



Empowering Nurses to Advocate for the Older Adult

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Acknowledgements

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- My gratitude to...
 - My patients and their families
 - My students and colleagues
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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

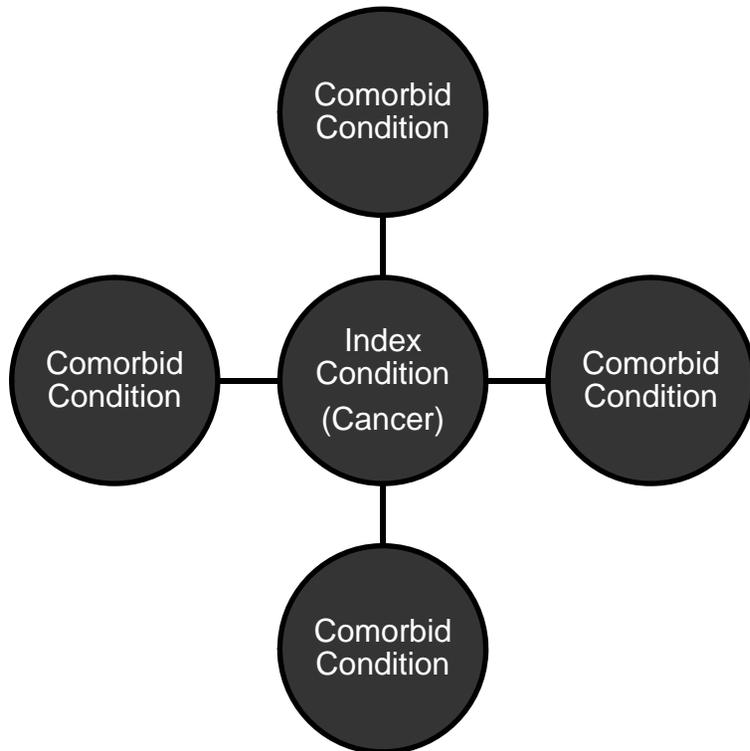


Addressing Needs of Our Elders

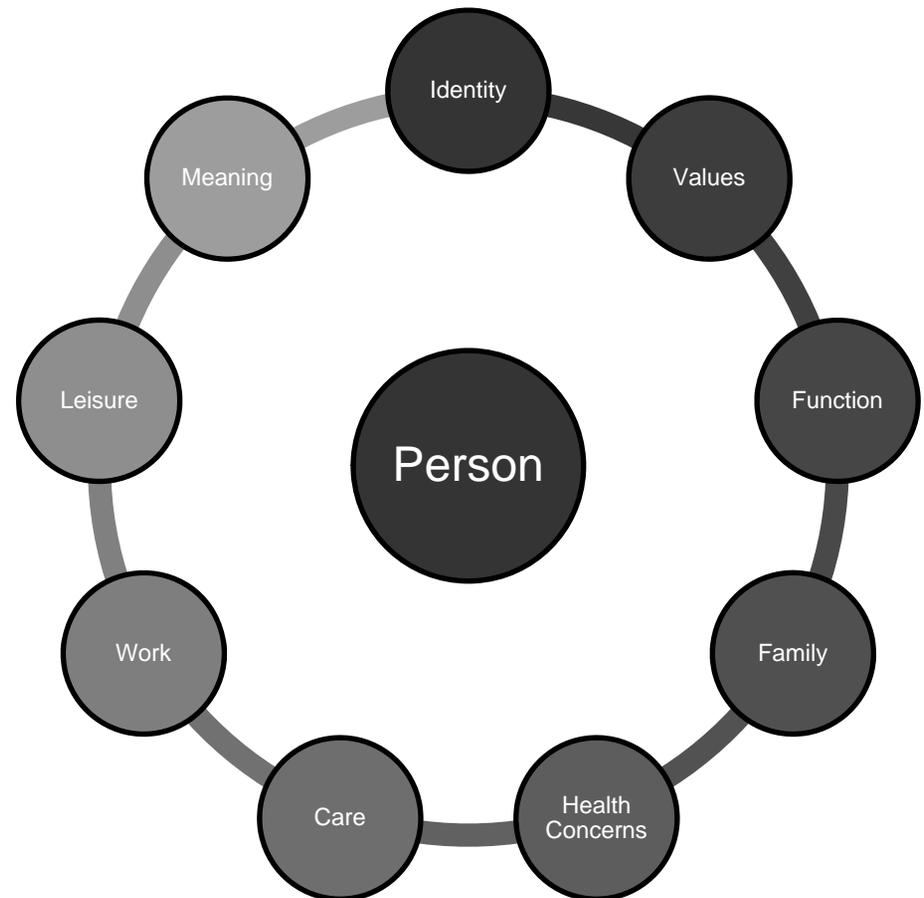
- Priority concerns
 - How to best engage elders?
 - How to identify those in need?
 - How to triage services to those in need?
 - How to embody person-centered care?
 - How to best deliver interdisciplinary care?
 - How to educate gero-competent staff?
- How do we work together?

Nursing Bridging the Gap

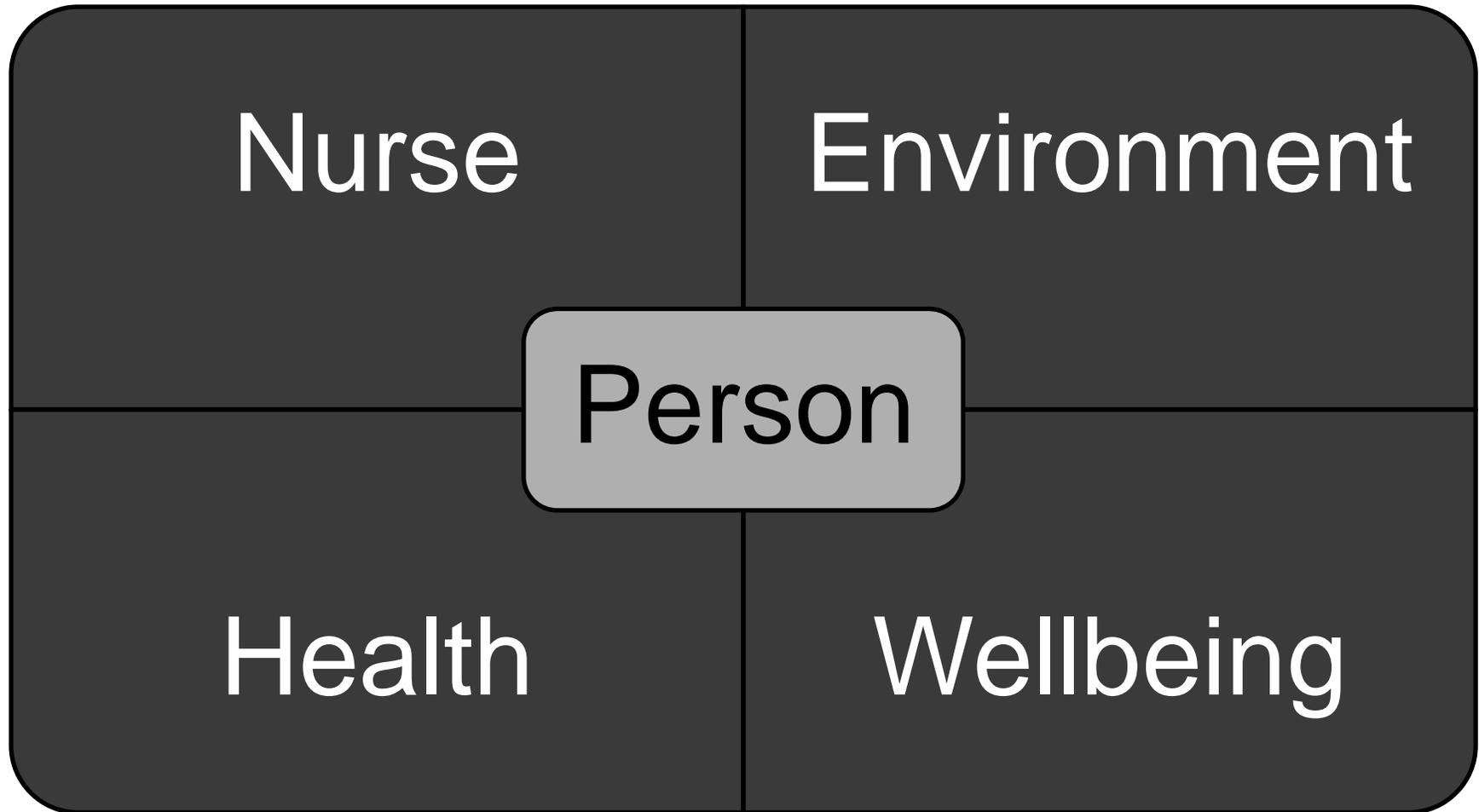
Biomedicine



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

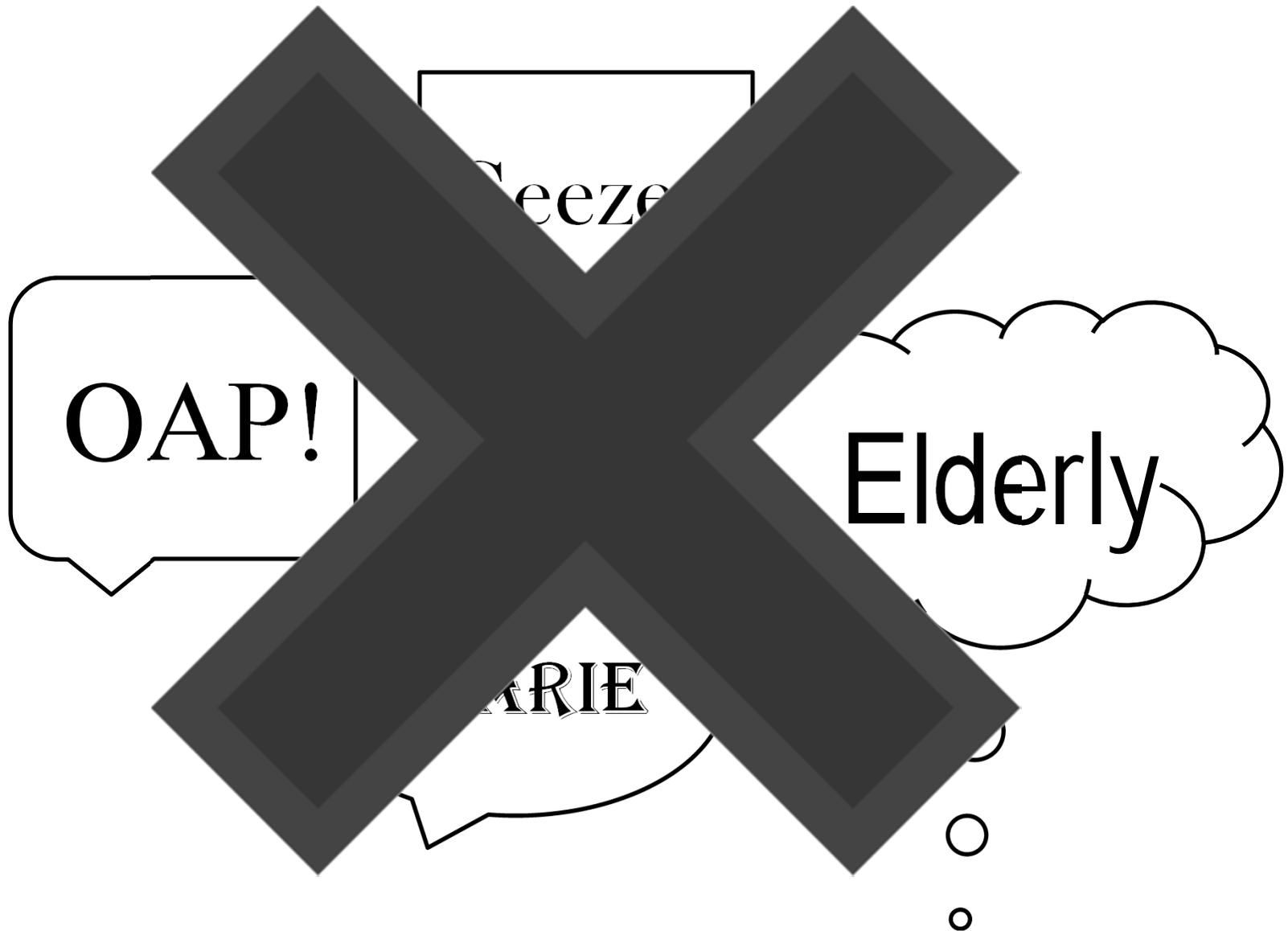
First Steps on our Bridge...

- 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

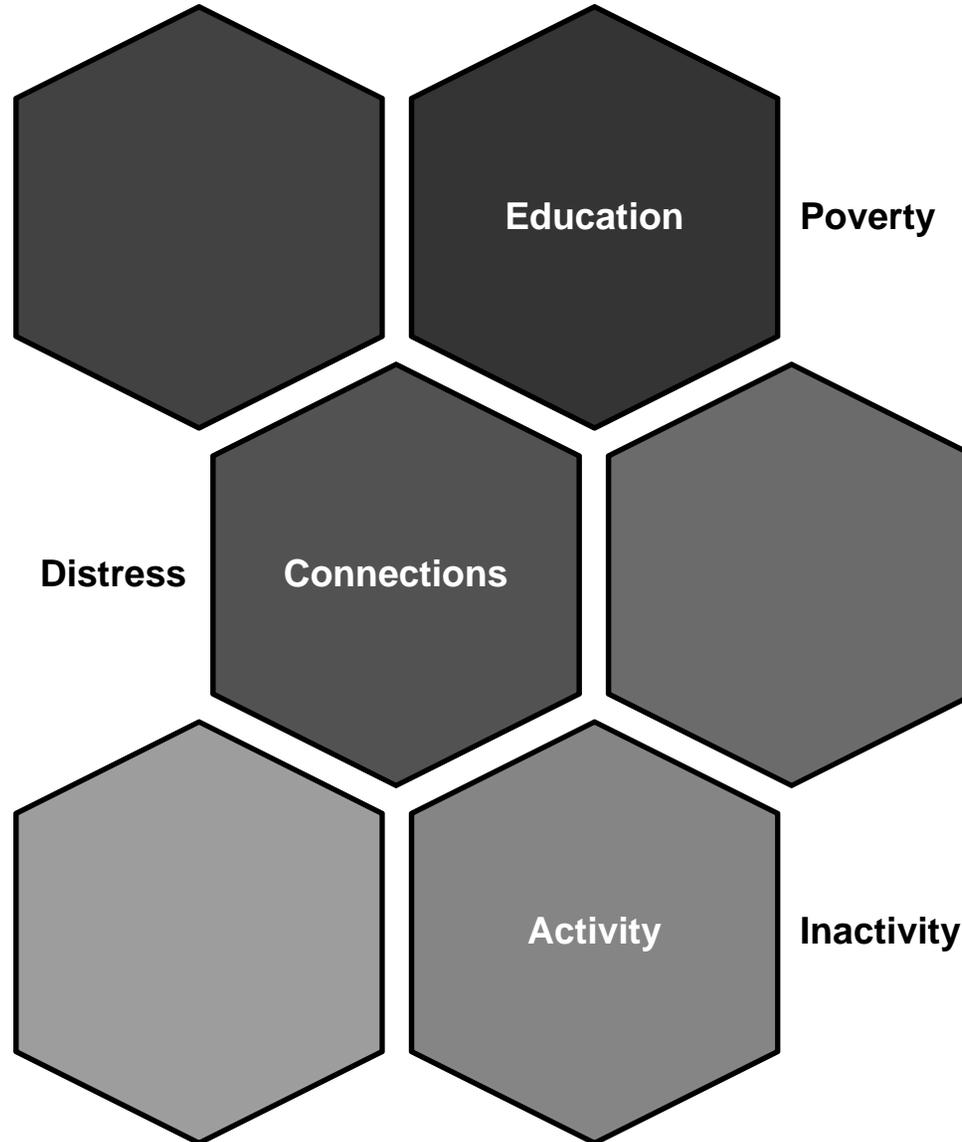
Guidance to Offer Older Patients

- 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!

