Introducing a novel approach to preparing our nursing workforce:
A nurse residency in geropalliative care
“Geropalliative care involves the thoughtful application of what can and should be done to avoid needless suffering and to enhance quality of life for all older adults, even in the absence of disease.”

— Susan Lee

“The RN residency was designed to expand the disease model of geriatrics to a functional, emotional, and social perspective of aging, of which palliative care is an integral component.”

— Ed Coakley
Dear Colleagues:

As nurses, we face a daunting challenge: By the year 2030, one in five Americans will be age 65 or older. Training our nursing workforce to care for this aging and complex patient population is critical.

We are pleased to introduce you to AgeWISE, the product of a successful three-year project RN Residency: Transitioning to Geriatrics and Palliative Care developed by Massachusetts General Hospital and funded by the Health Resources and Services Administration (HRSA). The approach pairs junior nurses with more experienced nurse colleagues who serve as preceptors. Together, these care dyads engage in classroom learning and clinical practice to learn current evidence-based geriatric and palliative care nursing knowledge and then integrate their new learning into their practice setting.

Throughout the initial RN Residency study at Mass General, older nurses reported that they were transformed by the experience of AgeWISE and planned to postpone their retirement. Younger nurses reported a new appreciation for older persons and enhanced self-efficacy in recognizing and intervening in end-of-life situations. All shared a commitment to improving care to older adults on their units, who now represent almost 50 percent of all hospital admissions.

We invite you to learn more about AgeWISE and this unique opportunity to position your staff as leaders and guideposts in advancing geropalliative care.

Sincerely,

Susan M. Lee, PhD, RN     Edward E. Coakley, RN, MSN, MA, MEd
AgeWISE Project Director    Director Emeritus for Patient Care
The Massachusetts General Hospital AgeWISE program is a unique, six-month residency, designed for registered nurses and focused on geropalliative nursing care and policy issues that impact nursing practice, including healthcare reform, palliative care legislation, reimbursement, regulation, and local politics (Lee, et al., 2009). Evolved from an initial proof-of-concept that a nurse residency program provides an effective way to enhance geropalliative care within the nursing workforce, retain nurses, and improve the delivery of care to older adults and their families, AgeWISE has a solid track record of success. Geropalliative care is both a philosophical stance and a structured, interdisciplinary delivery model that guides the care of patients and families during the last five years of life, irrespective of disease states.

The name AgeWISE\(^1\) honors the embedded wisdom and expertise of senior nurses, while addressing the national priority of improving the nursing care of older adults and families.

AgeWISE is a nurse residency program fundamentally different in several ways from other programs. First, unlike most nurse residency programs that aim to socialize novice nurses into their first professional positions, the program targets two groups of nurses at high risk of leaving their jobs: experienced nurses with 20+ years of experience and nurses with two to five years of experience. Second, the program employs an intergenerational model with junior nurses mentored by expert senior nurses. Third, the curriculum veered from didactic, “on-the-run” teaching, and instead engages nurses in transformative, participatory learning that is relational, contextual and shared.


\(^{1}\)The original project *RN Residency: Transitioning to Geriatrics and Palliative Care* was supported by funds from the Division of Nursing (DN), Bureau of Health Professions (BHP), Health Resources and Services Administration (HRSA), Department of Health and Human Services (DHHS) under D11HP08359 (2007-2010) for $652,000. The information and conclusions are those of the authors and should not be construed as the official position or policy of, nor should any official endorsement be inferred by the DN, BHP, HRSA, DHHS, or the US Government. Going forward, we will disseminate this program under the name AgeWISE.
“I liked venturing beyond the scope of my own unit and having a group forum where nurses of my age and experience level could discuss our thoughts and practices. Being with experienced preceptors who offered insight into my evolving nursing practice was invaluable. And at the end, I was able to validate my accomplishments through certification.”

— RN Resident
Geriatric nurse practitioner Barbara Roberge, GNP-BC, PhD, staff nurse Alexis Dudanake, RN, and staff nurse Jennifer Murphy, RN, (left to right) conduct unit-based geropalliative nursing rounds.

Given the nursing shortage predicted during the next 20 years, retaining the talent, expertise, embedded knowledge and wisdom of the senior nurse is critical.
The hallmark of AgeWISE is the process of engagement through transformative learning, defined as “the expansion of consciousness in any human system through the transformation of basic worldview and specific capacities of the self … [It involves] a transformed capacity for thinking, transformed to be more dialectical … thinking (for example) that perceives polarities as mutually creative resources rather than as exclusive and competitive options” (Elias, 1997, p. 3-4).

Newman (2008) states that transformative learning provides a participant mode of inquiry – process-based, experiential, dynamic and evolving. Most importantly, the conditions for transformative learning are relational. The teacher helps the students discover what they can become rather than be “trained.” Through active participation in learning and in the role modeling of that behavior by the educator, the learning experience becomes interactive and engaging. The learner is reflective, able to draw upon personal experiences and information that help to enhance the integration and meaningfulness of new knowledge. This groundbreaking approach to hospital-based professional development is one that has significant impact in transforming the learning experience, promoting personal development of the learner and changing the delivery of care to older adults.

Nurse Residents
Nurses residents who participate in AgeWISE work in any practice environment that cares for older adults: medical, surgical, critical care, and emergency departments, as well as ambulatory/outpatient areas. AgeWISE nurse residents are either senior nurses (at least 20 years experience) or junior nurses (post-RN 2-5 years). By intent, senior nurses pair up with junior nurses on their units forming care dyads and are encouraged to champion older adult care within their practice areas. Senior nurses serve as preceptors to junior nurses, helping them develop clinical grasp and synthesize knowledge to achieve best outcomes for this very complex patient population.

Toolkit
The Mass General program team developed an AgeWISE toolkit that contains 20+ teaching modules and other resources that offer a variety of tested teaching methods within the framework of transformative, participatory learning. Topical modules are two to three pages in length and include an introduction to the topic, learning objectives, and teaching strategies. Topical modules do not include printed materials from Nurses Improving the Care of Healthsystem Elders (NICHE) or End-of-Life Nursing Education Consortium (ELNEC), per se, but that information is referenced.

The AgeWISE program promotes the crucial roles nurses play in making the hospital experience better and safer for each older patient and family. One important goal of the program is to expand nurses’ understanding of how they fit into the bigger picture of healthcare. Our conceptual framework suggests that, in the setting of excellence in practice environment, nurses who participate in AgeWISE within the context of transformative learning and expert mentorship will improve the quality of care for older adults and their families (patient-level outcomes); achieve new competencies and greater satisfaction in their jobs (nurse-level outcomes); and positively impact the healthcare system (systems-level outcomes).


“It was profoundly eye-opening to verbalize the ‘small things’ or comfort things I normally provide in nursing practice but never recognized as valuable. For example, I used a stockinette bandage under a blood pressure cuff for a patient who was elderly, thin, steroid dependent and anticoagulated. I showed this to another nurse who responded, ‘Wow, that’s a good idea.’”

— RN Resident
“The RN residency experience has given me new insight and zeal. My nursing practice has definitely been fine tuned, and I feel rejuvenated and excited to be a part of this program – to share my knowledge with others and bring this knowledge to my practice.”

— RN Resident
Nursing Workforce: The Challenge Ahead

Current findings from workforce research suggest that 57 percent of new graduate registered nurses leave their first position at two years (Bowles & Candela, 2005). Benner, (1984) states that nurses who have “mastered the task world”… are seeking the next step in professional development. Benner noted, “They are looking for “What’s next?” (personal communication, 2006). Similarly, experienced nurses are valuable resources to hospitals. The nursing shortages occurring earlier this decade were mitigated by the economics-driven re-entry of senior nurses. Given the nursing shortage predicted during the next 20 years, retaining the talent, expertise, embedded knowledge and wisdom of the senior nurse is critical. Benner counsels, “Little attention has been given to the development of the midcareer nurse clinician who is a key figure in the provision of expert nursing care and the development of clinical knowledge. This lack of attention to clinical knowledge development for the midcareer employee represents a major barrier to the retention of expert nurse clinicians at the patient’s bedside (Benner, 1984, p. 200).” Nurses in both categories are at risk of leaving their positions; therefore, we engaged both experience groups.


“The RN Residency program relit my flame. It opened doors to resources I didn’t even know existed. It also allowed me to share new information with my co-workers and help them with difficult situations surrounding elders. I like the fact that we all can use what we learned to direct our own path for our practice.”
— RN Resident

“The residency program deepened my thought process like nothing else has, and I think it’s because of my ‘maturity’ let’s say.”
— RN Resident

“I have to keep thinking about the fact that I am considered now a senior citizen – what would it be like if I were that patient I’m caring for. I would want to receive the best available care and I would be thinking, ‘please understand me.’ ”
— RN Resident
By 2030, one in five Americans will be age 65 or older. At the same time, technological advances and the complexity of the healthcare delivery system do not always match the needs and preferences of the older population. Research findings suggest that although 80 percent of Americans wish to die at home, less than 25 percent actually do (Last Acts, 2002). Among US adults age 65 and above, about 50 percent die in hospitals, often following stays in intensive care units and life-prolonging treatments (Last Acts, 2002). This disparity between what older adults want and receive strikes nurses at their core.

New models of care for older Americans are urgently needed. To respond to these growing healthcare challenges, the current nursing workforce will require advanced education around issues associated with aging and the current realities of the healthcare system (IOM, 2008). The need to build geriatric capacity among hospital nurses is a top priority because older adults, who now represent almost 50 percent of all hospital admissions, are what Fulmer (2006) calls “the core business of hospitals.”

Now, more than ever, the knowledge and wisdom of our senior nurses are needed at the bedside. Along with the US population, the nursing workforce is also aging; the mean age of US nurses is 47 years. Nationally, there is widespread concern that the nursing workforce pipeline will not meet the future health care needs of the general population, much less the complex and overwhelming needs of the “silver tsunami” of baby boomers who are now beginning to arrive on our hospital doorsteps.

Creating innovative roles in which senior nurses can serve as mentors and expert practitioners is critical, so that lifelong embedded knowledge and practice is not lost to the organization, profession or society.

Within this current health care climate of diminishing resources and regulatory urgency, today’s hospitals are challenged to promote evidence-based practice. Educational experiences often focus on teaching about new equipment or regulations. More time needs to be spent helping nurses further their professional identities and clinical practice. Didactic teaching “on-the-run” may not be the most effective way of communicating content; rather, a deliberative, reflective approach focusing on dialogue and interaction may be more meaningful.

Responding to the contemporary needs of the health care system and senior workforce, Mass General developed AgeWISE (1) to strengthen the nursing workforce by improving knowledge, skill and competencies of nurses in geriatrics and palliative care; (2) to improve the quality of nursing care to older adults and their families; and (3) to retain both senior and relatively new nurses. Our experience at Mass General suggests that creative, transformative learning experiences, guided by participatory learning and role modeling, provide effective ways to retain nurses and provide them with opportunities to advance their practices and careers in new ways.


In 2006, Ed Coakley envisioned a unique, multigenerational nurse residency program through which nurses would feel better prepared to care for older adults. The residency created “RN Residency: Transitioning to Geriatrics and Palliative Care” provided Ed the platform to weave together ongoing interests – geriatrics, palliative care, new roles for senior nurses, knowledge transfer, mentorship, and transformative learning.

The residency was purposefully designed to diverge from and expand upon the conventional ‘disease model’ of geriatrics to a functional, emotional, and social perspective of aging, in which palliative care is an integral component. Both geriatrics and palliative care place importance on interdisciplinary teams, patient and family-centered care, alleviating suffering, and supporting the best quality of life. Patient and family preferences regarding care setting, timing and intensity of medical interventions, and inclusion of naturopathic, holistic, and other care modalities – elements often not primary considerations in disease models – are included in this expanded model.

Initially, small groups were exposed to geriatrics and palliative care taught in tandem. Through a nurse scientist lens, Susan Lee observed new connections and meaning between the content of geriatrics and palliative care. Critical attributes of palliative care for older adults and its usefulness as an organizing framework for all geriatric care, even in the absence of disease, fit in this care model for the older adult.

Through a grant awarded by the Division of Nursing, Bureau of Health Professions, Health Resources and Services Administration (2007-2010), we were able to expand this program and realize our vision. 108 registered nurses in six cohorts completed this targeted RN residency program over the past three years. From these nurse residents, we gained tremendous insight as to the realities of providing compassionate, relevant, and “state of the science” clinical care to older adults and their families in the acute care hospital setting.

Our aim was to foster the rich complementarity of nurses across the experience and age spectra. We tapped into and rekindled the tremendous experiences, insight, wisdom and realism of the older registered nurse. We perceived the tremendous energy, “digital era” savvy and hopeful idealism of the younger registered nurse. In feedback, experienced (20+ years) nurses and less experienced (2-5 years) nurses alike expressed that their thought processes emerged transformed, their nursing practice enhanced, and care for the older adult improved from the residency learning experience.

As nurses, we share a unified commitment to the philosophy of geropalliative care. We intend to realize affirmative change; to advance the nursing profession; to support each other as powerful collaborators, moving forward as a team regardless of age or years of work experience; to improve care to older adults and their families; and to celebrate each other’s accomplishments in reaching these shared goals.
Jeanette Ives Erickson, RN, MS, FAAN, Senior Vice President for Patient Care and Chief Nurse, (*left*), and Gaurdia Banister, RN, PhD, Executive Director, The Institute for Patient Care, (*right*), Massachusetts General Hospital.

**MGH AgeWISE Core Team**

**Susan M. Lee, RN, PhD**, project director, is a nurse scientist in The Yvonne L. Munn Center for Nursing Research. She is responsible for advancing the concept of geropalliative nursing practice in the acute care setting.

**Barbara A. Blakeney, RN, MS**, faculty, immediate past president of The American Nurses Association, is an innovations specialist in The Center for Innovations in Care Delivery. She serves as the principal investigator for the “Transforming Care at the Bedside (TCAB)” project at Massachusetts General Hospital.

**Edward E. Coakley, RN, MSN, MA, MEd**, faculty, created and was the HRSA-funded project director of the “RN Residency: Transitioning to Geriatrics and Palliative Care” program. He is director emeritus for Patient Care.

**Constance M. Dahlin, RN, ANP, MS, FPCN, FAAN**, faculty, is the clinical director for MGH Palliative Care Service. In 2009, she served as chair of the Revision Task Force for the National Consensus Project for Quality Palliative Care, and was editor of the *Clinical Practice Guidelines* (NCP, 2nd ed.).

**Terry T. Fulmer, RN, PhD, FAAN**, The Erline Perkins McGriff Professor and Dean, College of Nursing, New York University, New York, is a senior nurse scientist in The Yvonne L. Munn Center for Nursing Research. Her program of research focuses on acute care of the elderly and, specifically, elder abuse and neglect.

**Dorothy A. Jones, RNC, EdD, FAAN**, faculty, is the director of The Yvonne L. Munn Center for Nursing Research and professor in the William F. Connell School of Nursing, Boston College. She is a Newman scholar and lifelong educator who remains dedicated to transformative learning.

**Marion L. Rideout, RN, ACNP, MS, PhD(c)**, project coordinator, is a senior clinical project specialist in The Institute for Patient Care. She has more than 30 years experience working in industry, consulting and academic settings in senior project management and principal scientist roles.
About Us

The third oldest general hospital in the United States and the oldest and largest hospital in New England, Massachusetts General Hospital is consistently ranked among the top five hospitals in the nation by *U.S. News & World Report*. In 2003, Mass General became the first hospital in Massachusetts and one of only 100 hospitals nationwide to earn Magnet designation from the American Nurses Credentialing Center (ANCC). In 2008, Mass General was redesignated a Magnet hospital, the highest honor for nursing excellence awarded by the ANCC.

In the late 1900s, numerous reports pointed to a growing challenge to healthcare delivery: a dramatically aging US population. At the same time, experienced nurses began retiring at an alarming rate. Through the leadership and vision of Jeanette Ives Erickson, RN, MS, FAAN, senior vice president for Patient Care and chief nurse, Mass General developed a strategic plan to prepare the hospital’s nursing workforce. As she confirms, “Educating our staff to care for an aging patient population was and remains critical to our mission. And tapping into the knowledge and practice of the experienced nurse – retaining their expertise at the bedside – has proven invaluable.”

The plan soon found traction. In 2005, Mass General became the first in the state to be named a Nurses Improving the Care of Healthsystem Elders (NICHE) hospital by the Hartford Institute of Geriatric Nursing. This initiative led to the development of the hospital’s 65plus program to ensure that the care of adults age 65 and older would be tailored to their specific needs. In 2006, under the leadership of Edward Coakley, RN, MS, MA, MEd, director emeritus for Patient Care, Mass General developed an innovative RN Residency Program that was supported by a $650,000 grant awarded by the Health Resources and Services Administration. That program — today known as AgeWISE — is designed to improve the nursing care of older patients while extending the careers of experienced nurses at the bedside.

AgeWISE is an initiative of The Institute for Patient Care, housed within MGH Patient Care Services. Gaurdia Banister, RN, PhD, executive director, states, “The Institute is a-first-of-its-kind innovative model for advancing multidisciplinary healthcare. Both geriatrics and palliative care share our philosophy: that patients and families are best cared for by teams of highly-trained, multidisciplinary clinicians.”

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— Jeanette Ives Erickson

The Institute is comprised of four principal centers: The Norman Knight Nursing Center for Clinical & Professional Development; The Maxwell & Eleanor Blum Patient and Family Learning Center; The Yvonne L. Munn Center for Nursing Research; and The Center for Innovations in Care Delivery. The Institute encompasses several key tenets of MGH’s commitment to delivering the highest quality healthcare: professional development, patient education, research and innovation.

Our experience and capacity uniquely position us to offer access to the AgeWISE program and its principles to those hospitals that are committed to excellence in the nursing care of older adults and their families.
Taking time to reflect on nursing practice and share in this dialogue is crucial. Nurses must actively engage, transform and evolve their own thinking and advance their practice to higher levels – for the good of the patient.

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