



CONTINUING NURSING STUDIES

Post Basic Program in Gerontology
for Registered Nurses

Registration Information

Updated April 2008

Introduction

The Post Basic Program in Gerontology for Registered Nurses was developed as a distance learning program in 1998-1999 by Continuing Nursing Studies at the Centre for Nursing Studies and revised in 2006.

The self-paced, distance learning program of instruction is designed to enable registered nurses to acquire the necessary knowledge and practice expertise to care for older adults in all healthcare settings.

The program includes three prerequisite modules, five modules of gerontology theory and a clinical component. During the clinical component of the course, there are two possible options for students depending on their previous experience in gerontology:

- 1) Students who have recent, previous experience in gerontology (i.e. a minimum of one year full-time employment) will be required to complete two clinical assignments in their clinical area. These two assignments consist of a health assessment project and a health promotion/health education assignment.
- 2) Students without recent related experience (i.e. less than one year full-time employment) will be required to do a 4 week preceptored experience and will also be required to complete a health assessment project while during their preceptored clinical experience.

Advantages

- This program is independent and self-directed, allowing learners to proceed at their own pace.
- Individual faculty support is readily available by telephone or email to discuss study habits, time management, etc.
- Peer support is encouraged and arranged by the program facilitator.
- Learners can complete the entire program without having to leave their home community. (some exceptions for clinical experience)
- Learners can study at any time that is convenient allowing them to continue other professional and personal roles.
- Additional learning materials are readily available upon request through the Centre for Nursing Studies.
- Clinical preceptors are highly qualified professionals in gerontological settings who work one-on-one with the learner.

Entry and Exit Policy

Entry to this program is open to registered nurses who hold an active license.

To be eligible for admission, the registration form must be completed and submitted to the Centre along with the tuition for the program. In addition, learners are required to submit evidence of active ARNNL license (photocopy of card).

The cost of the program, which includes all materials, is \$800.00. Full tuition payment is required prior to commencement of the program.

Although the program is self-paced, the deadline for completion is one year from the start date. Learners may enroll at any time throughout the year.

If necessary, learners may withdraw from the program at anytime. A tuition refund is provided within 30 days from the starting date (100% refund minus a 10% administration fee and cost of course materials). After 30 days, no refunds are given.

Program Requirements

The Post Basic Program in Gerontology is a self-directed modularized learning program consisting of three required pre-requisite modules and five gerontology modules. Three prerequisite modules must be completed prior to commencing the five gerontology modules. The prerequisite modules include a) Anatomy & Physiology (self assessment); b) Health Assessment (self assessment) module; c) Health Promotion module.

Upon successful completion of the theoretical component of the program, learners will complete a clinical component, consisting of clinical and/or clinical assignments.

Learning Materials and Resources

These materials include:

1. five print-based theory modules
2. one textbook and two small booklets
3. required journal articles/required readings
4. access to various texts for directed reading
5. access to other learning materials, e.g., articles, pamphlets, and audio-visual materials.

The self-instructional modules all attempt to provide the following guidance:

- specific learning objectives
- directed reading in accompanying textbooks
- extra information not provided in textbooks
- learning activities related to objectives
- comprehension checks at the end of units

- a post test at the end of each module to allow the learner to evaluate his/her readiness for the supervised examination.
- answers to the post-test

Nursing Theory Modules

The Post Basic Program in Gerontology for registered nurses is a self-directed modularized learning process consisting of three required prerequisite modules, and five modules of gerontology theory. Learners must successfully meet the evaluation requirements for the prerequisite modules prior to proceeding to the five gerontology modules. Health Assessment and Anatomy and Physiology theory requirements are based on the learner's individual learning needs identified in completion of self-assessment tools. Appropriate learning activities will be provided, if needed, based on identified needs. The prerequisite module on Health Promotion, Teaching/Learning is evaluated with a multiple-choice examination.

PREREQUISITE MODULES	Content	Estimated Time for Completion of Modules	Evaluation
Anatomy and Physiology (self-assessment)	Based on self assessment of learning needs of all body systems	-	Self Assessment
Health Assessment Module (self assessment)	Based on self-assessment of learning needs of health history and physical examination of all body systems.	-	Written examination and/or lab testing based on identified needs
Health Promotion, Teaching/Learning	Concept of Health Health Promotion Teaching Learning Interviewing-Counseling	70 hours	1 Exam

GERONTOLOGY MODULES	Content	Estimated Time for Completion of Modules	Evaluation
Module One - Introduction to Gerontology	Demographics Myths Portrait of the Older Person Professional Issues Evidence Based Practice	90 hours	1 exam
Module Two - Physiological Changes of Aging	Assessment of Normal Physiological Changes of Aging and Functional Impact	70 hours	1 exam
Module Three - Psychosocial Aspects of Aging	Psychosocial Assessment and Functional Impact	70 hours	1 exam
Module Four - Special Considerations of the Older Person	Nutrition and the Elderly Drugs and the Elderly Sexuality and the Elderly Multiple Losses Elder Abuse and Neglect Retirement Health Care Policy, Politics, and Resources for the Elderly	120 hours	1 exam
Module Five - Nursing Practice and the Elderly	Common Nursing Diagnoses & Nursing Interventions: Community Care Needs Acute Care Needs Long Term Care Needs	90 hours	1 exam

EVALUATION

Theory Component

The pass mark for each multiple choice module examination is 70%. If learners are unsuccessful in achieving a passing grade initially, two supplementary examinations are permitted in the program. If a learner is required to write a supplementary, 70% is the highest mark that the learner can achieve for that module. If a 70% is not achieved in the supplementary examination(s), the learner will be required to withdraw from the program.

Clinical Component

Depending on prior gerontological nursing experience, learners will complete a 3 - 4 week preceptored clinical experience or will be required to complete two clinical projects in their own clinical area, which require a passing grade of 70%.

If a learner is required to do a preceptored clinical experience, learners must achieve a passing grade in all components of the clinical evaluation, which is based on seven specific objectives aimed at nursing care of the older adult in long term care.

Program Evaluation

Evaluation is ongoing throughout the theoretical and clinical components of the program. Both learners and preceptors are asked to provide ongoing feedback on the gerontology program through designated program evaluation forms located at the end of each module, included with preceptorship materials and at the end of the program. Learner feedback is valuable to making ongoing changes and improvements in program design and content.

Examination Invigilators

Learners who live in the St. John's area are expected to write examinations at the Centre for Nursing Studies. Learners who live outside the St. John's area will be assigned an invigilator who will administer the examinations at a time and place that is mutually acceptable with invigilator and learner. The program facilitator at the Centre corrects all examinations and individual learner feedback is provided.

Clinical Preceptors

In collaboration with the nurse manager, the program facilitator selects a suitable nurse to act as preceptor. The learner works with this qualified preceptor on a one to one basis. Together, the preceptor and learner plan appropriate clinical assignments and nursing interventions. The learner's progress toward meeting objectives is closely monitored. Clinical evaluation is discussed both with the learner and the program facilitator prior to becoming part of the learner's permanent record.

REGISTRATION PACKAGE
FOR
POST BASIC PROGRAM IN GERONTOLOGY FOR REGISTERED NURSES

CONTENTS

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ENTRANCE REQUIREMENTS

- Current registration in the province of Newfoundland and Labrador

- Certification in Basic Life Support within the past year

- Two references: One from a professional colleague
 One from current manager or designate

- Preference will be given to applicants who have actively practiced gerontological nursing for the equivalent of 12 full months during the past 3 years.

PRIOR LEARNING ASSESSMENT RECOGNITION

Those learners who feel they may be able to receive credit for prior learning should contact Continuing Nursing Studies. Learners will be assessed to determine relevant prior learning. A fee for credit will be determined based on the amount of the course able to be challenged.

FEE STRUCTURE

Fixed Costs:

➤ Tuition	\	
➤ Course Materials	\	\$800.00
➤ Textbooks	/	

Please Note: Fees are subject to change.

Full tuition payment is required prior to commencement of the program.

Learners may withdraw from the program at any time. A tuition refund is provided within 30 days from the start date (100% refund minus a 10% administration fee and the cost of course materials). No fees will be reimbursed after this 30-day period.

REGISTRATION CHECKLIST

The following completed documents must be submitted by the deadline date:

- Registration Form

- Reference forms (2):
 - Professional colleague
 - Manager or manager's designate

- Photocopies of:
 - Current ARNNL registration
 - Current BCLS certificate
 - Transcript or Certificate for Health Assessment Course
 - Transcript or Certificate for Health Promotion Course
 - Transcript or Certificate for Anatomy & Physiology

Please return completed registration form to:

Marion Browne
Centre for Nursing Studies
Southcott Hall
100 Forest Rd.
St. John's, NL A1A 1E5

Phone: 777-8162; Fax 777-7324

E-Mail: mbrowne@cns.nf.ca

**CENTRE FOR NURSING STUDIES
CONTINUING NURSING STUDIES**

**POST BASIC PROGRAM IN GERONTOLOGY
FOR REGISTERED NURSES**

REGISTRATION FORM

SECTION I

ARNNL Registration No. _____

First Name	Middle Name	Last Name	Maiden Name
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Street Address	City/Town	Province	Postal Code
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Phone (Home)	Phone (Business)	Phone (Cell)	Fax Number
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E-Mail Address (Compulsory)	Emergency Contact Person	Telephone
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CPR certification date	CPR expiry date
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Desired Date to Commence Program/Course	Number of years since last practicing as RN
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SECTION II: PAYMENT

II a. Cheque Cash Credit Card Debit * Sponsor

Amount Paid: _____

Cheque or money order should be made payable to the Centre for Nursing Studies.

Master Card / VISA Cardholder's Name: _____

Master Card/Visa # _____ Expiry Date: _____

IIb. * Sponsored students must complete the following information .

Sponsoring Agency:	Contact Person:
Address:	
Phone No.	Fax No.
	E-Mail:

The CNS acknowledges and respects privacy of individuals. The personal information included on this form is collected under the authority of Sections 32 and 33 of the Access to Information and Protection of Privacy Act and will be used for processing your application and for the administration of student records. Direct any questions about this collection to: Privacy Officer, Eastern Health, Quality and Risk Management, 12th Floor, Southcott Hall, 777-8025.

SECTION III: POST SECONDARY EDUCATION (University, Technical, Vocational, Nursing, Workshops, In-Services, First Aid, CPR, Etc.)

Institution	Location	Program Of Study	Certificate / Diploma	Year/s Attended

SECTION IV: REFERENCES: Please print the names, full addresses, and telephone numbers of two individuals providing your references.

Name: _____ Phone Number: _____
 Address: _____

Name: _____ Phone Number: _____
 Address: _____

SECTION V: EMPLOYMENT HISTORY (beginning with most recent):

Current Employing Health Board: _____ Current Work Site: _____
 Immediate Supervisor/Manager: _____ Phone Number: _____

Other Employment in Nursing: _____

COPY OF ACTIVE RN LICENSE IS REQUIRED.

I hereby verify that the information given on this Registration Form is correct. I agree to be governed by the policies, rules, and regulations as set forth by the Centre for Nursing Studies.

Permission is granted to The Centre for Nursing Studies to: i) contact previous employers and/or educational institutions to obtain personal references, to verify educational background, and/or to provide the clinical preceptor with this information
 ii) provide verification of successful course completion to the licensing body and/or sponsoring agency.

 Date

 Signature of Learner

**Centre for Nursing Studies - Continuing Nursing Studies
Southcott Hall, 100 Forest Rd., St. John's, NL A1A 1E5
Telephone (709) 777-8162; Fax (709) 777-7324**

APPLICANT REFERENCE FORM #1

Name of Applicant: _____

Address of Applicant: _____

Name of Person Providing Reference: _____

Address of Referee: _____

In what context do you know this applicant? _____

Do you feel that you know the applicant well enough to be comfortable in supplying this reference?

Please rate the applicant's performance in the following categories:

	Outstanding	Strong	Satisfactory	Unsatisfactory
Overall Job/Academic Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General Clinical Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Theoretical Knowledge & Application	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude Toward Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Courtesy and Tact	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Acceptance of Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication Skills – Oral	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Written	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Telephone Number: _____

**Centre for Nursing Studies - Continuing Nursing Studies
Southcott Hall, 100 Forest Rd., St. John's, NL A1A 1E5
Telephone (709) 777-8162; Fax (709) 777-7324**

APPLICANT REFERENCE FORM #2

Name of Applicant: _____

Address of Applicant: _____

Name of Person Providing Reference: _____

Address of Referee: _____

In what context do you know this applicant? _____

Do you feel that you know the applicant well enough to be comfortable in supplying this reference?

Please rate the applicant's performance in the following categories:

	Outstanding	Strong	Satisfactory	Unsatisfactory
Overall Job/Academic Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General Clinical Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Theoretical Knowledge & Application	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude Towards Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Courtesy and Tact	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Acceptance of Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Telephone Number: _____

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