



Senior Housing Communities & Nursing Schools: Creating Dynamic Partnerships

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The Power to Redefine Aging.



Hebrew SeniorLife



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Introduction & Overview

This guide was created to share information about how to create an educational collaborative between a senior housing site and a nursing program. The focus of these collaboratives is to train nursing students by giving them the opportunity to engage with older adults. At the same time, this also gives seniors the opportunity to interact with young people and assist in training the next generation of nurses. We expect that participating in these intergenerational collaboratives will increase the number of nursing students who choose gerontology as their future career path.

In 2011, Hebrew SeniorLife (HSL) began partnering with Curry College's Nursing Program in a new initiative to improve the coordination of care of older adults at the Simon C. Fireman Community, located in Randolph, Massachusetts, one of HSL's three supportive housing sites. The vision for this partnership was to enhance the health of seniors while engaging nursing students in learning about geriatric nursing firsthand from older adult consumers.



Given the success of this model, HSL and Curry were interested in continuing to expand the program. In 2015, HSL was awarded an Elder Funds grant from The Boston Foundation. Through this grant the Fireman Community and Curry College were able to enhance their program as well as initiate a new collaborative between Center Communities of Brookline, another of HSL's supportive housing sites, and the Simmons College School of Nursing.

One of the most critical components of The Boston Foundation grant was that it provided the resources necessary for us to be able to develop and share a replicable and easily transferable model for partnerships between senior housing communities and nursing programs nationwide. Specifically, funds from the grant allowed for the production of this online manual and a video, ["Through Their Eyes,"](#) chronicling the Fireman/Curry partnership. We hope that both tools will be used by others to replicate these models and engage seniors and students in a vibrant collaborative learning experience.

About the Partners

Hebrew SeniorLife (HSL) is a nonprofit organization committed to improving the lives of older adults in the Greater Boston area and beyond. HSL has provided health care and communities for seniors, research into aging, and education for geriatric care providers since 1903. HSL provides direct care for 3,000 seniors a day at our six Boston-area campuses.

Curry College is a four-year, residential, private, liberal arts-based, coeducational, degree-granting institution offering undergraduate, graduate and continuing education programs located in Milton, MA.

Simmons College is a four-year, private, non-sectarian undergraduate women's college located in Boston, MA with a comprehensive liberal arts and professional curriculum, also offering graduate schools.

In the Beginning: Forming a Partnership

Creating a partnership between a senior care organization and a college nursing program begins with thoughtful discussion. In order to initiate a successful partnership, both partners must be willing to identify available resources and clarify individual goals. Then mutual goals can be established which allow the relationship to prosper.

The *goals* of both the Fireman/Curry and the CCB/Simmons collaboratives include:

- Increasing nursing students' awareness of shifting population demographics which are creating an acute need for highly skilled geriatric specialized nurses
- Dispelling stereotypes of aging
- Enhancing understanding of the aging process from a whole person perspective, including physical, cognitive, social, emotional and spiritual health
- Promoting meaningful engagement through intergenerational experiences
- Identifying evidence-based best practices in geriatric care
- Increasing nursing students' consideration of careers in gerontology
- Providing opportunities for seniors to share their experiences and impact the lives of young adults as well as assist in training the next generation of nurses.

Secondly, the *structure* of the course should be identified; there are many possibilities based on the needs and requirements of each of the involved partners. Hopefully as more organizations and schools enter into these collaborations they will share the strengths of the models they chose and the lessons learned so that we can continue to define best practices. In that spirit we will describe below the two models which HSL used; one was a semester credit nursing course for the Curry/Fireman partnership and the other was a clinical field experience for the Simmons/CCB partnership.

Semester Credit Course

The Curry College/Fireman partnership is focused on students working towards their Bachelor of Science degree, Nursing major, specifically those enrolled in a course entitled *Nursing Care of the Older Adult*. Each semester, up to 60 Curry nursing students are on-site at Fireman four to six times and Fireman residents visit the students at Curry College two to three times, for a multigenerational learning experience. Approximately 25 to 30 Fireman residents participate each semester (average age 84, 100% considered low-income by federal standards). The students partner with the residents during classes which focus on the five domains of wellness (physical, social, cognitive, spiritual and emotional). Class topics which may be included on the syllabus (see Attachment A) are issues in senior care such as medication management, health assessment, disease prevention and management, home safety, falls assessment, psychosocial well-being, delirium, dementia and sensory impairments, depression and anxiety management and end of life issues.

A variety of teaching and learning methods and activities are utilized. Over the course of the semester, the weekly classes have involved a combination of short lectures, guest speakers, hands-on activities, group presentations and/or poster presentations, movie or audio-visual presentations and other modalities of learning. Varying the format and including group exercises on a weekly basis has allowed for a dynamic group process. Engaging community resources and encouraging students to determine the primary essential contacts such as visiting nurses, Aging Services Access Points (ASAPs), public

health nurses, nutrition programs and other vital partners allows students to grasp the concept of “creating a village” to enhance their clients’ health. Learning the role of each agency as well as how to access services and develop relationships are critical skills to add to nursing students’ toolkits. During the course of the semester opportunities to bring together these essential partners reinforce the power of rich community relationships. The Curry/Fireman collaboration used an activity called “It Takes a Village” ([see Attachment B](#)) as a way to introduce students to many of these key players in the care of older adults.

The Curry/Fireman Nursing Collaborative evolved from the need for nursing students to connect with older adults in the community. Interacting with them and participating in a wide range of activities allows the students to grow and develop their communication skills as they encounter older adults in a variety of clinical settings. The students develop a level of comfort with older adults through this ongoing, dynamic relationship.

*Dr. Maureen O’Shea, DNP, APCBNP-BC
Associate Professor of Nursing, Curry College*

with a specific resident for one hour in his or her apartment. Students practiced specific interviewing skills and techniques and later in the day engaged in group learning activities with other staff and residents, all of which related back to the course curriculum.

Integrating the students in community learning experiences is very valuable. Examples of community resources utilized during the community health clinical included students visiting the Brookline Senior Center; having a tour with a social worker and joining a senior stretch class; visiting the Department of Public Health and having a two-hour educational session with the Director of Public Health; meeting the Public Health nurse and learning more about the role of public health nursing; and meeting with the Director of Emergency Planning and learning how the community prepares to support seniors in the event of an emergency.

A clinical experience in a housing setting is very different from one in a hospital setting which nursing students are familiar with. One of the challenges of the Simmons/CCB partnership was helping students understand the role of a nurse in a community setting. One student noted, “*I have enjoyed this clinical and have learned new information, but it is still hard to see the role of a nurse here.*” The opportunity of a community health clinical in a supportive housing setting is to change that view by providing these unique opportunities to experience and understand, firsthand, the lives and needs of older adults in supportive housing.



Collaborating with Center Communities of Brookline is an excellent opportunity for the Simmons Nursing students to experience elders in an independent living site. Students' exposure to another area of community health with its extensive resources and services allows the students to experience elder residents "age in place." This clinical in community health gave students an appreciation and understanding of the growing population of elders and their all inclusive health care needs.

*Linda Drew, BA, MEd, RN
Simmons College of Nursing
Community Health Clinical Instructor (2015-2016)*

Additional *logistical items* to consider in the planning process of either type of collaboration include location of class sessions, transportation logistics and cost, communication among partners and staff and financial resources. Please see **Attachment C** for a checklist of all items to be considered in creating a housing/nursing school partnership.

The next step involves drawing up a contract or memorandum of agreement (see Attachment D for an example). This document provides a legal record of the collaborative.

At this point responsibilities and tasks for creating the partnership can be identified. Additionally, ongoing meetings throughout the semester should be scheduled to ensure formative and summative feedback and evaluation.





Moving Ahead: Structuring the Course

Once the format of the relationship has been established a plan for the semester should be created. It is very important that an orientation for students be included as one of the first items in the plan and that it occur before they meet older adults for the first time. This orientation will set the tone for building relationships by providing important information about what to expect when students enter the senior organization. Some of the areas that are helpful to include in the orientation are:

- An understanding of the developmental needs of older adults
- A discussion of the sensory and communication needs of older adults
- An overview of independent housing with supportive services

While some students have had contact with older adults, others may have had little or no ongoing relationships with this group. Role playing can be a helpful way to increase comfort about meeting older adults for the first time. Students can create an “Introduction” role play, focusing on establishing eye contact, clear tone of voice and a welcoming manner.

Reviewing the community’s calendar and discussing the daily milieu of the senior organization can be a first step in helping the students to view health in a holistic perspective. As they see the many activities offered they can begin to understand how physical, social, cognitive, spiritual and emotional needs can be met in senior living. Please see **Attachments E and F** for examples of “A Day in the Life” of seniors living in supportive housing.

The First Meeting

The first meeting of the students/seniors collaborative should allow ample time for relationship building. Procuring name tags and supplying refreshments will set a welcoming tone. Creative arts activities which allow the group to share life stories in a fun and engaging manner can be used to break the ice. Two examples of these activities are described below.

The Lifeline Mural Activity

The Lifeline Mural is a great way to illustrate major life events in each decade of life. Students and older adults work together in small groups. Each group begins by drawing a horizontal line on the bottom of their large poster boards or mural paper and sectioning this line into decades from ages 0-100.

It was great to discover that Esther and I both have two sisters and we love Bermuda!

Curry Nursing Student

Above each decade the group illustrates major life events, including but not limited to family; early school days; childhood pastimes; school milestones; hobbies; home and vacations; marital; family and friendship relationships; work; favorite places; and any other areas of interest. Group members can also identify events they are looking forward to in the future. They can use colored pencils, crayons and magazines to create collages to represent their life events.

The only direction is to avoid using words and concentrate on the creative work. At the close of the class, representatives from the groups are invited to share their murals with the larger group.

Coat of Arms Activity¹

The Coat of Arms Activity is a simple ice breaker that allows group members to illustrate and share four significant things about themselves. A large coat of arms is drawn and divided into four quadrants. At the bottom of each quadrant a word or phrase is written which indicates what should be drawn. Each person chooses a coat of arms and draws a picture representing the phrase in each quadrant. Some of the options include:

- A person I admire
- A favorite place
- A favorite vacation spot
- A favorite hobby
- A hope or dream for the future

Once again, the focus on illustration breaks the ice and allows the group to work together. At the close of the class, representatives from the groups can share each other's Coat of Arms at the front of the room.

I'm so impressed to hear that Kayla loves to run and is training for a half marathon.

Simon C. Fireman Community Resident

As students and seniors participate in the Creative Arts Ice Breakers they learn about each other and discover their similarities and differences. These early experiences begin the process of relationship building.

¹ Simon, S.B., Howe, L.W. and Kirschenbaum, H, Values Clarification: A Handbook of Practical Strategies for Teachers and Students. New York: Hart Publishing, 1972.

The Important Element of Reflection

After each session students are required to submit an online reflection. Several probing questions assist students in processing their experiences. Throughout the semester older adults participating in the collaborative also participate in a group evaluation where they evaluate the learning activities and make suggestions for adaptation or change. Reflection is an effective way to measure attitudinal change. In one of her reflections a Curry student shared that she “always felt certain that pediatrics was my chosen field but I am now expanding my horizons to consider working in geriatric nursing.” Reflection is a vital and essential component to a multigenerational collaborative because it informs the group process and helps to shape the curriculum.

Sample Reflection Statements

“I really love the classes and meeting with the Curry students regularly. What I would like to see is more opportunities to meet on their campus. I would also like to plan a trip with them. What about visiting MIT’s AGE LAB or joining with them in the Greater Boston Alzheimer’s Walk? That, to me, would be fun.”

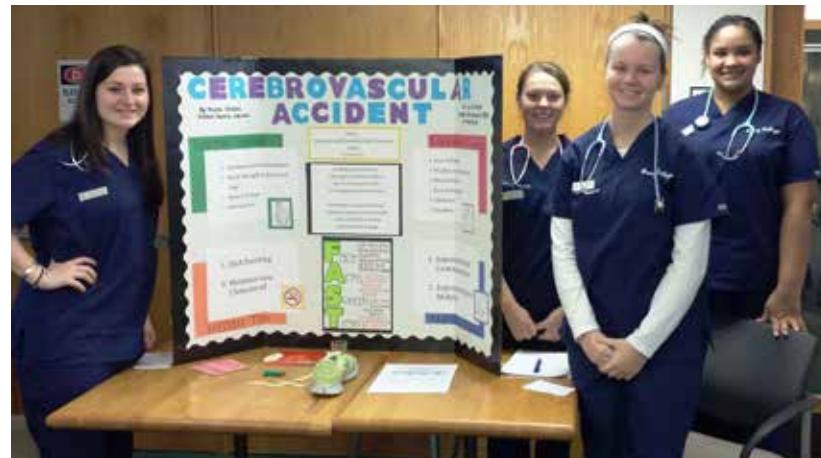
Simon C. Fireman Community Resident

“What I am beginning to realize is that our ages are not the most important thing. Basically we are individuals at different places in the lifespan. Our interests and life experiences are what shape us.”

Simmons College Student

“The student nurses’ role here is that of a health teacher, advisor and advocate to focus upon health maintenance.”

CCB/Danesh 100 Centre Street Resident



Goal Setting & Action Plan Development

One way to keep the focus on developing and maintaining a healthy lifestyle across the five domains of wellness (physical, cognitive, social, spiritual and emotional) is to engage members of the collaborative in jointly developing goals and action plans. Evidence-based programs such as Stanford University's Chronic Disease Self-Management and Diabetes Self-Management have demonstrated that setting goals in a thoughtful manner in the presence of another and checking in on progress offers the accountability needed to create success.

SMART

SMART, an action plan for wellness goal setting, is a tool which can set the tone for effective work in this area. There are many variations to this format ([see Attachment G](#) for a sample worksheet). By looking at each domain, the group member can decide which area he or she is most interested in making improvement. Then the group can practice writing a SMART goal, and checking the goal for the following criteria:

- **Specific:** Is the goal specific enough? Is it what you want to accomplish and does it identify the action steps you will take?
- **Measureable:** Remember, if you can't measure it, you can't manage it!
- **Attainable:** Is my goal realistic enough to accomplish in one week?
- **Rewarded:** Can I give myself something to look forward to for my good work?
- **Timeline Based:** Have I set realistic time expectations for my goal? Do I have a start and finish date?

The seniors and students can offer support to each other as they identify areas of need and begin to set goals. They can encourage each other to look at all life areas, not only exercise and weight loss. By supporting each other and checking in on weekly progress, the seniors and students can become partners in change.

Once again, relationship building and mutuality can be achieved by partnering in goal setting activities. A climate of support and caring can help students and older adults achieve a variety of goals.

I wanted to set a walking goal and became determined to walk our backyard walking path five times each week. Knowing that Kristen was interested in my progress spurred me on.

Simon C. Fireman Community Resident

Talking to Shirley about my exams and stress management techniques really helped me. She shared the way that she tackled big projects and it helped me set time management goals.

Curry College Student

Vitalize 360™

Vitalize 360™ combines an innovative, award-winning, person-directed approach to wellness coaching with the power of information derived from a scientifically-grounded assessment system. The program engages, challenges and inspires older adults to live full, healthy, vibrant lives and enables communities to demonstrate significant improvement in successful aging. Vitalize 360 is a joint venture between two not-for-profits: Hebrew SeniorLife, a Harvard Medical School affiliate, and Kendal.

With the help and support of a Vitalize 360 coach, seniors are encouraged to continue the activities that bring happiness and purpose to their lives as well as set and realize new goals and dreams in order to achieve their greatest quality of life.

Frequent goal setting is the hallmark of evidence-based health promotion programs. The Vitality 360 coaches who work at Simon C. Fireman Community and Center Communities of Brookline interact with the nursing collaborative to reinforce the power of goal setting at any age.



Nursing students and seniors setting goals together can result in great encouragement and support for both age groups. Students can also remind seniors to take advantage of the wonderful opportunity to meet with a Vitality Coach at their own housing site.

Finally, a breakdown of the stereotype “seniors are too old for change” is apparent when the groups share the outcomes of their

goals with each other. One student remarked that she was impressed when “Arlene set the goal of completing a mile of walking at the Alzheimer’s annual fundraising walk.” Her student partners from the collaborative walked with her and applauded her success. When students see older adults visioning change and moving to action it is a wonderful example for them as they build their own lifestyle habits. Please see [Attachment H](#) for a more detailed description of Vitalize 360.



Designing Curriculum Activities

Whether the collaborative is a semester course or a community clinical rotation, students will have multiple opportunities to enter the resident's living space. While the structure varies depending on the course, key student activities which occur in both types of collaboratives include:

- One-on-one visits with residents for assessment and interaction
- Interviewing older adults who are retired health care workers
- Addressing stereotypes of aging
- Learning about end-of-life issues from palliative care and hospice care professionals
- Shadowing visiting medical, nursing and rehabilitation professionals on the job
- Engaging in activities across the five domains of health
- Learning about the various community providers who work with seniors, what their roles are and how to access their services

A variety of intergenerational activities are used to engage students with older adults. Please see [Attachment I](#) for examples of activities that have successfully been used in both types of collaborative courses.

Concluding Thoughts

The HSL Nursing Collaborative Programs support experiential learning and facilitate the multi-faceted benefits of intergenerational relationships. This experience is often the sole academic rotation where students can engage directly with older adults in a real-life setting.

It is so much nicer coming to the Fireman Community to interact with older adults. If I have a question about the aging process I can ask Phyllis and she will tell me truthfully.

Curry College Student

I have had great interactions with the residents and getting to know them I have learned a lot and have gained a different perspective.

Simmons College Student

The ability to work with seniors living in the community versus residents in a long term care setting allows students to realize that the majority of older adults are able to maintain quality of life by accessing a wide range of community resources. Exposure to seniors in a community setting reinforces the reality that most older adults live active, productive lives in the community.

As this partnership has progressed and developed, we have gained further appreciation for viewing health with a wide lens. As we begin with the Brown Bag Medicine review early in the semester, the students see that older adults often experience many chronic conditions.

However, as the semester continues the students see that living a healthy, active life with chronic conditions is possible and that vitality is possible at any age. When students interact with residents who are in their eighties, nineties and one hundreds, who are living independently in a supportive environment, they are able to dispel the negative connotations often associated with aging stereotypes.

Next Steps

Growing and building the curriculum is an ongoing process. During the next year the project hopes to measure the impact of the partnerships by reaching out to collaborative graduates who are now employed as nurses to ask a number of questions such as:

- Are you currently working with older adults in a clinical or community setting? If so, did the collaborative inform your decision to seek work in geriatric nursing? If not, why did you choose another field?
- How did the Nursing Collaborative prepare you for working with older adults? Or if you are working in another area of practice were there ways in which the collaborative prepared you for your work?
- Have your attitudes about working with older adults been shaped by the collaborative and if so how?

By surveying and connecting with a group of graduates, we can begin to measure the impact of students learning about the care of older adults by collaborating with older adults themselves.

In addition, the collaborative plans to connect with other aging service providers and nursing programs through seminars, conferences and professional connections. Our hope is that more nursing programs will seek connections with aging service providers to establish partnerships similar to the ones we have described. By sharing our experiences and making this manual available online we hope to assist those new partnerships and enable them to bring nursing students and seniors together in an environment of teaching and learning.

We are grateful to The Boston Foundation for their generous support of this collaboration. Through the value of intergenerational relationships the students have come to appreciate the significant impact they can have in enhancing the lives of older adults. Similarly, the seniors have been able to impact the lives of young people and assist in training the next generation of nurses. We continue to revise and adapt class activities as we respond to feedback gleaned from reflective responses by students and older adults. At the close of the semester the overwhelming response from the nursing students is that they appreciate the relational experiences that inform their understanding of the aging process. Our hope is that these positive experiences will encourage many careers in geriatric nursing as students appreciate this dynamic profession.

I have learned so much in this clinical rotation. We have had opportunities to experience and gain insight into many different disciplines (social work, nutrition and public health).

Simmons College Student

This class has most definitely changed my perspective and expectations about growing older. The residents I have met are very independent and it gives me great prospects that I will hopefully be as independent when I am an older adult.

Curry College Student

The student learning experience at Center Communities of Brookline is truly transformational. For students to be able to focus on developing skills in relationship building, listening, communication and being present for patients and families is critical to their success as professional nurses.

*Judy A. Beal, DNSc, RN, FNP, FAAN
Dean & Professor, School of Nursing and Health Sciences
Simmons College*

We've been meeting with the Curry students for several years now. I want to thank them because it's made me feel younger.

Simon C. Fireman Community Resident



Contact Information

We are very proud of the collaborative work represented here and are invested in assisting other organizations and nursing schools in creating similar partnerships. As such, we welcome questions about the collaboratives from anyone who is considering embarking upon such a venture. Contact information for key members of our collaboratives follows.

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Attachment A: Sample Class Schedule

Simon C. Fireman Community & Curry College Nursing Students Health promotion, wellness & motivation through positive intergenerational engagement

Tuesday 9/8 10:00a-12:00p	Stereotypes: Myths & Misconceptions Understanding Polypharmacy & The Beers Criteria	Greeting Card Exercise I am...I like...I want... Review material
Tuesday 9/15 10:00a-12:00p @ Curry College	Polypharmacy & The Beers Criteria Lunch @ Student Center	Bring medication lists
Tuesday 9/22 10:00a-12:00p	General Screening/ Immunization/ Recommendations Assessing Functional Decline	CASE STUDIES Screening stations: Katz ADL, Lawton IADL, HARP, CAM, SPICES, Get Up & Go
Tuesday 9/29 10:00a-12:00p	Atypical Presentation of Illness: Geriatric Syndromes Alcohol Screening Elder Mistreatment/ Neglect	CASE STUDIES
Tuesday 10/6 10:00a-12:00p	Delirium, Dementia & Depression Dignity Assignment	Symptoms: card-sorting Dignity Interviews
Tuesday 10/13 10:00a-12:00p	It Takes a Village Interdisciplinary Team	
Tuesday 10/20 10:00a-12:00p	HealthyPeople 2020	Midpoint Check-in
Tuesday 10/27 10:00a-12:00p	Safe Driving Issues	Roundtable Discussion
Tuesday 11/3 10:00a-12:00p	Engage With Grace The Conversation Project	Go Wish Card Exercise
Tuesday 11/10	NO CLASS- Veteran's Day Holiday	
Tuesday 11/17 10:00a-12:00p	Palliative Care & Hospice: Considerations for Older Adults Hand Massage Protocol Review	
Tuesday 11/24 10:00a-12:00p	Hand Massage	Wish & Hope Reflection
Tuesday 12/8 10:00a-12:00p @ Curry College	Reflections/Wrap Up Lunch	

Attachment B: It Takes a Village to Provide Quality Care to Older Adults - Panel Presentation

Goals

- To demonstrate the power of multi-disciplinary collaboration in the care of older adults
- To provide education about the scope of service delivery for older adults
- To provide knowledge regarding professions that serve the older adult population

Group Process

Assemble a panel of geriatric service providers, including a nurse, rehabilitation professionals (physical therapy, occupational therapy, speech and language therapy), social worker, memory care specialist, audiologist and case managers from Area Agencies on Aging and PACE. Have each panel member give a short presentation on how their profession contributes to enhancing the quality of life of older adults. Allow for a question and answer period.

After the Q & A, have members of the panel join the students and older adults in small groups for discussion. During the discussion ask the older adults to share some of their experiences utilizing the services provided by members of the panel as well as other services which may not be represented.

Challenge

Prepare speakers to stress the value of interdisciplinary collaboration and communication. Have them focus on specific areas of importance in the senior community being served, such as the importance of making referrals, utilizing Visiting Nurse Associations, short-term rehabilitation stays when appropriate as well as utilizing Area Aging Networks.

Lessons Learned/Evaluation

Representatives from the small groups share their experiences with the class. Discussion questions include:

- Identify a profession that you learned new information about today.
- Identify positive experiences that older adults in your group have shared about their treatment.

Attachment C: Checklist for Implementing a Housing/Nursing Collaborative

- Programmatic Goals Determined**
- Program Structure Determined**
- Program Syllabus or Curriculum Developed and/or Adapted**
- Logistical Details Finalized:**
 - Location**
 - Will the classes or internship experience be held at the senior organization, the college or alternating between the two?
 - Is transportation readily available and are the organizations in close proximity? Who will be responsible for transportation and associated costs?
 - Communication**
 - How will communication occur in the event of postponement or cancellation?
 - How will any issues be addressed with students, seniors and/or the partnership?
 - Schedule ongoing meetings to evaluate and tweak the program as needed.
 - Resources**
 - What time commitments are necessary for key staff from both organizations?
 - What other resources are necessary and who will obtain them? Specifically, supplies and materials, refreshments, funding?
- Memorandum of Agreement Completed**
- Orientation Created**
- Activities Planned for Each Class**
- Evaluation/Feedback Process Created (to Include Feedback From Seniors and Students)**

Attachment D: Sample Memorandum of Agreement

This Academic Practice Partnership Agreement (“Agreement”) is made as of this (DATE) by and between _____ (the “School”) and _____ (the “Facility”).

WHEREAS, the School and the Facility desire to establish a mutual, collaborative endeavor which seeks to achieve the following goals:

- 1) To improve the coordination of care of older adults through an intergenerational collaborative relationship which fosters collective teaching and learning;
- 2) To increase engagement and self management of health as a result of a weekly, coordinated multigenerational class;
- 3) For nursing students to have the opportunity to acquire best practices of geriatric nursing through multigenerational learning, shadowing home care staff providing care to residents at Facility, and practicing the administration of evidence-based assessments for Facility residents;
- 4) To develop and potentially disseminate best practices that will assist other supportive housing sites in replicating this collaborative program with a nursing program in their area.

NOW, THEREFORE, for good and valuable consideration, receipt of which is hereby acknowledged, the parties agree as follows:

I. RESPONSIBILITIES OF THE SCHOOL

1) Appointment of Coordinator. The School shall designate a coordinator (“Coordinator”) who shall be responsible for the administration of the field experience and education at the Facility (the “Program”). The Coordinator shall communicate with the Facility Coordinator as needed.

2) Program Planning. The Coordinator shall provide the Facility with current information on the School’s curriculum and experiential educational goals, and shall finalize all student assignments no later than three weeks prior to the commencement of any student placement.

3) School Faculty. The School shall provide nursing faculty who shall conduct the experiential education and shall be responsible for ensuring the students abide by the Facility’s policies and rules while at the Facility.

4) School Compliance. The School agrees (a) to conduct ongoing compliance education reviews, including but not limited to HIPAA, consistent with state and/or federal laws for all nursing faculty and students who perform services at the Facility; (b) to perform CORI background checks on all nursing faculty and students prior to performing services at the Facility consistent with both state law and the Facility’s policies; and (c) to ensure that all nursing faculty and students who perform services at the Facility have received appropriate immunizations, including but not limited to MMR, Varicella, Hepatitis B, and TST (TB testing) as needed on a yearly basis. The School shall provide evidence of such background checks and immunization upon request.

5) Qualification of Students. The School shall ensure that each student meets the academic and other qualifications necessary for participation in the Program. Notwithstanding the School's initial determination of eligibility, the School and the Facility shall each have the right to suspend or terminate a student in the Program for reasons of health, unsatisfactory performance or other reasonable cause. The School shall be responsible for notifying the student and effectuating the suspension or termination.

6) Student Health and Liability Insurance. The School represents that each student who participates in the Program is covered by the School's professional malpractice and liability insurance, and by health insurance. School shall maintain, at its sole cost and expense, commercially reasonable levels of insurance relating to and covering the services described in this Agreement, including (a) workers' compensation insurance covering School's personnel, and (b) general liability insurance for the actions and omissions of all persons and entities providing services on behalf of School pursuant to this Agreement. In addition, School also shall secure and maintain at all times during the period of performance, at its sole cost and expense, professional liability (medical malpractice) insurance for itself and its officers, directors, employees, Institutes and agents, at limits of not less than \$1,000,000.00 per claim/occurrence and \$3,000,000.00 in the aggregate, covering any and all professional liability actions, claims, or proceedings arising out of any and all negligent acts or omissions committed in the course of providing services pursuant to this Agreement. The School shall provide Facility with certificates of such insurance upon request and shall provide prompt notice of any decrease, termination or cancellation of the insurance coverages required to be maintained hereunder no less than thirty (30) days prior to such termination, decrease or cancellation.

7) Confidentiality of Patient Information. The School shall instruct the students to maintain the confidentiality of all medical records and other patient or resident information to which they may have access while at the Facility, consistent with provisions set forth below. Likewise, the School shall instruct the students to maintain the security of all confidential or proprietary information to which they may have access while at the Facility, consistent with the provisions set forth below.

8) Access and Privileges. The School shall ensure that the appropriate Facility employees or agents can access Blackboard Vista or comparable programs as well as the School's library.

II. RESPONSIBILITIES OF THE FACILITY

1) Appointment of Facility Coordinator. The Facility shall designate a person who shall work with the School's Coordinator to plan and administer the Program at the Facility (the "Facility Coordinator"). The Facility Coordinator is not responsible for evaluating the student's performance.

2) Orientation. The Facility's Coordinator shall provide an orientation to the students and shall inform the students of all policies, rules and regulations of the Facility which the students are expected to observe while at the Facility.

3) Emergency Medical Care. The Facility shall provide emergency medical care for any illness or injury to a student while on the premises, at each student's expense and through the regular facility procedure for handling medical emergencies.

4) Changes in Facility Programs. The Facility agrees to inform the School of any changes in staffing or in its service programs that will affect the Program. The Facility shall make every effort to notify the School of such changes at least six weeks prior to the commencement of any Program.

5) Informed Consents. The Facility shall ensure that participating residents are informed of the collaboration and the role of the students, and made aware that participation is entirely voluntary.

6) Administration of Grant Funding. The Facility shall have sole discretion to administer any and all grant awards it receives to support the collaboration. The parties agree to cooperate in good faith to assess future funding needs and jointly pursue funding opportunities.

III. GENERAL

1) Public Presentations; Use of Names. Facility and School intend to collaborate in good faith to prepare publications or presentations regarding the collaboration that mutually acknowledge each other's contributions and effort. Facility and School each has the right to publish or publicly present regarding this collaboration. Facility shall have the right to review and comment on any public presentation or publication by School, and School agrees to provide thirty (30) days written notice to Facility prior to submission for publication or presentation to permit Facility to review and comment. Such thirty (30) day notice period shall not commence until Facility has received all the relevant information to allow Facility to properly conduct its review.

2) No Remuneration. Neither the Facility nor the School will receive any remuneration under this Agreement.

3) Independent Contractor Relationship / Student Status. Both parties acknowledge the students participating in the Program are not employees of the Facility and are not entitled to any workers' compensation benefits for any accident, illness or injury arising out of the Program. The Parties agree that the relationship between them shall be that of independent contractors. Neither Party shall hold itself out as the employee, agent, joint venture or partner of the other. Neither Party has the authority to bind the other in any way. The School is responsible for paying or withholding, as required, federal, state, and local employment taxes including, without limitation, FICA and FUTA, for its employees.

4) Intellectual Property. This Agreement shall not be deemed or construed to convey, transfer, or license any of one party's intellectual property rights to the other. Nothing contained in this Agreement shall be deemed to grant either directly or by implication, estoppel or otherwise any license under any patents, patent applications or other proprietary interests to any other inventions or discoveries of either party. Ownership and rights to any new and patentable or

unpatentable discovery, technology, know-how or other intellectual property arising from the collaboration (hereinafter “Inventions”) shall be governed by the following provisions: Inventions made solely by the School or its employees or agents shall be the property of School (hereinafter “School Inventions”); Inventions made solely by the Facility or its employees or agents shall be the property of Facility (hereinafter “Facility Inventions”); and Inventions made jointly by employees or agents of Facility and the employees or agents of School shall be the joint property of Facility and School (hereinafter “Joint Inventions”). Each party shall promptly notify the other of any such Inventions, and Facility and School shall consult and agree upon the patent filing and prosecution strategy for all Joint Inventions.

5) Indemnification. The School assumes liability for and shall indemnify and hold harmless Facility, its officers, directors, employees, trustees and agents, and Facility’s affiliates and those affiliates’ officers, directors, employees, trustees and agents (collectively, the “Facility Indemnitees”), from and against any and all losses, damages, penalties, liabilities, claims, actions, suits, costs, and expenses, including reasonable attorney’s fees, whether in law or in equity, of any kind or nature whatsoever, imposed upon, incurred by, or asserted against Facility Indemnitees in any way directly or indirectly relating to or arising out of any negligent or other wrongful act or omission of School, its students, employees or agents, or any breach of this Agreement by School. The provisions of this paragraph shall survive the termination of this Agreement.

6) Protected Health Information. School shall comply with all federal and state laws and regulations, and all policies of Facility regarding the confidentiality of protected health information about Facility’s patients and residents. Simultaneously herewith, the Parties shall enter into a Business Associate Agreement in accordance with the applicable provisions of the Administrative Simplification section of the Health Insurance Portability and Accountability Act of 1996, as codified at 42 U.S.C. § 1320 (“HIPAA”), and the requirements of the regulations promulgated thereunder (45 C.F.R. Parts 160, 162, and 164).

7) Personal Information; Security Incidents. To the extent that any records maintained or stored by School pursuant to this Agreement contain Personal Information (as herein defined) about Facility’s personnel, patients or residents, School shall comply with Chapters 93H and 93I of the Massachusetts General Laws, including regulations promulgated pursuant to Chapter 93H, 201 CMR 17.00 et seq. “Personal Information” shall mean: (a) first name or first initial; (b) last name; and (c) one or more of the following: (i) Social Security number; (ii) driver’s license or state-issued identification card number; or (iii) financial account, or credit or debit card number. In the event of a Security Incident involving such records, Institute shall immediately notify Facility via telephone and in writing reporting all known or suspected relevant facts, including the date, a description, and any remedial steps School has taken or intends to take relating to the Security Incident. School, however, shall only take emergency remedial steps necessary to prevent further harm or subsequent Security Incidents and shall consult with and obtain approval from Facility prior to taking any non-emergent remedial steps. For purposes of this paragraph, the term “Security Incident” shall mean: (a) the unauthorized acquisition or use of unencrypted data or encrypted electronic data and the confidential process or key that is capable of compromising security,

creating a risk of identity theft or fraud against an individual; or (b) any other unauthorized use or acquisition of, or access to, Personal Information. The provisions of this paragraph shall survive the termination of this Agreement.

8) Confidential; Proprietary Information. The School agrees to receive and maintain in the strictest confidence all confidential or proprietary information of Facility and shall not use such confidential information for its own benefit or disclose it to third parties without Facility's written consent. The School shall have no obligations under this paragraph with respect to information that: (a) is already known to School or is publicly available at the time of disclosure; (b) is disclosed to School by a third party who is not in breach of an obligation of confidentiality; (c) becomes publicly available after disclosure through no act of Institute; or (d) is developed by School without breach of this Agreement. The Parties agree that any breach of this provision could cause irreparable harm to Facility and therefore agree that its obligations under this section may be enforced through an injunction or other equitable remedies in accordance with the law. The provisions of this paragraph shall survive the termination of this Agreement.

9) Anti-discrimination. School agrees to comply with the Civil Rights Act of 1964, the Rehabilitation Act of 1973, and the Americans with Disabilities Act of 1990, as well as any and all other applicable state and federal laws that prohibit discrimination on the basis of race, color, religious creed, national origin, sex, sexual orientation, or disability.

10) Force Majeure. If either of the Parties hereto is delayed or prevented from fulfilling any of its obligations under this Agreement by force majeure, said Party shall not be liable under this Agreement for said delay or failure. "Force Majeure" shall mean any cause beyond the reasonable control of a Party, including but not limited to any act of God, act or omission of civil or military authorities of a state or nation, fire, strike, flood, riot, war, act of terrorism, delay of transportation, or inability due to the aforementioned causes to obtain necessary labor, materials or facilities.

11) Assignment. School shall not assign its rights and obligations under this Agreement without Facility's prior written consent.

12) Successors and Assigns. The provisions of this Agreement shall be binding upon the Parties hereto and inure to the benefit of the Parties, their successors and assigns.

13) Amendment. This Agreement may be amended, modified, or otherwise changed only by a writing signed by both Parties.

14) Non-waiver. No delay or failure by either Party to exercise any right under this Agreement, and no partial or single exercise of that right, shall constitute a waiver of that or any other right at any time, or from time to time thereafter. The waiver of any breach of any term or condition of this Agreement shall not be deemed to constitute the continuing waiver of the same or any other term or condition.

15) Severability. If any part of this Agreement should be held to be void or unenforceable, such part shall be treated as severable, leaving valid the remainder of this Agreement, notwithstanding the part or parts found to be void or unenforceable.

16) Governing Law. This Agreement shall be governed by the laws of the Commonwealth of Massachusetts, without regard to choice of law principles. Any litigation that may arise out of or in any way relate to this Agreement shall be brought in the state or federal courts of the Commonwealth of Massachusetts. The parties agree that venue in such jurisdiction shall be proper and consent to personal jurisdiction in such venue.

17) Headings. Headings in this Agreement are for convenience only and shall not be used to interpret or construe its provisions.

18) Counterparts. This Agreement may be executed in one or more counterparts, each of which shall be deemed an original but all of which together shall constitute one and the same instrument.

19) Third Parties. This Agreement shall not create any rights, or confer any benefits, upon any persons or entities not a party hereto.

20) Authority. Institute represents that the person signing this Agreement on its behalf has the authority to do so.

21) Notice. Any notice or other communication under this Agreement shall be in writing and shall be deemed to have been given: (a) upon actual delivery, if delivered by hand; (b) the first business day following deposit with any nationally recognized overnight carrier; or (c) three (3) days after deposit in the United States mail, postage prepaid, certified or registered mail, return receipt requested. Each such notice shall be sent to the Parties, marked to the attention of the signatories to this Agreement, at the following addresses:

If to School:

If to Facility:

22) Term and Termination of Agreement. This Agreement shall continue in full force and effect for a period of one (1) year, and shall automatically renew for additional one (1) year terms, unless earlier terminated as provided herein:

a. Either party may terminate this agreement, without cause, at any time, upon ninety days (90) days prior written notice to the non-terminating Party.

b. Either Party may terminate this Agreement upon thirty (30) days prior written notice if the other Party breaches a material term of this Agreement, provided that the breaching Party shall have an opportunity to cure said breach during the notice period.

c. Facility may terminate this Agreement immediately upon oral notice, promptly confirmed in writing, for conduct by the School that in Facility's reasonable discretion could

adversely affect the quality of professional care provided patients or Facility's reputation, including without limitation breach of any of confidentiality provisions, conviction (including any of its officers or managing employees) of a criminal offense related to health care, or the listing (including any of its officers or managing employees) by a federal agency as being debarred, excluded or otherwise ineligible for federal program participation.

Termination of this Agreement shall not affect the rights and obligations of the Parties arising out of any services performed prior to the date of such termination. Any obligations under this Agreement that either expressly or by their nature continue beyond the termination of this Agreement shall survive the termination of this Agreement.

23) Entire Agreement. This Agreement sets forth all of the agreements between the Parties with respect to the subject matter thereof, and shall supersede all prior written or oral understandings between the Parties.

IN WITNESS WHEREOF, the parties have caused the Agreement to be executed under seal by their duly authorized officers as of the Effective Date noted above.

SCHOOL

By: _____

Please Print Name:

Please Print Title:

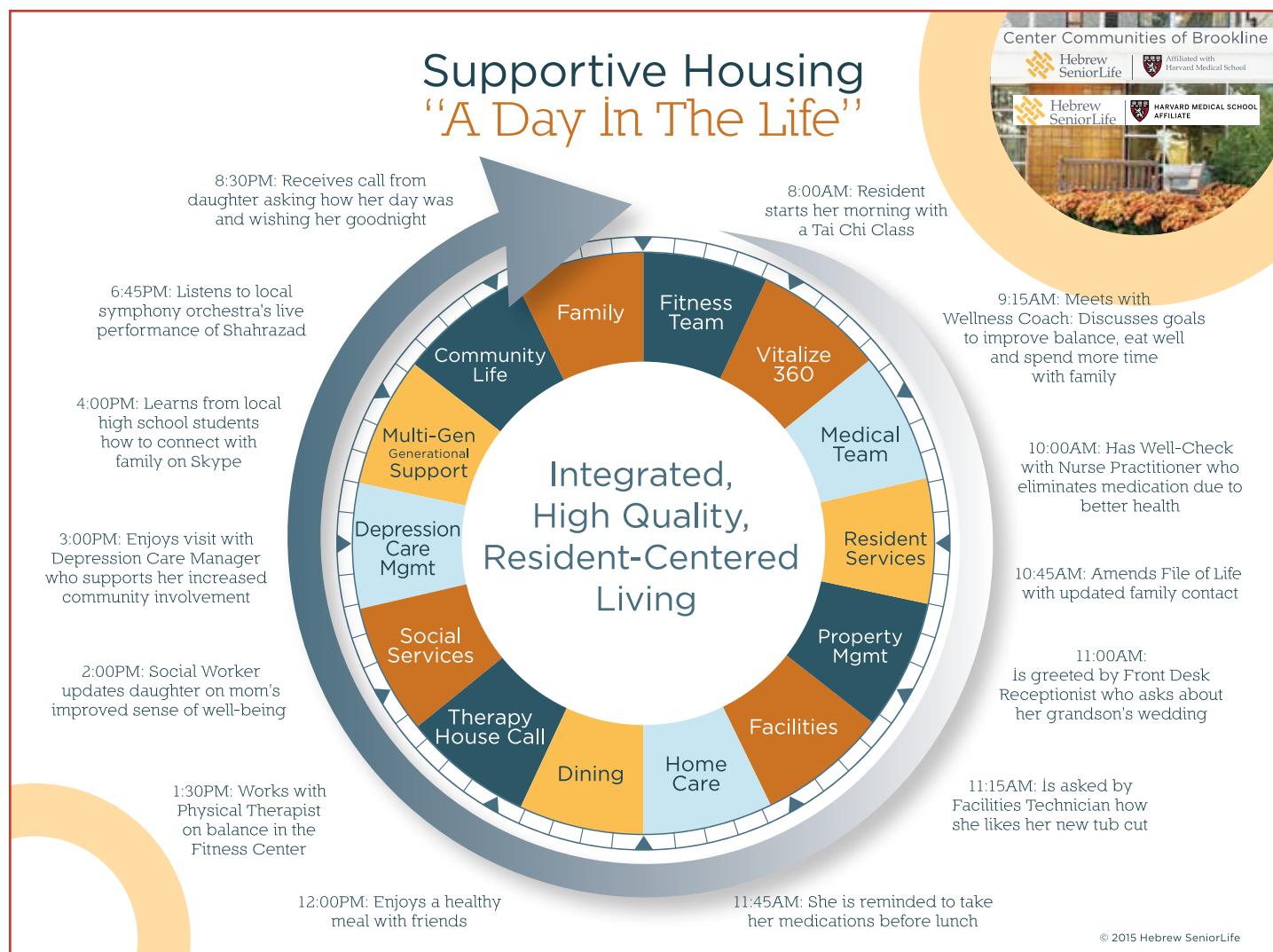
FACILITY

By: _____

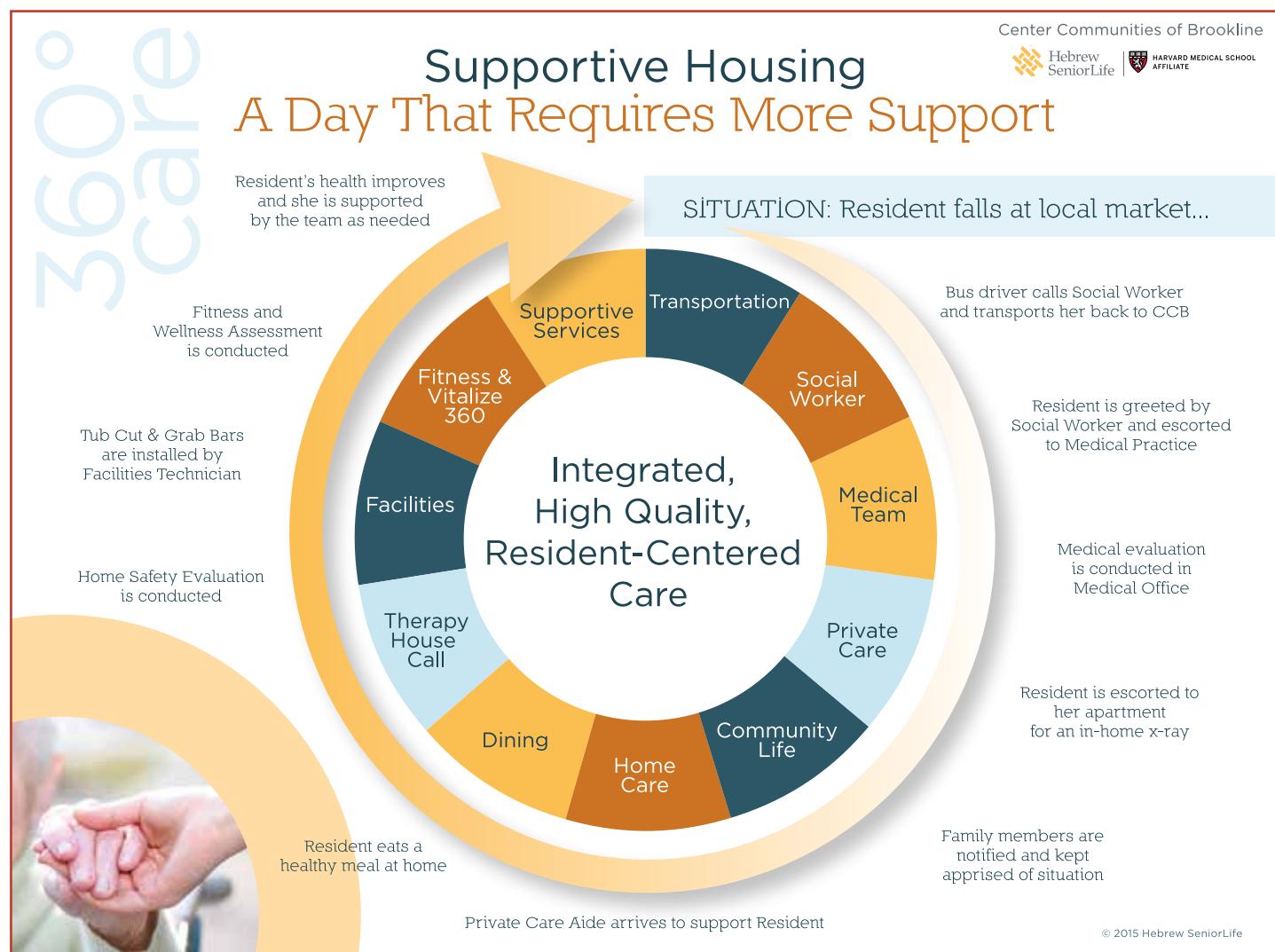
Please Print Name:

Please Print Title:

Attachment E: Supportive Housing: A Day in the Life



Attachment F: Supportive Housing: A Day that Requires More Support



Attachment G: Sample Action Plan for Wellness Goal Setting

What would you like to improve?

Select an area you are most interested in improving and likely to complete:

Write a SMART goal and wellness action plan that includes the following:

Specific: What you want to accomplish and action steps you will take

Measurable: Concrete so you can measure your progress

Attainable: Realistic goals you can accomplish in a week

Rewarded: Have something to look forward to

Timeline-based: Set time expectations; have a start and end date

S _____

Follow-Up

Did I complete my SMART wellness action plan? Yes/No. Please explain.

Attachment H: Vitalize 360 Overview

Vitalize 360 combines an innovative, award-winning¹, person-directed approach to wellness coaching with the power of information derived from a scientifically-grounded assessment system. The program engages, challenges and inspires older adults to live full, healthy, vibrant lives and enables communities to demonstrate significant improvement in successful aging². Vitalize 360 is a joint venture between two not-for-profits: Hebrew SeniorLife, a Harvard Medical School Affiliate, and Kendal.



Person-centered Coaching and Expanding Support

Reflective, person-centered coaching is paramount to Vitalize 360. Meetings give participants opportunities to share what is most important, set goals and refocus on living more intentionally. Vitalize 360 supports individuals as they progress through stages of "activation" toward living their "best lives."

"...our most cruel failure in how we treat the sick and the aged is the failure to recognize that they have priorities beyond merely being safe and living longer; that the chance to shape one's story is essential to sustaining meaning in life; that we have the opportunity to refashion our institutions, our culture, and our conversations in ways that transform the possibilities for the last chapters of everyone's lives."

— Atul Gawande, *Being Mortal: Medicine and What Matters in the End*

The active engagement of a team of community staff is vital to program success. In some settings, this may be the interdisciplinary or resident services team, and includes staff that routinely interacts with residents/members. (Group composition will differ based on the type of community.) The team is a critical resource, plays an advocacy role and collectively supports individuals to achieve their goals. Discussions and follow-up recommendations are recorded and tracked.

"Sometimes we can offer a cure, sometimes only a salve, sometimes not even that. But whatever we can offer, our interventions, and the risks and sacrifices they entail, are justified only if they serve the larger aims of a person's life. When we forget that, the suffering we inflict can be barbaric. When we remember it the good we do can be breathtaking."

— Atul Gawande, *Being Mortal: Medicine and What Matters in the End*

Vitality Plan and Evidence-based Assessments

Individuals create a *Vitality Plan*, a personalized well-being roadmap that guides the achievement of self-identified goals. The *Vitality Plan* may support existing activities or inspire new achievements. Information about the person is gathered using two evidence-based assessment tools — the *Lifestyle Survey* and the *Health and Social Check-up*³ — and entered into a Web-based software system. The *Lifestyle Survey* is self-administered and captures the person's preferences and satisfaction with current activities. The *Health and Social Check-up* includes items in four key areas: community and social life, cognition and mental health, getting around in everyday life, and health. Information compiled from these two tools and the *Vitality Plan* are documented and used for community tracking, benchmarking and quality improvement. The assessments are also being integrated with the annual Medicare wellness visit.

¹ 2015 Program Innovation of the Year Award, LeadingAge Massachusetts; 2013 Gold Pinnacle Award[®] winner for "excellence in whole-person wellness programming" by NuStep.

² Rowe and Kahn define successful aging as multidimensional, encompassing the absence or avoidance of disease and risk factors of disease, maintenance of physical and cognitive functioning, and active engagement in social and productive activities. (Rowe J., Kahn, R. *Successful Aging*. New York: Pantheon Books, 1998) However, Bowling et al suggest that this definition fails to address the implications that a disease-free older age is unrealistic for most, and that emphasizing absence of disease and good physical/cognitive functioning is limiting. (What is successful ageing and who should define it? *British Medical Journal*, 12/24/05; 331 (7531): 1548-1551) The authors go on to discuss several other definitions that emphasize life satisfaction, social participation and support, perceived autonomy, sense of purpose, spirituality and personal growth. Vitalize 360 is closely aligned with this multi-dimensional, comprehensive view.

³ The *Lifestyle Survey* is self-administered and captures the person's preferences and satisfaction with current activities. The *Health and Social Check-up* is a health-focused evaluation tool and includes about 60 items. A longer tool called the *Health and Social Check-up Plus* is also available. The assessments are part of a larger suite of instruments developed by interRAI, an international network of researchers who promote evidence-informed healthcare and wellness tools.

Attachment H: Vitalize 360 Overview (continued)

Impact on Communities and Return on Investment (ROI)

Vitalize 360 helps a community move from "what's the matter" to "what matters most." It increases the quality and depth of engagement between staff and residents/members, a requirement for really knowing them as individuals. The web-based software supports the larger operations, and allows staff to record information and all the touch points along the way.



Organizations are able to be more strategic and predictive around health and wellness operations, and utilization. For continuing care communities, the program can help individuals live vibrantly and independently longer, potentially freeing health center beds and services for individuals in the community at-large.

Findings to Date

Preliminary evidence out of [Orchard Cove](#), a continuing care community in Canton, Massachusetts, indicates that Vitalize 360 improves population health and quality of life.

More specifically, there were statistically *significant* improvements in mood, loneliness, social interaction, perception of health status, and self-reported quality of life of residents – as compared to a matched, control group. This data was submitted for publication in a peer-reviewed medical journal in March 2016.

There is also anecdotal evidence that individuals are much more likely to turn to hospice care, are much less likely to die in a hospital, and that the skilled care census drops significantly.

For more information, contact:
 Neil Beresin
 National Program Manager
 e-mail: info@Vitalize360.org
 phone: 610.335.1283
 Web: Vitalize360.org

Selected Comments About Vitalize 360

- "It made me become much more aware of who I am – it's been a strong incentive to change."
- "It helped me put together a plan of what I want to do and clarified priorities."
- "It helps me to focus on things I lost sight of...it's helpful to get outside affirmation."
- "I think most people set goals when they're young and married and have small children. Now I see myself coming back to a lot of those things that I said, 'Well, I'm never going to do that at this age,' but I find I want to."
- "It is a very good way to crystallize what you want to do which I had never really consciously did before. It makes my life much richer and on a completely different direction than it used to be for the past 8 years."
- "I think the program is wonderful. When I look around and maybe I'm feeling a little down, and I see these women and they're working out in these classes and they're doing things and I say, 'If they can do it, why shouldn't I be doing it?'
- "The assessment tool is allowing the success of the program to be tracked, which is crucial. Fitness is a main component, but it is motivated by goals that are often larger such as writing a memoir or volunteering in the community or playing a leadership role in one's family, and wanting to possess the physical capacity to do these things...."
- "Data from the assessments validates the trends I'm seeing as we interview our residents. The data will serve as concrete evidence to show my administrator and team the need for a redistribution of resources and staffing. I'm excited to be able to develop targeted programs and resources that will best meet the needs that we've uncovered...My hats off to you. This is an incredible product with a dedicated team of professionals supporting it."
- "The coaching experience in this kind of program is absolutely essential because without a coach I don't think I would be nearly as motivated."

Attachment I: Curriculum Activities

Stereotypes of Aging: Greeting Card Exercise

Goals

- To identify common stereotypes of aging portrayed in popular culture and American media.
- To challenge stereotypes of aging and encourage new models of aging.
- To discuss how aging stereotypes inform attitudes regarding aging.

Group Process

- Distribute a pack of greeting cards to each intergenerational group.
- List five words or phrases that depict the portrayal of older adults on each card.
- List five words or phrases that describe older adult residents of the housing community or in your own life (relatives and friends).

Challenge

Compare and contrast depictions versus reality.

Summary

Representatives from each group will present to entire group; sharing responses and reactions from their group.

Lessons Learned/Evaluation - Prompts for Student Responses:

- Identify two key points you learned from this exercise?
- Identify one way this exercise changed your perceptions of older adults. (Please explain briefly)
- How do you think this experience impacted the older adult residents?
- How does this exercise prepare you for your nursing career?

Brown Bag Medication Review²: Polypharmacy & Beers Criteria

Goal

To utilize the Beers Criteria and Brown Bag Medication Review forms to identify potentially inappropriate medications for older adults.

Group Process

- Residents bring their medications, or a list of their medications, with them for review with nursing students.
- Students and residents review understanding of medication purpose, dosing and administration; and identify potential interactions, side effects or contraindications according to the Beers Criteria.

Challenge

Identify potential recommendations for older adult to address with primary health care provider.

(continued)

² U.S. Department of Health & Human Services, Agency for Healthcare Research and Quality, Health Literacy Universal Precautions Toolkit, 2nd Edition. Conduct Brown Bag Medication Reviews: Tool #8 <http://www.ahrq.gov/professionals/quality-patient-safety/quality-resources/tools/literacy-toolkit/healthlittoolkit2-tool8.html>

Summary

Representatives from each group will present to entire group; clarifying understanding of indications and precautions for medications in relation to polypharmacy.

Lessons Learned/Evaluation - Prompts for Student Responses:

- Identify two key points you learned from this exercise?
- Describe the purpose of the Beers Criteria and how it's relevant for you as a nursing student.
- How did this exercise benefit the older adult residents?
- Describe three effective strategies for patients to manage and organize their medications in order to reduce the likelihood of adverse effects of polypharmacy.
- How does this exercise prepare you for your nursing career?

Go Wish Card Exercise: End of Life Discussion & Decision Making³

Goals

- To assist older and younger adults in articulating and prioritizing individual end-of-life concerns.
- To support and encourage older and younger adults to gain comfort in discussing end-of-life issues together.

Group Process

- Distribute decks of “Go Wish” cards to small, intergenerational groups.
- Older adults will select the cards that depict their strongest values and wishes.

Challenge

Group members share, compare and contrast individual desires and preferences.

Summary

Representatives from each group will present to entire group; sharing responses and reactions from their group.

Lessons Learned/Evaluation - Prompts for Student Responses:

- Identify two key points you learned from this exercise?
- How prepared were you to discuss this topic with the older adult residents after using the Go Wish cards? Please explain.
- How do you think the older adult residents were affected by discussing this topic? Please explain.
- How does this exercise prepare you for your nursing career?

³ Discussion & reflective prompts based upon:
<http://codaalliance.org> Go Wish Cards

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Hebrew SeniorLife

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