an annual HCGNE Research Scholars Program to select one faculty research Scholar at .5 FTE and mentor them in research.</li> </ul>	<ul style="list-style-type: none"> <li>Increased the mentoring grants for Regional Consortium members to enable more junior/senior faculty mentoring relationships.</li> </ul>	<ul style="list-style-type: none"> <li>Developed an executive mentorship program to increase the pool of MSN and PhD graduates poised to assume executive leadership positions in gerontology.</li> </ul>	<ul style="list-style-type: none"> <li>Hosted evening leadership seminars featuring prominent guest speakers to provide students with an opportunity to learn about leadership presence.</li> </ul>
Enhanced Human Resources	<ul style="list-style-type: none"> <li>Held two CGNE staff retreats to facilitate discussion and reflection among project members.</li> </ul>	<ul style="list-style-type: none"> <li>Designed and implemented an annual three-day Summer Grant Writing course for faculty that includes funding priorities in the field.</li> </ul>	<ul style="list-style-type: none"> <li>Facilitated the attendance of two faculty to the NYU Gerontology Curriculum Workshop with the expectation that they would share with other faculty and lead the development of the undergraduate gerontologic curricula.</li> </ul>	<ul style="list-style-type: none"> <li>Sponsored faculty attendance at the JAHF leadership conference.</li> </ul>	<ul style="list-style-type: none"> <li>Established the Geriatric Education Center to address faculty and curriculum development needs in geriatrics and unmet needs for geriatric education among health care professionals in northern California.</li> </ul>
Innovative Methods of Implementation	<ul style="list-style-type: none"> <li>Developed a seminar series as part of the Summer Postdoctoral program in order to enhance fellows' understanding of the research areas within gerontological nursing.</li> </ul>	<ul style="list-style-type: none"> <li>Employed four GNPs to teach GNP students in the geriatric clinical sites, which allows for interaction and evaluation of student progress and issues by the GNPs</li> </ul>	<ul style="list-style-type: none"> <li>Formed a faculty committee to develop a proposed program to fast-track BSN students through doctoral training in gerontologic nursing science.</li> </ul>	<ul style="list-style-type: none"> <li>Developed a Comprehensive Minority School of Nursing Directory to identify potential scholarship candidates and augment the School's minority recruitment efforts.</li> </ul>	<ul style="list-style-type: none"> <li>Encouraged recruitment by assisting doctoral program applicants with their goal statements, offering information on classes and financial aid, and meeting individually with prospective students.</li> </ul>

**Hartford Academic and MBA Scholars Program.** Through its involvement with the Hartford Scholars program, the Coordinating Center has been directly involved in selecting and nurturing the next generation of nurse leaders and Scholars. The Hartford Scholar program provides tuition support and a stipend to Pre-Doctoral, Post-Doctoral, and MBA students who demonstrate promise in their studies and work in the field of nursing. The program combines administrative functions with activities to mentor and support Scholars.

Since the inception of the program in July 2001, a total of 82 Scholars have been funded for periods of one or two years; Scholars are chosen using selection procedures designed and administered by the BAGNC Coordinating Center. As many as 44 Scholars have actively supported by Coordinating Center activities at any one time. Note that simultaneously supporting and coordinating the activities of 44 graduate and post-graduate students at one time is a monumental undertaking. Table 6 shows the number of new Pre-Doctoral, Post-Doctoral, and MBA Scholars selected each year. Table 7 illustrates the range in the number of Scholars supported by Coordinating Center Activities at any given time.

**Table 6. Number of Scholars Selected Each Year**

	Number of Scholars Selected in 2001	Number of Scholars Selected in 2002	Number of Scholars Selected in 2003	Number of Scholars Selected in 2004	Total Number of Scholars Selected
Pre-Doctoral Scholar	10	11	12	13	46
Post-Doctoral Scholar	7	9	8	8	32
MBA Scholar	0	2	2	0	4
Total Number of Active Hartford Scholars	17	22	22	21	82

**Table 7. Number of Active Scholars on October 1 of Each Year<sup>5</sup>**

	Number of Active Scholars on October 2001	Number of Active Scholars on October 2002	Number of Active Scholars on October 2003	Number of Active Scholars on October 2004	Total Number of Scholars
Pre-Doctoral Scholar	10	21	23	25	46
Post-Doctoral Scholar	7	16	17	16	32
MBA Scholar	0	2	4	2	4
Total Number of Active Hartford Scholars	17	39	44	43	82

The Coordinating Center administered the Hartford Scholars program, directly mentored the Scholars, promoted the Hartford Scholars Program and its Scholars, and further developed the Scholars program.

- *Administering the Hartford Scholars Program.* The Coordinating Center is primarily responsible for administrating the Hartford Scholars Program. Administrative duties include organizing the selection of Scholars, providing financial oversight, and assuring that Scholars are progressing in their academic and professional development. The Coordinating Center accomplished these goals by establishing an application and selection process that utilizes a Selection and Advisory Committee of experts in the field and by developing a reporting procedure that tracks Scholar progress on a six-month basis. Scholars also provide the Coordinating Center with annual financial reports. Dr. Fagin personally reviews all reports and provides feedback every six months. The Scholar selection methods enhance typical peer-review methods familiar to all of the members of the Advisory Committee by also preparing a “diagnostic summary” for many of the

<sup>5</sup> Does not include Scholars with no-cost extensions.

applicants that will permit them to fine-tune their applications, or if not selected, to apply successfully in the future.

- *Mentoring Individual Scholars.* The Coordinating Center staff helped mentor the Scholars and were directly involved in facilitating Scholar achievements. Their activities involved such varied tasks as working with Scholars and mentors to achieve maximal progress on research projects, facilitating connections between Scholars and experts or colleagues, and providing professional [and occasionally personal] advice and encouragement. As reported by the Scholars and evident from external evidence, the mentorship activities conducted by the Coordinating Center Director and Staff have become one of the most significant aspects of the Scholars Program. These activities allow students to make the connections necessary to reach the next step in their careers and help provide the Scholars with the confidence and responsibility to become leaders in the field of geriatric nursing. The following are select representative quotes from Scholars that describe the impact of the Coordinating Center's mentorship activities.
  - ◆ "What feels good is that Claire Fagin actually reads the stuff. I got an email after I submitted each of my reports and she would make a comment – always positive and congratulatory – about specific points. That means a lot to me that I know that I am not writing this stuff and nobody is looking at it. The best part of the communication is that the communication is exceptionally good because I know that people are monitoring my progress."
  - ◆ "She [Dr. Fagin] is a wonderful leader and to have the opportunity to see her in action and to feel like she is on your side and encouraging you and expecting things of you, I just think that's a real motivating force."
  - ◆ "Getting to know very seasoned and well-respected nurse-researchers and realizing that you may call them if you need to was great. Talking with Patty Franklin through email I knew if I had a question I could call her in an instant and she would connect me to whoever I needed to speak with."
  - ◆ "Patty Franklin keeps us up to date with current issues, opportunities for research grants, what's going on with Medicare, nursing homes; I think those sorts of things have been helpful too. The sense of being part of a larger community of geriatric scholars has been opened for me because of Hartford."
- *Promoting the Hartford Scholar Program and the Hartford Scholars.* The Coordinating Center is very active in disseminating information about the Scholars Program and individual Scholars. Center Staff attend key conferences each year to hold sessions, present an exhibit booth, and make presentations to raise awareness about the program and recruit applicants for the Scholars program. To promote individual Scholars, the Center has made media contacts, distributed press releases, and contacted local legislators and other key individuals. The net effect of these activities is a well recognized program whose Scholars are known for their exemplary work in the field of geriatric nursing. After the initial year where there were relatively few applicants for the available scholarships, there has been a large and "professionally" deep pool of applicants for the program, suggesting that the program will be self-sustaining and will continue to grow as the premier scholarship opportunity in the field.
- *Developing the Hartford Scholars Program.* On the programmatic level, the Coordinating Center has been active in finding ways to refine the program to ensure that the funds are maximally utilized. In 2003 the Coordinating Center worked with The Measurement Group and the CGNE Directors to study the funding mechanism for the Hartford Scholars Program. The results of this study led to a change in the way funds were awarded to Scholars and allowed more Scholars to be funded in future cohorts. The Coordinating Center has also leveraged the success of the Hartford Scholars program to receive additional streams of funding to support more Scholars; the

Coordinating Center has received funds from the Mayday Fund to support additional Post-Doctoral Scholars.

Under the Coordinating Center's guidance, the Hartford Scholars have been very productive. The number of Scholars who are involved in professional activities is an indication of the degree to which Pre-Doctoral and Post-Doctoral Scholars are progressing toward becoming leaders and nurse researchers. These professional activities include: publishing a paper, making professional presentations, teaching a course or supervised students, belonging to a university committee, belonging to a national committee, submitting a grant for funding, conducting consultations or clinical activity, receiving awards/honors/recognitions, developing media contacts, and conducting major research project.

- All 10 of the 2001 Pre-Doctoral Scholars have made a professional presentation and worked on a major research project during their tenure as Hartford Scholars.
- All 7 of the 2001 Post-Doctoral Scholars have made a professional presentation, taught a course or supervised a student, been active in a national committee, submitted a grant for funding, and worked on a major research project during their tenure as Hartford Scholars.
- All 11 of the 2002 Pre-Doctoral Scholars have made a professional presentation and worked on a major research project during their tenure as Hartford Scholars.
- All 9 of the 2002 Post-Doctoral Scholars have submitted or published a paper, made a professional presentation, taught a course or supervised a student, and worked on a major research project during their tenure as Hartford Scholars.
- A total of 8 of 12 2003 Pre-Doctoral Scholars have made a professional presentation and 7 of the 12 have submitted or published a paper during their tenure as Hartford Scholars.
- All 8 of the 2003 Post-Doctoral Scholar have worked on a major research project and 7 Scholars each have been active in a university committee and have submitted or published a paper during their tenure as Hartford Scholars.

A more comprehensive summary of the number of Pre-Doctoral and Post-Doctoral Scholars that participated in professional development activities is presented in Table 8.

The Scholars' work has already produced observable outcomes. Between July 2001 and December 2003 57 Scholars from the first three cohorts [2001, 2002, and 2003] have submitted or published 197 papers, made 286 presentations, taught or supervised students in 115 courses, and applied for and received \$3,777,026 in grants in the role as principal investigator or co-investigator. Table 9 provides a summary of Pre-Doctoral and Post-Doctoral Scholar Outcomes by Cohort.

One of the most robust areas of Scholar activity is geriatric nursing research. Research is an avenue by which the Scholars hone their skills and lead the field through the exploration of the practice and science of geriatric nursing. The most common research topics are: care-giver issues, disease management, geriatric-psychology, long term care and end of life care, models of care, prevention, and transfer of care. A complete list of Hartford Scholar research projects is provided in Table 10.

#### **Contributions of the Coordinating Center to the Hartford Scholars Program**

- A very careful selection process was undertaken to select Scholars with major research projects of significance for the field of geriatric nursing. It is obvious from the qualifications and placements of the Scholars that they are viewed as a major group of future key leaders in academic gerontological nursing. The Scholar selection process, itself, is thoughtful, well-designed, implemented efficiently, and likely to be self-sustaining at least through another five-year funding cycle with little modification needed.
- Every six months, Dr. Fagin reviews the progress of individual Scholar projects to help fine-tune the research of each Scholar, together with the Scholar and Scholar Mentor, in order to achieve

optimal progress. The vast majority of all Scholars have pointed to this feedback process as a key one in their professional development and feel that it has not only helped them refine their work, but has also promoted significant personal confidence, and fairly broad professional networks.

- The Hartford Geriatric Nursing Scholars Program is well-recognized by both the field of nursing and related medical disciplines as a major honor denoting a probable future leader of exceptional quality. While the perceived quality of the Scholars throughout the field is a valid reflection of the individual awardees and their hard work, the overall immediate acceptance of the program as having identified a core cadre of future “super-stars” is primarily the result of the way the program was designed and implemented by the Coordinating Center Director and Staff.

**Table 8. Number of Scholars that Reported Ever Participating in Professional Development Activities: July 2001 through December 2003<sup>6</sup>**

Professional Development Activity	Number of 2001 Pre-Doctoral Scholars <sup>7</sup> [n=10]	Number of 2001 Post-Doctoral Scholars <sup>2</sup> [n=7]	Number of 2002 Pre-Doctoral Scholars [n=11]	Number of 2002 Post-Doctoral Scholars [n=9]	Number of 2003 Pre-Doctoral Scholars [n=12]	Number of 2003 Post-Doctoral Scholars [n=8]
Published a Paper	9 [90.0%]	6 [85.7%]	9 [81.8%]	9 [100.0%]	7 [58.3%]	7 [87.5%]
Made Professional Presentations	10 [100.0%]	7 [100.0%]	11 [100.0%]	9 [100.0%]	8 [66.7%]	6 [75.0%]
Taught a Course or Supervised Students	9 [90.0%]	7 [100.0%]	8 [72.7%]	9 [100.0%]	3 [25.0%]	6 [75.0%]
Belong to a University Committee	9 [90.0%]	5 [71.4%]	10 [90.9%]	8 [88.9%]	6 [50.0%]	7 [87.5%]
Belong to a National Committee	7 [70.0%]	7 [100.0%]	6 [54.5%]	9 [100.0%]	4 [33.3%]	5 [62.5%]
Submitted a Grant for Funding	6 [60.0%]	7 [100.0%]	5 [45.5%]	8 [88.9%]	6 [50.0%]	6 [75.0%]
Conducted Consultations or Clinical Activity	7 [70.0%]	4 [57.1%]	6 [54.5%]	6 [54.5%]	6 [50.0%]	3 [37.5%]
Received Awards, Honors, or Recognitions	6 [60.0%]	5 [71.4%]	7 [63.6%]	7 [77.8%]	0 [0.0%]	0 [0.0%]
Developed Media Contacts	7 [70.0%]	4 [57.1%]	8 [72.7%]	5 [55.6%]	4 [33.3%]	2 [25.0%]
Conducted Major Research Project	10 [100.0%]	7 [100.0%]	11 [100.0%]	9 [100.0%]	6 [50.0%]	8 [100.0%]

<sup>6</sup> Does not include information for 2004 Scholars because data are not yet available for this cohort. Evaluation data will be collected from the 2004 Pre- and Post- Doctoral Scholars after they have spent six months as a Hartford Grantee [January 2005]. At the time this report was compiled, the 2004 Scholars were funded for less than four months.

<sup>7</sup> This includes 2001 Scholars who received a no-cost extension to their grant.

**Table 9. Number of Outcomes Reported by Scholars: July 2001 through December 2003<sup>8</sup>**

	<b>2001 Pre- Doctoral Scholars</b>	<b>2001 Post- Doctoral Scholars</b>	<b>2002 Pre- Doctoral Scholars</b>	<b>2002 Post- Doctoral Scholars</b>	<b>2003 Pre- Doctoral Scholars</b>	<b>2003 Post- Doctoral Scholars</b>
Total Number of Scholars	10	7	11	9	12	8
Number of Papers Published	28	42	34	51	23	19
Number of Professional Presentations Made	65	73	63	53	16	16
Number of Courses Taught	33	18	14	38	3	9
Value of Grants Submitted for Funding	\$30,000	\$9,790,779	\$750,000	\$206,000	\$275,000	\$164,000
Value of Grants Funded	\$139,300	\$591,450	\$25,250	\$2,343,226	\$135,000	\$541,800

\*note: This table reflects the number of Scholars who are the principal investigator of a grant or who were significantly involved in the grant submission process. Grants submitted include either "Grants Submitted but not Funded" or "Grants in Review."

<sup>8</sup> Does not include information for 2004 Scholars because data is not yet available for this cohort. Evaluation data will be collected from the 2004 Pre- and Post- Doctoral Scholars after they have spent six months as a Hartford Grantee [January 2005]. At the time this report was compiled, the 2004 Scholars were funded for less than 4 months.

**Table 10. Topics of Major Hartford Pre-Doctoral and Post-Doctoral Research Projects<sup>9</sup>**

Area of Research	Description of Research Project
<b>2001 Pre-Doctoral Scholars</b>	
Care-giver Issues	<ul style="list-style-type: none"> <li>• Job Stress Among Dementia Care Certified Nursing Assistants</li> <li>• Empowerment of Dementia Care Certified Nursing Assistants</li> <li>• The Role of Vigilance in the Stress-Health Process Model As Applied to Family Caregivers of Persons with Dementia</li> <li>• Quality of Family Care for Frail Elders [considers family care giving from the perspective of the care giver and the elders]</li> <li>• Care Receiver Satisfaction with Family Care [looks at family caregiving to frail elders in the home from the perspectives of the caregiver and from the satisfaction of the elders]</li> <li>• Certified Nursing Assistants' Expectations of Residents with Dementia</li> </ul>
Disease Management	<ul style="list-style-type: none"> <li>• Managing Malignant Wounds to Help Patients Achieve Control of Odor, Exudates, Pain, and Purities</li> <li>• Living with Heart Failure [examines the influences of health variables such as cardiac self-efficacy, anxiety, depression, or frailty, and determine their predictive ability in a population-based cohort of newly diagnosed persons with heart failure]</li> <li>• The Importance of Educational Topics as Perceived by Patients with Coronary Artery Disease in the Immediate Post-discharge Time Period [aims to identify what educational topics were perceived as important during the two weeks following discharge by patients hospitalized with a cardiac primary diagnosis]</li> </ul>
Gero-psychology	<ul style="list-style-type: none"> <li>• An Exploratory Study of Delirium in Older Home Hospice Patients with Advanced Cancer [aims to describe the nature and course of delirium, and to evaluate adverse effects of delirium on patients and their family caregivers]</li> <li>• Evaluation of Delirium in Older Hospitalized Cancer Patients [examines delirium in a subset of hospitalized older cancer patients to compare characteristics and patterns of delirium in cancer patients and patients with non-cancer diagnoses]</li> <li>• Culture Bias in Testing Expressive Ability in Dementia</li> <li>• Differences in Medical Care of Diabetes Mellitus and Hypertension for Older Adults with and without Dementia</li> <li>• Decision Making Capacity in Older Adults with Mild to Moderate Dementia [looks at qualitative and quantitative analysis on thought processes of people with dementia]</li> <li>• Mather Life Ways Dementia Care Program [evaluates the 'neighborhood model' of dementia care instituted in Mather's Special Care Units]</li> <li>• Longitudinal Study of Day Care in Alzheimer's Disease [examine the role of adult day care services in the care of persons with Alzheimer's Disease]</li> <li>• The Effect of Family Involvement in Care Intervention on Cognitive and Functional Outcomes of Institutionalized Elders with Alzheimer's Disease and Related Dementias [analyzes an existing data base for relationships between the amount of family involvement with elders and specific functional, cognitive, and global outcomes]</li> <li>• The Sensitivity of the Revised Memory and Behavior Problems Checklist [RMBPC] for Detecting Dyadic Responses to Anti-dementia Pharmacotherapy</li> <li>• Emotional Responses and Vigilance among Caregivers of Cognitive Enhancer Therapy Recipients</li> </ul>

<sup>9</sup> Does not include information for 2004 Scholars because data are not yet available for this cohort. Evaluation data will be collected from the 2004 Pre- and Post- Doctoral Scholars after they have spent six months as a Hartford Grantee [January 2005]. At the time this report was compiled, the 2004 Scholars were funded for less than four months.

**Table 10 [continued]. Topics of Major Hartford Pre-Doctoral and Post-Doctoral Research Projects**

Area of Research	Description of Research Project
Long Term Care and End of Life Care	<ul style="list-style-type: none"> <li>• Ethnography of Dying in Long Term Care Facilities [aims to describe, from the elderly Chinese residents' perspective, the satisfaction and concerns about their care as residents of a long-term care facility]</li> </ul>
Models of Care	<ul style="list-style-type: none"> <li>• Culturally Sensitive Models of Stroke Recovery and Caregiving after Discharge Home</li> <li>• Transitions: A New Model of Care for Frail Elderly Facing the Final Phase of Life [evaluated key aspects of a model of care that used a Geriatric Nurse Practitioner to facilitate end-of-life care for older adults with chronic life-threatening illnesses]</li> </ul>
Prevention	<ul style="list-style-type: none"> <li>• Prospective Testing the Predictive Validity of a Discharge Planning Screen [attempts to identify variables available early in an adult patient's hospital stay that predict the need for specialized discharge planning hospital resources]</li> </ul>
Transfer of Care	<ul style="list-style-type: none"> <li>• Elder Transfer from Nursing Home to Emergency Department: The Experience of Key Decision Makers [identifies and captures the experiences of the persons most likely involved in the decision to transfer an elderly nursing home resident to the emergency department for an unplanned event]</li> <li>• From Hospital to Home [case analysis of critical transitions for older adults with cancer and their family caregivers]</li> </ul>
Other Areas of Research	<ul style="list-style-type: none"> <li>• None Reported</li> </ul>
<b>2002 Pre-Doctoral Scholars</b>	
Care-giver Issues	<ul style="list-style-type: none"> <li>• Pre/post comparison design using volunteers to assist nursing home residents to improve hydration status as measured by serum osmolality and oral fluid intake</li> </ul>
Disease Management	<ul style="list-style-type: none"> <li>• Diabetes Uncertainty Management Intervention for Older African-American Women [aims to develop an intervention which address the uncertainties concerning diabetes management, give information about resources, and improve patient-provider communication]</li> <li>• Secondary Outcomes of Stroke [public health study]</li> <li>• Analysis of Wound Care Outcomes of a Home Care Wound Program</li> <li>• Aging in Place [determine the effectiveness of community-based nursing care management for frail older adults in a home health agency]</li> <li>• Decision Making Under Uncertainty in Men with Prostate Cancer</li> <li>• Family Disclosure of Cancer Risk [ethnographic study about how women at risk for breast cancer feel about prophylactic mastectomy as an option to reduce breast cancer risk if they were to have a positive BRCA genetic test]</li> </ul>
Gero-psychology	<ul style="list-style-type: none"> <li>• Culture Bias Testing Expressive Ability in Dementia</li> </ul>

**Table 10 [continued]. Topics of Major Hartford Pre-Doctoral and Post-Doctoral Research Projects**

Area of Research	Description of Research Project
Long-term Care and End of Life Care	<ul style="list-style-type: none"> <li>• Older Adults' Participation in the Nursing Home Placement Decisions</li> <li>• An Ethnography of Dying in the Nursing Home</li> <li>• Improving Night-time Care of Frail Nursing Home Residents</li> <li>• Ethics Education in Long Term Care [develop evaluation methods for a private foundation's programs concerning the use of ethical models and principles in long term care]</li> </ul>
Models of Care	<ul style="list-style-type: none"> <li>• Culturally Sensitive Models of Stroke Recovery and Caregivers after Discharge Home</li> <li>• Competency Based Curriculum in Nursing Genetics: A Qualitative Analysis of National Genetics Standards of Practice, Guidelines, and Recommendations [content analysis of evidence based published documents to look at themes and recommendations for core genetic knowledge competencies specific to nurses at the undergraduate and graduate level]</li> </ul>
Prevention	<ul style="list-style-type: none"> <li>• A Fall Prevention Program for High Risk Elderly Women</li> <li>• Personal Functional Goals for Older Adults in a 16-Week Walking Program</li> <li>• Feasibility and Validity of Measuring Physical Activity with a Pedometer in Community-Dwelling Older Women</li> <li>• Pain Assessment in Older Adults</li> <li>• Developmental Center for Evaluation and Research in Patient Safety in Long-Term Care [pilot test of menu-driven incident reporting tool]</li> </ul>
Transfer of Care	<ul style="list-style-type: none"> <li>• Clinical Decision Support [CDS] to Reduce Adverse Drug Events in Home Care [integrates and tests a CDS system in computer technology to facilitate medication accuracy and aversion of adverse reactions in 250 elderly patients during the transition from hospital to home]</li> <li>• Lived Experience of Retirees Moving to Rural Areas to Age in Place [pilot for a larger ethnographic study to examine the effects of migration on retirees who move to rural areas for retirement]</li> <li>• Relocation of Ethnic Elders: Decisions and Sequelae [in African-American, Latino, and Caucasian nursing home residents]</li> </ul>
Other Areas of Research	<ul style="list-style-type: none"> <li>• Artificial Nutrition in Chronically Ill Older Adults</li> <li>• Cultural Exploration of Aging Veterans: The Meaning of Food and Beliefs Regarding Artificial Nutrition at the End-of-Life</li> <li>• Geriatric Nursing Education Project: Enhancing Gerontological/Geriatric Nursing Education at the University</li> <li>• MEPS [Medical Economic Panel Survey] project [examines nursing visits and patient outcomes in ambulatory care using an existing large dataset from Agency for Healthcare Quality and Research [AHCQR]]</li> <li>• Validity of the Activities-Specific Balance Confidence [ABC] Scale and the Survey of Activities and Fear of Falling in the Elderly [SAFE] [secondary data analysis]</li> <li>• A Medico-Legal Analysis of Bed-Related Fall Injuries Among Hospitalized Older Adults</li> <li>• A Medico-Legal Analysis of Side-Rail Related Injuries Among Hospitalized Older Adults</li> </ul>

**Table 10 [continued]. Topics of Major Hartford Pre-Doctoral and Post-Doctoral Research Projects**

Area of Research	Description of Research Project
<b>2003 Pre-Doctoral Scholars</b>	
Caregivers Issues	<ul style="list-style-type: none"> <li>• Staff Nurse Fatigue Patient Safety [to reduce error rates and fatigue in staff nurses working in intensive care units]</li> </ul>
Disease Management	<ul style="list-style-type: none"> <li>• None Reported</li> </ul>
Gero-psychology	<ul style="list-style-type: none"> <li>• Incidence of Mild Cognitive Impairment in a Sample of Older Adults</li> <li>• Delirium in the Surgical Intensive Care Unit: Prevalence and Outcomes in Older Adults</li> </ul>
Long Term Care and End of Life Care	<ul style="list-style-type: none"> <li>• Profiling Arizona Nursing Home Residents</li> <li>• Pain Assessment in Nursing Home Residents</li> </ul>
Models of Care	<ul style="list-style-type: none"> <li>• PREP: Family-Based Care for Frail Older Adults</li> </ul>
Prevention	<ul style="list-style-type: none"> <li>• The Efficacy of Cranioelectrical Stimulation in Reducing Breast Cancer Symptoms</li> </ul>
Transfer of Care	<ul style="list-style-type: none"> <li>• None Reported</li> </ul>
Other Areas of Research	<ul style="list-style-type: none"> <li>• Quality of Life for Persons with Chronic Disabling Conditions</li> <li>• Meaning of Aging for Women with Childhood Onset Disability</li> </ul>
<b>2001 Post Doctoral Scholars</b>	
Caregivers Issues	<ul style="list-style-type: none"> <li>• Family Caregiver Role Strain and Ease in Making Life-Sustaining Treatment Decisions for Elderly Relatives</li> <li>• Overall Experiences of Family of Cognitively Normal and Demented People after Brain Autopsy</li> <li>• Staff Training in Assisted Living Residences Project [STAR]</li> <li>• The Roles of Nursing Care Staff interacting with Family Members in the Context of a Family Conference about End-of-Life Care</li> <li>• The Use of Contract Licensed Nursing Staff in U. S. Nursing Homes [aims to determine what kinds of nursing home market situations foster the use of contract RNs and LPNs; and to relate use of contract nursing staff to various indicators of quality of care in nursing homes]</li> </ul>

**Table 10 [continued]. Topics of Major Hartford Pre-Doctoral and Post-Doctoral Research Projects**

Area of Research	Description of Research Project
Disease Management	<ul style="list-style-type: none"> <li>• Disability and Rehabilitation Services in Older Adults Following Cardiac Events [examines the predictors of disability in hospitalized elders at 3 and 6 weeks post discharge]</li> <li>• Management of Diabetes in Long-term Care</li> <li>• 30-Day Hospital Readmission Rates Among Medicare Beneficiaries Following Surgical Treatment for Colorectal Cancer [evaluates early hospital readmission and prior service use among older persons surgically treated for colorectal cancer]</li> <li>• Rehospitalization Among Elders Surgically Treated for Colorectal Cancer [describes discharge destinations, rehospitalization and mortality rates by discharge destination for older persons surgically treated for colorectal cancer using Medicare data]</li> <li>• Symptom Management and Rehospitalization for Older Persons following Surgical Treatment for Colorectal Cancer [aims to identify primary diagnoses for 60-day hospital readmission among older adults following surgical treatment for colorectal cancer and to sort out those diagnoses for which hospitalization may be preventable by nursing care]</li> <li>• The Relationship of Problematic Vocalization and Salivary Cortisol</li> </ul>
Gero-psychology	<ul style="list-style-type: none"> <li>• Experiences of Family of Cognitively Normal and Demented People after Brain Autopsy: Emotional and Behavioral Reaction Survey Development</li> <li>• The Effect of Therapeutic Touch on Agitated Behavior in Persons with Alzheimer's Disease</li> </ul>
Long Term Care and End of Life Care	<ul style="list-style-type: none"> <li>• State Policies and Hospitalization From Nursing Homes [characterize inter- and intra-state variations in the long-stay nursing home population and model the unique association of facility and state level factors with hospitalization events among long-stay nursing home residents]</li> <li>• Characterizing Pain in Cognitively-Impaired Nursing Home Residents [pilot study to identify major etiologies and behavioral indicators of pain in this population]</li> <li>• Dehydration in Nursing Homes: Identification of Risk Factors and Effective Interventions [aims to validate and augment/revise the Hydration Risk Appraisal checklist [HRAC], determine the effect of hydration interventions in helping NH residents at high-risk and low-risk for dehydration meet and maintain a fluid goal]</li> <li>• Ethnicity and Race as Predictors of Nursing and Long-Term Care Service Use</li> <li>• Improving Outcomes of Nursing Home Interactions [research on Elder-Speak]</li> <li>• Medical infrastructure in US Nursing Homes</li> </ul>
Models of Care	<ul style="list-style-type: none"> <li>• None Reported</li> </ul>
Prevention	<ul style="list-style-type: none"> <li>• Low Intensity Exercise Intervention for Frail Elders [studies the effects of an exercise intervention on functional status of frail elders]</li> <li>• E-Change [an electronic intervention to increase exercise maintenance]</li> </ul>
Transfer of Care	<ul style="list-style-type: none"> <li>• Transitions at the End of Life: Family Satisfaction and Information Continuity [examines family members ratings of the quality of end of life care in the last two care settings and whether respondents believed that health care providers had "enough information about patient's medical history to provide the best possible care"]</li> </ul>

**Table 10 [continued]. Topics of Major Hartford Pre-Doctoral and Post-Doctoral Research Projects**

Area of Research	Description of Research Project
Other	<ul style="list-style-type: none"> <li>• Interorganizational Relationships and Postsurgical Cancer Care</li> <li>• Predictors of Disability in Hospitalized Elders [secondary data analysis including path analyses and structural equation modeling techniques]</li> <li>• Promoting Equal Access to Long-Term Care Service Utilization among Diverse Ethnic Groups in Hawaii</li> <li>• The Relationship between Acculturation and Use of Community-Based Services in Elderly Japanese Men</li> <li>• Expanding Dimensions of Elder Care [evaluate focus groups of senior baccalaureate students to examine changes in attitudes towards geriatric nursing and long-term care roles as a result of expanded training and clinical experience in long-term care]</li> <li>• Validation of Ambulatory Care Sensitive Diagnoses for Nursing Home Residents</li> </ul>
<b>2002 Post-Doctoral Scholars</b>	
Care-givers Issues	<ul style="list-style-type: none"> <li>• Evaluating the Effect of Structured Written Emotional Expression [SWEE] on Caregiver Burden Outcomes [pilot study to prepare all instruments, instructions, ads, posters, brochures, consent for Human Subjects for a larger program]</li> <li>• Making the Decision to Place a Family Member in a Special Care Unit</li> <li>• Gender, Ethnicity, and Caregiver Differences in Making the Decision to Place a Family Member in a Special Care Unit [SCU]</li> <li>• Written Emotional Expression &amp; Caregiver Burden Outcomes</li> </ul>
Disease Management	<ul style="list-style-type: none"> <li>• Distraction Intervention Grant [tests a distraction intervention aimed at reducing pain and anxiety in children experiencing painful procedures [such as IV insertions]]</li> <li>• Family Health after Predictive Testing for Huntington Disease [aims to determine concerns and needs of families at various points across the HD trajectory. Results will be used for instrument and intervention development]</li> <li>• The Effect of Supplemental Fluid on Tissue Oxygen and Perfusion: A Pilot Study [aims to determine whether provision of supplemental fluid results in an increase in subcutaneous oxygen [hydration status] and oxygen at the pressure ulcer site]</li> <li>• Supplemental Fluid and Collagen Deposition</li> <li>• Fluid Balance and Tissue Oxygenation in Persons with Diabetes Mellitus with Foot Ulcers</li> </ul>
Gero-psychology	<ul style="list-style-type: none"> <li>• Effects of Companion Animals on Nursing Home Residents with Dementia</li> <li>• Descriptive Phenomenological Analysis of the Experience of Dispiritedness in Later Life</li> <li>• A Triangulated Study of Relationships among Perceived Autonomy, Self-Care Resources, and Health in Community-Dwelling Older Adults</li> <li>• Factors Contributing to Perceived Enactment of Autonomy in Older Adults</li> <li>• Genotype Phenotype Correlations in Alzheimer Disease [pilot study of a longitudinal, multi-site effort to study the contribution of genetic variations in candidates with Alzheimer Disease genes on phenotypic variability in persons with Alzheimer's Disease]</li> <li>• Psychometric Properties of the Dementia Care Mapping Assessment Instrument</li> </ul>

**Table 10 [continued]. Topics of Major Hartford Pre-Doctoral and Post-Doctoral Research Projects**

Area of Research	Description of Research Project
Long Term Care and End of Life Care	<ul style="list-style-type: none"> <li>• Appropriateness of Pharmacological Therapy in Nursing Homes at End of Life [investigates the type and amount of medication prescribed and given to nursing home residents at the end of life]</li> <li>• Analysis of the Pain Management of Terminally-Ill Nursing Home Residents</li> <li>• Dynamics of Symptom Management Among Nursing Home Residents</li> <li>• Morning and Evening Care in Nursing Homes</li> <li>• Prevalence of Pressure Ulcers Among Terminally Ill Nursing Home Residents [seeks to understand the dynamics of pressure ulcer development in nursing home residents]</li> <li>• Post-Fall Assessment: Development and Validation of a Tool to Use with Older Nursing Home Residents</li> <li>• Relationship Between Nurse Staffing Levels and MDS Reported Pain Assessments [utilizes the new MDS pain quality indicator to examine the relationship between staffing levels and patient assessments of pain in nursing home residents]</li> </ul>
Models of Care	<ul style="list-style-type: none"> <li>• None Reported</li> </ul>
Prevention	<ul style="list-style-type: none"> <li>• None Reported</li> </ul>
Transfer of Care	<ul style="list-style-type: none"> <li>• Management of Relocation in Older Adults</li> </ul>
Other	<ul style="list-style-type: none"> <li>• A Survey of Nursing Faculty and Student Needs and Attitudes Related to Gerontological Nursing [project being developed]</li> <li>• Learning Needs and Attitudes of Nursing Faculty and Students Towards Older Adults</li> <li>• Curriculum and Faculty Development in Community-Based Care</li> <li>• Outcomes of Acute Hospitalization</li> <li>• Natural History of Acute Hospitalization and its Aftermath in Elderly Men and Women</li> </ul>
<b>2003 Post-Doctoral Scholars</b>	
Care-givers Issues	<ul style="list-style-type: none"> <li>• Distance Caregiving and Technology: State of the Science</li> </ul>
Disease Management	<ul style="list-style-type: none"> <li>• A Pain Behavior Observational Method for Severely Cognitively Impaired Elders with Osteoarthritis</li> <li>• Hyperalgesia Measurement in Postsurgical Elders</li> </ul>
Gero-psychology	<ul style="list-style-type: none"> <li>• Psychosocial Trajectories of Men Electing Watchful Waiting as Treatment for Prostate Cancer</li> <li>• The Effect of Exercise and Activity on Sleep in Dementia</li> <li>• A Description of Sleep and Cognition in Dementia [secondary analysis]</li> <li>• Sleep and Behavioral Disturbance in Dementia</li> </ul>
Long Term Care and End of Life Care	<ul style="list-style-type: none"> <li>• Outcomes of Nursing Management Practices in Nursing Homes</li> <li>• Factors Affecting Safety in Home Care of People with Dementia</li> </ul>

**Table 10 [continued]. Topics of Major Hartford Pre-Doctoral and Post-Doctoral Research Projects**

<b>Area of Research</b>	<b>Description of Research Project</b>
Models of Care	<ul style="list-style-type: none"><li>• None Reported</li></ul>
Prevention	<ul style="list-style-type: none"><li>• None Reported</li></ul>
Transfer of Care	<ul style="list-style-type: none"><li>• Hospital Discharge Medication Discrepancies and Quality Factors Among Older Adult Heart Failure Patients</li><li>• Community Context of Informal and Formal Elder Care</li></ul>
Other	<ul style="list-style-type: none"><li>• Monofilament Pain Threshold in Healthy Older Adults</li></ul>

**Annual BAGNC Leadership Conference.** The Leadership Conference has become the cornerstone of the BAGNC program. Since June 2000, the AAN Coordinating Center has developed and organized three Annual Building Academic Geriatric Nursing Capacity Leadership Conferences with the fourth fully planned and to be held in November 2004. The conference is scheduled as a pre-conference to the Gerontological Society of America [GSA] Annual Meetings in order to maximize synergy with and build momentum for the GSA Meetings. The Leadership Conference is designed to meet the following goals:

- Assist the various Hartford-funded Scholars in orchestrating full careers;
- Facilitate the skill training necessary to build excellence and leadership in gerontology;
- Encourage the development of a national network of geriatric nurse leaders/researchers; and
- Link research to practice and policy changes.

The agenda for each of the Leadership Conferences was designed by Angela McBride, Ph.D. and Claire Fagin, Ph.D., in consultation with the Directors of the Hartford Centers of Geriatric Nursing Excellence and the Director of the John A. Hartford Institute for Geriatric Nursing at New York University, all of whom appeared on the program in various capacities. The target audience has expanded from focusing on the Hartford AAN Pre- and Post- Doctoral Scholars to incorporating all John A. Hartford Foundation-supported Geriatric Nursing Scholars, including AAN MBA Scholars, AACN Creating Careers in Geriatric Advanced Practice Nursing Scholars, and Hartford Institute Scholars.

By all accounts the first three Annual Leadership Conferences were exceptional successes. The evaluations for each of the three Leadership Conferences suggested that the conferences were extremely effective in reaching their goal of providing leadership and career development opportunities for their target audience – all Hartford-supported geriatric nursing Scholars.

- For all three Leadership Conferences, nearly all [at least 98%] of Hartford-supported Scholars indicated that the conference very closely or somewhat closely matched their expectations, and that they were very likely or somewhat likely to use the information learned from the conference.
- The Coordinating Center has been successful in providing relevant and useful information to all Hartford-supported Scholars who vary greatly in focus and level of studies. For all three Leadership Conferences, over 80% of the Scholars indicated that the Conference was extremely relevant or very relevant to their work, that the Conference was extremely valuable or very valuable in helping them achieve their Hartford grant objectives, and that the Conference was extremely useful or very useful in helping increase Scholars' leadership skills in the field of geriatric nursing.
- A total of 10 of the 11 returning second-year 2001 Scholars surveyed reported that they used the information provided during the 2001 Leadership Conference during the following year. A total of 13 of the 14 returning second-year 2002 Scholars surveyed reported that they used the information provided during the 2002 Leadership Conference the following year.
- The quality and content of the Leadership Conference is maintained in each successive year. Scholars who attended two conferences consistently rated the second conference as equal or better than the previous in terms of quality, overall relevance, networking opportunities, and effectiveness in increasing leadership skills.

Table 11 shows how the Scholars rated the relevance, content, quality, and usefulness of each of the Leadership Conferences. Table 112 summarized how Scholars attending two conferences rated the later Conference in comparison with the previous one. Table 13 presents general conclusions for each of the Conferences' impact on Scholars.

In addition to reaching the target audience of Hartford-supported Scholars, the Leadership Conferences also convene the Directors and Staff of all Hartford-funded projects. The conferences provide an opportunity for Directors and Staff of all of the CGNE and NSGIP projects to meet face-to-face and talk strategically about their program development, build synergy between their programs, and interact with Scholars.

### **Contributions of the Coordinating Center to the Annual Leadership Conference**

- The overall *planning* support required for the Leadership Conference is very time-consuming and requires large amounts of effort on the part of the Coordinating Center Director, an outside consultant – Dr. Angela McBride – and the staff of the Coordinating Center. The annual evaluation reports on the conference suggest that the program has been extremely well received, and additionally, that the Hartford Geriatric Nursing Scholars were being trained in skills which immediately translated into a significant enhancement of their career paths.
- The overall *logistical* support required for the Leadership Conference is extremely time-consuming and requires large amounts of effort on the part of the staff of the Coordinating Center. Running a three-day conference for more than 100 participants and coordinating travel, hotel, meeting, and speaker logistics is a very large task. The Leadership Conference has run smoothly, without significant problems, and its logistics have been extremely positively evaluated by all participants each year. The fact that such a conference is run without any problems each year is a major outcome for the staff of the Coordinating Center.
- The Coordinating Center and Dr. McBride have been very responsive to the evaluation results from the preceding conference each year as they have designed the program for the next conference. More than any other component of the Hartford Geriatric Nursing Initiative, evaluation results have been used to fine-tune the program each year so as to be maximally responsive to the needs of the participants and to optimize their experiences in advancing as leaders within the field.

**Table 11. Scholar Ratings of the 2001, 2002, and 2003 Annual Leadership Conference<sup>10</sup>**

Variable	Indicator	Annual Leadership Conference		
		2001 [n=15]	2002 [n=54]	2003 [n=57]
How relevant was this leadership conference for your work?	Extremely Relevant or Very Relevant	100.0%	94.4%	86.0%
How well did the conference match your expectations?	Very Closely Match or Somewhat	100.0%	100.0%	98.2%
Would you recommend a similar conference to a peer?	Definitely or Probably	100.0%	94.5%	94.7%
How would you rate the conference quality?	Excellent or Very Good	100.0%	90.7%	91.2%
How likely are you to use the information from the conference?	Very Likely or Somewhat Likely	100.0%	98.2%	98.2%
How valuable was the overall conference in helping you meet the goals and objectives of your JAHF grant/scholarship?	Extremely Valuable or Very Valuable	100.0%	88.7%	86.0%
How useful was the overall conference in helping you <u>increase</u> your leadership skills within the field of gerontological/geriatric nursing?	Extremely Useful or Very Useful	100.0%	83.4%	82.5%
How appropriate was the number of networking opportunities provided at this conference [e.g., networking luncheons, breaks]?	Just Right	33.3%	83.3%	63.2%
How conducive was the setting of this conference to networking?	Extremely or Very	75.0%	87.0%	78.9%
How appropriate was the combination of panels, concurrent sessions, networking receptions, and other sessions at this conference?	Just Right	77.8%	90.0%	70.2%

<sup>10</sup> These ratings were derived from the responses the Hartford Scholars gave on the conference evaluation form. Though data were collected from other attendees [presenters, and CGNE, NSGIP, Hartford Institute, and AACN Directors, Staff, and/or Faculty], conclusions focused on Hartford Scholars – the primary audience for the Leadership Conferences.

**Table 12. Returning Second Year Scholar Ratings of Current Annual Leadership Conference Compared to Previous Leadership Conference<sup>11</sup>**

Variable	Indicator	Annual Leadership Conference	
		2002 [n=15]	2003 [n=14]
The overall quality of this year's conference was:	Better than last year or About the same	93.3%	92.9%
The overall relevance of this year's conference to my work was:	More relevant than last year or About the same	100.0%	92.9%
The opportunities for networking and interacting with peers in this year's conference were:	Better than last year or About the same	93.3%	85.7%
This year's conference increased my leadership skills within the field of gerontological/geriatric nursing	More than last year or About the same	100.0%	100.0%
Did you use any information from last year's Leadership Conference over the course of the year?	Yes	90.9% <sup>12</sup>	92.9%
Did the networking opportunities provided by the 2001 Leadership Conference result in any synergistic relationships or collaborations during the year?	Yes	69.2% <sup>13</sup>	57.1%

<sup>11</sup> These ratings were derived from the responses the Hartford Scholars gave on the conference evaluation form. Though data were collected from other attendees [presenters, and CGNE, NSGIP, Hartford Institute, and AACN Directors, Staff, and/or Faculty], conclusions focused on Hartford Scholars – the primary audience for the Leadership Conferences.

<sup>12</sup> [n=11]

<sup>13</sup> [n=13]

**Table 13. Summary of Impact of the Leadership Conference on the Hartford Scholars<sup>14</sup>**

<b>Conference</b>	<b>Target Audience</b>	<b>Impact of the Conference</b>
2001 Leadership Conference November 14-15, 2001 Chicago, IL	<ul style="list-style-type: none"> <li>• 10 [2001] Pre-Doctoral Scholars</li> <li>• 7 [2001] Post-Doctoral Scholars</li> <li>• Additional attendees not targeted include: Scholar Mentors, Presenters, and Directors, staff, and faculty from AAN, Hartford Institute, AACN, CGNEs, and NSGIPs</li> </ul>	<ul style="list-style-type: none"> <li>• This initial leadership conference was very well received. The small group and focus on the AAN Scholars made an impression on the Scholars: they went away feeling inspired to work in the field, responsible for taking a part as a leader in the field, and supported by other.</li> <li>• Respondents would generally have preferred more opportunities for networking and interaction. Possibly, a number of individuals did not know how to make full use of the opportunities provided.</li> <li>• In general, the diversity of professional experience levels and backgrounds of individuals in the room during the two days may not have been taken into account fully in planning the program. Different types of respondents each seem to suggest that they would have preferred at least some targeted programming [or breakout sessions] oriented toward their specific level of experience or leadership development needs.</li> <li>• Based on Scholar feedback, small changes were made in the program of the subsequent Leadership Conference.</li> </ul>
2002 Leadership Conference November 20-22, 2002 Boston, MA	<ul style="list-style-type: none"> <li>• 10 [2001] Pre-Doctoral Scholars</li> <li>• 7 [2001] Post-Doctoral Scholars</li> <li>• 11 [2002] Pre-Doctoral Scholars</li> <li>• 9 [2002] Post-Doctoral Scholars</li> <li>• 2 [2002] MBA Scholars</li> <li>• 36 AACN Advanced Practice Nursing Scholars</li> <li>• Additional attendees not targeted include: Scholar Mentors, Presenters, and Directors, staff, and faculty from AAN, Hartford Institute, AACN, CGNEs, and NSGIPs</li> </ul>	<ul style="list-style-type: none"> <li>• The Scholars were very satisfied with the networking opportunities at the Conference. Less structured sessions, such as the Poster Presentations and Concurrent Sessions, were especially successful in facilitating networking among Scholars, and between Scholars and Leaders in the field. The Scholars were very gratified with the chance to speak to others who share similar interests and experience, and appreciated the opportunity to interact with and get input from experts in geriatric/gerontological nursing.</li> <li>• Overall, Scholars felt that they would use the information from the Conference to build confidence and knowledge to lead others; to communicate and represent the professional roles and goals of geriatric/gerontological nursing in the public and political spheres; and to build a network of peers, mentors, and colleagues to help support their growth as nursing Scholars.</li> <li>• Scholars felt that the Conference could be improved by integrating some practical content into the sessions.</li> <li>• Scholars who participated in the previous conference [2001 Leadership Conference] reported that the Scholars received helped them increase their leadership skills within the field of geriatric/gerontological nursing.</li> <li>• Based on Scholar feedback, small changes were made in the program of the subsequent Leadership Conference.</li> </ul>

<sup>14</sup> These conclusions were derived from the responses the Hartford Scholars gave on the conference evaluation form. Though data were collected from other attendees [presenters, and CGNE, NSGIP, Hartford Institute, and AACN Directors, Staff, and/or Faculty], conclusions focused on Hartford Scholars – the primary audience for the Leadership Conferences.

**Table 13 [continued]. Summary of Impact of the Leadership Conference on the Hartford Scholars<sup>15</sup>**

Conference	Target Audience	Impact of the Conference
2003 Leadership Conference November 19-21, 2003 San Diego, CA	<ul style="list-style-type: none"> <li>• 11 [2002] Pre-Doctoral Scholars</li> <li>• 9 [2002] Post-Doctoral Scholars</li> <li>• 2 [2002] MBA Scholars</li> <li>• 12 [2003] Pre-Doctoral Scholars</li> <li>• 8 [2002] Post-Doctoral</li> <li>• 2 [2002] MBA Scholars</li> <li>• 33 AACN Advanced Practice Nursing Scholars</li> <li>• 3 NYU Hartford Scholars</li> <li>• Additional attendees not targeted include: Scholar Mentors, Presenters, and Directors, staff, and faculty from AAN, Hartford Institute, AACN, CGNEs, and NSGIPs</li> </ul>	<ul style="list-style-type: none"> <li>• Scholars were very positive about their experience with the Conference. Scholars felt energized and stimulated by the combination of distinguished speakers, expert panels, break-out sessions, and networking opportunities. They felt exposed to a range of topics and issues and were challenged to broaden their view of the work they do and the impact that they can make as a nurse researcher. Speakers provide a number of templates for how to make an impact on the field of geriatric nursing and health policy.</li> <li>• Overall, Scholars felt that they would use the information from the Conference as a spring board for pursuing innovative strategies for making an impact on the field of nursing. This Conference provided examples of and motivation for thinking more broadly about the work that they do; understanding the benefit of pursuing interdisciplinary work; appreciating the interrelationship between nursing, policy, and economics; and actively pursuing and taking advantage of opportunities. The Conference was able to present a vision of the future of nursing while maintaining the heritage of the profession's past accomplishments.</li> <li>• The Concurrent Sessions were a good step towards having more targeted sessions. Namely, smaller groups gave participants more opportunities to voice their views and to engage in in-depth discussion. Scholars found the chance to share information about opportunities and expectations useful.</li> <li>• Scholars who attended the 2002 Leadership Conference reported that the 2003 Leadership Conference was equal or better in terms of increasing their leadership skills, the quality of the Conference, and the relevance to their work.</li> <li>• Based on Scholar feedback, small changes were made in the program of the subsequent Leadership Conference.</li> </ul>

<sup>15</sup> These conclusions were derived from the responses the Hartford Scholars gave on the conference evaluation form. Though data were collected from other attendees [presenters, and CGNE, NSGIP, Hartford Institute, and AACN Directors, Staff, and/or Faculty], conclusions focused on Hartford Scholars – the primary audience for the Leadership Conferences.

**Nursing School Geriatric Investment Program.** The Coordinating Center wrote a proposal and received funding to provide three-year grants to improve small, specific areas in the geriatric nursing programs of the seven Schools of Nursing who applied for CGNE funding but were not selected. This grant was created as a result of conclusions generated in *Caring for Older Americans, Recommendations for Building A National Program For Graduate Nursing Education In Gerontology*, the report from the Expert Panel that the Coordinating Center co-hosted with Health Resources and Services Administration [HRSA].

Under the guidance of the Coordinating Center, the Nursing School Geriatric Investment Program has been extremely productive. By the most stringent of criteria, five of the seven schools are much stronger centers of geriatric nursing proficiency than they were at the beginning of the funding period. By a somewhat less stringent criterion, six of the seven are stronger. All seven schools show significant progress toward increasing the quality of their gerontological nursing programs.

- *Enhanced Capacity.* Nearly all of the NSGIPs reported activities to enhance the capacity to train students for geriatric nursing. The schools reported enhancing curriculum and providing additional resources and learning opportunities. A total of 5 out of 7 schools enhanced curriculum by incorporating geriatric content into curriculum and/or developing new geriatric courses and modules; 2 of 7 schools provided monetary support to students; and 2 of 7 schools provided new opportunities to learn about geriatric care. As a result of capacity enhancing activities, NSGIPs increased gerontology content in their programs, enabling their schools to prepare GNP and doctoral level students with a focus on aging. A summary of capacity enhancing activities including exemplars, outcomes and lessons learned are shown in Table 14.
- *Curriculum Development and Implementation.* One goal of the NSGIP grant included the development and implementation of curriculum for geriatric courses. All NSGIPs except one reported to have engaged in curriculum development and implementation type activities. A total of 5 of the 7 schools developed new geriatric courses; 4 of the 7 schools incorporated geriatric content into existing courses; and 2 of the 7 schools directly utilized the Internet. The majority of schools successfully reported an increase in the quality and quantity of geriatric content added to their programs. A summary of curriculum development and implementation activities including exemplars, outcomes and lessons learned is shown in Table 15.
- *Infrastructure Development.* Numerous activities were conducted by NSGIPs to develop permanent structures in the Investment Programs to support the preparation of geriatric nurses. A total of 2 out of 7 schools participated in the following activities: the development of new structures to promote/support geriatric nursing, develop linkages and collaborations with other institutions, and to recruit and develop faculty. Infrastructure development activities increased the opportunities for students to become involved with geriatric nursing. A summary of infrastructure development activities including exemplars, outcomes and lessons learned is shown in Table 16.
- *Becoming a Comprehensive Program.* Almost all of the NSGIPs reported making progress towards enhancing their ability to act as a vehicle for increasing geriatric nursing capacity at all levels. A total of 3 of the 7 schools conducted activities to enhance geriatric education; 4 of the 7 schools developed their geriatric faculty; 2 of the 7 schools conducted recruitment activities; and 4 of the 7 schools enhanced their internal infrastructure. In becoming more comprehensive programs for increasing geriatric nursing capacity, the NSGIPs chose to add new geriatric specialty tracks to their programs, expand geriatric content in existing courses, and/or recruit faculty with geriatric expertise to teach and develop new curriculum. A summary of these activities including exemplars, outcomes, and lessons learned is shown in Table 17.

## **Contributions of the Coordinating Center to the Nursing School Geriatric Investment Program**

- As with the Centers of Geriatric Nursing Excellence Program, the Coordinating Center had a major role in interpreting the intent of the program for the participating NSGIP programs. Individual program components were reported to the BAGNC Coordinating Center where the Director [Dr. Fagin] examined program plans, provided feedback, and helped individual NSGIP project directors fine-tune their projects.
- As with the CGNE Program, the BAGNC Coordinating Center also was primarily responsible for coordinating communications among the seven NSGIP grantees and encouraging them to share information, expertise, and lessons learned.
- As with the CGNE Program, the BAGNC Coordinating Center helped individual grantees fine-tune their programs, to differing degrees depending upon the willingness of the NSGIP Project Director to accept help from the Coordinating Center Director.
- While the contributions of the BAGNC Coordinating Center to information sharing and consensus setting among the Centers of Geriatric Nursing Excellence were exemplary, the Center was somewhat less successful in the case of the NSGIP Program. The Center faced something of an uphill battle in coordinating and guiding the NSGIP Programs for a variety of reasons, including the very limited funding for this specific program [and the support functions of the Coordinating Center] as well as the fact that the grantees themselves – Schools of Nursing not generally perceived as ready to have Centers of Geriatric Nursing Excellence – were less ready to participate in a cooperative and guided process than were the Centers of Geriatric Nursing Excellence, which had already achieved a different level of internal infrastructure and knowledge about the development of effective geriatric nursing programs. We believe that the Coordinating Center did the best job possible with the NSGIP Program given the fairly small amount of resources available to the Center specifically earmarked for this function, but that more could have been done had there been sufficient resources to support some significant remedial programs and consultations from the Coordinating Center Director. Should the NSGIP Program be continued in the future, and Coordinating Center support be part of that program, we would recommend that the funding for these activities be increased significantly.

**Table 14. Activities to Enhance Capacity to Provide Training to Students in Geriatric/Gerontological Nursing**

Selected exemplars of activities, outcomes, and lessons learned do not directly correspond to one another.

Each NSGIP school is randomly assigned a letter code. These letter codes are presented in parenthesis at the end of each exemplar.

Type	Number of Schools	Total Number	Selected Exemplars
<b>Activities</b>			
Incorporate Gerontology into the Curriculum	5	6	<ul style="list-style-type: none"> <li>Implemented two new courses on geriatric mental health for the BSN and Doctor of Nursing programs. [D]</li> <li>Revised the basic Health Assessment Course for all MS nurse practitioner students to contain 40% geriatric/gerontological specific content. [F]</li> <li>Developed web-based gerontology modules for use in the new post-master's GNP program. [E]</li> </ul>
Provide Monetary Support	2	2	<ul style="list-style-type: none"> <li>Provided tuition support to clinical, best practice, and doctoral Scholars interested in educational activities beyond those found in their clinical courses. [D]</li> <li>Funded dissertation award for a doctoral student. [A]</li> </ul>
Provide New Learning Opportunities	2	3	<ul style="list-style-type: none"> <li>Developed and implemented a new seminar series to provide students with a 'hands on' forum for working on particular policy issues. [C]</li> <li>Implemented faculty development seminars to provide faculty with geriatric course content to integrate in courses with students at all levels. [G]</li> </ul>
<b>Outcomes</b>	5	7	<ul style="list-style-type: none"> <li>Increased gerontology content in the pre-licensure programs. [D]</li> <li>Increased geriatric mental health content in GNP and CNS specialty tracks. [D]</li> <li>Reopened the Geriatric Nurse Practitioner [GNP] program which enabled the school to prepare GNP students and doctoral level students with a focus on aging. [E]</li> <li>Increased visibility within the School of Nursing for gerontological education and research. [G]</li> </ul>
<b>Lessons Learned</b>	6	14	<ul style="list-style-type: none"> <li>Increased number of matriculated GNP and GNP/CNS students as a result of tuition support. [D]</li> <li>BSN students are more interested in high technology acute nursing than gerontological nursing. [D]</li> <li>Student interaction across all levels and faculty role modeling affect students' visions for gerontological nursing. [C]</li> <li>Increased recruitment of doctoral students interested in gerontological nursing is needed. [A]</li> <li>Students must be taught how to learn in a web-based classroom. [E]</li> </ul>
<b>Any Activities, Outcomes, or Lessons Learned</b>	7	32	

**Table 15. Activities to Develop Nursing Curriculum and Implementation Activities**

Selected exemplars of activities, outcomes, and lessons learned do not directly correspond to one another.

Each NSGIP school is randomly assigned a letter code. These letter codes are presented in parenthesis at the end of each exemplar.

Type	Number of Schools	Total Number	Selected Exemplars
<b>Activity</b>			
Develop New Geriatric Courses	5	10	<ul style="list-style-type: none"> <li>Developed two new GNP courses on geriatric mental health. [D]</li> <li>Implemented baccalaureate and doctoral courses on care of the elderly, including a clinical option that assists students in applying concepts to the care of older adults in different environments. [D]</li> <li>Offered a joint course on research on older persons in collaboration with the School of Community and Preventive Nursing. [F]</li> <li>Developed a proposal for interdisciplinary concentration in Geriatrics and Aging Studies at the doctoral level which will be open to all doctoral level students in health related fields and will allow them to focus their elective/cognates in the area of aging. [E]</li> </ul>
Incorporate Geriatric Content into Existing Courses	4	8	<ul style="list-style-type: none"> <li>Expanded geriatric content in the BSN and Doctor of Nursing programs. [D]</li> <li>Redesigned the basic Advanced Health Assessment Course for all NP students to have more geriatric/gerontological content. [F]</li> <li>Held an invited lecture on the normal psychosocial changes of aging, and on culture and aging. [B]</li> </ul>
Utilize Internet	2	3	<ul style="list-style-type: none"> <li>Began construction of a new website to present a coordinated and comprehensive view of activity in gerontological nursing at the university. [C]</li> <li>Offered a series of web seminars focused on cultural competence in the care of persons with dementia and ways to develop culturally competent research in this field. [G]</li> <li>Enhanced three graduate courses and one undergraduate course with web-based content, including online case studies, discussions, and assignments. [E]</li> </ul>
<b>Outcomes</b>	5	7	<ul style="list-style-type: none"> <li>Assessed and implemented best geriatric nursing practices in the curriculum, and in local clinical facilities. [D]</li> <li>Displayed enthusiasm for curriculum development activities. [G]</li> <li>Taught courses jointly with other departments and available to all students have generated interest in the GNP program among other NP students. [F]</li> </ul>
<b>Lessons Learned</b>	5	10	<ul style="list-style-type: none"> <li>Faculty need to be educated about the need for geriatric content in all curricula. [D]</li> <li>The web offers another medium for course offerings but the basics of course development remain the same. [B]</li> <li>There is considerable interest in conducting research on older persons among doctoral students. [F]</li> </ul>
<b>Any Activities, Outcomes, and Lessons Learned</b>	6	38	

**Table 16. Activities to Develop the Internal Infrastructure to Support the Preparation of Geriatric/Gerontological Nurses**

Selected exemplars of activities, outcomes, and lessons learned do not directly correspond to one another.

Each NSGIP school is randomly assigned a letter code. These letter codes are presented in parenthesis at the end of each exemplar.

Type	Number of Schools	Total Number	Selected Exemplars
<b>Activity</b>			
Develop New Structure to Promote/Support Geriatric Nursing	2	5	<ul style="list-style-type: none"> <li>Established a Center of Excellence on Frail and Vulnerable Elders within the School of Nursing to serve as a resource for advancing the quality of care provided to the most fragile and dependent elderly persons and their caregivers. [C]</li> <li>Initiated a Gerontological Nursing Education Forum to bring together faculty involved in gerontological nursing across all levels, including BSN, Post-Baccalaureate RN, MS, and PhD. [A]</li> </ul>
Develop Linkages	2	3	<ul style="list-style-type: none"> <li>Developed collaborative relationships with the Family Nurse Practitioner [FNP] and Adult Nurse Practitioner [ANP] faculty. [E]</li> <li>Collaborated with individuals and state organizations to establish a state chapter of the National Gerontological Nursing Association and to pursue a process by which hospitals in the state could be designated as "Senior Friendly." [C]</li> </ul>
Develop Faculty	2	2	<ul style="list-style-type: none"> <li>Actively recruited one or more faculty [both junior and senior] with a specialty in gerontology. [G]</li> <li>Appointed a PhD level GNP faculty member as Director of the newly reopened GNP program. [F]</li> </ul>
<b>Outcomes</b>	5	8	<ul style="list-style-type: none"> <li>Received approval for a new Center of Excellence and established a Director and staff position. [C]</li> <li>Students who received Scholarships at one educational level have gone on to the next level of education [e.g. BSN to MN, or MN to PhD]. [G]</li> <li>Admitted four GNP students in the first year of funding for the newly reopened GNP program. [F]</li> </ul>
<b>Lessons Learned</b>	5	8	<ul style="list-style-type: none"> <li>It is important to identify what unique contribution of gerontology is unique to the school and be flexible and willing to reframe ideas to fit the context. [C]</li> <li>It is important to have an identity that best represents activities to potential stakeholders [e.g. students, community partners, and potential faculty] and can be easily found through an Internet search. [A]</li> <li>Most faculty do not have gerontology/geriatric content included in their programs and may not be aware of what they do not know. [E]</li> </ul>
<b>Any Activities, Outcomes, and Lessons Learned</b>	5	26	

**Table 17. Progress towards Becoming a More Comprehensive Program for Increasing Geriatric Nursing Capacity**

Selected exemplars of activities, outcomes, and lessons learned do not directly correspond to one another.

Each NSGIP school is randomly assigned a letter code. These letter codes are presented in parenthesis at the end of each exemplar.

Type	Number of Schools	Total Number	Selected Exemplars
<b>Activity</b>	6	16	
Enhance Geriatric Education	3	4	<ul style="list-style-type: none"> <li>Expanded geriatric content in the academic programs. [D]</li> <li>Began adding the Master's level GNP program to the already approved MS/PhD Program. [F]</li> <li>Developed educational modules and learning activities for use in online education. [E]</li> </ul>
Develop Geriatric Faculty	4	4	<ul style="list-style-type: none"> <li>Hired two new faculty including one tenure track faculty member and one lecturer. [C]</li> <li>Began actively recruiting one or more geriatric nursing faculty to participate in leading research and education in geriatric nursing. [G]</li> <li>Hired a PhD nursing faculty member with geriatric mental health expertise. [D]</li> <li>Appointed a GNP PhD faculty member to direct our Master's GNP program. [F]</li> </ul>
Recruitment	2	3	<ul style="list-style-type: none"> <li>Initiated strategic planning for recruitment of doctoral students in gerontological nursing. [A]</li> <li>Recruited GNP students [generic and post-master's] and pre-and Post-Doctoral students with an interest in aging. [F]</li> </ul>
Enhance Infrastructure	4	6	<ul style="list-style-type: none"> <li>Established the Center of Excellence on Frail and Vulnerable Elders [COFVE]. [C]</li> <li>Extended research activity through pilot grant program. [C]</li> <li>Developed a geriatric nursing network group. [G]</li> </ul>
<b>Outcomes</b>	4	9	<ul style="list-style-type: none"> <li>Implemented three new geriatrics courses in the BSN and Doctorate of Nursing programs and received faculty approval for two new geriatric mental health courses in the MSN program. [D]</li> <li>Included the project director in the interview process for a new Director of Institute of Gerontology. [C]</li> <li>Received invitations for project staff to develop new projects with Geriatric Medicine. [C]</li> <li>Taught courses using web-based technology and received positive student evaluations. [E]</li> <li>Identified twenty-two potential Post-master's GNP students for Fall 2003. [F]</li> </ul>
<b>Lessons Learned</b>	6	6	<ul style="list-style-type: none"> <li>National initiatives are instrumental in convincing faculty of the importance of geriatrics in nursing programs. [C]</li> <li>Concrete, specific strategies with designated responsibility are needed to enhance recruitment and communication efforts. Busy faculty assume that recruitment is someone else's responsibility. [A]</li> <li>Potential geriatric/gerontological students do exist. [F]</li> <li>It is important to have technical support when putting courses into a web format. [E]</li> </ul>
<b>Any Activities, Outcomes, and Lessons Learned</b>	6	32	

## Beyond the Building Academic Geriatric Nursing Capacity Program

**The Hartford Geriatric Nursing Initiative [HGNI].** The HGNI is an expansive Initiative consisting of six major programs with two Coordinating Centers – one housed in the American Academy of Nursing and the other in the American Association of Colleges of Nursing – and an Institute, the Hartford Institute for Geriatric Nursing Excellence. The Coordinating Center has made significant contributions to the Hartford Geriatric Nursing Initiative as a whole. The Center ensures that the Building Academic Geriatric Nursing Capacity Program is a strong partner and not just a solitary program within the Initiative.

The Coordinating Center took the lead in coordinating and facilitating a meeting of all key stakeholders in the HGNI in September 2003 in order to identify key areas for collaborative work. A total of 19 participants attended including 4 Directors of Hartford Centers of Geriatric Nursing Excellence; 7 Directors of Nursing School Geriatric Investment Program grants; and 8 other participants representing the American Academy of Nursing, the American Association of Colleges of Nursing, and the Hartford Institute for Geriatric Nursing at NYU.<sup>16</sup>

- Participants rated the meeting favorably, although not always in the highest category on all dimensions. While it is not possible to isolate direct support for the following assertion within the data because of the questions asked, it seems probable that the fact that this was a “complicated” meeting seeking to integrate 16 different projects was partially responsible for the respondents not giving the meeting the highest possible ratings on all dimensions as sometimes happens in meetings which have “simpler” agendas.
  - ◆ When rating the meeting in reference to its goal – prioritizing together how to build on collective strengths for mutual benefit – 15.8% of the participants rated the meeting as excellent, 52.8% of the participants rated the meeting as very good, 26.3% of the participants rated the meeting as good, and 5.3% of the participants rated the meeting as fair.
  - ◆ 52.6% of the participants reported that it was very likely that they will use the information about patterns of strengths and challenges across all JAHF geriatric nursing programs to improve their JAHF programs; 26.3% reported it was somewhat likely, and 21.1% reported that they were not sure.
  - ◆ 63.2% percent of the participants reported that it was very likely that they will use the information about key, shared initiatives and plans to carry them out to improve their JAHF project; 26.3% reported it was somewhat likely, and 10.5% reported that they were not sure.
  - ◆ 50% of the participant indicated that another stakeholders meeting should definitely be held in the future; the other half reported that another meeting should probably be held.
- The qualitative comments and ratings along with the content of the sessions suggest that this was a meeting that the participants could not approach in a “simple” way with clear prior expectations about what to expect in terms of very specific discussions or activities. Rather, because the meeting was seeking creative solutions to fairly broadly-defined issues like collaboration, synergy, leveraging, and new models for sharing, the benchmarks for “the best possible session” are probably not ones for which the participants have a narrowly-defined consensus definition of what constitutes the best possible exemplar. That is, this was a new kind of meeting for many participants, and they did not necessarily have a strong consensus on what would constitute an “excellent” as opposed to a “good” meeting.
- A number of participants were in favor of moving forward with additional meetings or alternate forms of collaboration and communication, although a number also appear to be looking for more concrete plans for future collective activities.

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<sup>16</sup> One HCGNE Director was unable to attend the meeting and was represented by an alternate; data from that individual are not included here. One CGNE faculty member is included in the Other category because she represented an AACN program at this meeting.

The Coordinating Center has held a number of other meetings to facilitate communication within specific projects and programs, across HGNI programs, and between key players in the field, to promote collaborative work in geriatric nursing. The Coordinating Center's ability to convene all of the entities is facilitated by Dr. Fagin's role as the chair of Hartford Institute's National Board of Advisors, and as a member of Advisory Board for the Geriatric Nursing Education Project administered by the American Association of Colleges of Nursing. Table 18 lists all of the major meetings arranged by the Coordinating Center between July 2000 and June 2004 and provides a brief summary of each meeting.

**Table 18. Major Meetings Coordinated by the AAN Coordinating Center [July 2000 – June 2004]**

Year	Meeting/Event
2000	<ul style="list-style-type: none"> <li>• <b>Initial Face-to-Face Meeting of the CGNE Directors [November 18, 2000 in Washington DC]</b> Meeting held during GSA to introduce the CGNE directors to one another and provide them with a forum to discuss the overall program initiative</li> <li>• <b>Program Advisory/Selection Committee Meeting [December 9 – 10, 2000 in Washington DC]</b> Meeting of the Advisory and Selection Committee to select the first round of John A. Hartford Geriatric Nursing Scholars and discuss BAGNC business</li> </ul>
2001	<ul style="list-style-type: none"> <li>• <b>Expert Panel Meeting [March 8 – 9, 2001, Washington D.C.]</b> Meeting, hosted with the HRSA Division of Nursing, to produce clear recommendations for the future of advanced graduate geriatric nursing</li> <li>• <b>First Annual Leadership Conference [November 14 – 15, 2001, Chicago, IL]</b> Conference attended by all 17 Hartford Scholars, their primary mentors, the Advisory Committee, CGNE directors, staff and the project directors from the Nursing School Geriatric Investment Program to facilitate leadership and program development</li> </ul>
2002	<ul style="list-style-type: none"> <li>• <b>Program Advisory/Selection Committee Meeting [January 18, 2002 in Washington, DC]</b> Meeting of the Advisory and Selection Committee to select 11 Pre-Doctoral and nine Post-Doctoral Scholars</li> <li>• <b>Program Advisory/Selection Committee Meeting [March 2002 as a Conference Call]</b> Meeting of a subgroup of the Advisory and Selection Committee to select the first two Hartford MBA Scholars</li> <li>• <b>Centers of Geriatric Nursing Excellence Meeting [June 26 – 27, 2002 in Philadelphia, PA]</b> Meeting of the five CGNEs at the University of Pennsylvania with an agenda titled "Building Synergy Across the Hartford Center Network"</li> <li>• <b>Stakeholders' Meeting [September 29th – October 1, 2002 in Chicago, IL]</b> Meeting attended by all five CGNEs directors, the principle investigators from the seven Nursing School Geriatric Investment Projects, the co-directors of the JAHF Institute for Geriatric Nursing, the Coordinating Center staff, and the American Association of Colleges of Nursing staff to strengthen the individual program's communication activities and the collective impact all these programs</li> <li>• <b>Second Annual Leadership Conference [November 20 – 22, 2002 in Boston, MA]</b> Conference targeted at the American Academy of Nursing [AAN] Hartford Scholars and the American Association of Colleges of Nursing [AACN] Advanced Practice Nursing Scholars to facilitate a leadership and career development</li> </ul>
2003	<ul style="list-style-type: none"> <li>• <b>Program Advisory &amp; Selection Committee [January 14, 2003 in Washington, DC]</b> Meeting of the Advisory and Selection Committee to select 12 Pre-Doctoral, eight Post-Doctoral, and two MBA Scholars; during this meeting, the committee also adopted an adjusted award process guaranteeing each Pre-Doctoral candidate full support for their tuition and fees, plus a stipend up to \$30,000 per grant year [and not exceeding \$50,000 per year]</li> <li>• <b>Third Annual Leadership Conference [November 19 – 21, 2003 in San Diego, CA]</b> Conference target to all Hartford funded Scholars [and open to Scholars, faculty and principals from every JAHF funded geriatric nursing program] to facilitate leadership and career development</li> </ul>
2004	<ul style="list-style-type: none"> <li>• <b>Program Advisory &amp; Selection Committee [February 2 – 3, 2004 in Washington, DC]</b> Meeting of the Advisory and Selection Committee to select 13 Pre-Doctoral and eight Post-Doctoral; during this meeting, recommendations were also made to strengthen efforts in promoting the Scholar Awards Program and to employ strategies which reach out to minority nurses</li> <li>• <b>Centers of Geriatric Nursing Excellence Meeting [June 21 – 22, 2004 in Portland, OR]</b> Meeting of directors, staff, and faculty of all five CGNEs to discuss producing collaborative publications to disseminate the outcomes of this program</li> </ul>

The Coordinating Center has also been active in a “triumvirate” with the Hartford Institute for Geriatric Nursing Excellence and Coordinating Center at AACN to facilitate inter-HGNI communication and pursue joint-HGNI dissemination and promotion activities. As a result of the collaborative work of these centers, seven topic-specific listservs have been developed to promote the exchange of ideas and resources; an exhibit was designed that highlights all of the programs of the HGNI and is exhibited at major conferences nationwide; the HGNI brand has been developed with a common logo and promotion materials to convey the common mission of the Initiative; and an electronic newsletter has been developed and implemented to provide updates and give recognition to grantees.

## Conclusions

**Conclusions.** The following conclusions are drawn based on the data contained in this report and other analyses of the activities, role, and impact of the BAGNC Coordinating Center.

- The overall Building Academic Geriatric Nursing Capacity [BAGNC] Initiative facilitated by the BAGNC Coordinating Center at the American Academy of Nursing has been an extremely productive one. In summary, 82 highly-qualified Hartford Scholars have been selected to date by the program, with most having exceeded their planned academic and research goals. Five geographically [and intellectually] separated Centers of Geriatric Nursing Excellence have been melded into a collective effort to make broad and sweeping changes in the way geriatric nursing leaders are developed and trained. Seven Schools of Nursing have been nurtured as much as possible as they attempt to add significant geriatric nursing components to their curricula and training experiences. An annual, national Leadership Conference has been designed and implemented four times; the conference is among the most positively rated of any ever evaluated by the national evaluator. The Leadership Conference also integrates all of the components of the BAGNC Initiative served by the AAN BAGNC Coordinating Center with the program of the Hartford Institute on Geriatric Nursing and curriculum development and advanced practice Scholarship programs administered by the American Association of Colleges of Nursing. The Coordinating Center has participated, in many cases as the key member, in a “triumvirate” of John A. Hartford Foundation-funded “Centers” [at AAN, AACN, and New York University] seeking to tie together all of the Foundation’s efforts in geriatric nursing into a formal “Hartford Geriatric Nursing Initiative” with a coordinated communication strategy.
- Each of the components of the BAGNC Initiative exceeds [and in many cases greatly exceeds] expectations for similar projects funded at similar levels. Much of the “over-performance” is attributable to the efforts of the Coordinating Center Director and Staff in facilitating processes which tend to enable individual grantees to perform at the highest possible levels.
- In the case of the Scholars Program, the AAN BAGNC Coordinating Center clearly adds great value to the two years that Scholars spend in the program. In addition to fairly sophisticated scholar selection methods, the current Director [Dr. Claire Fagin] spends a large amount of time working with individual scholars in a number of different ways including informal mentoring, sharing resources and contacts, helping develop individual career development plans, providing highly regarded feedback from a field leader, and intervening very early when Scholars appear to be potentially deviating from an optimal path through the program. It is very clear that the contribution made by the Coordinating Center to the individual Scholar’s progress is, in virtually all cases, quite significant.

- In the case of the Centers of Geriatric Nursing Excellence Program, the AAN BAGNC Coordinating Center is the primary reason that five highly competitive, separate institutions have cooperatively developed a joint agenda, at the same time very candidly sharing resources, information, and expertise with one another. Without the AAN BAGNC Coordinating Center, it is quite likely that these five Centers would have competed with one another and shared a relatively small percentage of their expertise with one another. While formal communication systems helped foster this cooperative process, the primary reason for the progress in cooperative agenda was that the Director – through a combination of skilled administration, private communications when necessary, and general charismatic leadership – was able to inspire at least the five CGNEs to fully share and cooperate in all respects with one another. This was a major accomplishment.
- The Nursing School Geriatric Investment Program was successful, with a significant amount of this success attributable to the Coordinating Center, although in a relative sense it must be noted that the program was less successful than the CGNE or Scholar Programs. In part, we attribute the fact that the Coordinating Center was not able to do more with the NSGIP grantees to two factors: a] there was a limit on the resources available from the John A. Hartford Foundation for the administration of this program; b] the grantees themselves were not as “ready” to make changes in general as the CGNEs.
- While the performance of the Coordinating Center was overall exceptional, there are certain small and technical areas that could be improved in future funding cycles. First, there was a small amount of “elitism” that crept into the interactions among NSGIP grantees and CGNE grantees, with the CGNEs sometimes treated as “favored daughters” in joint meetings. Should both programs be operative in the future, the Coordinating Center needs to make a little more effort to make all programs appear as equal partners in improving academic geriatric nursing, especially in public meetings and other venues. Second, we believe that one small part of the Scholar selection procedures – specifically that for Post-Doctoral Fellows – might be improved. More so than for any other part of the Scholars program, the Post-Doctoral Fellows are very heterogeneous, mixing younger and more energetic and productive Scholars with others who see the Fellow period as a “reward” for a research career that is going well. Third, the staffing of the Coordinating Center would benefit in the future from hiring staff who are somewhat more skilled, or efficient, in certain technical areas such as database programming, high level office automation, and electronic meeting/communication methods. The Director needs at least one senior administrator co-located with her. Fourth, a program component that might be reconceptualized or eliminated is the Bulletin Board available to Scholars, most of whom find this difficult and cumbersome to use as opposed to the more easily used email communication networks also maintained by the Coordinating Center.
- In summary, the BAGNC Initiative is an extremely productive one. To a large degree, the success of this Initiative has been so high because of the value added to the individual grants [to CGNEs, NSGIP Schools, Hartford Scholars] by the BAGNC Coordinating Center.
- The BAGNC Coordinating Center has provided a very useful piece of learning for the Foundation that may be of programmatic use in other areas. Specifically, this grant illustrates that much stronger outcomes can be obtained from a multi-project initiative if an independent and very senior professional who is widely respected in the field is given appropriate resources to facilitate a process wherein the individual grantees are motivated and encouraged to share information and experiences. Dr. Fagin has provided an exceptional model to the field of how the outcomes and impact of an entire Initiative of grants to 12 Schools of Nursing and more than 80 individual Hartford Scholars can be maximized by applying very seasoned vision and an active management style encouraging cooperation, experimentation, and trust. The same model could prove very effective in other John A. Hartford Foundation Initiatives, especially in their formative years.