Recommended Geropsychiatric Competency Enhancements for Gerontological Nurse Practitioners

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These recommended competency enhancement statements draw attention to the special needs of older adults with mental health concerns. They are not intended to ‘stand-alone,’ but rather to enhance existing or to-be-developed competencies for Gerontological Nurse Practitioners.¹ The statements are organized within the existing Nurse Practitioner Primary Care Competencies in Specialty Areas: Adult, Family, Gerontological, Pediatric, and Women’s Health developed by HRSA in 2002 and National Organization of Nurse Practitioner Faculties Domains and Core Competencies of Nurse Practitioner Practice² revised by NONPF in 2006. The geropsychiatric competency enhancements were drafted in Fall 2008 by the Geropsychiatric Nursing Collaborative (GPNC), a project supported by the John A. Hartford Foundation and housed at the American Academy of Nursing. They were reviewed by representatives of key professional organizations, revised, and then endorsed by the GPNC Core Competency Workgroup and National Advisory Panel and disseminated in Winter 2010 to all relevant professional organizations and schools of nursing for endorsement and utilization.

New competency enhancement statements and modifications to existing competencies are highlighted in yellow for ease in identification.

As revisions are made to existing competency documents,³ we recommend that the intent of these recommended enhancements be included and that the terms ‘health,’ ‘illness,’ ‘frailty,’ ‘care’ or ‘disease’ be broadly defined as both ‘physical and mental.’ Although physical and mental may be assumed, we believe that it is helpful to have both of these dimensions explicitly stated. Likewise, the term ‘psychiatric disorder’ should be used in combination with ‘substance misuse disorder’ to be more inclusive. It is further recommended that an expectation for the use of valid and reliable clinical assessment tools and evidence-based practices and processes be clearly stated and that gender, sexual orientation, and spirituality be made explicit when referring to cultural issues.

¹ This competency enhancement document is one of seven developed and recommended by the Geropsychiatric Nursing Collaborative. The seven enhancement documents are aimed at the entry level nurse and the following groups of advanced practice nurses: gerontological NP and CNS, psychiatric NP and CNS, and other APRNs (NP and CNS) who care for older adults but are not prepared as gerontological experts, e.g., women’s health, adult, family and acute care. The entire set of enhancement documents can be accessed at www.aannet.org/GPNCresources. For more information, see www.aannet.org/GPNCgeropsych.


³ We recognize that work is in process by the American Association of Colleges of Nursing (AACN) and the Hartford Institute for Geriatric Nursing (HIGN) to combine competencies for the Adult and Gerontological Nurse Practitioner Specialties in accordance with the new Consensus Model. The GPNC enhancements were used to inform the work of the AACN and HIGN expert panels, however, the final AACN and HIGN documents are still in refinement at this time.
## Domain I: Health Promotion, Protection, Disease Prevention, & Treatment

### I.A Assessment of Health Status

1. Analyzes the relationship between normal physiology and specific system alterations produced by aging and disease processes.

**NEW:** Adapts assessment processes for persons with cognitive impairment and psychiatric/substance misuse disorders.

**NEW:** Conducts a comprehensive assessment that includes the differentiation of normal age changes from acute and chronic medical and psychiatric/substance misuse disease processes, with attention to commonly occurring atypical presentations and co-occurring health problems including cognitive impairment.

**NEW:** Identifies and assesses factors that affect mental health including stressors that may be more common among older adults such as caregiving, multiple chronic illnesses, pain, relocation, trauma, cohort-specific stressors, and losses such as financial (retirement), functional (Instrumental Activities of Daily Living /Activities of Daily Living), social network (death of family members and friends), and role (status changes).

2. Assesses the developmental status regarding maintenance of self-identity through later and final stages of life.

3. Assesses the dynamic interaction between acute illness and known chronic health problems in older adults.

4. Assesses elders and caregivers for abuse and/or neglect.

5. Assesses for addictive behavior.

6. Assesses health/illness by conducting a complete health history in light of physiologic and psychosocial changes of aging.

**NEW:** Uses valid and reliable clinical evaluation tools to conduct a comprehensive mental health assessment across a range of psychiatric/substance misuse disorders that includes assessment of strengths and potential for improvement.

7. Performs a comprehensive physical exam considering physiologic changes of aging.

8. Performs a comprehensive functional assessment, including mental status, social support, and nutrition.

9. Assesses special risks of institutionalized older adults for common patterns of illness and communicable disease.

10. Assesses sexual function and sexual well-being in older adults.

11. Assesses roles, tasks, and stressors of informal system/family caregivers for older adults, especially the frail.
### I.B Diagnosis of Health Status

1. Recognizes the commonly occurring conditions associated with aging, including differential diagnosis of delirium, dementia, and/or depression.

**NEW:** Includes mental health alterations in the diagnosis of health status.

2. Implements screening using appropriate, age-specific instruments and guidelines and interprets results in light of expected changes associated with aging.

3. Applies knowledge of atypical presentations of disease seen with aging to the formulation of differential diagnoses.

**NEW:** Differentiates psychiatric presentations of medical conditions, including psychiatric symptoms, from psychiatric/substance misuse disorders and arranges appropriate evaluation and follow-up.

4. Plans diagnostic strategies and orders, performs, and interprets results of laboratory tests, clinical procedures, and other tests used in diagnosis and management of older adults with specific organ system alterations.

### I.C Plan of Care and Implementation of Treatment

1. Treats acute and chronic illness and geriatric syndromes frequently manifested in older adults such as incontinence, falls, constipation, loss of functional abilities, dehydration, dementia, depression, delirium, and malnutrition.

**NEW:** Uses behavioral, environmental, and pharmacological management strategies to ameliorate behavioral symptoms in individuals who have psychiatric/substance misuse disorders including cognitive impairments.

**NEW:** Provides brief intervention/crisis management and makes appropriate referrals to mental health care professionals and community agencies to address needs of individuals and families.

2. Adapts interventions to meet the complex needs of older adults and frail elders arising from normal changes of aging, multiple system problems, psychosocial, and financial issues.

**NEW:** Remains sensitive to verbal cues and non-verbal behaviors in the communication patterns of older adults and their significant others with cognitive, neurological and speech and hearing impairments.

3. Plans therapeutic interventions to restore or maintain optimal level of functioning and when appropriate plans for palliative care.

**NEW:** Plans and implements care that promotes optimal function and minimizes development of complications, such as those from polypharmacy.
4. Prescribes medications with knowledge of pharmacodynamics and pharmacokinetic processes in older adults with high potential for adverse drug outcomes and polypharmacy.

NEW: Monitors and evaluates the patient's response to and concomitant use of alcohol and recreational drugs, psychotropic and other medications including over-the-counter and herbal medication/product use, based on a thorough understanding of the principles of pharmacotherapeutics in older adults.

5. Works with an interdisciplinary health care team to plan and deliver skilled gerontological care to older adults.

6. Assists older adults or designated care agent in formulating advance directives, ethical decisions, and end-of-life care decisions.

NEW: Applies knowledge of issues related to decisional capacity (including the balance between autonomy and safety), guardianship, financial management and durable and healthcare powers of attorney to the treatment of older adults.

7. Prescribes and monitors ancillary therapies for older adults in various settings (e.g., physical therapy and nutritional therapy).

8. Formulates and implements a plan of care related to sexual health and functioning in older men and women.

9. Coordinates care within a context of potentially limited endurance, financial constraints, cultural considerations, family or caregiver needs, and ethical principles.

10. Performs primary care procedures, including, but not limited to, wound debridement, pap tests, and microscopy.

11. Applies research that is older adult-centered and contributes to positive change in the health of or health care delivered to older adults.

12. Prevents or works to reduce common risk and environmental factors that contribute to:
   - decline in physical functioning,
   - impaired quality of life,
   - social isolation
   - excess disability in older adults
   - NEW: psychiatric & behavioral symptoms

II. Nurse Practitioner – Patient Relationship

1. Facilitates informed and appropriate transition of older adults from one level of care to another.

2. Analyzes the impact of transitions in autonomy, relationships, and residence on the health/illness of older adults.
3. Assesses the impact of congregate/institutional living upon health/wellness of the residents and family.

4. Assists older adults and their families dealing with grief and bereavement.

5. Assists older adults, family members, and caregivers in maintaining the older adult’s sense of autonomy.

NEW: Protects safety of elders and others in the community through legal reporting mechanisms when elder mistreatment or destructive behaviors targeted at self or others, such as driving with cognitive impairment, are identified.

NEW: Demonstrates awareness of personal and societal biases, especially ageism and stigma related to mental illness/substance misuse and dementia, and how these influence all aspects of the care of the older adult, including mental health promotion, screening, assessment, and treatment.

NEW: Uses culturally appropriate, respectful communication that is adapted to the patient’s education, cognitive functioning, personal experience, psychiatric/substance misuse disorder, and mental health history.

III. The Teaching-Coaching Function

1. Adapts teaching-learning approaches to physiological changes associated with aging.

2. Analyzes the impact of aging and age-and disease-related changes in sensory/perceptual function, cognition, confidence with technology, and health literacy and numeracy on the ability and readiness to learn and tailors approaches accordingly.

3. Includes caregivers in teaching-learning activities when appropriate.

4. Creates an educational approach/learning environment for older adults, families, and caregivers with focus on optimal functioning.

NEW: Educates individuals, families, peers and groups to promote the knowledge and understanding of effective mental health promotion strategies, management of psychiatric/substance misuse disorders, and the interaction between physical and mental health/illness.

5. Recognizes and utilizes the contributions of family and caregivers when eliciting information.

6. Elicits information skillfully about the patient’s interpretation of health conditions given potential sensory and cognitive limitations of older adults, particularly the frail.

7. Demonstrates knowledge and skill in addressing sensitive topics with older adults such as sexuality, finances, mental health, substance abuse, and terminal illness.
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<th>IV. Professional Role</th>
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<td>1. Analyzes and applies theories of aging relevant to older adult roles, physical and psychological function and development.</td>
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<td>2. Advocates within nursing settings to create/enhance positive, health promoting environments and maintains a climate of dignity and privacy.</td>
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<td>3. Directs care and collaborates with non-professional caregivers and professional staff.</td>
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<td><strong>NEW:</strong> Enhances interdisciplinary team function by contributing information about the assessment and care of older adults with psychiatric/substance misuse disorders and cognitive impairment.</td>
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<td><strong>NEW:</strong> Serves as a clinical expert, clinical leader, and/or clinical consultant to other nurses in the care of older adults experiencing mental health issues.</td>
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<td><strong>NEW:</strong> Demonstrates knowledge of the similarities and differences in roles of various health professionals providing mental health services, e.g., psychotherapist, psychologist, psychiatric social worker, psychiatrist, and advanced practice psychiatric nurse.</td>
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<td>4. Recognizes the importance of participation in community and professional organizations that influence the health of older adults and supports the role of the gerontological nurse practitioner.</td>
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<td><strong>NEW:</strong> Serves as leader, change agent and advocate within professional organizations for the behavioral and mental health needs of older adults.</td>
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<td>5. Interprets the gerontological nurse practitioner role in primary and specialty health care to other health care providers and the public.</td>
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<td>6. Serves as a resource in the design and development of older adult community-based services.</td>
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<td><strong>NEW:</strong> Engages in lifelong learning to assure currency in research and best clinical practices in geropsychiatric nursing.</td>
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<td><strong>NEW:</strong> Participates in geropsychiatric nursing research through the identification of older adults' problems, collection of data, and presentation and dissemination of findings.</td>
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<td><strong>NEW:</strong> Considers such factors as ability to pay for treatments related to fixed income (retired), entitlements (Medicaid and Medicare), and available resources when providing treatment to clients who may have financial limitations.</td>
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## V. Managing and Negotiating Health Care Delivery Systems

1. Assists older adults/caregivers/and their families to negotiate health care delivery systems, including mental health services.

2. Uses up-to-date knowledge of regulatory processes and payer systems, i.e., Medicare/Medicaid, Centers for Medicare & Medicaid Services guidelines, managed care, and private sources, to deliver advanced practice service to the elderly.

## VI. Monitoring and Ensuring the Quality of Health Care Practice

1. Assesses the impact of ageism and sexism on health care policies and systems.

2. Advocates for access to quality, cost-effective health care for older adults.

**NEW:** Leads quality improvement initiatives designed to improve the care of older adults with mental illness and cognitive impairment.

**NEW:** Advocates for health policy at the local, state, regional, and national level to reduce the impact of stigma on services for prevention and treatment of mental health problems and psychiatric/substance misuse disorders.

## VII. Cultural & Spiritual Competence

**NEW:** Assesses and incorporates into the treatment plan the patient’s perceptions/interpretations of his or her physical and/or mental health/illness and care preferences as influenced by culture, sexual orientation, gender, ethnicity, and spirituality.

**NEW:** Demonstrates sensitivity to spirituality and culture when caring for older adults and their families who are at the end of life.