# Empowering Nurses to Advocate for the Older Adult

Sarah H. Kagan PhD, RN
School of Nursing, University of Pennsylvania, Philadelphia PA

NIH Award 1R25CA183723-01A1

# Acknowledgements


- My thanks to…
  - City of Hope R25 Team
- My gratitude to…
  - My patients and their families
  - My students and colleagues
- Images employed under fair use
  - http://libguides.mit.edu/usingimages
  - Please do not reproduce or otherwise reuse

# Disclosure

- I have nothing to disclose

# My Critique

- Nurses need to…
  - Make a unique contribution to patient experience
  - Avoid relying on redundant medical knowledge
  - Reflect on fears that limit engaging with aging
  - Build on strengths and use positive approach
  - Recognize most interpret aging negatively
  - Embrace opportunities to make a difference

# Nurses and Elders in Partnership

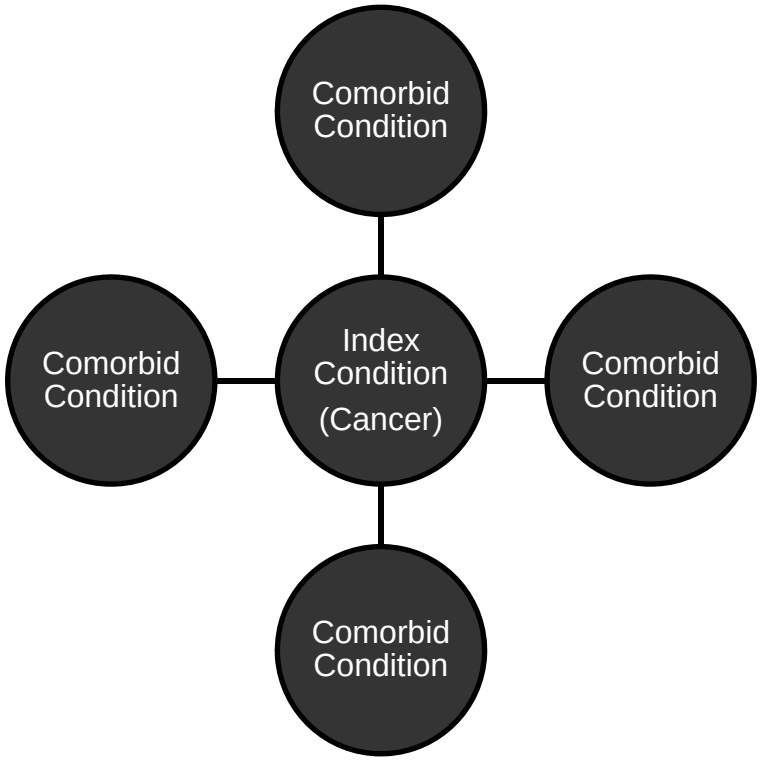
- Needs for support exceed biomedical model
- Interdisciplinary care becomes critical
- Older people are at the center of what we do

# Addressing Needs of Our Elders

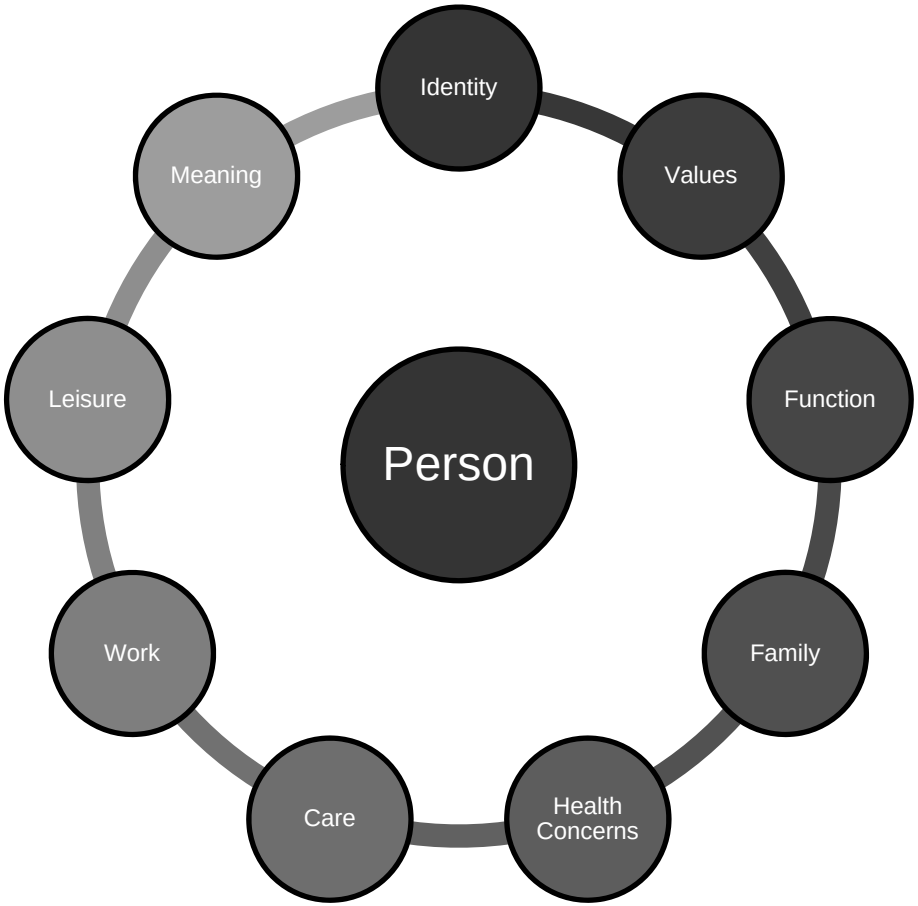
- Priority concerns
  - How to best engage elders?
  - How to identify those in need?
  - How to triage services to those in need?
  - How to embody person-centered care?
  - How to best deliver interdisciplinary care?
  - How to educate gero-competent staff?
- How do we work together?

# Nursing Bridging the Gap

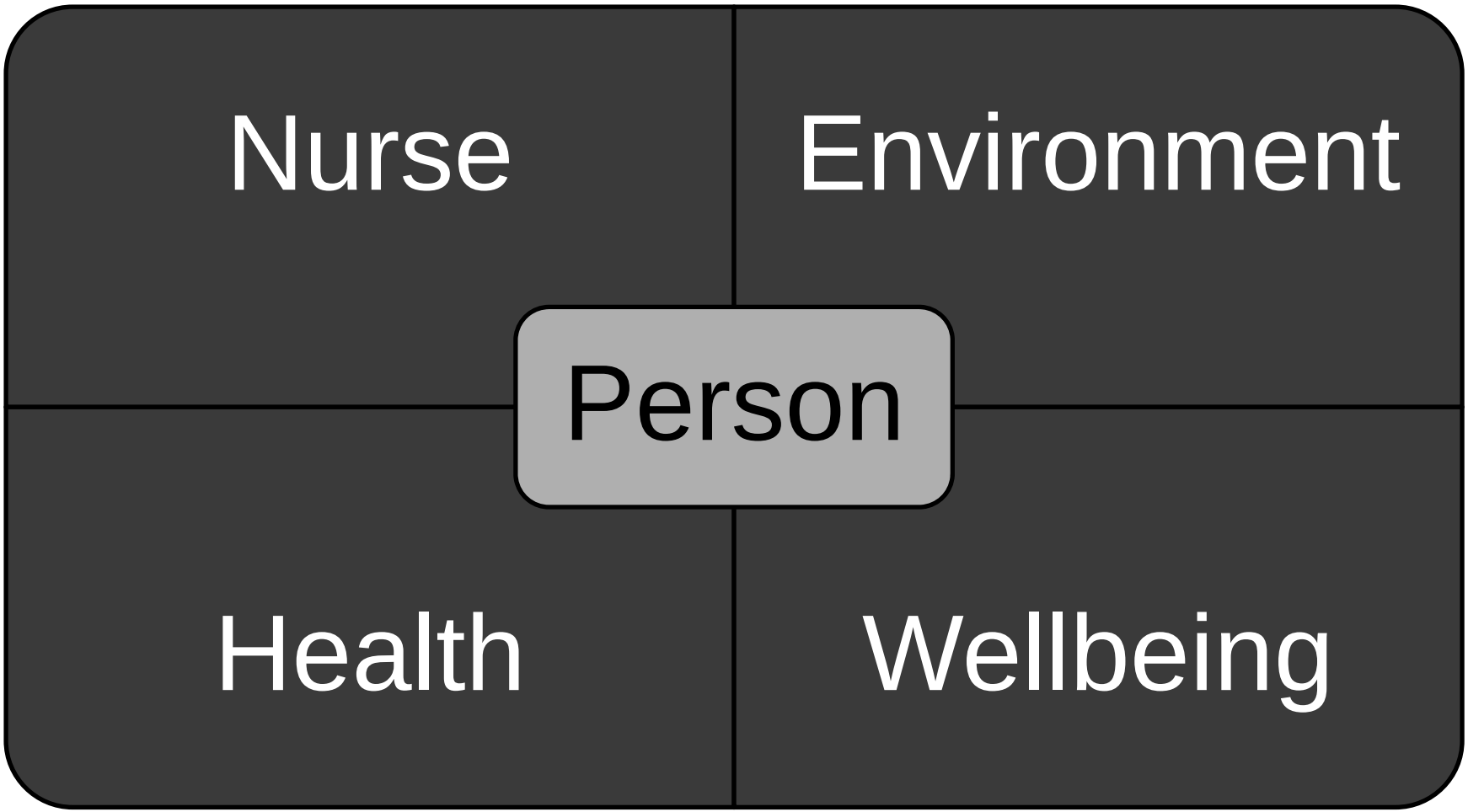
## Biomedicine




## Real Life



# Revisiting the Definition of Nursing



# Considering Alternate Models

- Person-Centered Care
  - Not patient centered…
  - See work from McCormack and colleagues
- Individualized Care
  - From Happ and colleagues
  - See *Balancing the Problem List with an Advantage Inventory*
- Emerging models for multimorbid elders
  - See *Designing Health Care for the Most Common Chronic Condition—Multimorbidity*

# Guiding Principles to Bridge the Gap

- Emphasize positive interpretations of aging
- Remember what you love about nursing
- Celebrate the difference nurses make
- Reflect on your personal experiences

# Guiding Principles to Bridge the Gap

- Cultivate your preferred future nurse
- Integrate evidence in balance with art
- Strengthen nurse-patient-family relationships
- Collaborate with your cancer team colleagues

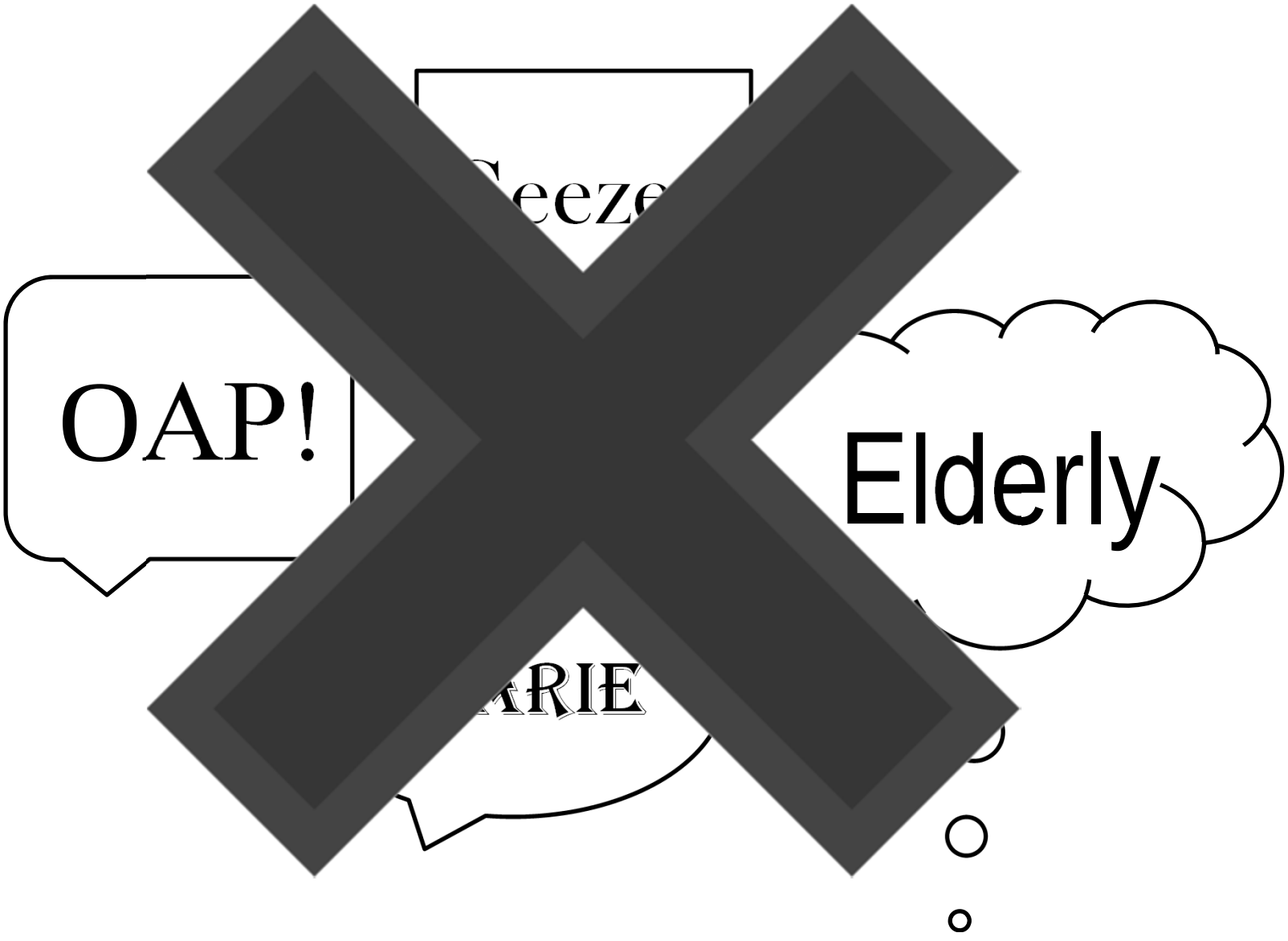
# First Steps on our Bridge…

- Go for easy wins to build momentum
  - Ageism awareness and coaching
  - Myths of aging campaign
  - Age-friendly communication
  - Age-friendly educational materials
  - Guidance for older patients
  - Proactive care coordination

# Combatting Ageism

- Bashing
  - Be attentive – it can happen here!
  - Don't be silent…
- Parentalism
  - Be highly sensitive to it
  - Reflect on it in your own actions
  - Coach others to avoid it
- Self-Stereotyping
  - Counsel patients to avoid "it's just my age"
  - Refer as needed to achieve positive perspectives

# Correcting Language



# Start a Myths of Aging Campaign

- Follow focus on ageism
- Pick up common myths
- Find ways fun ways to correct

# Age-Friendly Clinician Communication

- Avoid assumptions
- Cultivate relationships
- Build and return trust
- Underscore success
- Emphasize the positive

# Age-Friendly Clinician Communication

- Sequence information
- Avoid “invisible elders”
- Refuse to use “elderspeak”
- Confirm your message
- Allow processing time
- Reiterate information

# Easy Assessment Enhancements

- Do you have any problems with your hearing?
- Do you have any problems with your memory?

# Age-Friendly Materials

- Write with
  - 14 point font
  - San serif
  - High contrast
    - Black on white
  - 5th grade reading level
- Avoid handwriting
- Use diagrams
- Use interpretable photos

# Guidance to Offer Older Patients

- Do expect good cancer care
- Don’t accept care predicated on age
- Do ask all your questions
- Don’t stand for age-based replies
- Do ask for what you need

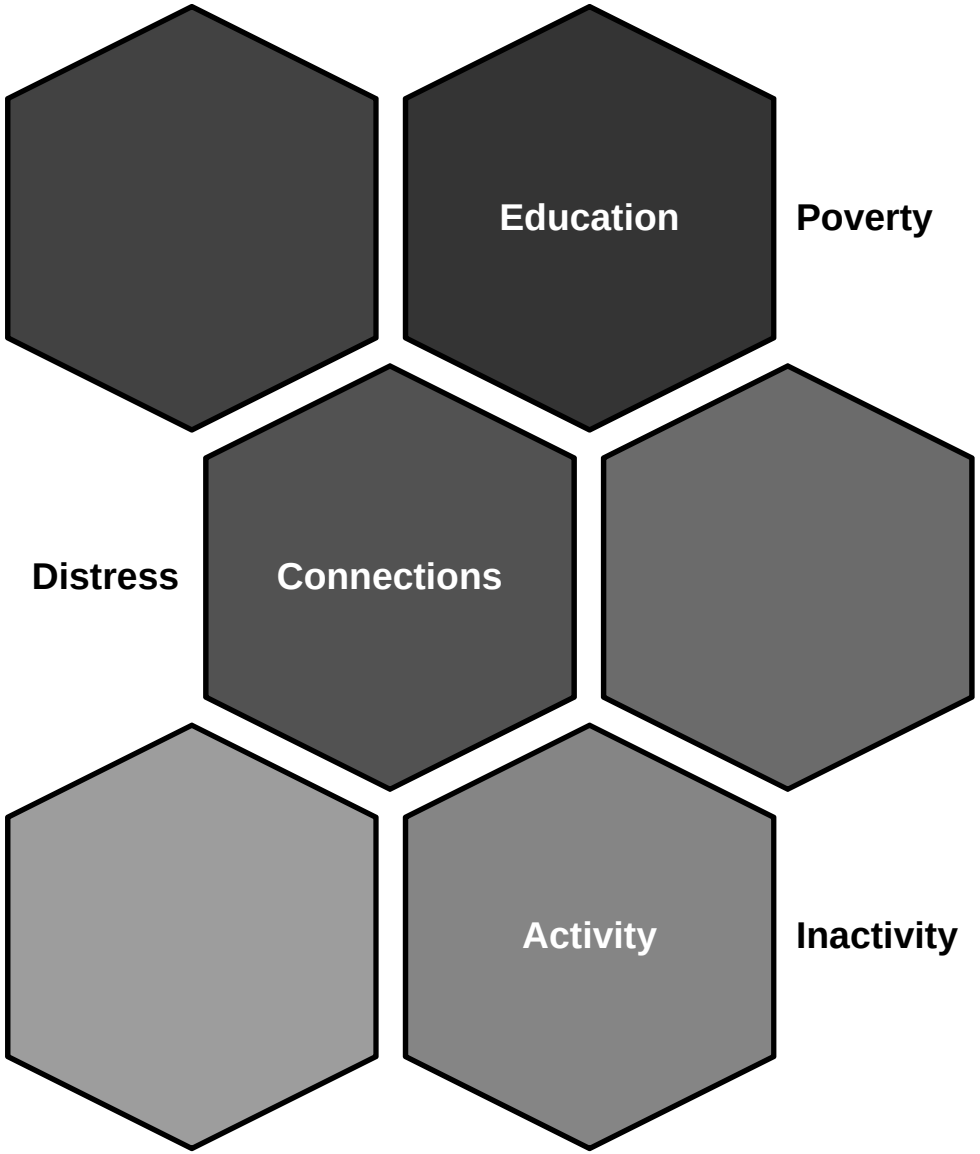
# Guidance to Offer Older Patients

- Do keep a notebook or other record
- Don’t be afraid to change your mind
- Do ask ‘why are we doing that?’
- Don’t forget your desires and goals
- Do bring an advocate and companion

# Proactive Care Coordination

- Normalize, temporize, and revisit
- Aim for prehab not rehab
- Make PT and Nutrition referrals routine
- Consider home healthcare standard

# Incorporate Science of Long Well Lived Lives



# Move with Established Family Dynamics

- Challenges
  - Older people may resist help
  - Older people want to remain independent
  - Adult children may overstep roles
  - Older caregivers may not admit confusion

# Move with Established Family Dynamics

- Approaches
  - Go with dynamics, not against
  - Support adult children
  - Normalize accepting support
  - Plan to revisit as changes are often temporal
  - Revisit supportive care needs over time

# Closing the Gap

- Capitalize on momentum
  - Distinguish your nursing contribution to interdisciplinary care
  - Consider a framework like Person-Centered Care
  - Develop gero-oncology nursing advancement plan
  - Use language deliberately to extend your work

# Closing the Gap

- Get creative and partner with elders
  - Launch an elder advisory board
  - Start a gero-competence campaign
  - Try a mentoring model for nurse development
  - Develop weekly older people clinical conference
  - Create a nurse-led program to meet elder needs

# Sample Project Goals

- In this grant period, we will:
  - Co-create an Elder Advisory Board to identify areas of greatest interest to older patients and their family caregivers
  - Make patient education materials age-friendly, using age-friendly format and elder advisory board review
  - Implement use of a frailty screen with all patients regardless of age to identify needs for further functional and supportive care assessment
  - Co-create an older caregiver support group model and deliver it for all interested family caregivers

# Reflect Back and Look Forward

# Thank You!

Penn
Nursing Science