Using Continuing Care Retirement Communities to Enhance a Better Understanding of Older Adults Teaching Strategy

Overview of Teaching Strategy

Continuing Care Retirement Communities (CCRC) provide varying levels of support to older adults. Generally these communities have older adults living in independent situations, in assisted living situations, in skilled long term care, in dementia care units, and at times in short-term rehabilitation units. The level of nursing interventions varies within each of these levels of care. These CCRCs provide valuable teaching and learning opportunities for pre-licensure nursing students that enhance their understanding of older adults. For example, exposing students to older adults living independently often changes their attitudes that older adults are vulnerable and non-productive. Further, older adults in assisted living often require a different level of care secondary to either their cognitive or physical changes. Being able to care for the most vulnerable of older adults in the skilled nursing units or dementia units, with better understanding of who they may have been prior to needing that level of care, provides an experience for students to develop the empathy, skills, and abilities to provide that type of care. Understanding the different levels of care and experiences of transitioning older adults, whether the transition is permanent (independent living to assisted living) or temporary (rehabilitation to independent living) is vital to providing optimal care to this population. Helping students develop a better understanding of how to address older adults’ needs, while considering the risks and benefits of maximizing older adults’ quality of life are key lessons that can be learned in CCRC. This teaching strategy provides activities to help students better understand the complexity of care of older adults as a way to develop a sense of empathy and value for this population.

Learning Objectives

Students will:
- Develop a better understanding of issues related to transitioning among care settings with regard to older adults
- Utilize tools to assess physiological and psychosocial needs of older adults
- Recognize and respect the values of older adults
- Understand the complexity of care of older adults
- Recognize the need to assess functioning when the older adult is transitioning among care settings

Learner Pre-Work

This teaching strategy focuses on assessing function and expectations of older adults as well as the coordination and management of care. It also enhances the student’s spirit of inquiry and nursing judgment. The activities in this teaching strategy can be used in a gerontology
rotation or in a community rotation and can be used over a period of four clinical days or the entire rotation.

1. Ask the students to watch the NLN Advancing Care Excellence for Seniors (ACE.S) Framework Overview video introducing students to the ACE.S Essential Actions as a way to organize their thinking about assessing and addressing the needs of older adults.

Suggested Learning Activities

1. Have students take this quiz on Myths of Aging and discuss their answers.

2. Have students interview an older adult living independently. Prior to the interview, have them consider the following:

   - What parameters would you consider when assessing the ability of an older adult to live alone?
   - Think about an older adult in your family or community who lives independently. Discuss their quality of life, resources that assist in their independence, safety issues and general perceptions of older adults.
   - During the interview, first consider the concepts of therapeutic communication when discussing the client’s family, expectations in life, work history, frustrations, accomplishments, and hobbies. Engage in discussion about what it was like to move to their current apartment, experiences going from the hospital to home or rehabilitation, and possible feelings about independence and dependence on others, such as living in a nursing home.
   - Obtain a health history, but this should not be the main focus of the interview. This health history should include a list of medications. Select the appropriate tool(s) from the How to Try This series to further evaluate the client. An example of appropriate tools based on the interview:
     - **Geriatric Depression Scale**
     - **Katz Index of Independence**
     - **Lawton Daily Living Scale**
     - **Modified Caregiver Strain Index**
     - **Short Michigan Alcohol Screening Instrument**
     - **Brief Evaluation of Executive Dysfunction**
     - **2015 American Geriatrics Society Updated Beers Criteria for Potentially Inappropriate Medication Use in Older Adults**
     - **Mental Status Assessment of Older Adults: The Mini-Cog**
     - **The Pittsburgh Sleep Quality Index**

3. Have the student repeat the interview with a client living in assisted living and then again with a client living in a skilled long term care unit or dementia unit. Look at the list of tools from the how to try this series and select appropriate assessment tools again based on the initial interview. The tools listed above may be appropriate or also consider:

   - **SPICES: An Overall Assessment Tool for Older Adults**
   - **The Hendrich II Fall Risk Model**
• Assessing and Managing Delirium in Persons with Dementia
• Preventing Aspiration in Older Adults with Dysphagia
• Avoiding Restraints in Patients with Dementia
• Communication Difficulties

4. If the facility also has a rehabilitation unit, have the student interview a client on that unit. These are clients likely to have come from a hospital setting and are returning to their previous home environment. These clients have experienced multiple transitions and the students can explore the multiple issues around these transitions. Again consider the client’s expectations, frustrations, willingness to consider risks and benefits of choices, and functional status.

5. Have the student consider the following mini case study and encourage them to think about these points when they conduct their interview.

I’m Anna and I know I am 88 years old and people think I should be someplace…in a home or assisted living or around other people, but I really love my condominium. I like living alone with my cats. Yes, I remember that I did fall and couldn’t get to the phone. I was on the floor for almost 24 hours when my son found me. They rushed me to the hospital fixed my broken hip and then I came to this rehabilitation unit to get stronger. I don’t really like the place. They tell me what to do all the time, call me “honey” and I can never get a straight answer from anybody about when I can go home. I thought I was doing well; I was walking…a bit slowly but still walking. Now my family wants me to move into an assisted living unit or have somebody live with me. I don’t want that…I want to go back to my condominium and continue to live my life.

• Can Anna go home?
• What are the considerations if she does go home?
• Do risks outweigh benefits?
• Is safety the ultimate factor in this case?
• How do you think Anna’s quality of life would be if she moved from her condominium?
• How much of a concern is her quality of life?
• Who makes the decision on safety regarding Anna?
• Anna went from home to a hospital to a rehabilitation unit and then will be transitioned to another setting. What are the issues with such transitions?

6. The final assignment is to have the students reflect on and discuss their experience. Students should keep a journal of their experiences with each of the clients they interviewed. The journals should include both objective and subjective data as well as the student’s feelings on quality of life, frustrations and thoughts about their perceptions of older adults before and after the assignment. They should consider any differences in perceived functionality, expectations and quality of life between the different levels of care.

They should consider the elements of the essential actions of ACE.S:

• Assess Function and Expectations
• Coordination and Management of Care
• Use Evolving Knowledge
• Make Situational Decisions

Students could discuss their reflections with the group. The group could compare how decisions are made regarding the older adults they interviewed and/or cared for in a CCRC: who makes these decisions, how functionality impacts where an older adult lives, what factors impact an individual’s quality of life and are risks and benefits considered when thinking about quality of life. Students can discuss also the importance of: advocating for older adults, considering the older adult’s expectations and what risks they are willing to take to live the best quality of life possible, and how to coordinate and manage care in caring for the older adults.

While this assignment can be done in two clinical days, the impact would be more significant if students could spend a longer period of time with each older adult to better develop an understanding and empathy for their needs.

Suggested Reading

These are four articles from The New York Times, written for the lay person, and provide a different perspective for the nursing student. The articles look at real issues faced by older adults and may ignite interesting conversation for the students.


http://newoldage.blogs.nytimes.com/?s=elderly+no+more


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