



Where would you like to see gerontological nursing education to be at in 5 years?

I would like to see gerontological nursing content be infused in all nursing courses as applicable. If we can teach all nursing students about the quality and safety of caring for older adults, our workforce would be best equipped to meet the unique demands of our aging population.

Favorite experience as a gerontological nurse expert educator?

It never failed to bring a huge smile in my face when former students or conference attendees, who I don't recognize thank me for teaching them specific practices they learned from years before. Practices as simple as changing timing of scheduled medications instead of using PRNs to deal with behavioral symptoms of dementia or as complex as delirium assessment and management could mean so much for patients. Having an impact on patient health outcomes though nursing education keeps me going.

Key words of wisdom for those nurses interested in becoming a distinguished educator in gerontological nursing education?

I would say, "Go for it." It is an honor to be recognized as distinguished educator. For me, this great honor comes with a greater responsibility as executor of gerontological nursing science, education and practice. If this distinction gives you a louder voice or platform to spread knowledge and impact health outcomes, then, "Go for it!"

Who is a key person who supported you in becoming a gerontological nurse educator?

My husband supported me all throughout my journey to become a gerontological nurse educator. He saw my passion to care for this population and though the ups and downs of seeking an advance terminal degree, he was there with me. He lifted me up when I was down and encouraged me to keep going when I was losing my way.

What motivated you to become a gerontological nurse educator?

Caring for a sick aunt who was like my second mother motivated me to become a gerontological nurse educator.



Ben R. Inventor
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My aunt had chronic medical issues including diabetes, heart failure, and renal insufficiency. These led her to see multiple medical specialists and access a variety of healthcare services. She lived at home until she needed skilled care in a nursing home before passing away. Throughout the time that she dealt with her medical issues, I recognized that my knowledge as a nurse was not enough to deal with the complexities of her care especially when she experienced syndromes such as delirium, falls, polypharmacy, and depression. My lack of knowledge and the desire to care for her as well as teach others how to care for patients like her motivated me to seek an advance degree in gerontological nursing.

About Ben

Dr. Ben Inventor is an assistant professor at Rush University, College of Nursing in Chicago. He began his career in the Philippines as nursing educator and continued his practice in the U.S. in a variety of settings including home health, long-term care and acute care. After obtaining a Master of Science in Nursing degree as Adult/Geriatric nurse practitioner, he consulted with staff to manage clinical issues of older adults in nursing homes. He received his PhD in Nursing Science from Rush University where he examined the impact of activities, social environment and psychotropic medications on neuropsychiatric symptoms of nursing home residents with dementia. Recognizing the catastrophic consequences of poor management of neuropsychiatric symptoms such as premature hospitalization, inappropriate use of psychotropic medications and use of physical restraints, he wants to develop a program of research that focuses on effective management of these symptoms, reduction of psychotropic medication use and caregiver skill building to provide person-centered dementia care. He is also interested in using pharmacogenomics to optimize therapeutic response, decrease risk of adverse reactions, and improve medication adherence among older adults.