

Enhancing Gerontological/Geriatric Nursing Education for Undergraduate Baccalaureate and Advanced Practice Nursing Programs

**A Program Administered by the
American Association of Colleges of Nursing**

Conclusions from the Cross-Cutting Evaluation

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¹This report was prepared by George J. Huba, Ph.D.; Emmeline Chuang, B.A.; Lisa A. Melchior, Ph.D.; Aaron Griffith, M.A.; Fred Loya, B.A.; Jennifer Ricards, B.A.; Le Quach, M.P.H.; and Maya Melczer, B.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, in consultation with the American Association of Colleges of Nursing and the Geriatric Nursing Education Project Advisory Committee.

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Final Report

Executive Summary

The Measurement Group²

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The American Association of Colleges of Nursing [AACN] Geriatric Nursing Education Project, funded by the John A. Hartford Foundation's Geriatric Nursing Initiative, was a broad and long-term effort to improve the quality of training in geriatric nursing in American Schools of Nursing and to increase the number of nurses trained who are competent in geriatrics. The AACN funded through its Hartford Foundation grant, a diverse set of projects to enhance geriatric nursing curriculum at 30 Schools of Nursing distributed throughout the United States. The goals and objectives of the sub-grants funded through the grant to AACN ranged from large-scale curriculum changes to developing stand-alone courses in geriatric nursing, enhancing clinical experiences in geriatric nursing, and delivering course materials broadly through the Internet and other distance learning media. Capacity enhancements included such strategies as developing an infrastructure for geriatric nursing programs within host Schools of Nursing, raising the awareness of geriatric issues among faculty and students, and providing professional development opportunities for existing faculty in issues of geriatric nursing.

Through a competitive process using a national selection committee, in 2002 the AACN funded 30 programs as part of its Enhancing Gerontological/Geriatric Nursing Education Program – 20 Undergraduate Baccalaureate Programs and 10 Graduate Advanced Practice Nursing [APN] Programs – to develop, integrate, and/or enhance geriatric content in the courses at their respective institutions. The selection process was thorough and highly competitive. The selected Schools of Nursing are geographically diverse, serve students from a broad range of ethnic-racial communities and include both public and private institutions of higher learning. The project received input and guidance from a National Advisory Committee of faculty members prominent in the field of Geriatric Nursing until it ended on December 31, 2004. The sub-grantees were actively supported and managed by AACN through an administrative center funded as part of the project.

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Overall, the Enhancing Gerontological/Geriatric Nursing Education for Baccalaureate and Advanced Practice Nursing Programs were successful and accomplished what they set out to do. The American Association of Colleges of Nursing selected, managed, and supported 30 baccalaureate and graduate nursing programs in their development of curricular innovations for training the next generation of geriatric nurses. Virtually all of the projects met their stated goals and objectives. Even more impressively, a very high percentage of the individual grantees showed great creativity, resourcefulness, and energy far in excess of the budgets for these fairly small projects and accomplished far more than was proposed in their original goals and objectives. There was also significant cross-fertilization among the projects as well as between other parts of the Hartford Geriatric Nursing Initiative [specifically the Hartford Institute for Geriatric Nursing at New York University, the five Hartford Centers of Geriatric Nursing Excellence, the Nursing School Geriatric Investment Projects, and the Hartford Predoctoral Scholars/Postdoctoral Fellows Program] and these curriculum development and enhancement projects.

Brief Summary of Activities of Baccalaureate Curriculum Development Schools

Each AACN Baccalaureate Curriculum School conducted activities specifically designed to increase or strengthen geriatric/gerontological content in individual undergraduate courses and the overall undergraduate curricula. Course development or implementation activities encompass new course creation and subsequent course implementation into the nursing curriculum. Curriculum development or implementation refers specifically to entirely new curricula fully developed or implemented during the grant period. In contrast, course and curriculum enhancements refer to appropriate modifications of courses, course modules, or curricula through changes such as increased geriatric content, additional clinical experiences or the utilization of course or curriculum evaluative tools. All developments and enhancements pertain to activities related to either 1] new or existing course developments or enhancements or 2] new or existing curriculum developments or enhancements.³

(i) Baccalaureate Nursing Schools Developed and/or Implemented New Courses. A total of 16 of 20 Baccalaureate Curriculum Schools developed and/or implemented new courses focused on geriatric issues. Of these schools, 11 of 16 schools utilized a traditional medium for offering the courses, and 9 of 16 schools utilized a web-based or distance learning format, with a total of 26 unique new course development activities reported overall.

- The traditional courses focused on broad issues related to care of older adults, such as geriatric best practices [at 6 of 11 schools], the overall aging process [at 3 of 11 schools], or end-of-life care [at 2 of 11 schools]. The web-based/distance learning courses varied in their delivery of geriatric content, but tended to be developed either as stand-alone courses or as a series of topic-based modules. Both the traditional and the web-based/distance learning courses were typically offered as upper-division electives.
- Schools reported that the new courses increased student and faculty awareness and understanding of elderly needs, and that the student course evaluations were typically quite positive.

³Both course and curriculum development and enhancement activities were categorized as either traditional or web-based/distance learning in nature. Traditional course and curriculum development and enhancement activities include any didactic or clinical learning experiences based purely on face-to-face interaction. Web-based/Distance Learning activities include a web-based or distance learning component such as online classes, web-based modules, CD-ROMs or Polycom technology.

- Several of the schools emphasized the importance of faculty input and buy-in to successful implementation and dissemination of course content.

(ii) Baccalaureate Nursing Schools Enhanced Existing Courses. A total of 19 of 20 Baccalaureate Curriculum Schools enhanced existing courses by incorporating geriatric content and/or best practices. Of these 19 schools, 15 schools enhanced their traditional courses and 11 of 19 schools enhanced their web-based/distance learning courses. Overall, the schools conducted 81 traditional and/or web-based/distance learning course enhancement activities.

- The traditional course enhancements focused heavily on increasing students' assessment skills and exposure to older adults in a clinical setting, with 12 of the 15 schools reporting the addition of geriatric-focused clinical experiences to their courses. The web-based/distance learning course enhancements varied more, but typically involved the transfer of existing courses to an online format [at 4 of 11 schools] or the development of online modules [at 5 of the 11 schools].
- Results from pre- and post-test evaluations indicated that the course enhancements positively affected students' attitudes towards caring for the elderly population and increased their awareness of the needs of older adults.
- The schools reported learning the value of offering diverse clinical experiences and the importance of faculty development activities to appropriately integrating geriatric content into a course.

(iii) Baccalaureate Nursing Schools Developed and/or Implemented New Curricula. A total of 13 of 20 Baccalaureate Curriculum Schools developed and/or implemented new curricula to incorporate a greater focus on gerontology. Overall, the schools participated in 15 unique curriculum development and/or implementation activities.

- Almost all of the schools chose to develop their new curricula by mapping out and integrating geriatric content across their entire curriculum, with 3 of the 13 schools specifically citing the AACN-recommended geriatric competencies as a valuable reference in this process.
- The schools reported successfully integrating geriatric content in their curricula, and they emphasized the importance of curricular mapping to identify weaknesses in curricular content.
- The schools learned that the development of new curricula required a great deal of involvement and buy-in from faculty.

(iv) Baccalaureate Nursing Schools Enhanced Existing Curricula. A total of 19 of 20 Baccalaureate Curriculum Schools reported enhancing geriatric content in their existing curricula. Of these schools, 16 of 19 schools utilized a traditional medium to enhance their curricula and 11 of 19 reported enhancing their curricula with web-based or distance learning activities. Overall, the schools reported 62 unique curricular-enhancement activities over the three years of the grant.

- The traditional curricular enhancement activities focused on conducting geriatric knowledge or attitude assessments of students and/or faculty [at 8 of 16 schools] or developing new clinical experiences related to care of the elderly [at 6 of 16 schools]. The web-based/distance learning activities typically involved making geriatric resources and/or content accessible online [at 8 of 11 schools].
- The schools reported that these curricular enhancements were positively received by both students and faculty, and that they helped both groups' awareness of geriatric issues.

- The schools learned that increasing students' exposure to geriatric content and positive clinical experiences with the elderly was an effective technique for improving their attitudes towards older adults. They also continued to emphasize the importance of faculty buy-in for successfully implementing and maintaining these curricular enhancements.

Brief Summary of Activities of Advanced Practice Nursing Curriculum Development Schools

Each AACN APN Curriculum School conducted activities specifically designed to increase or strengthen geriatric/gerontological content in individual graduate courses and the overall graduate curricula. Course development or implementation activities encompass new course creation and subsequent course implementation into the nursing curricula. Curriculum development or implementation refers specifically to entirely new curricula fully developed or implemented during the grant period. In contrast, course and curriculum enhancements refer to appropriate modifications of courses, course modules, or curricula through changes such as increased geriatric content, additional clinical experiences or the utilization of course or curriculum evaluative tools.

(i) Graduate Nursing Schools Developed and/or Implemented New Courses. Almost all of the APN Curriculum Schools [at 9 of 10 schools] developed and/or implemented new courses or modules focused on geriatric content. Of these schools, 7 of 10 schools relied on traditional media for offering their courses, and 7 of 10 schools utilized a web-based or distance learning format, with a total of 26 unique course development or implementation activities reported overall.

- Both the traditional and the web-based courses and modules covered a wide range of geriatric issues, ranging from specific topics such as geropsychiatry [at 2 of 9 schools] and/or pharmacology [at 2 of 9 schools] to general knowledge of older adult care [at 6 of 9 schools]. The traditional courses were developed as part of existing curricular tracks and frequently focused on integrating course content with clinical experiences. The web-based/distance learning courses were typically offered as electives or as publicly accessible modules.
- Schools reported that developing the new courses and modules was very time-consuming for faculty, particularly when a web-based or distance learning format was used. However, schools that collected feedback reported that the courses were positively received by students, and attractive to other health professions on campus, not just nursing students.
- For traditional courses, the schools indicated the importance of collaborating with clinical faculty to develop valuable student learning experiences. In developing web-based or distance learning courses, schools emphasized the importance of working with skilled and enthusiastic technology teams or having faculty with expertise in distributed learning formats.

(ii) Graduate Nursing Schools Enhanced Existing Courses. A total of 9 of 10 APN Curriculum Schools enhanced their programs by incorporating geriatric content and/or best practices into existing courses. Of these 9 schools, 7 schools enhanced their traditional courses and 8 schools enhanced their web-based/distance learning courses. Overall, the schools conducted 39 course enhancement activities.

- The schools' traditional course enhancements typically involved incorporating geriatric content and/or best practices in didactic courses [at 6 of 7 schools] or expanding students' clinical experiences in gerontology [at 3 of 7 schools]. The web-

- based course enhancements focused more on developing web-based content modules and/or learning activities [at 5 of 8 schools] or on transferring existing courses to an online format for dissemination to a wider audience [at 2 of 8 schools].
- These course enhancements increased students' geriatric assessment skills and their application of geriatric-related content. The schools reported that placing courses online made it possible for students to work full-time and still take courses, and that students found these additions helpful in their practice.
 - The schools learned that developing effective student clinical experiences in geriatrics was a time-consuming and often challenging process. The schools also reported that while web-based courses created more flexible learning experiences, they were also extremely time-consuming to develop and teach.

(iii) Graduate Nursing Schools Developed and/or Implemented New Curricula. A total of 6 of 10 APN Curriculum Schools developed and/or implemented new curricula to incorporate a greater focus on gerontology. Overall, the schools participated in 15 unique curriculum development and/or implementation activities.

- Almost all of the schools chose to implement their new curricula by establishing a Geriatric Nurse Practitioner or Clinical Nurse Specialist track or by offering dual certification in geriatrics and another specialty.
- The schools reported that mixed faculty buy-in could create challenges when seeking approval and support for the development of new graduate programs, and that persistence and resources were needed to overcome objections.
- The schools learned that developing a new curriculum online is extremely time consuming and requires a great deal of faculty involvement. They also learned that while online courses can be a positive experience for both student and faculty, the workload involved in developing and offering these courses can be quite steep and must be carefully considered.

(iv) Graduate Nursing Schools Enhanced Existing Curricula. A total of 8 of 10 APN Curriculum Schools reported enhancing the geriatric content in their existing curricula. All of these schools utilized a traditional medium for enhancing their curricula, and 5 of 8 schools also made use of web-based or distance-learning activities. Overall, the schools participated in 38 unique curricular enhancement activities over the three years of the grant.

- The schools' traditional curricular enhancement activities focused mainly on administering geriatric knowledge assessment tests and/or course evaluations [at 4 of 8 schools] or developing new clinical experiences related to care of the elderly [at 4 of 8 schools]. The web-based/distance learning activities typically involved transferring existing courses and/or resources into an online format to increase ease of access to and delivery of relevant geriatric content.
- The schools indicated that the curricular enhancements increased students' exposure to geriatric content, and that there was a need for this knowledge, despite the difficulty of increasing the content in an already crowded curriculum.
- The schools learned that building a network of geriatric specialists and/or clinical sites was important for effective clinical placement of students, and that there was a need for more open exchange between the academic and practice communities.

Summary and Recommendations

Because this program has been successful in many different ways, there are several features of this program that should be emphasized and seriously considered for continued funding within the larger Hartford Geriatric Nursing Initiative in the future.

First, awarding small grants to a number of Schools of Nursing that cannot currently compete successfully for other Hartford Foundation funding as Centers of Geriatric Nursing Excellence or as Hartford Scholar sponsors, broadens the Hartford Geriatric Nursing Initiative, moving expertise into smaller schools that may serve different student and community populations than the major research universities that typically receive larger awards from the John A. Hartford Foundation for their geriatric nursing programs. The smaller Schools of Nursing are responsible for training the vast majority of nurses who work in geriatrics, and it is important that they receive incentives for innovation and recognition for such hard work. For this reason, this is an important program that should be adapted to other issues and potentially continued as part of the larger Hartford Geriatric Nursing Initiative.

Second, small grants for curriculum development are viewed very positively in these smaller schools by the Deans and other faculty and tend to increase the visibility and credibility of the geriatric nursing programs and project directors at these schools. For a number of the Hartford-AACN grantees, these awards are relatively "major" in terms of the prestige they confer within the schools where they are received. Importantly, the individuals who receive the grants at the Schools of Nursing are usually faculty members whose primary interests and skills are in teaching and mentoring rather than research and who do not necessarily receive large research grants from other sources. Therefore, the project directors are highly motivated to devote the majority of their creative energies to these grants both because of their interest in promoting curricular change and because receiving the awards increases the individual prestige of the faculty member and her geriatric nursing program. The recipients of these small grants are highly motivated to produce exceptional programs for the money invested by the Foundation. The model of this program is an important one that serves to motivate the entire field of geriatric nursing to participate in the development of state-of-the-art training programs. For this reason this is an important program that should be adapted to other issues and potentially continued as part of the larger Hartford Geriatric Nursing Initiative.

Third, by increasing the breadth of the Initiative, these grants bring in a much broader creative focus for innovation in geriatric nursing training than might otherwise be present were the Hartford monies primarily given to 6-10 larger institutions as large Center and Institute grants. For this reason, this is an important program that should be adapted to other issues and potentially continued as part of the larger Hartford Geriatric Nursing Initiative.

Fourth, it is clearly demonstrated by this project that there is great value to the John A. Hartford Foundation from having a program such as this one administered by a group such as the American Association of Colleges of Nursing or another large constituency professional association. Because of its unique position as a membership organization that both convenes Schools of Nursing and expends great efforts in cross-fertilizing successful programs between schools, AACN can find 30 representative and innovative Schools of Nursing in which to seed small programs, often identifying individual schools that would typically not be identified by others as potential sites for innovation. AACN is also charged as part of its institutional mission with disseminating information to its member Schools of Nursing and the nursing profession in general and thus is in a very unique position to ensure that the successes and innovations of its grantees are made widely available to others so as to highly leverage the investment. Finally, AACN is a membership organization that strives for excellence in nursing programs and is a

powerful “brand” and seal of approval and programs that are competitively selected by AACN and its Advisory Boards for funding will tend to be seen by the larger field as important ones. It has been consistently demonstrated during this funding period that AACN is capable of administering this program in such a way that the investment of the Foundation is maximized in its impact among Schools of Nursing throughout the United States. For this reason, this is an important program that should be adapted to other issues and potentially continued as part of the larger Hartford Geriatric Nursing Initiative.

Bottom-Line Conclusion

In its original proposal, and later as posted on the web site of the American Association of Colleges of Nursing in 2004, the following statement was made by AACN about the potential outcomes from the projects conducted by the 30 sub-grantees.

“Award recipients will generate a broad array of products and models that will be disseminated to the full body of collegiate nursing programs that includes 661 baccalaureate and 382 graduate programs. The expectation is that the work of the awardees will be replicated and improved upon many times over to create a continuously evolving education model to promote quality care for older Americans. All awardees will communicate their innovations to the nursing community by monographs, curricular models, program contacts, presentations at future AACN conferences, and posting of innovations on AACN's Web site.” [<http://www.aacn.nche.edu/Education/Hartford/enhancing.htm>; active on July 15, 2006].

As is shown in this report, the available data strongly support the contention that the program met its stated goals in an exemplary way.

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Part I: Introduction

A. The AACN Geriatric Nursing Education Project

The American Association of Colleges of Nursing [AACN] Geriatric Nursing Education Project, funded by the John A. Hartford Foundation's Geriatric Nursing Initiative, was a broad and long-term effort to improve the quality of training in geriatric nursing in American Schools of Nursing and to increase the number of nurses trained who are competent in geriatrics. The AACN funded through its Hartford Foundation grant, a diverse set of projects to enhance geriatric nursing curriculum at 30 Schools of Nursing distributed throughout the United States. The goals and objectives of the sub-grants funded through the grant to AACN ranged from large-scale curriculum changes to developing stand-alone courses in geriatric nursing, enhancing clinical experiences in geriatric nursing, and delivering course materials broadly through the Internet and other distance learning media. Capacity enhancements included such strategies as developing an infrastructure for geriatric nursing programs within host Schools of Nursing, raising the awareness of geriatric issues among faculty and students, and providing professional development opportunities for existing faculty in issues of geriatric nursing.

Through a competitive process using a national selection committee, in 2002 the AACN funded 30 programs as part of its Enhancing Gerontological/Geriatric Nursing Education Program – 20 Undergraduate Baccalaureate Programs and 10 Graduate Advanced Practice Nursing [APN] Programs – to develop, integrate, and/or enhance geriatric content in the courses at their respective institutions. The selection process was thorough and highly competitive. The selected Schools of Nursing are geographically diverse, serve students from a broad range of ethnic-racial communities and include both public and private institutions of higher learning. The project received input and guidance from a National Advisory Committee of faculty members prominent in the field of Geriatric Nursing until it ended on December 31, 2004. The sub-grantees were actively supported and managed by AACN through an administrative center funded as part of the project.

B. 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 entire three years of both the AACN Enhancing Gerontological/Geriatric Nursing Education Baccalaureate and APN Nursing Program grants [January 1, 2002 through December 31, 2004].

Table 1 lists the data sources used to compile this report. The data sources include:

- *Project Evaluation Report Forms*: self-administered electronic surveys submitted to The Measurement Group every 12 months as part of the cross-cutting evaluation of the Hartford Geriatric Nursing Initiative by the 30 funded Schools of Nursing. Copies of the evaluation survey tools are included as Appendices I and III for the Baccalaureate and APN programs, respectively;
- *Narrative Reports*: narrative summaries that provide an update on grant activities and goals submitted to Coordinating Center at the American Association of Colleges of Nursing every six months in Year I and II, and once at the end of Year III;
- *Project Ending Interview Transcriptions*: transcriptions of interviews conducted between July and October 2004 by George Huba, Ph.D. with the Principal Investigator of each of the 20 Baccalaureate curriculum grantees and the 10 APN curriculum grantees. A copy of interview procedures and questions is included in Appendix V; and
- *Project Ending Report*: a brief, one page summary of overall experiences with the JAHF AACN Enhancing Gerontological/Geriatric Nursing Education for Baccalaureate and APN Nursing Programs' Grant. A copy of the baccalaureate and APN project ending reports are included in Appendices II and IV, respectively.

Table 1. Data Sources Used in This Report

Data Source	Reporting Period
Project Evaluation Report	<ul style="list-style-type: none"> • January 2002 – December 2002 • January 2003 – December 2003 • January 2004 – December 2004
Narrative Report	<ul style="list-style-type: none"> • July 2002 – December 2003 • January 2003 – June 2003 • July 2002 – December 2004 [Project Ending Report]
Other Sources of Data	<ul style="list-style-type: none"> • September – December 2001 [Executive Summary] • January – February 2005 [Project Ending Report] • July – October 2004 [Project Ending Interview]

Table 2 lists the domains and definitions used to evaluate both the Baccalaureate and Advanced Practice Nursing Curriculum Schools' progress. These survey domains were derived from a consensus process between the evaluator, the Coordinating Center at AACN, and other key stakeholders. The survey domains used in the evaluation of the AACN Curriculum Schools represent a subset of all domains used for the overall evaluation of the Hartford Geriatric Nursing Initiative. Of the 11 survey domains, 9 were selected for special emphasis in the main body of this report. These domains were selected as being most central to the goals of the Hartford Initiative and the Curriculum Schools.

Table 2. Definitions of Measurement Domains for the AACN Enhancing Geriatric Nursing Education for Baccalaureate and APN Programs

Key Domains	Definition of Domain
<ul style="list-style-type: none"> • Overall Strategies 	This domain captures the overall impact of the curricular strategies supported by JAHF/AACN funding.
<ul style="list-style-type: none"> • Curriculum Development and Implementation Activities 	This domain refers to specific examples of curriculum development and implementation for geriatric nursing or gerontology courses whether offered in class, on the Internet, or through other means.
<ul style="list-style-type: none"> • Faculty Development Activities Related to Geriatric/Gerontological Nursing. 	This domain refers to specific activities that the project participates in to develop faculty expertise in geriatric/gerontological nursing.
<ul style="list-style-type: none"> • Formal or Informal Linkages to Enhance Geriatric/Gerontological Nursing Curriculum 	This domain refers to formal or informal linkages that the project has made to enhance geriatric/gerontological nursing curriculum and experiences.
<ul style="list-style-type: none"> • Recruitment and Retention of Geriatric/Gerontological Nursing Students 	This domain refers to methods and techniques for recruiting additional students into programs related to geriatric/gerontological nursing careers and/or retaining students within such programs.
<ul style="list-style-type: none"> • Curriculum Dissemination Activities 	This domain refers to information dissemination about the grant-related curricular innovations.
<ul style="list-style-type: none"> • Sustaining Curricular Innovations 	This domain refers to activities to ensure the long term success of the JAHF-supported curricular innovations.
<ul style="list-style-type: none"> • Leveraging of JAHF Grant/Designation 	This domain refers to the ways in which the project may have used its designation as a "JAHF/AACN Enhancing Geriatric Nursing Education for Nursing Schools" grantee to receive additional funding, influence policy, or improve the status of geriatric nursing programs.
<ul style="list-style-type: none"> • Awards/Recognition from Other Organizations Resulting from JAHF-sponsored Work 	This domain refers to awards or recognitions that may be made of the grant-related curricular innovations.
Other Survey Domains	Definition of Domain
<ul style="list-style-type: none"> • Internal Infrastructure Development Activities to Support Geriatric/Gerontological Curricular Innovations 	This domain refers to the development of relatively permanent structures within the School of Nursing in order to support curricular innovations. Such changes may be structural [organizational] ones in the institution such as new cross-department collaborations, or they may be informational or attitudinal.
<ul style="list-style-type: none"> • Other Activities and Outcomes 	This domain provides an opportunity to include other activities and achievements related to the curriculum grant that were not included in the previous 10 domains of the evaluation.

C. Data Analysis Strategies

All data – evaluation reports, narrative reports, and other supplemental information – were assembled in a text database and analyzed using the NVivo 2.0⁵ computer program. Both semi-automated keyword-based and manual coding systems were developed and used to analyze the text database. The entire coding system, which includes 52 themes, 278 automated keyword searches, 164 manual searches, and 933 distinct groupings of categories or items used to analyze and synthesize qualitative materials in NVivo 2.0, is presented in Appendix VI. The majority of the coding system was developed to address key questions and issues identified in collaboration with Foundation staff and key HGNI stakeholders.

Two complementary approaches were used to code the data. A semi-automated keyword-based coding system was developed and assays were performed in the text database to identify and code paragraphs in which relevant text appeared. Additionally, information was also manually coded using NVivo. Manual coding requires the analyst to read over materials and highlight text that should be coded. Manual coding was used to identify text about broad concepts that are not easily recognized using a set of automated keyword searches. Text was also manually coded for identifying information, such as the time period or school.

All coded sections were inspected and verified using the expert judgment of The Measurement Group staff to ensure they matched the intended construct. Definitions for each of the domain subcategories in the coding scheme were discussed and parameters for relevant types of content were defined. Paragraphs that did not meet the pre-defined content parameters were manually “uncoded.” Paragraphs describing activities that were repeated across multiple reporting periods were also “uncoded” so that only the most recent report of the activity remained. When a paragraph is “uncoded,” it is no longer identified by the NVivo computer program as relevant to the subcategory. As a result, only paragraphs containing appropriate content remain. We strongly believe this time-consuming task of reviewing all codes significantly improves the validity of the data coding.

In addition, quantitative ratings from the evaluation forms were maintained and analyzed in SPSS for Windows 12.0⁶.

Information presented in this report has been blinded. Data have been aggregated and identifying information removed. In the case of qualitative responses, each of the 30 schools has been randomly assigned a distinct letter code. All Baccalaureate Curriculum Schools are designated with a “U” prefix and all APN Curriculum Schools are designated with a “G” prefix. This coding system allows trends in activities, outcomes, and lessons learned to be followed, while maintaining the anonymity of individual schools.

The data collected from the AACN GNEP Curriculum Schools represent a rich description of the schools’ very diverse, long-term efforts to improve the quality of geriatric nursing education in American Schools of Nursing and increase the number of trained nurses competent in geriatrics. While the differences between the Baccalaureate and APN Curriculum School projects meant that the data on these schools were separately analyzed and presented in this report, it is important to keep in mind that the AACN Curriculum Schools all worked to accomplish the same overarching goals. As an overall

⁵QSR International, QSR NVivo 2.0, Melbourne, Australia.

⁶SPSS, SPSS for Windows 12.0, Chicago, IL.

Initiative, the program has been highly successful, with the schools frequently surpassing their stated objectives and developing linkages that will aid in the long-term sustainability of the Curriculum programs and increase the national impact of the Hartford Geriatric Nursing Initiative as a whole.

Part II: The AACN Baccalaureate Geriatric Nursing Project

The American Association of Colleges of Nursing [AACN] Geriatric Nursing Education Project provided grant funding to support 20 Baccalaureate Curriculum Schools and 10 APN Curriculum Schools in the development of gerontology curricula and new clinical experiences to enable nursing students to develop the specialized skills needed to provide high quality care to older adults.

The AACN Baccalaureate Geriatric Nursing Education Project tended to focus on the incorporation of national gerontological nursing education and best practice standards in the undergraduate nursing curricula, whereas the AACN APN Geriatric Nursing Education Project emphasized the integration of core competencies for advanced practice nurses and the development of geriatric nursing education models that could eventually be adopted by the broader graduate nursing education community.

For a more detailed overview of the overall AACN Geriatric Nursing Education Project, please refer to Part I.

A. Baccalaureate Curriculum Grantees

In January 2002, 20 Baccalaureate Curriculum Schools were funded by the John A. Hartford Foundation as part of the Geriatric Nursing Education Project's Enhancing Gerontological/Geriatric Nursing Education. These three-year grants, administered through the Coordinating Center at the AACN, supported schools in the development, integration, and enhancement of geriatric content in their curricula.

The 20 funded Baccalaureate Curriculum Schools were:

- Drexel University
- Fairfield University
- Florida International University
- Grand Valley State University
- Illinois State University
- La Salle University
- Metropolitan State University
- New York University
- Otterbein College
- State University of New York, Stony Brook
- Tuskegee University
- University of Delaware
- University of Iowa
- University of Maryland
- University of Michigan
- University of Missouri, Columbia
- University of North Carolina, Greensboro
- University of Rhode Island
- University of Washington
- Valparaiso University

Table 3 lists the data sources received from each school. The data sources include project evaluation surveys, narrative reports, project ending interview transcriptions and project ending reports.

Table 3. List of Data Received from Baccalaureate Curriculum Schools

Curriculum School Code	Executive Summary	Evaluation Report Forms			Narrative Reports			Project-Ending Interview	Project-Ending Survey
		Year 1	Year 2	Year 3	12 month	18-month	Project Ending		
UA	✓	✓	✓	✓	✓	✓	✓	✓	✓
UB	✓	✓	✓	✓	✓	✓	✓	✓	✓
UC	✓	✓	✓	✓	✓	✓	✓	✓	
UD	✓	✓	✓	✓	✓	✓	✓	✓	✓
UE	✓	✓	✓	✓	✓	✓	✓	✓	✓
UF	✓	✓	✓	✓	✓	✓	✓	✓	✓
UG	✓	✓	✓	✓	✓	✓	✓	✓	✓
UH	✓	✓	✓	✓	✓	✓	✓		✓
UI	✓	✓	✓	✓	✓	✓	✓	✓	✓
UJ	✓	✓	✓	✓	✓	✓	✓	✓	✓
UK	✓	✓	✓	✓	✓	✓	✓	✓	✓
UL	✓	✓	✓	✓	✓	✓	✓	✓	✓
UM	✓	✓	✓	✓	✓	✓	✓	✓	✓
UN	✓	✓	✓	✓	✓	✓	✓	✓	✓
UO	✓	✓	✓	✓	✓	✓	✓	✓	✓
UP	✓	✓	✓	✓	✓	✓	✓	✓	✓
UQ	✓	✓	✓	✓	✓	✓	✓	✓	✓
UR	✓	✓	✓	✓	✓	✓	✓	✓	
US	✓	✓	✓	✓	✓	✓	✓	✓	✓
UT	✓	✓	✓	✓	✓	✓	✓	✓	✓

Note: Each AACN Baccalaureate Curriculum School was randomly assigned a letter code. These assigned codes are not correlated with the alphabetical list of schools provided on page 7.

B. Overall Strategies and Activities

i. General Areas of Impact

The following is a summary of major themes of the activities of the 20 Baccalaureate Curriculum Schools during their three years of funding [January 2002 through December 2004].

The 20 Baccalaureate Curriculum Schools utilized a number of strategies to enhance the geriatric curriculum in their Baccalaureate programs.

- The most frequently reported types of curriculum enhancements supported by this grant were the addition of content into existing courses [at 17 of 20 schools], the development of new courses [at 15 of 20 schools], and the provision of new clinical experiences [at 13 of 20 schools].
- The Baccalaureate Curriculum Schools reported that the Hartford Grant supported an average of 5.1 [s.d. = 1.9, median = 5.0] out of 13 possible strategies for geriatric curricular enhancement per school.

A summary of the Baccalaureate Curriculum Schools' geriatric nursing curriculum enhancements supported by the Hartford grant is shown in Table 4.

Table 4. Baccalaureate Geriatric Nursing Curriculum Enhancements Supported by the Hartford Grant

Enhancement Strategies	Number of Schools*
Added Content to Existing Course[s]	17
Developed New Course[s]	15
Provided New Clinical Experience[s]	13
Provided Workshop[s] for Students	5
Provided Geriatric Colloquia	5
Provided Interdisciplinary Teamwork Experiences or Classes	12
Developed Thesis or Student Portfolio	2
Developed Gerontology Certificate Program [e.g., Baccalaureate]	4
Developed Gerontology Minor Offered in Baccalaureate Curriculum [for Nursing and Non-Nursing]	1
Provided Financial Awards to Baccalaureates Showing Distinguished Work with Older Adults	5
Provided Financial Awards for Baccalaureate Researchers in Gerontology	2
Provided Scholarship Monies for Tuition	3
Other	12
Any of Above	20

* $n = 20$

Baccalaureate Curriculum Schools reported using a number of different pedagogic methods in the Hartford supported curriculum.

- A total of 17 of 20 schools reported using seminars/small group discussions; 17 of 20 schools reported using case study assignments; 15 of 20 schools reported using community-based clinical experiences; and 15 of 20 schools reported using small group clinical placements.
- The Baccalaureate Curriculum Schools reported that an average of 7.5 [s.d. = 2.7, median = 7.5] out of 13 pedagogic methods per school were used in Hartford-supported curricula.

A summary of pedagogic methodologies used by the Baccalaureate Curriculum Schools in their Hartford-supported curriculum is provided in Table 5.

Table 5. Pedagogic Methodologies Used in Hartford Supported Baccalaureate Curricula

Pedagogic Methodology Used	Number of Schools*
Traditional Hospital-Based Clinical Experiences	14
Community-Based Clinical Experiences	15
Lecture	14
Preceptorships	9
Distance Learning/Online Courses	6
Use of Specialized CD-ROMs	5
Small Group Clinical Placements	15
Case Study Assignments	17
Use of Web-Based Curricular Modules	13
Evening and Weekend Classes	5
Seminars/Small Group Discussions	17
Use of Information Technology [e.g., Palm Pilots, Computers]	12
Other	7
Any of Above	20

* $n = 20$

Baccalaureate Curriculum Schools focused on a broad array of content areas when developing or enhancing courses as part of the Hartford Grant.

- The content areas focused on most frequently by the Baccalaureate Curriculum Schools when developing or enhancing courses for the Hartford Grant included AACN/JAHF recommended baccalaureate competencies for geriatric nursing [at 18 of 20 schools]; culturally-appropriate care for older adults [at 18 of 20 schools]; end-of-life/palliative care [at 18 of 20 schools]; best practices in care of older adults [at 17 of 20 schools]; chronic care of older adults [at 17 of 20 schools]; and common geriatric syndromes/problems [at 17 of 20 schools].
- The Baccalaureate Curriculum Schools reported that the Hartford Grant was used to emphasize an average of 14.2 [s.d. = 4.2, median = 15.5] out of 20 content areas per school.

A complete summary of content areas emphasized in the courses developed or enhanced as part of the Hartford Grant is shown in Table 6.

Table 6. Content Areas Emphasized in Baccalaureate Courses Developed/Enhanced as Part of the Hartford Grant

Content Area	Number of Schools*
AACN/JAHF Recommended Baccalaureate Competencies for Geriatric Nursing	18
Best Practices in Care of Older Adults	17
Health Policy Issues Related to Older Adults	12
Gerontological Theory	12
Health Education and Promotion/Wellness	16
Well Adult Care	15
Acute Care of Older Adults	13
Chronic Care of Older Adults	17
Acute Care of Frail Elderly	16
Culturally-Appropriate Care for Older Adults	18
Health Economics	9
Mental Health of Older Adults [e.g., Geropsychiatric]	16
End of Life/Palliative Care	18
Successful Aging	16
Care Coordination/Case Management	11
Geropharmacology	14
Family Issues	16
Career Opportunities in Gerontological Nursing	10
Common Geriatric Syndromes/Problems	17
Other	3
Any of Above	20

* n = 20

Curriculum content developed or enhanced by the Baccalaureate Curriculum Schools often emphasized care of special geriatric populations.

- The most commonly targeted special geriatric populations supported by this grant were well older adults [at 17 of 20 schools]; frail elders [at 17 of 20 schools]; and ethnically diverse elders [at 16 of 20 schools].
- The curricula supported by this grant targeted an average of 4.6 [s.d. = 1.7, median = 5.0] out of 8 different special geriatric populations per school.

A summary of the special geriatric populations targeted by the Hartford-supported curriculum is provided in Table 7.

Table 7. Special Geriatric Populations Targeted by the Hartford Supported Baccalaureate Curriculum

Targeted Population	Number of Schools*
Ethnically Diverse	16
Interfaith	6
Medically Underserved	14
Rural	6
Urban	12
Other	3
Frail Elderly	17
Well-Older Adults	17
Any of Above	20

* $n = 20$

The curricular enhancements supported by this grant have been used to teach an array of students and providers.

- Populations affected include general Baccalaureate students, RN to Baccalaureate students, LPN to Baccalaureate students, accelerated second degree Baccalaureate students, faculty, practicing nurses, and other health care providers.
- A total of 18 of 20 schools reported the Hartford-supported curricula were used to teach general Baccalaureate students, 13 of 20 schools taught RN to Baccalaureate students, and 12 of 20 schools used the Hartford-supported Baccalaureate Curriculum to teach faculty.
- An average of 3.6 [s.d. = 1.4, median = 3.0] out of 8 different populations were taught using the Hartford-supported curriculum.

A summary of populations taught by the Hartford supported curriculum is provided in Table 8.

Table 8. Populations Taught by the Hartford Supported Baccalaureate Curriculum

Group Type	Number of Schools*
General Baccalaureate Students	18
RN to Baccalaureate Students	13
LPN to Baccalaureate Students	4
Accelerated Second Degree Baccalaureate Students	10
Practicing Nurses	7
Other Healthcare Providers	4
Faculty	12
Other	4
Any of Above	20

* $n = 20$

Most of the Baccalaureate Curriculum Schools reported forming linkages with other Hartford Geriatric Nursing Initiative [HGNI] programs during the course of their grant.

- 18 of 20 Baccalaureate Curriculum Schools reported forming linkages with other HGNI programs during the course of their grant. Of these 18 Baccalaureate Curriculum Schools, 11 schools reported forming linkages with the Hartford Institute of Geriatric Nursing; 9

schools formed linkages with Pre- or Post-Doctoral Hartford Geriatric Nursing Scholars; 6 of the schools formed linkages with other AACN Curriculum Grantees; and 8 of the schools formed unspecified linkages with other HGNI programs.

A summary of linkages formed with other Hartford Geriatric Nursing Initiative programs during the three years of the grant is shown in Table 9.

Table 9. Baccalaureate School Linkages Formed with Other Hartford Geriatric Nursing Initiative [HGNI] Programs

Linkages Formed	Number of Schools*
Hartford Geriatric Nursing Scholar [pre or post doctoral]	9
Hartford CGNE	5
Hartford Institute of Geriatric Nursing	11
Hartford Geriatric Investment Partner School	4
Other AACN Curriculum Grantee	6
AACN Creating Career/Advanced Practice Grantee [school or individual]	4
Other	8
Any of Above	18

* $n = 20$

All 20 of the Baccalaureate Curriculum Schools reported ways in which their Hartford-supported curriculum will impact training in gerontological nursing in the long-term.

- A total of 17 of 20 schools reported that their curricula will provide replicable model programs; 10 of 20 schools reported that it would allow students to move to graduate nursing study in gerontology at an accelerated pace; and 10 of 20 schools indicated that their curriculum would be used to train faculty at Schools of Nursing.

A summary of the areas of long-term impact of the Hartford-supported curriculum is provided in Table 10.

Table 10. Impact of Grant-Supported Baccalaureate Curriculum on Who Will Be Trained in the Long-Term

Impact	Number of Schools*
Increase Number of Students Who Would Not Otherwise Seek Graduate Study	9
Increase Number of Minorities Trained In Geriatric Nursing	9
Will Train Faculty at Schools of Nursing	10
Will Provide Replicable Model Programs	17
Will Allow Students to Move to APN Nursing in Gerontology at an Accelerated Pace	10
Other	6
Any of Above	20

* $n = 20$

Quantitative Summary of Activities, Outcomes and Lessons Learned

During the three years of funding [January 2002 through December 2004], the Baccalaureate Curriculum Schools were active in pursuing curricular enhancements and other activities to support, complement, or disseminate geriatric curricula as part of this grant. All of the schools directly enhanced their curriculum by developing new courses or programs, or by increasing the geriatric content in a course or in the overall curricula. All of the Baccalaureate Curriculum Schools conducted internal infrastructure development activities to support geriatric nursing; all

of the schools participated in curriculum dissemination activities; and 19 of the 20 schools created formal linkages to facilitate new learning experiences related to geriatric nursing.

Tables 11a – 11c summarize activities reported by the 20 Baccalaureate Curriculum Schools in each survey domain for each year of the grant, and the related outcomes and lessons learned. These tables indicate the number of schools that conducted no activity, only one activity, two activities, or three activities within each domain. Comparable information is also presented for outcomes and lessons learned within each domain. Table 11a is a summary of activities, outcomes, and lessons learned for 2002 [Grant Year 1], Table 11b is a summary for 2003 [Grant Year 2], and Table 11c is a summary for 2004 [Grant Year 3].

All of the Baccalaureate Curriculum Schools reported working to develop their internal infrastructure and disseminate their curriculum at least once during the three years of the grant. Almost all of the Baccalaureate Curriculum Schools [70% or more] also reported activity in every other grant domain except Awards/Recognition [which was largely outside of the schools' control]. A complete summary of the number of schools reporting any activities, outcomes, or lessons learned within each domain cumulatively over the three years of the grant [January 1, 2002 – December 31, 2004] is provided in Table 11d.

Overall, the Baccalaureate Curriculum Schools reported training 21,377 nursing students in geriatrics over the three years of the grant. A complete summary of the reported number of nursing students that received training from the JAHF-supported curriculum developed by the schools during each year of the grant [2002 – 2004] is provided in Table 12.

The Baccalaureate Curriculum Schools also reported forming a total of 156 new partnerships to enhance the geriatric nursing experiences available at their schools. A complete summary of the reported number of linkages formed by each school to facilitate new learning experiences related to geriatric nursing during each year of the grant [2002 – 2004] is provided in Table 13.

Table 11a. Number of Baccalaureate Curriculum Schools Reporting Activities, Outcomes, and Lessons Learned in Evaluation Domains in Grant Year I [January 1 through December 31, 2002] *

Domain	Activities				Outcomes				Lessons Learned			
	None	One	Two	Three	None	One	Two	Three	None	One	Two	Three
2a. Strengthen Geriatric/Gerontological Content in the Entire Baccalaureate Nursing Curriculum	5 [25%]	4 [20%]	5 [25%]	6 [30%]	6 [30%]	3 [15%]	5 [25%]	6 [30%]	6 [30%]	4 [20%]	5 [25%]	5 [25%]
2b. Develop/Strengthen Stand-Alone Geriatric/Gerontological Nursing Course	5 [25%]	10 [50%]	1 [5%]	4 [20%]	6 [30%]	9 [45%]	1 [5%]	4 [20%]	7 [35%]	8 [40%]	1 [5%]	4 [20%]
2c. Integrate Geriatric/Gerontological Material into Baccalaureate Nursing Courses	9 [45%]	5 [25%]	1 [5%]	5 [25%]	9 [45%]	5 [25%]	1 [5%]	5 [25%]	10 [50%]	4 [20%]	1 [5%]	5 [25%]
2d. Integrate Web or IS Technology	8 [40%]	4 [20%]	5 [25%]	3 [15%]	8 [40%]	5 [25%]	4 [20%]	3 [15%]	9 [45%]	3 [15%]	6 [30%]	2 [10%]
2e. Evaluate Curriculum and Learning Outcomes	13 [65%]	4 [20%]	1 [5%]	2 [10%]	15 [75%]	2 [10%]	1 [5%]	2 [10%]	14 [60%]	3 [15%]	1 [5%]	2 [10%]
3. Internal Infrastructure Development Activities	2 [10%]	4 [20%]	4 [20%]	10 [50%]	2 [10%]	5 [25%]	5 [25%]	8 [40%]	3 [15%]	5 [25%]	4 [20%]	8 [40%]
4. Faculty Development Activities	3 [15%]	6 [30%]	6 [30%]	5 [25%]	3 [15%]	7 [35%]	5 [25%]	5 [25%]	6 [30%]	6 [30%]	5 [25%]	3 [15%]
5. Formal or Informal Linkages	3 [15%]	4 [20%]	7 [35%]	6 [30%]	5 [25%]	2 [10%]	7 [35%]	6 [30%]	7 [35%]	3 [15%]	6 [30%]	4 [20%]
6. Recruitment and Retention Activities	8 [40%]	6 [30%]	2 [10%]	4 [20%]	9 [45%]	6 [30%]	3 [15%]	2 [10%]	13 [65%]	3 [15%]	2 [10%]	2 [10%]
7. Curriculum Dissemination Activities	5 [25%]	3 [15%]	4 [20%]	8 [40%]	5 [25%]	3 [15%]	6 [30%]	6 [30%]	7 [35%]	5 [25%]	4 [20%]	4 [20%]
8. Activities to Sustaining Curricular Innovations	8 [40%]	4 [20%]	6 [30%]	2 [10%]	9 [45%]	7 [35%]	4 [20%]	0 [0%]	9 [45%]	7 [35%]	4 [20%]	0 [0%]
9. Leveraging of the JAHF Grant/Designation	10 [50%]	6 [30%]	2 [10%]	2 [10%]	10 [50%]	6 [30%]	2 [10%]	2 [10%]	12 [60%]	5 [25%]	2 [10%]	1 [5%]
10. Awards/Recognitions	16 [80%]	4 [20%]	0 [0%]	0 [0%]	17 [85%]	3 [15%]	0 [0%]	0 [0%]	19 [95%]	1 [5%]	0 [0%]	0 [0%]
11. Other Activities	16 [80%]	4 [20%]	0 [0%]	0 [0%]	18 [90%]	2 [10%]	0 [0%]	0 [0%]	18 [90%]	2 [10%]	0 [0%]	0 [0%]

*n = 20

Table 11b. Number of Baccalaureate Curriculum Schools Reporting Activities, Outcomes, and Lessons Learned in Evaluation Domains in Grant Year II [January 1 through December 31, 2003]*

Domain	Activities				Outcomes				Lessons Learned			
	None	One	Two	Three	None	One	Two	Three	None	One	Two	Three
2a. Strengthen Geriatric/Gerontological Content in the Entire Baccalaureate Nursing Curriculum	5 [25%]	3 [15%]	6 [30%]	6 [30%]	5 [25%]	3 [15%]	6 [30%]	6 [30%]	5 [25%]	3 [15%]	6 [30%]	6 [30%]
2b. Develop/Strengthen Stand-Alone Geriatric/Gerontological Nursing Course	5 [25%]	6 [30%]	4 [20%]	5 [25%]	6 [30%]	5 [25%]	4 [20%]	5 [25%]	6 [30%]	5 [25%]	4 [20%]	5 [25%]
2c. Integrate Geriatric/Gerontological Material into Baccalaureate Nursing Courses	7 [35%]	5 [25%]	3 [15%]	5 [25%]	7 [35%]	5 [25%]	3 [15%]	5 [25%]	7 [35%]	7 [35%]	2 [10%]	4 [20%]
2d. Integrate Web or IS Technology	6 [30%]	4 [20%]	5 [25%]	5 [25%]	6 [30%]	4 [20%]	5 [25%]	5 [25%]	6 [30%]	4 [20%]	6 [30%]	4 [20%]
2e. Evaluate Curriculum and Learning Outcomes	6 [30%]	8 [40%]	3 [15%]	3 [15%]	6 [30%]	8 [40%]	3 [15%]	3 [15%]	6 [30%]	9 [45%]	4 [20%]	1 [5%]
3. Internal Infrastructure Development Activities	2 [10%]	1 [5%]	5 [25%]	12 [60%]	2 [10%]	1 [5%]	5 [25%]	12 [60%]	2 [10%]	3 [15%]	5 [25%]	10 [50%]
4. Faculty Development Activities	5 [25%]	3 [15%]	4 [20%]	8 [40%]	5 [25%]	4 [20%]	3 [15%]	8 [40%]	6 [30%]	4 [20%]	5 [25%]	5 [25%]
5. Formal or Informal Linkages	1 [5%]	6 [30%]	9 [45%]	4 [20%]	1 [5%]	6 [30%]	9 [45%]	4 [20%]	2 [10%]	6 [30%]	9 [45%]	3 [15%]
6. Recruitment and Retention Activities	6 [30%]	5 [25%]	6 [30%]	3 [15%]	7 [35%]	4 [20%]	7 [35%]	2 [10%]	8 [40%]	5 [25%]	6 [30%]	1 [5%]
7. Curriculum Dissemination Activities	4 [20%]	5 [25%]	6 [30%]	5 [25%]	4 [20%]	5 [25%]	5 [25%]	6 [30%]	5 [25%]	7 [35%]	2 [10%]	6 [30%]
8. Activities to Sustaining Curricular Innovations	8 [40%]	4 [20%]	4 [20%]	4 [20%]	8 [40%]	4 [20%]	5 [25%]	3 [15%]	9 [45%]	3 [15%]	5 [25%]	3 [15%]
9. Leveraging of the JAHF Grant/Designation	9 [45%]	6 [30%]	2 [10%]	3 [15%]	9 [45%]	6 [30%]	5 [25%]	0 [0%]	10 [50%]	6 [30%]	2 [10%]	2 [10%]
10. Awards/Recognitions	17 [85%]	1 [5%]	0 [0%]	2 [10%]	17 [85%]	2 [10%]	0 [0%]	1 [5%]	17 [85%]	2 [10%]	0 [0%]	1 [5%]
11. Other Activities	14 [70%]	6 [30%]	0 [0%]	0 [0%]	16 [80%]	4 [20%]	0 [0%]	0 [0%]	15 [75%]	5 [25%]	0 [0%]	0 [0%]

*n = 20

Table 11c. Number of Baccalaureate Curriculum Schools Reporting Activities, Outcomes, and Lessons Learned in Evaluation Domains in Grant Year III [January 1 through December 31, 2004] *

Domain	Activities				Outcomes				Lessons Learned			
	None	One	Two	Three	None	One	Two	Three	None	One	Two	Three
2a. Strengthen Geriatric/Gerontological Content in the Entire Baccalaureate Nursing Curriculum	5 [25%]	9 [45%]	2 [10%]	4 [20%]	5 [25%]	9 [45%]	3 [15%]	3 [15%]	5 [25%]	8 [40%]	4 [20%]	3 [15%]
2b. Develop/Strengthen Stand-Alone Geriatric/Gerontological Nursing Course	6 [30%]	4 [20%]	5 [25%]	5 [25%]	6 [30%]	4 [20%]	5 [25%]	5 [25%]	6 [30%]	4 [20%]	5 [25%]	5 [25%]
2c. Integrate Geriatric/Gerontological Material into Baccalaureate Nursing Courses	5 [25%]	8 [40%]	4 [20%]	3 [15%]	5 [25%]	7 [35%]	5 [25%]	3 [15%]	5 [25%]	7 [35%]	5 [25%]	3 [15%]
2d. Integrate Web or IS Technology	4 [20%]	11 [55%]	3 [15%]	2 [10%]	4 [20%]	11 [55%]	3 [15%]	2 [10%]	4 [20%]	11 [55%]	3 [15%]	2 [10%]
2e. Evaluate Curriculum and Learning Outcomes	4 [20%]	9 [45%]	6 [30%]	1 [5%]	4 [20%]	9 [45%]	6 [30%]	1 [5%]	4 [20%]	9 [45%]	6 [30%]	1 [5%]
3. Internal Infrastructure Development Activities	2 [10%]	7 [35%]	5 [25%]	6 [30%]	3 [15%]	6 [30%]	5 [25%]	6 [30%]	4 [20%]	5 [25%]	5 [25%]	6 [30%]
4. Faculty Development Activities	5 [25%]	5 [25%]	4 [20%]	6 [30%]	6 [30%]	5 [25%]	3 [15%]	6 [30%]	6 [30%]	7 [35%]	2 [10%]	5 [25%]
5. Formal or Informal Linkages	2 [10%]	10 [50%]	7 [35%]	1 [5%]	2 [10%]	12 [60%]	5 [25%]	1 [5%]	2 [10%]	12 [60%]	5 [25%]	1 [5%]
6. Recruitment and Retention Activities	7 [35%]	8 [40%]	4 [20%]	1 [5%]	7 [35%]	8 [40%]	4 [20%]	1 [5%]	7 [35%]	8 [40%]	4 [20%]	1 [5%]
7. Curriculum Dissemination Activities	1 [5%]	5 [25%]	7 [35%]	7 [35%]	2 [10%]	4 [20%]	8 [40%]	6 [30%]	3 [15%]	4 [20%]	7 [35%]	6 [30%]
8. Activities to Sustaining Curricular Innovations	5 [25%]	7 [35%]	6 [30%]	2 [10%]	5 [25%]	9 [45%]	4 [20%]	2 [10%]	5 [25%]	9 [45%]	4 [20%]	2 [10%]
9. Leveraging of the JAHF Grant/Designation	9 [45%]	8 [40%]	2 [10%]	1 [5%]	9 [45%]	8 [40%]	2 [10%]	1 [5%]	8 [40%]	9 [45%]	2 [10%]	1 [5%]
10. Awards/Recognitions	14 [70%]	3 [15%]	3 [15%]	0 [0%]	15 [75%]	3 [15%]	2 [10%]	0 [0%]	15 [75%]	4 [20%]	1 [5%]	0 [0%]
11. Other Activities	18 [90%]	2 [10%]	0 [0%]	0 [0%]	18 [90%]	2 [10%]	0 [0%]	0 [0%]	18 [90%]	2 [10%]	0 [0%]	0 [0%]

*n = 20

Table 11d. Number of Baccalaureate Curriculum Schools Reporting Any Activities, Outcomes, and Lessons Learned in Evaluation Domains in Grant Years I to III [January 1, 2002 through December 31, 2004]*

Domain	Activities	Outcomes	Lessons Learned
2a. Strengthen Geriatric/Gerontological Content in the Entire Baccalaureate Nursing Curriculum	16 [80%]	16 [80%]	16 [80%]
2b. Develop/Strengthen Stand-Alone Geriatric/Gerontological Nursing Course	15 [75%]	15 [75%]	15 [75%]
2c. Integrate Geriatric/Gerontological Material into Baccalaureate Nursing Courses	15 [75%]	15 [75%]	15 [75%]
2d. Integrate Web or IS Technology	17 [85%]	17 [85%]	17 [85%]
2e. Evaluate Curriculum and Learning Outcomes	17 [85%]	17 [85%]	17 [85%]
3. Internal Infrastructure Development Activities	20 [100%]	20 [100%]	19 [95%]
4. Faculty Development Activities	17 [85%]	17 [85%]	16 [80%]
5. Formal or Informal Linkages	19 [95%]	19 [95%]	19 [95%]
6. Recruitment and Retention Activities	14 [70%]	13 [65%]	13 [65%]
7. Curriculum Dissemination Activities	20 [100%]	20 [100%]	20 [100%]
8. Activities to Sustaining Curricular Innovations	16 [80%]	16 [80%]	16 [80%]
9. Leveraging of the JAHF Grant/Designation	13 [65%]	13 [65%]	13 [65%]
10. Awards/Recognitions	9 [45%]	7 [35%]	6 [30%]
11. Other Activities	8 [40%]	6 [30%]	7 [35%]

*n = 20

Table 12. Reported Number of Nursing Students Trained by the JAHF-Supported Curriculum by Baccalaureate Curriculum Schools* between January 2002 and December 2004

Baccalaureate Curriculum Schools	January – December 2002	January – December 2003	January – December 2004	Total
UA	0	0	216	216
UB	37	1	61*	99
UC	255	369	402	1026
UD	0	312	384	696
UE	465	1013	1052	2530
UF	140	277	300	717
UG	39	40	57	136
UH	405	859	838	2102
UI	120	200	280	600
UJ	515	531	792	1838
UK	60	159	339	558
UL	629	3260	3634	7523
UM	0	206	302	508
UN	37	32	242	311
UO	17	56	78	151
UP	113	170	156	439
UQ	0	50	47	97
UR	55	101	169*	325
US	403	480	576	1459
UT	9	16	21	46
Total	3299	8132	9946	21377
Median	57.5	185	290	533
Mean	165.0	406.6	497.3	1068.9
Standard Deviation	202.9	727.8	790.9	1678.9

Note: Each AACN Baccalaureate Curriculum School was randomly assigned a letter code.

*Missing data were estimated using maximum-likelihood data imputation methods.

Table 13. Reported Number of New Partnerships Related to Enhancing Geriatric Nursing Made by Baccalaureate Curriculum Schools between January 2002 and December 2004

Baccalaureate Curriculum Schools	January – December 2002	January – December 2003	January – December 2004	Total
UA	2	3	0	5
UB	0	2	5	7
UC	3	3	6	12
UD	5	2	3	10
UE	3	1	0	4
UF	4	1	2	7
UG	2	1	0	3
UH	2	16	20	38
UI	8	1	2	11
UJ	9	3	1	13
UK	1	0	0	1
UL	5	1	3	9
UM	5	0	1	6
UN	0	1	4	5
UO	4	2	1	7
UP	3	0	0	3
UQ	2	0	0	2
UR	2	0	3	5
US	0	2	0	2
UT	2	1	1	4
Total	62	40	54	156
Median	2.5	1	1	5.5
Mean	3.1	2	2.7	7.8
Standard Deviation	2.4	3.5	4.5	8.0

Note: Each AACN Baccalaureate Curriculum School was randomly assigned a letter code.

ii. Course or Curriculum Development and Enhancement Activities

Each AACN Baccalaureate Curriculum School conducted activities specifically designed to increase or strengthen geriatric/gerontological content in individual courses and overall curricula. Course development or implementation activities encompass new course creation and subsequent course implementation into the nursing curriculum. Curriculum development or implementation refers specifically to entirely new curricula fully developed or implemented during the grant period. In contrast, course and curriculum enhancements refer to appropriate modifications of courses, course modules, or curricula through changes such as increased geriatric content, additional clinical experiences or the utilization of course or curriculum evaluative tools.

a. Media of Development or Enhancement. Both course and curriculum development and enhancement activities were categorized as either traditional or web-based/distance learning in nature.

- (i) **Traditional:** Traditional course and curriculum development and enhancement activities include any didactic or clinical learning experiences based purely on face-to-face interaction.
- (ii) **Web-based/Distance Learning:** All course and curriculum development and enhancement activities in this category include a web-based or distance learning component such as online classes, web-based modules, CD-ROMs or Polycom technology.

b. Main Areas of Development or Enhancement. All developments and enhancements pertain to activities related to either 1] new or existing course developments or enhancements or 2] new or existing curriculum developments or enhancements.

- (v) **Developed and/or Implemented New Courses.** A total of 16 of 20 Baccalaureate Curriculum Schools developed and/or implemented new courses focused on geriatric issues. Of these schools, 11 of 16 schools utilized a traditional medium for offering the courses, and 9 of 16 schools utilized a web-based or distance learning format, with a total of 26 unique new course development activities reported overall.
 - The traditional courses focused on broad issues related to care of older adults, such as geriatric best practices [at 6 of 11 schools], the overall aging process [at 3 of 11 schools], or end-of-life care [at 2 of 11 schools]. The web-based/distance learning courses varied in their delivery of geriatric content, but tended to be developed either as stand-alone courses or as a series of topic-based modules. Both the traditional and the web-based/distance learning courses were typically offered as upper-division electives.
 - Schools reported that the new courses increased student and faculty awareness and understanding of elderly needs, and that the student course evaluations were typically quite positive.
 - Several of the schools emphasized the importance of faculty input and buy-in to successful implementation and dissemination of course content.
 - A more detailed summary of courses or modules implemented by the Baccalaureate Curriculum Schools is provided in Appendix VII-A.

(vi) Enhanced Existing Courses. A total of 19 of 20 Baccalaureate Curriculum Schools enhanced existing courses by incorporating geriatric content and/or best practices. Of these 19 schools, 15 schools enhanced their traditional courses and 11 of 19 schools enhanced their web-based/distance learning courses. Overall, the schools conducted 81 traditional and/or web-based/distance learning course enhancement activities.

- The traditional course enhancements focused heavily on increasing students' assessment skills and exposure to older adults in a clinical setting, with 12 of the 15 schools reporting the addition of geriatric-focused clinical experiences to their courses. The web-based/distance learning course enhancements varied more, but typically involved the transfer of existing courses to an online format [at 4 of 11 schools] or the development of online modules [at 5 of the 11 schools].
- Results from pre- and post-test evaluations indicated that the course enhancements positively affected students' attitudes towards caring for the elderly population and increased their awareness of the needs of older adults.
- The schools reported learning the value of offering diverse clinical experiences and the importance of faculty development activities to appropriately integrating geriatric content into a course.
- A more detailed summary of course enhancements implemented by Baccalaureate Curriculum Schools is provided in Appendix VII-B.

(vii) Developed and/or Implemented New Curricula. A total of 13 of 20 Baccalaureate Curriculum Schools developed and/or implemented new curricula to incorporate a greater focus on gerontology. Overall, the schools participated in 15 unique curriculum development and/or implementation activities.

- Almost all of the schools chose to develop their new curricula by mapping out and integrating geriatric content across their entire curriculum, with 3 of the 13 schools specifically citing the AACN-recommended geriatric competencies as a valuable reference in this process.
- The schools reported successfully integrating geriatric content in their curricula, and they emphasized the importance of curricular mapping to identify weaknesses in curricular content.
- The schools learned that the development of new curricula required a great deal of involvement and buy-in from faculty.
- A more detailed summary of the curricula developed and implemented by the Baccalaureate Curriculum Schools is provided in Appendix VII-C.

(viii) Enhanced Existing Curricula. A total of 19 of 20 Baccalaureate Curriculum Schools reported enhancing geriatric content in their existing curricula. Of these schools, 16 of 19 schools utilized a traditional medium to enhance their curricula and 11 of 19 reported enhancing their curricula with web-based or distance learning activities. Overall, the schools reported 62 unique curricular-enhancement activities over the three years of the grant.

- The traditional curricular enhancement activities focused on conducting geriatric knowledge or attitude assessments of students and/or faculty [at 8 of 16 schools] or developing new clinical experiences related to care of the elderly [at 6 of 16 schools]. The web-based/distance learning activities typically involved making geriatric resources and/or content accessible online [at 8 of 11 schools].

- The schools reported that these curricular enhancements were positively received by both students and faculty, and that they helped both groups' awareness of geriatric issues.
- The schools learned that increasing students' exposure to geriatric content and positive clinical experiences with the elderly was an effective technique for improving their attitudes towards older adults. They also continued to emphasize the importance of faculty buy-in for successfully implementing and maintaining these curricular enhancements.
- A more detailed summary of the curriculum enhancement activities conducted by the Baccalaureate Curriculum Schools is available in Appendix VII-D.

iii. Broader Activities in Support of Curriculum Enhancements

In addition to those activities targeted directly at changing the nursing curricula, all 20 of the Baccalaureate Curriculum Schools participated in broader activities to complement, support, or sustain curricular enhancements. These activities included conducting faculty development activities, creating formal or informal linkages, promoting recruitment and retention, disseminating information related to curriculum enhancements, advancing the sustainability of the grant supported enhancements, leveraging the JAHF Grant designation, and giving or receiving awards or recognitions for geriatric-related work.

a. Faculty Development. A majority of Baccalaureate Curriculum Schools [17 of 20 schools] reported participating in faculty development activities. A total of 12 of 20 schools conducted training workshops or meetings to educate faculty about geriatric content or the goals of the grant; 8 of 20 schools attended or sponsored faculty participation in conferences; 10 of 20 schools supported faculty in additional formal training opportunities such as online certification courses, summer institutes, or post-doctoral programs; 3 of 20 schools provided or received mentoring from faculty; and 11 of 20 schools reported other types of faculty development activities, such as resource development.

Overall, the faculty development activities increased faculty interest and confidence about geriatric nursing. The activities caused faculty to become more involved in the development of new course, and a number of the Baccalaureate Curriculum Schools found that faculty development activities led to the creation or exchange of teaching methods or tips related to increasing geriatrics into courses. A more detailed summary of faculty development activities, including exemplars of activities, outcomes, and lessons learned is shown in Appendix VII-E.

b. Linkages. Linkages with other institutions were reported by 18 of 20 schools during their grant funding period. These linkages were pursued to increase clinical training opportunities [at 18 of 20 schools]; disseminate information or provide technical assistance [at 5 of 20 schools]; develop learning or clinical tools [at 3 of 20 schools]; increase geriatric training resources [at 7 of 20 schools]; or to pursue other grant-related activities [at 4 of 20 schools]. These linkages successfully enhanced exposure to geriatric education among students, staff, and individuals in other agencies.

The greatest impact of these linkages was creating opportunities for students to gain clinical exposure in geriatric settings. The schools learned there is great need for these types of experiences. A more detailed summary of the formal and informal linkage activities, including exemplars of activities, outcomes, and lessons learned is shown in Appendix VII-F.

c. Recruitment and Retention. Over half of the Baccalaureate Curriculum Schools [14 of 20 schools] reported conducting activities to recruit and retain students in geriatric nursing programs. The most common form of recruitment pursued was the marketing of programs in web and print media; 11 of 20 schools reported conducting this activity. Additionally, 8 of 20 schools reported targeting recruiting and/or retention efforts at specific groups of potential students such as current long-term care providers and student groups; 5 of 20 schools incorporated recruitment activities in course offerings; and 6 of 20 schools formed linkages to recruit and retain student interest in geriatrics.

The schools reported that recruitment efforts increased students' exposure to geriatric nursing. In general, schools indicated that student recruitment was challenging, and that it was important to advertise the geriatric nursing programs and provide incentives for student enrollment and/or participation. A more detailed summary of recruitment and retention activities, including exemplars of activities, outcomes, and lessons learned is shown in Appendix VII-G.

d. Curriculum Dissemination. All of the Baccalaureate Curriculum Schools disseminated information about their curriculum development or the Hartford Grant during their three years of funding. The two most common forms of dissemination conducted by the schools were presentations and lay publications. A total of 17 of 20 schools disseminated curriculum information through presentations, including formal presentations at conferences and informal presentations at workshops and meeting. A total of 14 of 20 schools disseminated information in lay publications such as state and local print media, newsletter, or the radio. Other curriculum dissemination activities include paper publications [at 9 of 20 schools], Internet announcements [at 5 of 20 schools], person-to-person networking [at 5 of 20 schools], and other grant-related activities [at 7 of 20 schools].

Dissemination efforts tended to focus around the receipt of the Hartford grant, newly developed curriculum or curricular development tools, or a specific geriatric research topic. Schools reported that these dissemination activities increased program visibility and interest in local communities, other institutions/agencies, faculty, and students. The schools reported learning that dissemination efforts were important to what they were trying to accomplish. A more detailed summary of curriculum dissemination activities, including exemplars of activities, outcomes, and lessons learned is shown in Appendix VII-H.

e. Sustainability. A total of 15 of 20 Baccalaureate Curriculum Schools reported taking steps to sustain the curricular innovations supported by the grant. Over the course of the grant, 9 of 20 schools enhanced their faculty by adding faculty with geriatric expertise or expanding the roles of existing faculty; 7 of 20 schools received or applied for other grant funding; 10 of 20 schools developed new programs of study; and 4 of 20 schools reported conducting other activities to ensure the sustainability of curricular innovations supported by the Hartford grant.

As a result of these activities, the Baccalaureate Curriculum Schools reported an increase in the amount of geriatric content integrated into their curricula. The schools also feel they are better able to carry out further geriatric enhancements to their program. The schools learned that attempts to sustain curricular innovation require substantial investments of money and time. A more detailed summary of the activities towards sustaining curricular innovations, including exemplars of activities, outcomes, and lessons learned is shown in Appendix VII-I.

f. Leveraging. Over half of the Baccalaureate Curriculum Schools [at 13 of 20 schools] leveraged their John A. Hartford Foundation Grantee designation to obtain additional support for grant-related activities. A total of 9 of 20 schools reported leveraging their Hartford designation

when applying for additional grant funds to support geriatric nursing education efforts or enhance geriatric nursing practice. Other leveraging activities included providing student assistance [at 4 of 20 schools], obtaining in-kind support from the university [at 3 of 20 schools]; training faculty [at 3 of 20 schools], providing technical enhancements [at 2 of 20 schools], or other types of activities to support curriculum activities [at 3 of 20 schools].

The Baccalaureate Curriculum Schools reported that these leveraging activities allowed for further enhancements of current projects. The schools also reported that their designation as John A. Hartford Grantees was a powerful leveraging tool. A more detailed summary of leveraging activities, including exemplars of activities, outcomes, and lessons learned is shown in Appendix VII-J.

g. Awards and Recognition. A total of 9 of 20 Baccalaureate Curriculum Schools gave or received awards for their grant-related work during this period. The awards recognized the Curriculum Schools’ project, faculty, and students’ achievement in geriatric nursing practice and education. These awards validated the work that had been accomplished by the schools, and were utilized to motivate and recognize outstanding student and/or faculty efforts. A list of the awards and outcomes is shown in Appendix VII-K.

C. Project Ending Narrative Summaries

Towards the end of their grant funding period, the 20 Baccalaureate Curriculum Schools were asked to provide a more reflective, narrative account of their grant experiences to supplement the information in their annual evaluation report forms. These experiences were grouped into the following four categories:

- Lessons Learned
- Grant Achievements and Sustainability
- Importance of Hartford Funding
- Grant Administration and Evaluation

A list of data sources used to compile information on each category is provided in Table 14.

Table 14. Data Used in Compiling Narrative Summaries for the Baccalaureate Curriculum Schools

Category	Evaluation Report Forms	Project Ending Interviews	Project Ending Surveys
Lessons Learned	✓	✓	✓
Grant Achievements and Sustainability		✓	✓
Importance of Hartford Funding		✓	✓
Grant Administration and Evaluation		✓	✓

The Baccalaureate Curriculum Schools reported lessons learned in almost every area of grant activity.

- The most common activity areas for the Baccalaureate Curriculum Schools to report lessons learned include recruiting and/or engaging student interest [at 12 of 20 schools]; faculty buy-in to support curricular enhancements [at 12 of 20 schools]; curriculum or course development and/or implementation [at 11 of 20 schools]; and networking [at 10 of 20 schools].
- The Baccalaureate Curriculum Schools particularly emphasized ensuring faculty buy-in for curricular revisions and developing effective student recruitment strategies as being integral to the successful development and/or implementation of their programs.

A complete summary of lessons learned by activity area is shown in Table 15.

All of the Baccalaureate Curriculum Schools provided a brief overview of their grant achievements and the sustainability of their activities after the end of the grant.

- The Baccalaureate Curriculum Schools reported overall success in meeting the objectives of their grant. All of the Baccalaureate Curriculum Schools indicated their intent to maintain one or more of their project's activities after the end of the grant, though several indicated a need for additional funding to sustain those activities.

A complete summary of the Baccalaureate Curriculum Schools' reported grant achievements and sustainability is provided in Table 16.

Many of the Baccalaureate Curriculum Schools commented specifically on the importance of the Hartford grant in allowing them to make necessary curricular revisions and/or enhancements.

- The Baccalaureate Curriculum Schools described the integral role that Hartford funding played in providing the necessary leveraging and/or monetary support necessary for their curriculum projects to be implemented. Several of the Baccalaureate Curriculum Schools described increased budget cuts and indicated the importance of Hartford funding in ensuring that geriatric-related curricular revisions and/or enhancements occurred.

The Baccalaureate Curriculum Schools' reflections on the importance of Hartford funding are summarized in Table 17.

Almost all of the Baccalaureate Curriculum Schools provided information on their experience with the administration and evaluation of their Hartford grant.

- The Baccalaureate Curriculum Schools' comments on their experience with the grant administration and evaluation were grouped into the following categories: budget-related issues, AACN grant administration, the overall reporting process, and evaluation form provided by The Measurement Group.
- Although several of the Baccalaureate Curriculum Schools indicated that the reporting mechanism could be burdensome, most of the schools reported that their grant experience ran smoothly.

A summary of reported grant administration and evaluation experiences is provided in Table 18.

Table 15. Lessons Learned From Baccalaureate Curriculum Schools

Topic	Exemplars
Clinical Opportunities and Training [8 of 20 schools]	<ul style="list-style-type: none"> • In developing student experiences, it is important to balance clinical experience with classroom skills. Students need to learn nursing skills, but they also must develop the ability to think critically on their own. [UA] • Our success depended on the resources available to us. Being in a large metropolitan area provides us with phenomenal access to clinical expertise from geriatric nurse practitioners and physicians. Students find these clinical experiences extremely valuable. [UB] • Staff support at the clinical sites is instrumental for providing information for the students. It is also important to look beyond traditional clinical settings to facilitate the program. [UD] • Increasing student knowledge of older adults and ensuring they have positive clinical experiences with older adults is an effective means of changing student attitudes towards the older adult population. [UF] • Providing students with wellness focused clinical experiences allows students to apply didactic content on normal aging changes better than in the hospital setting. [UJ] • It is important to match didactic content with clinical experiences. A consistent long-term care experience is essential for integrating gerontological nursing care in the undergraduate curriculum. [UJ] • It is worthwhile to investigate potential clinical experiences within existing academic-community partnerships because new contracts do not need to be created, and this will save time. [UJ] • There can never be too many clinical sites. Smaller clinical course sizes are preferable for student learning. [UN] • There is a need for more positive views of multiple RN roles within geriatric community agencies. [UP] • Once clinical opportunities branch further into the community, it becomes more instructor-intensive and close, planned activities become more important. Students need structured clinical activities to actively engage them in geriatric care. [UR]
Faculty Development [7 of 20 schools]	<ul style="list-style-type: none"> • Having faculty attend student seminars can be helpful, particularly if a large number of adjunct faculty are teaching the clinical portion. [UA] • Focusing on faculty with an existing interest in gerontology is the best strategy for sustainable faculty development. It is also important to continue faculty development activities after the grant period is complete. [UA] • Faculty retreats enhance faculty development by allowing faculty to explore innovative curriculum plans involving both theory and clinical practice settings. [UC] • Developing clinical faculty to be proficient in geriatrics is a good investment. It is important to choose full-time clinical faculty who will remain committed for a long period of time. It is very difficult to get part-time clinical faculty to attend faculty development workshops at all, as the experience is not mandated for them. [UF] • Although faculty are initially reluctant to attend, they are later pleased with the outcome from faculty development workshops. Short one-hour lunch workshops are an effective forum for faculty development. [UF] • Faculty members do not always have time to meet recertification requirements in addition to their full-time faculty roles. This time limitation prevents many people from seeking certification. [UH] • Having a group of faculty with related interests helps all faculty move forward in that area. The presence of a senior researcher to serve as a mentor is also extremely helpful. [UH] • It is important to be flexible with faculty development activities. If faculty cannot attend an on-campus orientation, bring the orientation to their site. [UJ]

Table 15 [continued]. Lessons Learned From Baccalaureate Curriculum Schools

Topic	Exemplars
Faculty Development [7 of 20 schools] <i>Continued</i>	<ul style="list-style-type: none"> • Creating institutional change is an important strategy for countering the effects of transitional changes that often accompany faculty reassignments and resignations. [UJ] • It is strongly recommended that any curricular innovation projects be supported with a faculty development piece. [UK] • Faculty members appreciate educational experiences and teaching materials. We held day-long faculty development workshops at a long-term care facility. Many of our faculty had never seen a nursing home or retirement facility, and they had the opportunity to speak with older adults about their experience with our students. We also printed and laminated a copy of the Try-This series for faculty to use in clinical settings and research courses. [UL]
Curriculum or Course Development and/or Implementation [11 of 20 schools]	<ul style="list-style-type: none"> • When developing courses, one faculty from each course should be on the grant team. This strategy will provide the grant team with the unique perspective of each course. [UA] • Giving specific responsibility for course development to a faculty member ensures more fundamental curricular change than a consultative model. [UE] • Having the Dean's support is critical to the success of the project. [UE] • Increasing gerontological nursing content in the curricula is more effective if faculty members are encouraged to enhance existing content to reflect the special needs of older adults rather than developing new content. [UF] • It is important to be assertive in asking for the development and approval of new courses. [UG] • When implementing curriculum changes, it is important to allow a time cushion for unexpected delays. [UI] • Our program implementation was successful because we realized that incorporating innovative gerontological nursing curriculum changes would not require a full curriculum overhaul. [UJ] • The academic expertise and support of senior faculty is essential to enhancing geriatric curriculum activities in an undergraduate program. [UJ] • Faculty value interdisciplinary programs. [UK] • It is necessary to encourage new faculty to incorporate gerontological content in all of their assigned courses. When implementing curricular change it is also necessary to be persistent and plan thoroughly. [UL] • Working with nurse consultants from the local hospice has improved the quality and applicability of the course for students. [UQ] • In planning courses, it is important to realize that while interdisciplinary offerings can be valuable to all health science professionals, the mechanisms for achieving this can be difficult and time-intensive. [UQ] • When revising the curriculum to eliminate repetition, there are still certain content areas that faculty are reluctant to relinquish to the geriatrics course. [UR] • Long-term care personnel may not be interested in high-level collegiate offerings, even if the courses are taught on site because the level of commitment may appear too burdensome or long. [UT]
Faculty Buy-in to Support Curricular Enhancement [12 of 20 schools]	<ul style="list-style-type: none"> • Developing a strong grant team is important. Including course faculty on the grant team provides a mechanism to ensure support for grant team activities. [UA] • Having support from the Dean is critical to grant success. [UA]

Table 15 [continued]. Lessons Learned From Baccalaureate Curriculum Schools

Topic	Exemplars
<p>Faculty Buy-in to Support Curricular Enhancement [12 of 20 schools] <i>Continued</i></p>	<ul style="list-style-type: none"> • Supporting faculty attendance at Hartford meetings is a good strategy for igniting interest and buy-in to gerontology initiatives. [UA] • When implementing curricular revisions, it is important to promote faculty buy-in by engaging faculty early as active participants in the planning process. It is also important to identify a faculty member to oversee the integration of geriatric content in the curriculum and ensure sustainability. [UD] • The informal strategies we adopted to encourage faculty buy-in for our curricular revisions, such as financial incentives and personal support for adopting change, were effective for producing changes in faculty attitudes towards gerontology. However, these are only preliminary steps to smooth the way for fundamental curricular changes to follow. [UE] • The outside stimulus of the Hartford grant was invaluable for swaying faculty to support stand-alone courses in gerontology. [UF] • Although our faculty members tend to be very supportive, I did receive questions on why gerontology needed to be incorporated in every course syllabus. Constant sharing of information is critical for faculty buy-in. [UG] • It is important to have a gerontology champion to keep gerontology in the forefront of other faculty's minds. Having the Hartford grant to legitimize project activities with the faculty was also helpful. [UG] • Recruiting as many as faculty as possible to engage in the planning phases for curricular development is essential to faculty buy-in and sustained project success. Offering rewards such as public recognition for faculty contribution, shared authorship of manuscripts and presentations, and financial support for development activities is also helpful. [UH] • One of our major issues was faculty claiming that gerontology content already existed in the curriculum. We mapped out the curriculum to prove that it wasn't, and insisted that the project appear on the faculty meeting agenda. We wanted faculty to perceive this activity as a tool we developed for their use in helping students. [UJ] • Faculty efforts for the project need to be recognized and celebrated regardless of whether they are successful. This showcasing can occur on either a large or a small scale; both conference presentations and simple recognition at faculty meetings are sufficient to validating and rewarding efforts. [UJ] • To ensure faculty support for grant activities, we made certain that grant activities remained visible at faculty and administrative meetings. We also printed business cards for the faculty that listed all of the awards we have won in gerontology on the back, which they appreciated very much. [UL] • Peer pressure is effective for motivating faculty to complete course revisions. [UL] • It is important to plan continued activities to keep faculty motivated and on track. Building in activities each year will help maintain enthusiasm for the project. [UM] • Funding increases leverage and faculty and administrative focus on specialty care needs. [UP] • Providing faculty with a sound rationale for geriatric content is important for obtaining continued support for the course. [UQ] • In implementing curricular changes, faculty need to think creatively, provide incentives for student and faculty participation, and be patient. [US] • Faculty members are receptive to change when resources are readily available and the initiative is endorsed by parties like the associate dean or the undergraduate curriculum committee. [US]

Table 15 [continued]. Lessons Learned From Baccalaureate Curriculum Schools

Topic	Exemplars
<p>Distance Learning [9 of 20 schools]</p>	<ul style="list-style-type: none"> • Developing an online course can be difficult and time-consuming. It is important to allocate more time for the development of an online course, establish a flexible environment, and include faculty with an established trust relationship and willing to work collaboratively. [UC] • It is difficult to establish health education programs with online translation in low income neighborhoods. In these situations, it may be more practical to develop ethnic mentors to provide education to these populations. [UC] • An online certification program in geriatrics is a good method for increasing knowledge about older adults in faculty who are interested in learning. [UF] • Websites are useful tools for showcasing the program’s activities with older adults. [UH] • There is a strong interest in the professional community for courses offered in an online format. [UH] • Supplemental online activities and email discussions can assist in efficient use of course time. However, the system of accessing the online program Blackboard is tedious and clinical adjunct faculty members frequently change from semester to semester. It is important to streamline this process and promote adjunct faculty access and use. [UJ] • Offering courses online is a tradeoff. Information is constantly accessible and exchangeable. However, the methods of communication are different. Losing that face-to-face contact has an effect. [UK] • Since online course development can be very time-intensive it is important to allow a sufficient period of time to complete web modules. [UM] • When developing web-based courses, technical support is critical. Forming a team of faculty experts and instructional designers is essential for addressing course content and online educational principles. It is also important to factor the amount of faculty time required in the workload. We allowed one semester for course development, and needed more than one faculty to implement and monitor the course. [UO] • Providing online guest lecturers is useful for bringing real, practical experiences to students taking a web-based course. Maintaining links to external resources is also important, though these sources will need to be double-checked for credibility. [UO] • Web-based instruction has been instrumental in generating interest in the nursing curriculum. [UO] • Students will respond more positively to a web-based activity than an on-campus course. [UP] • Administrative and technical support is crucial to the development and delivery of online courses. [UQ] • Teaching online courses is also very time intensive; resources for faculty can be helpful in reducing the time required for course preparation and implementation. [UQ]
<p>Networking [10 of 20 schools]</p>	<ul style="list-style-type: none"> • It takes time for community partnerships to develop into trusting, helpful relationships. [UB] • Opportunities for collaborative activities with other departments are available, but difficult to coordinate. [UE] • Networking can provide new strategies for how to increase geriatric content in the curriculum. [UG] • Forming linkages with local senior centers is useful for exposing students to interactions with primarily well older adults. [UH] • Networking is important. Even if an activity does not develop as planned, other avenues for collaboration may appear over time. [UM] • Networking with service providers is extremely important for supplementing course content with practical experience. [UO]

Table 15 [continued]. Lessons Learned From Baccalaureate Curriculum Schools

Topic	Exemplars
Networking [10 of 20 schools] <i>Continued</i>	<ul style="list-style-type: none"> • Personal contacts within the state are effective for disseminating program information, particularly if the university is located within a small state. [UP] • Collaborating with nurses at local care facilities will improve the quality of the course and provide opportunities for collaborative efforts within the course itself. [UQ] • Clinical settings are often just as anxious to form linkages with the School of Nursing as the School of Nursing is to form linkages with them. [US] • Nursing homes are extremely interested in creating formal relationships with institutions of higher education. [UT]
Marketing and Program Dissemination [7 of 20 schools]	<ul style="list-style-type: none"> • It is important for individuals to assess their resources and set their program expectations accordingly. [UB] • Brochures are useful for showcasing the program's work with older adults. [UH] • Increasing awareness of geriatrics through visibility in publications, curriculum offerings, and marketing techniques will increase student interest in the program. [UH] • Good public relations are essential for generating interest in the program and the university. [UH] • The university traditionally holds many events that often conflict with each other and result in low attendance. Streamlining various events will encourage attendance and improve the success of these activities. [UJ] • One of our university's central missions is the integration of technology and health. When formulating a project, it is important to be innovative in thinking about what is best for your program's market and needs. [UN] • It is important to frequently market the program to faculty and students. Brochures and posters should also be distributed frequently to keep project opportunities fresh in the minds of the targeted community. [UP] • The university publication is a good vehicle for targeted geriatric curricular efforts, since it is mailed to alumni and clinical partners with an interest in gerontological nursing. [UQ] • In marketing programs, personal contact is the most effective technique for recruiting students. Having the project director and other faculty involved in program marketing is also helpful. [UT] • Posting program information on the university website is an inexpensive and viable way of informing people about the program. [UT]
Recruiting and/or Engaging Student Interest [12 of 20 schools]	<ul style="list-style-type: none"> • Sponsoring a few students to attend professional conferences encourages student involvement. [UA] • Many geriatrics courses focus on ill elderly. However, to engage students it is important to expose them to active elderly who work on projects within the community and remain highly effective. [UC] • Given the current stressful work environment, it is difficult to recruit licensed practical nurses to academic programs. [UC] • Forming a geriatric interest group is useful for identifying students with an interest in gerontology. It is important to vest responsibility for the group with students. Student interest is also highly correlated to the focus or topic of specific group sessions. [UE] • Interest in caring for older adults is low, and changing attitudes is difficult. Emphasizing the program's strength in educating students to care for older adults may be a useful recruitment tool. [UF] • It is important to be up-to-date with the latest technology. New equipment and learning labs are attractive to prospective students. [UG]

Table 15 [continued]. Lessons Learned From Baccalaureate Curriculum Schools

Topic	Exemplars
<p>Recruiting and/or Engaging Student Interest [12 of 20 schools] <i>Continued</i></p>	<ul style="list-style-type: none"> • Students enjoy working with well older adults and often indicate that the experience positively changed their attitude towards working with the elderly. [UH] • Showcasing a program's achievements will increase student interest in the program. [UJ] • Offering student awards is one method of demonstrating the college's commitment to care of the older adult. [UM] • Students will learn more effectively and put more effort into their studies if they know there will be an award for the best submission. [UN] • While funding incentives and marketing are useful, targeted recruitment of students is necessary to effectively draw students into the program. [UP] • Students appreciate making connections with like-minded peers and faculty. [US] • Student and faculty mentor enthusiasm for geriatric research can be enhanced through student participation in research. [US] • It can be difficult to engage long-term care staff; simply offering training on site does not guarantee attendance. A more effective way to engage this audience may be funding shorter sessions of on-site continuing professional development. [UT] • Traditional recruitment methods do not seem very successful for geriatric programs. [UT] • Administrators are interested in educational opportunities for their employees, but this interest will not automatically translate into student recruitment for an on-site program. [UT] • Students are very appreciate of tuition assistance, and may apply for gerontological certification because of it. [UT]

Table 16. AACN Baccalaureate Curriculum Schools' Grant Achievements and Sustainability

School Code	Exemplars
UA	<ul style="list-style-type: none"> • Successfully completed grant activities include incorporation of geriatric content in the BSN curriculum, increased faculty knowledge and expertise in geriatrics, increased didactic and clinical opportunities in geriatrics for students, and new partnerships with agencies that provide care to older adults. • The major achievement of the grant was ensuring sustainability of the AACN Baccalaureate competencies in the curriculum map by making it clear where each concept should be introduced and taught. • The institutionalization of this project will occur through the faculty who originally wrote the grant and are now beginning to take a leadership role within the department.
UB	<ul style="list-style-type: none"> • The major success of the grant has been mandating a two credit course in geriatrics in our nursing curriculum to ensure undergraduates are exposed to geriatric content. After the grant ends, this course will continue to be supported by the School of Nursing budget. • The only possible deficit in meeting grant objectives was the continuing education program, which was not completed to the extent originally proposed.
UC	<ul style="list-style-type: none"> • Grant activities included enhancing gerontological content in the curriculum, developing faculty expertise in gerontology and technology, forming community and international partnerships to emphasize culturally diverse learning experiences for students, and promoting recruitment of LPN students currently caring for older adult populations to facilitate their completion of the BSN program. • Dialoging with international nursing students allowed our students to identify common issues and problems related to gerontology that are global in nature. • After the grant ends, the online elective nursing course will continue to be offered and taught in partnership with participating international schools. However, a new funding source for the instructional designer must be found.
UD	<ul style="list-style-type: none"> • The program's success in achieving its grant objectives can be seen in the total integration of geriatric content in the undergraduate curriculum, the dissemination of project outcomes through presentations, the development of additional faculty expertise in gerontology, and the School of Nursing's intergenerational partnerships with sororities, youth groups, and faith communities. • Student and faculty involvement in the project increased the visibility of our School of Nursing within the community. It allowed for increased student learning opportunities and the development of new faculty partnerships. • Although most project activities will be maintained after the grant ends, it will be necessary to find additional funding sources to sustain ongoing faculty development and establish a senior citizen wellness center.
UE	<ul style="list-style-type: none"> • The major accomplishments of this project were the course enhancements and the establishment of the Geriatric Interest Group, both of which will be sustained after the grant ends. • The incentive program made faculty members more receptive to curricular change and helped develop collaboration between undergraduate and gerontological nursing faculty. • The Geriatric Interest Group has been particularly effective in capturing undergraduates interested in aging for entry to our master's program. Over time, it may prove to be the most potent strategy arising from this project. • The only grant activity not successful implemented was the creation of a BSN to MS fast-track program.

Note: Each AACN Baccalaureate Curriculum School was randomly assigned a letter code.

Table 16 [continued]. AACN Baccalaureate Curriculum Schools' Grant Achievements and Sustainability

School Code	Exemplars
UF	<ul style="list-style-type: none"> • Gerontological nursing and end-of-life content have been successfully incorporated in the curriculum, and the process of critical reflective inquiry has been integrated and used in clinical courses. These curricular changes have been helpful in improving students' knowledge and attitudes towards the aging population and will be maintained after the grant ends. • The project's activities have improved faculty knowledge, skills, and attitudes related to gerontology and made the College of Nursing well known in the area for excellence in gerontological nursing education. These changes will improve the care of older adults in health care facilities and increase recruitment of students interested in caring for the older adult population. • Although the web-based modules were developed as resources, they have not yet been used by faculty or students.
UG	<ul style="list-style-type: none"> • The project's accomplishments surpassed original grant objectives. Geriatric content was included in every syllabus revised or developed in the new curriculum, and a special effort was made to ensure that junior and senior nursing students were involved in at least one course focused heavily on geriatric content. • After the grant ends, geriatric content will continue to be integrated within the overall curriculum, and the stand-alone course on gerontology will be maintained as a required course. However, additional funding is required to continue updating geriatric resources.
UH	<ul style="list-style-type: none"> • Gerontology has been integrated in the undergraduate curriculum, and new grants have been leveraged. The new grant funds will be used to support faculty research with older adults, the development of geriatric certification courses, and community programming for older adults. • Grant activities have unified previously splintered faculty around a central gerontology focus and generated an enthusiasm that will contribute to future project success. • Although all major grant activities and programs will be continued past the end of the grant, none of the changes are self-sustaining and additional funding sources required.
UI	<ul style="list-style-type: none"> • The curriculum was successfully revised to include geriatric nursing concepts. The revised curriculum integrates knowledge of older adults throughout, and also includes a free-standing required course on nursing care of older adults. The curricular changes will be institutionalized and geriatrics will be a permanent and important component of our curriculum. • After the grant ends, the new free-standing gerontology course will be adapted to an online format to provide additional learning opportunities for practicing registered nurses. Partnerships with community agencies will also be developed to provide student learning opportunities in geriatric nursing.
UJ	<ul style="list-style-type: none"> • Despite faculty turnover, the original grant objectives have been met and institutional changes have been strategically embedded in the nursing clinical courses. • As part of a curricular self-evaluation, exit interviews of undergraduate students were conducted during the last month of their program. The most recent exit interviews support enhanced gerontological content in the curriculum and indicate appreciation for clinical experiences that broaden their perspective on nurse employment opportunities. • For the most part, the curricular changes are self-sustaining will not require additional funding. The senior mentoring clinical activity may require supplemental funds, but these funds will most likely be paid by the Division of Nursing.

Note: Each AACN Baccalaureate Curriculum School was randomly assigned a letter code.

Table 16 [continued]. AACN Baccalaureate Curriculum Schools' Grant Achievements and Sustainability

School Code	Exemplars
UK	<ul style="list-style-type: none"> • Case-study based modules were incorporated into existing courses and geriatric nursing faculty had the opportunity to participate in training and CEU activities. • The prime achievement of this grant was increasing faculty interest in geriatric nursing and integrating technology in curriculum delivery, which has allowed the School of Nursing to position itself as a leader in geriatric nursing. • Faculty development activities and integration of case studies in the undergraduate curriculum will be sustained after the grant ends. However, continued use of technology such as videoconferencing will require additional funds.
UL	<ul style="list-style-type: none"> • Geriatric content was successfully enhanced in the baccalaureate curriculum, with the majority of gerontology content focused in required senior level courses. • Faculty development and student recruitment activities in geriatrics were conducted. Student recruitment efforts were focused in long-term care and other community-based settings to increase the enrollment of general and RN-BSN students who will select geriatric practice after graduating. • Curriculum and faculty development activities will continue after the grant ends. However, additional funding is required for project staff to continue providing consultation and advice to other baccalaureate programs on geriatric best practices education for practicing nurses through distance learning.
UM	<ul style="list-style-type: none"> • The major achievement of this grant is the College of Nursing's growing reputation within the community as a resource for care of the older adult. • Faculty members are focusing their research and scholarly activity on care of the older adult. • Although several of web-based curriculum modules are still being developed, these activities will be sustained after the grant ends. The curriculum modules are permanent and will continue to be updated, as will the student awards, multidisciplinary curriculum, and use of standardized tools.
UN	<ul style="list-style-type: none"> • Major grant accomplishments include the development of the geriatric informatics project and the massive implementation of PDAs for all undergraduate nursing students. • The university is starting to be considered as a leader in applied clinical informatics in undergraduate nursing education. The Dean is very supportive and the market-driven environment at the university has made the technology focus a perfect fit. • The new course formats and reduced clinical size for gerontology clinical rotations will be maintained after the grant ends. Additional funding will also be sought to support further reliability and validity testing of the new assessment tool. The only activity that will not continue is the student research conference; so many students enrolled in the conference that the cost has been prohibitive.
UO	<ul style="list-style-type: none"> • Three web-based courses have been developed and implemented for the RN-BSN online program option. The addition of these courses to the RN-BSN online program has allowed students to complete their program in a timely fashion and in a completely online format. • The expertise of faculty and the team of instructional designers have been instrumental to successful implementation of the web-based courses. After the grant ends, these courses will continue to be offered as electives for RN-BSN online students.

Note: Each AACN Baccalaureate Curriculum School was randomly assigned a letter code.

Table 16 [continued]. AACN Baccalaureate Curriculum Schools' Grant Achievements and Sustainability

School Code	Exemplars
UP	<ul style="list-style-type: none"> • Over the course of the grant, the gerontological nursing focus within the curriculum has been strengthened, and students were provided with more opportunities to pursue initiatives related to health services for older adults. Grant activities focused mostly on curricular development, although an effort was also made to identify students interested in gerontology and recruit them to the program. • Although convincing faculty to promote gerontology was frustrating, the College's funded initiatives have made it one of the leaders in an initiative to establish an interdisciplinary center in gerontology. • After the grant ends, the new courses and the undergraduate gerontological certificate will be maintained. However, the student scholarships will require additional funding to be maintained.
UQ	<ul style="list-style-type: none"> • The project's major achievement was the development of a new course on end-of-life care, which raised awareness of the importance of end-of-life care knowledge within the College of Nursing and resulted in increased integration of end-of-life content in other required courses within the curriculum. Student evaluations on how the course contributed to their professional development have been uniformly positive, and interest in the course has grown within the College of Nursing and other disciplines as well. • All project activities will be maintained after the grant funding ends, and course content will continue to be refreshed every three to five years.
UR	<ul style="list-style-type: none"> • A great deal of progress has been made towards accomplishing grant objectives. As a result of the grant, students have more structured clinical experiences and more detailed assignments. The main factor that kept students engaged was having good clinical instructors.
US	<ul style="list-style-type: none"> • As a result of the grant, more gerontology content has been included in the undergraduate courses, a free-standing undergraduate gerontology course has been developed, and scholarship incentives have increased student interest in mentored gerontology research. These achievements reflect the School of Nursing commitment to gerontological nursing as a center of excellence within the university. • All grant activities will be sustained after grant funding ends. The only exception is the number of undergraduate research scholarships offered, which will depend on the amount of other funding acquired to support them.
UT	<ul style="list-style-type: none"> • CARITAS, the interdisciplinary certificate in gerontology, has been created and launched. The certificate was successfully established because of the College's solid curricular structure, faculty interest, student scholarships, and partnerships with surrounding long-term care [LTC] and acute care facilities. The certificate also meets a real need for increasing expertise in elderly care – the population in Pennsylvania is one of the oldest in the United States. • As long as the certificate program is marketed effectively, it—and the four courses developed to complete the certificate—should become self-sustaining. The College has also received a no-cost grant extension to continue revising and updating the gerontology certificate to augment content and make it attractive for students to link with their major programs of study.

Note: Each AACN Baccalaureate Curriculum School was randomly assigned a letter code.

Table 17. Importance of JAHF Funding in AACN Baccalaureate Curriculum Schools

Topic	Exemplars
Importance of JAHF Funding	<ul style="list-style-type: none"> • Without the Hartford funding, this project would not have happened. I can't describe to you how important this grant has been for our intellectual development and our students' learning. [UN] • Even though the grant was small it provided great leverage for us to overhaul our curriculum. [UI] • Putting courses online is a very time-consuming process and there has been resistance to it within the College of Nursing. Having the grant gave us the commitment to do follow through; the matching funds from the grant gave us faculty release time to develop the course, and had a significant impact in allowing us to get the course up and running in a timely fashion. [UQ] • For the last four or five years, the budget has been consistently cut. Without the additional grant funding, we couldn't have created the new course. [UR] • The money we received from the Hartford Foundation allowed us to incorporate various types of gerontological content in our courses. [UC] • State funding has dwindled. Without the grant, there would not have been sufficient resources or faculty interest to accomplish these curriculum changes. The funds went towards faculty development. [UF] • At the university, we are struggling for support. Having the Foundation invest in gerontology will yield good results; it has been a great experience. [UO] • To a small college like ours, the grant represented a large sum of money. The grant provided faculty release time to complete all of the curriculum work and allowed us to purchase lab resources. It also legitimized our work with the other faculty. [UG] • We received additional grants because of the Hartford funding. Last year, we received a HRSA grant and a federally directed teaching nursing home grant. It has really allowed us to develop our geriatric nursing program. [UM] • After grant funding ends, we will continue offering these courses and refresh them every three to five years. [UQ]

Table 18. AACN Administration and Grant Evaluation in Baccalaureate Curriculum Schools

Topic	Exemplars
Budget	<ul style="list-style-type: none"> • I experienced no difficulty with the grant. The funding distribution allowed us to allocate resources where they were needed most, and be creative. We also used the matching funds to keep the sizes of our gerontology clinicals lower, which enhances student learning. [UN] • The only problem I encountered with the grant was the lack of flexibility in redistributing the funding. It would have been easier if they told us the total possible funding and let us determine how to distribute it based on the grant proposal. [UI] • The hardest part of the grant was tracking our spending. As a smaller university, we are not as experienced at managing the grant paperwork so we found it more challenging. [UG]
Grant Administration	<ul style="list-style-type: none"> • The grant administration worked fine. The involvement from AACN was not large or cumbersome; we only heard from them when it was time write annual reports or turn in a budget but they were there if we needed them. [UQ] • The grant experience was user-friendly and not at all difficult. [UT] • The grant process was well organized and the feedback was good. I was also impressed by the information-sharing list serv. [UB] • The grant administration was fairly smooth. [UR] • The grant worked smoothly. AACN was good at clarifying issues and ensuring the reports were completed in a timely standpoint. They were a great group to work with. [UJ] • We experienced no difficulties with the grant. [UC] • My interaction with AACN was wonderful. They were always available by email and phone. Attending the initial conference AACN held for the grant was also a good experience; it defined the nitty gritty grant details, which was very useful. [UF] • AACN was very good about keeping in contact. They were very approachable. [UK] • Working with AACN was helpful. It we emailed them we received an instant reply; we didn't need to wait on information. Even the application process was streamlined. The proposal was constructed very concisely. [UD] • The grant ran very smoothly. AACN was very responsive and dialogued well regarding the grant requirements. [UO] • Our interactions with AACN were very smooth. I came into the project later in the grant period, and they were very patient with adjusting deadlines as I caught up on the project. [US]
Reports	<ul style="list-style-type: none"> • The frequent reporting requirements were slightly burdensome; getting the financial reports was the biggest difficulty we experienced. [UR] • Having to fill out reports every six months was difficult. It felt like we were chronically filling out reports. [UO]
Evaluation Forms	<ul style="list-style-type: none"> • The evaluation form was also tedious. [UI] • The only problem with the project was the amount of evaluation forms to complete. In some respects, it was positive because we heard about other projects in a timely manner and could adapt ours accordingly. From an administrative standpoint it was frustrating. [UP]

D. Conclusions

Each AACN Baccalaureate Curriculum School conducted activities specifically designed to increase or strengthen geriatric/gerontological content in individual courses and overall curricula. Course development or implementation activities encompass new course creation and subsequent course implementation into the nursing curriculum. Curriculum development or implementation refers specifically to entirely new curricula fully developed or implemented during the grant period. In contrast, course and curriculum enhancements refer to appropriate modifications of courses, course modules, or curricula through changes such as increased geriatric content, additional clinical experiences or the utilization of course or curriculum evaluative tools. All developments and enhancements pertain to activities related to either 1] new or existing course developments or enhancements or 2] new or existing curriculum developments or enhancements.⁷

(ix) Baccalaureate Nursing Schools Developed and/or Implemented New Courses. A total of 16 of 20 Baccalaureate Curriculum Schools developed and/or implemented new courses focused on geriatric issues. Of these schools, 11 of 16 schools utilized a traditional medium for offering the courses, and 9 of 16 schools utilized a web-based or distance learning format, with a total of 26 unique new course development activities reported overall.

- The traditional courses focused on broad issues related to care of older adults, such as geriatric best practices [at 6 of 11 schools], the overall aging process [at 3 of 11 schools], or end-of-life care [at 2 of 11 schools]. The web-based/distance learning courses varied in their delivery of geriatric content, but tended to be developed either as stand-alone courses or as a series of topic-based modules. Both the traditional and the web-based/distance learning courses were typically offered as upper-division electives.
- Schools reported that the new courses increased student and faculty awareness and understanding of elderly needs, and that the student course evaluations were typically quite positive.
- Several of the schools emphasized the importance of faculty input and buy-in to successful implementation and dissemination of course content.

(x) Baccalaureate Nursing Schools Enhanced Existing Courses. A total of 19 of 20 Baccalaureate Curriculum Schools enhanced existing courses by incorporating geriatric content and/or best practices. Of these 19 schools, 15 schools enhanced their traditional courses and 11 of 19 schools enhanced their web-based/distance learning courses. Overall, the schools conducted 81 traditional and/or web-based/distance learning course enhancement activities.

- The traditional course enhancements focused heavily on increasing students' assessment skills and exposure to older adults in a clinical setting, with 12 of the 15 schools reporting the addition of geriatric-focused clinical experiences to their courses. The web-based/distance learning course enhancements varied more, but

⁷ Both course and curriculum development and enhancement activities were categorized as either traditional or web-based/distance learning in nature. Traditional course and curriculum development and enhancement activities include any didactic or clinical learning experiences based purely on face-to-face interaction. Web-based/Distance Learning activities include a web-based or distance learning component such as online classes, web-based modules, CD-ROMs or Polycom technology.

- typically involved the transfer of existing courses to an online format [at 4 of 11 schools] or the development of online modules [at 5 of the 11 schools].
- Results from pre- and post-test evaluations indicated that the course enhancements positively affected students' attitudes towards caring for the elderly population and increased their awareness of the needs of older adults.
 - The schools reported learning the value of offering diverse clinical experiences and the importance of faculty development activities to appropriately integrating geriatric content into a course.

(xi) Baccalaureate Nursing Schools Developed and/or Implemented New Curricula. A total of 13 of 20 Baccalaureate Curriculum Schools developed and/or implemented new curricula to incorporate a greater focus on gerontology. Overall, the schools participated in 15 unique curriculum development and/or implementation activities.

- Almost all of the schools chose to develop their new curricula by mapping out and integrating geriatric content across their entire curriculum, with 3 of the 13 schools specifically citing the AACN-recommended geriatric competencies as a valuable reference in this process.
- The schools reported successfully integrating geriatric content in their curricula, and they emphasized the importance of curricular mapping to identify weaknesses in curricular content.
- The schools learned that the development of new curricula required a great deal of involvement and buy-in from faculty.

(xii) Baccalaureate Nursing Schools Enhanced Existing Curricula. A total of 19 of 20 Baccalaureate Curriculum Schools reported enhancing geriatric content in their existing curricula. Of these schools, 16 of 19 schools utilized a traditional medium to enhance their curricula and 11 of 19 reported enhancing their curricula with web-based or distance learning activities. Overall, the schools reported 62 unique curricular-enhancement activities over the three years of the grant.

- The traditional curricular enhancement activities focused on conducting geriatric knowledge or attitude assessments of students and/or faculty [at 8 of 16 schools] or developing new clinical experiences related to care of the elderly [at 6 of 16 schools]. The web-based/distance learning activities typically involved making geriatric resources and/or content accessible online [at 8 of 11 schools].
- The schools reported that these curricular enhancements were positively received by both students and faculty, and that they helped both groups' awareness of geriatric issues.
- The schools learned that increasing students' exposure to geriatric content and positive clinical experiences with the elderly was an effective technique for improving their attitudes towards older adults. They also continued to emphasize the importance of faculty buy-in for successfully implementing and maintaining these curricular enhancements.

Part III: The AACN Advanced Practice Geriatric Nursing Project

The American Association of Colleges of Nursing [AACN] Geriatric Nursing Education Project provided grant funding to support 20 Baccalaureate Curriculum Schools and 10 APN Curriculum Schools in the development of gerontology curricula and new clinical experiences and enable nursing students to develop the specialized skills needed to provide high quality care to older adults.

The AACN Baccalaureate Geriatric Nursing Education Project tended to focus on the incorporation of national gerontological nursing education and best practice standards in the undergraduate nursing curricula, whereas the AACN APN Geriatric Nursing Education Project emphasized the integration of core competencies for advanced practice nurses and the development of geriatric nursing education models that could eventually be adopted by the broader graduate nursing education community.

For a more detailed overview of the overall AACN Geriatric Nursing Education Project, please refer to Part I.

A. Advanced Practice Nursing Curriculum Grantees

In January 2002, 10 Advanced Practice Nursing [APN] schools were funded by the John A. Hartford Foundation as part of the Geriatric Nursing Education Project's Enhancing Gerontological/Geriatric Nursing Education. These three-year grants, administered by the Coordinating Center at the American Association of Colleges of Nursing [AACN], supported schools in the development, integration, or enhancement of geriatric content into the schools' curriculum.

The 10 funded APN Curriculum Schools were:

- Case Western Reserve University
- East Tennessee State University
- Pennsylvania State University
- University of Arkansas for Medical Sciences
- University of California, San Francisco
- University of Illinois, Chicago
- University of Michigan
- University of North Carolina, Greensboro
- University of Virginia
- Western University of Health Sciences

Table 19 lists the data sources received from each school. The data sources include project evaluation surveys, narrative reports, project ending interview transcriptions and project ending reports.

Table 19. List of Data Received from APN Curriculum Schools

Curriculum School Code	Executive Summary	Evaluation Report Forms			Narrative Reports			Project-Ending Interview	Project-Ending Survey
		Year 1	Year 2	Year 3	12 month	18-month	Project Ending		
GA	✓	✓	✓	✓	✓	✓	✓	✓	✓
GB	✓	✓	✓	✓	✓	✓	✓		✓
GC	✓	✓	✓	✓	✓	✓	✓	✓	
GD	✓	✓	✓	✓	✓	✓	✓	✓	✓
GE	✓	✓	✓	✓	✓	✓	✓	✓	✓
GF	✓	✓	✓	✓	✓	✓	✓	✓	✓
GG	✓	✓	✓	✓	✓	✓	✓	✓	✓
GH	✓	✓	✓	✓	✓	✓	✓	✓	✓
GI	✓	✓	✓	✓	✓	✓	✓	✓	✓
GJ	✓	✓	✓	✓	✓	✓	✓	✓	✓

Note: Each AACN APN Curriculum School was randomly assigned a letter code. These assigned codes are not correlated with the alphabetical list of schools provided above.

B. Overall Strategies and Activities

i. General Areas of Impact

The following is a summary of major themes in the activities of the 10 APN Curriculum Schools during their three years of funding [January 2002 through December 2004].

The 10 APN Curriculum Schools utilized a number of strategies to enhance the geriatric curriculum in their graduate programs.

- The most frequently reported types of enhancements supported by this grant were the development of new courses [at 8 of 10 schools], the provision of new clinical experiences [at 7 of 10 schools], and the development of interdisciplinary teamwork experiences [at 7 of 10 schools].
- The APN Curriculum Schools reported that the Hartford Grant supported an average of 5.2 [s.d. = 2.2, median = 5.0] out of 13 strategies for geriatric curriculum enhancements per school.

A summary of the APN Curriculum Schools' geriatric nursing curriculum enhancements supported by the Hartford grant is shown in Table 20.

Table 20. APN Geriatric Nursing Curriculum Enhancements Supported by the Hartford Grant

Enhancement Strategies	Number of Schools*
Added Content to Existing Course[s]	6
Developed New Course[s]	8
Provided New Clinical Experience[s]	7
Provided Workshop[s] for Students	3
Provided Geriatric Colloquia	2
Provided Interdisciplinary Teamwork Experiences or Classes	7
Encouraged Geriatric-Specific Content in Thesis or Student Portfolio	3
Developed Gerontology Certificate Program	2
Developed Gerontology Concentration Offered in APN Curriculum	3
Provided Financial Awards to Graduates Showing Distinguished Work with Older Adults	0
Provided Financial Awards for Graduate Researchers in Gerontology	1
Provided Scholarship Monies for Tuition	2
Other	6
Any of Above	10

*n = 10

The APN Curriculum Schools reported using a number of different pedagogic methods in the Hartford-supported curriculum.

- A total of 9 of the 10 APN Curriculum Schools reported using community-based clinical settings; 9 of the 10 schools conducted seminars or small group discussions; 8 of the 10 schools offered clinical preceptorships; 8 of the 10 schools offered distance learning or online course formats; 8 of the 10 schools used case study assignments; and 8 of the 10 schools developed web-based curricular models.
- An average of 8.4 [s.d. = 2.1, median = 8.0] of a possible 13 pedagogic methods were used per school in Hartford-supported curricula.

A summary of pedagogic methodologies used by the APN Curriculum Schools in their Hartford-supported curriculum is provided in Table 21.

Table 21. Pedagogic Methodologies Used in Hartford Supported APN Curricula

Pedagogic Methodology Used	Number of Schools*
Lecture	8
Community-Based Clinical Experiences	9
Acute Care Hospital-Based Clinical Experiences	5
Preceptorships	8
Distance Learning/Online Courses	8
Use of Specialized CD-ROMs	5
Small Group Clinical Placements	3
Case Study Assignments	8
Use of We-Based Curricular Modules	8
Evening and Weekend Classes	4
Seminars/Small Group Discussions	9
Use of Information Technology [e.g., Palm Pilots, Computers]	6
Other	3
Any of Above	10

*n = 10

APN Curriculum Schools focused on a broad array of content areas when developing or enhancing courses as part of the Hartford Grant.

- The content areas focused on most frequently by the APN Curriculum Schools when developing or enhancing courses for the Hartford Grant included chronic care of older adults [at 9 of 10 schools]; best practices in the care of older adults [at 8 of 10 schools]; geropharmacology [at 8 of 10 schools]; and common geriatric syndromes or problems [at 8 of 10 schools].
- The APN Curriculum Schools reported that the Hartford Grant was used to emphasize an average of 12.6 [s.d. = 5.2, median = 13.5] out of 21 content areas per school.

A complete summary of content areas emphasized in the courses developed or enhanced as part of the Hartford Grant is shown in Table 22.

Table 22. Content Areas Emphasized in APN Courses Developed/Enhanced

Content Area	Number of Schools*
AACN/JAHF Recommended APN Competencies for Geriatric Nursing	4
Best Practices in Care of Older Adults	8
AACN/JAHF Recommended GNP Competencies	5
Health Policy Issues Related to Older Adults	7
Gerontological Theory	4
Health Education and Promotion/Wellness	7
Well Adult Care	7
Acute Care of Older Adults	4
Chronic Care of Older Adults	9
Care of Frail Elderly	6
Culturally-Appropriate Care for Older Adults	6
Health Economics	6
Mental Health of Older Adults [e.g., Geropsychiatric]	6
End of Life/Palliative Care	5
Successful Aging	5
Care Coordination/Case Management	6
Geropharmacology	8
Family Issues	6
Career Opportunities in Gerontological Nursing	6
Common Geriatric Syndromes/Problems	8
Other	3
Any of Above	10

*n = 10

Curriculum content developed or enhanced by the APN Curriculum Schools often emphasized care of special geriatric populations.

- A total of 9 of 10 APN Curriculum Schools reported targeting any special geriatric populations in their curriculum content. The most commonly targeted special geriatric populations supported by this grant were frail elders [at 7 of 10 schools] and well older adults [at 7 of 10 schools].
- The curricula supported by this grant targeted an average of 3.8 [s.d. = 2.3, median = 3.5] out of 8 special geriatric populations per school.

A summary of the special geriatric populations targeted by the Hartford-supported curriculum is provided in Table 23.

Table 23. Special Geriatric Populations Targeted by the Hartford Supported APN Curriculum

Targeted Population	Number of Schools*
Ethnically Diverse	6
Interfaith	0
Medically Underserved	5
Rural	6
Urban	3
Other	4
Frail Elderly	7
Well-Older Adults	7
Any of Above	9

*n = 10

The curricular enhancements supported by this grant have been used to teach an array of students and providers.

- Populations affected include general master’s students, non-nursing second degree MSN students, post-master’s students, GNP students, GCNS students, non-geriatric APP students, non-geriatric APN students, non-nursing master’s students, faculty, practicing nurses, and other health care providers.
- A total of 8 of 10 schools reported that the Hartford-supported curricula were used to teach GNP students; 6 of 10 schools reported teaching post-master’s students, and 5 of 10 schools taught other APP students.
- An average of 4.0 [s.d. = 2.1, median = 3.5] out of 12 types of students were taught using the Hartford-supported curriculum per school.

A summary of populations taught by the Hartford-supported curriculum is provided in Table 24.

Table 24. Populations Taught by the Hartford Supported APN Curriculum

Population Type	Number of Schools*
General Master’s Students	4
RN to MSN Students	0
Non-Nursing 2 nd Degree MSN Students	1
Post-Master’s Students	6
Practicing Nurses	2
Faculty	4
GNP Students	8
GCNS Students	4
Other Master’s Students [e.g. Education, Administration]	2
Other APP Students [FNP, ANP, Psych.]	5
Other APN Students	1
Other Healthcare Providers	3
Any of Above	10

*n = 10

All of the APN Curriculum Schools reported forming linkages with other Hartford Geriatric Nursing Initiative [HGNI] programs during the course of their grant.

- All 10 of the APN Curriculum Schools reported forming linkages with other HGNI programs during the course of their grant. A total of 6 of 10 schools reported forming linkages with AACN Creating Careers in APN Grantees; 5 of 10 schools formed linkages with Hartford Centers of Geriatric Nursing Excellence [HCGNEs]; 4 of 10 schools formed linkages with Hartford Geriatric Nursing Scholars; and 4 of 10 schools formed linkages with the Hartford Institute of Geriatric Nursing.

A summary of linkages formed with other Hartford Geriatric Nursing Initiative programs during the three years of the grant is shown in Table 25.

Table 25. APN Linkages Formed with Other Hartford Geriatric Nursing Initiative [HGNI] Programs

Linkages Formed with Other Hartford Geriatric Nursing Initiative Programs	Number of Schools*
Hartford Geriatric Nursing Scholar [Pre- Or Post- Doctoral]	4
Hartford CGNE	5
Hartford Institute of Geriatric Nursing	4
Hartford Nursing School Investment Program School	4
Other AACN Curriculum Grantee	4
AACN Creating Careers in Advanced Practice Grantee [School or Individual]	6
Other	1
Any of Above	10

*n = 10

All 10 of the APN Curriculum Schools reported ways in which their Hartford-supported curriculum will impact gerontological nursing training in the long-term.

- A total of 9 of 10 APN Curriculum Schools reported that the major long-term impact of these enhancements is that more advanced practice nurses will be trained in geriatric nursing; 6 of 10 schools reported developing replicable model curricula.

A summary of the long-term impact of the Hartford-supported curriculum is provided in Table 26.

Table 26. Impact of Grant-Supported APN Curriculum on Who Will Be Trained in the Long-Term

Impact of Grant Supported Curriculum on Who is Trained in the Long-term	Number of Schools*
Increase Number of Students Who Would Not Otherwise Seek Graduate Study	4
Increase Number of Minorities Trained in Geriatric Nursing	4
Will Train Faculty at Schools of Nursing	5
Will Provide Replicable Model Programs	6
Increase Number of APNs Trained in Geriatric Nursing	9
Other	3
Any of Above	10

*n = 10

Quantitative Summary of Activities, Outcomes and Lessons Learned

During their three years of funding [January 2002 through December 2004], the APN Curriculum Schools were active in pursuing curricular enhancements and other activities to support, complement, or disseminate geriatric curriculum as part of this grant. All of the schools directly enhanced their curriculum by developing new courses or programs, or by increasing the geriatric content in existing courses or the overall curriculum. All of the schools also disseminated information about their geriatric curriculum, participated in activities to sustain curricular innovations, and created formal linkages to facilitate new learning experiences related to geriatrics. A total of 9 of 10 schools also participated in student recruitment and retention activities.

Tables 27a – 27c summarize activities reported by the 10 APN Curriculum Schools in each survey domain for each year of the grant, and the related outcomes and lessons learned. These tables indicate the number of schools that report no activity, only one activity, two activities, and three activities within each domain. Comparable information is also presented for outcomes and lessons learned within each domain. Table 27a is a summary of activities, outcomes, and lessons learned in 2002 [Grant Year 1], Table 27b is a summary for 2003 [Grant Year 2], and Table 27c is a summary for 2004 [Grant Year 3].

All of the APN Curriculum Schools reported activities, outcomes, and lessons learned in disseminating their curriculum and leveraging their JAHF grant/designation to receive additional funding, influence policy, or improve the status of geriatric nursing programs. The majority of the APN Curriculum Schools also reported activity in every other grant domain except Awards/Recognition [which was largely outside of the schools' control]. A complete summary of the number of schools reporting any activities, outcomes, or lessons learned within each domain over the three years of the grant [January 1, 2002 – December 31, 2004] is provided in Table 27d.

Overall, the APN Curriculum Schools reported training 2,413 advanced practice nurses during the three years of the grant. A complete summary of the reported number of nursing students that received training from the JAHF-supported enhanced curriculum developed by the Curriculum Schools during each year of the grant [2002-2004] is provided in Table 28.

The APN Curriculum Schools also reported forming 94 new partnerships to enhance the geriatric nursing experiences available to students at their schools. A complete summary of the reported number of linkages formed by each School to facilitate new learning experiences related to geriatric nursing during each year of the grant [2002-2004] is provided in Table 29.

Table 27a. Number and Percentage of APN Curriculum Schools Reporting Activities, Outcomes, and Lessons Learned in Evaluation Domains in Grant Year 1 [January 1 through December 31, 2002]*

Domain	Activities				Outcomes				Lessons Learned			
	None	One	Two	Three	None	One	Two	Three	None	One	Two	Three
2a. Strengthen Geriatric/Gerontological Content in the Entire APN Nursing Curriculum	5 [50%]	0 [0%]	4 [40%]	1 [10%]	5 [50%]	1 [10%]	3 [30%]	1 [10%]	6 [60%]	0 [0%]	3 [30%]	1 [10%]
2b. Develop/Strengthen Geriatric/Gerontological APN Core Curriculum	3 [30%]	1 [10%]	4 [40%]	2 [20%]	4 [40%]	1 [10%]	4 [40%]	1 [10%]	5 [50%]	1 [10%]	2 [20%]	2 [20%]
2c. Develop/Strengthen Geriatric/Gerontological Content in GNP and/or GCNS Program	3 [30%]	3 [30%]	2 [20%]	2 [20%]	3 [30%]	4 [40%]	1 [10%]	2 [20%]	3 [30%]	3 [30%]	2 [20%]	2 [20%]
2d. Integrate Geriatric/Gerontological Material into Other APN Specialty Courses	6 [60%]	4 [40%]	0 [0%]	0 [0%]	6 [60%]	4 [40%]	0 [0%]	0 [0%]	6 [60%]	4 [40%]	0 [0%]	0 [0%]
2e. Integrate Web or IS Technology	4 [40%]	4 [40%]	1 [10%]	1 [10%]	5 [50%]	4 [40%]	1 [10%]	0 [0%]	5 [50%]	4 [40%]	1 [10%]	0 [0%]
2f. Evaluate Curriculum and Learning Outcomes	5 [50%]	4 [40%]	1 [10%]	0 [0%]	6 [60%]	3 [30%]	1 [10%]	0 [0%]	7 [70%]	2 [20%]	1 [10%]	0 [0%]
3. Internal Infrastructure Development Activities	3 [30%]	3 [30%]	2 [20%]	2 [20%]	5 [50%]	1 [10%]	2 [20%]	2 [20%]	5 [50%]	1 [10%]	2 [20%]	2 [20%]
4. Faculty Development Activities	4 [40%]	6 [60%]	0 [0%]	0 [0%]	4 [40%]	6 [60%]	0 [0%]	0 [0%]	5 [50%]	5 [50%]	0 [0%]	0 [0%]
5. Formal or Informal Linkages	2 [20%]	2 [20%]	3 [30%]	3 [30%]	3 [30%]	3 [30%]	2 [20%]	2 [20%]	4 [40%]	2 [20%]	2 [20%]	2 [20%]
6. Recruitment and Retention Activities	2 [20%]	6 [60%]	0 [0%]	2 [20%]	4 [40%]	5 [50%]	0 [0%]	1 [10%]	2 [20%]	6 [60%]	2 [20%]	0 [0%]
7. Curriculum Dissemination Activities	1 [10%]	1 [10%]	3 [30%]	5 [50%]	2 [20%]	2 [20%]	3 [30%]	3 [30%]	3 [30%]	1 [10%]	5 [50%]	1 [10%]
8. Activities Sustaining Curricular Innovations	4 [40%]	5 [50%]	1 [10%]	0 [0%]	5 [50%]	4 [40%]	1 [10%]	0 [0%]	5 [50%]	5 [50%]	0 [0%]	0 [0%]
9. Leveraging of the JAHF Grant/Designation	6 [60%]	4 [40%]	0 [0%]	0 [0%]	6 [60%]	4 [40%]	0 [0%]	0 [0%]	6 [60%]	4 [40%]	0 [0%]	0 [0%]
10. Awards/Recognitions	9 [90%]	1 [10%]	0 [0%]	0 [0%]	9 [90%]	1 [10%]	0 [0%]	0 [0%]	9 [90%]	1 [10%]	0 [0%]	0 [0%]
11. Other Activities	8 [80%]	2 [20%]	0 [0%]	0 [0%]	8 [80%]	2 [20%]	0 [0%]	0 [0%]	8 [80%]	2 [20%]	0 [0%]	0 [0%]

* n = 10

Table 27b. Number and Percentage of APN Curriculum Schools Reporting Activities, Outcomes, and Lessons Learned in Evaluation Domains in Grant Year II [January 1 through December 31, 2003]*

Domain	Activities				Outcomes				Lessons Learned			
	None	One	Two	Three	None	One	Two	Three	None	One	Two	Three
2a. Strengthen Geriatric/Gerontological Content in the Entire APN Nursing Curriculum	4 [40%]	2 [20%]	2 [20%]	2 [20%]	4 [40%]	2 [20%]	2 [20%]	2 [20%]	4 [40%]	2 [20%]	2 [20%]	2 [20%]
2b. Develop/Strengthen Geriatric/Gerontological APN Core Curriculum	2 [20%]	0 [0%]	7 [70%]	1 [10%]	2 [20%]	0 [0%]	7 [70%]	1 [10%]	2 [20%]	0 [0%]	7 [70%]	1 [10%]
2c. Develop/Strengthen Geriatric/Gerontological Content in GNP and/or GCNS Program	2 [20%]	3 [30%]	2 [20%]	3 [30%]	2 [20%]	3 [30%]	2 [20%]	3 [30%]	2 [20%]	3 [30%]	2 [20%]	3 [30%]
2d. Integrate Geriatric/Gerontological Material into Other APN Specialty Courses	3 [30%]	5 [50%]	1 [10%]	1 [10%]	3 [30%]	5 [50%]	1 [10%]	1 [10%]	3 [30%]	5 [50%]	1 [10%]	1 [10%]
2e. Integrate Web or IS Technology	2 [20%]	2 [20%]	4 [40%]	2 [20%]	2 [20%]	2 [20%]	4 [40%]	2 [20%]	2 [20%]	2 [20%]	4 [40%]	2 [20%]
2f. Evaluate Curriculum and Learning Outcomes	4 [40%]	3 [30%]	2 [20%]	1 [10%]	4 [40%]	3 [30%]	2 [20%]	1 [10%]	4 [40%]	3 [30%]	2 [20%]	1 [10%]
3. Internal Infrastructure Development Activities	3 [30%]	4 [40%]	2 [20%]	1 [10%]	3 [30%]	4 [40%]	2 [20%]	1 [10%]	3 [30%]	5 [50%]	1 [10%]	1 [10%]
4. Faculty Development Activities	4 [40%]	2 [20%]	4 [40%]	0 [0%]	4 [40%]	2 [20%]	4 [40%]	0 [0%]	4 [40%]	2 [20%]	4 [40%]	0 [0%]
5. Formal or Informal Linkages	2 [20%]	2 [20%]	4 [40%]	2 [20%]	2 [20%]	2 [20%]	4 [40%]	2 [20%]	2 [20%]	2 [20%]	4 [40%]	2 [20%]
6. Recruitment and Retention Activities	1 [10%]	2 [20%]	2 [20%]	5 [50%]	1 [10%]	2 [20%]	2 [20%]	5 [50%]	1 [10%]	2 [20%]	2 [20%]	5 [50%]
7. Curriculum Dissemination Activities	1 [10%]	2 [20%]	2 [20%]	5 [50%]	1 [10%]	2 [20%]	2 [20%]	5 [50%]	1 [10%]	2 [20%]	2 [20%]	5 [50%]
8. Activities Sustaining Curricular Innovations	0 [0%]	7 [70%]	2 [20%]	1 [10%]	0 [0%]	7 [70%]	2 [20%]	1 [10%]	0 [0%]	7 [70%]	2 [20%]	1 [10%]
9. Leveraging of the JAHF Grant/Designation	1 [10%]	6 [60%]	3 [30%]	0 [0%]	1 [10%]	6 [60%]	3 [30%]	0 [0%]	1 [10%]	6 [60%]	3 [30%]	0 [0%]
10. Awards/Recognitions	7 [70%]	3 [30%]	0 [0%]	0 [0%]	7 [70%]	3 [30%]	0 [0%]	0 [0%]	7 [70%]	3 [30%]	0 [0%]	0 [0%]
11. Other Activities	7 [70%]	3 [30%]	0 [0%]	0 [0%]	7 [70%]	3 [30%]	0 [0%]	0 [0%]	7 [70%]	3 [30%]	0 [0%]	0 [0%]

* n = 10

Table 27c. Number and Percentage of APN Curriculum Schools Reporting Activities, Outcomes, and Lessons Learned in Evaluation Domains in Grant Year 3 [January 1 through December 31, 2004]*

Domain	Activities				Outcomes				Lessons Learned			
	None	One	Two	Three	None	One	Two	Three	None	One	Two	Three
2a. Strengthen Geriatric/Gerontological Content in the Entire APN Nursing Curriculum	4 [40%]	1 [10%]	2 [20%]	3 [30%]	4 [40%]	1 [10%]	2 [20%]	3 [30%]	4 [40%]	1 [10%]	2 [20%]	3 [30%]
2b. Develop/Strengthen Geriatric/Gerontological APN Core Curriculum	3 [30%]	0 [0%]	5 [50%]	2 [20%]	3 [30%]	0 [0%]	5 [50%]	2 [20%]	3 [30%]	0 [0%]	5 [50%]	2 [20%]
2c. Develop/Strengthen Geriatric/Gerontological Content in GNP and/or GCNS Program	3 [30%]	2 [20%]	3 [30%]	2 [20%]	3 [30%]	2 [20%]	3 [30%]	2 [20%]	3 [30%]	2 [20%]	3 [30%]	2 [20%]
2d. Integrate Geriatric/Gerontological Material into Other APN Specialty Courses	3 [30%]	5 [50%]	1 [10%]	1 [10%]	3 [30%]	5 [50%]	1 [10%]	1 [10%]	3 [30%]	5 [50%]	1 [10%]	1 [10%]
2e. Integrate Web or IS Technology	2 [20%]	2 [20%]	4 [40%]	2 [20%]	2 [20%]	2 [20%]	4 [40%]	2 [20%]	2 [20%]	2 [20%]	4 [40%]	2 [20%]
2f. Evaluate Curriculum and Learning Outcomes	4 [40%]	5 [50%]	1 [10%]	0 [0%]	4 [40%]	5 [50%]	1 [10%]	0 [0%]	4 [40%]	5 [50%]	1 [10%]	0 [0%]
3. Internal Infrastructure Development Activities	4 [40%]	3 [30%]	1 [10%]	2 [20%]	4 [40%]	3 [30%]	1 [10%]	2 [20%]	3 [30%]	4 [40%]	1 [10%]	2 [20%]
4. Faculty Development Activities	5 [50%]	1 [10%]	3 [30%]	1 [10%]	5 [50%]	1 [10%]	3 [30%]	1 [10%]	5 [50%]	1 [10%]	3 [30%]	1 [10%]
5. Formal or Informal Linkages	2 [20%]	3 [30%]	4 [40%]	1 [10%]	2 [20%]	3 [30%]	4 [40%]	1 [10%]	2 [20%]	3 [30%]	4 [40%]	1 [10%]
6. Recruitment and Retention Activities	1 [10%]	3 [30%]	5 [50%]	1 [10%]	1 [10%]	3 [30%]	5 [50%]	1 [10%]	1 [10%]	2 [20%]	6 [60%]	1 [10%]
7. Curriculum Dissemination Activities	2 [20%]	3 [30%]	2 [20%]	3 [30%]	1 [10%]	4 [40%]	2 [20%]	3 [30%]	2 [20%]	3 [30%]	4 [40%]	1 [10%]
8. Activities Sustaining Curricular Innovations	0 [0%]	5 [50%]	2 [20%]	3 [30%]	0 [0%]	5 [50%]	2 [20%]	3 [30%]	0 [0%]	5 [50%]	2 [20%]	3 [30%]
9. Leveraging of the JAHF Grant/Designation	2 [20%]	5 [50%]	3 [30%]	0 [0%]	2 [20%]	5 [50%]	3 [30%]	0 [0%]	2 [20%]	5 [50%]	3 [30%]	0 [0%]
10. Awards/Recognitions	9 [90%]	1 [10%]	0 [0%]	0 [0%]	9 [90%]	1 [10%]	0 [0%]	0 [0%]	9 [90%]	1 [10%]	0 [0%]	0 [0%]
11. Other Activities	9 [90%]	1 [10%]	0 [0%]	0 [0%]	9 [90%]	1 [10%]	0 [0%]	0 [0%]	9 [90%]	1 [10%]	0 [0%]	0 [0%]

* n = 10

Table 27d. Number and Percentage of APN Curriculum Schools Reporting Activities, Outcomes, and Lessons Learned in Evaluation Domains in Grant Years I to III [January 1, 2002 through December 31, 2004]*

Domain	Activities	Outcomes	Lessons Learned
2a. Strengthen Geriatric/Gerontological Content in the Entire APN Nursing Curriculum	6 [60%]	6 [60%]	6 [60%]
2b. Develop/Strengthen Geriatric/Gerontological APN Core Curriculum	8 [80%]	8 [80%]	8 [80%]
2c. Develop/Strengthen Geriatric/Gerontological Content in GNP and/or GCNS Program	9 [90%]	9 [90%]	9 [90%]
2d. Integrate Geriatric/Gerontological Material into Other APN Specialty Courses	7 [70%]	7 [70%]	7 [70%]
2e. Integrate Web or IS Technology	8 [80%]	8 [80%]	8 [80%]
2f. Evaluate Curriculum and Learning Outcomes	8 [80%]	8 [80%]	7 [70%]
3. Internal Infrastructure Development Activities	7 [70%]	7 [70%]	7 [70%]
4. Faculty Development Activities	6 [60%]	6 [60%]	6 [60%]
5. Formal or Informal Linkages	8 [80%]	8 [80%]	8 [80%]
6. Recruitment and Retention Activities	9 [90%]	9 [90%]	9 [90%]
7. Curriculum Dissemination Activities	10 [100%]	10 [100%]	10 [100%]
8. Activities Sustaining Curricular Innovations	9 [90%]	9 [90%]	9 [90%]
9. Leveraging of the JAHF Grant/Designation	10 [100%]	10 [100%]	10 [100%]
10. Awards/Recognitions	3 [30%]	3 [30%]	3 [30%]
11. Other Activities	4 [40%]	4 [40%]	4 [40%]

* n = 10

Table 28. Reported Number of Nursing Students Trained by JAHF-Supported Curricula by APN Curriculum Schools between January 2002 and December 2004

APN Curriculum Schools	January-December 2002	January-December 2003	January-December 2004	Total
GA	107	75	124	306
GB	53	60	55	168
GC	11	16	32	59
GD	8	28	21	57
GE	466	589	585	1640
GF	0	12	5	17
GG	0	12	15	27
GH	3	2	11	16
GI	5	12	8	25
GJ	8	51	39	98
Total	661	857	895	2413
Median	8	22	26.5	58
Mean	120.2	155.8	162.7	438.7
Standard Deviation	225.8	287.7	295.6	808.4

Note: Each AACN APN Curriculum School was randomly assigned a letter code.

Table 29. Reported Number of New Partnerships Related to Enhancing Geriatric Nursing Made by APN Curriculum Schools between January 2002 and December 2004

APN Curriculum Schools	January-December 2002	January-December 2003	January-December 2004	Total
GA	20	1	2	23
GB	6	6	0	12
GC	2	3	0	5
GD	4	2	0	6
GE	2	1	2	5
GF	2	1	0	3
GG	0	0	4	4
GH	1	1	2	4
GI	10	2	8	20
GJ	4	7	1	12
Total	51	24	19	94
Median	3	1.5	1.5	5.5
Mean	5.1	2.4	1.9	9.4
Standard Deviation	5.97	2.32	2.51	7.15

Note: Each AACN APN Curriculum School was randomly assigned a letter code.

ii. Course or Curriculum Development and Enhancement Activities

Each AACN APN Curriculum School conducted activities specifically designed to increase or strengthen geriatric/gerontological content in individual courses and overall curricula. Course development or implementation activities encompass new course creation and subsequent course implementation into the nursing curricula. Curriculum development or implementation refers specifically to entirely new curricula fully developed or implemented during the grant period. In contrast, course and curriculum enhancements refer to appropriate modifications of courses, course modules, or curricula through changes such as increased geriatric content, additional clinical experiences or the utilization of course or curriculum evaluative tools.

a. Media of Development or Enhancement. Both course and curriculum development and enhancement activities were categorized as either traditional or web-based/distance learning in nature.

- (i) **Traditional:** Traditional course and curriculum development and/or enhancement activities include any didactic or clinical learning experiences based purely on face-to-face interaction.
- (ii) **Web-based/Distance Learning:** All course and curriculum development and enhancement activities in this category include a web-based or distance learning component such as online classes, web-based modules, CD-ROMs or Polycom technology.

b. Main Areas of Development or Enhancement.

- (v) **Developed and/or Implemented New Courses.** Almost all of the APN Curriculum Schools [at 9 of 10 schools] developed and/or implemented new courses or modules focused on geriatric content. Of these schools, 7 of 10 schools relied on traditional media for offering their courses, and 7 of 10 schools utilized a web-based or distance learning format, with a total of 26 unique course development or implementation activities reported overall.
 - Both the traditional and the web-based courses and modules covered a wide range of geriatric issues, ranging from specific topics such as geropsychiatry [at 2 of 9 schools] and/or pharmacology [at 2 of 9 schools] to general knowledge of older adult care [at 6 of 9 schools]. The traditional courses were developed as part of existing curricular tracks and frequently focused on integrating course content with clinical experiences. The web-based/distance learning courses were typically offered as electives or as publicly accessible modules.
 - Schools reported that developing the new courses and modules was very time-consuming for faculty, particularly when a web-based or distance learning format was used. However, schools that collected feedback reported that the courses were positively received by students, and attractive to other health professions on campus, not just nursing students.
 - For traditional courses, the schools indicated the importance of collaborating with clinical faculty to develop valuable student learning experiences. In developing web-based or distance learning courses, schools emphasized the importance of working with skilled and enthusiastic technology teams or having faculty with expertise in distributed learning formats.

- A more detailed summary of courses or modules implemented by the Baccalaureate Curriculum Schools is provided in Appendix VIII-A.

(vi) Enhanced Existing Courses. A total of 9 of 10 APN Curriculum Schools enhanced their programs by incorporating geriatric content and/or best practices into existing courses. Of these 9 schools, 7 schools enhanced their traditional courses and 8 schools enhanced their web-based/distance learning courses. Overall, the schools conducted 39 course enhancement activities.

- The schools' traditional course enhancements typically involved incorporating geriatric content and/or best practices in didactic courses [at 6 of 7 schools] or expanding students' clinical experiences in gerontology [at 3 of 7 schools]. The web-based course enhancements focused more on developing web-based content modules and/or learning activities [at 5 of 8 schools] or on transferring existing courses to an online format for dissemination to a wider audience [at 2 of 8 schools].
- These course enhancements increased students' geriatric assessment skills and their application of geriatric-related content. The schools reported that placing courses online made it possible for students to work full-time and still take courses, and that students found these additions helpful in their practice.
- The schools learned that developing effective student clinical experiences in geriatrics was a time-consuming and often challenging process. The schools also reported that while web-based courses created more flexible learning experiences, they were also extremely time-consuming to develop and teach.
- A more detailed summary of course enhancements implemented by APN Curriculum Schools is provided in Appendix VIII-B.

(vii) Developed and/or Implemented New Curricula. A total of 6 of 10 APN Curriculum Schools developed and/or implemented new curricula to incorporate a greater focus on gerontology. Overall, the schools participated in 15 unique curriculum development and/or implementation activities.

- Almost all of the schools chose to implement their new curricula by establishing a Geriatric Nurse Practitioner or Clinical Nurse Specialist track or by offering dual certification in geriatrics and another specialty.
- The schools reported that mixed faculty buy-in could create challenges when seeking approval and support for the development of new graduate programs, and that persistence and resources were needed to overcome objections.
- The schools learned that developing a new curriculum online is extremely time consuming and requires a great deal of faculty involvement. They also learned that while online courses can be a positive experience for both student and faculty, the workload involved in developing and offering these courses can be quite steep and must be carefully considered.
- A more detailed summary of new curricula developed and implemented by the APN Curriculum Schools is provided in Appendix VIII-C.

(viii) Enhanced Existing Curricula. A total of 8 of 10 APN Curriculum Schools reported enhancing the geriatric content in their existing curricula. All of these schools utilized a traditional medium for enhancing their curricula, and 5 of 8 schools also made use of web-based or distance-learning activities. Overall, the schools participated in 38 unique curricular enhancement activities over the three years of the grant.

- The schools' traditional curricular enhancement activities focused mainly on administering geriatric knowledge assessment tests and/or course evaluations [at 4

- of 8 schools] or developing new clinical experiences related to care of the elderly [at 4 of 8 schools]. The web-based/distance learning activities typically involved transferring existing courses and/or resources into an online format to increase ease of access to and delivery of relevant geriatric content.
- The schools indicated that the curricular enhancements increased students' exposure to geriatric content, and that there was a need for this knowledge, despite the difficulty of increasing the content in an already crowded curriculum.
 - The schools learned that building a network of geriatric specialists and/or clinical sites was important for effective clinical placement of students, and that there was a need for more open exchange between the academic and practice communities.
 - A more detailed summary of curricular enhancements is provided in Appendix VIII-D.

iii. Broader Activities in Support of Curriculum Enhancement

In addition to activities that directly changed their nursing curriculum, all 10 of the APN Curriculum Schools also participated in broader activities to complement, support, or sustain their curricular enhancements. These activities included conducting faculty development activities, creating formal or informal linkages, promoting recruitment and retention, disseminating information related to curriculum enhancements, advancing the sustainability of the grant supported enhancements, leveraging the JAHF Grant designation, and giving or receiving awards or recognitions for geriatric related work. These other types of curriculum enhancement activities are summarized in Tables 49 through 55.

a. Faculty Development. Over half of the APN Curriculum Schools [6 of 10 schools] reported participating in faculty development activities related to geriatric nursing. A total of 4 of the 6 APN Curriculum Schools conducted or promoted faculty development training in workshops or meetings; 2 of 6 schools sponsored faculty participation at conferences; 3 of 6 schools supported faculty in additional formal training such as geriatric post-master's degrees or courses; and 2 of 6 schools supported mentoring and/or technical assistance.

Overall, these faculty development activities increased faculty knowledge and interest in geriatric issues, and helped build the schools' infrastructure to sustain their geriatric-related curriculum. The APN Curriculum Schools learned that faculty development activities were important for ensuring successful curricular innovation in geriatrics, and for encouraging collaboration among project faculty members. A more detailed summary of faculty development activities, including exemplars of activities, outcomes, and lessons learned is shown in Appendix VIII-E.

b. Formal or Informal Linkages. The majority of APN Curriculum Schools [8 of 10 schools] developed formal or informal linkages with other institutions to enhance their geriatric nursing curriculum. These linkages were pursued to increase clinical training opportunities [at 6 of 8 schools]; disseminate information or provide technical assistance [at 4 of 8 schools]; develop clinical or learning tools [at 3 of 8 schools]; increase gerontological training resources [at 3 of 8 schools]; or enhance the geriatric nursing curriculum in other ways [at 1 of 8 schools].

These linkages were successful in promoting education for students or staff or for educating other individuals in other agencies. The APN Curriculum Schools reported learning that creating linkages was valuable because of their potential to provide future opportunities and support. A more detailed summary of linkage activities, including exemplars of activities, outcomes, and lessons learned is shown in Appendix VIII-F.

c. Recruitment and Retention of Students. Almost all of the APN Curriculum Schools [9 of 10 schools] reported conducting student recruitment and retention activities. Out of these schools, 7 of 9 APN Curriculum Schools marketed their courses and programs by advertising in print or on the web, often showcasing a specific geriatric specialty program or concentration. Other recruiting and retention activities included targeting efforts at specific groups or regions of potential students [at 6 of 9 schools]; enhancing course offerings [at 5 of 9 schools]; presenting on the curriculum courses and/or programs at conferences [at 4 of 9 schools]; forming linkages [at 1 of 9 schools]; or conducting other types of innovative recruitment and retention activities [at 4 of 9 schools].

In general, the schools reported an increase in the number of inquiries about their geriatric programs. Many of the APN Curriculum Schools found that recruitment was a difficult task requiring a multi-layered approach. Additionally, a number of the schools reported that one-on-one recruitment efforts were the most effective. A more detailed summary of recruitment and retention activities, including exemplars of activities, outcomes, and lessons learned is shown in Appendix VIII-G.

d. Curriculum Dissemination Activities. All of the APN Curriculum Schools disseminated information about their curriculum development or about the Hartford Grant during their three years of funding. Dissemination efforts tended to focus on the receipt of the Hartford grant, the newly developed curriculum and/or curriculum development tools, or on a specific geriatric research topic. The two most common dissemination methods conducted by the APN Curriculum Schools were presentations or lay publications; 9 of 10 schools reported participating in each of these types of activities. Presentations included both formal presentations at conferences and informal presentations at workshops and meetings. Lay presentations included brochures, state and local print media, and newsletters. Other dissemination methods include formal paper publications [at 1 of 10 schools] and web-based announcements or publications [at 4 of 10 schools].

The APN Curriculum Schools reported observing an increased focus on geriatrics as a result of their curriculum dissemination activities. Many schools also reported receiving increased access to information about geriatric resources. Several of the APN Curriculum Schools discovered that their dissemination efforts led to increased opportunities to further their grant objectives. A more detailed summary of the curriculum dissemination activities, including exemplars of activities, outcomes, and lessons learned is shown in Appendix VIII-H.

e. Sustaining Curricular Innovations. All of the APN Curriculum Schools reported taking steps to sustain the curricular innovations developed during the three years of the grant. A total of 6 of 10 APN Curriculum Schools enhanced their faculty by hiring new faculty with geriatric expertise or expanding the role of current faculty teaching geriatric nursing; 7 of 10 schools changed their programs of study to ensure that geriatric content and courses were more prominently placed in the curricula; 3 of 10 schools worked to acquire additional funding to support their programs; and 2 of 10 schools reported participating in other activities to ensure sustainability of grant-supported curriculum development.

The APN Curriculum Schools reported that their efforts to sustain curricular enhancements were well received and supported by students, faculty, and the university. Many schools reported learning the central role of faculty in sustaining curriculum development. A more detailed summary of the APN Curriculum Schools' activities to sustain curricular innovation, including exemplars of activities, outcomes, and lessons learned is shown in Appendix VIII-I.

f. Leveraging of the JAHF Grant. The number of APN Curriculum Schools that participated in leveraging activities increased from four schools in Year 1 of the grant to all schools in year 3. The most common form of support leveraged by the APN Curriculum Schools was in-kind support, usually from the university [at 5 of 10 schools]. Other leveraging activities focused on providing student assistance [at 3 of 10 schools]; applying for additional grants [at 3 of 10 schools]; providing technical enhancements [at 1 of 10 schools]; or supporting grant-related activities in other ways [at 2 of 10 schools].

Overall, the APN Curriculum Schools reported that leveraged resources increased their ability to enhance the curricula. Many of the APN Curriculum Schools learned that leveraging through collaborations or partnerships was usually fruitful and that careful planning was essential for making successful applications for support. A more detailed summary of leveraging activities, including exemplars of activities, outcomes, and lessons learned is shown in Appendix VIII-J.

g. Awards and Recognition. Almost half of the APN Curriculum Schools [at 4 of 10 schools] received awards for their grant-related work. The awards were given by a Specialty Nursing Association, by the Hartford Institute for Geriatric Nursing and the American Association of Colleges of Nursing, or by a hosting university. The APN Curriculum Schools reported that receiving these awards enhanced the visibility of the Schools of Nursing on both a local and national level. A complete list of awards received, including reported outcomes and lessons learned, is shown in Appendix VIII-K.

C. Project Ending Narrative Summaries

Towards the end of their grant, the 10 APN Curriculum Schools were asked to provide a more reflective, narrative account of their grant experiences to supplement the information in their annual evaluation report forms. These experiences were grouped into the following four categories:

- Lessons Learned
- Grant Achievements and Sustainability
- Importance of Hartford Funding
- Grant Administration and Evaluation

A list of data sources used to compile information on each category is provided in Table 30.

Table 30. Data Used in Compiling Narrative Summaries for the APN Curriculum Schools

Category	Evaluation Report Forms	Project Ending Interviews	Project Ending Surveys
Lessons Learned	✓	✓	✓
Grant Achievements and Sustainability		✓	✓
Importance of Hartford Funding		✓	✓
Grant Administration and Evaluation		✓	✓

The APN Curriculum Schools reported lessons learned in almost every area of grant activity.

- The most common activity areas for the APN Curriculum Schools to report lessons learned include faculty development [at 8 of the 10 schools]; clinical opportunities and training [at 7 of the 10 schools]; faculty buy-in to support curricular enhancements [at 7 of the 10 schools]; networking [at 7 of the 10 schools]; and recruiting and/or engaging student interest [at 7 of the 10 schools].
- Overall, the APN Curriculum Schools tended to emphasize faculty development and buy-in and increased student learning and/or training opportunities as being critical to the successful development and implementation of their programs.

A complete summary of lessons learned by activity area is shown in Table 31.

All of the APN Curriculum Schools provided a brief overview of their grant achievements and the sustainability of their activities after the end of the grant.

- All of the APN Curriculum Schools reported overall success in meeting the objectives of their grant. Although the schools indicated their intent to sustain project activities after the end of the grant, several of the schools reported that the success of these efforts would depend on continuing student interest and/or enrollments. Several of the schools also indicated the need for additional funding to support the continued development and/or implementation of web-based curriculum activities.

A complete summary of the APN Curriculum Schools' reported grant achievements and sustainability is provided in Table 32.

Most of the APN Curriculum Schools commented specifically on the importance of the Hartford grant in allowing them to make necessary curricular revisions and/or enhancements.

- The APN Curriculum Schools described the importance of the Hartford funding in allowing them to leverage additional grants and/or facilitate the development of project resources and activities.

The APN Curriculum Schools' reflections on the importance of Hartford funding are summarized in Table 33.

Many of the APN Curriculum Schools provided information on their experience with the administration and evaluation of their Hartford grant.

- The APN Curriculum Schools' comments on their experience with the grant administration and evaluation were grouped into the following categories: budget-related issues, AACN grant administration, the overall reporting process, and evaluation form provided by The Measurement Group.
- Although several of the APN Curriculum Schools reported experiencing difficulty with the details of budget/financial portion of their grant, they also indicated their appreciation for the helpfulness of the grant administrators in allowing them to work out these difficulties.

A summary of the APN Curriculum Schools' reported grant administration and evaluation experiences is provided in Table 34.

Table 31. Lessons Learned From APN Curriculum Schools

Topic	Exemplars
Clinical Opportunities and Training [7 of 10 schools]	<ul style="list-style-type: none"> • Primary care nurse practitioners need more clinical opportunities in acute care so they can see the full trajectory of health problems that their clients experience. [GB] • Geriatric clinical experiences should be with preceptors who do not also have acute care clients to follow; in these situations the clinical experience is likely to be too piecemeal to be of maximum benefit to the student. [GB] • Physicians can educate and serve as role models for nurse practitioner students, not just nurses. [GB] • It is important to offer strong clinical experiences in geriatrics, so students will graduate from the program and feel comfortable starting at a novice level in those settings. [GC] • Students may initially be intimidated by the nursing home component of their preceptorship experience. Students often still have a stereotypical attitude about patients in nursing homes; this component of the preceptorship is therefore an extremely important part of their education. [GC] • Having clinical preceptors employed at special long-term care facilities will expose nurse practitioner students to a model of nursing home care that covers the spectrum from prevention to planning for end-of-life care. [GE] • Structured clinical examinations make students feel as if they are in realistic clinical situations, and they are a valuable means of evaluating students' clinical competency. [GE] • Clinical experiences at the graduate level should require students to utilize and integrate content and clinical expertise from their BSN program. [GG] • When developing new clinical opportunities, it is important to realize that quality clinical placements can be found outside of metropolitan areas. [GH] • It can be difficult to find clinical experiences for geropsychiatry in rural areas. Appropriate educational clinical sites can be found when students are willing to come into the city. [GI] • It is useful to provide students with the opportunity to work with a variety of patients from different cultural backgrounds, as well as those with specific mental health diagnoses. [GI] • Having clinical training at the workplace may initially make students nervous, but that anxiety will diminish over time. [GJ] • Ethnic and cultural differences in learning preferences become more apparent when students enter the clinical training portion of their coursework. [GJ] • Students with limited or no training in acute care nursing will experience difficulty with graduate clinical courses. They will require an extensive amount of additional faculty support and tutoring to be successful. [GJ]
Faculty Development [8 of 10 schools]	<ul style="list-style-type: none"> • Although workshops may be rated highly, they are not necessarily a cost-effective means of providing education for faculty, students, or individual providers. [GB] • Continuing education opportunities are important incentives for clinical preceptors, and can enhance these preceptors' knowledge, skill, and abilities in geriatric care. [GC] • Faculty teaching in almost all graduate programs can benefit from taking a course focused specifically on geriatric issues. [GC] • There is intense competition between Schools of Nursing to recruit funded researchers in gerontology. [GC] • Providing external support assists in the faculty development process. [GD]

Table 31 [continued]. Lessons Learned From APN Curriculum Schools

Topic	Exemplars
Faculty Development [8 of 10 schools] <i>Continued</i>	<ul style="list-style-type: none"> • Faculty members without gerontological clinical expertise or academic preparation are eager to learn ways to integrate gerontological nursing content in their courses. [GE] • New faculty with interest in gerontological nursing are often attracted to Schools of Nursing with Hartford projects. [GE] • Many faculty members still do not understand that older adults are different and have more complex health care needs requiring advance nurse practitioners trained in gerontological nursing care. It is important to continually remind them of this distinction. [GG] • Developing grant proposals is useful for increasing faculty knowledge about new technology to support web-based teaching. [GH] • Expanding a current faculty member's role is a practical way of gaining a clinical course supervisor without having to train a new faculty member in university policies and procedures. [GI] • It is necessary to provide clinical preceptors with an orientation and ongoing collaborative contact in order to ensure achievement of desired educational goals. [GI] • Support and mentoring of young faculty is crucial for success. [GJ]
Curriculum or Courses [6 of 10 schools]	<ul style="list-style-type: none"> • There is a need for ongoing faculty discussion on how to expand geriatric curricular content. [GA] • Curricular changes move slowly. It is important to be patient and realize that results will grow over time. [GB] • Curriculum changes should incorporate the knowledge and skills necessary to practice in a real-world setting. It is important to set priorities and integrate essential geriatric content into an already full curriculum. [GC] • It is beneficial to receive constructive feedback from faculty at other universities. [GE] • Geropsychiatric nursing theory and practicum are most effective when taught simultaneously. Faculty must work closely together to ensure that topics discussed the theory course are covered prior to significant clinical interactions with patient populations who have specific types of mental health issues. It is also important to allocate sufficient course time to adequately cover all the material. [GI] • Students will benefit from writing workshops and tutoring sessions, even if it results in the resequencing of courses within the curriculum. [GJ] • Part-time curricular programs are not optimal. They may give students a false sense of the commitment that graduate study requires. [GJ] • Scheduling courses in the early evening is not optimal due to student fatigue. [GJ] • Mentoring can be useful but students must learn that they are ultimately responsible for their own work. Mentor expectations must be communicated clearly to the students to avoid misunderstanding or excessive dependence on the mentor. [GJ]
Faculty Buy-in to Support Curricular Enhancement [7 of 10 schools]	<ul style="list-style-type: none"> • It is important to evaluate low faculty participation rates by following through with extensive email and phone contact after faculty members have indicated an interest in participating. [GA] • Institutions are always eager for grant funding, but faculty buy-in to projects can be difficult. Implementing a plan that all faculty can agree on and support can take a very long time. It also requires continued advocacy to ensure the plan devised is the one truly implemented. [GB] • The key to project success is having one or two strong leaders to sustain the program. [GC]

Table 31 [continued]. Lessons Learned From APN Curriculum Schools

Topic	Exemplars
Faculty Buy-in to Support Curricular Enhancement [7 of 10 schools] <i>Continued</i>	<ul style="list-style-type: none"> • Developing a dual track, such as an adult/geriatric option, is an effective method of developing student expertise in gerontology without forcing students into clinical roles focused only on older adults. This broader clinical practice is more appealing to a wider student body and will ultimately increase the number of practicing nurses with geriatric expertise. [GD] • It is critical to gain nursing faculty and administrative support for the project early on. Holding periodic meetings to discuss grant progress and identify roadblocks can be helpful to getting faculty involved and increasing project support. [GE] • It is important to raise faculty awareness and effort towards providing educational content in gerontological nursing, supporting the new geriatric programs, and recruiting students into these specialty tracks. [GG] • For the program to be successful, it is critical to gain both faculty support and the support of nursing directors at partnering institutions. [GJ]
Distance Learning [5 of 10 schools]	<ul style="list-style-type: none"> • Developing web-based modules can be very time consuming and very few people have that expertise. Having access to expert online curriculum consultants and web-masters is critical to successfully developing an online program. [GA] • An appealing and user-friendly website design is crucial to successful utilization of the website. [GA] • Potential students are looking for distributed or distance learning formats that will allow them to incorporate education into their work and family lives. [GG] • When developing an online program, it is important to recognize the strengths and limitations of web-based teaching strategies. Interactive learning activities are useful. [GH] • Not all schools have the telecommunication technology necessary for their faculty members to take advantage of the course offering. [GI] • Students appreciate the flexibility that WebCT offers. It allows them to participate in courses during a time that fits into their schedules. [GI] • Students have expressed a preference for live lecture over video. If distance learning is necessary, it is important to hire a professional videographer to ensure high quality video. [GJ]
Networking [7 of 10 schools]	<ul style="list-style-type: none"> • Networking and information sharing are critical to project success. [GA] • Creating interdisciplinary educational opportunities can be difficult. For example, scheduling family nurse practitioner students and medical residents at the same time was difficult because of the need to work around residents' schedules. [GB] • There has been expressed interest in developing a university-wide coalition of faculty with a current or developing gerontology specialization. [GC] • When initiating discussions with a long-term care facility, it was beneficial to mention that our university was one of ten graduate programs to receive the Hartford grant. [GE] • Networking is beneficial to the development of new clinical partnerships. Gerontological nursing expertise is valued in the community. [GE] • Connections made through the Hartford listserv have resulted in helpful contacts as project curriculum is refined. [GF]

Table 31 [continued]. Lessons Learned From APN Curriculum Schools

Topic	Exemplars
Networking [7 of 10 schools] <i>Continued</i>	<ul style="list-style-type: none"> • When completing grant objectives, it is important to be attentive to other opportunities that may arise and to leverage the project in the broadest sphere possible. [GF] • Interdisciplinary collaboration is useful in building the geriatric nursing research portfolio to support other advances in curriculum and delivery systems. [GF] • There has been expressed interest in collaboration at the faculty-to-faculty level. People are interested in being affiliated with the university's School of Nursing. [GH] • Conferences provide good networking opportunities for young faculty. [GJ] • It is beneficial to partner with other health care professionals also oriented to student training. [GJ]
Marketing and Program Dissemination [4 of 10 schools]	<ul style="list-style-type: none"> • The university public relations department is an excellent resource for disseminating program information. [GB] • Disseminating curriculum information at conferences was effective in stimulating discussion and follow-up contacts from other schools and potential students. [GC] • Advertising program information in a newsletter distributed to every licensed nurse in the state was an effective strategy for raising awareness of the program. [GC] • Marketing is not a one-shot event. It is an on-going process. Building awareness must be the basis of future efforts to stimulate consumer action towards enrollment. [GF] • Sending fliers to directors of nursing throughout the state has not been an effective strategy for recruiting faculty to enroll in the program. [GI]
Recruiting and/or Engaging Student Interest [7 of 10 schools]	<ul style="list-style-type: none"> • To attract students, the program should be offered in a format that learners can access at their own time and pace. [GB] • The potential for student recruitment is broader when the program includes both masters and post-master's options. [GC] • Recruitment strategies are critical to the success of the program and require a great deal of focus on the part of GNP faculty, even if their tendency is to concentrate more on course development or implementation. [GC] • It is very beneficial to have minority faculty members or program alumni present at recruitment fairs. [GD] • Creating a sense of community in the program is important to student satisfaction and retention. [GD] • MSN recruitment sessions are an effective and useful strategy for recruiting students. [GE] • It is important to provide senior nursing students with information about career opportunities in gerontological nursing. [GE] • Graduate student assistance is extremely helpful in implementing project activities, such as collecting data and organizing resources to distribute at health fairs. [GE] • It is important to create strong clinical experiences to recruit students into the geriatric nurse practitioner specialty track of the MSN program. [GG] • Tuition support and an employer's commitment to provide release time to attend school are also essential to successful student recruitment. [GG] • Referrals of potential applicants from clinical preceptors and other students are the most efficient and effective technique for recruiting new students. [GJ]

Table 32. AACN APN Curriculum School Grant Objectives, Achievements, and Sustainability

School Code	Exemplars
GA	<ul style="list-style-type: none"> • The major achievements of our grant include the development and evaluation of a tool to assess BSN-level geriatric knowledge base, the establishment of a dedicated geriatric nursing website, and the development of five online modules for the advanced concepts curriculum. Providing these resources will document the need for expanded BSN preparation in geriatrics and allow practicing nurses to expand their knowledge of health care for older adults. • Interdisciplinary team clinical experiences were not provided because the curriculum modules were not developed in time. The clinical experiences will be offered after the curriculum modules become available online.
GB	<ul style="list-style-type: none"> • Curricular content was successfully modified, and a more logical course sequence developed. The dual certification option was created to attract more students to the GNP program. These program changes are permanent, and will continue after the grant ends. • Interdisciplinary content was not strengthened as much as planned. The course intended to be the primary implementation of that objective wound up being offered as an elective instead of a required course as there was insufficient space in the overall curriculum to add more required hours. • Due to the local lack of diversity in gerontological practice environments, fewer diverse practice sites were acquired and developed than originally intended.
GC	<ul style="list-style-type: none"> • All courses were made available online, to increase program flexibility with student outreach and recruitment. • The receipt of HRSA funding ensured that both the master's and post-master's level geriatric nurse practitioner programs would continue after the Hartford grant ends.
GD	<ul style="list-style-type: none"> • The post-master's program plan was created and individualized to meet national certification requirements for each student. Four major and five supportive online courses were developed and offered for the GNP/GCNS master's curriculum, and neurological assessment and management content was successfully incorporated into the program. • The major achievement of the grant was the project's success in increasing the breadth of course and content offerings specific to care of older adults at the graduate level. Additional clinical faculty members with expertise in geriatric nursing were also recruited and developed for the program. • Most programs will not be affected by the ending of the Hartford grant, as there are sufficient internal funds to support them. The biggest hardship will be the loss of consultants supported by the grant.
GE	<ul style="list-style-type: none"> • Gerontological nursing content was successfully infused across the entire graduate curriculum. Students from other disciplines helped host the interdisciplinary health fairs, and the online interdisciplinary clinical case course is in the initial stages of development. • The greatest success of the project was the tremendous amount of buy in from our graduate faculty; faculty participated in the grant activities and developed their own strategies to infuse gerontological nursing content across the curriculum. • Our School of Nursing is now recognized as a leader in gerontological nursing education, which in turn has resulted in philanthropic gifts for student scholarships and greater ease in attracting nursing faculty with an interest in gerontological nursing. • All of the curricular innovations that were implemented will be continued after the grant ends.

Note: Each AACN Baccalaureate Curriculum School was randomly assigned a letter code.

Table 32 [continued]. AACN APN Curriculum School Grant Objectives, Achievements, and Sustainability

School Code	Exemplars
GF	<ul style="list-style-type: none"> • The major achievements of the grant have been the curricular revisions and the progress made towards understanding advanced web-based learning formats. • The original intention of the grant was to develop web-based courses. However, offering courses completely online wasn't feasible. Instead, electronic learning modules and a Meet the Expert research series was developed and made available online. • The changes made to the geriatric nursing curriculum are sustainable, but the website and educational learning modules will require additional funding to continue.
GG	<ul style="list-style-type: none"> • Two new geriatric mental health courses were implemented in the GNP and GCNS specialist tracks. These courses have become a permanent part of the curriculum. • Faculty members were integral to project success. Once they understood the growing need for geriatric-trained advanced practice nurses, they enthusiastically supported the grant activities. Having supportive faculty members was also helpful in encouraging students to consider training in geriatrics. • The geriatric clinical nurse program is currently recruiting students. Recruitment to the GNP and gerontological CNS programs has been problematic. However, exposing BSN students to a community engagement experience with older adults increased interest in the older adult population.
GH	<ul style="list-style-type: none"> • A master's level online concentration in geropsychiatric nursing including four new courses and two specific modules has been successfully established. Nonclinical courses have been well-received by nursing master's students and graduate students in other health professions. • The major challenge remaining is to gain national visibility for the program so a larger, more diverse number of students can be recruited to make the geropsychiatric nursing concentration financially viable over time. • The sustainability of the program will depend on the level of student enrollments and the amount of internal and external support received. Thus far, the enrollment of nursing students in the classes has been low; however, it is hopeful that creative financing will allow these activities to be sustained.
GI	<ul style="list-style-type: none"> • The major achievement of the grant was the ability to offer courses through telecommunication and WebCT, so students who live outside the area can participate in the courses without traveling excessively. • In the first year of the grant, an existing course was redesigned and offered using telecommunication. In the second and third years, Web-CT was used to develop a supportive practicum course for the summer session. Both courses were well-received and rated highly by students who completed them. • The sustainability of these courses is still being worked on. Matching funds have provided a large percentage of current funds. However, from a strictly bare-bones approach it is necessary to cover two faculty members in the summer at some level to provide theory and clinical coverage.
GJ	<ul style="list-style-type: none"> • An alternative curriculum specifically designed to accommodate master's students working full-time in a long-term care setting was successfully tested, allowing the School of Nursing to consider new programs targeted at students with only AS degrees. Recruitment will continue after the grant ends, as there is a great need to improve the level of nursing being provided in long-term care.

Note: Each AACN Baccalaureate Curriculum School was randomly assigned a letter code.

Table 32 [continued]. AACN APN Curriculum School Grant Objectives, Achievements, and Sustainability

School Code	Exemplars
GJ Continued	<ul style="list-style-type: none">• More doctoral students are being recruited to maintain the tutoring program and provide the doctoral students with more teaching experience. Private grant funding options for this program are also being explored.• Although all project objectives were met, several of the project's original goals were reframed. The weekend course idea was abandoned because students and faculty preferred to be on campus. Also, only two cohorts of mentored students were included instead of three.

Note: Each AACN Baccalaureate Curriculum School was randomly assigned a letter code.

Table 33. Importance of JAHF Funding in APN Curriculum Schools

Topic	Exemplars
Importance of JAHF Funding	<ul style="list-style-type: none"> • The resources provided through AACN and Hartford helped us in our HRSA grant application. [GC] • The changes occurred much more quickly than they would have without the funding. The new course in the undergraduate program would have taken several years to obtain faculty buy-in without the funding. [GG] • The grant helped me in my RO3 review and other small project grants, both internally and externally. The Hartford AACN branding and being able to say that you are the PI, project manager, of this endeavor, carries weight greatly on a CV and really means something. [GF] • This grant was a unique source of funding that allowed us to accomplish activities we wouldn't have been able to do otherwise. [GI] • We did not search for any other funding for this project in the past. It is complementary with our NSGIP program. The funding gave us the resources we needed for development as well as the time to try certain things [GH] • The curriculum changes we made and the study that we did in the project are not normally funded within our academic funding. Some of these projects receive federal funding, as they are quite expensive. The funding has been extraordinarily helpful in these times of budget cuts. The School of Nursing matched grant funds partly through an in-time/release-time match and also by paying for copying, supporting consultants, travel and the like. [GE] • The grant funds were used to pay for health fair activities, simulated patients, protocols, and resource purchases including books, films, and CDs. The funding also assisted with faculty development activities, dissemination of best practices, and the recruitment CD-ROM. [GE]

Table 34. AACN Administration and Grant Evaluation in APN Curriculum Schools

Topic	Exemplars
Budget	<ul style="list-style-type: none"> • One barrier that occasionally created difficulty with budgeting was the inability to move funds around. The “ten percent” or “less than \$1000” category meant that it took more time to re-budget and request funds for particular activities. [GG] • I felt tied in terms of the budget. When budget changes occurred, we needed to write and get permission; I am used to more flexibility in my grants. [GI] • The only barrier with the grant was the issue of travel and what was covered in the budget, but in retrospect, we should have initially written it into the grant. [GA]
Grant Administration	<ul style="list-style-type: none"> • The goals and expectations for the grant were quite clear. [GG] • The grant administration was fine. All of our interactions were very personable. [GI] • AACN has been wonderful and very helpful in answering any budget-related questions. [GJ] • AACN has been very accommodating and flexible. I am very appreciative of and impressed by everything the Hartford Foundation has done. [GC] • AACN has been very helpful. [GA]
Reports	<ul style="list-style-type: none"> • I found it confusing to fill out two sets of evaluation reports, one for AACN and then one for The Measurement Group as well. Even though they were the same, it was more work to put together. [GG] • People read the reports and requested follow-ups, so writing the reports did not feel like a waste of time. However, the six-month reporting intervals were a bit excessive. [GI] • This grant experience was more difficult than others. The reporting mechanism was more burdensome; the amount of money compared to the amount of time it takes to complete the evaluations is not equivalent. [GD] • The grant required the Dean to sign a financial report twice a year; when the Dean is not involved with the financial management of the grant at all, this does not make sense and becomes a burden. [GD]
Evaluation Forms	<ul style="list-style-type: none"> • I didn’t experience any difficulty with the grant. I did have problems with the evaluation form the first time I filled it out, but I called The Measurement Group and they walked me through the process. [GE] • I appreciate the format and continuity of what is expected in the evaluation forms. [GA]

D. Conclusions

Brief Summary of Activities of Advanced Practice Nursing Curriculum Development Schools

Each AACN APN Curriculum School conducted activities specifically designed to increase or strengthen geriatric/gerontological content in individual courses and overall curricula. Course development or implementation activities encompass new course creation and subsequent course implementation into the nursing curricula. Curriculum development or implementation refers specifically to entirely new curricula fully developed or implemented during the grant period. In contrast, course and curriculum enhancements refer to appropriate modifications of courses, course modules, or curricula through changes such as increased geriatric content, additional clinical experiences or the utilization of course or curriculum evaluative tools.

(ix) Graduate Nursing Schools Developed and/or Implemented New Courses. Almost all of the APN Curriculum Schools [at 9 of 10 schools] developed and/or implemented new courses or modules focused on geriatric content. Of these schools, 7 of 10 schools relied on traditional media for offering their courses, and 7 of 10 schools utilized a web-based or distance learning format, with a total of 26 unique course development or implementation activities reported overall.

- Both the traditional and the web-based courses and modules covered a wide range of geriatric issues, ranging from specific topics such as geropsychiatry [at 2 of 9 schools] and/or pharmacology [at 2 of 9 schools] to general knowledge of older adult care [at 6 of 9 schools]. The traditional courses were developed as part of existing curricular tracks and frequently focused on integrating course content with clinical experiences. The web-based/distance learning courses were typically offered as electives or as publicly accessible modules.
- Schools reported that developing the new courses and modules was very time-consuming for faculty, particularly when a web-based or distance learning format was used. However, schools that collected feedback reported that the courses were positively received by students, and attractive to other health professions on campus, not just nursing students.
- For traditional courses, the schools indicated the importance of collaborating with clinical faculty to develop valuable student learning experiences. In developing web-based or distance learning courses, schools emphasized the importance of working with skilled and enthusiastic technology teams or having faculty with expertise in distributed learning formats.

(x) Graduate Nursing Schools Enhanced Existing Courses. A total of 9 of 10 APN Curriculum Schools enhanced their programs by incorporating geriatric content and/or best practices into existing courses. Of these 9 schools, 7 schools enhanced their traditional courses and 8 schools enhanced their web-based/distance learning courses. Overall, the schools conducted 39 course enhancement activities.

- The schools' traditional course enhancements typically involved incorporating geriatric content and/or best practices in didactic courses [at 6 of 7 schools] or expanding students' clinical experiences in gerontology [at 3 of 7 schools]. The web-based course enhancements focused more on developing web-based content modules and/or learning activities [at 5 of 8 schools] or on transferring existing courses to an online format for dissemination to a wider audience [at 2 of 8 schools].
- These course enhancements increased students' geriatric assessment skills and their application of geriatric-related content. The schools reported that placing

courses online made it possible for students to work full-time and still take courses, and that students found these additions helpful in their practice.

- The schools learned that developing effective student clinical experiences in geriatrics was a time-consuming and often challenging process. The schools also reported that while web-based courses created more flexible learning experiences, they were also extremely time-consuming to develop and teach.

(xi) Graduate Nursing Schools Developed and/or Implemented New Curricula. A total of 6 of 10 APN Curriculum Schools developed and/or implemented new curricula to incorporate a greater focus on gerontology. Overall, the schools participated in 15 unique curriculum development and/or implementation activities.

- Almost all of the schools chose to implement their new curricula by establishing a Geriatric Nurse Practitioner or Clinical Nurse Specialist track or by offering dual certification in geriatrics and another specialty.
- The schools reported that mixed faculty buy-in could create challenges when seeking approval and support for the development of new graduate programs, and that persistence and resources were needed to overcome objections.
- The schools learned that developing a new curriculum online is extremely time consuming and requires a great deal of faculty involvement. They also learned that while online courses can be a positive experience for both student and faculty, the workload involved in developing and offering these courses can be quite steep and must be carefully considered.

(xii) Graduate Nursing Schools Enhanced Existing Curricula. A total of 8 of 10 APN Curriculum Schools reported enhancing the geriatric content in their existing curricula. All of these schools utilized a traditional medium for enhancing their curricula, and 5 of 8 schools also made use of web-based or distance-learning activities. Overall, the schools participated in 38 unique curricular enhancement activities over the three years of the grant.

- The schools' traditional curricular enhancement activities focused mainly on administering geriatric knowledge assessment tests and/or course evaluations [at 4 of 8 schools] or developing new clinical experiences related to care of the elderly [at 4 of 8 schools]. The web-based/distance learning activities typically involved transferring existing courses and/or resources into an online format to increase ease of access to and delivery of relevant geriatric content.
- The schools indicated that the curricular enhancements increased students' exposure to geriatric content, and that there was a need for this knowledge, despite the difficulty of increasing the content in an already crowded curriculum.
- The schools learned that building a network of geriatric specialists and/or clinical sites was important for effective clinical placement of students, and that there was a need for more open exchange between the academic and practice communities.

Part IV: Final Conclusions and Recommendations

Summary and Recommendations

Because this program has been successful in many different ways, there are several features of this program that should be emphasized and seriously considered for continued funding within the larger Hartford Geriatric Nursing Initiative in the future.

First, awarding small grants to a number of Schools of Nursing that cannot currently compete successfully for other Hartford Foundation funding as Centers of Geriatric Nursing Excellence or as Hartford Scholar sponsors, broadens the Hartford Geriatric Nursing Initiative, moving expertise into smaller schools that may serve different student and community populations than the major research universities that typically receive larger awards from the John A. Hartford Foundation for their geriatric nursing programs. The smaller Schools of Nursing are responsible for training the vast majority of nurses who work in geriatrics, and it is important that they receive incentives for innovation and recognition for such hard work. For this reason, this is an important program that should be adapted to other issues and potentially continued as part of the larger Hartford Geriatric Nursing Initiative.

Second, small grants for curriculum development are viewed very positively in these smaller schools by the Deans and other faculty and tend to increase the visibility and credibility of the geriatric nursing programs and project directors at these schools. For a number of the Hartford-AACN grantees, these awards are relatively “major” in terms of the prestige they confer within the schools where they are received. Importantly, the individuals who receive the grants at the Schools of Nursing are usually faculty members whose primary interests and skills are in teaching and mentoring rather than research and who do not necessarily receive large research grants from other sources. Therefore, the project directors are highly motivated to devote the majority of their creative energies to these grants both because of their interest in promoting curricular change and because receiving the awards increases the individual prestige of the faculty member and her geriatric nursing program. The recipients of these small grants are highly motivated to produce exceptional programs for the money invested by the Foundation. The model of this program is an important one that serves to motivate the entire field of geriatric nursing to participate in the development of state-of-the-art training programs. For this reason this is an important program that should be adapted to other issues and potentially continued as part of the larger Hartford Geriatric Nursing Initiative.

Third, by increasing the breadth of the Initiative, these grants bring in a much broader creative focus for innovation in geriatric nursing training than might otherwise be present were the Hartford monies primarily given to 6-10 larger institutions as large Center and Institute grants. For this reason, this is an important program that should be adapted to other issues and potentially continued as part of the larger Hartford Geriatric Nursing Initiative.

Fourth, it is clearly demonstrated by this project that there is great value to the John A. Hartford Foundation from having a program such as this one administered by a group such as the American Association of Colleges of Nursing or another large constituency professional association. Because of its unique position as a membership organization that both convenes Schools of Nursing and expends great efforts in cross-fertilizing successful programs between schools, AACN can find 30 representative and innovative Schools of Nursing in which to seed small programs, often identifying individual schools that would typically not be identified by others as potential sites for innovation. AACN is also charged as part of its institutional mission

with disseminating information to its member Schools of Nursing and the nursing profession in general and thus is in a very unique position to ensure that the successes and innovations of its grantees are made widely available to others so as to highly leverage the investment. Finally, AACN is a membership organization that strives for excellence in nursing programs and is a powerful “brand” and seal of approval and programs that are competitively selected by AACN and its Advisory Boards for funding will tend to be seen by the larger field as important ones. It has been consistently demonstrated during this funding period that AACN is capable of administering this program in such a way that the investment of the Foundation is maximized in its impact among Schools of Nursing throughout the United States. For this reason, this is an important program that should be adapted to other issues and potentially continued as part of the larger Hartford Geriatric Nursing Initiative.

Bottom-Line Conclusion

In its original proposal, and later as posted on the web site of the American Association of Colleges of Nursing in 2004, the following statement was made by AACN about the potential outcomes from the projects conducted by the 30 sub-grantees.

“Award recipients will generate a broad array of products and models that will be disseminated to the full body of collegiate nursing programs that includes 661 baccalaureate and 382 graduate programs. The expectation is that the work of the awardees will be replicated and improved upon many times over to create a continuously evolving education model to promote quality care for older Americans. All awardees will communicate their innovations to the nursing community by monographs, curricular models, program contacts, presentations at future AACN conferences, and posting of innovations on AACN's Web site.” [<http://www.aacn.nche.edu/Education/Hartford/enhancing.htm>; active on July 15, 2006].

As is shown in this report, the available data strongly support the contention that the program met its stated goals in an exemplary way.