

Defining Core Competencies for the Professional Long-Term Care Workforce

by Mary Harahan and Robyn I. Stone

AAHSA's Talent Cabinet recently asked AAHSA's Institute for the Future of Aging Services to study how much progress has been made to define the specific competencies needed by licensed long-term care professionals, a subject that has often taken a back seat, within aging services, to solving workforce shortages.

The study found that while there are national, well-funded efforts underway to define core competencies for physicians, nurses, social workers and other health professionals caring for the elderly in hospitals and ambulatory care settings, there has been little effort to define the core competencies needed in long-term care settings. What has been done has generally been local, isolated and lacking in funding and influence.

This article is a condensed version of the AAHSA Talent Cabinet report, *Defining Core Competencies for the Professional Long-Term Care Workforce: A Status Report and Next Steps*. The full, foot-noted report includes a review of the core competency efforts underway for the professional health care workforce and underscores the need for similar efforts in long-term care. To download a copy of the full report, available on Feb. 1, visit www.futureofaging.org.

The long-term care workforce crisis is well-documented. Efforts to analyze and respond to the crisis have typically emphasized staff shortages—particularly shortages of direct care workers in nursing homes and home and community-based care settings. However, as observed by Robert L. Kane, “Although some minimum number of staff are necessary just to get core tasks done, the quality of those workers, their skills, motivation, their kindness and concern is bound to play a substantial role.”

In April 2008 the Institute of Medicine (IOM) released a report, *Retooling for an Aging America: Building the Health Care Workforce*, which concluded that while almost all health care providers treat older patients to some extent, they largely lack the essential skills required to care effectively for older adults and their unique needs. Based on the report, the IOM recommended that all health care workers be required to demonstrate competencies in basic geriatric care and more work be done to determine the appropriate content of training necessary to teach these competencies. While the report encompassed long-term care, it was largely oriented to the professional health care workforce employed in hospital and ambulatory care settings and to unlicensed direct care workers.

Recently, the AAHSA Talent Cabinet commissioned AAHSA's Institute for the Future of Aging Services (IFAS) to study how much progress has been made to define the specific competencies needed by licensed long-term care professionals, e.g., medical directors, administrators, nurses and social workers, to work in long-term care settings. The study also looked at the extent to which they are the

same or different from the competencies needed by health care professionals. As the study's authors, we strongly believe that unless the community of long-term care employers, educators and payers, in collaboration with the workforce, is able to define the competencies necessary to deliver high quality services in long-term care settings, positions in long-term care will never gain the recognition they deserve as worthy careers or be accorded a professional status. As a result, long-term care will continue to take a back seat to the larger health care sector in recruiting and retaining needed talent and the quality of long-term care will continue to suffer.

Defining Competencies in LTC vs. Health Care in General

Numerous initiatives (The Hartford Institute for Geriatric Nursing, Hartford Centers of Geriatric Excellence, Council on Social Work Education etc.) have been launched to define the gerontological and geriatric competencies needed by health care professionals to care for older adults. These efforts are generally national in scope and embedded in processes that promote collaboration and information sharing across the various professions and stakeholders. They are supported by multiple philanthropic organizations including the John A. Hartford and Donald W. Reynolds foundations and The Atlantic Philanthropies. It is too early to tell whether they will pay off with respect to increasing the number of physicians, nurses and social workers who are geriatricians or who are certified in or knowledgeable about geriatrics and gerontology—but they do seem to be making some difference.

A review of the research literature indi-

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cates that in comparison to the larger health care sector, relatively little work has been done to define the competencies needed by long-term care professionals to perform their jobs. A critical, unanswered question is whether the efforts to define geriatric core competencies for health professionals and infuse them in the curricula of professional schools is sufficient to address the needs of long-term care professionals—or are there competencies that may be specific to long-term care that are not being addressed? While the research literature has been almost silent on this important question, experience suggests there are important aspects of long-term care that make these settings different from acute or ambulatory health care settings. For example:

- A regulatory environment that emphasizes a rigorous survey and certification process and the required use of the minimum data set (MDS)
- The need to develop an interdisciplinary care plan
- The need to supervise large numbers of unlicensed staff and delegate nursing tasks
- The need to integrate informal care and formal services in home health and home care environments
- The one-on-one nature of the relationship between nurse and client in home health
- The negotiated risks aspects of assisted living
- The limited experience with information technology such as the use of computers, e-mail and the Internet in facility-based settings

However, the most important differences likely lie at the heart of long-term care. A long-term care client is typically a long-stayer and may be far more interested in preserving dignity and living out life with as much autonomy and func-

tional capacity as possible than in receiving life-saving treatments to prolong life. To these older adults, the quality of the relationship between resident or client and staff may be the most important variable defining quality of care.

Regardless of the lack of an evidence base, individual providers and professional associations such as AAHSA, the American Health Care Association, the National Association of Long-Term Care Administrator Boards and the American Medical Directors Association have taken the lead to upgrade the competencies of professional long-term care staff. They have generally done so with the goal of bringing more standardization and specification to the roles and functions of licensed nursing home staff (rather than identifying the tasks, skills and abilities necessary to perform identified roles).

There is also an emerging emphasis on competency-based leadership training for nursing home nurses to compensate for the lack of supervisory and management training they receive. These efforts are largely done without the benefit of an evidence base or the experience and wisdom of other stakeholders. Generally operating with little funding, they typically lack the capacity to create widespread consensus and buy-in among stakeholders or to impact the curricula of education and training institutions.

The Nursing Home Collaborative, a partnership between the Hartford Centers of Geriatric Nursing Excellence and nursing home providers, regulatory, advocacy and payer groups is also promising. Funded by the Hartford Foundation and The Atlantic Philanthropies, the goal of the collaborative is to increase the quality of care and quality of life in nursing homes by increasing the expertise, authority and accountability of RNs. A key aspect of this work is to promote the acquisition of geriatric nursing competencies in RNs now practicing in nursing homes.

Strategies to Enhance Geriatric Competencies in Long-Term Care

During the course of the IFAS study, a variety of new proposals were identified to improve the geriatric competencies of long-term care nurses, primarily nursing home nurses. Mathy Mezey and her associates, in an article in *The Gerontologist*, recommended revisiting an old concept: the teaching nursing home, developed in the 1980s to improve the geriatric competence of health care professionals by forging links between nursing homes and academic medicine and nursing.

Of particular importance, teaching nursing homes were seen as a way to alter the often-negative perceptions of nursing homes in the academic community by offering up an exemplary training environment to promote interdisciplinary education and practice and person-centered care. The authors also suggest making the renewal of nursing licenses contingent on expertise in geriatrics and tying the survey process for home health and nursing facilities to demonstrated evidence the staff has received geriatric training.

H. K. White, writing in the *Journal of the American Medical Directors Association*, observes that nursing homes have served as traditional sites to teach geriatric medicine to medical students and primary care residents. She suggests that clinical placements in these settings also need to emphasize specific opportunities to learn about long-term care—for example, how to maximize functioning of frail elders, quality improvement, interdisciplinary team participation and transitioning patients between health and long-term care settings.

Mass, Spectht, Buckwalter et. al, writing in the *Journal of Research in Gerontological Nursing*, proposes that university-based schools of nursing develop nurse training programs leading

to certification as a geriatric nursing long-term care specialist. Certification would be aimed at baccalaureate-level RNs and would cover both content in gerontological nursing and management and leadership. The authors also propose a new model “Geriatric Nursing Long-Term Care Specialist Program” aimed at RNs with less than a baccalaureate level of training—the dominant nursing presence in long-term care settings. The Geriatric Nursing Long-Term Care Specialist would be trained in the processes of normal aging; illnesses and disabilities associated with aging; health, functioning and safety assessment of older adults; prevalent nursing diagnoses of older adults; and evidenced-based gerontological nursing interventions and mentoring and team-building strategies.

There may also be a variety of strategies developed in the acute and ambulatory care sectors that may be adaptable to long-term care. The John A. Hartford Foundation has supported a number of new models of care worth further exploration. These include:


- Care Transitions, which coordinates care for patients who are moving among health care settings, e.g., hospital to rehab to home (see www.caretransitions.org)
- Guided Care, which uses a specially trained nurse based in primary care practice to coordinate all aspects of care
- Care Management Plus, which combines a trained care manager in primary care with a high-tech electronic health record

Next Steps

We believe it is time to take stock of the role that can be played by competency-based education and training for long-term care professionals in improving the provision of high-quality long-term care. A practical and relatively low-cost first step is to launch a national study group, modeled after the recent IOM study of the health care workforce. The study group, selected from health educators; the professional associations that represent physicians, nurses and social workers; long-term care providers; representatives of the professional and direct care workforce; federal and state health and long-term care policy officials; and advocates for families and clients, would be charged with:

- Commissioning a study to examine the geriatric competencies developed for the health care workforce and gauge to what extent and how they need to be adapted and modified for licensed professionals employed in long-term care settings
- Identifying a set of core competencies that should be present in all professionals working in long-term care settings
- Vetting the competency set with study group members and identifying any additional competencies that seem unique to different long-term care settings
- Disseminating the results to external stakeholders for feedback
- Recommending a process for building consensus among the principal stakeholders on specific competencies that need to be incorporated into professional schools at the masters, baccalaureate and associate degree levels and into the continuing education offerings mandated by states and providers
- Recommending a process for diffusing these competencies into the curricula of schools of nursing, medicine and social work and continuing education vendors
- Identifying and disseminating new models of practice that support the diffusion of competencies in geriatrics and gerontology to professionals who practice in nursing homes, assisted living and home care settings

Gaining consensus on the competencies needed by long-term care professionals at the associate degree and diploma level and at the baccalaureate and graduate degree level will take time and some money. Infusing these competencies into the curricula of professional schools as well as the other educational institutions and vendors who prepare and train licensed long-term care staff is a long-term challenge.

The result will be the professionalization of long-term care careers that are more attractive to and respected by prospective students and a higher quality long-term care system. 

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