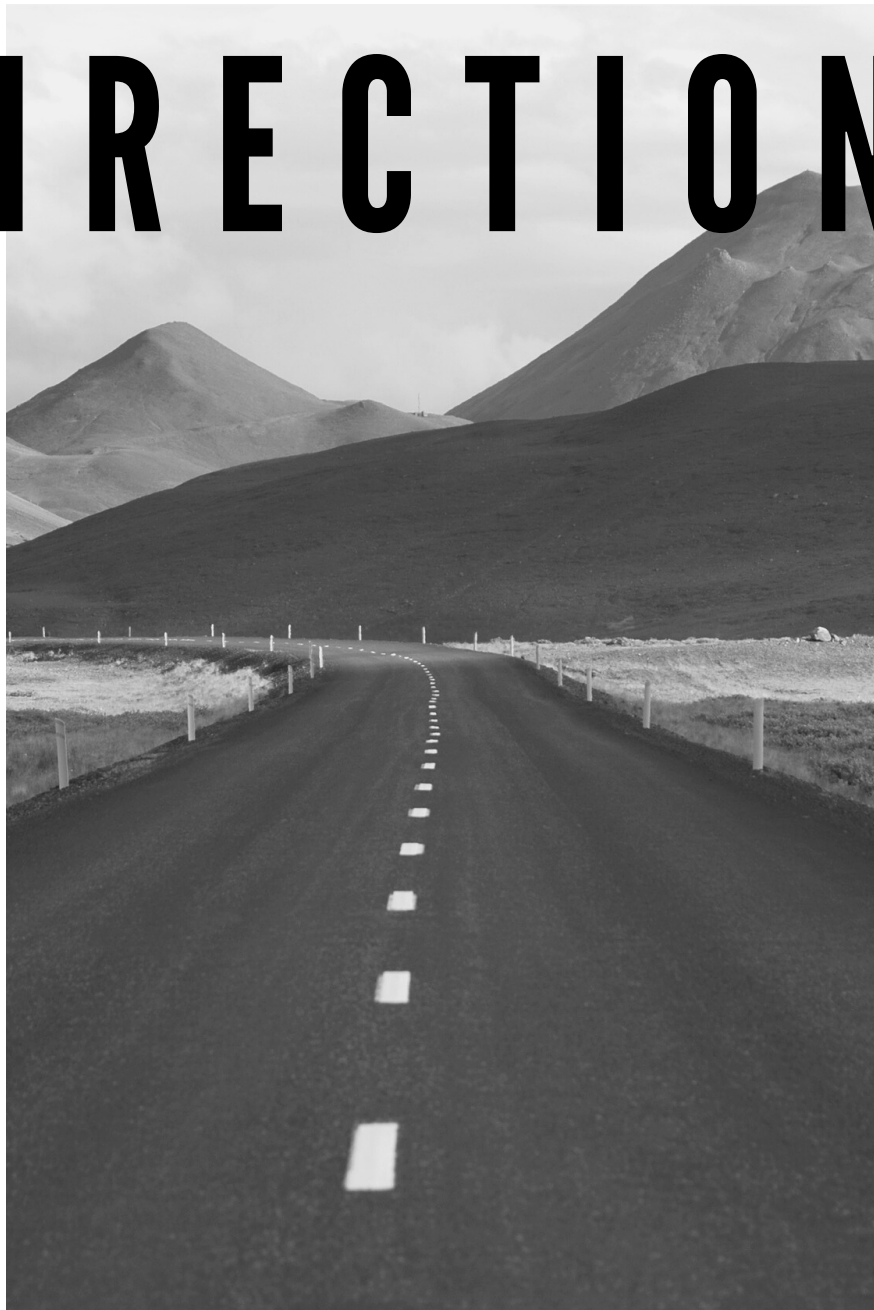
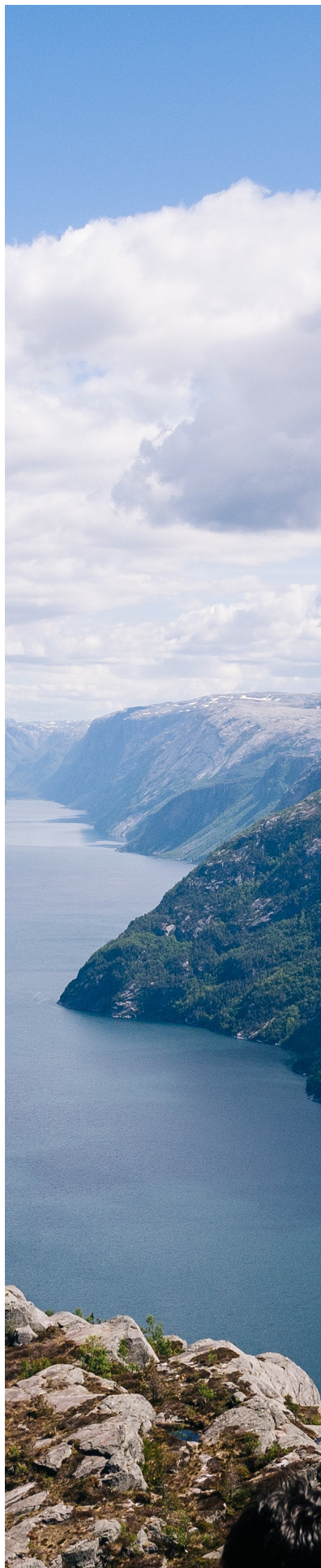


# NEW DIRECTIONS

ISSUE 05 / SEPTEMBER 2020





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# A MESSAGE FROM THE EXECUTIVE DIRECTOR

During these uncertain times, resilience is key. We all know that nurses are resilient which has been regularly reinforced since the onset of the pandemic. We have adapted our daily work and found new ways to get things done. Our networking and conferences have been converted to virtual events that meet our needs in new and different ways. Your NHCGNE Leadership is working to make NHCGNE a resilient organization by looking at new ways to partner with others to achieve our objectives.

It is exciting to see how quickly and creatively we have been able to adapt. Many have used their voices in advocacy for others such as the hearing impaired, persons who have guardians in long term care, and others who are marginalized or unable to speak for themselves.

I hope that you are keeping a journal of some sort these days to keep track of your experiences, thoughts, and feelings during this extraordinary time. There are some stories being told in the moment, but many will need to be shared after the situation improves to get the full story of nursing out there. From the perspective of NHCGNE, we will need to be sure we understand how the pandemic impacted the quality of care for older adults and how we can be better prepared in the future. We know that nursing education at all levels has been affected and that it will be challenging to get future nurses and APRNs access to the necessary clinical experiences to prepare for their practice.

Personal care is also important to maintaining your individual resilience. It is hard for nurses to do in the midst of many other demands, but it is so important. As we enter the Fall, please take time for your own rest and wellness. Stay safe and healthy.

A handwritten signature in dark ink, reading "Ellarene Duis Sanders". The script is cursive and fluid, with a mix of uppercase and lowercase letters.

ELLARENE DUIS SANDERS PHD, RN  
EXECUTIVE DIRECTOR, NHCGNE

# WHY HAS COVID-19 HIT SENIORS SO HARD?

SARA HARRISON

IT TOOK SIX weeks, several long, frustrating phone calls, and a consultation with Apple Care before Laurie Jacobs got her 89-year-old father up and running on FaceTime. Jacobs, who is a geriatrician by training and is now the chair of the Department of Medicine at Hackensack University Medical Center in New Jersey, was worried about how her parents were coping during the pandemic. They live in a long-term care community, but they felt isolated and lonely. Over the phone, Jacobs couldn't tell how her mother, who has some cognitive decline, was feeling or if she was walking comfortably. "The communication at a distance is very difficult," she says. "You don't always get the whole picture with an older adult on the telephone."

And, like so many other Americans in quarantine, her parents were running out of things to do. "They seemed bored and somewhat depressed by the lack of stimulation, so further ways for them to interact was very important," says Jacobs.

The COVID-19 pandemic presents a doubly complicated situation for older people: Not only are they [at higher risk](#) of contracting the disease, and more likely to develop severe infections and die from it, but they are also the most likely to struggle with—and suffer from—the consequences of prevention strategies like social distancing. For people with dementia, Alzheimer's disease, or severely reduced mobility, social-distancing guidelines can be impractical and nearly impossible to follow, making prevention and treatment even more complicated.

Seniors, especially those above age 80, have been hard hit by the virus. That's in part because they often have comorbidities like diabetes and hypertension, which make them more likely to be hospitalized. Doctors aren't sure why those conditions make the effects of the virus worse, but both conditions are associated with greater expression of the [ACE2 receptor](#), a protein on human cells that the coronavirus latches onto to start replicating.

Many older adults also have chronic, low-grade inflammation, a state called "inflammaging," in which the body is unable to control the release of cytokines, small proteins that are supposed to help modulate the body's immune response.

This dysregulation could put seniors at great risk of "cytokine storms," a condition reported in severe Covid-19 cases during which a patient's immune system spins out of control and starts damaging healthy organs.

Seniors are also more vulnerable because of immunosenescence, a slow deterioration of the immune system that is a normal part of aging. When people are young, the immune system has a big reservoir of T-cells and B-cells ready to fight infections. These are called "naive cells," meaning they haven't encountered any bacteria, viruses, or other pathogens yet. When those naive cells encounter an infection, some of them learn to recognize that pathogen and become ready to fight it off if the body gets exposed to it again. "As we age, we lose that reservoir of T-cells and B-cells," says Wayne McCormick, head of Gerontology and Geriatric Medicine at the University of Washington. "It's hard for us to make new ones, although some people seem to retain that capacity better than others." That means the person's body may mount a less robust immune system response than it would have done when they were younger.

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**IMMUNOSENESCENCE ALSO MEANS THAT DISEASES PRESENT DIFFERENTLY IN SENIORS, WHICH MAY MAKE IT DIFFICULT FOR THEIR DOCTORS OR CARETAKERS TO RECOGNIZE A COVID-19 INFECTION.**

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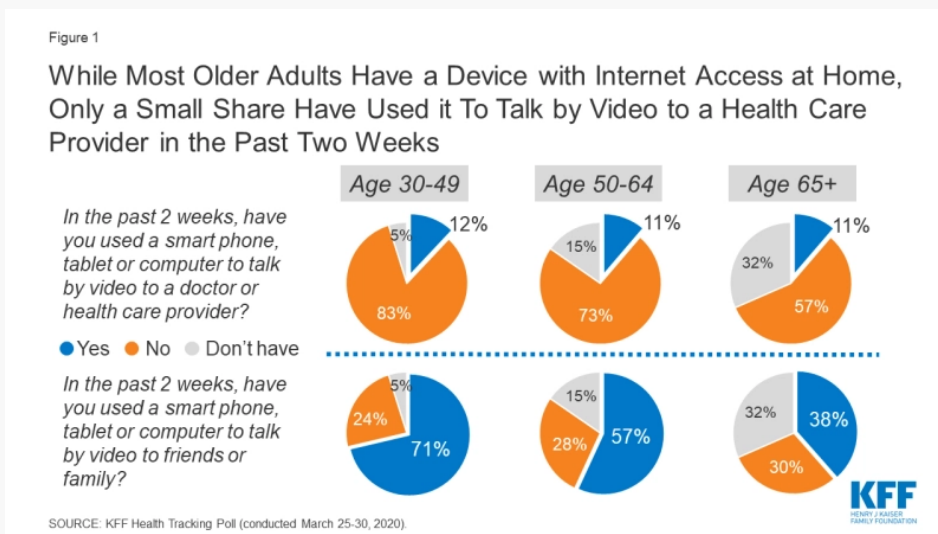
Immunosenescence also means that diseases present differently in seniors, which may make it difficult for their doctors or caretakers to recognize a Covid-19 infection. While many Covid-19 cases include fever, for example, in seniors the symptoms might also include confusion, delirium, sleepiness, or loss of appetite. That may be because the virus has reached important organs like the brain, kidneys, or digestive system. "As one gets older, the virus can invade without being resisted as much, and then some really bad things begin to happen," says William Greenough, clinical chief of the ventilator rehabilitation unit at Johns Hopkins Bayview Medical Center. "Particularly in older people, we're seeing clogging of blood vessels in the brain and kidneys."

# POSSIBILITIES AND LIMITS OF TELEHEALTH FOR OLDER ADULTS DURING THE COVID-19 EMERGENCY

JULIETTE CUBANSKI | KAISER FAMILY FOUNDATION

As the coronavirus pandemic sweeps across the U.S., millions of people around the country are living under directives [to stay home](#) to avoid risking exposure to the virus or infecting others if they are ill. To address the ongoing need for medical treatment during this time of physical distancing, there has been a rapid expansion in the availability of many health care services by telehealth, which allows physicians and other health care providers to furnish services to their patients at remote locations, including in their homes. In particular, Medicare has lifted several restrictions on who can receive telehealth and the types of services they can receive via telehealth during the COVID-19 public health emergency. This is especially important for people 65 and older, since virtually all are at greater risk of becoming seriously ill if they are infected with the new coronavirus that causes COVID-19.

But findings from [the latest KFF Health Tracking Poll](#) suggest telehealth might have limited reach among older adults, at least in the near term. While nearly seven in 10 adults 65 and older (68%) say they have a computer, smart phone or tablet with internet access at home (compared to virtually all adults ages 30-49 and 85% of adults ages 50-64), only 11% of people ages 65 and older say they have used a device to talk by video to a doctor or health care provider in the past two weeks (Figure 1). This is about the same percentage as among younger adults (12% of those ages 30-49 and 11% of those ages 50-64).



**Figure 1: While Most Older Adults Have a Device with Internet Access at Home, Only a Small Share Have Used it To Talk by Video to a Health Care Provider in the Past Two Weeks**

Of course, these low rates could reflect a lack of need, not lack of interest. But a more telling sign about comfort level with using video technology is reflected in the share of people who used an internet-connected device to talk by video with family and friends in the past two weeks, which drops from 71% of people ages 30-49 to 57% of people ages 50-64 and 38% of people ages 65 and older.

While it might not be too surprising that a relatively small share of people ages 65 and older say they've used an internet-connected device for video communication with a health care provider in recent weeks, this finding might put some realistic bounds on expectations for use of telehealth by people with Medicare during the COVID-19 emergency.

READ MORE >>



## ABOUT KAOHSIUNG MEDICAL UNIVERSITY

### MEANING OF THE LOGO:

We use various level of green color to symbolize evergreen older adults. The two person-shaped characters in the center represent the caregiver and care recipient who help each other and stick together. The left and right arcs symbolize the integration of different caring professions. The presentation of the overall curve implies a smile. We hope that caregivers will take care of older adults with a smile and joy, so that the care recipients would smile often.



### INTRODUCTION

The Master Program of Long-term Care in Aging is situated within the College of Nursing at Kaohsiung Medical University in Taiwan. The program has been preparing outstanding students for careers in long-term care for aging since 2013. Students who attend the Master Program of Long-term Care in Aging can be mentored by a growing faculty of over 15 interdisciplinary academic and clinical experts. Cooperating with Center for Long-term Care Research at Kaohsiung Medical University, the Master program of Long-term Care in Aging offers innovative education to multidisciplinary students to increase their competencies for meeting healthcare needs of the aging society in Taiwan.

Most of our students have great achievements and outstanding reputation in the field of healthcare in aging after graduation. Many of them are owners or chief executive officers of nursing home, clinical physicians, nurses, occupational therapists, physical therapists, respiratory therapists, psychologists, social workers, supervisors of care managers, and certified nursing assistances.

### PROGRAM OBJECTIVE

The Master Program of Long-term Care in Aging focuses on applying theories to clinical practice and preparing students for being advanced professionals in aging and long-term care. The program fosters students acquiring eight professional competencies, including advanced professional intelligence, multidisciplinary collaboration, management capability, research capability, critical thinking, evidence-based humanity care, lifelong learning, and diverse cultural capability.

### PROGRAM COURSES

A wide range of courses in the Master Program of Long-term Care in Aging are provided. The courses aim to develop students' practical problem-solving capacity by emphasizing the following advanced theoretical knowledge, practice, and skills:

- Advanced clinical care
- Interprofessional team cooperation
- Business operation and management;
- Evidence-based research ability
- Critical thinking
- Empirical humanistic care
- Life-long learning
- Multi-cultural adaption and other core professional abilities and literacy

Through the process of introspection and scientific dialectics in the well-designed courses, students develop exceptional decision-making skills, strategies to communicate and collaborate with members of an interdisciplinary team, and are able to deal with complicated issues in complex caring situations with appropriate responses. The Master Program of Long-term Care in Aging also integrates scientific evidence-based nursing training and humanistic care education to stimulate students' respect and compassion for care recipients and their families. The students will be able to implement individualized care and to understand and respect multiculturalism while they develop potential and strength through multiple learning resources. They will become a professional and a nursing leader in comprehensive long-term care in aging.

## OPPORTUNITIES FOR OUR STUDENTS

Great job opportunity awaits the students to develop long-term care in aging specialty in their practice:

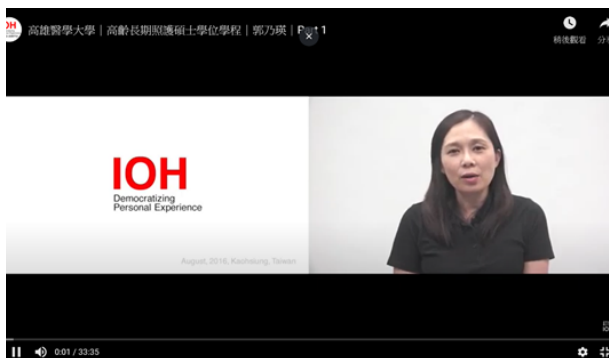
1. Serve as registered nurses, social workers, physical therapists, occupational therapists, care managers and care management supervisors in aging and long-term care industry (such as long-term care facilities, foundations focusing on the development of long-term care, community development associations, social welfare and health care departments, governmental long-term care service management centers, etc.).
2. Be the managers of long-term care facilities (such as residential care homes, senior care centers, nursing homes, etc.).
3. Be the researchers to conduct research on the issues of aging and long-term care.
4. Pursue further doctoral education and become academic educators/researchers in the area of aging and long-term care.



**Note:** Prof. Kuei-Min Chen, Director of the program interviewed by Chinese Television System News Channel.



**Note:** A Student of our program as the director of elderly service center interviewed by TVBS Media.



**Note:** One of our Students as a respiratory therapist shared her personal experience in the program on IOH website.



**Note:** Our happy family in Kaohsiung Medical University. The Master Program of Long-term Care in Aging Class 2018

# INTEGRATIVE TREATMENTS FOR CHRONIC DISEASE

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Assistant Professor of Nursing  
Colorado Mesa University

The purpose of this article is to summarize the use of integrative treatments by individuals living with chronic disease. A chronic disease is defined as any disease that lasts for at least one year and requires ongoing medical attention or causes a limitation in activities of daily living or both (Centers for Disease Control & Prevention, 2019). Approximately 56% of adults have at least one chronic disease, while 16% of adults have four chronic diseases (Falci, Shi, & Greenlee, 2016). For providers working with older adults, it is likely that roughly one out of every two patients seen in primary care has at least one chronic disease. The most common chronic diseases include heart disease, cancer, chronic lung disease, stroke, Alzheimer's disease, diabetes, and chronic kidney disease (National Center for Chronic Disease Prevention & Health Promotion, 2019).

Integrative medicine is defined as a healing-oriented medicine that considers the whole person and includes aspects of one's lifestyle. Rather than replacing traditional medical approaches, integrative medicine includes all therapeutics, including conventional and alternative options (Rakel & Weil, 2012). Patients living with chronic diseases use integrative medicine more than patients without chronic disease. Also as the number of chronic diseases increases, the use of integrative medicine increases (Falci et al., 2016). Therefore, even among gerontological practitioners who do not "buy in to" integrative medicine, it is highly likely that the patients they care for use it.

The evidence to support integrative medicine varies. For example, the use of specific vitamins like vitamin D, B1, and B12 are well supported, especially in patients with known deficiencies. For other therapies like homeopathic remedies, less safety and efficacy data are available (National Center for Complementary & Integrative Health, 2018).

When working with patients who use, or who want to use, an integrative medicine approach, several things are important to consider. First, what is the patient's goal for integrative therapy? Second, is the integrative therapy safe and effective? Helping patients clarify their expectations helps them avoid treatments with little evidence to support their effectiveness. It also helps the practitioner steer the patient towards integrative approaches that are safer and likely to be more effective. For example, patients often seek integrative treatments for chronic pain (Dossett et al., 2016). Highly effective integrative treatments for some types of chronic pain include movement therapy (Exercise is Medicine, 2019), acupuncture (Kawakita & Okada, 2014), and massage (National Center for Complementary & Integrative Health, 2020).

Third, are you treating the underlying problem or the symptoms of the underlying problem? Hopefully, if you treat the underlying problem, the symptoms will fade away. Consider the underlying processes leading to chronic disease. Are the patient's symptoms resulting from a disrupted gut microbiome? Chronic inflammation? Genomics? A combination of these? By treating the patient's underlying health, you help the patient's body heal itself. Finally, find your integrative medicine team. Seek out acupuncturists, nutritionists, exercise professionals, herbalists, and others who have expertise in integrative therapies. A team approach will help patients get the most effective treatment plans for the chronic diseases that ail them.

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# SUPPORTING OLDER ADULTS: LEGISLATIVE RESPONSIBILITY OF NURSES

Carol Amann, PhD, RN-BC, CDP, FNGNA

It is that time of year where we are bombarded with political ads, at times confusing messages and political platforms that are difficult to discern. That said, it is also a great time in our nation to let our voice be heard!

Despite the sheer volume of practicing professional nurses, political involvement of nurses has been conspicuously absent to date. Multiple research findings point to the lack of political preparation and knowledge that would allow nurse's to confidently move forward in this practice domain as the primary barrier to answering the call for action. Comments heard by nurses in reference to health policy and political involvement is it is not an area of interest, professional responsibility, or they lack expertise to actively participate. The American Nurses Association (ANA) Code of Ethics for Nurses Provision nine calls for nurses individually, and through professional associations, inclusive of academia to be actively involved as advocates for health care policy and social reform (Fowler, 2010; American Nurses Association, 2015). Additionally, the landmark report from the Institute of Medicine (IOM) titled *The Future of Nursing: Leading Change, Advancing Healthcare* (2011) calls for nurses to be an integral voice in health care reform. This holds especially true for our older adult population.

Advocacy refers to being more than a champion for our patients in the direct clinical setting. Through active participation with legislative and health care issues that directly affect patient care, nurses can effectively advocate for their patients. Yet, few nurses look to political presence as a method of advocacy. To care for our most vulnerable population, it is paramount that we, collectively become involved for the betterment of healthcare.

## STAGES OF NURSING'S POLITICAL INVOLVEMENT

Cohen, Mason, Kovner, Leavitt, Pulcini, and Sochalski (1996), developed the Stages of Nursing's Political Involvement to analyze the political development and level of participation in the political processes of nurses. This framework which remains relevant today ranges from understanding the importance of nurse involvement in health policy and politics to and active political participation. Cohen et al (1996), identified four stages of political involvement inclusive of

- a. **Stage 1** - *Buy in*, representative of nursing's recognition of the importance of political involvement
- b. **Stage 2** - *Self-interest*, which occurs when nursing students and professional nurses develop and use its political expertise related to the professions self-interest
- c. **Stage 3** - *Political sophistication*, recognition of the importance of activism on behalf of the public
- d. **Stage 4** - *Leading the way*, in the provision of true political leadership in broader healthcare interests that speaks to the public's interests

According to Cohen, et al (1996), this framework is considered to be fluid, whereby nurses can enter various phases singularly or in multiple phases of involvement depending on the political issue encountered. This conceptual framework of political development is pertinent for nursing professionals to guide individually and collectively their political acumen and to set goals for ongoing involvement in the political/health policy role (Figure 1).

**Figure 1: Progress of Nursing Through Four Stages of Political Development  
(Cohen, et al, 1996, p. 260)**

	<b>Stage 1 (Buy In)</b>	<b>Stage 2 (Buy In)</b>	<b>Stage 3 (Buy In)</b>	<b>Stage 4 (Buy In)</b>
<b>Nature of Action</b>	Reactive with a specific focus on political or health policy issues	Reactive to nursing issues and broader issues	Proactive on nursing and other health issues	Proactive on nursing and other health issues
<b>Language</b>	Learning the political language	Using nursing jargon in concert with political language	Using parlance and rhetoric common to health policy deliberations	Introducing terms that reorder the policy debate
<b>Coalition Building</b>	Political awareness, occasional participation in coalitions or grass roots efforts	Coalition forming among nursing organizations	Coalition forming among nursing groups, active and significant participation in broader health care groups	Initiating coalitions beyond nursing for broad health policy concerns
<b>Nurses as Policy Shapers (not commonly achieved)</b>	Isolated cases of nurses being appointed to policy positions, primarily because of individual accomplishments	Professional associations activate nurses into nursing related lobbying positions	Professional organizations get nurses appointed to health-related policy positions	Many nurses sought to fill nursing and health policy positions because of value of nursing expertise & knowledge

## GETTING INVOLVED

Aging is one issue that we, as nurses, have in common with society and our profession. It is essential that we lend our expertise and voice not only for ourselves but also for the aging population we care for. One way we can do this is through personal, group and association political involvement. Politically active nurses are vital to insure the health of our nation. With minimal participation that historically has been the norm, nurses are left to implement legislative, and workplace policies brought to fruition by outside forces.

The nursing profession has a long history of shaping public and health policy. Visionary nursing leaders, such as Lillian Wald and Margaret Sanger, in the 1900's, championed their respective causes with astuteness and sophistication. These health policy pioneers understood the consequences of the social, political and economic factors on the health and well-being of the public. Their ability to influence policy on various

levels undoubtedly strengthened the voice and presence of nursing within the public and health policy arenas.

Today, our voice is more important than ever. States where nurses are involved with the issues have more success in passing legislation for professional nursing practice and patient related issues than those states whose nurses are not invested in the political process.

## GETTING STARTED

One of the easiest ways to become involved and to let your voice be heard is to register to vote and then be sure to vote! Every bill introduced on a state or federal level is resultant from an idea, and who better to generate ideas than nurses? Nurses are a tremendous resource for accurate and trustworthy information to protect those entrusted to our care and the healthcare we provide. In becoming involved, identify and begin by studying an issue of importance to you, our older adults, or our profession. Once completed move forward with your involvement; be it through letter writing, face to face meetings, grass roots action, or providing professional testimony. One current example of federal legislation that pertains specifically to older adults relates to our veteran nurses from World War II: "Nearly 120,000 nurses honorably served in the United States Cadet Nurse Corps during World War II, yet they are the only uniformed service members from that war who have not been recognized as veterans" (AONL, 2020, para 1). The U.S. Cadet Nurse Corps Service Recognition Act (S. 997) would provide honorable discharges, medal privileges and veteran burial benefits to those nurses who bravely served in the U.S. Cadet Nurse Corps This time sensitive bipartisan bill is important due to the advanced ages of this population. Although the prognosis for passage is slim, currently positions of organizations and individuals are being solicited for input at <https://www.govtrack.us/congress/bills/116/s997> perhaps your input may push this issue forward!

In closing our time for involvement is now. Times are challenging for not only frontline providers and organizations, but for our older adults who depend on us to fight for their rights and care related issues. ●

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# Shortage in the nursing field amid pandemic is causing concern

By **Jonathan M. Pitts**

May 14, 2020 at 6:18 p.m. EDT

Karli McGuinness had just accepted her spot in a demanding masters program at the Johns Hopkins School of Nursing when the catastrophe that has rocked the world hit the United States.

She was “amazed and inspired” to see how members of her future profession flocked to battle the coronavirus, but the dangers they faced were enough to give her pause about her newly chosen career path.

It was after “a lot of long and very honest conversations” with mentors in the health-care field that McGuinness, 33, realized her determination to pursue that path was stronger than ever.

“I don’t necessarily want to risk my health or the health of my loved ones, but the situation is horrific, and it’s affecting every single person across the globe,” McGuinness said. “My determination to become a nurse hasn’t faltered. I’m anxious and chomping at the bit to help.”

Health-care officials in Maryland and beyond are hoping that others come to the same conclusion.

A shortage of nurses has been a concern for years in the United States, in part because of the growing demand for their skills in health-care delivery as baby boomers in the field have been retiring.

Studies and federal estimates show that nursing schools have not been graduating enough professionals — and often don’t have the capacity to accept more students.

Now there are worries that fears about the virus could diminish the supply of new nurses at the exact time it should be growing.

Patricia Davidson, dean of the nursing school at Johns Hopkins University, said applications for the fall semester were plentiful, and the entering class for the school year is set.

But applicants made their decisions before the coronavirus outbreak was declared a pandemic, rendering acceptances a less reliable gauge of commitment than usual.

Fears around the contagion could prevent some students from showing up in the fall, Davidson said, and could weaken applicant interest for 2020-21 and beyond.

“I’m hoping that people who feel they want to be part of a profession that has a long history of doing wonderful work will stay with it,” she said. “But we’re holding our breath. I don’t think anyone knows what will be awaiting us in the next few years.”

Classes are set for the fall semester at the University of Maryland School of Nursing in Baltimore, but officials at the highly rated 132-year-old school are keeping an eye on “melt,” Dean Jane M. Kirschling said.

The term is admissions-speak for that group of applicants, usually comparatively small, who commit to attending but decide not to come.

Kirschling said that although it's unrealistic to surmise that no applicants or students are fearful of facing virus-related health risks, she expects the school's biggest challenges will center on financial uncertainty.

"Let's say I've paid my admission deposit, and I plan to be at the University of Maryland in August, but as the time draws closer, I'm not sure," Kirschling said.

"Part of it could be explained by a student thinking, 'Maybe I don't want to be on the front lines when people are that sick,'" she said. "But what if . . . both my parents are suddenly unemployed? Are people going to have the wherewithal to come forward and continue their education?"

"What's likely to hit us harder is the economic downturn."

Among the considerations: Nursing school is expensive, with tuition ranging from upward of \$10,000 per year for state schools to about \$50,000 for private institutions such as Johns Hopkins University.

Meanwhile, the Journal of Nursing Regulation has projected that 1 million nurses will retire by 2030, leaving continuing shortages in patient-care settings.

Maryland is generally expected to fare better than most states. Thirty of its colleges and universities offer registered nursing degrees, and about 75 percent of graduates typically have gone on to become employed in the state. The National Center for Health Workforce Analysis in 2017 center even projected a surplus of 12,000 nurses in Maryland by 2030.

But that's far from enough to allay concerns, with the pandemic and its effects expected to escalate demand well into the future.

"We might well have a shortage crisis in the offing," Davidson said.

One source of optimism, experts say, is that the coronavirus crisis has shone a fresh spotlight on the profession, offering the public a clear view of the talents and determination of health-care practitioners who may receive less acclaim than doctors.

Gene Ransom, chief executive of MedChi, Maryland's physicians association, said even though doctors and nurses rely on one another in the best and worst of times, Americans are seeing that nurses are often first to a patient's side and stay there longer.

During a pandemic, that means "they are taking a lot of risks," he said. "Everyone appreciates what they do."

At present, that includes such potentially lethal duties as taking the vital signs of infected patients, caring for arriving patients whose status is unknown, operating technologically sophisticated diagnostic equipment in clinical settings, and conducting screenings and contact tracing in the community at large.

Davidson said that at Hopkins, students, faculty and alumni have answered the call with "amazing creativity" during the crisis, working to transform hospital recovery rooms into intensive care units, devising models for providing telephone support for older people at home, and making strides in "telehealth," a method of care in which "we've advanced 20 years in four weeks."

"I'm so proud to be the dean of this school at this time," she said. "What I'm hearing people say is, 'This is what I was called to do. This is what I was trained to do. I just don't want to bring [the virus] home to my children and family.' "

Count Matthew Padgett among them. He chose Hopkins for its focus on both hands-on nursing and public health.

The 33-year-old put his finger on what he believes sets nurses apart.

"We do a lot of medical intervention, but we also understand the importance of the whole person, where they live, who they are, what their goals are," said Padgett, who has been placing phone calls to elderly Baltimoreans to offer moral and logistical

support.

“At this time it’s likely that people feel very isolated, and nurses have a very developed ability to be present with individuals,” he said.

At the University of Maryland School of Nursing, undergraduate Chika Okusogu has taken advantage of an unusual arrangement the school has made with the state nursing board to allow some soon-to-graduate students to enter the workforce amid the crisis.

The 22-year-old used the opportunity to increase the clinical hours he was already spending in the adult emergency department at the University of Maryland Medical Center, where he dons protective gear to work directly with covid-19 patients.

As part of his studies, the Perry Hall native has worked as a volunteer for public health nonprofit groups, explored the effects of poverty on health, and focused on critical and emergency care, and he believes such breadth of experience is essential on the front lines.

“It can be hard on the patients being isolated in their rooms,” he said. “But we treat them all with respect, kindness and empathy, and that’s an important part of promoting health. It’s an honor to be part of a profession that can truly affect the course of the pandemic.”

Padgett, Okusogu and other nursing students in Maryland have gotten a close look at what could be challenging times ahead.

All of the nursing programs in the state moved academic classes online in early March, and each had to find ways of teaching hands-on clinical skills.

Department chair Hayley Marks said that it’s far from ideal, but for now, the priority in nursing education is “focusing on how we can get students the skills they need under the circumstances.”

*Meredith Cohn contributed to this report.*

## Gerontological Nursing Excellence Doctoral Award

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**Purpose:** The purpose of this award is to support doctoral scholarship by nursing PhD or DNP students that will advance knowledge in the area of gerontological nursing science and practice.

**Award:** 1-2 doctoral student awards will be made each year (depending on availability of funds). Awards are made to the individual and monies may be applied to school-related expenses (e.g., books, supplies, tuition) or to project-related expenses (e.g., materials, travel to research sites, participant incentives, statistical support).

**Award amount:** \$500 per student

[Click Here for More Information](#)

## University of Maryland Post Doc Opportunity

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The University of Maryland School of Nursing (UMSON) invites applications for postdoctoral fellowship positions in these areas of research:

- Community Engagement/Health Disparities
- Geriatrics/Gerontology
- Multiomics
- Pain and Symptom Science

Funding is provided by UMSON and/or the National Institute of Health (NIH) National Center for Advancing Translational Sciences (NCATS) Clinical and Translational Science Award (CTSA) Program and is a joint CTSA partnership between University of Maryland, Baltimore\* and Johns Hopkins University.

\*This program is a collaborative effort among University of Maryland, Baltimore Schools of Dentistry, Law, Medicine, Nursing, Pharmacy, and Social Work.

[Click Here for More Information](#)

## University of Texas at Arlington Gerontology Scholarship Available!

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The Department of Graduate Nursing, College of Nursing is pleased to announce a new full tuition scholarship program for eligible gerontology graduate students.

Scholarships for tuition for full-time graduate nursing students will be available beginning in the fall semester of 2019 through spring 2023 for interested and qualified students admitted to on-campus AG-ACNP, AG-PCNP, DNP, and PhD programs.

### Qualifications

- Scholarships will be awarded/applicants selected based on the following criteria:
- Applicant must have a license to practice as a registered nurse in Texas or compact state.
- Commitment to and a passion for excellence in the care of older adults.
- Unconditional acceptance status at UTA.
- Full time graduate enrollment of 9-10 SCH each long semester and 6 SCH in the summer semester at UTA.
- Plans for a career devoted to the delivery of evidence based quality care to older adults or the education of nurses in the same.

**[Click Here for More Information](#)**

# Acute Care/Advanced Practice - Assistant Professor

## University of California Los Angeles

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The School of Nursing at the University of California, Los Angeles (UCLA) seeks applications for one full-time, tenure-track, Assistant Professor faculty position.

Candidates must be nurse scientists who demonstrate exceptional promise as a principal investigator with a focused research program relevant to non-communicable disease, acute or chronic health conditions; examples include acute phases of cardiovascular disease, cancer, respiratory disease or diabetes.

Candidates must meet the academic and scholarly credentials to qualify for a tenure-track appointment at UCLA at the Assistant rank, including an earned research doctorate (PhD in nursing or related field), a defined program of research, and evidence of teaching and service excellence. Rank and salary will be commensurate with background and experience.

**Applicants should submit all materials at the official UCLA website at <https://recruit.apo.ucla.edu/apply/JPF05597>. To assure full consideration, applications should be submitted by October 1, 2020. Position to remain open until filled.**

### Requirements

- Current licensure (or eligible for current licensure) in California as a registered nurse
- Current licensure (or eligible for current licensure) in California as an Advanced Practice Registered Nurse (either nurse practitioner or clinical nurse specialist)
- National certification in one of the following areas: (1) Adult Gerontology Acute Nurse Practitioner or CNS; (2) Acute Care Nurse Practitioner or CNS (3) advanced practice credentials (NP or CNS) in another specialty area.
- Evidence of an established independent research program or ability to develop an independent research program congruent with the mission of the School
- Evidence of excellent oral and written communications
- Evidence of teaching and service excellence, including graduate level teaching experience in an academic institution
- Commitment to promoting diversity and inclusivity in the workplace

## OHSU Faculty Position

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The Oregon Health & Science University (OHSU) School of Nursing offers an exciting opportunity and a competitive start-up package for an accomplished research faculty colleague at the Associate or Full Professor rank to join our Ph.D. program in beautiful Portland, Oregon. The successful candidate for this position will have an active research program, demonstrate a sustained record of research productivity, and an enthusiasm for advancing the next generation of nursing scientists. Quantitative or qualitative scientists with a research program that aligns with one of our Signature Science areas or areas essential to nursing (e.g., education or implementation science) are preferred.

For Confidential Inquiries Contact Cynthia Perry (perryci@ohsu.edu), Search Committee Chair.

**[Click Here for More Information](#)**

## Associate Dean for Academic Affairs at Case Western Reserve University

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Frances Payne Bolton School of Nursing at Case Western Reserve University is undertaking a national search for an Associate Dean for Academic Affairs.

The successful candidate must champion inclusion, encourage interprofessional collaboration, and foster an environment of trust and respect. If you are a forward-thinking leader who models innovation and consensus-building, join us in our exciting initiative to develop leaders in a changing healthcare environment.

The Frances Payne Bolton School of Nursing (FPB) is globally recognized for its leadership in nursing, education and research. Ranked among the best nursing schools, FPB produces dynamic thinkers through innovative undergraduate and graduate programs. Its NIH-funded research, along with a focus on nursing leadership and management, makes FPB the world's nurse leadership destination.

Apply with a letter of interest and curriculum vitae to:

Carol M. Musil, PhD, RN, FAAN, FGSA  
Frances Payne Bolton School of Nursing  
10900 Euclid Avenue  
Cleveland, OH 44106-7343  
Email: [mtr2@case.edu](mailto:mtr2@case.edu)

# NHCGNE LEADERSHIP CONFERENCE REGISTRATION IS NOW OPEN

OCTOBER 27 - 29, 2020

We are hosting a "Hybrid" Virtual Conference with some live sessions and pre-recorded breakout sessions that will be available to view at your convenience (and earn more CEUs). We know networking is important so we have allocated time for us to connect during two live sessions.

Some of the familiar activities that our attendees enjoy include the Mary Starke Harper Interview, Networking Roundtables (now Zoom Rooms), recognition of new Distinguished Educators in Gerontological Nursing, and an interactive Flash Talk poster session.

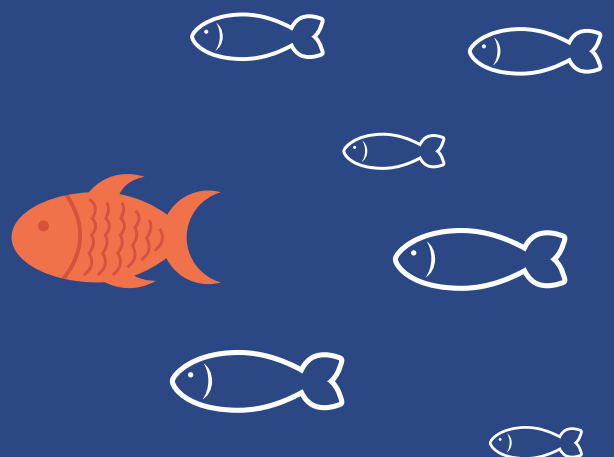
Our faculty of speakers is incredible. You will hear first-hand about the research that is going on now and find out how you can implement it into practice. In addition to the Mary Starke Harper Interview with **Neville Strumpf, PhD, RN, FAAN**, we are honored to have **Barbara Resnick, PhD, RN, CRNP, FAAN, FAANP** from the University of Maryland and **Andria Perez PhD, ANP-BC, FAAN** from the University of Pennsylvania present keynote live sessions.

CEUs will be available and we will offer them as a separate registration item (more information to follow). Because we will have seven pre-recorded sessions, you will have the ability to attend more sessions than ever before and earn additional CEUs.

[REGISTER NOW](#)

**NHCGNE IS NOW ACCEPTING  
APPLICATIONS FOR THE**

**CLAUDIA J. BEVERLY  
INNOVATION  
AWARD**



The NHCGNE Innovation Award recognizes and celebrates innovative programs and projects that showcases excellence in gerontological nursing.

The Award will be granted to an NHCGNE member whose work has positively impacted the nursing care of older adults. Nominations for the NHCGNE Innovation Award are submitted by self-nomination. Nominees must be gerontological nurses from member institutions.

[LEARN MORE](#)



# CALL FOR POSTERS

LEADERSHIP **VIRTUAL** CONFERENCE

OCTOBER 27 - 29, 2020

**GERONTOLOGICAL NURSING IN THE YEAR OF THE NURSE:  
LAUNCHING THE DECADE OF HEALTHY AGING**

## CONFERENCE GOALS

- Communicate and disseminate advances in gerontological nursing with a focus on healthy aging across populations
- Increase collaboration between senior and junior scholars studying interventions for aging populations, caregivers and those with other disabling conditions.
- Enhance research collaboration among junior and senior researchers on aging topics.
- Supplement clinician knowledge on diverse aging population in good times and bad.
- Communicate and disseminate knowledge on technology to enhance aging and aging in place.
- Develop leadership skills in influencing research, education, practice and policy in aging and care for older adults.

## ABSTRACT TOPICS OF INTEREST

*in research related to older adults and families*

- Collaborative, interdisciplinary and/or international nursing research
- Model interprofessional innovative training programs
- Innovative evidence-based practice models and systems of health services
- Innovative health promotion and intervention strategies to enhance healthy aging
- National and international health policies

## DEADLINE TO SUBMIT

*September 15, 2020*

## APPLICATION FEE

\$25

**SUBMIT TODAY**



## TARGET AUDIENCE

Providers

Educators

Policy  
Makers

Students

Researchers

Nurse  
Clinicians



**ADVERTISING  
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NHCGNE

Send us your events, research findings, opportunities that you/your institution may be doing to promote gerontological nursing!

# Got Content?

250 – 500 words +  
images & links!

all submissions should be sent to  
[info@nhcgne.org](mailto:info@nhcgne.org) with the subject  
"YOUR INSTITUTION GOT CONTENT"



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LET US KNOW OF PEOPLE WHO ARE NOT  
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IF YOU KNOW OF FACULTY OR PHD  
STUDENTS THAT ARE NOT RECEIVING  
THIS – EMAIL US AT [INFO@NHCGNE.ORG](mailto:INFO@NHCGNE.ORG)  
WITH THEIR NAME AND EMAIL ADDRESS.