Knowing that 41 percent of older adults take five medications or more every day, Associate Professor of Nursing Cindy Grandjean had a challenge for her geriatric primary care class: Adhere to just one prescription for two weeks. She gave chocolate-covered sunflower seeds to her 12 students, most of whom are graduate students, along with typical medication dosing, such as “take two pills twice a day.”

At first, students thought the assignment was a slam dunk. “We only had one medication we had to remember to take,” said Elizabeth Porter, a nurse and graduate student in Catholic University’s Master of Science in Nursing program.

“And we didn’t have any side effects,” adds Sharon Brooks, another nurse and graduate student.

Yet not one of them was able to adhere to her prescription instructions. “It was just so easy to get busy and forget,” said Porter.

Grandjean talked about the research on why older adults don’t adhere to their medication schedules — from medicine caps that are too tight to open to the expense of medications, which some people can’t afford. After the experiment, class members said they felt more empathy for their older patients.

Empathy is one of the goals of Grandjean’s new, one-credit Concepts in Geriatric Primary Care class, which she developed after attending a September 2010 event hosted by her 12 students, most of whom are graduate students, along with typical medication dosing, such as “take two pills twice a day.”

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Empathy is one of the goals of Grandjean’s new, one-credit Concepts in Geriatric Primary Care class, which she developed after attending a September 2010 event hosted by the Center on Global Aging at the National Catholic Social School and the Department of Psychology. The event drew University faculty from nursing, social work, and psychology who saw a need and were interested in expanding students’ ability to promote the health and functioning of older adults.

Grandjean, a nationally certified adult and geriatric nurse practitioner, has been providing care to older adults for 17 years. In the course, she utilizes existing best-practices evidence to address common concerns experienced by geriatric patients and their families.

The course focuses on such areas as assessing whether an older patient is safe to remain living at home independently, designing environments that help patients adapt to common symptoms of aging, tailoring medications to those who may be experiencing diminishing kidney function and other such complications, and avoiding drug interactions.

The resulting elective class draws nursing students who want to practice more effectively with their older patients, as well as social work and psychology students who are working with the ever-expanding aging population.

Along with her co-teacher Natasa Janicic, M.D., Grandjean teaches students about older adults’ normal age-related changes. The curriculum focuses on assessing this population for cognitive, physical, and social issues such as disability impairments, psychological challenges, pain, balance, and pharmacology adherence.

On a sunny April afternoon and the last class of the semester, the course culminates with presentations on the students’ final projects: a psychosocial evaluation of a geriatric patient using a screening tool of their choice. Students chose assessment tools such as the Falls Screening and Referral Algorithm and the Life Satisfaction Index for Third Age — Short Form. Then they evaluated an older adult — a relative, neighbor, or patient — for physical and functional issues such as depression, risk of falling, balance, and sleep disturbances.

Professor Cindy Grandjean

Porter, standing behind a podium at the front of the classroom, says she chose to assess her aunt, who cannot drive, cook, clean, or shop for herself. She has severe osteoporosis and chronic pain. And she complains that she and her small Arkansas town do not listen to her.

The course taught Porter to modify the way she normally performs assessments to meet the needs of her aunt and other older adults: “You have to ask very specific questions and you have to allow more time for the discussion in order to get effective feedback from your patients,” she says.

Brooks, who performed a cognitive assessment on her mother-in-law, nods in agreement. For her, learning firsthand about the challenges that older adults face was the most valuable aspect of the class. “(The class) helps you see things from the other side of the table,” she says.

Throughout the seven-week course, students often correlated the experiences they had with older patients with existing evidence on aging. During Grandjean’s final lecture on cognitive and social assessments for depression, delirium, and dependency, for example, class members frequently chimed in with their own stories, particularly when the conversation shifts to suicidal patients and liability. “How many people think if your patients are suicidal, they’re going to tell you?” Grandjean asks.

No one raises her hand. The topic, Grandjean explains, should be brought up with adults in a benign way, such as gently asking if they’ve ever thought about hurting themselves or others. “But it’s not enough just to ask,” she continues. If suicidal patients aren’t already at the hospital, Grandjean says clinicians should make sure they get there.

Other practitioners join the conversation, shifting the topic back to older adults who suffer from depression. Grandjean talks about her patients too. She says she knows a nurse practitioner (NP) who had a 63-year-old suicidal patient. He admitted he had thoughts about suicide and referred the NP asked him if he had a plan, and he said yes. Then he went home and killed himself.

The discussion then focuses on data concerning suicide in older adults, instruments that can be used to diagnose depression and/or suicidal thoughts, and appropriate interventions when these conditions are suspected.

When the discussion turns to dementia, Brooks has a story to share about her father, who had surgery and couldn’t sleep afterwards. “(Practitioners) were putting him in a mental institution because they thought he had somehow become demen-tated after surgery,” she says. But after having sleep assessments and starting medication, he was able to sleep normally again.

In addition to cognitive and social issues, course topics included epidemiology, the study of health patterns in society, palliative care, and legal issues related to driving. Carl A. Soderstrom, M.D., a professor at several universities and director of the Maryland Vehicle Administration’s Medical Advisory Board and Driver Safety Research, delivered the driving lecture at one of the class sessions. “Your job as a clinician is to determine whether a patient is not safe to be driving,” he told the class.

Later, Soderstrom screened Old People Driving, a 2010 documentary about Milton, 99, who planned to give up his keys. The movie presented how big a decision this is for older adults. Driving isn’t just a form of transportation to them. It makes them feel independent.

In their final class, the students talk about Soderstrom’s lecture. One student says that the driving discussion was very timely for her. She had a patient who was suffering from seizures, so she told him to restrict his driving. “It’s just another liability. I won’t continue driving,” she said. But because of the lecture, she knew that he had to go to the Department of Motor Vehicles with his medical records, and they would officially restrict his driving.

That observation is an indicator that Grandjean has met one of her objectives for the course — getting students to relate the material they’ve learned to their own patients, and provide them with resources so when questions arise, they have somewhere to turn.”