EXPERIENCE EXCHANGE

Clinical training opportunities for nursing students in the nursing home

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ABSTRACT

The increasing proportion of older adults and the related increase in persons with chronic disease suggests increased attention to the training needs of nurses in care of the older adult. Research has shown that nurses are less knowledgeable about aging than other health care professionals. We propose that the nursing home offers an important training site for geriatric nursing and for care delivery in the sphere of supportive and rehabilitative care. Educational experiences offered through the Teaching Nursing Home Collaborative, an initiative to partner nursing homes and academic programs, funded by a collaboration of nonprofit foundations, explored the opportunities and factors that support or thwart successful clinical teaching. Factors included the nursing home environment, the faculty, and the interaction of faculty and nursing home staff. This manuscript outlines those findings along with a literature confirming the recommendations. In addition, we propose a collaborative model for success in an academic-service partnership.

Key Words: Academic-service partnership, Geriatric clinical training, Faculty geriatric preparation, Teaching nursing home

1. INTRODUCTION

The growth of the older adult population is faster than at any time in previous history. The leading edge of the Baby Boomer generation, the largest generation in history, entered their sixties in 2011 and continues to contribute to the growth of the older adult population. Additionally, life expectancy has expanded over the past 100 years from 53.22 years to the present 78.81 years.[1] Currently, nearly 58 million persons are over 65 years old in the United States, accounting for over 17% of the population.[2] By 2060 the population of older adults is projected to be slightly less than 95 million, or approximately 22.8% of the population.[3] As the absolute numbers are growing, the proportion of the population in the over 65 group is growing due to declining fertility rates. Indeed, the population over 65 grew 38.6% between 2010 and 2020,[3–5] while the population under 65 has grown just 2% in that same time period.[3] These demographic shifts have important implications for preparing the future healthcare workforce.

As the older adult population grows, so too does the proportion of persons with chronic disease. Chronic conditions are common in adults over 65 years. For example, 58% of older adults have hypertension, nearly 50% have arthritis, 26% will get cancer (indeed 60% of cancers occur in the 65 and older age group), 21% have diabetes, and 18% have functional problems including vision, hearing, mobility, or communication, while, 13% have angina or myocardial infarctions and 11% have lung disease.[6] Seventy percent of those over 70

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have cardiovascular disease.[7] Mild cognitive impairment affects 12%-18% of older adults, with the proportion rising as age increases with dementia affecting approximately 10% of those over 65, again with the proportion rising as age increases.[8] The health problems are not just single diagnosis issues. Multi-morbidities are common among the elderly. Indeed, 78.8 of adults over 60 years of age have two or more conditions.[9]

A significant proportion of older adults are hospitalized with the need for post-acute care, typically occurring within the nursing home. Seventeen percent of those 65 years and older were hospitalized at least once in a one year period, with 70% of those requiring post-acute care.[10] Most nursing homes are dually certified to provide skilled nursing for the post-acute patient[11] as well as residential care for the 2% of the older adult population no longer able to live alone or with their children.[3] Indeed, approximately 84% of the post-acute patients in skilled nursing in the nursing home are over the age of 60, while the average age of those in residential care is 81.[12] Thus, the population of patients in the nursing home tends to be older with complex health conditions.

The growing aging population will bring increased need for the management of complex chronic conditions and promotion of health. Nursing care will be needed to support self-management of chronic conditions at home, and to provide institutional care within the acute care hospital, the post-acute care setting, and the residential nursing home. This paper aims to address the training needs of the nursing workforce in geriatric care in the light of these population changes and to support the role of clinical training in the nursing home setting, a setting ideally suited for education in geriatric care.

1.1 Preparation of nurses In geriatric nursing

In general, clinical training does not prepare nursing students with the competencies needed to care for our aging population, further contributing to the healthcare workforce crisis.[13] Despite the demographic trends of an increasingly diverse and aging population[14, 15] and about 40% of persons in hospitals being > 60 years[16] geriatric principles tend to remain insufficiently represented in training curricula and clinical experiences for future nurses. This comes at a time when there are also increased perceptions that new nurses are not 'workplace ready,' and new nurses report feeling unprepared, stressed, and anxious on entering the workforce.[17] Studies have shown that nurses with low self-reported level of competence in geriatric skills have low job satisfaction and high job turnover.[18]

Unfortunately, research has also pointed out that nurses are less knowledgeable than other health professionals about the aging process and assign lower status to geriatric nursing, a bias that can impact the quality of care delivered.[19] Similar to obstetrics and pediatrics, care of the older adult is a specialty area that should be offered as baseline standard for all entry-to-practice nursing programs.

1.2 Competency-based learning

The renewed attention to competency-based models of nursing education provides an opportunity for faculty to assess students' application of skills and demonstration of knowledge.[20] Frameworks such as the revised American Association of Colleges of Nursing (AACN) guiding publication, Essentials: Core Competencies in Professional Nursing Education, can propel novel approaches to clinical training that enhance the outcomes of nursing education programs.[21] A range of general competencies have been identified in the literature as essential for effective nursing practice and include leadership, self-management, health/clinical skills, organizing, people management, teamwork, evidence-based practice, and ethical/legal domains.[22, 23] Of particular importance is the development of competence in person-centered care, which includes the ability to provide individualized, evidence-based, developmentally appropriate care. Developmentally appropriate care includes care appropriate to the geriatric population.

Table 1. Domains and concepts for nursing practice from the AACN essentials framework

Domains	Concepts
Domain 1: Knowledge for Nursing Practice	• Clinical Judgment
Domain 2: Person-Centered Care	• Communication
Domain 3: Population Health	• Compassionate Care
Domain 4: Scholarship for Nursing Practice	• Diversity, Equity, and Inclusion
Domain 5: Quality and Safety	• Ethics
Domain 6: Interprofessional Partnerships	• Evidence-Based Practice
Domain 7: Systems-Based Practice	• Health Policy
Domain 8: Informatics and Healthcare Technologies	• Social Determinants of Health
Domain 9: Professionalism	
Domain 10: Personal, Professional, and Leadership Development	

The Essentials: Core Competencies for Professional Nursing Education. American Association of Colleges of Nursing, 2021.[21] https://www.aacnnursing.org/Portals/0/PDFs/Publications/Essentials-2021.pdf

The Essentials document underscores the need to develop these competences in four spheres of care, including prevention, chronic disease, regenerative or restorative care (acute care), and rehabilitative/hospice/palliative/supportive care. The adoption of competency-based models across spheres of care will dramatically change the way nursing educators assess student success.

Competency based guidelines, including the AACN Essentials framework, offer significant opportunities for schools of nursing to reevaluate clinical practice sites. We argue that nursing homes offer multiple opportunities for students to develop these competencies as future professional nurses. Nursing home settings should be considered by all nursing programs as a learning environment for students, particularly as the population ages and the need for skills in geriatric care increases. Collectively, the Essentials document underscores the multifaceted nature of nursing competencies and the need for clinical settings that can offer a range of opportunities for students to practice and demonstrate these skills.

2. The nursing home as an important clinical training site

Older adults use far more health care services than do younger populations. Indeed, over 40% of hospitalized adults are older adults.[24] Therefore, the likelihood that nurses, regardless of their employment setting, will provide care to older adults is high. The nursing home offers an opportunity to develop skills specific to the geriatric population, emphasizing the rehabilitative/supportive/hospice/palliative spheres of care, while not neglecting the preventive and acute phases. Within the nursing home approximately 83% of individuals are aged 65 or older.[25] The nursing home not only provides nursing students clinical opportunities to comprehensively assess, plan and evaluate care with older adults but offers exposure to a complex care setting. The modern nursing home values a person-centered care model, a standard of care that is recommended across all care settings, with many nursing homes seeking or having certification in Age-Friendly Care for Older Adults, an evidence based model now moving into acute care and community health programs.[26,27]

In the U.S. caring for older adults has been noted by the Department of Labor to be the fastest developing employment area in healthcare.[28] The demand for a competent nursing workforce to care for this population is critical. Early and consistent clinical placement in nursing homes is crucial to raising awareness about the exciting opportunities that await clinically active nurses at all levels, clinicians, nurse practitioners, nurse leaders, nurse educators, and quality specialists, further influencing career trajectories.[29] With well-crafted clinical experiences, including leadership experiences, negative attitudes and biases against older adults can begin to shift to attract a larger geriatric workforce.[30–32]

The significance of nursing homes as clinical sites for acquiring competencies is not new and was previously noted by Mezey[33] and Gilje.[34] Both emphasized the strengths of nursing homes as unique and ideal clinical teaching and learning environments for acquiring leadership and interdisciplinary team skills. We propose that it is also an ideal site to learn geriatric care. As we present below, key to the success of the nursing home clinical experience is a well-prepared academic-clinical partnership.[29,35,36]

The nursing home setting offers a unique and significant opportunity for students to learn in a setting that, as noted, offers long term residential support for individuals unable to provide adequate care for themselves as well as post-acute care and rehabilitation (skilled nursing). Typically, the long-term care setting provides support for activities of daily living while the skilled nursing facility provides medical and rehabilitative care.[37] Most nursing homes today are licensed to offer both long term residential and post-acute care[38] They may also offer palliative care, specialized memory care, longer-term psychiatric care, dialysis, wound, and ventilator care. This is the setting where nurses care for approximately 1.3 million persons.[39]

Nursing homes represent an underutilized resource for nursing education. With 83.1% of nursing home residents over age 65,[37] these facilities offer unparalleled exposure to geriatric care across the complexity spectrum—from fundamental ADL support and medication administration to advanced critical thinking for complex healthcare needs. Every level of nursing education could leverage this setting. Pre-licensure students gain essential geriatric assessment skills, while adult-gerontology and family nurse practitioner programs benefit from observing and managing the intricate healthcare transitions that define an important element of geriatric care. Since many nursing homes already employ or contract nurse practitioners for primary care, students witness real-world integration of advanced practice roles. Further, students in leadership programs have the opportunity to develop relevant skills and knowledge regarding staff management, systems of care and financing.

The workforce imperative is clear: as our population ages, nurses must understand the developmental characteristics of the geriatric population as well as where and how older adults

receive care. Clinical partnerships between nursing programs and long-term care facilities can be mutually beneficial and low-burden.[29] Yet they often remain untapped. Making nursing home rotations standard—not optional—across all nursing programs would better prepare our future workforce for the demographic reality they will face.

2.1 Opportunities for applied learning in the nursing home

The nursing home offers multiple opportunities to engage in applied learning. Beginning pre-licensure students can develop fundamental clinical skills including patient assessment, support for activities of daily living, as well as communication and collaboration skills with patients, families, and the interdisciplinary team. Skilled nursing facilities offer students opportunities to practice in a true interdisciplinary environment, permitting the student to observe the role of each contributing discipline (nursing, medicine, occupational therapy, speech therapy, physical therapy, psychological services, nutrition, and therapeutic recreation) and how these disciplines work together to bring consistent care to the patients and residents. The nursing home is an ideal environment for students to learn and practice skills in person-centered and compassionate care. Similarly, nursing homes offer a unique environment in which to develop quality improvement skills, at the individual patient, unit, or system level. The structure of the nursing home allows for the development of leadership, delegation, and staff education skills. It offers the opportunity to learn more fully the system of care offered to older adults in settings outside of acute care, including knowledge of healthcare regulatory and payment structures and policy.

The financial structure of nursing homes also creates unique learning opportunities. Students can observe how funding mechanisms influence care delivery decisions, staffing patterns, and resource allocation. Understanding Medicare versus Medicaid reimbursement structures prepares future nurses to advocate for appropriate care levels and navigate complex discharge planning scenarios that define post-acute care transitions.

The nursing home environment provides excellent opportunities for training graduate nursing students. Adult/gerontology, family, women's health, and psychiatric nurse practitioner students can all develop their assessment, diagnostic, and treatment planning skills while clinical nurse specialist students can develop skills within a variety of roles, including leadership, educator, consultant, and clinician. Future advanced clinicians can develop competencies in managing the complex patients with multi-morbidities and with high-risk social circumstances. Thus, nursing homes and long-term care centers provide multiple opportunities for educating future nurses and advanced practice nurses in the development of skills that may be less commonly seen in other settings, such as the expanded team collaboration and the rehabilitative aspects of care.

2.2 Funding models and their impact on clinical training opportunities

2.2.1 *Nursing home financing models*

The financial landscape of nursing homes significantly influences their capacity to serve as clinical training sites. In the United States, nursing homes operate under diverse funding models that directly affect staffing patterns, resource availability, and ultimately, the quality of educational experiences they can provide. Medicare and Medicaid reimburse approximately 62% of nursing home care costs, with Medicare covering post-acute skilled nursing services and Medicaid funding long-term residential care for individuals with limited financial resources.[40] Private pay accounts for roughly 26% of costs, while other insurance and funding sources comprise the remainder. This funding structure creates significant variation in per-resident resources across facilities.

2.2.2 *Staffing implications for clinical education*

The direct correlation between funding levels and registered nurse (RN) availability presents both challenges and opportunities for nursing education programs. Facilities with higher Medicare reimbursement rates for skilled nursing services typically maintain higher RN-to-resident ratios, providing more mentorship opportunities for nursing students. In contrast, facilities primarily serving Medicaid residents often operate with minimal RN coverage, relying heavily on licensed practical nurses (LPNs) and certified nursing assistants (CNAs). This staffing reality requires nursing programs to adapt their clinical placement strategies. Rather than viewing limited RN presence as a barrier, programs can leverage these environments to teach delegation, interprofessional collaboration, and the full spectrum of nursing roles. Students can learn to work effectively within resource constraints while developing skills in supervising and coordinating care with LPNs and CNAs—competencies essential for contemporary nursing practice.

2.2.3 *Financial incentives for partnership*

Forward-thinking nursing homes increasingly recognize clinical partnerships as workforce development investments. Facilities that consistently host nursing students report higher rates of graduate employment, reducing recruitment costs and improving staff retention.[41] Some facilities have formalized this relationship through "nurse residency" programs that combine final clinical rotations with guaranteed employment opportunities.

3. The teaching nursing home collaborative

In 2020, a teaching nursing home collaborative (TNHC) was established, first as a pilot program and later as a state-wide program, to encourage schools of nursing to offer clinical experiences to undergraduate students within the nursing home environment.[42] At the time of initiation a variety of models were being utilized, ranging from no nursing home exposure at all to one or more days of observation, to full clinical courses being offered. These courses generally included the clinical experience for beginning students to develop fundamental nursing skills and tended not to be focused on the geriatric patient. The collaborative, under the auspices of the John A. Hartford Foundation and led by the Jewish Healthcare Foundation, began an initiative to communicate the opportunities within the nursing home and to develop resources to facilitate a teaching experience within the nursing home.

3.1 The ideal clinical environment

Although clinical placement for undergraduate and graduate nursing students can be difficult due to limited opportunities, a good clinical experience is beneficial for all students, especially entry-to-practice nursing students.[43] This experience often impacts their initial choice of employment. A good clinical experience is especially important when it comes to post-acute care settings such as skilled nursing facilities, rehabilitation settings, long term residential care, palliative care, hospice, or working in other settings with older adults due to the prevalence of ageism and conceptions of non-acute care settings.[14,44–47] Each clinical site may require different pedagogical considerations when compared with acute care. For instance, skilled nursing and rehabilitation facilities aim to have the patient regain as much function as possible and discharge to home, whereas the long-term, palliative or hospice care settings focus on long-term placement for supportive care and quality of life until the end of life. It is imperative that the clinical rotation is carefully designed to enhance the desired experience for the students.[46] Research has shown that both the facility and the school of nursing need to focus on several issues to enhance the student and staff experience.[14,47,48] Most importantly, the nature of the collaborative partnership between the facility staff and the faculty at the academic institution can directly influence the student's experience. Recommendations for enhancing these partnerships follows.

3.1.1 *Clinical setting selection recommendations*

The physical environment of the nursing home is important to a successful clinical placement. The residential nursing home, where supportive care is offered, that is homelike is more enticing.[49] A home-like environment is beneficial from both the resident and the student perspective. Once students and faculty are present in the nursing home, collaborative efforts between the nursing home and academic partner may be helpful in creating or maintaining that supportive environment. Thus, it is recommended that the nursing home have an organized and welcoming environment and support the student in contributing to that environment.

The psychological environment is also important. Staff attitudes towards working with students influence the student's perception of the clinical site and its potential as a workplace.[50] When students feel welcomed, engaged, and valued by the staff, they are more likely to have a positive experience. Alternatively, when facility staff are exhausted and challenged by staffing, they may not be able to engage with the students.[44,47] Low morale in the nursing home may provide difficult experiences for both staff and students. Staff may be less engaged with students and feel burdened. This may particularly be the case when the nursing staff are unfamiliar with strategies for precepting students or with the learning outcomes required of the students.

Experience from TNHC programs demonstrates that preparatory communication between academic and clinical partners is essential. Many nursing homes initially had specific expectations for what the student experience would be and expressed frustration when those expectations were not met. Similarly, nursing faculty had expectations for nursing home staff inclusion that were not always fulfilled. Learning from these early challenges, successful programs now adopt comprehensive pre-term discussions of expectations and collaborative opportunities, which has significantly improved the design and outcomes of clinical experiences.

Preparing staff for the arrival of students and the school's expectations for their clinical course assists the staff in collaborating. Thus, it is recommended that nurses working in the nursing home have an orientation to the academic course that will be offered in the nursing home as well as preceptor training, if appropriate, for the relevant staff.[51] School of nursing faculty need to collaborate with the nursing home staff to make such meetings feasible and to assure that communication and planning are bi-directional. Thus, it is recommended that the nursing home site have the time and the interest to host students.

How nursing staff are partnered with students is also important. Undergraduate students who have been placed solely with nursing assistants or licensed practical nurses, while receiving valuable experience, have reported feeling they did not understand the role of the registered nurse and therefore did not see the value of working in long term care after grad-

uation.[46] Ideally, the full complement of nursing staff, RNs, LPNs, and CNAs should be available to students to provide a more comprehensive experience and understanding of all nursing staff roles within this setting. Knowledge of the full range of roles will also be important in teaching delegation to the student. Depending upon the culture of the school and the requirements of the state board of nursing, staff in the nursing home may serve as preceptors or may simply offer students observational experiences under the direct supervision of faculty. In the latter case, faculty on site may not only benefit student learning, but may also be able to contribute to the learning of the nursing home staff through their teaching activities.

Pre-licensure students should have the opportunity to be included in all elements of care whether it is assistance with activities of daily living, medication administration, wound care, administering enteral feeding, helping the residents to eat, interdisciplinary care and care planning, as well as other aspects of management. Additionally, students need to learn and participate in personalized geriatric assessment. Students should have an opportunity to learn how to interact with the older adult patients and the interdisciplinary staff. All of these activities require skilled communication[52] in addition to caring and basic skills.[44,53] Listening when staff discuss their decision-making processes and outcomes helps the student build important decision-making skills and an improved understanding of the role of the nurse.[44] In addition to teaching multiple skills and competencies, exposing students to all registered nurse roles has been found to influence the students' decisions to work in a nursing home.[36,44] Thus, it is recommended that the nursing and interdisciplinary staff within the selected site are open to the inclusion of students in a variety of direct care experiences, other discipline activities, team meetings, nursing roles, and in discussions, whether formal or informal, regarding care decisions. When selecting nursing home partners, academic institutions should consider the facility's funding mix and staffing model. Facilities serving primarily Medicare patients offer exposure to complex medical management, while Medicaid-focused homes provide rich experiences in long-term relationship building and person-centered care. The ideal clinical program incorporates both settings to provide comprehensive geriatric nursing education.

3.2 School of nursing recommendations

A carefully and precisely planned orientation of both the nursing home staff and of the students, including specific and well developed clinical learning outcomes for the students, preceptors, and faculty instructor, is beneficial.[48,51,53–58] Preparing students for the nursing home environment sets the expectations for the student. Preparing students for both the nursing home and caring for adults with varying levels of cognitive and physical abilities is essential. Students who have been exposed to older family members or other older adults have an easier transition to caring for older adults in the nursing home. Indeed, positive experience with older adults is one of the keys of to addressing ageism.[59] Thus, students without this exposure may require more attention in addressing the older adult.

Having students participate in a detailed orientation at the facility allows students to participate as part of the team. It is understood that there will be various levels of care depending on the type of facility used for the clinical experience and the level of the student. Each care setting will have opportunities for the students whether they are undergraduate or graduate students and should be carefully planned. Therefore, it is recommended that the nursing home experience is carefully organized and planned, especially the learning outcomes expected of students during each clinical day. Indeed, the research on competency development or expertise supports planned, by the instructor, learning activities directed toward specific outcomes.[60] The TNHC has found that preplanned and structured clinical experiences focused on the geriatric patient and on the 4Ms model of care support a meaningful experience for both instructor and student.

The length of the clinical experience needed to prepare the student for post-acute and/or supportive care is subject to wide variability. Little information is available on the timing of the experience within existing BSN programs. Reports from schools in the TNHC suggest that experiences range from no clinical experience in the nursing home to one observational day to a full term focused on fundamental skills for the undergraduate or on project based learning focused on a particular area of care. More than one day in the setting is preferable.[57] If the students are present for more than one day, they are better situated to experience the environment, develop communication skills, and learn the specialized care of the older adult.[46,51,61] They have the opportunity to develop relationships with the residents and their families, as well as the staff. A longitudinal experience further provides the opportunity to develop patient and family assessments and tailored patient/family education. It is recommended that the time in the clinical experience be of sufficient duration to learn post-acute/rehabilitative care and supportive care systems as well as to have applied learning experiences in the general care of the geriatric patient.

Both the number of clinical days and the number of hours within a clinical day are important to the learning of the nursing student. It has been proposed that compulsory at-

tendance in a clinical rotation in the nursing home would be helpful for students learning safe patient care for older adults and possibly encourage them to work in the nursing home with older adults.[44,46,47] In some countries a clinical experience in nursing homes is a requirement in the education of nurses.[44,62] Multiple competencies can be developed in the nursing home. The school of nursing needs to plan the timing and duration of experiences to learn both the nature of the care setting and the care of the geriatric patient.

The clinical experience will be different depending on the student's level within the nursing program, whether it is the first rotation focusing on fundamental skills of nursing or seniors focused on leadership, clinical decision-making, quality improvement, and/or communication.[53,63] Regardless of when the clinical placement occurs in the nursing program, the level of education must be considered when planning the clinical rotation. Additionally, the learning outcomes, even for the same competencies, should reflect greater sophistication and depth as the student progresses in the program. Therefore, the student level within a program should determine the outcome expectations within planned learning outcomes.

Daily learning outcomes are helpful in providing the students with structure and in providing the nursing staff with expectations for the student. Each day's assignment, then, is tailored to facilitate that day's learning outcome. Competencies can be developed and the level of attainment assessed. Assigning students to a care provider, whether for observation or for preceptorship, has been shown to be helpful. Assigning students specific residents/patients keeps the students engaged with their patient and their learning.[48] This further facilitates the development of personalized care. In the background of geriatric nursing education, instructors with a positive attitude to nursing homes and care of the older adult are essential in positively influencing the students.[46] Regardless of the duration of time in the nursing home clinical experience, faculty need to plan each day with defined learning outcomes for the student.

Successful TNHC programs emphasized the importance of well-defined clinical learning experiences designed by faculty in partnership with nursing home staff. These assignments vary depending on the student's level and the nature of the clinical rotation. Examples include assignments specific to the 4Ms model of care—such as learning to identify resident-specific "what matters" while developing communication skills with older adults—and designing and implementing individualized resident mobility plans. This structured approach ensures that students gain meaningful, competency-based experiences that align with both academic objectives and clinical realities.

3.3 Faculty recommendations

Focused attention by an instructor with geriatric training and a positive attitude about nursing homes and care of the older adult makes the experience more beneficial from the perception of students.[57] Students are aware when the instructor believes there is not much to be learned in the nursing home. A lack of opportunities to learn nursing skills in the nursing home has been refuted in studies.[47,64] In an era in which ageist attitudes and biases are prevalent, it is also important to select an instructor who does not carry this prejudice. Numerous references are available for the faculty to ensure that the older adult is not dismissed due to these attitudes. For example, Reframing Aging.org[65] offers numerous materials to support a positive and inclusive attitude toward aging. Therefore, the faculty selected to teach within the nursing home clinical need to be free of ageist biases and have a positive attitude toward the older adult and the nursing home. Time needs to be taken to prepare faculty for this unique teaching role.

An instructor familiar with the specific nursing home setting is optimal, taking full advantage of the learning opportunities that reside within the nursing home. Such a person can support the exposure of students to many different professional and paraprofessional roles and the place in the patient care network the nursing home occupies. For example, nursing homes may provide residential care, acting also as the primary care provider and social service resource, or it may provide post-acute care, acting as the medical system direct care provider while interacting with acute care, specialty care, and home care services or do both. Faculty need to have background knowledge of the nursing home, its functions, and its interactions as well as knowledge about normal aging to design optimal learning experiences. Knowledgeable faculty can form a positive relationship with the nursing home to enhance collaboration and to meet the student's education needs.[46,47]

TNHC Program feedback consistently demonstrates the critical importance of faculty expertise in geriatric nursing. Faculty with established expertise in geriatrics are significantly better able to establish positive experiences for students and effectively utilize the full range of learning opportunities available in the nursing home setting. Conversely, faculty without geriatric experience who do not recognize the educational value of nursing home placements are more likely to abbreviate the experience and struggle to design meaningful learning opportunities for students. This pattern underscores the vital importance of faculty preparation and support in geriatric nursing education.

In the TNHC, it was learned that often faculty are teaching in the nursing home who do not have experience in either geriatrics or the nursing home. Faculty from a variety of specialties taught in our clinical experiences, sometimes associated with the clinical course in which the nursing home experience occurred, because the experience occurred with various courses ranging from a fundamentals of nursing course to a geriatric course clinical. Recognizing this, we developed multiple ways of supporting faculty learning and teaching. For example, we offered continuing education programs, roundtable discussions, access to widely available geriatric materials, structured clinical assignments, and edited a book, with accompanying coaching guide and workbook, on leadership and practice in the nursing home. In all of these activities we were attentive to the varying courses and levels of students in the nursing home as well as the significant variation in the total number of days/hours spent there. We found it was important to provide parallel learning for the faculty member as well as support in the design of clinical learning experiences for the students.

3.4 The challenge of faculty capacity

Consideration of faculty capacity, development, and support is essential for the successful training needs of the nursing workforce and student preparation for working in the nursing home setting, including post-acute and long-term care. As has been noted, change in education in gerontology and the needs for improved workforce and student education in long-term care is not new.[66] There has been increasing attention given to the need for nursing leadership in long-term care, but less attention is given to how we prepare faculty to teach in the nursing home. Addressing faculty capacity includes understanding the current nursing faculty shortage overall, the number of nurses and faculty trained and certified in geriatrics and the needed additional faculty development and competence in geriatrics.

In 2011, the Institute of Medicine (IOM) addressed the struggle to recruit nursing faculty by calling for an increase in baccalaureate and doctorally prepared nurses by 2020.[67] This has continued to be an urgent need. To meet this imperative, more faculty are required to educate the future workforce at all levels of academic education, but the need in gerontological nursing is even greater. It is anticipated that the number of nurses in the field will rise significantly. Today there are 4.7 million registered nurses in the United States, 89% of whom are working in nursing.[68] It is anticipated that up to 25% will leave nursing or retire over the next five years, while each year through 2031 is anticipated to add approximately 203,000 new positions.

Specialties employing the greatest number of nurse practitioners are family practice (55%) and adult-gerontology (15%), with an additional 8% solely in gerontology. The American Geriatric Society reports that, despite the growing aging population, less than 1% of registered nurses and less than 3% of advanced practice registered nurses hold geriatric certification. Less than 1% of nurses with a PhD have gerontological certification. Furthermore, a sizable number of nurses lack fundamental training in the assessment and care of older adults.[69] Indeed, a 2005 report indicated that while 100% of reporting baccalaureate schools of nursing (514) reported integration of geriatric content into courses, just 34% reported a stand-alone course.[70] More recent data on stand-alone geriatric courses in nursing curricula were not found for the United States. However, for most schools of nursing the attention to geriatric care is diffuse and lacks the specialty focus that pediatrics or mental health has.

How are faculty supported in geriatrics and long-term care? There are multiple ways to support faculty. Many times, faculty may be assigned to teach courses and clinicals in geriatrics and long-term care but may not have the desired expertise or training. Faculty may not have come from schools or settings that emphasized geriatrics as a specialized field and may even have their primary expertise in other areas. Recognizing, communicating, and supporting the varying levels of expertise and needs of faculty will be integral to sustainability and success in the teaching of geriatrics and nursing home care. Communicating clearly, co-designing content, and meeting regularly with faculty who teach classes in the nursing home setting and in the care of the older adult (across courses) is a recommended strategy. This support must come from the dean and other faculty leaders. In a national survey of work factors related to nursing faculty job satisfaction the attributes of institutional leadership, skilled communication and collaboration were crucial factors in retention.[71] This should also be paired with recognition and alignment with the faculty member's workload and evaluation.

Harris and colleagues[72] discussed the preparation of nurse leaders in the nursing home utilizing the ANA Leadership Competency Framework. Their recommendations are applicable to leadership for faculty leading geriatric curriculum in schools of nursing. The framework provides leadership concepts applicable to preparing nursing faculty supervising students in the nursing home including communication, delegation, supervision, and time management. The framework also guides important recommendations for faculty preparation in long-term care including staffing, competencies and certification, diversity and inclusion, care of persons with dementia, regulations, the American Nurses' Credentialing Center (ANCC) Pathways for Excellence in Long-Term Care ® program, and restorative justice.

Faculty should have opportunities to reflect on their own personal biases (i.e., ageism, racism, sexism, ableism) as they affect their practice, teaching, and research.[66] Providing opportunities for both formal and informal support is critical. One way to support faculty is by partnering with other organizations[72] such as Nursing Improving Care for Health-Systems Elders, Gerontological Advanced Practice Nursing Association, AMDA (The Society for Post-Acute and Long-Term Care Medicine), NADONA (National Association of Directors of Nursing Administration in Long Term Care), Institute for Healthcare Improvement, American Geriatrics Society, and Gerontological Society of America. Faculty can be supported by aligning organizational activities with their faculty goals and promotions. One such example, Penn State University, recognizes innovative and sustained contributions to geriatric education by encouraging and supporting application to the National Hartford Center of Gerontological Nursing Excellence as a distinguished educator in the Distinguished Educator in Gerontological Nursing Program and others (`https://www.nhcgne.org/leadership-development/distinguished-educator-in-gerontological-nursing-program`). Faculty can also be supported to obtain certification in gerontological nursing through the (ANCC) `https://www.nursingworld.org/our-certifications/gerontological-nurse/`.

Other initiatives that contribute to faculty competence in long-term care are the Institute for Healthcare Improvement and Geriatric Workforce Enhancement Program with its emphasis on Age-Friendly Care in the nursing home setting. These initiatives have spurred faculty and student resources and modules for the nursing home setting. However, we must do more at the national level to support faculty and curriculum that better prepare nurses for the future.[73] Other innovations for faculty development include utilizing faculty from other disciplines, breaking down the silos that may exist at some universities with graduate and undergraduate or teaching, research, and clinical faculty, integrating faculty into centers of aging or gerontological excellence, and providing non-stressful ways to bring faculty together such as a geriatric research interest groups and faculty lunch and learn initiatives.

4. Conclusion

The aging population is growing and the need for increased health services will only increase. Schools of nursing need to build geriatric curriculum into undergraduate nursing programs and to build specialty clinical experiences to address the growing needs. The nursing home is an ideal setting for such clinical experiences, providing both geriatric care and the supportive and restorative care spheres through their post-acute and residential services. Collaborative efforts need to be developed between the nursing home and schools of nursing to generate the optimal clinical experiences and the potential for joint activities between faculty and staff.

Based on our analysis of current challenges and the TNHC experience, we propose an integrated clinical partnership model that addresses the "wicked problem" of preparing nurses for geriatric care while supporting nursing home operational needs.

4.1 Core components of the model

Tiered Partnership Structure: Rather than one-size-fits-all placements, nursing programs can develop partnerships across the funding spectrum—from high-acuity Medicare facilities to community-based Medicaid homes. This approach exposes students to the full continuum of geriatric care while accommodating varying staffing levels.

Competency-Mapped Experiences: Align specific learning outcomes with facility strengths. Use Medicare facilities for complex clinical decision-making rotations and community homes for person-centered care and communication skills development.

Faculty-Staff Integration: Implement joint appointments where nursing faculty provide continuing education to facility staff while facility nurses gain adjunct teaching credentials. This creates sustainable knowledge exchange and addresses faculty capacity limitations.

Quality Improvement Focus: Structure student projects around facility quality metrics, creating mutual benefit. Students gain experience in healthcare improvement while facilities receive additional resources for regulatory compliance and resident outcomes.

Four-M's Model of Care: Focus learning assignments on the development al, pathology, and care management associated with the 4(or 5) Ms.

4.2 Implementation strategy

The evidence suggests successful implementation requires systematic change at multiple levels. Schools of nursing must recognize geriatric clinical experiences as equally valuable to acute care rotations, reflected in faculty assignments and curriculum sequencing. Healthcare systems should incentivize nursing home partnerships through residency programs and career pathway development. Policy makers could support these initiatives through targeted funding for academic-clinical partnerships that demonstrate improved workforce outcomes.

4.3 Measuring success

Key indicators include: increased nursing student interest in geriatric careers, improved nursing home staff retention rates, enhanced resident satisfaction scores, and demonstrable improvements in geriatric competency assessments among new graduates.

The demographic imperative demands immediate action. The integrated clinical partnership model provides a framework for transforming nursing education while addressing the practical realities of nursing home operations. The time for incremental change has passed—we must implement comprehensive solutions that prepare nurses for the population they will inevitably serve. Thus, the time is now to prepare all nurses for the care of the older adult, a specialty not unlike pediatric or maternity care.

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The authors declare that there is no conflict of interest.

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The data that support the findings of this study are available on request from the corresponding author. The data are not publicly available due to privacy or ethical restrictions.

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No additional data are available.

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