

# Preliminary Conclusions<sup>1</sup> from the Cross-Cutting Evaluation of the Hartford Geriatric Nursing Initiative: Nursing School Geriatric Investment Program

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**Context for the Evaluation.** The following conclusions are drawn from the ongoing evaluation of the Nursing School Geriatric Investment Program which is part of the Building Academic Geriatric Nursing Capacity (BAGNC) Initiative of the John A. Hartford Foundation. In addition to evaluating the programs of the Hartford BAGNC Initiative, The Measurement Group is also the evaluator of the larger Hartford Geriatric Nursing Initiative which includes the BAGNC programs, as well as the Hartford Institute on Geriatric Nursing at New York University and programs on nursing school curriculum development and advanced practice nursing scholarships administered at the American Association of Colleges of Nursing.

**Context for the Nursing School Geriatric Investment Program.** Twelve Schools of Nursing applied for designation as, and funding for, Centers of Geriatric Nursing Excellence. After an intensive review, five schools were selected by the John A. Hartford Foundation as Hartford Centers of Geriatric Nursing Excellence and awarded five-year grants. Approximately one year later, the seven Schools of Nursing not selected were invited to apply for small, three-year grants to improve small, specific areas of their programs in gerontological nursing. The program required a significant financial match from the recipient organizations.

**Evaluation Domains and Evaluation Data.** The Nursing School Geriatric Investment Program grantees were surveyed about their activities, activity outcomes, and lessons learned. Table 1 indicates the survey domains and their definitions. These survey domains represent a subset of a larger group of domains used for the overall evaluation of the Hartford Geriatric Nursing Initiative, not all of which are relevant to this type of project. The domains selected for the evaluation of the Nursing School Geriatric Investment Program are tailored to the types of activities conducted by grantees and parallel the domains used to access the Hartford Centers of Geriatric Nursing Excellence. The survey instrument used in this study of the Nursing School Geriatric Investment Program covers domains comparable to those used in the evaluation of other components of the John A. Hartford Geriatric Nursing Initiative (see [www.GeriatricNursing.info](http://www.GeriatricNursing.info)).

This report presents data collected as part of the national independent evaluation of the John A. Hartford Foundation Geriatric Nursing Initiative, which include materials originating from both The Measurement Group and the Coordinating Center at AAN. These data represent program activities for the first two and a half years of the grant (January 1, 2001 – June 30, 2004). The data used to generate information for this report include:

- Narrative Report submitted to AAN (January-June 2002)
- Narrative Report submitted to AAN (July-December 2002)
- Evaluation Form submitted to TMG (January-December 2002)

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<sup>1</sup> Version of October 19, 2004.

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- Summary of HCGNE Successes, Obstacles, Lessons Learned, and Wishes (2002 Stakeholder Meeting)
- Narrative Report submitted to AAN (January-June 2003)
- Narrative Report submitted to AAN (July-December 2003)
- Evaluation Form submitted to TMG (January-December 2003)
- Transcriptions of interviews conducted with the seven Project Directors of the NSGIP Schools in April 2004 by Drs. Claire Fagin and Sarajane Brittis, and Patricia Franklin
- Transcripts of interviews conducted with the seven Project Directors of the NSGIP Schools in August and September 2004 by Dr. George J. Huba
- Narrative Report submitted to AAN (January-June 2004)

Narrative data were analyzed using NVIVO 2.0<sup>3</sup>, a qualitative data analysis program. Coding was conducted using a classification system of 28 empirical or “automated” domains consisting of over 360 keywords and manual codes. The completed evaluation forms (for the period of January 1, 2001 and December 31, 2003), the 6-month narrative reports submitted to the AACN Coordinating Center (for the period of January 1, 2001 – June 30, 2004), and transcripts of the interviews with the Nursing School Geriatric Investment Program grantee Project Directors were used as qualitative data sources. When appropriate, data were also analyzed quantitatively using SPSS.

**Quantitative Findings.** The Nursing School Geriatric Investment Program Schools reported a variety of activities across all activity domains, demonstrating the contribution of the programs to building the academic geriatric nursing capacity of the School of Nursing and the progress of the school in developing into a Center of Geriatric Nursing Excellence. The following points summarize the number of NSGIP schools reporting any activity in each of the evaluation domains during the first two years of their grant. Based on a variety of criteria of achieved outcomes and sustained efforts, The Measurement Group has judged these activities to have significantly impacted the overall quality of the gerontological nursing programs at the individual NSGIP Schools.

- 7 of the 7 NSGIP Schools reported that they conducted activities to enhance the capacity to train geriatric nursing students.
- 5 of the 7 NSGIP Schools reported that they pursued strategies to recruit and/or retain geriatric nursing students.
- 6 of the 7 NSGIP Schools reported that they conducted activities to develop or enhance the geriatric nursing curriculum.
- 5 of the 7 NSGIP Schools reported that they conducted activities to implement an enhanced geriatric nursing curriculum.
- 5 of the 7 NSGIP Schools reported that they conducted activities to develop the infrastructure within their institution to support the preparation of geriatric nurses.
- 7 of the 7 NSGIP Schools reported that they participated in the professional development of project staff in areas related to geriatric nursing.
- 6 of the 7 NSGIP Schools reported that they participated in the development of the project’s faculty, staff, or students’ research skills and capacity.
- 3 of the 7 NSGIP Schools reported that they worked to develop models for geriatric care.
- 1 of the 7 NSGIP Schools reported that they worked to influence policy for services to the elderly.
- 4 of the 7 NSGIP Schools reported that they made improvements in the capacity to care for older adults or the quality of care provided to older adults, largely by improving practice facilities with which they were affiliated.
- 5 of the 7 NSGIP Schools reported that they produced a publication that was at least partially supported by this grant.

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

- 6 of the 7 NSGIP Schools reported that they gave a presentation that was at least partially supported by this grant.
- 5 of the 7 NSGIP Schools reported that they pursued additional funding from other agencies in areas related to this grant.
- 5 of the 7 NSGIP Schools reported that they pursued some other form of dissemination of geriatric nursing practice, research, or training.
- 2 of the 7 NSGIP Schools reported that they received an award or recognition from an outside organization for grant-related work.
- 6 of the 7 NSGIP Schools reported that they made a lasting and major linkage with another entity to further geriatric nursing practice, research, or training.
- 5 of the 7 NSGIP Schools reported that they leveraged their Hartford grant designation into other funding or other major resource development activities.
- 2 of the 7 NSGIP Schools reported that they pursued strategies to specifically increase diversity among the student, professional, or patient populations associated with their projects.
- 5 of the 7 NSGIP Schools reported that they collaborated in a significant way with other HGNI programs on areas of common interest.
- 6 of the 7 NSGIP Schools reported that they pursued activities to progress towards becoming a more comprehensive program.
- 5 of the 7 NSGIP Schools reported that they encountered obstacles in implementing their grant which led them to fine-tune their efforts to achieve even stronger results.

Tables 2 and 3 provide a more detailed summary of the number of Nursing School Geriatric Investment Program schools reporting any activities, outcomes, or lessons learned during the first and second years of their grant.

**Enhanced Capacity.** Nearly all of the NSGIPs reported activities to enhance the capacity to train students for geriatric nursing. The schools reported enhancing curriculum and providing additional resources and learning opportunities. A total of 5 out of 7 schools enhanced curriculum by incorporating geriatric content into curriculum and/or developing new geriatric courses and modules; 2 of 7 schools provided monetary support to students; and 2 of 7 schools provided new opportunities to learn about geriatric care. A summary of capacity enhancing activities including exemplars, outcomes and lessons learned is shown in Table A1.

- As a result of capacity enhancing activities, NSGIPs increased gerontology content in their programs, enabling their schools to prepare GNP and doctoral level students with a focus on aging.
- A successful strategy employed by NSGIPs was to directly provide tuition support. Schools utilizing this strategy have shown an increased number of matriculated GNP and GNP/CNS students.

**Recruitment and Retention.** The NSGIPs conducted various activities to recruit additional students into geriatric programs and to retain existing students within these programs. The most prevalent strategy of recruitment was through the increased marketing of programs and advertisements (4 out of 7 schools). Additionally, a total of 3 out of 7 schools both increased faculty involvement with and gave award and/or scholarship monies to students. A summary of recruitment and retention strategies including exemplars, outcomes and lessons learned is shown in Table A2.

- Several NSGIPs reported an increased number of applicants to and enrollment in geriatric nursing programs at all educational levels (e.g. baccalaureate, Masters and Doctoral).
- Schools learned that successful recruitment requires a committed faculty, personal encouragement, testimonials and direct contact with students.

**Curriculum Development and Implementation.** One goal of the NSGIP grant included the development and implementation of curriculum for geriatric courses. All NSGIPs except one reported to have engaged in curriculum development and implementation activities. A total of 5 of the 7 schools developed new geriatric courses; 4 of the 7 schools incorporated geriatric content into existing courses; and 2 of the 7 schools directly utilized the Internet. A summary of curriculum development and implementation activities including exemplars, outcomes and lessons learned is shown in Table A3.

- The majority of schools successfully reported an increase in the quality and quantity of geriatric content added to their programs.
- Schools learned that the Internet is a very effective medium to teach students. The basic development of online courses is very similar to the development of a traditional course.

**Infrastructure Development.** Numerous activities were conducted by NSGIPs to develop permanent structures in the Investment Programs to support the preparation of geriatric nurses. A total of 2 out of 7 schools participated in the following activities: the development of new structures to promote/support geriatric nursing, develop linkages and collaborations with other institutions, and to recruit and develop faculty. A summary of infrastructure development activities including exemplars, outcomes and lessons learned is shown in Table A4.

- Infrastructure development activities increased the opportunities for students to become involved with geriatric nursing.
- The schools reported the importance of ensuring faculty support for gerontology by making them aware of what they do not know, and by presenting them with an identity that best represents potential activities.

**Professional Development.** All of the NSGIPs reported activities that contributed to the development of professional skills of faculty, staff and/or students related to geriatric nursing. A variety of developmental opportunities were used: a total of 3 of 7 schools participated in or sponsored conferences and/or professional meetings; 2 of the 7 schools directly facilitated conference attendance; and 4 of the 7 schools provided training or training materials. A summary of professional development activities including exemplars, outcomes and lessons learned is shown in Table A5.

- The professional development activities increased participants' knowledge of geriatrics. Participants' professional advice has been sought for policy and research related activities.
- Schools learned the importance of attending and presenting at conferences in establishing a network, keeping informed, and being recognized as an authority in geriatrics.

**Research Skill Development.** Most of the NSGIPs reported conducting activities to develop faculty, staff, and students' research skills and/or research capacity in geriatrics. A total of 3 of the 7 schools submitted grants or provided education funding support to faculty and/or students; 3 of the 7 schools facilitated faculty presentations; and 4 of the 7 schools conducted skill development activities, such as faculty participation in workshops. A summary of research skill development activities including exemplars, outcomes, and lessons learned is shown in Table A6.

- Both faculty and students benefited from the research skill development activities. The majority of schools reported positive outcomes from these activities, such as increased presentations and grant submissions.
- The schools learned that offering incentives increases the likelihood of desired activities occurring, and that defining the initial scope and focus of activities is important for effective learning.

**Models for Geriatric/Gerontological Care.** Several of the NSGIPs conducted activities to develop and/or implement models for geriatric care. One NSGIP school implemented best practice models in its clinical sites; and 2 of the 7 schools participated in activities related to research or the implementation of special hospital programs and/or designations. A summary of activities related to developing or implementing models for geriatric/gerontological care including exemplars, outcomes, and lessons learned, is shown in Table A7.

- Schools reported successfully implementing best practices and/or expanding special hospital programs relevant to geriatric care.
- Schools learned the importance of partnering faculty with advanced practice nurses to effect practice changes, and of adapting best practices to the needs of the setting and the elderly individuals during the implementation process.

**Policy.** One of the NSGIPs reported participating in activities to influence local and state policy on care for the elderly. The NSGIP developed materials to represent patients' views and inform the rules change process, and participated in policy forums to influence legislation on patient care in assisted living facilities. A summary of these policy-related activities including exemplars, outcomes, and lessons learned is shown in Table A8.

- Participating in these policy activities allowed the NSGIP to be recognized as a leader in the health policy arena in the area of aging; participating faculty have been elected to leadership positions within the state nurses' association and policy-focused organizations have sought faculty input on these topics.
- The NSGIP reported learning that nursing expertise is valued in the policy arena and should be encouraged.

**Quality of Care.** NSGIP schools participated in activities to directly improve elderly patient care or increase the number of treatment slots available to the elderly. One NSGIP school implemented best practices; 2 of the 7 schools enhanced provider training opportunities; and 1 of the 7 schools worked directly with care settings and facilities to improve care. A summary of activities to enhance quality of care, including exemplars, outcomes, and lessons learned is provided in Table A9.

- As a result of their activities to improve the quality of elderly care, schools became recognized as sources of geriatric expertise and received increased inquiries about their programs.
- When disseminating information about elderly care, the schools reported learning not to make assumptions about basic levels of staff knowledge, particularly in geriatric mental health.

**Professional Accomplishments.** The majority of the NSGIPs reported working on publications and presentations during the first two years of the grant. A total of 5 of the 7 schools reported publications specifically related to this funding, with a total of 11 publications produced across all schools. Of these 11 publications, 1 was a book chapter, 5 were articles, 1 was an abstract or conference proceeding, and 4 were edited journals. A total of 6 of the 7 schools reported giving presentations, with a total of 32 presentations produced across all schools. Of these 32 presentations, 3 were conference posters, 13 were conference papers, 2 were presentations to scholars/teachers/administrators, and 10 were conference symposium panels. A summary of publications and publication types is shown in Table A10 and a summary of presentations and presentation types is shown in Table A11.

**Funding.** A total of 2 of the 7 NSGIP schools reported receiving additional funding beyond the Hartford grant. The funding received totaled \$625,000.

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**Other Dissemination.** In addition to traditional academic publications, most of the NSGIPs also used other means of disseminating project information. A total of 4 of the 7 schools used methods such as radio interviews, web sites, and press releases to disseminate program and/or scholarship information; 3 of the 7 schools used press releases and web sites to advertise new curricula and/or educational resources. A summary of dissemination any Activities, Outcomes, or Lessons Learned is shown in Table A12.

- Using non-traditional means of dissemination allowed the NSGIPs to reach a larger audience than if they relied solely on traditional academic publications.
- Schools learned that using broad dissemination tactics made it easier to introduce practice changes to local, regional, and national audiences, and that this visibility is integral to expanding the influence of the school and its faculty in the field of geriatric nursing.

**Awards and Recognition.** In addition to the Hartford grant, several NSGIPs also received other recognition for their work in geriatric-related activities. A total of 2 of the 7 NSGIP schools reported receiving other awards for excellence. A summary of award-related activities, including exemplars, outcomes, and lessons learned is shown in Table A13.

- The schools reported receiving the JAHF grant increased the visibility of their School of Nursing's geriatric expertise and may have contributed to their success in receiving other awards.

**Linkages.** The NSGIP schools formed linkages and partnerships to meet the goals of their grant. Of the 6 NSGIP schools who reported forming linkages, 4 of the 6 schools formed linkages with other universities or academic programs; 4 of the 6 schools partnered with clinical sites; 2 of the 6 schools formed linkages with non-clinical community sites; and 1 of the 6 schools formed a linkage with a journal. A summary of linkage-forming activities, including exemplars, outcomes, and lessons learned is shown in Table A14.

- As a result of these linkages, schools fostered new research partnerships and developed their programs more quickly than they would otherwise have been able to.
- Schools learned that their partnerships could be mutually beneficial, and that information sharing and dialogue were essential to discovering new opportunities for collaboration.

**Leveraging.** To supplement their Hartford funding, several of the NSGIPs leveraged their Hartford designation to obtain additional benefits such as grants and/or faculty release time. A total of 3 of the 7 NSGIPs acquired additional funds and grants; 3 of the 7 NSGIPs received faculty release time. A summary of leveraging activities, including exemplars, outcomes, and lessons learned is shown in Table A15.

- These leveraging activities enabled the NSGIPs to recruit project faculty and conduct activities towards advancing the goals of their Hartford grant.
- The schools learned that faculty release time is crucial for the development of new courses and that given decreased state budgets for higher education, extramural support is necessary to expand gerontological nursing education activities.

**Diversity.** A total of 2 of the 7 NSGIPs conducted activities to encourage the full participation of nursing students and professionals in the appropriate care of diverse groups of older adults. Both schools accomplished this goal by using courses, brown bag lunch sessions, and web seminars to promote culturally sensitive education among students, faculty, and other professionals. A summary of diversity-promoting activities, including exemplars, outcomes, and lessons learned is shown in Table A16.

- The diversity-promoting activities fostered the consistent participation of faculty and students in culturally competent education and training.
- The schools learned that culturally competent education was well-received by students and faculty when offered in a friendly and supportive environment, or with the proper incentives.

**Collaborations.** The majority of NSGIPs collaborated with other Hartford Geriatric Nursing Initiative (HGNI) programs to accomplish their project goals. A total of 2 of the 7 schools collaborated on research and/or clinically oriented activities; 4 of the 7 schools collaborated on education-related activities. A summary of collaborative activities including exemplars, outcomes, and lessons learned is shown in Table A17.

- The majority of the NSGIPs' collaborations resulted in improved relations and increased sharing of information and educational products between collaborators.
- The schools learned that building trust between institutions takes time but that it is possible when the collaborators have similar enthusiasm for the importance of geriatric nursing practice and research.

**Becoming a Comprehensive Program.** Almost all of the NSGIPs reported making progress towards enhancing their ability to act as a vehicle for increasing geriatric nursing capacity at all levels. A total of 3 of the 7 schools conducted activities to enhance geriatric education; 4 of the 7 schools developed their geriatric faculty; 2 of the 7 schools conducted recruitment activities; and 4 of the 7 schools enhanced their internal infrastructure. A summary of these activities including exemplars, outcomes, and lessons learned is shown in Table A18.

- In becoming more comprehensive programs for increasing geriatric nursing capacity, the NSGIPs chose to add new geriatric specialty tracks to their programs, expand geriatric content in existing courses, and/or recruit faculty with geriatric expertise to teach and develop new curriculum.
- The schools reported learning the critical role of national initiatives like the Hartford Geriatric Nursing Initiative in convincing faculty to incorporate geriatrics in their nursing programs. They also emphasized the importance of developing concrete, specific strategies with designated responsibilities in implementing program goals.

**Obstacles.** A total of 5 of the 7 NSGIPs reported obstacles during the implementation of the grant. A total of 3 of the 7 schools experienced difficulty with the recruitment and retention of students; 2 of the 7 schools described difficulty with the recruitment and retention of faculty; and 3 of the 7 schools reported difficulty with other aspects of program implementation, such as funding reimbursement or accreditation requirements. A summary of obstacles and attempted resolutions is shown in Table A19.

## Conclusions

- The Nursing School Geriatric Investment Program has been an extremely productive one. By the most stringent of criteria, five of the seven schools are much stronger centers of geriatric nursing proficiency than they were at the beginning of the funding period. By a somewhat less stringent criterion, six of the seven are stronger. All seven schools show significant progress toward increasing the quality of their gerontological nursing programs.
- Although funded to achieve specific, and in many cases limited, goals, virtually all of the NSGIP grantees improved their gerontological nursing programs in broad ways, including enhancing curricula for their students, building specialized research expertise, networking with other Schools of Nursing to build a geriatric nursing agenda for the future, and training service providers in their evidence-based models of care. The broad activities, strong outcomes, and impact of these

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programs transcend the more limited goals and objectives which they were designed to address. In virtually all cases, the NSGIP grantees were successful in leveraging funds available for fairly specific activities into the development of a larger and broader set of activities and achievements than anticipated.

- The success of this program is striking given the funding level for the individual awards.
- Are the NSGIP grantees “mini-Centers of Geriatric Nursing Excellence?” The answer to this question is “no.” What the NSGIP grantees did not have was the extensive internal administrative support available to the Directors of the Centers of Geriatric Nursing Excellence. While it is clear that the NSGIP programs probably would not have achieved as much as the Centers of Geriatric Nursing Excellence had they been funded at the same levels, it is also clear that more administrative support for the NSGIPs may have yielded somewhat greater results.
- Virtually all of the grantees and other outside expert observers of the program have cited the importance of the recognition provided by the John A. Hartford Foundation in selecting the School of Nursing as a program targeted for expansion into a more comprehensive program to train gerontological nursing leaders. In all cases, the NSGIPs seem to have achieved both increased prestige and influence within their own Schools of Nursing and a more prominent place in the national arena as a result of that recognition.
- Should the Foundation choose to continue this program in the future, it should be aware that the grantees believe their own performance could have been increased by more opportunities for communication with the John A. Hartford Foundation Centers of Geriatric Nursing Excellence and their peer NSGIP programs, especially through face-to-face meetings. Most participants felt that the communication networks would have been enhanced had the Coordinating Center for the Building Academic Geriatric Nursing Excellence Initiative been funded at a higher level to support such communications and common agenda setting activities. It is important to note that in all cases the NSGIP grantees commended the Coordinating Center for its help in facilitating their individual successes; however, the grantees would have preferred that more of these opportunities be available.
- To reiterate, the success of this program is striking given the funding level for the individual awards and suggests that relatively modest three-year awards can significantly improve gerontological nursing programs at Schools of Nursing, not quite yet at the level of Centers of Geriatric Nursing Excellence, but who are advanced to the stage that such a modest award can help to integrate gerontological nursing activities already started and motivate faculty to further develop their strategies to move their School of Nursing to the forefront in as a significant training center for gerontological nursing leaders.

**Table 1. Definitions of Measurement Domains for Nursing School Geriatric Investment Program Grantees**

Domain	Definition of Domain	Possible Exemplars of Domain
1. Enhanced Capacity to Train Students in Geriatric/Gerontological Nursing	This domain refers to an increase in the opportunities (slots) available to train students for different degrees related to geriatric nursing or an improvement in existing training slots so as to make them more appropriate for such training. Capacity increase needs to be differentiated from developing curricula or retaining students. The key defining characteristic for this domain is that a larger number of students at various levels can be trained for professional degrees or practice careers in geriatric nursing.	<ul style="list-style-type: none"> <li>• Development of a new program such as BSN to Ph.D.</li> <li>• Increase in capacity to train students within an existing program (such as being to train 10 MS students instead of 5 each year)</li> <li>• Development of a new “track” of study within an existing degree program (such as a geriatric nursing specialty within an existing Ph.D. program)</li> </ul>
2. Recruitment and Retention of Geriatric/Gerontological Nursing Students	This domain refers to methods and techniques for recruiting additional students into programs related to geriatric nursing careers and/or retaining students within such programs.	<ul style="list-style-type: none"> <li>• New recruitment methods for identifying and enrolling students at the baccalaureate, masters, and doctoral levels</li> <li>• Specific methods for retaining students in geriatric nursing who were previously lost to the field</li> </ul>
3. Nursing 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"> <li>• Development of a new curriculum</li> <li>• Revision of an existing course curriculum</li> <li>• Implementation of a course via distance learning or the Internet</li> <li>• Development of cross-departmental courses in gerontology</li> </ul>
4. Internal Infrastructure Development Activities to Support the Preparation of Geriatric/Gerontological Nurses	This domain refers to the development of relatively permanent structures in the Investment Program’s larger institution in order to support the preparation of geriatric nurses. Such changes may be structural (organizational) ones in the institution such as new across-department collaborations, or they may be informational or attitudinal.	<ul style="list-style-type: none"> <li>• Development of new collaborative relationships</li> <li>• Development of new administrative structures</li> <li>• Participation in specific committees that serve to increase the capacity/quality of geriatric nursing education</li> </ul>
5. Project Participation in Professional Development Activities Related to Geriatric/Gerontological Nursing	This domain refers to specific activities conducted on behalf of the project or in which the project participates that help the faculty, staff, and/or students associated with the project develop lasting professional skills related to geriatric nursing. This domain does not include the development of research skills.	<ul style="list-style-type: none"> <li>• Participation in a conference</li> <li>• Participation in a training on practice issues</li> <li>• Formal networking exercises</li> <li>• Participating in an Internet discussion group or List Serv</li> </ul>

**Table 1 (continued). Definitions of Measurement Domains for Nursing School Geriatric Investment Program Grantees**

Domain	Definition of Domain	Possible Exemplars of Domain
6. Development of Project Faculty, Staff, Students Research Skills and Research Capacity	This domain refers to specific activities conducted on behalf of the project or in which the project participates that help the faculty, staff, and/or students associated with the project develop lasting research skills.	<ul style="list-style-type: none"> <li>• Participation in a research skills training course</li> <li>• Participation in summer research training programs</li> <li>• Development of specific research collaborations with other projects so as to enhance the ability of this project to conduct research</li> </ul>
7. Development of Models for Geriatric/Gerontological Care	This domain refers to the development of (evidence-based) models for geriatric care and the implementation and testing of these models.	<ul style="list-style-type: none"> <li>• Development of models for caring for burns</li> <li>• Development of models for preventing falls</li> <li>• Development of new end-of-life models</li> </ul>
8. Influences on Policy for Services to the Elderly	This domain refers to the participation of project staff in activities designed to change/develop local, state, or national policy on care for the elderly.	<ul style="list-style-type: none"> <li>• Participation in policy forums or groups specifically charged with recommending policy</li> <li>• Development of a network of key players for influencing policy</li> <li>• Development of evidence-based materials for policy makers</li> </ul>
9. Improvement of Capacity for, or Quality of, Elderly Patient Care	This domain refers to specific activities that directly improve elderly patient care or increase the number of treatment slots available to the elderly.	<ul style="list-style-type: none"> <li>• Starting a treatment program or collaborating with a service provider to enhance-expand a program of services</li> <li>• Working with a provider to enhance-expand services through integrating nursing students into the patient care</li> </ul>
10. Specific Professional Accomplishments (Papers, Presentations, Internal or External Funding)	This domain refers to traditional academic indicators of professional accomplishments including papers, chapters, and books published; presentations at professional meetings; submission-receipt of additional grant funds based on work started with JAHF support.	<ul style="list-style-type: none"> <li>• Papers published and types of publications</li> <li>• Professional presentations at meetings</li> <li>• Grants submitted for funding</li> <li>• Grants funded</li> </ul>
11. Other Dissemination of Information on Geriatric/Gerontological Nursing Practice, Research, Training	This domain refers to information dissemination about the project, research findings, and models from the projects of using alternative methods to traditional academic publications.	<ul style="list-style-type: none"> <li>• Posting models or results on the Internet</li> <li>• Press releases</li> <li>• Circulating a curriculum or training manual</li> </ul>

**Table 1 (continued). Definitions of Measurement Domains for Nursing School Geriatric Investment Program Grantees**

Domain	Definition of Domain	Possible Exemplars of Domain
12. JAHF-Supported and JAHF-Impacted Students who Graduated with Advanced Degrees in Geriatric/Gerontological Nursing	This domain refers to specific counts of JAHF-supported (through Fellowships, seed grants, other stipends) students who graduate with advanced degrees and JAHF-impacted students (those for whom the JAHF project provided research opportunities, mentorship, etc.). Note: Do not include JAHF-supported students as JAHF-impacted.	<ul style="list-style-type: none"> <li>• List of JAHF-supported students who graduated with various degrees</li> <li>• List of JAHF-impacted students who graduated with various degrees</li> </ul>
13. Awards/Recognitions from Other Organizations Resulting from JAHF-Sponsored Work	This domain refers to awards or recognitions that may be made of the JAHF-sponsored work conducted by the project.	<ul style="list-style-type: none"> <li>• Recognitions, commendations, awards to the NSGIP for its work</li> <li>• Recognition to a NSGIP investigator for her or his work supported by JAHF funding</li> </ul>
14. Formal or Informal Linkages to Further Geriatric/Gerontological Nursing Practice, Research, Training	This domain refers to formal or informal linkages that the project has made to further geriatric nursing practice, research, or training.	<ul style="list-style-type: none"> <li>• Linkages to other academic programs</li> <li>• Linkages to practice settings where research can be conducted</li> <li>• Linkages to practice settings where training can occur</li> <li>• Linkages to other universities</li> </ul>
15. Leveraging of the JAHF Grant/Designation	This domain refers to the ways in which the project may have used its designation as a JAHF Nursing School Geriatric Investment Program to receive additional funding, influence policy, or improve the status of geriatric nursing programs.	<ul style="list-style-type: none"> <li>• Additional funding received to support programs original funded (or seeded) through this JAHF grant</li> <li>• Instances where the project's expertise has been sought because it is an NSGIP</li> <li>• Instances where the project believes its ability to influence policy was increased because it was an NSGIP</li> </ul>
16. Strategies for Dealing with Increasing Diversity among Student, Professional, Patient Populations	This domain refers to strategies that have been developed to encourage the full participation of diverse groups of nursing students and professionals in the appropriate care of diverse groups of older adults, or in research on these populations.	<ul style="list-style-type: none"> <li>• Strategies for recruiting a diverse student body</li> <li>• Strategies for recruiting a diverse faculty</li> <li>• Development of models which are generally culturally-appropriate and culturally-sensitive or targeted to the specific needs of one or more groups (race-ethnicity, gender, sexual orientation, etc).</li> </ul>

**Table 1 (continued). Definitions of Measurement Domains for Nursing School Geriatric Investment Program Grantees**

Domain	Definition of Domain	Possible Exemplars of Domain
17. Changing Status of Academic and Practitioner Geriatric/Gerontological Nursing	This domain refers to a view, on the part of the NSGIP, that there is a changing status for the academic or practitioner geriatric/gerontological nurse.	<ul style="list-style-type: none"> <li>• Changes in role within the University, School of Nursing</li> <li>• Changes in roles for students in practice settings</li> <li>• Sense that geriatric nursing (or elder care) is a higher priority nationally, locally, or in academic organizations</li> </ul>
18. Collaborations with Other JAHF-Sponsored Programs in Geriatric/Gerontological Nursing	This domain refers to formal and informal connections among this project and other JAHF-sponsored programs in geriatric nursing.	<ul style="list-style-type: none"> <li>• Connections/collaborations with Hartford Scholars program</li> <li>• Connections/collaborations with HCGNEs</li> <li>• Connections/collaborations with Geriatric Investment Program schools</li> <li>• Connections/collaborations with AACN-coordinated undergraduate and graduate nursing curriculum programs</li> <li>• Connections/collaborations with AACN-coordinated advanced practice nursing programs</li> <li>• Connections/collaborations with Hartford Institute</li> </ul>
19. Progress Towards Becoming a More Comprehensive Program for Increasing Geriatric Nursing Capacity	This domain refers to the project's progress towards enhancing its ability to act as a vehicle for increasing geriatric nursing capacity at all levels. This includes activities that would be explicitly designed to enhance your program so that it might be recognized as John A. Hartford Foundation Center for Geriatric Nursing Excellence in the future.	<ul style="list-style-type: none"> <li>• A clear and comprehensive strategic plan that outlines multiple goals and approaches for increasing geriatric nursing capacity</li> <li>• Establishment of a strong foundation of resources, connections, and commitments for expanding capacity</li> <li>• The development and implementation of initiatives or program(s) aimed at broad or multiple issues in geriatric nursing capacity</li> </ul>
20. Individual Domain's Relative Importance to the Project's Goals	This domain allows for the project to weigh the relative importance of each domain. It recognizes the fact that each project has its own set of goals and varying emphases.	<ul style="list-style-type: none"> <li>• Prioritize domains 1 – 21</li> </ul>
21. Obstacles Encountered in Implementation	This domain refers to any obstacles that may have been encountered while implementing projects, as well as steps taken to resolve these obstacles. Obstacles can be internal or external to the project.	<ul style="list-style-type: none"> <li>• Administrative issues</li> <li>• Changes in federal, state, local, or university policies or budgets.</li> <li>• Difficulties in recruitment and retention of students, faculty, or staff</li> </ul>

**Table 2. Number of NSGIPs Reporting Any Activities, Outcomes, or Lessons Learned in Evaluation Domains in Grant Year 1 (January 1 through December 31, 2002)\***

Domain	Activities						Outcomes				Lessons Learned				
	None	One	Two	Three	Four	Five	Six	None	One	Two	Three	None	One	Two	Three
Enhanced Capacity to Train Students in Geriatric/Gerontological Nursing	3	1	2	1				3	1	2	1	2	3	1	1
Recruitment and Retention of Geriatric/Gerontological Nursing Students	2	2	0	3				4	1	1	1	2	3	1	1
Nursing Curriculum Development and Implementation Activities	1	1	2	3				2	4	1	0	2	2	2	1
Internal Infrastructure Development Activities to Support the Preparation of Geriatric/Gerontological Nurses	3	2	2	0				4	2	1	0	4	1	1	1
Project Participation in Professional Development Activities Related to Geriatric/Gerontological Nursing	1	3	2	1				2	3	2	0	2	4	1	0
Development of Project Faculty, Staff, Students Research Skills and Research Capacity	2	3	1	1				3	3	1	0	3	2	2	0
Development of Models for Geriatric/Gerontological Care	4	3	0	0				6	1	0	0	6	1	0	0
Influence on Policy for Services to the Elderly	6	0	1	0				6	1	0	0	7	0	0	0
Improvement of Capacity for, or Quality of, Elderly Patient Care	3	3	0	1				3	3	1	0	3	2	2	0
Specific Professional Accomplishments Supported by the JAHF Grant	1	2	0	2	0	2	0	4	2	0	1	4	3	0	0
Other Dissemination of Information on Geriatric/Gerontological Nursing Practice, Research, Training	4	0	3	0				4	2	1	0	6	1	0	0
Awards/Recognitions from Other Organizations Resulting from JAHF-Sponsored Work	6	1	0	0				6	1	0	0	7	0	0	0

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**Table 2 (continued). Number of NSGIPs Reporting Any Activities, Outcomes, or Lessons Learned in Evaluation Domains in Grant Year 1 (January 1 through December 31, 2002)\***

Domain	Activities						Outcomes				Lessons Learned				
	None	One	Two	Three	Four	Five	Six	None	One	Two	Three	None	One	Two	Three
Formal or Informal Linkages to Further Geriatric/Gerontological Nursing Practice, Research, Training	1	2	2	2				4	0	2	1	3	3	0	1
Leveraging of the JAHF/Grant Designation	3	3	1	0				4	1	2	0	6	1	0	0
Strategies for Dealing with Increasing Diversity among Student, Professional, Patient Populations	5	2	0	0				6	1	0	0	6	1	0	0
Collaborations with Other JAHF-Sponsored Programs in Geriatric/Gerontological Nursing	3	2	1	1				4	2	1	0	4	3	0	0
Progress Toward Becoming a More Comprehensive Program	2	1	2	2				3	2	1	1	2	4	1	0

\*  $n = 7$

**Table 3. Number of NSGIPs Reporting Any Activities, Outcomes, or Lessons Learned in Evaluation Domains in Grant Year 2 (January 1 through December 31, 2003)\***

Domain	Activities							Outcomes				Lessons Learned			
	None	One	Two	Three	Four	Five	Six	None	One	Two	Three	None	One	Two	Three
Enhanced Capacity to Train Students in Geriatric/Gerontological Nursing	0	4	2	1				1	3	2	1	1	2	3	1
Recruitment and Retention of Geriatric/Gerontological Nursing Students	2	1	0	4				2	2	3	0	3	0	3	2
Nursing Curriculum Development and Implementation Activities	2	0	1	4				3	3	2	0	2	1	3	1
Internal Infrastructure Development Activities to Support the Preparation of Geriatric/Gerontological Nurses	2	2	3	0				2	4	1	0	2	3	1	1
Project Participation in Professional Development Activities Related to Geriatric/Gerontological Nursing	0	3	3	1				1	3	2	1	1	4	2	0
Development of Project Faculty, Staff, Students Research Skills and Research Capacity	1	2	1	3				2	2	3	0	3	3	0	1
Development of Models for Geriatric/Gerontological Care	4	2	1	0				4	1	2	0	4	2	1	0
Influence on Policy for Services to the Elderly	6	0	0	1				6	1	0	0	6	1	0	0
Improvement of Capacity for, or Quality of, Elderly Patient Care	3	3	0	1				4	1	2	0	4	2	1	0
Specific Professional Accomplishments Supported by the JAHF Grant	0	0	2	0	2	1	2	3	3	0	1	2	5	0	0
Other Dissemination of Information on Geriatric/Gerontological Nursing Practice, Research, Training	2	1	2	2				3	2	1	1	4	1	2	0
Awards/Recognitions from Other Organizations Resulting from JAHF-Sponsored Work	6	1	0	0				7	0	0	0	7	0	0	0

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**Table 3 (continued). Number of NSGIPs Reporting Any Activities, Outcomes, or Lessons Learned in Evaluation Domains in Grant Year 2 (January 1 through December 31, 2003)\***

Domain	Activities						Outcomes				Lessons Learned				
	None	One	Two	Three	Four	Five	Six	None	One	Two	Three	None	One	Two	Three
Formal or Informal Linkages to Further Geriatric/Gerontological Nursing Practice, Research, Training	1	2	1	3				3	1	2	1	2	4	1	0
Leveraging of the JAHF/Grant Designation	2	3	2	0				3	1	3	0	5	1	1	0
Strategies for Dealing with Increasing Diversity among Student, Professional, Patient Populations	5	1	1	0				6	1	0	0	6	1	0	0
Collaborations with Other JAHF-Sponsored Programs in Geriatric/Gerontological Nursing	2	3	1	1				4	2	1	0	4	3	0	0
Progress Toward Becoming a More Comprehensive Program	1	0	3	3				3	3	0	1	2	4	1	0

\* n = 7

## **Appendix A**

### **Summary of Nursing Schools' Geriatric Investment Program Activities**

**Table A1. Activities to Enhance Capacity to Provide Training to Students in Geriatric/Gerontological Nursing**

Selected exemplars of any Activities, Outcomes, or Lessons Learned do not directly correspond to one another.

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

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

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**Table A2. Activities to Increase the Recruitment and Retention of Geriatric/Gerontological Nursing Students**

Selected exemplars of any Activities, Outcomes, or Lessons Learned do not directly correspond to one another.

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

Type	Number of Schools	Total Number	Selected Exemplars
<b>Activity</b>			
Market Programs	4	9	<ul style="list-style-type: none"> <li>• Revised recruitment materials to include descriptions of the recently approved GNP and gerontological CNS specialty tracks in the MSN program and of the availability of tuition support specific for MSN students in these specialty tracks. (D)</li> <li>• Collaborated with a school recruiter to target potential students interested in gerontology and advertised the scholarship support. (G)</li> <li>• Distributed an issue of the alumni magazine that focused on the aging initiatives at the School of Nursing and highlighted the NSGIP efforts. (F)</li> </ul>
Increase Faculty Involvement	3	3	<ul style="list-style-type: none"> <li>• Increased student retention by assigning students to advisors with similar interests. (G)</li> <li>• Encouraged a GNP faculty member to take on the responsibility of recruiting GNP students. (F)</li> </ul>
Give Award and/or Scholarship	3	3	<ul style="list-style-type: none"> <li>• Created a Geriatric Nursing Dissertation Award. (A)</li> <li>• Provided two MN and three BSN research scholarships for undergraduate and graduate students focusing on gerontology. (G)</li> <li>• Offered Research/Policy Fellowship to gerontological and non-gerontological students at all levels. (C)</li> </ul>
<b>Outcomes</b>	5	12	<ul style="list-style-type: none"> <li>• Admitted two fast track BSN to PhD students for spring 2004. (D)</li> <li>• Increased number of applicants to the Masters Older Adult pathway. (G)</li> <li>• Enrolled four GNP students as a result of recruitment efforts. (F)</li> </ul>
<b>Lessons Learned</b>	5	12	<ul style="list-style-type: none"> <li>• It takes a committed faculty member to recruit students for GNP programs. (F)</li> <li>• Stipends provide an initial incentive to explore the area of health policy in aging. (C)</li> <li>• Successful recruitment requires personal encouragement, testimonials, and contact with potential students. (G)</li> </ul>
<b>Any Activities, Outcomes, or Lessons Learned</b>	5	39	

**Table A3. Activities to Develop Nursing Curriculum and Implementation Activities**

Selected exemplars of any Activities, Outcomes, or Lessons Learned do not directly correspond to one another.

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

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

**Table A3 (continued). Activities to Develop Nursing Curriculum and Implementation Activities**

Type	Number of Schools	Total Number	Selected Exemplars
Any Activities, Outcomes, or Lessons Learned	6	38	

**Table A4. Activities to Develop the Internal Infrastructure to Support the Preparation of Geriatric/Gerontological Nurses**

Selected exemplars of any Activities, Outcomes, or Lessons Learned do not directly correspond to one another.

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

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

**Table A5. Participation in Professional Development Activities Related to Geriatric/Gerontological Nursing**

Selected exemplars of any Activities, Outcomes, or Lessons Learned do not directly correspond to one another.

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

Type	Number of Schools	Total Number	Selected Exemplars
<b>Activity</b>			
Participated in or Sponsored Conference and/or Meeting	3	5	<ul style="list-style-type: none"> <li>• Collaborated with the University Center on Aging and Health to sponsor the Florence Cellar Conference focused on implementation of evidence-based practice guidelines. (D)</li> <li>• Participated in the annual Joseph C. and Selina Valley Conference, which seeks to provide education to direct care-givers in order to improve care for older adults. (E)</li> <li>• Developed a virtual conference to support faculty to increase the geriatric content in continued education and in their nursing programs. (E)</li> </ul>
Facilitated Conference Attendance	2	5	<ul style="list-style-type: none"> <li>• Facilitated participation of project faculty in several statewide meetings and conferences related to elder care. (C)</li> <li>• Facilitated the attendance of the project director and project faculty at the GSA conference. (C)</li> <li>• Supported faculty, staff, and doctoral student attendance at the JAHF –funded Nursing Research Summit on Incontinence. (A)</li> </ul>
Provide Training or Training Materials	4	4	<ul style="list-style-type: none"> <li>• Sent Hartford Scholars to training in order to implement the NICHE model as part of their revised project. (A)</li> <li>• Initiated and implemented a faculty development intensive in geriatric nursing as part of a HRSA grant to increase faculty knowledge in geriatrics and increase their ability to integrate gerontological content in their programs. (E)</li> </ul>
<b>Outcomes</b>	6	11	<ul style="list-style-type: none"> <li>• More community organizations have sought assistance from the School of Nursing with research and quality initiatives. (F)</li> <li>• 33 faculty from Schools of Nursing in five states and one faculty from Canada attended the faculty development intensive. (E)</li> <li>• Project faculty have been elected to lead policy activities for the state nurses' association. (C)</li> </ul>
<b>Lessons Learned</b>	6	9	<ul style="list-style-type: none"> <li>• The JAHF designation increases the visibility of geriatric nursing faculty. (G)</li> <li>• Scheduling of conferences must take into consideration other aging conferences within the region. (D)</li> <li>• Showing up and speaking up repeatedly at critical meetings is essential to establishing a network, staying in the loop, and being recognized as an authority in the area. (C)</li> </ul>
<b>Any Activities, Outcomes, or Lessons Learned</b>	7	24	

**Table A6. Activities to Develop Faculty, Staff and Students' Research Skills and Research Capacity**

Selected exemplars of any Activities, Outcomes, or Lessons Learned do not directly correspond to one another.

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

Type	Number of Schools	Total Number	Selected Exemplars
<b>Activity</b>			
Provide Grants and/or Funding	3	4	<ul style="list-style-type: none"> <li>• Provided tuition and mentorship support to increase enrollment in the PhD program, allowing a student to begin her dissertation proposal development earlier than would have been possible without this support. (D)</li> <li>• Facilitated submission of a significant research grant proposal to extend research beyond the initial funding. (A)</li> <li>• Worked with a Clinical Scholar Partnership Team to submit proposals for additional funding to extend their project. (A)</li> </ul>
Disseminate Knowledge	3	3	<ul style="list-style-type: none"> <li>• Facilitated a presentation by NSGIP faculty in a number of undergraduate and graduate nursing courses about research by nursing faculty on aging. (F)</li> <li>• Presented at the Gerontological Nursing Research Summit, which resulted in national and international visibility within the incontinence research community for the presenter. (A)</li> </ul>
Skill Development	4	7	<ul style="list-style-type: none"> <li>• Held faculty workshop that focused on physical activity and aging. (G)</li> <li>• Facilitated faculty participation in the Geriatric Nurse Scholars Program at the Hartford Institute for Geriatric Nursing. (F)</li> <li>• Established a pilot project grant program. (C)</li> </ul>
<b>Outcomes</b>	5	11	<ul style="list-style-type: none"> <li>• Over 40 faculty attended a faculty workshop on physical activity and aging. (G)</li> <li>• With faculty mentorship, a student presented a break-out session on exercise at a conference and co-authored a book chapter that will be published. (D)</li> <li>• Data from the web-based survey on nursing needs in Assisted Living Facilities (ALFs) has informed student testimony on the role of nursing in ALFs and the study has expanded. (C)</li> <li>• Faculty who attended the development workshop subsequently submitted grants for intramural funding to private foundations and federal sources. (G)</li> </ul>
<b>Lessons Learned</b>	4	8	<ul style="list-style-type: none"> <li>• Defining the initial scope and focus of activity for learners is very effective. (C)</li> <li>• Incentives will increase the likelihood of the desired activity occurring. (C)</li> <li>• It is important to be flexible about the types of students included in research projects. (A)</li> <li>• Conducting a mock review of grant proposals by the faculty in the school's research center can be very valuable. (A)</li> </ul>
<b>Any Activities, Outcomes, or Lessons Learned</b>	6	33	

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**Table A7. Activities to Develop Models for Geriatric/Gerontological Care**

Selected exemplars of any Activities, Outcomes, or Lessons Learned do not directly correspond to one another.

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

Type	Number of Schools	Total Number	Selected Exemplars
<b>Activity</b>			
Develop and Implement Best Practices	1	2	<ul style="list-style-type: none"> <li>• Implemented best practice models in nutrition for older adults. (D)</li> <li>• Implemented best practices in exercise for older adults. (D)</li> </ul>
Other	2	3	<ul style="list-style-type: none"> <li>• Encouraged project faculty in developing independent research foci in geriatric nursing, such as the development of a proposal to examine the effects of 'aging in place' on aged residents' ability to form meaningful relationships. (C)</li> <li>• Developed criteria for a "senior-friendly" hospital designation. (C)</li> <li>• Explored the feasibility of implementing the Nurses Improving Care for Health Systems Elders (NICHE) program at the university hospital. (A)</li> </ul>
<b>Outcomes</b>	3	5	<ul style="list-style-type: none"> <li>• Demonstrated the feasibility of implementing nutrition best practices by implementing best practices in a nursing home and community center. (D)</li> <li>• Established an interdisciplinary steering committee at the hospital for NICHE program implementation. (A)</li> <li>• Presented information on the best practice nutrition project at the National Gerontological Nurses Association (NGNA) conference. (D)</li> </ul>
<b>Lessons Learned</b>	2	3	<ul style="list-style-type: none"> <li>• Implementation of best practices requires adaptation of the practice to the needs of the setting and elderly individuals. (D)</li> <li>• Administrative support is crucial for making changes in practice. (A)</li> <li>• It is beneficial to partner nursing faculty with advanced practice nurses to effect practice changes. (A)</li> </ul>
<b>Any Activities, Outcomes, or Lessons Learned</b>	3	13	

**Table A8. Activities to Influence Policy for Services to the Elderly**

Selected exemplars of any Activities, Outcomes, or Lessons Learned do not directly correspond to one another.

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

Type	Number of Schools	Total Number	Selected Exemplars
<b>Activity</b>			
Participated in Policy Forum	1	1	<ul style="list-style-type: none"><li>• Met with legislators to influence new legislation on Assisted Living Facilities (ALFs). (C)</li></ul>
Developed Materials to Affect Policy	1	2	<ul style="list-style-type: none"><li>• Contributed to language proposed by the state nursing association revising rules governing Assisted Living Facilities (ALFs). (C)</li><li>• Completed survey to represent the views of families and residents of Assisted Living Facilities (ALFs) and further inform the ALF rules change process. (C)</li></ul>
<b>Outcomes</b>	1	1	<ul style="list-style-type: none"><li>• Project faculty and the School of Nursing have been recognized as leaders in the health policy arena in the area of aging. (C)</li><li>• Faculty have been elected to leadership positions within the state nurses' association and policy-focused organizations have sought faculty input. (C)</li></ul>
<b>Lessons Learned</b>	1	1	<ul style="list-style-type: none"><li>• Nursing expertise is a valued currency in the policy arena. (C)</li></ul>
<b>Any Activities, Outcomes, or Lessons Learned</b>	1	5	

**Table A9. Activities to Improve Quality of Care of the Elderly**

Selected exemplars of any Activities, Outcomes, or Lessons Learned do not directly correspond to one another.

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

Type	Number of Schools	Total Number	Selected Exemplars
<b>Activity</b>			
Implement Best Practices	1	2	<ul style="list-style-type: none"> <li>• Implemented best practices in nutrition for older adults, including information about nutritionally sound diets for seniors, special nutritional needs of older adults and how to maintain caloric and fluid intake of persons with Alzheimer's disease. (D)</li> <li>• Implemented best practices in exercise for older adults. (D)</li> </ul>
Enhance Training to Provide Improved Care	2	3	<ul style="list-style-type: none"> <li>• Implemented the Clinical Scholars project at the university hospital. (A)</li> <li>• Facilitated participation of GNP students in a Clinical Project through which they developed a teaching module and 11 minute video. (E)</li> </ul>
Work with Care Settings/Facilities	1	3	<ul style="list-style-type: none"> <li>• Identified priority areas of concern in 73 local Nursing Homes and Assisted Living Facilities (ALFs). (F)</li> <li>• Created a website with resources for facilities to work on elder care issues. (F)</li> </ul>
<b>Outcomes</b>	4	10	<ul style="list-style-type: none"> <li>• The School of Nursing and JAHF faculty have been viewed as sources of geriatric expertise. (D)</li> <li>• Received many inquiries for the new dementia training program and regarding other age-related training offered. (C)</li> <li>• Received student inquiries about the gerontological programs and available scholarships. (G)</li> </ul>
<b>Lessons Learned</b>	4	7	<ul style="list-style-type: none"> <li>• Visibility is needed in order to expand the influence of the School of Nursing and the faculty in geriatrics. (D)</li> <li>• Funding from several sources is needed to augment publication of a journal supplement with a large distribution audience. (A)</li> <li>• After creating a website, it is important to have a web master that can maintain and update the site on a regular basis. (E)</li> </ul>
<b>Any Activities, Outcomes, or Lessons Learned</b>	4	25	

**Table A10. Number of NSGIP Schools Reporting Work on a Publication and the Number of Publications Developed Between January 2002 and June 2004**

<b>Publication Type</b>	<b>Number of Schools Reporting Publications</b>	<b>Total Number of Publications Across All Schools</b>
Book Chapter	1	1
Article	3	5
Abstract/Conference Proceeding	1	1
Edited Journal	1	4
<b>Total</b>	5	11

**Table A11. Number of NSGIP Schools Reporting Work on a Presentation and the Number of Presentations Developed Between January 2002 and June 2004**

<b>Presentation Type</b>	<b>Number of Schools Reporting Presentations</b>	<b>Total Number of Presentations Across All Schools</b>
Conference Poster Presentation	3	3
Conference Paper Presentations	4	13
Presentation to Scholars/Teachers/Administrators	1	2
Invited Address/Keynote	3	4
Conference Symposium Presenter	2	10
<b>Total</b>	<b>6</b>	<b>32</b>

**Table A12. Other Dissemination of Information on Geriatric/Gerontological Nursing Practice, Research, and Training**

Selected exemplars of any Activities, Outcomes, or Lessons Learned do not directly correspond to one another.

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

Type	Number of Schools	Total Number	Selected Exemplars
<b>Activity</b>			
Program and Scholarship	4	8	<ul style="list-style-type: none"> <li>• Gave radio interview on the Dementia Specialist Training Program and its relationship to other training programs in gerontological nursing at the University and the Center for Frail and Vulnerable Elders. (C)</li> <li>• Distributed a press release about JAHF funding for the investment program. (D)</li> <li>• Developed a web page featuring JAHF activities and students featuring Creating Careers scholars that have received full tuition scholarships from JAHF <a href="http://www.son.washington.edu/centers/hartford">http://www.son.washington.edu/centers/hartford</a>. (G)</li> </ul>
Curriculum and Education	3	4	<ul style="list-style-type: none"> <li>• Developed a Faculty Development in Geriatric Nursing website which provides educational materials and resources. (E)</li> <li>• Distributed two press releases focused on HRSA and JAHF grants that expand curricula and educational options for students in the area of gerontological nursing. (C)</li> </ul>
<b>Outcomes</b>	5	10	<ul style="list-style-type: none"> <li>• Received invitation for project staff to collaborate with the Institute of Gerontology (IOG) on the 'Frailty' seminar series. (C)</li> <li>• Viewed as sources of geriatric expertise. (D)</li> <li>• Received student inquiries about the geriatric/gerontological program and scholarships. (G).</li> <li>• Increased awareness of educational offerings through the website. (E)</li> </ul>
<b>Lessons Learned</b>	4	6	<ul style="list-style-type: none"> <li>• Broad dissemination to local, regional, and national audiences through presentation and publication will help introduce practice changes to others. (A)</li> <li>• Visibility is an integral part of expanding the influence of the school and faculty in geriatric nursing. (D)</li> <li>• It is extremely important that the website is accessible and user friendly. (E)</li> </ul>
<b>Any Activities, Outcomes, or Lessons Learned</b>	5	28	

**Table A13. Awards/Recognition Received from Other Organizations Resulting from JAHF Sponsored Work**

Selected exemplars of any Activities, Outcomes, or Lessons Learned do not directly correspond to one another.

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

Type	Number of Schools	Total Number	Selected Exemplars
<b>Activity</b>			
Receive Award	2	2	<ul style="list-style-type: none"><li>• Received university recognition of the geriatric expertise of the faculty and the School of Nursing. (D)</li><li>• Project director was listed as one of the Great 100 Nurses of North Carolina in 2003. (B)</li></ul>
<b>Outcomes</b>	1	1	<ul style="list-style-type: none"><li>• Receipt of the JAHF grant increased visibility of the geriatric expertise at the School of Nursing. (D)</li></ul>
<b>Lessons Learned</b>	0	0	<ul style="list-style-type: none"><li>• None Reported.</li></ul>
<b>Any Activities, Outcomes, or Lessons Learned</b>	2	3	

**Table A14. Formal or Informal Linkages to Further Geriatric Nursing Practice, Research and/or Training**

Selected exemplars of any Activities, Outcomes, or Lessons Learned do not directly correspond to one another.

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

Type	Number of Schools	Total Number	Selected Exemplars
<b>Activity</b>			
Universities or Academic Programs	4	8	<ul style="list-style-type: none"> <li>• Formed linkage with the Katharine J. Densford International Center for Nursing Leadership. (A)</li> <li>• Attended CGNE site visits and a retreat that fostered informal collaboration and networking regionally. (G)</li> <li>• Consulted on a training grant proposal. (B)</li> <li>• Formed a linkage with a hospital system in the area with project staff serving on an advisory committee, participating in staff education, planning research in the area of geriatric care and conducting in-service education for the Acute Care for the Elderly (ACE) unit staff. (E)</li> </ul>
Clinical Sites	4	6	<ul style="list-style-type: none"> <li>• Identified specific new ways to collaborate with Geriatric Medicine that include 1) joint development and use of 'standardized' patients for geriatric assessment; 2) replication of a student survey used for incoming medical students on knowledge and attitudes toward aging; 3) exploration of the Nurses Improving Care for Health System Elders (NICHE). (C)</li> <li>• Formed linkage with the university acute care hospital. (A)</li> <li>• Collaborated with an Assisted Living Facility (ALF) on evaluation of their culture change project. (F)</li> <li>• Formed a linkage with a hospital system in the area. The hospital requested that Project staff serve on an advisory committee and participate in staff education, planning of research in the area of geriatric care and in an inservice education for Acute Care for the Elderly (ACE) unit staff. (E)</li> </ul>
Community Sites	2	2	<ul style="list-style-type: none"> <li>• Formed linkage with community nursing leaders in gerontological nursing. (A)</li> <li>• Participated as a member and facilitator on a Community Health Care Forum Task Force entitled 'Community-Wide Initiative on Health Care Worker Shortages.' (F)</li> </ul>
Other	1	1	<ul style="list-style-type: none"> <li>• Formed linkage with Nursing Research journal.</li> </ul>

**Table A14 (continued). Formal or Informal Linkages to Further Geriatric Nursing Practice, Research and/or Training**

<b>Type</b>	<b>Number of Schools</b>	<b>Total Number</b>	<b>Selected Exemplars</b>
<b>Outcomes</b>	4	9	<ul style="list-style-type: none"> <li>• Fostered new research partnerships between APNs and nursing faculty through the Clinical Scholars Program. (A)</li> <li>• Aided projects through providing instruments for the measurement of program outcomes and guiding the literature review for one of the projects. (F)</li> <li>• Served as consultants to other universities in the development of GNP programs. (E)</li> </ul>
<b>Lessons Learned</b>	5	9	<ul style="list-style-type: none"> <li>• Information sharing and dialogue are essential to discovering new options for collaboration. (C)</li> <li>• It is important to understand the formal and informal structures of collaborating organizations before implementing practice changes. (A)</li> <li>• It is possible to build on prior relationships with local providers to facilitate the use of research in practice. (F)</li> <li>• Community Academic partnerships benefit both the agency and the academic institution. (E)</li> </ul>
<b>Any Activities, Outcomes, or Lessons Learned</b>	6	35	

**Table A15. Leveraging of the JAHF Grant/Designation**

Selected exemplars of any Activities, Outcomes, or Lessons Learned do not directly correspond to one another.

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

Type	Number of Schools	Total Number	Selected Exemplars
<b>Activity</b>			
Additional Funds and Grants	3	3	<ul style="list-style-type: none"> <li>• Raised funds for the Center of Excellence on Frail and Vulnerable Elders (COFVE) through the School of Nursing's JAHF designation as a Nursing School Geriatric Investment Program (NSGIP) grant recipient. The NSGIP project was an important part of the funding base used to make an argument for designation of the Center on Frail and Vulnerable Elders. Such designation led to assignment of added space and provision of salary support for a Center Director and support staff position. (C)</li> <li>• Collaborated with the University Center for Healthy Aging to promote gerontological initiatives to a private donor who subsequently made her donation and requested that the money be given to students focusing on aging. (A)</li> </ul>
Time and Materials	3	4	<ul style="list-style-type: none"> <li>• Acquired additional release time for the project director to reflect the percentage of effort required to implement grant activities. (D)</li> <li>• Obtained faculty time to redesign the Basic Advanced Health Assessment course at the Master's Level to include more geriatric/gerontological content so that all NP students have this exposure. (F)</li> <li>• Obtained faculty time to design a new doctoral course focusing on research issues related to nursing home care policy. The faculty time was obtained with the assistance of the JAHF designation. (F)</li> </ul>
<b>Outcomes</b>	4	6	<ul style="list-style-type: none"> <li>• Established a new staff position for the Center on Frail and Vulnerable Elders and selected an applicant. (C)</li> <li>• Held a Research Summit. (A)</li> <li>• Increased financial support of the School of Nursing in gerontology through private donor contributions. (G)</li> <li>• Offered a new doctoral course focused on research issues related to nursing home care policy and enrolled one student in the course. (F)</li> </ul>
<b>Lessons Learned</b>	2	3	<ul style="list-style-type: none"> <li>• In light of decreased state budgets for higher education, extramural support is needed to expand gerontological nursing education activities. (A)</li> <li>• Release time for faculty is important in allowing new courses to be developed.(F)</li> </ul>
<b>Any Activities, Outcomes, or Lessons Learned</b>	5	16	

**Table A16. Activities to Increase Diversity among Student, Professional and Patient Populations**

Selected exemplars of any Activities, Outcomes, or Lessons Learned do not directly correspond to one another.

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

Type	Number of Schools	Total Number	Selected Exemplars
<b>Activity</b>			
Promote Culturally Sensitive Education	2	3	<ul style="list-style-type: none"> <li>• Offered a series of web seminars from the American Society on Aging (ASA) focused on cultural competence in the care of persons with dementia and ways to develop culturally competent research in the field. (G)</li> <li>• Hosted brown bag lunch sessions that focus on specific issues such as diversity, legal issues, and aging. (G)</li> <li>• Collaborated in the development of a course on “Culture, Aging and Health.” (B)</li> </ul>
<b>Outcomes</b>	1	1	<ul style="list-style-type: none"> <li>• Fostered the consistent participation of faculty and students in early morning sessions on cultural competence in the care of persons with dementia. (G)</li> </ul>
<b>Lessons Learned</b>	1	1	<ul style="list-style-type: none"> <li>• Students and faculty seem eager for additional content when it is offered in a friendly and supportive environment and with a continental breakfast. (G)</li> </ul>
<b>Any Activities, Outcomes, or Lessons Learned</b>	2	5	

**Table A17. Collaborations with other JAHF-Sponsored Programs in Geriatric/Gerontological Nursing**

Selected exemplars of any Activities, Outcomes, or Lessons Learned do not directly correspond to one another.

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

Type	Number of Schools	Total Number	Selected Exemplars
<b>Activity</b>			
Research and/or Clinical	2	3	<ul style="list-style-type: none"> <li>Participated in The Geriatric Social Work Initiative funded in the area. (F)</li> <li>Collaborated with AACN on Advance Practice Nursing (APN) and development of Nurse Practitioner (NP) competencies. (E)</li> </ul>
Education	4	6	<ul style="list-style-type: none"> <li>Began discussion of a geriatric mental health masters specialty track supported by this organization in collaboration with University of Michigan and University of Iowa. (D)</li> <li>Made connections and fostered collaboration between the Geriatric Investment Program (GIP) initiatives and those of the JAHF/AACN program in undergraduate nursing. (G)</li> <li>Established a collegial relationship with a JAHF Post-doctoral Scholar who participates in grant activities and offers her assistance to baccalaureate and graduate students. (C)</li> <li>Collaborated with a university that is also a site for the Faculty Development in Geriatrics HRSA grant. Project staff presented information about projects and discussed sharing educational materials that have been developed. (E)</li> </ul>
<b>Outcomes</b>	3	4	<ul style="list-style-type: none"> <li>Developed seamless collaborative/collegial relations among faculty and students engaged in the JAHF initiatives at the school. (G)</li> <li>Participated in the Geriatric Social Work Initiative which created opportunities for the program to connect with social workers interested in improving geriatric care. (F)</li> <li>Shared information and education products with a collaborating university. (E)</li> </ul>
<b>Lessons Learned</b>	3	3	<ul style="list-style-type: none"> <li>Collegial relationships between faculty and students are possible when all have similar enthusiasm for the importance of geriatric nursing practice and research. (G)</li> <li>Taking a social work perspective is important in realizing improved care for older persons. (F)</li> <li>Building trust between institutions can take time. (E)</li> </ul>
<b>Any Activities, Outcomes, or Lessons Learned</b>	5	16	

**Table A18. Progress Towards Becoming a More Comprehensive Program for Increasing Geriatric Nursing Capacity**

Selected exemplars of any Activities, Outcomes, or Lessons Learned do not directly correspond to one another.

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

Type	Number of Schools	Total Number	Selected Exemplars
<b>Activity</b>			
Enhance Geriatric Education	3	4	<ul style="list-style-type: none"> <li>Expanded geriatric content in the academic programs. (D)</li> <li>Began adding the Master's level GNP program to the already approved MS/PhD Program. (F)</li> <li>Developed educational modules and learning activities for use in online education. (E)</li> </ul>
Develop Geriatric Faculty	4	4	<ul style="list-style-type: none"> <li>Hired two new faculty including one tenure track faculty member and one lecturer. (C)</li> <li>Began actively recruiting one or more geriatric nursing faculty to participate in leading research and education in geriatric nursing. (G)</li> <li>Hired a PhD nursing faculty member with geriatric mental health expertise. (D)</li> <li>Appointed a GNP PhD faculty member to direct our Master's GNP program. (F)</li> </ul>
Recruitment	2	3	<ul style="list-style-type: none"> <li>Initiated strategic planning for recruitment of doctoral students in gerontological nursing. (A)</li> <li>Recruited GNP students (generic and post-master's) and pre-and post-doctoral students with an interest in aging. (F)</li> </ul>
Enhance Infrastructure	4	6	<ul style="list-style-type: none"> <li>Established the Center of Excellence on Frail and Vulnerable Elders (COFVE). (C)</li> <li>Extended research activity through pilot grant program. (C)</li> <li>Developed a geriatric nursing network group. (G)</li> </ul>
<b>Outcomes</b>	4	9	<ul style="list-style-type: none"> <li>Implemented three new geriatrics courses in the BSN and Doctorate of Nursing programs and received faculty approval for two new geriatric mental health courses in the MSN program. (D)</li> <li>Included the project director in the interview process for the new Director of the Institute of Gerontology (IOG). (C)</li> <li>Received invitations for project staff to develop new projects with Geriatric Medicine. (C)</li> <li>Taught courses using web-based technology and received positive student evaluations. (E)</li> <li>Identified twenty-two potential post-master's GNP students for Fall 2003. (F)</li> </ul>

**Table A18 (continued). Progress Towards Becoming a More Comprehensive Program for Increasing Geriatric Nursing Capacity**

<b>Type</b>	<b>Number of Schools</b>	<b>Total Number</b>	<b>Selected Exemplars</b>
<b>Lessons Learned</b>	6	6	<ul style="list-style-type: none"> <li>• National initiatives are instrumental in convincing faculty of the importance of geriatrics in nursing programs. (C)</li> <li>• Concrete, specific strategies with designated responsibility are needed to enhance recruitment and communication efforts. Busy faculty assume that recruitment is someone else's responsibility. (A)</li> <li>• Potential geriatric/gerontological students do exist. (F)</li> <li>• It is important to have technical support when putting courses into a web format. (E)</li> </ul>
<b>Any Activities, Outcomes, or Lessons Learned</b>	6	32	

**Table A19. Obstacles Encountered in Implementation**

The “→” symbol indicates that the selected exemplars of obstacles directly corresponds to the resolution in listed in the adjacent column. Each NSGIP school is randomly assigned a letter code. These letter codes are presented in parenthesis at the end of each exemplar.

Type	Number of Schools	Total Number	Selected Exemplars	Corresponding Resolution
<b>Obstacles</b>				
Recruitment and Retention of Students	3	8	<ul style="list-style-type: none"> <li>Experienced low enrollment of doctoral students interested in aging. (D) →</li> <li>Experienced difficulty recruiting undergraduate students for Clinical Scholar partnership teams. (A) →</li> <li>Experienced poor recruitment of pre- and post-doctoral students with a focus on nursing home and/or dementia care. (F) →</li> </ul>	<ul style="list-style-type: none"> <li>Increased dissemination of the Hartford project, faculty expertise in geriatrics, and recruitment activities at the GSA and NONPF conferences. (D)</li> <li>Developed written strategies for student recruitment. (A)</li> <li>No reported resolution. (F)</li> </ul>
Recruitment and Retention of Faculty	2	2	<ul style="list-style-type: none"> <li>Lost a teaching assistant and had difficulty finding a replacement with interest in geriatrics. (B) →</li> <li>Experienced insufficient faculty support for the GNP specialization. (F) →</li> </ul>	<ul style="list-style-type: none"> <li>Hired a junior clinical faculty member as a replacement. (B)</li> <li>Emphasized the importance of the GNP role and specialization to faculty and students. (F)</li> </ul>
Program Implementation	3	5	<ul style="list-style-type: none"> <li>Did not receive reimbursement for summit and travel expenses. (A) →</li> <li>Experienced difficulty implementing the accreditation requirement of 500 clinical hours for post-Master's GNP students. (F) →</li> <li>Experienced difficulty working on the web courses while teaching a full load. (E) →</li> </ul>	<ul style="list-style-type: none"> <li>Obtained funds from two private sources to cover basic unbudgeted expenses. (A)</li> <li>Allowed students to utilize prior supervised experience in geriatric settings toward this requirement. (F)</li> <li>Continued to develop courses while teaching and have included all faculty in the gerontology division in the course and module development. (E)</li> </ul>
<b>Any Obstacle Reported</b>	5	15		