

A Segue to Care of Older Adults: Building a Successful Academic-Practice Partnership



Heather Fischetti, MSN, RN
Staff Development
Canterbury Place



Becky Faett PhD, MSN, MBA, RN,CNL, CHSE
University of Pittsburgh School of Nursing
Assistant Professor, Acute and Tertiary Care Department
University of Pittsburgh School of Nursing



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Forming Academic Practice Partnerships



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Teaching Nursing Home Collaboration (Instructor/Educator)



Clinicals at Canterbury Place

- ABSN students
- 4Ms: mentation, mobility, medication, matters



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Canterbury Place History as a PA TNHC Clinical Site

- 8-year relationship with the University of Pittsburgh School of Nursing
- BSN students initially
- ABSN students the last four years
- Initially, we were just a clinical site for nursing students without much collaboration--Today, Canterbury Place is a Partner in Education
- Pitt supports us by engaging their students with our unique population



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Learning Opportunities

- Long-term care---Rehabilitation---Memory care
- Complex wound care including wound vacs
- Cardiac care including LVAD and inotropic drips
- Respiratory care including tracheostomy and laryngectomy
- Introduction to NH administration and the interprofessional team
RNAC, Nursing Leadership, Social Work, Staff Development, Infection Control, Activities, and Nurse Practitioners



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Benefits



- Historically, nursing clinical lacked geriatric, long-term care, and dementia care components
- Today, students and clinical instructors are introduced to a unique, hands-on healthcare environment, often noting surprise at medical complexity in the NH community
- Current staff are encouraged, through contact with students and clinical instructors, to further their education
- Staff able to assist students, which helps them develop leadership and mentoring skills



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Facility Perspective



Introduction of learners to a wide range of patient presentations from healthy aging to complex chronic disease management



Incorporation of organizational leadership and financial/insurance considerations into each patient interaction



Interdisciplinary team members available to provide insight into their unique roles in care of the older adult



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PA TNHC Clinicals & Age-Friendly Health Systems at the Nursing Home

- AFHS 4Ms framework as a Gero teaching tool
 - Systematic
 - Complexity/interplay of gerontology
- Wonderful teaching environment
 - Slow
 - Methodical
 - Unique experience
 - Inclusive of students



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Our Process for Clinicals at the Nursing Home



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Pre-Placement Preparation & Regulatory Compliance

- Keep documentation simple with one basic packet
- Focus training on what really matters, like safety and abuse prevention
- Use just-in-time training for facility-specific needs
- Match requirements to students and volunteers, not full employees
- Stick to core training



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Instructor Orientation & Student Onboarding

Process Overview



- Orient instructors to the facility before students arrive
- Set up the right level of access in the medical record
- Help instructors and staff connect early



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Tips from Experience-- Orientation & Onboarding

- **Do a thorough tour:** Walk through key clinical and support areas
- **Share the “why”:** Explain what each unit does and its purpose
- **Create Appropriate EMR Access:** Full access for instructors, read-only for students
- **Encourage shadowing:** Have instructors spend time with staff nurses first
- **Build relationships:** Create space for informal conversations and trust-building



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Clinical Engagement and Specialized Care

Process Overview

- Identify where students can add the most value
- Use proven models for specialized care
- Match student skills with resident needs



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Tips from Experience— Clinical Engagement & Specialized Care

- Focus students on basic care, feeding support, and meaningful conversation
- Use students to support one-on-one resident engagement
- Introduce dementia care models like Teepa Snow's GEMS
- Remember: care looks very different in Long term care vs. acute rehab
- Create simple activity and engagement opportunities for students



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Communication & Weekly Updates

Process Overview

- Set up clear, consistent communication
 - Weekly updates
 - Incorporating 4Ms framework into the clinical day
- Track student activities and experiences
- Identify a facility point of contact



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Post-Conference Learning & Interprofessional Education

Process Overview

- Schedule daily pre and post-conferences
- Scheduled dedicated conference space
- Include interprofessional team members
- Connect clinical experiences to learning frameworks and course objectives



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Tips from Experience- Post-Conference Learning

- Invite different disciplines to join post-conference sessions
- Include roles like RNAC, social work, infection control, and activities
- Keep presentations short (about 15 minutes)
- Use simple worksheets and LTC-appropriate care plans
- Ask students to reflect on how theory connects to resident care



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Academic Program Adaptation & Expansion

Process Overview

- Build flexible clinical schedules
- Align clinical experiences with coursework
- Plan ahead for program growth



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Tips from Experience- Evaluation & Continuous Improvement

- Ask staff, instructors, and students for input
- Track student growth in specialized care
- Capture benefits for both learners and residents
- Stay flexible as needs change
- Share best practices and lessons learned



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Evaluation & Continuous Improvement

Process Overview

- Gather feedback from all partners
- Track outcomes and lessons learned
- Make improvements over time



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Bringing It All Together

- Build partnerships that work for students and facilities
- Keep processes simple, flexible, and realistic
- Focus on meaningful student engagement and resident care
- Learn from each experience and improve over time

Strong clinical partnerships create better learning, better care, and better outcomes for everyone



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Feedback -Instructors

- Students took part in normal activities: vitals, head to toe assessments, and ADLs. The nurse on the floor was very inclusive of students, explaining her workflow and rationale for patient care activities during morning med pass. A few students even got to witness the nurse skillfully deescalate a very confused and upset dementia patient that was attempting to get into the nurse's station.
- Students gave report to me and discussed their patient's 4Ms. It has been a goal of ours to use this clinical time to master nursing communication, and it has shown in the students improved ability to orate patient report. Students were further drilled on report-giving in post conference, sharing their patient's info to both groups as a whole.
- One of my students accompanied her resident to occupational therapy and enthusiastically shared her experience
- Most of the students were not familiar with the 4Ms framework, but quickly learned and showed interest in its simple and direct logic
- I think my favorite parts about this clinical ...change so many misconceptions that I realized we tend to have about nursing facilities. The residents have a vast range of diagnoses, and it shows how talented the nursing staff is that they can adapt to these different populations day to day.
- Being that care is more long-term, the staff also gets to know the care of the residents very well and can build very strong relationships with them. Before this clinical semester, I likely would have said that I did not see myself working in long-term care or skilled nursing facilities, but now that I have seen the environment firsthand, I would definitely consider working in long-term care in the future. I would highly recommend clinical here to future nursing students!



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Feedback - Students

- My clinical at Canterbury Place was my first experience with nursing care in a nursing home setting. Interacting with elderly residents of all different diagnoses taught me the importance of empathy, patience, and attentiveness.
- I feel much more knowledgeable on how to provide quality care for the elderly and patients in the long-term care setting.
- I am extremely thankful for the experience Canterbury Place has given me. Working with residents living with dementia was an area of nursing I never thought of but ended up enjoying. In the future, I would not be surprised if I ended up working in a similar setting – something I never would have even thought possible at the beginning of the semester!
- I plan to go into the hospital setting with a more humane mindset to the patients I will be taking care of. I want to remind myself and my coworkers that we often forget that these patients are individuals who have their own thought processes, experiences, and that they deserve to be respected and treated with empathy.

