

GAPNA Consensus Statement on Proficiencies for the APRN Gerontological Specialist

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GAPNA Consensus Statement on Proficiencies for the APRN Gerontological Specialist 2015



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(CCNE)
American Association of Nurse Practitioners (AANP)
American College of Cardiology (ACC)
American Nurses Association (ANA)
American Nurses Credentialing Center (ANCC)
American Psychiatric Nurses Association (APNA)
Arizona Nurses Association (AzNA)
Gerontological Advanced Practice Nurses Association
(GAPNA)
Hospice and Palliative Nurses Association (HPNA)
International Society of Psychiatric Nurses (ISPN)
National Association of Clinical Nurse Specialists (NACNS)
National Organization of Nurse Practitioner Faculties
(NONPF)
North Alabama Nurse Practitioner Association (NANPA)
Oncology Nursing Society (ONS)
Sigma Theta Tau International (STTI)
Society of Urologic Nurses and Associates (SUNA)
United Advanced Practice Registered Nurses of Georgia
(UAPRN)
University of California San Diego Health System (UCSD)
University Emergency Medicine Services (UEMS)

Schools of Nursing

Allen College
Brandman University
California State University Dominguez Hills
California State University Long Beach
College of Mount Saint Vincent
D'Youville College
East Carolina University
Florida Southern College
George Mason University
Georgetown University
Jacksonville University
Kent State University

Madonna University
Molloy College, Rockville Centre
Oakland University
Ohio University
Oregon Health & Science University
Purdue University
Sacred Heart University
Samuel Merritt University
Seattle Pacific University
Seattle University College of Nursing
The College of New Jersey
University of Alabama Huntsville
University of California Davis - Betty Irene Moore School of
Nursing
University of Central Arkansas
University of Delaware
University of Hawaii at Manoa School of Nursing & Dental
Hygiene
University of Houston Victoria
University of Massachusetts Amherst College of Nursing
University of Massachusetts Boston College of Nursing and
Health Sciences
University of Massachusetts - Dartmouth
University of Missouri - St. Louis
University of Nebraska College of Nursing
University of North Carolina at Chapel Hill
University of North Carolina at Greensboro
University of Northern Colorado
University of Southern Indiana
University of Tennessee at Chattanooga
University of Texas Arlington
University of Toledo
University of Utah
Virginia State University
Viterbo University
Walden University
Western University of Health Sciences
Wheeling Jesuit University
Wichita State University
Winona State University

Endorsements

Organizations listed below have endorsed the Proficiencies for the APRN Gerontological Specialist. Endorsement, for the purpose of this document, reflects philosophical agreement with GAPNA and the intent and content of the proficiencies for the APRN Gerontological Specialist (pp. 10-14).

Academy of Medical-Surgical Nurses (AMSN)
American Academy of Ambulatory Care Nursing (AAACN)
Brandman University
Duke University
Fairfield University
Florida International University
Georgia State University
Hartford Institute for Geriatric Nursing (HIGN)
Madonna University
Mississippi College for Women
National Organization of Nurse Practitioner Faculties
Society of Urologic Nurses and Associates (SUNA)
The College of New Jersey
The Coalition of Geriatric Nursing Organizations (CGNO)
The Gerontological Society of America (GSA)
United States University
University of Connecticut
University of Minnesota
University of Rochester
University of Texas at Arlington
University of Utah
Villanova University

Introduction

The population demographics in the United States have signaled for years that a “gray tsunami” of older adults has been approaching and the first waves already are hitting the shores. In the United States, individuals are living longer lives and proportionately more of them are elderly than in previous generations (Centers for Disease Control and Prevention [CDC], 2013). One in five Americans will be eligible for Medicare by 2030, and those aged 65 years and older are expected to account for almost 20% of the population. Older adults are higher users of health care, accounting for 26% of office visits, 35% of hospital stays, 34% of prescriptions filled, 38% of emergency medical responses, and 90% of nursing home residents (Institute of Medicine [IOM], 2008). This shift in the population demands providers have the knowledge and skills required to provide competent care to an aging America. While geriatric workforce issues have garnered more attention in the past decade, significant shortages of all levels of qualified health care providers remain to manage the expected needs of this cohort (Bragg & Hansen, 2010; Stone & Barbarotta, 2010).

Advanced practice registered nurses (APRNs) have been prepared in gerontology to function as nurse practitioners and clinical nurse specialists since the 1970s. While predictions that the demand for advanced practice nurses with expertise in gerontological nursing would grow given the rising numbers of older adults in our country (Mezey et al., 2010), the numbers of gerontological specialists, both gerontological clinical nurse specialists (GCNSs) and gerontological nurse practitioners (GNPs), graduating from nursing programs remained woefully low (Stanley, Werner, & Apple, 2009). Initial response to this identified need was to integrate gerontological content

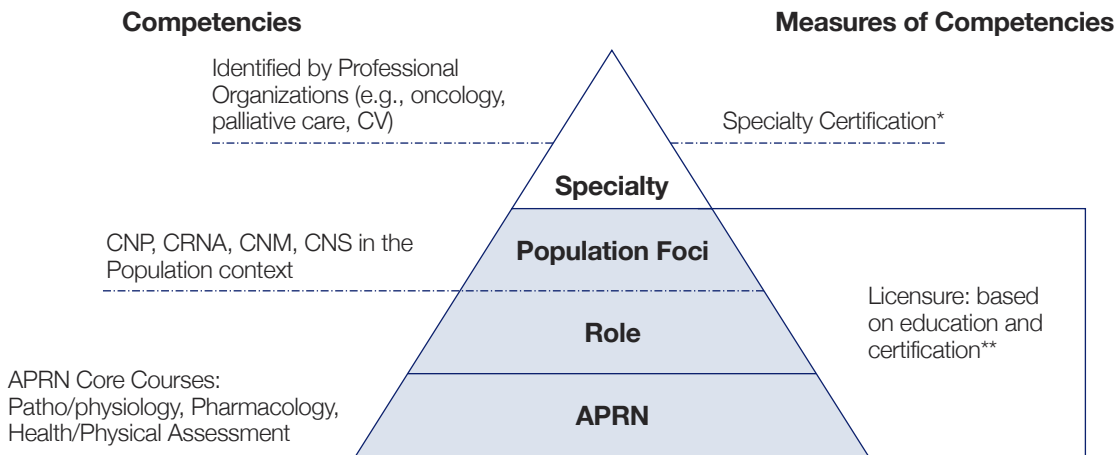
into graduate-level curriculum for students in nongerontological programs by educating more competent providers to care for the predicted increasing numbers of older adults (Thornlow, Auerhahn, & Stanley, 2006). But without standardization from accrediting bodies requiring the infusion of gerontological content, that strategy alone could not be effective in reaching the goal of care for these elders.

APRN Consensus Model

In 2004, nursing leaders of the APRN Joint Dialogue Group began discussions with advanced practice nursing organizations, the National Council of State Boards of Nursing (NCSBN), and accrediting agencies to seek uniform standardization of education, accreditation, licensure, and certification across the advanced practice arena. The *Consensus Model for APRN Regulation, Licensure, Accreditation, Certification and Education* (NCSBN, 2008) separated the APRNs into four distinct roles: certified nurse practitioners (CNPs), clinical nurse specialists (CNSs), certified registered nurse anesthetists (CRNAs), and certified nurse midwives (CNMs), and in at least one of six population foci: family/individual across the lifespan, adult-gerontology, neonatal, pediatrics, women’s health/gender-related, or psychiatric/mental health (NCSBN, 2008) (see Figure 1).

These role and population discussions provided an opportunity to address the problem of declining numbers of graduates applying for certification as gerontological CNSs or NPs by identifying new population foci for APRN education (Stanley, 2009). The adult-gerontology population focus was conceptualized as a means to increase the “number of APRNs with expertise to address the special health care needs of a growing, older adult population” (Stanley et al.,

Figure 1.
APRN Consensus Model



* Certification for specialty may include exam, portfolio, peer review, etc.

** Certification for licensure will be psychometrically sound and legally defensible examination by an accredited certifying program.

Source: NCSBN, 2008

2009, p. 347). Additionally, the model required graduate nursing programs educating students to provide care to the adult population (e.g., family or gender-specific care) to enhance the didactic and clinical education for students in order to meet the growing needs of the older adult population. While this idea virtually guaranteed that every adult-gerontology (A-G) APRN would demonstrate basic competencies in managing the care of older adults, a consequence was the elimination of a specialty certification in gerontological advanced practice nursing.

Impacts of APRN Consensus Model

With the increasing aging population and diminished capacity of the future primary care workforce, the conventional wisdom at the time of Consensus Model development was that CNSs and primary and acute care CNPs all be required to have knowledge and skills to work with both adults and older adults. Adult-Gerontology certifications were developed to meet this blended population focus. The Gerontological Nurse Practitioner and Gerontological Clinical Nurse Specialist certification exams were retired in December 2013.

The revised A-G CNS and CNP certifications provided for the APRN competencies in caring for older adults. However, the oldest-old population is expected to grow to 19 million by 2050 (Federal Interagency Forum on Aging-Related Statistics, 2010). This cohort of older adults is expected to live longer and experience more complex medical conditions, requiring specialized knowledge and experience to manage their specific health care needs. Many of these oldest-old elders are frail with complex medical care. Research suggests CNPs who work in collaborative models of care contribute to improved quality of life and reduction in adverse health outcomes, acute events, hospitalizations, and/or readmissions of older adults (Bakerjian, 2008; Counsell et al., 2007; Imhof, Naef, Wallhagen, Schwartz, & Maherer-Imbolof, 2012; Reuben et al., 2013). Accordingly, APRNs who serve this complex, frail elderly population will be required to have additional specialized knowledge, as well as a skill set that is at a higher level of proficiency than A-G CNSs or CNPs currently hold.

Another impact of the Consensus Model has been an increase in the number of nursing programs requiring certified gerontological APRN educators in the adult-gerontology population foci programs (Auerhahn, Mezey, Stanley, & Wilson, 2012; Bragg & Hansen, 2010). Concomitantly, by eliminating gerontological specialization in advanced practice nursing, the number of graduate faculty qualified as gerontological NPs and CNSs to teach in these programs is decreasing. That is, a decreasing supply of gerontological APRN educators to meet an increasing demand for their expertise in nursing programs now exists.

The Consensus Model for APRN regulation, however, did indicate an APRN specialty, the “top of the pyramid,” be developed, recognized, and monitored by the profession (NCSBN, 2008). With the continued growth of the aging population in the United States, an imperative is to recognize and articulate elements of clinical expertise in gerontological advanced practice nursing. The purpose of this Gerontological

Advanced Practice Nurses Association (GAPNA) project was to capture the unique body of knowledge and skills developed over time by expert clinicians working with older adults and to document the proficiencies that constitute specialist-level practice. These proficiencies can then be used to guide development of educational and certification standards defining the APRN specialist in caring for older adults.

Survey of Gerontological Advanced Practice Nurses

One organizational goal of GAPNA is to promote professional development of advanced practice nurses who work with older adults in a variety of clinical settings. Thus, the need for addressing a definition of the gerontological nursing specialty as identified by the Consensus Model (the “top of the pyramid”) became a priority for the organization. An important first step in this process was to conduct “a practice analysis to define the knowledge necessary for the expert” (Duffy, 2012, p. 411).

Built upon the work of a previous study that examined practice characteristics of gerontological NPs (Kennedy-Malone, Penny, & Fleming, 2008), an updated survey was developed to collect data necessary to characterize practice patterns of NPs and CNSs who serve the older adult population. The revised measurement instrument, now entitled “Advanced Practice Nurses Managing the Care of Older Adults Practice Profile Questionnaire” (APNMCOA), is a 153-item, self-administered questionnaire with fixed-choice and a few open-ended, followup questions divided into six sections. In Section 1, basic demographic information, including age, gender, and ethnicity of the APRN, is requested. In Section 2, educational background, nursing experience, and certification is elicited. In Section 3, information about professional memberships is gathered. Section 4 contains a variety of questions about current APN practice, including practice settings, prescriptive privileges, billing, type of practice, and practice requirements. The first part of Section 5 lists 61 professional activities and APRNs were asked to rate on a scale of 1 to 4 (a) *the importance of each service in their practice* and (b) *the frequency they used that activity in practice*. The second part of Section 5 lists 41 clinical procedures. For each procedure, the APRNs were asked if they *performed/provided, ordered/referred, or neither*. In addition, respondents were asked to identify the source of their original training for each procedure: *basic RN education, CNS or NP program, workshop, on-the-job-training, or as part of a fellowship or residency program*. In the sixth and final section of the survey, ratings are requested on how often specific medications, such as analgesics, cardiovascular drugs, antidepressants, etc., were prescribed.

While some of the 61 professional activities listed in the survey were derived from the original instrument developed by Kennedy-Malone and colleagues (2008), the majority of new activities were adopted in part from the Geriatric Fellowship Curriculum Milestones (American Geriatrics Society [AGS], 2013) and the geriatric competencies for internal medicine and family practice residents (Williams et al., 2010).

Results of Professional Activities Survey

GAPNA used a variety of electronic communication mechanisms to invite advanced practice nurses caring for older adults to complete the APNMCOA survey. The survey was available on SurveyMonkey® from July 1 through August 15, 2013. At survey closure, a total of 1,281 APRNs had responded. Respondents' average age was 51.1 years (*SD* 10.3; range 23–84 years; *n*=1,255). Of note, 75 respondents (6%) were aged 65 or older. Ninety-one percent (*n*=1,165) of the respondents were female. Race/ethnic distribution was as follows: 85% (*n*=1,089) White, non-Hispanic; 5% (*n*=62) Black; 3% (*n*=38) Hispanic; 4% (*n*=54) Asian/Pacific Islander; and 3% (*n*=38) other.

Most of the respondents (81%, *n*=1,041) reported their highest level of nursing education was a master's degree; almost 6% (*n*=71) reported a doctorate in nursing or another field, and 8% (*n*=100) reported a doctor of nursing practice. The large majority (86%, *n*=1,099) were certified through the American Nurses Credentialing Center, and roughly one-third of respondents were certified as adult nurse practitioners (ANP) (33%, *n*=424), one-third as gerontological nurse practitioners (34%, *n*=431), and the remaining third as family nurse practitioners (26%, *n*=338). Several additional certifications also were identified in the group: gerontological clinical nurse specialist (4%, *n*=51), adult-gerontology primary care NP (3%, *n*=36), adult-gerontology acute care NP (1%, *n*=18), and acute care NP (7%, *n*=90). Many respondents identified more than one certification and multiple subspecialty certifications, such as hospice/palliative care, mental health, oncology CNS, diabetes educator, etc.

Respondents reported practice in all 50 states and Puerto Rico. The vast majority reported having prescriptive privileges (82%, *n*=1,049), and most (64%, *n*=880) reported having their own Drug Enforcement Administration (DEA) number. Eighty-two percent (*n*=1,056) reported having their own National Provider Identifier Standard (NPI) number, but only 52%, (*n*=665) reported billing using their own numbers. A relatively small number (12%, *n*=157) reported billing "incident-to" in their clinical practices.

Methods for Consensus Building, Statement Development, and Validation

With results of the APNMCOA survey in hand, the GAPNA Board of Directors determined a consensus building process was the next step needed to identify a set of proficiencies necessary for attaining gerontological specialization as an advanced practice nurse. On the premise that "group decisions will...reflect the profession or specialty of the participants" (Murphy et al., 1998, p. 64), 22 gerontological advanced practice nurses were invited to attend a half-day roundtable meeting. Specialists from the field of gerontological nursing included members with expertise in nursing education, nursing research, transitional care, acute care, home care, hospice and palliative care, long-term care, and geropsychiatric nursing. Prior to the meeting each participant received via email a copy of the survey, the PowerPoint slides of the preliminary demographic results from the research study, and

a suggested reading list that included national competencies for NPs, geriatric fellows, and residents in internal medicine and family practice. A draft of the 12 proficiency statements was presented in the slides with bar graphs depicting the 61 professional activities that were amalgamated from the survey by the researchers to form the basis for each proficiency statement. The data for each statement were presented with the average number of responses to importance and frequency of the professional activities in APRN clinical practice.

The initial face-to-face meeting of the consensus panel took place in September 2013 prior to GAPNA's Annual Conference. The facilitator, who also was a nurse practitioner, reviewed with the experts the process for consensus building that would be followed during the meeting. An interactive PowerPoint software program and wireless response system pads (Turning Technology®) were used for polling opinions of the panel on each statement. Consensus on each statement was obtained based on the general principles described by Murphy and associates (1998). The facilitator, experienced in working with consensus panels, recommended using a minimum of 80% agreement for consensus on each criterion. If consensus was not achieved, then the facilitator would request the statement be edited based on participants' input and be modified to reflect more clearly the current state of gerontological advanced nursing practice. A vote was taken again for a second or even third time until 80% or greater consensus was achieved. Eventually consensus was reached on all 12 proficiency statements; none of the initial draft statements were eliminated.

From the list of experts participating on initial round consensus meeting, the GAPNA Board of Directors appointed a Writing Group charged with writing supporting paragraphs for the 12 proficiencies. This group met regularly for over a year via phone calls to discuss the proposed referenced paragraphs aligned with each proficiency statement. Additionally the group determined it was critical to present a preamble to introduce the proficiencies and the supportive paragraphs. The conceptual model included herein depicts the importance of the specialty of advanced practice gerontological nursing as delineated by the proficiencies.

Upon completing a draft of the supportive paragraphs and other sections, the GAPNA Writing Group again sought the expertise of the initial NP facilitator and expert panel members to review the entire document. A second consensus meeting via a webinar and conference call was planned in collaboration with the facilitator and each member of the panel was sent in advance a draft of the entire document to review for content and relevance. Once again the group was informed of the method to be used to reach consensus on each section. Each participant was advised that no changes would be made to the proficiencies as written; rather the supporting information and other sections were open for changes. In September 2014 the expert panel reconvened with 10 (45%) of the original 22 members attending and consensus was reached when 80% of these members voted to support the sections as written or revised. These revisions and recommendations were then incorporated into the entire document as indicated.

For validation of the proficiency statements and supportive paragraphs, a process was used that was developed originally by the American Association of Colleges of Nursing (AACN) and National Organization of Nurse Practitioner Faculties as part of the Health Resources and Service Administration-funded nurse practitioner primary care competency project and the later modified Adult-Gerontology Primary Care Nurse Practitioner Competencies (AACN, Hartford Institute for Geriatric Nursing, & National Organization of Nurse Practitioner Faculties [NONPF], 2010) and Adult-Gerontology Acute Care Nurse Practitioner Competencies (AACN, Hartford Institute for Geriatric Nursing, & NONPF, 2012). Their instrument was modified by adding a question specifically pertaining to the recognition of the proficiency practice beyond the level of competence.

The Writing Group deemed it necessary to seek validation by two steps, internally from the membership of GAPNA then externally from APRN programs in schools of nursing and professional nursing programs. In February 2015, the first survey was sent to the 2,447 members of GAPNA via an email with a cover letter and 15-item questionnaire available on SurveyMonkey. This number includes members who are not advanced practice nurses and who are nursing students. Of the 409 respondents (16.7% response rate), 92% ($n=375$) were certified as adult nurse practitioners (ANPs), family nurse practitioners (FNPs), or GNP, and 71% ($n=290$) practiced in long-term or ambulatory care settings. Members rated each of the 12 proficiency statements and supportive paragraphs as *specific and clearly stated* (91.8% to 97% yes), *relevant and necessary* (90.7% to 98% yes), and *beyond the competency level* (53.6% to 60.7% yes). All of the 325 comments were analyzed and discussed by the Writing Group and revisions for clarity and specificity were made in nine supportive paragraphs; no additions, deletions, or changes were made to the 12 proficiency statements. The internal validation process showed overwhelming support for the proficiency statements and supporting paragraphs from the GAPNA members who responded.

In April 2015, an external validation survey was distributed to over 350 APRN programs in schools of nursing and to professional nursing organizations. Again, the proficiency statements and supportive paragraphs were sent via an email cover letter with an 18-item questionnaire available on SurveyMonkey. Of the 98 responses (28% response rate), 49 schools of nursing and 20 different professional organizations were represented; 73% ($n=72$) of respondents were certified as ANP, FNP, or GNP; and 85% of the APRN programs offered A-GNP tracts and 80% offered FNP tracts. Respondents again rated each of the 12 proficiency statements and supportive paragraphs as *specific and clearly stated* (91.8% to 98.6% yes), *relevant and necessary* (93.2% to 98.6% yes), and *beyond the competency level* (50.7% to 64.8% yes). All of the comments were analyzed and discussed by the Writing Group but no further revisions were made in the supportive paragraphs or proficiency statements. The results from this external validation process again yielded positive support for the proficiencies.

The intention of GAPNA is to disseminate this entire document widely to all GAPNA members, schools of nursing, national nursing organizations, and relevant professional gerontological organizations. Endorsement of the *Proficiencies for the APRN Gerontological Specialist* is being sought from national nursing organizations, including certifying and accrediting bodies and professional gerontological organizations. The endorsement process will be ongoing and the names of the organizations offering support of this document will be added as they are received.

Preamble

The Advanced Practice Registered Nurse Gerontological Specialist (APRN-GS) as referred to in this document as an APRN licensed as a CNS or CNP whose practice is focused on meeting the unique health care needs of older adults and their families. As described in the APRN Consensus Model (NCSBN, 2008) and the three sets of A-G CNS and CNP competencies (AACN, Hartford Institute for Geriatric Nursing, & National Association of Clinical Nurse Specialists, 2010; AACN, Hartford Institute for Geriatric Nursing, & NONPF, 2010, 2012), at entry level the APRN demonstrates competence to provide patient-centered, quality care to older adults and to apply evidence in clinical practice designed to improve quality of care and health outcomes.

Definition of an APRN Gerontological Specialist

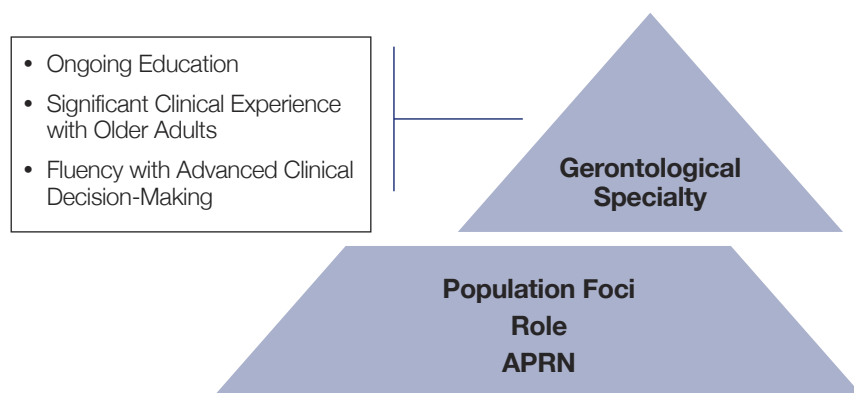
The APRN Gerontological Specialist is an advanced practice registered nurse who has acquired ongoing education and clinical experience, distinctive expertise, fluency, and advanced clinical decision-making proficiencies for managing the complexities of older adults and their families/carers with multifaceted, multilayered health care needs.

The APRN-GS provides individualized as well as population-focused care to assist older adults and their families/carers to achieve their health care goals. This Gerontological Specialist applies multidimensional assessment, consultative, and primary care services to older adults experiencing multimorbid conditions, geriatric syndromes, frailty, end of life, and other complex care needs. The APRN-GS is proficient in assessing and managing the special care needs of older adults experiencing transitions in care, receiving acute, ambulatory or home care, or residing in long-term care, memory care, or assisted living facilities.

The proficiencies for APRN Gerontological Specialization build on the APRN core and population-focused competencies for CNSs and NPs providing increased depth, breadth, and flexibility in the application of geriatric-specific, evidence-based practice to achieve quality health care for older adults and their families/carers (see Figure 2).

In recognition that high-quality specialized care of older adults is a public health care priority, GAPNA developed this document to facilitate the retention of gerontological specialization in advanced practice nursing. This document provides guidance for the development of specialized curriculum and clinical practice roles as well as certification programs.

Figure 2.
Model for the APRN Gerontological Specialty



Model for the APRN Gerontological Specialty

The model for the Gerontological Specialty in Advanced Practice Nursing is focused on the roles of APRNs specializing in the health care of older adults and their families/carers across health care systems and settings. The model evolved from the *Consensus Model for APRN Regulation: Licensure, Accreditation, Certification & Education* (NCSBN, 2008), which described four roles and six population foci. This Gerontological Specialty applies only to the CNS and CNP roles with regard to the adult-gerontology population foci.

Competencies for APRNs to practice in their roles with their population foci are based on A Model of Skill Acquisition (Dreyfus & Dreyfus, 1980); Benner's (1982, 1984) adaption of the Dreyfus model to nursing, Novice to Expert; and Brykczynski's (1989) application of Benner's model to the clinical practice of nurse practitioners. In these models for the acquisition and development of a skill set, the learner passes through five levels of performance: novice, advanced beginner, competent, proficient, and expert. For APRNs, the expected levels of performance are at a competency level "that integrates knowledge, skills, abilities, and judgment" (American Nurses Association [ANA], 2010) upon entry into a direct care role; that is, upon successful completion of a graduate nursing program, national certification, and state licensure, regardless of population or specialty care focus (NCSBN, 2008).

APRN competencies are specific to each role and population focus. Clinical practice in "the population focus, adult-gerontology, encompasses the young adult to the older adult, including the frail elderly" (NCSBN, 2008, p. 10). Three sets of competencies described CNS and CNP roles working with the adult-gerontology population: the *Adult-Gerontology Clinical Nurse Specialist Competencies* (AACN, Hartford Institute for Geriatric Nursing, & National Association of Clinical Nurse Specialists, 2010a), the *Adult-Gerontology Primary Care Nurse Practitioner Competencies* (AACN, Hartford Institute for Geriatric Nursing, & NONPF, 2010), and the *Adult-Gerontology Acute Care Nurse Practitioner Competencies* (AACN, Hartford Institute for Geriatric Nursing, & National Organization of Nurse Practitioner Faculties (2012). These documents defined each

role and scope of practice; described entry-level competencies for clinical practice with adults, young, old, and frail; and were based on patient care needs and not specific health care settings. Further, competencies for older adult care also were described for CNSs and CNPs working with women's health and family populations: *Recommended Competencies for Older Adult Care for CNSs Prepared for Women's Health/Gender Specific and Across the Lifespan Populations* (AACN, Hartford Institute for Geriatric Nursing, & National Association of Clinical Nurse Specialists, 2010b), and *Recommended Competencies for Older Adult Care for Family CNP and Women's Health CNP* (AACN, 2010c).

An APRN specialty is "a focus of practice beyond role and population focus linked to health care needs" (NCSBN, 2008, p. 10). Specialty practice represents a more focused area of preparation and practice than does the APRN role and population focus level (NCSBN, 2008). Older adults are a unique population with specific health care needs (GAPNA, 2012). This model applies to the specialty area of gerontological advanced practice nursing with older adults and their families/carers.

In Benner's model (1984), clinical practice in a specialty requires the APRN level of performance to move from competency to proficiency. Proficiency is a higher level of performance that integrates holistic perceptions of complex situations and their meanings, facility with anticipatory decision-making, and mastery of potential interventions to achieve maximum outcomes. In this model for Gerontological Specialization, the proficient CNS or CNP has acquired ongoing education, significant clinical experience (at least 3 years of practice beyond entry level), and distinctive fluency with advanced clinical decision-making for health care with older adults and families/carers. The expected levels of performance are described in 12 specific, measurable, behavioral proficiency statements (see Table 1) for constellations of 61 professional activities in the care of the older adult population in a gerontological clinical practice specialty. These professional activities are indexed with each proficiency statement in Appendix A. Key terms are described in Appendix B.

Table 1.
Proficiencies for the APRN Gerontological Specialist GAPNA
Consensus Statement on Proficiencies for the Advanced Practice Registered Nurse Gerontological Specialist
(September 2013)

1.	The APRN Gerontological Specialist demonstrates proficiency in comprehensive physical, social, cognitive, and functional assessment of the complex older adult that includes consideration of normal changes with aging and atypical presentation of illness.
2.	The APRN Gerontological Specialist caring for complex older adults applies current evidence and best practice to inform decision-making for appropriate screening, diagnostic testing, treatment, and planning of care.
3.	The APRN Gerontological Specialist caring for complex older adults manages and documents discussions and plans of care consistent with regulatory guidelines.
4.	The APRN Gerontological Specialist demonstrates proficiency in prescribing practices, including evaluation of risks and benefits of pharmacotherapy for complex older adults.
5.	The APRN Gerontological Specialist caring for complex older adults applies a system-based approach to assess, design, implement, and evaluate effective educational strategies to optimize health-related outcomes.
6.	The APRN Gerontological Specialist is proficient in providing gender inclusive care including sensitivity to cultural and psychosocial aspects when managing sexual health of complex older adults.
7.	The APRN Gerontological Specialist is proficient in coordination and management of timely palliative and end-of-life care congruent with the goals and values of older adults and families/carers.
8.	The APRN Gerontological Specialist caring for complex older adults is proficient in using evidence-based and best practice approaches to customize strategies to anticipate and manage geriatric syndromes.
9.	The APRN Gerontological Specialist caring for complex older adults is proficient in anticipating and managing transitions of care between sites and providers while reducing transitions incongruent with goals of care.
10.	The APRN Gerontological Specialist caring for complex older adults applies a systems-based approach to anticipate and deploy available resources to optimize health-related outcomes.
11.	The APRN Gerontological Specialist caring for complex older adults individually or collaboratively designs, implements, and evaluates quality improvement and/or research activities to enhance care quality.
12.	The APRN Gerontological Specialist caring for complex older adults is proficient in the analysis and use of individual and aggregate data to inform practice and policy development.

Proficiency Statements

Proficiency Statement 1

The APRN Gerontological Specialist demonstrates proficiency in comprehensive physical, social, cognitive, and functional assessment of the complex older adult that includes consideration of normal changes with aging and atypical presentation of illness.

The APRN Gerontological Specialist values the importance of a comprehensive approach to the assessment, management, and evaluation of older and frail adults whose health care issues are complex. Geriatric assessment is multidimensional and often interprofessional, thus the APRN Gerontological Specialist often works closely with colleagues from other disciplines managing the coordination of care based on the outcomes of comprehensive assessments (Elsawy & Higgins, 2011). Compounding the complexity of illness assessment in older adults is the frequent presentation of concomitant symptoms, chronic physical and psychosocial and behavioral conditions, and polypharmacy including self-medication. Often the progression of acute conditions is insidious and presen-

tation can be subtle or an abrupt change of function, behavior, and/or alteration in cognition (Ham, Sloane, Warshaw, Potter, & Flaherty, 2014). These changes in condition include exacerbations of chronic disease states as well as development of new conditions. Diagnosis of illnesses in older adults may be delayed or missed entirely due to atypical presentations. Stemming from the knowledge that age-related changes impact the presentation of illness in an older adult, the APRN Gerontological Specialist interprets nonspecific or vague presentation of illness as impending signs of acute illness or a developing geriatric syndrome.

Proficiency Statement 2

The APRN Gerontological Specialist caring for complex older adults applies current evidence and best practice to inform decision-making for appropriate screening, diagnostic testing, treatment, and planning of care.

Significant gaps in health care screening and the rendering of preventive, lifesaving services have been identified in the care of older adults (CDC, 2011; Nicholas & Hall, 2011). The APRN Gerontological Specialist addresses these gaps in

health care by adhering to age-specific, evidence-based guidelines in the delivery of screening and preventive services that take into account chronological age and multidimensional factors that affect health.

Care decisions are often more complex in older adults due to multiple co-morbidities, disabilities, and susceptibility to syndromes and age-related health complications (AGS, 2012; Lewis et al., 2010; Walter & Covinsky, 2001). The APRN Gerontological Specialist applies a patient-centered care approach that is grounded in current evidence and is aligned with the older adult's values, care goals, and preferences. Plans of care that maximize health benefits, minimize care burdens, and reduce potential harms of interventions are the hallmarks of Gerontological Specialist care. Attention is given to the development of individualized plans of care that include health screening, diagnostic testing, preventive care, and illness care services in the context of each person's functional status, decision-making capacity, co-morbidities, and goals of care (Resnick, 2001). Individualized care planning is achieved through shared decision-making among the older adult, family/carers, and health care team.

The APRN Gerontological Specialist provides education to older adults and their families/carers about care options, potential benefits and possible harms, and uses patient decision aids to craft an individualized plan of care (Elwyn et al., 2012; O'Connor, Llewellyn-Thomas, & Flood, 2004). The Gerontological Specialist understands the complex care and safety needs of vulnerable older adults and advises older adults and their family/carers in the selection of health screening, diagnostic testing, and treatments to minimize health risks and burdens of interventions and maximize health benefits and quality of life.

Proficiency Statement 3

The APRN Gerontological Specialist caring for complex older adults manages and documents discussions and plans of care consistent with regulatory guidelines.

The APRN Gerontological Specialist caring for complex older adults employs sophisticated communication skills. Effective communication by Gerontological Specialists positively impacts the relationship and information sharing with older adults and families/carers (Gilbert & Hayes, 2009). This relationship is crucial for the plan of care to be discussed with the older adult and family/carers. Documenting the plan of care in the medical record provides the context of treatment for the health care team. The Gerontological Specialist communicates and negotiates the treatment plan goals with the older adult and family/carers. These goals of care are developed after comprehensive discussions with the older adult and family/carers concerning the treatment options and a review of the risk and benefits of treatment choices (Poder, Fogelberg-Dahm, & Wadensten, 2011; Stanik-Hutt, Newhouse, & White, 2013).

The APRN Gerontological Specialist promotes continuity of care through comprehensive communication with the health care team. The Gerontological Specialist consults and works with the team on meeting the health care goals and provides

guidance toward achieving the overall outcomes for older adults and families/carers (Barton & Mashlan, 2011). Federal codes mandate transitional care plans that are clearly communicated and documented in the health care record to ensure quality and cost-effective health care outcomes (Centers for Medicare & Medicaid Services, 2013). Older adults are vulnerable to increased risk for medical errors due to the complexities of multimorbid conditions and polypharmacy. The Gerontological Specialist understands the plan of care must be complete and documented in the health care record. In the documented plan of care, the specialist communicates with the health care team the decision points on which the plan has been based. For example, the Gerontological Specialist plays a significant role in evaluating, communicating, and documenting the advanced care planning of older adults and families/carers.

Seamless transitions between health care settings are vital to ensuring high-quality, cost-effective care for complex and frail older adults (Boling, 2009). The discharge or transitional care summaries are effective tools for communicating previous and current treatment and promoting continuity of care across various levels and systems. The APRN Gerontological Specialist has a clear understanding of the scope of practice as defined by federal and state guidelines, is familiar with opinions publicized by the state regulatory agency (ANA, 2010), and initiates strategies to minimize adverse outcomes with transitions of care for older adults.

Proficiency Statement 4

The APRN Gerontological Specialist demonstrates proficiency in prescribing practices, including evaluation of risks and benefits of pharmacotherapy for complex older adults.

The APRN Gerontological Specialist possesses specialized knowledge and skill in prescribing practices for complex older adults with age-related changes, multimorbid conditions, and polypharmacy (AGS, 2013). The education and scope of practice for the Gerontological Specialist must be expanded to cover the specialized knowledge of advancing age, as well as, translating evidence from studies that frequently underrepresent older adults. The Gerontological Specialist uses clinical practice guidelines, best evidence, experience, and practice decision tools (e.g., Beers list, START, STOPP) to evaluate the risk and benefits of pharmacotherapy effectively (O'Mahony et al., 2015; Planton & Edlund, 2010). The potential for adverse drug events (ADEs) increases with the changes of advancing age, the incidence of chronic disease, and polypharmacy with older adults (Pretorius, Gataric, Swedlund & Miller, 2013). Often the evidence on effective management of comorbid conditions and syndromes in older adults is contradictory and conflicting (Hill-Taylor et al., 2013). The Gerontological Specialist balances the benefits with the risk to prevent unnecessary ADEs and to improve quality outcomes.

With these factors in mind, the APRN Gerontological Specialist, in partnership with other providers and the older adult and family/carers, strives to achieve and maintain the elder's highest level of function and quality of life. The APRN Geront-

tological Specialist values the minimization and judicious use of pharmacological approaches. The Gerontological Specialist promotes lifestyle modifications while encouraging a balance between pharmacological and nonpharmacological treatment approaches. The health care issues of older adults have become more challenging with the aging baby boomers, shifts from acute care to primary and chronic care, increased technological innovations, and increases in life span. The Gerontological Specialist engages in consultation with clinical pharmacists and other health care providers in selecting individualized, evidence-based best practice interventions. The Specialist actively pursues both innovative pharmacological and nonpharmacological care strategies while balancing the risk and benefits of treatments.

Proficiency Statement 5

The APRN Gerontological Specialist caring for complex older adults applies a system-based approach to assess, design, implement, and evaluate effective educational strategies to optimize health-related outcomes.

In designing effective educational interventions for older adults, the APRN Gerontological Specialist demonstrates proficiency in the knowledge of normal aging, considering the influence both acute and chronic illness can have on the individual's ability to learn. While the focus of the educational strategy for older adults may be to convey knowledge and skills of self-care management of newly diagnosed or stable medical conditions, addressing the actual and potential impact on function that the medical problems may impart on an individual also is essential. Using information gathered during a comprehensive assessment, the Gerontological Specialist recognizes information obtained from the psychosocial aspects of the assessment on the older adult's health literacy skills, cognitive level, personal resources, and formal and informal support systems is important to determine capacity to comprehend and retain health care information (Speros, 2009). The Gerontological Specialist innately knows that while older adults are capable of learning new information, the delivery of the information may need to be individualized, using both visual and auditory capacities, given over short increments of time, and include return demonstration of any new psychomotor skills acquired (Morrow & Conner-Garcia, 2013). The Gerontological Specialist determines first the individual's and, if necessary, the family's/carer's current knowledge and beliefs of the medical conditions and past life experiences that may result in barriers to learning, dispels any misconceptions, and alleviates any unwarranted concerns while providing support. The Gerontological Specialist assesses the readiness to learn of both older adults and the family/carers. Multifaceted teaching/learning strategies that include both visual and auditory cues are considered when planning interventions (Morrow & Conner-Garcia, 2013). The APRN Gerontological Specialist knows to request that older adults reiterate the information in their own words while providing verbal and nonverbal feedback to them on their understanding of the new information delivered (Kemp, Floyd, McCord-Duncan, & Lang, 2008).

Proficiency Statement 6

The APRN Gerontological Specialist is proficient in providing gender-inclusive care including sensitivity to cultural and psychosocial aspects when managing sexual health of complex older adults.

Sexual health is a state of physical, emotional, mental, and social well-being related to sexuality (World Health Organization [WHO], 2006). Sexuality is an integral part of the human personality from birth until death and does not end at a certain age or with a medical diagnosis. While APRNs are aware many older adults may adapt to normal age-related changes, the Gerontological Specialist is proficient with managing chronic illnesses that may further exacerbate these conditions and/or introduce additional problems that threaten sexual interest, arousal, and function (Fiest, Currie, Williams, & Wang, 2011). Though guidelines for preventive screening exist (U.S. Preventive Services Task Force, 2008), the APRN Gerontological Specialist possesses specialized knowledge of age-appropriate health screening and multidimensional treatment options that optimize sexual health and function. Questions about gender identity and sexual orientation may be asked routinely of all patients; the Gerontological Specialist, however, recognizes the complex and unique needs of vulnerable populations (e.g., lesbian, gay, bisexual, or transgender [LGBT] older adults) (Jablonski, Vance, & Beattie, 2013). For example, LGBT older adults have unique screening guidelines and may be at greater risk for social isolation, depression, and/or substance use than their heterosexual peers.

Loss of a life partner through illness or death and changes in living arrangements or environments of care, such as communal settings, are contextual considerations that may further complicate sexual health and function. The APRN Gerontological Specialist is comfortable initiating discussions about sexual health and function and is skilled at including older adults in informed decision-making as it relates to their sexual health and goals of care within the context of their cultural and spiritual well-being. Additionally, the Gerontological Specialist is proficient at identifying gender-specific concerns and provides subsequent sexual counseling, resources, and/or follow-up for older adults with complex, multimorbid conditions that may negatively impact sexual health and function (e.g., cardiovascular disease, diabetes mellitus, chronic obstructive pulmonary disease, cancer, depression) (Steinke, 2013).

Proficiency Statement 7

The APRN Gerontological Specialist is proficient in coordination and management of timely palliative and end-of-life care congruent with the goals and values of older adults and families/carers.

The APRN Gerontological Specialist provides the full scope of care from preventive to curative to palliative and end-of-life care. Through the application of exquisite holistic and multidimensional assessment skills, the Gerontological Specialist identifies progressive life-limiting illness and works to develop plans of care congruent with the goals and values of older adults, and their family/carers to reduce distress and increase comfort.

The APRN Gerontological Specialist in the care of older adults provides palliative care throughout the illness trajectory when the shared goals of care are to maintain optimal function, relieve symptoms, reduce burdensome interventions, and promote quality of life (Hinds & Meghani, 2014; Jerant, Azari, Nesbitt, & Meyers, 2004). The Gerontological Specialist discusses advanced care directives, provides information on palliative and hospice care services, identifies when persons are eligible for hospice services, guides exploratory conversation regarding the pros and cons of life-sustaining treatments, and reviews and updates plans of care based on changes in condition or situation. The Gerontological Specialist advocates for appropriate palliative and end-of-life care across care settings and works with the interprofessional team to coordinate timely palliative and end-of-life care with older adults and their families/carers (Henderson, 2004).

Proficiency Statement 8

The APRN Gerontological Specialist caring for complex older adults is proficient in using evidence-based and best practice approaches to customize strategies to anticipate and manage geriatric syndromes.

Geriatric syndromes are complex health conditions which are common in older adults and are associated with functional decline, increasing frailty, poor quality of life, and threatened survival. These syndromes are not diseases, but are linked to multiple co-morbidities, often with poor health outcomes for elders and their families/cares. For example, geriatric syndromes include, but are not limited to, multiple, interrelated health problems (Inouye, Studenski, Tinetti, & Kuchel, 2007; Inouye, Studenski, & Kuchel, 2007; Sleeper, 2009) such as:

- Cognitive impairments and psychiatric symptoms – confusion, delirium, dementia, depression, anxiety, agitation, and substance abuse.
- Sensory impairments – vision and hearing losses.
- Mobility impairments – gait instability, deconditioning, dizziness, and falls.
- Nutritional impairments – anorexia, dysphagia, dehydration, weight loss, and malnutrition.
- Elimination impairments – urinary incontinence, diarrhea, and constipation.
- Comfort and rest impairments – chronic pain and sleep problems.

All APRNs are expected to be competent in assessing and treating these syndromes of older adults. The APRN Gerontological Specialist is expected to be proficient in anticipation and early recognition of these complex syndromes, prevention of their occurrence or minimization of their impact, and maximization of positive health outcomes. The Gerontological Specialist is able to differentiate and address specifically the multiple co-morbidities linked to the geriatric syndromes and to incorporate their prevention and/or management into comprehensive, evidence-based plans of care for the older adults and their families/carers.

Proficiency Statement 9

The APRN Gerontological Specialist caring for complex older adults is proficient in anticipating and managing transitions of care between sites and providers while reducing transitions incongruent with goals of care.

Complex older adults are at great risk for negative health outcomes, such as functional decline, delirium, polypharmacy, and opportunistic infections when they experience frequent care transitions across settings, and/or when these transitions are not properly managed (Gozalo et al., 2011; Piraino, Heckman, Glenn, & Stolee, 2012; Walsh et al., 2012). Older adults with severe cognitive impairment, multiple medical co-morbidities, advanced functional deficits, polypharmacy, and limited social support are most likely to experience frequent, unnecessary, and complicated transitions of care (Piraino et al., 2012), and are also the least likely to achieve significant clinical benefit from acute care hospitalizations (Gozalo et al., 2011; Ouslander & Berenson, 2011; Walsh et al., 2012).

The APRN Gerontological Specialist minimizes unnecessary transitions of care and optimizes health outcomes by advocating within the system for care goals, preferences, and unique needs of complex older adults and their families/carers (Naylor, 2012). The APRN Gerontological Specialist has the knowledge and skills to manage acute exacerbations of illness effectively and safely and implement palliative care approaches in accordance with the patient's preferences and with appropriate resources (Ouslander & Berenson, 2011). When transitions of care become necessary, the Gerontological Specialist facilitates smooth transitions through effective communication with older adults, family members, and other health care providers; medication reconciliation; referrals to support services and other resources; and utilization of evidence-based models to guide care transitions (Enderlin et al., 2013; Naylor, 2012; Schoenborn, Arbaje, Eubank, Maynor, & Carrese, 2013; Sinvani et al., 2013).

Proficiency Statement 10

The APRN Gerontological Specialist caring for complex older adults applies a systems-based approach to anticipate and deploy available resources to optimize health-related outcomes.

The care of complex older adults requires advanced clinical proficiency for APRNs in the areas of health promotion, elder and family/carer education, and knowledge and use of available resources to optimize health and minimize acute exacerbations of chronic illnesses. The APRN Gerontological Specialist reacts to acute changes in the older adult's conditions and provides anticipatory guidance and planning to minimize inconsistencies with the plan of care. Health promotion counseling that is focused specifically on older adults and provided by APRNs has resulted in decreased acute illness exacerbations, fewer negative consequences of falls, and fewer acute care hospitalizations (Imhof et al., 2012). Additionally, APRNs who provided anticipatory guidance related to the management of chronic illnesses for older adults demonstrated less symptom distress, improved functional status,

and better quality of life (Wang, Lin, Lee, & Wu, 2011). Through holistic knowledge of older adults and their care needs, the family/carer role, and the environment, the Gerontological Specialist facilitates the deployment of available resources that optimize health-related outcomes and meet the unique needs of older adults within their communities.

Proficiency Statement 11

The APRN Gerontological Specialist caring for complex older adults individually or collaboratively designs, implements, and evaluates quality improvement and/or research activities to enhance care quality.

Delivery of health care services is becoming increasingly complex, incorporating standard one-on-one office visits, group appointments, virtual health care visits, and frequent transitions across settings. Differences in care delivery venues, reimbursement systems, and patient acceptance of care services must be evaluated carefully to determine their individual and interactive impact on care processes and related outcomes. Upon entry to practice, APRNs are to be competent in the steps necessary to search and appraise literature to design and implement changes in clinical practice (Hamric, Hanson, Tracy, & O'Grady, 2013). To manage the complexity of the current health care environment, the APRN Gerontological Specialist also is able to use critical evaluation of the literature to identify gaps in clinical practice with older adults. The APRN Gerontological Specialist understands processes used to implement evidence-based quality improvement projects to enhance the care of older adults, including how the context of a given setting influences whether and how a given intervention is successful in achieving desired health outcomes with this elderly population. These efforts may necessitate consultation with experts in both quality improvement and the rapidly growing field of implementation science to ensure appropriate processes are in place to implement, monitor, and modify new approaches to care. The APRN Gerontological Specialist brings expertise in defining appropriate outcomes for the targeted population of older adults to this collaborative process.

The APRN Gerontological Specialist with advanced education in the conduct of research or associated with a team conducting research understands the similarities and differences between quality improvement processes and research, and maintains proficiency in all regulatory processes and documentation required to ensure ethical conduct of research with older adults.

Proficiency Statement 12

The APRN Gerontological Specialist caring for complex older adults is proficient in the analysis and use of individual and aggregate data to inform practice and policy development.

Proficiency in analysis of individual health-related data to guide clinical decision-making for individual consumers is integral to advanced nursing practice with older adults. The APRN Gerontological Specialist demonstrates proficiency in data syn-

thesis and clinical decision-making at the individual level, and also the ability to obtain and use data from communities, health care systems, and local/regional health departments in the identification of trends, issues, and threats to both individuals and older adult populations. The Gerontological Specialist incorporates such information, in combination with best available research evidence, to generate, implement, and evaluate policies that guide individual and group practice in the provision of safe, quality, health care for older adults (O'Grady, 2008).

Summary

The APRN Consensus Model (NCSBN, 2008) provided a new framework to prepare clinicians to meet the demands of our aging patient population. By requiring all adult NP and CNS educational programs to provide gerontological content and clinical experiences consistently, this targeted exposure exponentially increased the number of APRNs who have been instructed in providing safe, competent care to older adults (A-G CNP and CNS graduates are now eligible for a blended Adult-Gerontology certification). While older adults may benefit from the increased number of A-G APRNs, the need for gerontological specialists remains (IOM, 2008). Indeed, as the care of an aging population often becomes more challenging, the provision of care by A-G APRNs may be insufficient to meet complex older adult health care needs (Van Leuven, 2012).

A "grey tsunami" of complex older adults is upon us. Coupled with the evolving and multifaceted changes in health care, and insufficient numbers of specialists in geriatrics, this "perfect storm" has the potential for further escalating health care costs with questionable quality and outcomes across settings (Yoshikawa, 2012). In creating more A-G APRNs, pathways for recognizing expertise in gerontologic nursing were eliminated; mechanisms are no longer in place to reach or demonstrate gerontological specialization – the "top of the Consensus Model pyramid."

Considering the complexity of health care outlined in GAPNA's proficiency statements, GAPNA challenges the current Adult/Gerontology APRN solution as a sufficient way to address advanced practice nursing care for older adults. Expertise as an APRN Gerontological Specialist requires proactive and deliberate approaches to knowledge and skill acquisition beyond basic competency requirements for clinical practice. Just as other health care professionals seek and maintain certification to demonstrate specialization and expertise, the development, recognition, and monitoring of APRN gerontological specialization is needed to provide high-quality health care for older adults, particularly since the value of APRN collaborative practice models for older adults have been documented repeatedly in the literature (Naylor & Kurtzman, 2010). Like our colleagues in geriatric medicine, we recognize APRN gerontological specialists are effective catalysts for delivering more comprehensive and specialized care in clinical practice settings, and gerontological specialists are essential as the educators of APRNs and other health care professionals in providing high-quality, cost-effective care of older adults (Leipzig et al., 2014). The position of GAPNA is

Table 2.
Recommendations of GAPNA for Specialization in Gerontological Advanced Practice Nursing

❖ APRNs caring for complex older adults pursue ongoing education and clinical experience beyond their initial education, certification, and licensure to achieve specialization in gerontological advanced practice nursing.
❖ Certification as an APRN Gerontological Specialist be developed and multiple mechanisms for demonstrating proficiency be explored.
❖ Partnerships with other professional health care organizations be pursued to create pathways and designations for specialization in gerontological advanced practice nursing.

that *gerontological specialization in advanced practice nursing is essential* and that *creative ways of demonstrating these proficiencies must be developed* (e.g., certification exams, gerontological fellowships, professional portfolios, etc.).

Recommendations

GAPNA recommends *APRNs caring for complex older adults pursue ongoing education and clinical experience beyond their initial education, certification, and licensure to achieve specialization in gerontological advanced practice nursing* (see Table 2). For example, CNPs in ambulatory care clinics may seek Gerontological Specialization to demonstrate proficiency in working with older adults and their families/careers in their case loads.

Preparation in a specialty area of practice is optional, and must build on APRN role/population-focus competencies. Specialty proficiencies are to be assessed separately from APRN educational requirements for entry into practice. Because state licensing boards do not regulate the APRN practice at the level of specialties, GAPNA strongly recommends *certification in APRN gerontological specialization*. Also recognized is APRN providers may have acquired significant gerontological experience and fluency, and therefore *multiple mechanisms for demonstrating this proficiency need to be explored*.

Another potential benefit of APRN gerontological specialization is matching the right provider to the right setting. A Gerontological Specialist may be needed to manage a particular practice, unit, or service line. For example, a cardiology practice/unit/service line may specialize in managing cardiovascular disease with a preponderance of older adults and may choose to employ a Gerontological Specialist to meet the needs of this population (managing cardiovascular disease in context of the growing acuity and complexity of care for older adults across settings). Indeed the proficiency statements delineated in this document may shape job descriptions, annual evaluations, and/or goal setting for achieving proficiency.

Future Considerations

As evidenced by the GAPNA survey responses and proficiency statements, high levels of proficient health care are required to care for the aging population successfully. While the APRN Consensus Model has increased the number of competent gerontology providers, the need for APRN Gerontology Specialists is now greater than ever. Specializations are developed, recognized, and monitored by professional nursing. *GAPNA proposes partnerships with other professional organizations to create pathways and designations for gerontological specialization in advanced practice nursing*. The intention of this position statement is to stimulate dialogue among our nursing colleagues, health care professionals, and stakeholders who are committed to the delivery of care to complex older adults. Not providing for APRN gerontological specialization would be to leave our vulnerable, aging population without the expertise many individuals inevitably require.

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**Appendix A.
Professional Activities of APRN Gerontological Specialists
Indexed with 12 Proficiency Statements**

Professional Activities of APRN Gerontological Specialists	1	2	3	4	5	6	7	8	9	10	11	12
1. Discriminates between normal changes of aging versus pathology in assessment, diagnosis, and management of older adults.	X											
2. Applies theories of aging to management of older adults.	X											
3. Applies concepts related to pharmacotherapeutics and age-related changes on drug selection and dosage.				X								
4. Identifies medications that should be avoided or used with caution in older adults.				X								
5. Identifies clinical situations where standard recommendations for screening should not be ordered in an older adult.		X										
6. Identifies clinical situations where standard recommendations for treatment should not be prescribed in an older adult.		X										
7. Manages atypical presentation of illness in older adults such as infection, acute coronary syndrome, pneumonia, depression, acute abdomen, thyroid disease.	X											
8. Identifies potential iatrogenic hazards of hospital/institutional care for an older adult.								X				
9. Identifies decreased capacity in an older adult to give accurate history and participate in decision-making.	X											
10. Develops a preliminary management plan for older adult with functional deficits to include members of an interdisciplinary team, as available.	X											
11. Provides comprehensive assessment of an older adult including: function, nutrition, culture, physical, mental, psychosocial, and environmental.	X											
12. Provides assessment and advanced management of behavioral disturbances of dementia in an older adult.								X				
13. Evaluates and manages an older adult at risk for falling.								X				
14. Provides advanced assessment and management of chronic serious mental illness, and neurodegenerative conditions associated with aging.								X				
15. Manages and treats older adults for acute and chronic conditions in their place of residence.									X			
16. Assesses and manages gynecological issues in older women.						X						
17. Assesses and manages sleep disorders in an older adult..								X				
18. Assesses and manages sexual dysfunctions commonly seen with aging.						X						
19. Manages an older adult who is delirious.								X				
20. Manages an older adult with acute or chronic urinary and/or fecal incontinence.								X				
21. Uses community-based resources and institutional care options for older adults.					X							
22. Recognizes and manages elder abuse and neglect.								X				

Sources: American Geriatrics Society (2013); Kennedy-Malone et al. (2008); Williams et al. (2010)

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**Appendix A. (continued)
Professional Activities of APRN Gerontological Specialists
Indexed with 12 Proficiency Statements**

Professional Activities of APRN Gerontological Specialists	1	2	3	4	5	6	7	8	9	10	11	12
23. Recognizes loss of independence in an older adult to include IADLs and ability to drive.	X											
24. Recognizes and manages failure to thrive in an older adult.								X				
25. Recognizes frailty in an older adult.								X				
26. Recommends post hospital placement of an older adult.									X			
27. Provides palliative care to the dying patient.							X					
28. Plans and manages care transitions between health care facilities.									X			
29. Discusses Advanced Directives with an older adult, family, and/or caregivers.							X					
30. Assesses and manages caregiver burden.					X							
31. Provides resource identification and referral relative to older adults, and/or their families and caregivers.					X							
32. Provides anticipatory guidance with an older adult, significant other, and family.									X			
33. Is a leader/member of an interdisciplinary team.					X							
34. Recognizes the need for durable medical equipment for older adults with functional impairments.					X							
35. Recognizes potential for hazardous driving in older adults.	X											
36. Coordinates patient-centered medical home.									X			
37. Orders/interprets diagnostic tests for older adults.		X										
38. Prescribes medications/writes prescriptions for older adults.				X								
39. Prescribes nonpharmacological therapies for older adults.		X										
40. Provides health promotion/disease prevention education, screening, and counseling for older adults.										X		
41. Provides clinical/case management of older adults.					X							
42. Acts as a change agent for older adults, families, and health care providers.					X							
43. Dictates and signs discharge summaries.			X									
44. Develops/facilitates support groups.					X							
45. Develops patient education programs.										X		
46. Provides program development and evaluation.										X		
47. Conducts research.											X	X
48. Develops policies and procedures.											X	X
49. Manages pain in advanced illness, including use of adjuvant and nonpharmacologic therapies.				X								
50. Rotates opiates using equianalgesic dosing.				X								
51. Manages distressing symptoms that are frequently seen in terminal care including dyspnea, severe nausea, and vomiting and delirium.							X					

Sources: American Geriatrics Society (2013); Kennedy-Malone et al. (2008); Williams et al. (2010)

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**Appendix A. (continued)
Professional Activities of APRN Gerontological Specialists
Indexed with 12 Proficiency Statements**

Professional Activities of APRN Gerontological Specialists	1	2	3	4	5	6	7	8	9	10	11	12
52. Provides grief/bereavement support for families and facility staff.							X					
53. Determines decision-making capacity in dementia.		X										
54. Communicates bad news/discussing goals of care.							X					
55. Discusses pros and cons of life-sustaining treatments (intubation, tube feeding, and IV hydration) with patients and family members.							X					
56. Determines prognosis and hospice eligibility.							X					
57. Searches, retrieves, and manages data to make decisions using information and knowledge management systems.											X	X
58. Assesses older adults understanding of their health care issues and creates plans with patients to manage their health care.									X			
59. Uses patient-engagement strategies to involve older adults and their families and/or caregivers in the health care team's planning of care.									X			
60. Determines and measures quality indicators for care of older adults populations.											X	X
61. Identifies safety risks when managing care for complex older adults.		X										

Sources: American Geriatrics Society (2013); Kennedy-Malone et al. (2008); Williams et al. (2010)

Appendix B. Key Terms

Adult-Gerontology Acute Care Nurse Practitioner – An advanced practice registered nurse focused on advanced practice nursing care across the continuum of health care services to meet the specialized physiologic and psychological needs of adults and older adults with acute, critical, and/or complex chronic health conditions (AACN et al., 2012).

Adult-Gerontology Clinical Nurse Specialist – An advanced practice registered nurse with clinical competencies in a specialized area focused on the diagnosis and treatment of illness, as well as, promotion of health and well-being for adults and older adults across the lifespan (AACN et al., 2010a).

Adult-Gerontological Primary Care Nurse Practitioner – An advanced practice registered nurse focused on

APRN Gerontological Specialist – An advanced practice registered nurse who has acquired advanced education and experience, distinctive expertise, fluency, and advanced clinical decision-making proficiencies for managing the complexities of older adults and their families/carers with multifaceted, multilayered health care needs.

Atypical Presentation – Disease signs and symptoms that occur outside the normal expected rubric of traditional signs and symptoms (Flaherty & Zwicker, 2014).

Certification – A formal recognition of the knowledge, skills, and experience demonstrated by the profession (APRN Consensus Work Group & the National Council of State Boards of Nursing APRN Advisory Committee, 2008).

Consensus – An opinion or position reached by a group as a whole (American Heritage Dictionary, 2015).

Competencies – Levels of performance demonstrated by a nurse who is efficient, coordinated, and confident in her or his actions (Benner, 1984).

Competency statements – A set of declarative statements which define the minimal knowledge and skills of a professional within the context of the current standards of practice.

Complex older adult – A vulnerable older adult with multimorbid, complicated health care problems and needs.

Continuing education – Learning activities designed to augment the knowledge, skills, and practice of nurses and therefore enrich nurses' contribution to quality care and to their pursuit of professional career goals (American Association of Critical Care Nurses, 2012).

Family/Carers – Persons who care, unpaid, for a family member or friend who, due to illness, disability, a mental health problem or an addiction, cannot cope without their support (Carers, 2015).

Geriatric assessment – A multidisciplinary diagnostic and treatment process that identifies medical, psychosocial, and functional limitations of an older adult in order to develop a coordinated plan to maximize overall health with aging (Elsawy & Higgins, 2011).

Gerontology – The study of the aging process and individuals as they grow from midlife through later life, including the study of physical, mental, and social changes; the investigation of the changes in society resulting from our aging population; and the application of this knowledge to policies, programs, and practice (Association for Gerontology in Higher Education, 2010).

Geropsychiatric nursing – Nursing practice which includes holistic support for and care of older adults and families as they anticipate and/or experience developmental and cognitive challenges, mental health concerns, and psychiatric/substance abuse disorders across a variety of health and mental care settings (Geropsychiatric Nursing Collaborative, 2010).

Interdisciplinary – A group of health care professionals from diverse fields or disciplines who work in a coordinated fashion toward a common goal for the patient (Mosby's Medical Dictionary, 2014).

Older adult – A socially constructed concept generally accepted as a person of chronological age 65 years or older (WHO, 2014).

Ongoing education – Professional learning activities that involve evidence-based knowledge acquisition, self-assessment and reflection, and practice-based experiential learning beyond basic education.

Palliative care – Is an approach that improves the quality of life of patients and their families facing the problem associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial, and spiritual (WHO, 2012).

Population focus – A specific stratified proportion of a population (e.g., frail older adults).

Primary care – Provision of integrated, accessible health care services by clinicians who are accountable for addressing a large majority of personal health care needs, developing a sustained partnership with patients, and practicing in the context of family and community (IOM, 1994).

Proficiencies – Levels of performance demonstrated by being able to perceive situations as wholes rather than in terms, parts, or aspects while being able to modify responses to a given situation (Benner, 1984).

Proficiency statements – A set of declarative statements which define a higher level of aptitude and capability of a specified area of knowledge within the context of the current standards of practice.

Specialty – A selected professional field of nursing practice (e.g., gerontological nursing practice).

Transitions of care – Movements of patients or residents between health care locations, providers, or different levels of care as their conditions and care needs change (National Transitions of Care Coalition, 2008).