POTENTIAL PATTERN

▲ Bringing Gerontology Education to Allied Health Students

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A CRITICAL NEED EXISTS for more allied health personnel with special competencies for serving older persons within well-coordinated interdisciplinary teams. The Bureau of Labor Statistics projects much faster than average growth in employment for allied health workers between 1998 and 2008, higher than for nursing or any other group of health professionals.[1] In the Ninth Report to Congress, Tise[2] stated:

> The projected rapid growth for allied health care workers is based largely on expectations that new technologies, new equipment, and a growing and aging population will continue to create additional demand for health care services and workers. It is expected that those advances, while they save lives and prevent disabilities, will leave many patients with extensive rehabilitative needs. . . . Probably the greatest contributor to demand, however will be sheer population growth, particularly among the aged, who are more likely to have acute and chronic health problems.

Despite this recognized need to be prepared to serve an aging population, many allied health students are enrolled in programs already filled with discipline-specific curriculum, which leaves no time to elect gerontology course work. Additionally, applied clinical education may or may not include systematic practicum experiences with older and aging adults. The need for revision of current curricula and clinical teaching practices is apparent.

Allied health students completing clinical training also need to be placed in model practicum sites with master clinicians who have significant experience serving older adults. Many off-campus clinical supervisors or field faculty recognize their own lack of formal educational preparation in gerontology. In a continuing education needs survey of 214 practitioners representing 12 allied health disciplines, 76% reported having fewer than 30 contact hours or no gerontology education while preparing for their career. All expressed a need for their own continuing education in gerontology.[3] At the same time, respondents explained how access to continuing education was difficult for most of them because of restricted time available away from work obligations and limited allowance to fund professional development activities.

Alliance for Gerontology Education

Project AGE: Alliance for Gerontology Education was conceived as a solution to the above-described problems. Project AGE, a personnel preparation project to provide allied health students with the competencies needed to serve elderly people, has been supported by a grant from the U.S. Department of Health and Human Services, Health Resource Service Administration (#DH 37 AH 00649-03). It provides a discipline-specific curriculum infusion model, thematic interdisciplinary-practice modules, and practicum-site interdisciplinary partnerships that show successful inclusion of life-span development issues. The project was designed to achieve the following objectives: (1) infuse gerontology content into audiology, blind rehabilitation, community health education, dental hygiene, dietetics, exercise science, occupational therapy, recreation, and speech pathology courses; (2) develop interdisciplinary practica; and (3) provide allied health continuing education.

Project AGE grew out of the Western Michigan University (WMU) Committee on Interdisciplinary Gerontology Education. This group comprised faculty from WMU and other colleges and universities and community health professionals practicing in gerontology. Committee members included representatives from all allied health disciplines and faculty members from departments of sociology, counselor education and counseling psychology, nursing, physician assistant, and social work. Community practitioners from long-term care, public health, and assisted living centers also were participants. Meeting with the support of the Dean of the College of Health and Human Services and through deliberations over a period of more than 1 year, the committee conceptualized the Project AGE goals that would permit enrichment of allied health curricula and enhancement of teaching practices to provide gerontology content and teach skills for working with older adults.

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Components of Project AGE

The Project AGE implementation team comprised faculty from the College of Health and Human Services and the College of Education at WMU and from the Dental Hygiene Department at Kalamazoo Valley Community College (KVCC). The Faculty Implementation Team carried out the Project AGE plan by completing the following three goals:

1. Design exercises for the four curriculum focus areas consisting of age and culture, assistive technology, interdisciplinary collaboration, and consumer health education
2. Place graduate and undergraduate students from participating departments and programs in practica sites in teams of three to four disciplines
3. Enroll the same students in clinically thematic modules to promote further interdisciplinary collaboration among practica students

Finally, a needs assessment of practitioners was conducted to plan continuing education programs for allied health professionals.

Project AGE Curriculum

Infusing Gerontology into Your Curriculum: A Guide for the Health and Human Services Professions was designed as a resource for college and university instructors who teach undergraduate and graduate students in allied health disciplines and are committed to preprofessional gerontology education. The curriculum allows faculty to select experiential activities for their classes and students and "infuse" gerontology content into already existing course work. Content is divided into four focus areas that target information and skills deemed necessary for delivery of best practices with seniors: (1) age and culture, (2) assistive technology, (3) interdisciplinary collaboration, and (4) consumer health education. Exercises included in each focus area are intended to develop competencies in students preparing to practice in allied health disciplines. Information for faculty includes expected student outcomes, time and materials necessary for presentation, and references for further study.

Age and Culture

The age and culture focus provides opportunities for students to explore the concept of cultural competence and how one's own culture affects behavior and values related to aging and health. Examples of activities for students include identifying attitudes toward aging and documenting the images of aging presented in the media. Family and community structures of ethnic groups also are examined.

Assistive Technology

The assistive technology focus examines ways in which high-tech and low-tech devices can be used to enable elders to remain more independent longer. Information about the devices, where to find them, and why elders sometimes fail to use assistive technology is explored.

Interdisciplinary Collaboration

In the interdisciplinary collaboration focus, students learn about the composition and function of the interdisciplinary team. Activities lead students to an increased awareness of the role of each allied health professional in providing geriatric care. Students use case studies and role play to explore ways of overcoming barriers to effective teamwork.

Consumer Health Education

In this focus, allied health clinicians learn how to use primary and secondary prevention practices to lessen impairments and disabilities among older Americans. Early intervention may lessen the significance of disorders and may increase the ultimate functional performance for the elder. Allied health providers rendering care to elders can be taught to use these approaches. Exercises teach students the most effective methods for producing and presenting health promotion and disability prevention educational materials to older adults.

The entire curriculum is available at the WMU Project AGE web site: http://www.wmich.edu/hhs/ProjectAGE/index.html.

Interdisciplinary Gerontology Practicum

Allied health and human services students who were completing off-campus field experiences or clinical internships could elect to participate in Project AGE. Over the course of the 3-year project, 59 students chose to participate. Cooperative planning by on-campus faculty allowed these students to be grouped into interdisciplinary teams and placed in off-campus internship sites. A typical semester might find a team of students from speech-language pathology, occupational therapy, and dietetics placed within a home health service agency with their respective field supervisors. Another example of disciplines forming a team might include students from dental hygiene, community health education, and recreation therapy assigned to a community-based senior center. Field supervisors were asked to emphasize team-based learning and worked with on-campus faculty to provide interdisciplinary team experiences.

At the same time, students documented their feelings and reactions to their field placements in learning journals. Students were given the opportunity to express issues, concerns, and insights in their journals. Reaction comments provided by field supervisors gave students reinforcement for their candid remarks and incidental learning documented in the journals.

Thematic Interdisciplinary Clinical Modules

In the third part of the interdisciplinary learning experience of Project AGE, these same allied health students who

TABLE 1. Learning Goals for Thematic Interdisciplinary Modules

Thematic Modules	Learning Goals
Health disciplines/scope of practice	Understand the roles and contributions of health care team members
Safety	Learn techniques for maintaining safe living environments
Communication	Acquire skills enabling effective and efficient communication with elders
Nutrition	Identify conditions promoting health through adequate nutrition
Team/group theory and process	Participate in and analyze effective interdisciplinary teams
Health outcomes/efficiency and effectiveness/research methods	Understand and apply methods of outcome measurement
Technology in practice/ informatics/assistive technology	Learn to use technology and assistive technologies

were completing discipline-related field or practicum course work volunteered to participate in a series of seminars. Called *modules*, the evening classes were directed toward enriching the appreciation of each discipline's contribution to the maintenance of wellness and prevention of disability among seniors. The practicum-related modules also offered students the opportunity to share experiences from their practicum sites and compare examples of interdisciplinary care for older adults.

Specifically, since winter semester 1999, students from the disciplines participating in Project AGE have come together to teach each other scope of practice and referral guidelines. Additionally, each time they met, students participated in experiential learning exercises that addressed issues important to preserving independent living for seniors and that instructed them how to make appropriate and meaningful referrals to each other in clinical practice. The goals of the learning modules are listed in Table 1.

Core transdisciplinary skills also were taught in these practicum-related interdisciplinary modules. During the module about communicating effectively with older adults, a community practicing audiologist teaches every member of the group—regardless of allied health discipline—basic "hearing aid first aid." Believing that every clinician, regardless of discipline, should be able to troubleshoot hearing aids (e.g., recognizing when batteries need to be changed and so forth), students are taught to serve the older adult in practical ways and are taught how to identify criteria for referral. In another experiential exercise, all students learn how to screen elders for presence of nutrition risk by sharing a meal while simulating hearing loss, arthritis, and other sensory deficits. In this manner, transdisciplinary skills are taught to all participating students, effects of age-related disabilities are experienced, and appreciation of the expertise of their colleagues is recognized.

CONTINUING EDUCATION

A final part of Project AGE addressed the continuing education needs of the field supervisors and other allied health clinicians. Results of a needs assessment were used to develop gerontology continuing education responsive to the needs of the practicing clinicians. Of 1,484 surveys distributed between fall and winter 1999, 214 were returned. The mailing lists were obtained from the professional organizations of the disciplines involved in Project AGE, including audiology, blind rehabilitation, dental hygiene, dietetics, exercise science, health education, occupational therapy, recreation, and speech-language pathology. A program of gerontology continuing education was developed in direct response to the request of community clinicians based on their top five topic choices.

A series of five seminars on the topic of pharmacology and aging was offered during the first year of Project AGE, with community practitioners from all discipline areas in attendance. Seminars in the second year addressed issues related to mental health, such as treating depression and preventing suicide. In the following year, an interdisciplinary regional series of symposia on the importance of nutrition in maintaining good health in aging took place. By the end of the third year of Project AGE, at least 700 attendees had participated in continuing education activities with participants representing all of the disciplines contributing to Project AGE in addition to clinicians from the fields of social work, psychology, nursing, dentistry, and medicine. The success of the continuing education lectures reflected partnerships among the university, community college, local health institutions, and allied health professional associations as they agreed to provide a unique opportunity to collaborate, share resources, and equally benefit from continuing education projects and programs.

Factors Promoting Success

Project AGE has infused gerontology content successfully into existing allied health curricula without creating the need for new course work or additional faculty. Although the curriculum is not a replacement for a full course of study in gerontology, it allows faculty to incorporate a greater lifespan perspective into their courses and to prepare allied health students to serve older patients. Project AGE also has brought together groups of interdisciplinary students to learn collaboration and transdisciplinary skills.

Institutional support for Project AGE has been an instrumental factor in the success of its development and implementation. From its conception, administrative encouragement was provided by the Dean of the College of Health and Human Services, who supported meetings,

background preparation, and writing time. Recognition was given to faculty participants through college-wide seminars and awards. Collaboration among the colleges was facilitated by administrators who fostered an easy working relationship. Sharing of indirect costs was agreed on with ease.

Similarly, participation with KVCC faculty and students was supported. KVCC students were given access to the WMU on-line conference systems. Small yet important details were addressed, such as providing access to on-campus parking for KVCC students.

Departmental faculty support also was evident. The value of collaborating and using an interdisciplinary approach to curricular design and implementation was apparent in the faculty members' consistent participation, dedication to completion of the project, and provision of expertise beyond the originally anticipated scope of the project. Institutionalization also is taking place through the ongoing execution of the curriculum in each participating discipline's department.

Finally, preliminary evaluation data document positive learning outcomes for students as documented in their learning journals. Analysis of journal entries revealed at least four major themes. First, student comments indicated an improvement in knowledge and how to apply that knowledge to their practice with the elderly. Second, appreciation of the value of lifelong learning was observed. Third, respect and awareness of the importance of other disciplines were well recorded when students documented their realization of the necessity for all team members to work together. Fourth, students revealed growing awareness of their own discipline and their satisfaction and excitement about transferring skills learned in class into real-world settings.

Conclusion

Project AGE outcomes include the following: Gerontology content has been infused into the allied health curriculum. Allied health students are gaining experience with elders in practicum settings and becoming better educated about caring for elders. Faculty members have improved their gerontology teaching. Gerontology continuing education has been offered to the community, especially to individuals serving as off-campus practicum supervisors. Project AGE provides a successful model for didactic and clinical interdisciplinary gerontology allied health education.

References

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