

Welco

COLLABORAT

4.22.25 Quarterly Learning Collective

THE FRAMEWORK

A cooperative framework that forges partnerships between nursing homes, and schools of nursing, focusing on the principles of Age-Friendly Health Systems (AFHS).



AGENDA



2:00 pm **Welcome and Overview of Agenda**
Maureen Saxon-Gioia, MHA, BSN, RN, Nurse Project Manager
Jewish Healthcare Foundation/Health Careers Futures

2:05 pm **Programmatic Updates**
Kenna Campbell
Research Program Coordinator
Department of Health Policy & Management
School of Public Health
University of Pittsburgh

Emily Franke, LSW, MSW, Program Specialist, Aging & Behavioral Health Initiatives
Jewish Healthcare Foundation/Health Careers Futures

2:15 pm **Engaging Your Medical Director and Providers: 4Ms Rounding**
Felicia Heaton, PHR, SHRM-CP, NHA, C.N.A., Assistant Administrator
Xenia Kugler, CRNP
Dennis A. Shannon, III M.D., Medical Director
Centre Care Rehabilitation and Wellness Services

Erin Kitt-Lewis, PhD, RN, CNE, Associate Research Professor
Penn State Ross and Carol Nese College of Nursing

2:55 pm **Closing**
Anneliese Perry, MS, NHA, Program Manager, Aging Initiatives
Jewish Healthcare Foundation/Health Careers

3:00 pm **Adjourn**

PROGRAMMAT

Kenna Campbell

Research Program Coordinator
School of Public Health
University of Pittsburgh

Emily Franke, MSW, LSW

Program Specialist
Jewish Healthcare Foundation
Health Careers Future



Independent Eval

University of Pittsburgh, School of Public Health

Lead Evaluator: Howard B. Degenholtz, PhD.



Howard B. Degenholtz, PhD

PA Teaching Nursing Home Collaborative Lead Independent Evaluator

Professor, University of Pittsburgh School of Public Health



Kenna Campbell

Research Coordinator

Staff, University of Pittsburgh School of Public Health

Evaluation Overvi

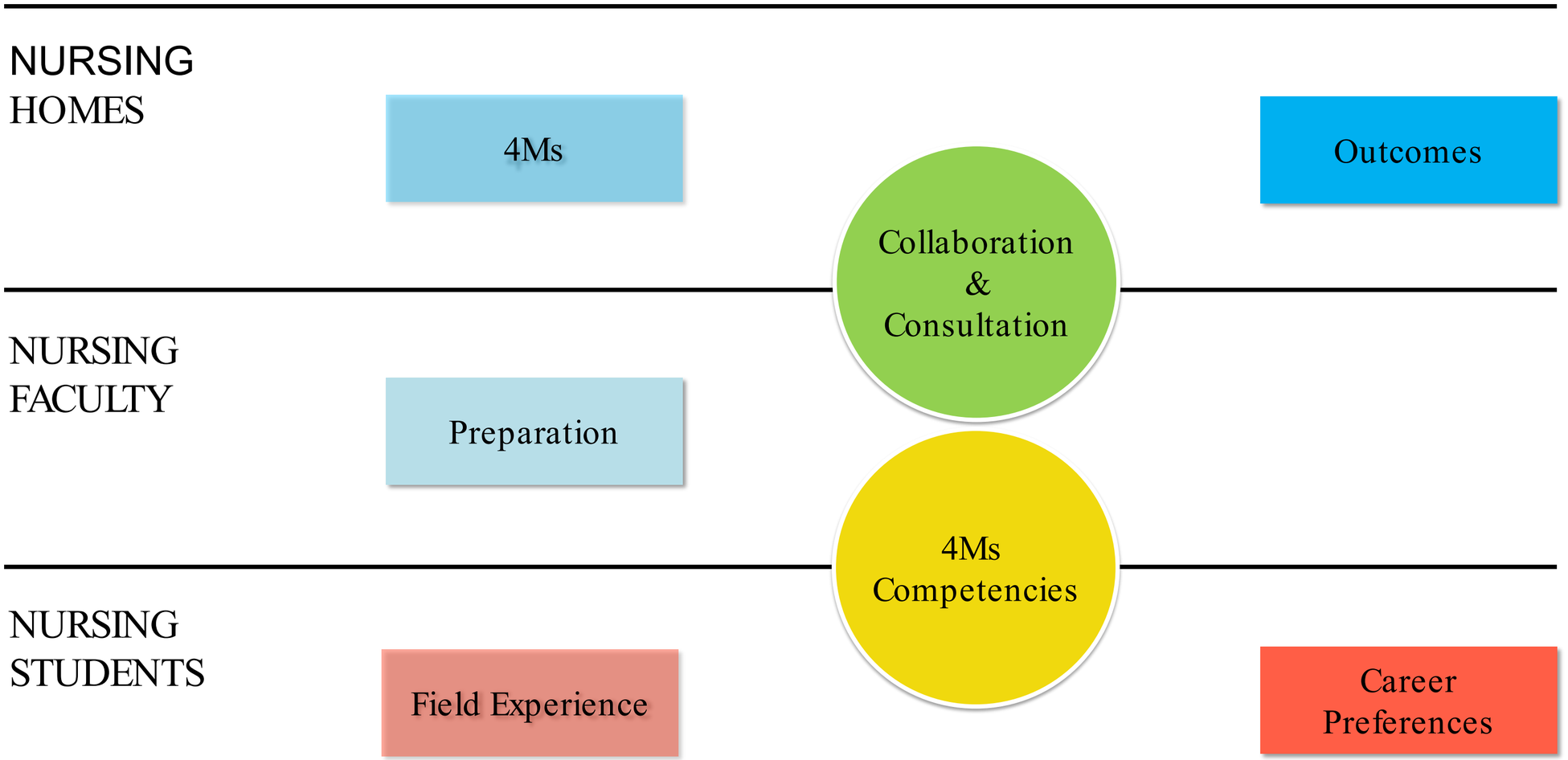
The independent evaluation has three foci:

1. Nursing Home Quality & Staff Experience
2. School of Nursing Student/Faculty Experience
3. Nursing Home–School of Nursing Partnership

Current participants:

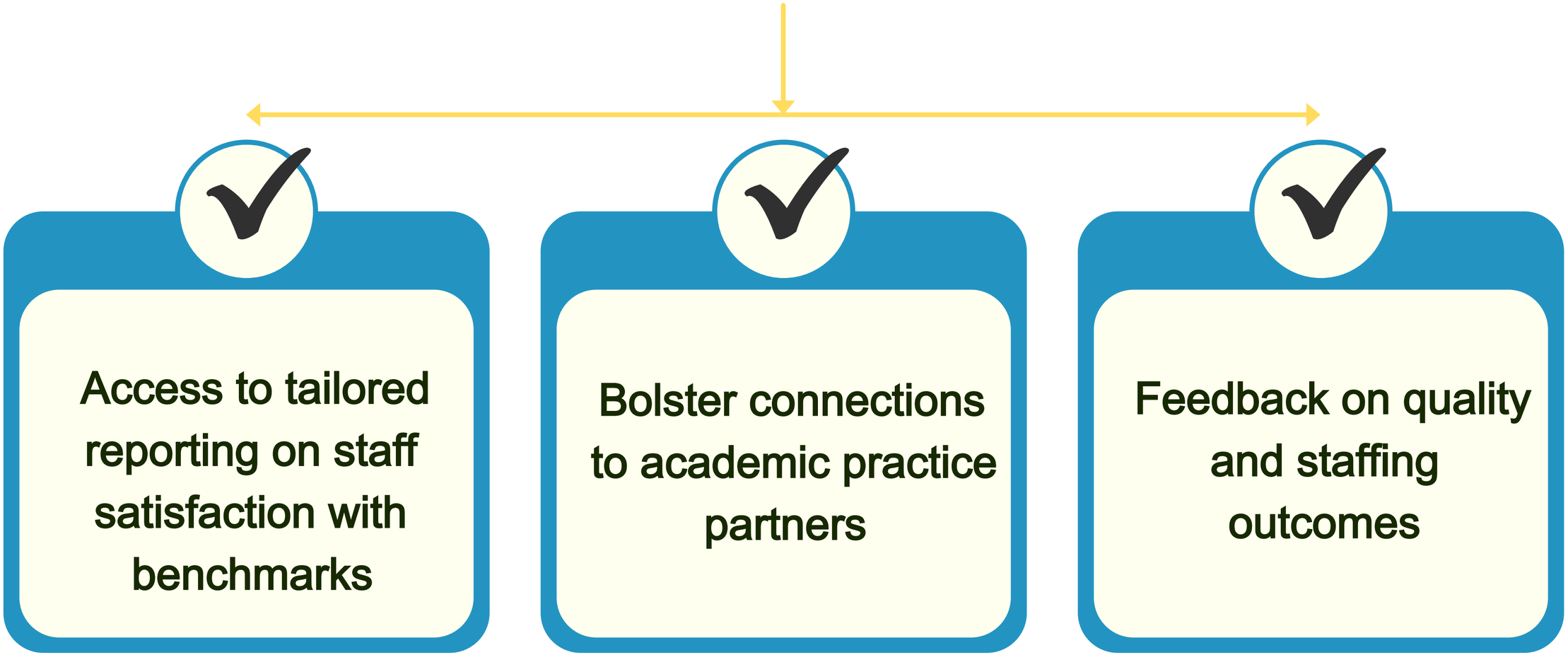
	TNHC Members	Evaluation Participants
Schools of Nursing	26	4
Nursing Homes	72	5

OUTCOMES & DOMA



How Participating in the Nursing Home

- Access to tailored reporting on staff satisfaction with benchmarks
- Bolster connections to academic practice partners
- Feedback on quality and staffing outcomes



How Participating in E

- Tailored 4Ms Competencies for nursing curriculums
- Access to evaluation findings
- Feedback on student and partner experience

What does participation

Nursing Homes

Quality and Staff Experience

- Staff Satisfaction Surveys – Qualtrics
- Clinical Data Collection (EHR/MDS)
- Annual Site Visits (Virtual/In-Person)

Schools of Nursing

Student and Faculty Experience

- Faculty Preparation and Student Assessment - Qualtrics
- Student Assessment of Competencies and Preferences - Canvas

Interested?

Nursing Homes

- Express interest to JHF colleagues, Maureen Saxon Gioia (gioia@JHF.org) or Anneliese Perry (perry@jhf.org);
- Contact evaluation coordinator, Kenna Campbell (kec224@pitt.edu);
- **Register online through the “Satisfaction Survey Registration”**

School of Nursing

- Express interest to JHF colleagues
- Contact Kenna Campbell (kec224@pitt.edu)

NEW LEARNING M

02

- New landing page with directory
- Four self-paced learning modules
- Clickable videos, resources, and downloadable documents



NEW TNHC VIDEO

- Available for use with students, faculty or staff
- All videos are under 30 minutes
- Featuring PA TNHC schools and nursing home partners



REMINDER OF OTHER MEM

- Event registration available anytime
- Interact with PA TNHC members on the Networking Forum
- Explore the interactive PA TNHC map!



THE TEACHING NURSI



The Teaching Nursing Home Series

The Teaching Nursing Home Series prepares nursing home supervisory staff and nursing school faculty to develop academic-practice partnerships. This series describes how to create successful student clinical rotations in nursing homes that allow students to care for older adults with complex and overlapping illnesses. It helps to create strategies that enhance interaction among healthcare teams, promote a faculty/staff partnership that fosters the student's appreciation of the complexity of care, and increase the staff's ability to effectively work with novice nurses.

Resources for Schools and Nursing Homes

- Seminars & Workshops
- Simulation Labs
- Library Access
- Teaching Materials for Clinical Experiences

Faculty Involvement

- Passionate about an "All Teach, All Learn" Partnership
- Open to Learning and Teaching
  - Principles of Professional Nurse Practice Models
  - Resident-Directed Care in Collaboration with Staff

Reference

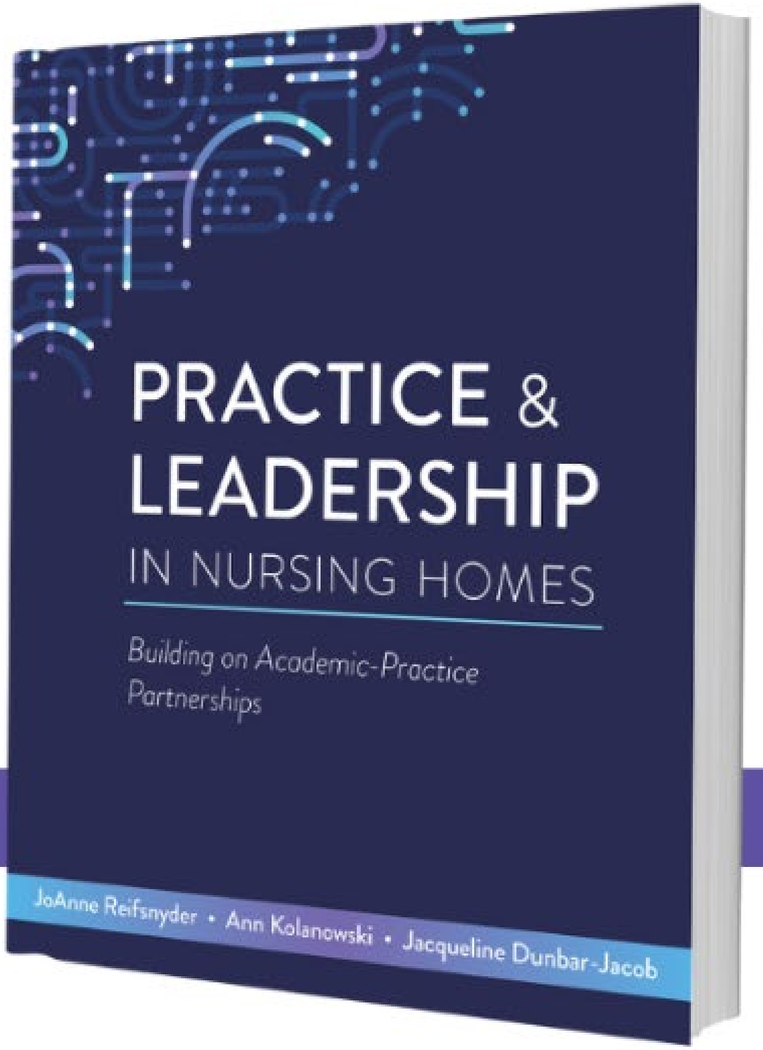
Hartford Institute for Geriatric Nursing. (n.d.). The Teaching Nursing Homes Series. NYU Rory Meyers College of Nursing. Retrieved March 9, 2025, from https://hign.org/consultgeri/elearning/teaching-nursing-homes-series

RECOMMENDED READING

Sigma
GLOBAL NURSING EXCELLENCE

This new book from Sigma challenges educators and students to look beyond incorrect perceptions and negative attitudes to see a vibrant, growing healthcare sector ripe for nurses to make an impact and build rewarding careers. Available at SigmaMarketplace.org and other bookstores.

» Coaching Guide and Workbook coming soon!



Scan the QR code to learn more and purchase!

NYU | MEYERS

HIGN

ENGAGING YOUR ME

AND PROVIDERS: 4MS ROUNDING

A Demonstration of a Clinical Partnership for Sustainable Collaboration

Felicia Heaton , PHR, SHRM-CP, NHA, CNA Assistant Administrator
Xenia Kugler , CRNP
Dennis A. Shannon , III M.D., Medical Director
Centre Care Rehabilitation and Wellness Services

Erin Kitt -Lewis , PhD, RN, CNE, Associate Research Professor
The Penn State Ross and Carol Nese College of Nursing

CentreCare
REHABILITATION AND WELLNESS SERVICES
A Non-Profit Skilled Nursing Care Community

PennState
Ross and Carol Nese
College of Nursing

Teaching Nursing Home Collaborative

- The goal is to transform nursing education, enrich resident care, and support the nursing home workforce.
- It provides a platform
  - To connect and support practice partnerships between academic partners and nursing homes
  - To offer free resource bank and networks that can enrich nursing student clinical experiences at nursing homes
  - To implement Age-Friendly Health Systems 4Ms Framework

Objectives:

- To get you thinking about the different approaches we talk about today.
  - What of this presentation can you apply to your current/potential partnership?
  - How will you make this happen?
- Highlight one example of a successful partnership

Be ready to think, take notes, share, and ask questions

Define: Academic Practice Partnerships

A formal and intentional relationship between a nursing education program and a practice setting

Guiding Principles include formal relationships established at the senior leadership level, mutual respect and trust, and knowledge sharing among partners.

Create a Partnership that is…

Mutually beneficial for the
- NH
  - Residents
  - Administration
  - Staff
- Students
- Faculty

Efficient and productive
- Good engagement

Data driven outcomes



Think about the following…

- What would make a collaboration mutual beneficial to me/my NH/my school/college?
- How can we establish or build on our partnership in an efficient/productive way?
- What are key data that we need to look at? Student data, resident data, staff data?



Meeting the Leadership Team

Make Introductions

Meet with nursing home administrators and department heads. Exchange credentials and establish rapport

Discuss Expectations

Clearly outline what students can offer. Understand what the facility needs

Establish Communication

Create reliable channels for ongoing dialogue. Share contact information and preferred methods

Resource

Build A Team: Nursing Home

Identifying a strong team at your organization will create a foundation upon which you will build your academic practice partnerships. Below you will find guidance to help you select members for your team and how to identify organizational goals.

1. IDENTIFY MEMBERS OF YOUR TEAM

Select key individuals to form your core Teaching Nursing Home Collaborative (TNHC) team. Consider including:

- ☐ Nursing Home Administrator (NHA)
- ☐ Director of Nursing (DON)
- ☐ Staff Educator
- ☐ Nurse Manager
- ☐ Direct Care Nurse
- ☐ Certified Nursing Assistant (CNA)
- ☐ Interdisciplinary Team Member (e.g., social worker, ~~therapist~~) _____

2. STUDENT PLACEMENTS AND SCHOOL ENGAGEMENT:

To maximize the benefits of your partnership with a School of Nursing, start by setting goals such as enhancing resident care, developing staff through teaching and mentoring, and building a workforce pipeline by introducing students to nursing home care.

In the PA Teaching Nursing Home Collaborative (TNHC), Age-Friendly Health Systems (AFHS) serves as the foundation for the evidence-based practices. We integrate the AFHS 4Ms framework into collaborative efforts to transform care in nursing homes through academic-practice partnerships. This approach aligns with best practices in ~~age-friendly~~ care and supports the ongoing education and training of nursing students and nursing home staff.

Begin thinking about who on your team will serve in one of the following roles.
(This may be several people or one person leading the efforts.)

- **Nursing Home Lead**: Who will lead collaboration with faculty for student placements?
- **Nursing Home Communicator**: Who will inform staff about the partnership and its goals?
- **Age-Friendly Health Systems Lead**: Who will focus on implementing Age-Friendly Health Systems principles? (You'll receive more detailed information on Age-Friendly Health Systems as you progress in the implementation process).

Identifying the leads will start the planning process, letting everyone work together for a successful partnership. Don't hesitate- getting your team in place is the essential first step!

Preparing to Engage with Students and Faculty:
Internal Preparation

Nursing Home Assessment

Use this checklist to begin to plan the internal steps needed to establish an academic practice partnership (APP) with a School of Nursing.

1. IDENTIFY KEY STAKEHOLDERS

☐ To start your nursing home assessment and build a successful partnership, engage key stakeholders: leadership, clinical staff, educators, and champions who can advocate for the partnership and drive engagement.

2. ESTABLISH REGULAR MEETINGS WITH YOUR TEAM

☐ Discuss the potential benefits of partnering with a School of Nursing as a priority.
Examples include enhanced resident care, staff involvement, enriching student experiences related to nursing home care, building a workforce pipeline, and aligning with ongoing quality improvement initiatives within the nursing home.

☐ Appoint a dedicated staff member to serve as liaison with the school of nursing.
Ensure the champion has the time, resources, and authority to lead partnership efforts.

☐ Seek input from team members to determine what experiences your nursing home could offer students

For Nursing Home Staff:
- What are their expectations from the partnership?
- What support or training might they need?

For Residents:
- What aspects of the clinical experience would they find valuable?
- Are there any specific needs or preferences to consider?

For Students:
- What skills or experiences should they gain from the placement?
- How can their experience be made most beneficial?

3. REFLECT ON PAST EXPERIENCES

☐ If your nursing home has partnered with a School of Nursing before, consider:
- What worked well and why? What would you do differently?
- What feedback have you received from team members and students about past clinical rotations?

Planning and Preparing: Agenda

- Identify respective strengths and learning opportunities for NH staff and clinical students
  - Share one strength and one potential learning opportunity
- Identify Goals could be focused around
  - What are some QI or workforce issues at the NHs
    - Centre Care focused on grievances
  - What makes this NH unique
    - Centre Care dialysis, predominately Medicaid, subacute unit
  - What do the students need to know before leaving this clinical experience
  - What can the college/school bring to the collaboration
  - Share one goal - NH or College/School

Our Goal: Age-Friendly Health Systems

- Aligning Learning Objectives with NH
- Implementation of Age-Friendly Health Systems
- 4Ms Rounding at Centre Care
  - Centre Care Team
  - Penn State School of Nursing

From Partnership to Practice: Collaborative Implementation

- Partnership Development
  - Initial engagement → Mutual agreement → Orientation → Implementation
- 4Ms Implementation
  - Assessment → Planning → Intervention → Evaluation
- Integration Points:
  - Students participate in 4Ms assessments with clinical instructors
  - Facility gains additional support for 4Ms implementation
  - Academic partners contribute to quality improvement initiatives

→ Creating value through integration of education and practice

Bridging School of Nursing Partnerships and 4Ms Implementation: The Collaborative Alliance

School of Nursing Contributions:

- Faculty expertise in evidence-based geriatric assessment tools
- Student participation in 4Ms data collection and interventions
- Academic resources for staff education on 4Ms components

Nursing Home Contributions:

- The Nursing Home's proactive development of 4Ms processes
- Partnership with the Medical Provider group
- Innovative approaches to integrating the 4Ms into daily care routines

→ Together: A learning laboratory that benefits residents, students, and institutions

Our example

- Discuss implementation of the partnership
  - What needs done prior to the students entering the NH
    - Introduce the TNH project and the 4Ms Framework to both NH staff and students
      - Age-Friendly Care PA Modules [Resource]
        - https://www.agefriendlycare.psu.edu/
    - In-person training
      - **Kick-Off Event - All Staff Training – Environmental Services, Dietary Services, Recreational Therapy, Social Services, Nursing, etc. (Spring-Summer 2022) focused on the 4Ms**
      - **Subsequent Training – APN led**
        - Orientation of PSU clinical students
        - Huddles - on-unit education
        - Brief one-page 4Ms content to reinforce learning
        - Demonstration of how these can be applied to NH residents

N230 Clinical Assignments

- Informational sheet that describes the AFHS - 4Ms
  - Mobility
  - What Matters
- Katz Index of Independence ADLs
  - https://www.alz.org/careplanning/downloads/katz-adl.pdf
- Positive Physical Approaches to Someone with Dementia
  - Idaho Commission on Aging - https://aging.idaho.gov/wp-content/uploads/2019/06/Positive_physical_approach-tips.pdf

NURS 230 – 4Ms: Mobility & What Matters Assignment



Submit this page on Canvas to complete the 4Ms assignment. Use the 4Ms Instructions for full details to complete the assignment.

Mobility

1. What was the resident's score on the Katz Index of ADLs?
2. Record the resident's pain assessment (COLDSPA or PQRST)
3. Record the resident's level of orientation (Person, Place, Time, and Situation)
4. What medical history diagnoses could affect this older adult's mobility?
5. What did the resident identify when asked "What Matters most about your mobility or what is one goal you would like to achieve related to your mobility?"

Using this information and reflection on your resident's usual ADLs and function:

6. What is one way you or the nursing staff could increase the older adult's mobility opportunities?
7. How could the older adult achieve their "What Matters" or mobility goal?
8. Who could assist the older adult in achieving it?
9. Reflecting on the usual flow of the nursing home routine for your older adult, what is one opportunity that could be leveraged to improve an older adult's functional mobility or mobility opportunities?
10. What is one lesson you learned about older adults' functional mobility and mobility opportunities that you can use as a clinician?

What Matters

1. "What Matters" most to the older adult you interviewed and why is that issue important to them? You don't need to share specifics of the conversations but rather broad themes.
2. What assumptions did you make prior to having the conversation with the older adult that were not accurate? This could be assumptions about the topics in the conversation, the older adult, or your expectations of the conversations in general.
3. What lessons did you learn as a clinician that you can use in your future practice? These could be lessons related to communication, nursing skills, biases, or general takeaways.
4. Consider how you would respond to the question "What Matters to you?" How does the older adult's "What Matters" compare to your "What Matters." Discuss not only the similarities or differences but also our thoughts about why there are similarities or differences.

NURS 310 Clinical Assignments

WHAT MATTERS

Receive the best care possible by telling your healthcare providers WHAT MATTERS to you. Think about what is most important to you in life; things you want your health care team to understand about you as an individual. Who are the most important people in your life? What do you view as essential to your quality of health and well-being?

If something were to happen to you, who would you turn to for help making healthcare decisions?

MEDICATION

Understanding your medications and what they do is important. Our bodies change with age in ways that can increase the chances of side effects from medications. One way to help prevent complications from medicine is to understand why you are taking them and to address any concerns about them with your healthcare provider.

MIND

Thinking, memory, and mood matter! Just like your body changes with age, so can your brain. Depression, delirium, and dementia may occur during older adulthood, but they are not a normal part of aging. If you're worried about your memory and thinking, or you are feeling sad a lot, tell your healthcare provider or call the National Helpline at 1-800-662-4357. Find ways to support and engage your mind that reduce stress and anxiety.

For example:

- *Deep breathing*
- *Walking*
- *Doing things that bring you joy*
- *Taking breaks from the news*
- *Helping others by volunteering*
- *Paying attention to nature*
- *Joining a local club or group*
- *Connecting with family, friends, and neighbors*

MOBILITY

Stay as physically active as possible. Set a realistic daily mobility goal, something active you can do every day. This goal may start small and then change as you get more physically active.

For example:

- *Walk outside for 15 minutes every day*
- *Do daily chair exercises for 10 minutes first thing in the morning*
- *Light yoga or tai chi online or with a friend*

Learn more about the 4Ms Online at: agefriendlycare.psu.edu

PennState Ross and Carol Nese College of Nursing | Tressa Nese and Helen Diskevich Center of Geriatric Nursing Excellence | Age-Friendly Care, PA | The Primary Health

My Life • My Health • My Goals
My 4Ms

Health is a team effort, and YOU are in the driver's seat! Complete the 4Ms below and take this sheet with you to your next healthcare visit. Look at your answers before each visit and see if they change over time.

PREFERRED NAME: _____

WHAT MATTERS

Take a moment and think about who you are and what you are facing right now, what is the most important thing that comes to mind?

MEDICATION

Are there any medications that you feel unsure about why you are taking them, or how to take them? List your concerns and questions.

MIND

List two things you do that help you relax, stay calm and be positive. How do you keep your mind active?

MOBILITY

Set an achievable daily mobility goal for yourself.

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This work was created by Age-Friendly Care, PA at the Penn State College of Nursing, and is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS), through the Geriatric Workforce Enhancement Program (grant no. U1QHP33075). The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS or the U.S. Government.

From Theory to Practice: Our Journey Together

Where We Started: Long-standing history of clinical rotations

Where We Are Now: Strengthened, mutually beneficial partnership implementing Age-Friendly Care (evidence-based framework)

Future Directions: Expanding student knowledge of NHs, AFHS, and person-centered care; Maximizing the all teach/all learn for NH/student; Improving residents' outcomes

Lessons Learned: Communication, flexibility, and shared goals are key

→ **And now, let's hear about the 4Ms rounding implementation...**





Rounding Team

- Interdisciplinary Team
  - Medical Director
  - Nurse Practitioner
  - Social Worker
  - Restorative Nursing
  - Physical/Occupational/Speech Therapy
- Educating residents on AFHS – 4Ms
- 4Ms Worksheet completed





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PennState College of Nursing

Tessie Ivew and Helen Dolevich Center of Geriatric Nursing Excellence

Age-Friendly Care, PA

Primary Health

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_____

_____

_____

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_____

_____

_____

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_____

_____

_____

MOBILITY

Set an achievable daily mobility goal for yourself.

_____

_____

The information on this flyer is not intended or implied to be a substitute for professional medical advice, diagnosis or treatment. All content, including text, graphics, images and information, contained on or available through this flyer is for general information purposes only. If you have any questions or concerns regarding your health, please reach out to your preferred primary care provider. If you are experiencing a medical emergency, please call 911 or go to your nearest emergency room.

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4Ms: Resident: Neighborhood Date

- What makes you happy?
  -
- What makes life worth living?
  -
- What are some goals you hope to achieve in the next six months or before your next birthday?
  -
- What is important to you today?
  -
- What would make tomorrow a really great day for you?
  -

What Matters Most:

Medication:

Mobility:

Mentation:

BIMS: 15 / Dx: Type II diabetes w/ other complications, dysphagia, dysthymic disorder, presence of artificial knee, absence of unspecified foot

Provider Quarterly Progress Notes

- Seen and evaluated for follow-up multi-disciplinary team approach to age friendly care, 4Ms discussion. This is in accordance with a movement to create age friendly Health systems with a goal to ensure older adults received the best care possible, are not harmed by Care, and are satisfied with the care they receive. The 4Ms framework brings focus to what matters, medication, mentation, and mobility,and when put into practice this framework has shown evidence to improve overall health care for the older adult which we continue to strive to do with a team approach.
- Review of systems begins with…
  - “Discussed with resident today What matters most, medications, mentation, and mobility.”
  - Followed by documentation for each of the items

See references added for details; -Institute for Healthcare Improvement . (2020). Age-friendly health systems: Guide to using the 4Ms in the care of older adults. Age-Friendly Health Systems -Fick D. M., Semla T. P., Beizer J., Brandt N., Dombrowski R., DuBeau C. E., Eisenberg W., Epplin J. J., Flanagan N. (2015). American geriatrics society 2015 updated beers criteria for potentially inappropriate medication use in older adults. Journal of the American Geriatrics Society, 63(11), 2227-2246. -4Ms interaction. Source. Reproduced with permission from the Institute of Healthcare Improvement. (Institute for Healthcare Improvement, 2020). -The 4Ms Explained. Source. Penn State Ross and carol Nese College of Nursing, 2024. https://www.agefriendlycare.psu.edu/the-4ms-explained

Example of Progress Notes

History of Chief Complaint: Review of Symptoms: -discussed with patient today what matters most, medications, mentation, and mobility.

•**What matters most to Tom is his living situation**. He does not wish to be living in a nursing home and wishes to have a different situation such as independence or assisted living. He also has concerns about his right 3rd trigger finger which is worse and would like an orthopedic f/u.

•**Medications: Tom has no concerns about his medications**. He does state that his muscle relaxer is giving him "wild dreams" but they are tolerable, and he does not wish to stop this medicine. He is being followed by pain mgmt which is helping control his chronic pain. We discussed performing medication review and deprescribing any unnecessary medications which he is amenable to.

•**Mentation**: BIMS score 14. a&ox3. **No concerns with mentation or insight.**

•**Mobility**: **Hx left hemiparesis s/p cva**. Uses motorized wheelchair to mobilize himself around facility. Does get oob daily and is social. Has a "foot/leg" exercise her performs to help with his mobility and circulation. does have days where he just "doesn't want to get oob without any specific reason". Pain mgmt helping with mobility restrictions due to pain, has contractures and spasms to LLE s/p cva.

A/P: -4Ms Review

What matters: Will discuss his living situation concerns with team and have SS f/u if there are any other possibilities available for him.

- Right 3rd trigger finger worsening, wishes for orthopedic eval. Has seen Dr. XXX previously for this, will schedule f/u.

Medications: Continue baclofen despite "wild dreams", these are tolerable to him and he wishes to continue muscle relaxer for better mobility/pain control.

- Medication review performed. + polypharmacy noted. Discussed de-prescribing and resident agreeable.
- Will discontinue amlodipine, loratadine, and multivitamin. Will check BPs daily x1 week and f/u on BPs in one week to ensure bp stable off antihypertensive.
- F/u as needed if allergic rhinitis returns. Pt has good oral intake, should not require MVI.

Mentation: No mentation concerns, no changes to POC. Less meds as above deprescribing should reduce risk for delirium.

Mobility: No current mobility concerns from team aspect, however pain control with left hemiparesis has been an issue. He is followed by pain clinic for this with some improvement. Continue to follow along closely.

- Deprescribing as above should lessen risk for polypharmacy induced delirium/falls. Does not have any controlled substances on board however does have muscle relaxant which can increase risk for falls but thus far no injuries sustained and only taking at HS and he wishes to continue this with knowledge of risks.

We will plan to re-evaluate 4Ms quarterly with multidisciplinary team.

Plan to f/u quarterly, sooner as needed for any acute concerns...

Examples of Progress Notes

- Chief Complaint & History: Hx advanced dementia, adult failure to thrive PTA, HTN, paroxysmal atrial flutter, and generalized weakness with gait dysfunction.
- Review of Symptoms: discussed with patient today what matters most, medications, mentation, and mobility.
  - **What matters most to her is being happy and Christ**. She also requests more focus on "oral hygiene" and more visits from grandchildren.
  - **She is "ok with her medications" and has no concerns**.
  - **Her mentation is at baseline confused given her history of dementia however she feels happy and pleasant and actively socializes with residents in her neighborhood**. Her BIMS score is 13.
  - **Her mobility is active, she ambulates herself around in her wheelchair and attends social events such as going to church and attending bingo.**

ROS…4Ms Review

- **What Matters:** Socialization, attending church and social programs, visits from family, and oral care.
- **Medications**: Medication review performed. Resident does not wish for any changes. Her medications are appropriate and no changes will be made at this time.
- **Mentation:** Bims score 13. Hx dementia. Pleasantly confused at baseline. Socializes with family, residents, and staff with positive interactions.
- **Mobility:** Happy with her mobility status, ambulates herself in wheelchair and attends many social activities outside of her room.

We will re-evaluate 4Ms quarterly with multidisciplinary team. F/u quarterly, sooner as needed for any acute concerns….

Alignment of Educational Goals with 4Ms Framework

Where Education Meets Practice: The 4Ms as an Educational Framework

- **Educational Objectives:**
  - Competency-based learning
  - Real-world application of nursing theory
  - Clinical judgment development

- **4Ms Framework Components:**
  - What Matters: Person-centered care training
  - Medication: Medication management and polypharmacy education
  - Mentation: Cognitive assessment and intervention experience
  - Mobility: Functional assessment and mobility promotion skills

→ The 4Ms provide a structured approach for student learning and clinical practice

Shared Success Metrics: Education and Care Quality

Educational Outcomes:

- Student competency development in geriatric care
- Clinical faculty expertise in teaching geriatric nursing
- Academic research opportunities

Clinical Outcomes:

- Enhanced 4Ms implementation
- Improved resident care quality metrics
- Staff development through teaching and mentoring

→ The partnership creates measurable value for both institutions

End of the semester check-in

- Measure Success & Continuously Improve
- Establish clear goals and **benchmarks**
- **Obtain feedback** from students, faculty, residents and nursing home staff
- **Adjust the partnership** based on feedback and data analysis

TEACHING NURSING HOME AGENDA

First Meeting

10 Minutes	Introductions	Introduce team members from both organizations.
10 Minutes	Motivation and Goals	Share the reasons for forming the partnership and outline goals
10 Minutes:	Nursing Home Overview	The nursing home partner describes current staffing and nursing roles.
10 Minutes:	School of Nursing Overview	The school describes curricular requirements for clinical placements and the type of students that will engage with the nursing home's Careforce and residents
20 Minutes	Discuss Shared Goals	Identify and agree on mutual goals for the partnership. Establish benchmarks for evaluation.

Activities to complete:

1. **Schedule the Next Meeting**:
   Set a date and time for the next meeting to keep the momentum going.
2. **Identify Lead Contacts:**
   Designate lead contacts for both the Nursing Home and School of Nursing to streamline communication.
3. **Maintain Regular Communication:**
   Keep in touch via email to provide updates and track progress.

Evaluation of Students' Learning Experience by Nursing Home Staff

	Strongly Agree	Agree	Disagree	Strongly Disagree
The weekly information we received about learning objectives, clinical expectations and assignments was helpful to the staff.				
The weekly information we received about the students' learning objectives, clinical expectations and assignments was provided to us in a timely manner.				
The students' behavior and actions were professional.				
The students exhibited collegial behavior with nursing and other staff.				
The students contributed to the overall quality of care for our residents.				
Overall, the staff enjoyed having students.				
Overall, the residents enjoyed having students.				
When issues came up, the clinical instructor worked effectively with us to resolve those issues.				
Staff benefited from the lunch discussion with the students about the clinical topic that was selected.				
We value the partnership with the school of nursing.				
We would like to continue to have students at [name of nursing home].				
Comments:				

Mueller, C. (2024). Exemplary Clinical Experiences in Nursing Homes. Minnesota Northstar Geriatrics Workforce Enhancement Program. Retrieved March 9, 2025, from https://mngwep.nexusipe.org/toolkits/nursing-home

Full Circle: Connecting Education, Practice, and Quality Improvement

Academic Practice Partnership Experience:

- Key feedback from faculty and nursing home staff on 4Ms collaboration
- Impact on clinical workflow and educational objectives
- Unexpected benefits identified through partnership evaluation

Nursing Home Implementation Outcomes:

- 4Ms implementation metrics and resident outcome improvements
- Staff engagement with teaching-learning environment
- Process improvements identified through collaborative efforts

Program Evaluation Highlights:

- Student learning outcomes achieved through 4Ms participation
- Faculty development in geriatric clinical teaching
- Facility quality improvement indicators influenced by academic partnership

Centre Care and PSU CON Success!



QUESTION AN

Felicia Heaton , PHR, SHRM-CP, NHA, CNA Assistant Administrator
Xenia Kugler , CRNP
Dennis A. Shannon , III M.D., Medical Director
Centre Care Rehabilitation and Wellness Services

Erin Kitt -Lewis , PhD, RN, CNE, Associate Research Professor
The Penn State Ross and Carol Nese College of Nursing

ANNOUNC

Anneliese Perry, MS, NHA

Program Manager

Jewish Healthcare Foundation

Health Careers Future





June Faculty Workshop: Structured Clinical Assignments in Nursing Homes

June 3rd, 11AM-1PM

Via Zoom. Faculty teaching entry-level nursing students

Featured Speakers

Dr. Jackie Dunbar-Jacob on Deliberate Practice

Dr. Christine Mueller on Targeted Learning Opportunities

Professional Development

Working to obtain 2.0 CE Credits. Structured assignments in long-term care

Register Today

Please invite your teaching faculty to attend!

Age-Friendly Health Series

How Can the New Age-Friendly Hospital Measure Transform the Inpatient Experience

Join Health Affairs for a special lunch and learn virtual event featuring a conversation between Clifford Ko and Katherine Ornstein on how the new Age-Friendly Hospital Measure aims to improve the quality and experience of inpatient care for older Americans.

Date: **May 20, 2025**
Time: **2 pm – 3 pm ET**



ENGAGE IN THE COL

- Participate in Office Hours
- Explore the Member Hub
- Attend the Quarterly Learning Collective

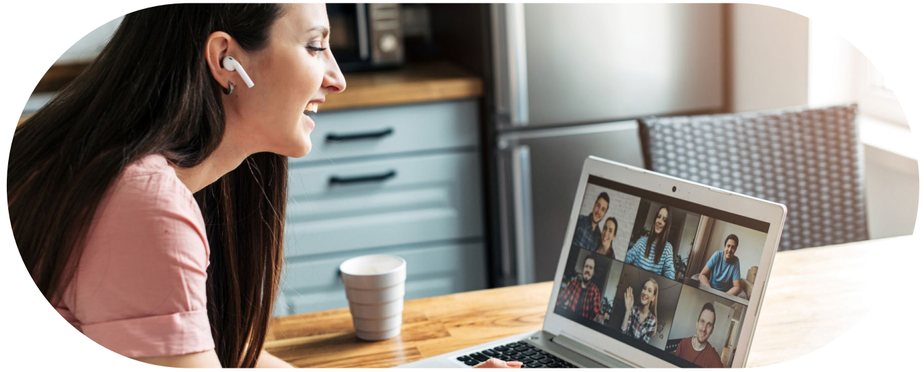
SAVE THE DATES



Upcoming Monthly Office Hours

Wednesday, April 30 1:00PM EST
Thursday, May 22 9:30AM EST

- Learn from Phase 1 partners and peers
- Ask questions and offer insight
- Receive technical support



Next Quarterly Learning Collective

Tuesday, September 16 2:00PM EST

- Learn from Phase 1 partners and peers
- Ask questions and offer insight
- Receive technical support

THANK YOU

for joining!

