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## **Geriatric Enrichment: Guaranteeing A Place For Aging In the Curriculum**

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**School of Social Work**  
**Hartford Geriatric Enrichment in Social Work Education**

### **Introduction**

“Aging is no accident. It is necessary to the human condition, intended by the soul. Aging is built into our psychology; yet, to our puzzlement, human life extends long beyond fertility and outlasts muscular usefulness and sensory acuteness. For this reason we need imaginative ideas that can grace aging and speak to it with the intelligence it deserves.”

James Hillman

Two years ago, the School of Social Work embarked upon a new and challenging initiative to create sustainable structural changes that enrich gerontological learning experiences for all our BSW and MSW students, faculty, fieldwork instructors and community practitioners. We envisioned that participation in this initiative would enable us to expand and embed geriatric content in the undergraduate and graduate curriculum, to increase our geriatric fieldwork placement opportunities, to evaluate and enhance our teaching and learning resources on aging, and to develop two new aging specific courses.

Having reached our third year of operation, we find ourselves reflecting on what have been our successes, what could we have done differently, and where do we go in the future. This article will describe our process of developing a model of curriculum change that will guarantee a place for aging in both our undergraduate and graduate curricula.

### **Background**

“Knowledge is proud that he has learn’d so much;  
Wisdom is humble that he knows no more”.

William Cowper

#### How did we get into this?

We started this process asking, Why is a geriatric enriched curricula important for social work? The timing of this project aligned with the current state and national demographics on aging and their increasing challenge to the social work profession.

Between 1908 and 2000, the populations over age 65 grew by 36%; the number of people

85 and older doubled and the number of people over 100 tripled (*A Profile of Older Americans: 2000*). In the next 20 years the populations over 65 is expected to grow by 54% (Dill, 2001). This growth in the older populations is accompanied by another demographic trend. As the aging population is growing in the United States, younger populations are shrinking. According to the U.S. Census Bureau, by 2025, the number of people age sixty to sixty-nine will be expanding at a faster rate than the number of people age 20 to 29 (U.S. Bureau of Census, 1996).

These rising numbers in the aging population, who are also living longer, against the backdrop of shrinking numbers of family caregivers, creates what Drucker calls the most dominant aspect of the “Next Society” (Drucker, 2001). These demographics will “challenge our nation’s financial and human resources and enrich traditional notions of old age. They will require more elder qualified health professionals and force our nation to reshape and improve health care delivery to meet the needs of the elderly (*John A. Hartford Foundation Goals*, 2002).

The state of Minnesota through the 2030 Aging Initiative has identified the demographic changes that will occur over the next fifty-years. Today twelve percent of the populations, one out of eight Minnesotans is over 65 years of age. By the year 2030, it is estimated that 24% of the populations, one out of four Minnesotans will be over the age of 65. The 2030 report projects that between 2000 and 2030 the population of Minnesotans over the age of 65 will double from 600,000 to 1.2 million and that between 2000 and 2050 the population over 85 will nearly triple from 90,000 to 250,000. These predictions recognize that this demographic growth will affect both gender and ethnic groups. In 2030, there will be 130,000 more women than men and 2050 there will be 160,000 more women than men. Culturally and ethnically diverse populations will grow from 10,316 person, 1.5% in 2000 to 50,8000 persons and 4.5% in 2030. These aging and diverse populations will be facing the challenges of aging and functional impairments with many having limited incomes and/or access to services (*Aging Initiative: Project 2030*, MN Department of Human Services, p. 9). They will need health care, long-term care and supportive environments. The new millennium presents the largest aging cohort ever to exist and with a variety of challenges to local, national and global development.

As societies age they require transformations in exiting mind-sets in the areas of cultural attitudes, social practice (e.g., work and retirement patterns), economics, living arrangements and housing,

health-care and social-service delivery, and the general scientific and medical research agenda, among other things (Maddox, 1995, p. 387).

This challenge has been coming for many years and various proactive and reactive responses have already occurred. In the profession of social work as early as 1970, Brody (1970) urged social work educators to overcome the disparities of what is “known and taught” in the field of geriatric social work and to address the shortage of social workers without special knowledge to meet the eventual needs of the elderly. Greene, Vourlekis, Gelfand & Lewis (1990) gave the same warning: “A significant proportion of social work practitioners are unlikely to have received the depth of information and the specialized skills required to work with the aged and their families during their formal education” (p. 39). In fact, Lubben (1992), after conducting a national survey of curriculum on aging in schools of social work, made an even stronger plea to address the current paucity of courses and concentrations addressing the needs of the elderly:

Failure of schools of social work to expand gerontological curriculum will mean that schools of social work will have missed a momentous opportunity to train social workers for jobs in an arena of rapid growth and that the social work profession will continue to be inadequately prepared to meet the needs of the rapidly aging population. (p. 170).

Lubben’s survey of curriculum revealed statistics that were alarming, considering the growing awareness of the changing demographics of the aged. In 1992, Lubben found that a majority of the undergraduate social work programs taught a generalist curriculum without concentrations in specific areas such as aging. Nine percent stated that they had a concentration on aging and 11% offered one or more courses focusing specifically on growing old. Eighty percent offered no courses on aging. Most programs indicated that they did have information on aging distributed throughout their core curriculum, but Lubben’s statistic highlighted the difficulty in ascertaining exactly how much material was dedicated to aging. These findings were troubling since most social workers working in nursing home have a BSW (p. 159).

At the graduate level, seventy-one percent of the 100 master’s in social work degree programs (MSW) indicated that they taught a generalist curriculum, and 34% noted having a concentration in aging. The number of MSW programs with a

concentration in aging had dropped from 50% to 34% since 1984 in sharp contrast to the rising demographics of aging.

Although 97% of the surveyed programs ranked training in working with the aging as important to very important, fewer than 15% of the programs planned to develop more in the curriculum in the next five years (p. 164). They stated the barriers to expanding content on aging were an already over-full curriculum, lack of trained faculty (80% of the BSW programs were without geriatric research experience), and the resistance of students to working with and studying aging. There was some evidence of an increase in student interest in aging in those schools that had a clear concentration or link to gerontological center on campus (p. 168). Thus, it seemed that existing schools with a clear commitment to geriatric social work were emerging as potential mentors to other programs looking to develop a more specialized curriculum (Greene, 1989).

Since Lubben's 1992 survey the data shows that little has changed. The majority of BSW and MSW educational programs provide little or no direct infused gerontological content (Scharlach, Damron-Rodriquez, Robinson & Feldman, 2000) and only 2.7% (938) of the nearly 35,000 students pursuing social work degrees select an aging concentration (Lennon, 1999). These demographics present a significant challenge to our profession. In the next ten years the projected need for social workers will require a 30% increase in graduates (*Bureau of Labor Statistics*, 2002). It is clear that not only do we need trained social workers to meet general needs, but we desperately need those who are knowledgeable and skilled in working with the elderly. As a profession we have identified and recognize the problem, however, we have not individually or collectively developed the necessary strategies to address these challenges effectively. The overwhelming evidence supports the need for more comprehensive planning, community building, curriculum development and research on aging (*A Blueprint for the New Millennium*, CSWE/SAGE, 2000).

### **John A. Hartford Foundation: Geriatric Enrichment in Social Work Education**

“...by the way in which a society behaves toward its old people it uncovers the naked, and often carefully hidden truths about its real principles and aims.”

Simone De Beauvoir

The John A. Hartford Foundation, recognizing these needs and truths, provided a major grant to the University of Washington, School of Social Work, to coordinate a joint effort between the Foundation and the Council on Social Work Education entitled “Geriatric Enrichment in Social Work Education”. Planning and implementation grants were available to both baccalaureate and masters social work programs nationwide who would commit themselves to increase aging-rich learning opportunities for students in their programs.

The opportunity to receive funding for ‘geriatric enrichment’ was a strong incentive for making a commitment to engage this process of structural change while in the midst of our reaffirmation process for both our BSW and MSW programs. We knew we did not have the internal resources, both emotional and financial, to take on this additional work without external funding. Furthermore, in dialogue with all full-time faculty, we learned that they understood the predicted demographic changes and their far-reaching implications for social work practitioners, they recognized the need to more explicitly include geriatric content in their courses as a principle of best-practices and many were anxious about teaching aging content. An award of a geriatric enrichment grant would serve as encouragement, reinforcement and support.

### **The CSC/UST Geriatric Enrichment Model**

“How far you go in life depends on your being tender to the young, compassionate with the aged, sympathetic with the striving and tolerant of the weak and strong. Because someday in life you’ll have been all of these”.

George Washington Carver

### **Curriculum Review and Assessment**

From vision to evaluation, Drs. Randy Herman and Barbara Shank have shared the responsibility of project development and implementation. Six assumptions emerged, which serve as the guiding principles for our GeroRich Model.

- to obtain ‘buy-in from all faculty is essential to initial change, sustainability and project success
- to engage all key constituencies in the project is essential to increase visibility and secure commitment
- to address intergenerational practice using multi-methods and formats as learning styles differ among key constituencies
- to integrate content on intergenerational practice throughout the BSW and MSW curricula to ensure that it is an integral part of the required curricula

- to ensure that all BSW and MSW students are exposed to issues of working with older adults and their families as this area of practice will increasingly be a significant area of practice for all social work professionals
- to design inter-professional components of the project as partnering and collaboration with other professions is a reality of professional practice.

Prior to beginning the project a comprehensive review to determine how and where content on aging was addressed in the BSW and MSW curricula was completed. We realized the importance of documenting the gaps in the curricula as well as establishing a baseline of the current geriatric material in each content area. Not surprisingly, our review documented minimal content on aging addressed at either level. Review of syllabi and required readings, identified some attention to ageism, elder abuse, late adulthood as part of the life cycle, and social security. It was clear to us that we were not adequately preparing our students with the knowledge and skills needed to practice competently with older adults and their families.

From our alumni base, were able to identify individuals who had expressed a commitment to practice with older adults. They confirmed that their coursework , both class and field, contained little or no information regarding the elderly. The respondents offered five recommendations: 1) to acknowledge and develop a response to the expected exponential growth in the elderly populations, 2) to integrate content on elderly throughout the core curriculum, 3) to develop specific content mental health strategies and services, 4) to develop electives (foundation and clinical) on aging, and 5) to enhance field placement opportunities to work with the elderly.

Both our curriculum review and the response of our alumni, guided our thinking in developing our goals and objectives for our grant application. In January 2001, we were notified that we were among the 15 combined programs out of 67 BSW and MSW programs that had been awarded planning grants. Needless to say, we were grateful for the funding and the flexibility of the grant which would enable us to develop a model for making a major change in the curricula.

### Goals and Objectives

The GeroRich Grant allowed us to simultaneously engage in four areas of program development relating to practice with older adults and their families, intergenerational practice. These areas encompass curriculum, faculty, students and community

development. We believe that our two overarching project goals provide support for our work in these four areas. Our project goals are:

- To create sustainable structural changes that enrich gerontological learning experiences for all BSW and MSW social work students by integrating geriatric content into the BSW and MSW curriculum.
- To expand gerontological learning experiences for faculty, fieldwork instructors and community practitioners, creating inclusive and collaborative processes for learning.

From these goals six project objectives were established:

- To enhance the quantity and quality of geriatric content in the classroom based core curriculum of the BSW and MSW programs.
- To enhance the quantity and quality of geriatric content in the field-based curriculum of the BSW and MSW program.
- To increase the number of BSW and MSW graduates who are committed to providing services to older adults and their families.
- To increase the presence of minority social work practitioners in the field of aging.
- To strengthen faculty competence to effectively teach content on practice with older adults and their families.
- To create a shared vision among key constituents (faculty, students fieldwork instructors and community practitioners) that supports our purpose to create sustainable structural changes that enrich geriatric learning experiences for all social work students.

Based on our goals and objectives, we developed an assessment plan and procedures for evaluating the outcomes of our objectives, and for using the results of the evaluation, to expand geriatric learning experiences and sustain structural curriculum change. As planned, the third year of the grant, focuses on evaluation and dissemination of results. We are currently involved in the process of compiling evaluations, analyzing data and disseminating results.

### Curriculum Enrichment

As noted above, the analysis of the undergraduate and graduate core curricula clearly identified minimal attention to content on aging. Syllabi, required readings and handouts for fourteen BSW courses and fifteen MSW courses were reviewed to reveal minimal and inconsistent attention to aging and intergenerational material. To remedy this situation required full faculty involvement. But a major challenge in accomplishing



these changes was how to engage the faculty. This was a potential problem as many of the faculty were feeling ambivalent due to various competing demands in curriculum development.

In the spring of the planning year, all full-time faculty participated in a three hour meeting and a full day retreat where we explored our personal and professional beliefs and feelings about 'getting old'. The majority of the faculty are approaching late middle age and the personal impact of aging was as important to explore as the professional requirements for the students. The retreat day was structured to include presentations, small and large group discussion, activities with a geriatric music therapist, and video-conference with a graduate faculty aging specialist.

The core purposes of the retreat was to confirm total faculty 'buy-in' for curricular structural change, increasing faculty comfort level with aging content, and determining responsibilities for integration of aging content in each core BSW and MSW course. After viewing the video 'Big Mama' a faculty member brainstormed with the group ways to use the video in his undergraduate senior practice course highlighting intergenerational practice, and issues around diversity, professional ethics, social justice, advocacy, systems change and policy. Faculty were divided into BSW and MSW content area groups and at the end of the working session, each faculty member volunteered to take leadership for coordinating input from all faculty teaching a particular course and then integrate content on intergenerational practice into the course description, objectives, content outline, required readings, and assignments. All faculty were awarded a stipend when they completed the course revisions. The course revisions were completed for fall 2002.

For the past several years, the School Advisory Committee has reviewed the baccalaureate and graduate curricula to provide an external analysis regarding the integration of the eight curriculum content areas. During 2002-2003, the advisory committee focused on the integration of aging content throughout the curriculum, serving as validity a check. Members of the advisory committee were asked to serve due to their expertise in aging. Advisory committee members reviewed syllabi, required readings, met with faculty and students, and attended classes and content area meetings. We were relieved when their findings confirmed that each course was infused with content on aging, intergenerational practice, appropriate for the level and focus of the course.

In addition to enrichment of content in all core courses, another strategy for curricular transformation was the development of two aging specific electives. At the foundation level, cross-listed between undergraduate and foundation graduate, we reinstated an elective titled 'Social Work Practice with Older Adults and Their Families'. This elective was offered fall semester 2002 with twelve students enrolling. The course introduced students to social work knowledge, values and skills for practice with older adults and their families as well as examining theories and attitudes toward aging, the nature and limitations of gerontological social work, forces shaping delivery systems, major bio-psychological dimensions of practice and different models of intervention. Most of the students enrolling in this elective were concurrently doing their field placement in a geriatric focused setting. For our clinical students, we developed a 'Clinical Practice with Elderly' course. The course examined the interaction of the biological, psychological, emotional, spiritual and social/economic factors, focusing on assessment, diagnosis, treatment and evaluation of clinical practice with older adults. Based on a strengths perspective, the role of the clinical social worker was examined in various settings and agencies serving aged populations. Eighteen clinical students enrolled. The course was co-taught by three geriatric social work practitioners with the GeroRich project director serving as resource person and facilitator.

#### Faculty Enrichment

We believed that increasing faculty comfort with and knowledge about aging content was a critical element for this project to succeed. Faculty had been open about sharing their concerns and desire to do this well. Many had never practice in settings where they worked directly with older adults, and some had negative experiences working with elderly clients when they were beginning professionals. All but two faculty members are closer to sixty than thirty, so issues of aging took on a personal dimension that some had not expected.

To decrease anxiety, faculty were provided with easy access to GeroRich and CSWER/SAGE curriculum development materials including copies of the resource discs. The project directors were available any time for consultation. Faculty received lists of all new library and audio-visual acquisitions and newly added journal subscriptions to enhance course bibliographies and for reference. Five faculty participated in the faculty development workshops sponsored by CSWE/SAGE in Washington, Seattle, Pittsburgh

and Nashville. Funding was available for faculty to attend local workshops on aging and several took advantage of these opportunities.

A proposal was submitted and accepted to feature geriatric enrichment as the theme for the Fall 2002 Minnesota Conference on Social Work Education. Fourteen of the sixteen undergraduate social work programs in Minnesota sent faculty to engage with aging content. Drs. Cathy Tompkins and Virginia Richardson from CSWE/SAGE presented on 'Integrating Gerontology Material into the Curriculum with a Focus on Addressing Issues Across the Life Span'. The fourteen schools that were represented all received the CSWE/SAGE gerontological notebooks on disc. Opportunity for collaboration and coordinated sharing of resources were outcomes of this forum.

Faculty development is a continuing part of our monthly faculty work together. One half of each full-time faculty meeting is dedicated to faculty development. The focus of our sessions during 2002-2003 were on six issues of aging. Outside speakers were engaged to present the workshops so that all faculty had the opportunity to be learners rather than teachers. The topics covered were resiliency and aging: quality of life and psychological well being, controversial issues for providers and consumers of services for older people, Hmong elders, kinship care and the role of grandparents in African American families, a model for end of life planning and GLBT aging. One very specific outcome from these sessions was the development and marketing of 'Elder Issues' by one of our BSW alums, Gretchen Scheffel and her associate Deb Seaberg. They provide geriatric consultation and case management services for older adults and their families. For their presentation they created a board game. Faculty were so enthusiastic about their experience that they encouraged Gretchen and Deb to copyright and market their game for use in the classroom with students/or in the community with professionals. The game was market tested at a GeroRich directors regional meeting with orders forthcoming. Check out their website at [www.circleoflifemn.com](http://www.circleoflifemn.com).

#### Student - Field Enrichment

Field education encompasses several areas including faculty, students, and agency based community practitioners. Our fall fieldwork instructor training workshop, a collaboration between the field programs at our school, Augsburg College and the University of Minnesota, brought in Dr. Ed Canda to speak on 'Encountering Spirituality in Field Supervision' with an emphasis on supervision in agencies working with older

adults. Fifty fieldwork instructors and fifteen faculty attended that workshop. The focus of our spring field training workshop presented by Ted Bowman was on ‘Addressing Grief and Loss As a Family Ages’. One hundred and twenty field instructors, students and faculty attended.

Field Directors, Marla Hanley and Barb Berger worked with field faculty on design of a cross-listed (senior BSW and foundation MSW) Hartford field seminar and a clinical Hartford seminar. Six senior social work students and eight foundation graduate students enrolled in the Hartford foundation seminar. These students had a variety of placements in nursing homes, adult day care, assisted living, department on aging, a Parkinson’s center, and the Alzheimer’s Association. Structuring field seminars for two levels and based on only one area of practice was a pilot for our field program. Meeting the needs of both undergraduate and graduate students, even though each student indicated a commitment to working with older adults and was placed in a geriatric setting, proved to be challenging.

Of the two pilot seminars, feedback from the students was most positive from the clinical group who appreciated the specialized emphasis on aging and indicated that they often felt most students were not interested in working with the elderly and their issues got shortchanged in seminar by students working with other, ‘more exciting’, client groups. They appreciated the mutual support and peer consultation. Nine clinical students enrolled in the Hartford clinical seminar representing placements in mental health, aging services, hospital social work, hospice care, and aging crisis care.

Students who were enrolled in both a geriatric focused elective course and Hartford field seminar, were designated Hartford Scholars and received a \$500 stipend upon successful completion of their field placement. The Hartford Scholars openly stated that they appreciated the stipend support and they viewed it as recognition of their commitment to practice with older adults. Several students indicated that they would not have considered accepting a placement with older adults without the stipend, but found that they very much liked working with the elderly and were excited about looking for a job in geriatric social work practice.

As was available for faculty, funding for attending professional workshops on aging was also available for students. Several students requested funding to attend half-day workshops sponsored by the Senior Federation and Catholic Eldercare. To stimulate

additional student interest, two Hartford awards of \$50.00 each were given to students at the 5<sup>th</sup> Annual Student Social Work State Conference for presentations on practice with elderly. Both of these presentations were well attended.

One area of our grant proposal that had not been received favorably by the grant reviewers was our attention to interdisciplinary practice. It was made clear that the focus of this project was to be social work curriculum enrichment. Holding to our belief of the importance of collaboration and team-building, we developed a health care team-building workshop for undergraduate and graduate students in nutrition, nursing, occupational therapy, physical therapy and social work. Students were divided into interdisciplinary teams, working through a case study of Helen, an 82 year-old woman admitted to the hospital from the Emergency Department with a fractured right hip. In addition to determining a care plan for Helen, students identified the theoretical, philosophical or ethical similarities and differences between the disciplines and the unique contributions of each member of the interdisciplinary team. Over two hundred students and faculty participated in the workshop. A highlight of the workshop was the panel by three nuns, two at 100 years, who were Nun Study Participants. One student noted, “It is really important to have a multi professional approach to case management to aid in a holistic approach for care. It is really critical to have many different perspectives to helping an older adult and their family”.

### Clinical Research Enrichment

To graduate from our program, MSW students must complete a year long clinical research paper. Students develop a research question, design and carry out the study, complete a thesis length document and present their findings at the end of the year at the annual Clinical Research Symposium attended by students, field instructors and community practitioners. The symposium serves as a means to disseminate research findings and to provide ongoing dialogue among students, faculty and agencies. Between 1992 (the first graduating class) and 2000, ten MSW students completed their clinical research on topics addressing clinical social work practice with elderly. In fall 2002, the number increased to ten in one year designing projects addressing areas of aging. Their research topics covered:

- “Loss Experience of Caregivers of Person with memory Loss”

- “Benefits of Support Group Attendance for People with Early Stage Alzheimer’s Disease”
- “Minnesota Nursing Home Social Workers’ Intervention with their Alcoholic Residents”
- “The Nature of Spiritual Assessment with Hospice Patients”
- “How Baby Boomers’ Experience Their Parents Aging”
- “Family vs. Professional Caregivers in Late Life: Baby Boomer Experience”
- “Coping Strategies Utilized by Older Adults and Their Perceived Efficacy”
- “Volunteer Involvement in Respite Care: Serving Caregivers of the Older Adult”
- “A Process Evaluation of a Community-Based Chemical Dependency Aftercare Program for Older Adults”
- “The Strengths and Challenges Reported by Older Transgender Adults”

Students who were designated Hartford Scholars (completing elective coursework and field practicum in aging) and completed their clinical research on an aging topic, received a \$500 stipend to assist with research expenses. In a note from a recent alum, she related that she has been asked to publish the results of her research on the use of ethical wills by nursing home and hospital social workers. We are pleased that our students are contributing to fill the gap for more research on aging.

### **Project Evaluation**

“Be satisfied with success in even the smallest matter, and think that even such a result is no trifle.”

Marcus Aurelius Antonius

The old adage that ‘success is in the pudding’ belies the difficulty in actually measuring the success of a multifaceted model to enrich aging content in a BSW and MSW core curricula. Our evaluation plan includes both internal and external curriculum assessment, participant evaluation of all workshops, student evaluation of field seminars, mid-year focus group of Hartford fieldwork instructors, and pre and post tests of students using the Aging Semantic Differential and Palmore Facts on Aging Quiz. Also, we tracked and compared the number of clinical research projects completed on aging for the first eleven years of the MSW program, to others completed since the first year of the

GeroRich project. As we are currently in the middle of evaluation of this project, we only have preliminary results to report.

As noted above, the Community Advisory Committee provided an assessment of our efforts to integrate content on intergenerational practice into all of our core BSW and MSW courses. Although they found some unevenness in the breadth and depth of content covered in each content area, overall their findings were positive and their analysis supported our plan that every BSW and MSW core course would include content on social work practice with older adults.

A written evaluation was completed addressing expectations met or unmet and knowledge gained, as well as suggested topics for future workshops following every field instructor or student workshop. Fieldwork instructors stated that their major area of concern was in working at the macro level but appreciated the focus on one area throughout the year so they could have a more in-depth understanding of geriatric social work. Even those fieldwork instructors who worked directly with the aged, stated they had little or no education on working with the elderly when studying social work. Students rated the Interdisciplinary Health Care Workshop at a nine on a scale of ten. They commented that this was the first time they had really had to think about working with other professionals and learned a great deal about how each professional group viewed their role working together on an intergenerational case situation. .

At the annual curriculum review workshop, faculty completed an evaluation of the six faculty development workshops that had focused on aging topics. Faculty rated the workshops as excellent, stating that the diverse topics were helpful in expanding their understanding of issues unique to aging and those shared throughout the lifespan.

Currently we have three major tools to track student satisfaction and outcome: 1) a senior BSW satisfaction survey that asks questions about core curriculum and field classroom learning, 2) a two-year BSW/MSW outcome study that provides data on career choices and information about alumni working with the aged and their families, and 3) an annual BSW alumni survey that provides data on licensure and employment. The last two instruments provide data to assist the project directors and field faculty to evaluate trends in employment in aging services. Seniors stated that they appreciated the faculty's energy in creating new learning opportunities and that they wished stipends could be an

ongoing incentive for pursuing certain areas of interest. Results of the BSW employment survey for last years graduates has not yet been completed.

All students in field placement complete an end of semester evaluation. Student ratings of the dedicated Hartford field seminars will be compared to rating of students in mixed focused seminars to measure positive and negative outcomes.

Students, rating both the instructor and the course, evaluate every course in the curriculum at the end of the semester. On a scale of one to five with five being the highest, students rated the foundation social work practice course with older adults at 4.2. Students in the clinical practice course with elderly rated the course at 3.9. Students stated that they felt some of the material was repetitive from the foundation course although the majority of the students felt they had learned a great deal from the team of three teachers who represented the clinical, community and research components of intergenerational practice.

At the beginning of the fall 2001 semester, all junior undergraduate students and all foundation MSW students were asked to complete the Aging Semantic Differential and the Palmore Facts on Aging Quiz. All graduating BSW and clinical MSW students were given the same two measures in spring semester 2003. These two measures will help us measure the impact of infusion of geriatric content in all core courses. The results of both administrations of these measures are being entered in SPSS for data analysis. It is planned that this data will be shared with Dr. Zvi Gelles, from the University of Maryland, as he has used the same to measures with his students. The Social Work with Aging Skill Competency Scale (Hartford Practicum Partnership Program) was used as a pre and post-test in the clinical MSW elective. Comparison of the pre and post scores identifies that students scored significantly higher after the course demonstrating major learning in the field of aging.

Finally, comparing the number of clinical research paper completed with a focus on aging prior to the initiation of this project to those completed during the three years of the project will give us an indication of student interest in aging. Prior to the GeroRich project, we had only one aging related research paper a year and since the beginning of the project, we have had 11 projects over two years, an amazing increase. MSW students present their research findings in the spring at the Clinical Research Symposium attended by students, faculty, field instructors, and community practitioners. This symposium is



one vehicle to disseminate findings on aging, and provide ongoing dialogue among students, faculty and agencies on issues facing the older adults and their families.

We believe the preliminary outcomes from the various forms of evaluation demonstrate the success of our project and achievement of our goals and objectives. Future analysis of data will help us determine what strategies we will need to employ to ensure that we can sustain our level of commitment.

### Sustainability

In implementing change that is pervasive as well as sustainable, any organization must address what Margaret J. Wheatley (1994) states is a paradox of self-organizing systems to change, remain stable and yet be open to renewal. Faculty have clearly demonstrated that they are open to change and renewal as concrete changes are evident in syllabi goals, objectives, content and assignments. Only continual monitoring and critical dialogue will ensure that these changes will be sustained.

An area that we have not been successful in is securing additional funding resources. In collaboration with our University Office of Institutional Advancement, we have submitted fourteen grant proposals to foundations who have indicated that addressing issues of older adults is within the priorities. To date, we had negative responses from all but one of the foundations. Reasons for denying funding include competition from other applicants, despite feedback that our proposals were worthwhile and well written. With external support, we believe that we could sustain a cohort of students annually who would focus on practice with aging, much like the Title IV-E funding has done for child welfare. Without external support, our ability to interest students and to provide opportunities and resources for faculty development in this challenging area of practice is less likely.

### **Conclusion**

“The common stock of intellectual enjoyment should not be difficult to access because of the economic position of him who would approach it”.

Jane Addams

Funding from the John A. Hartford Foundation allowed us to commit ourselves to increase aging-rich classroom and field learning opportunities for students and faculty in

our programs. We have been inspired and challenged by this experience. The past two years has taught us numerous lessons.

The first lesson learned is that faculty ‘buy-in’ is essential for establishing a working agreement is essential for an honest assessment of challenges and barriers to the project and critical to establishing and moving faculty to a deeper level of commitment. Without ‘buy-in’ and full participation, change is limited and minimal. Even with faculty ‘buy-in’ curriculum change is slow and challenging. Faculty anxiety about teaching aging content is lessened with additional training, but not totally alleviated.

We also learned that field instructors lacked knowledge about aging and about intergenerational practice. This was especially true in meeting the goals of macro practice. The supervisors stated they lacked the necessary skills to work at the agency, community and governmental level. Resources and networking were also identified as being difficult to access when practice was primarily focused at the micro level.

Providing multiple venues and varied offerings addressing aging is critical to increase comfort, tap into various interests and learning styles for faculty, field instructors and community practitioners. For the project to succeed, program leadership must be actively supportive. It takes more than an enthusiastic project director to move this project forward. Active, not passive support needs to come from the Dean, Faculty and Field Directors.

A fourth lesson learned is that providing stipends for students and faculty is an effective incentive for increasing interest and commitment to the field of aging; students view stipends as recognition of the importance of aging practice. If child welfare students receive stipends, why shouldn’t geriatric students? We have also learned that faculty view stipends as a recognition of additional effort. But we are also aware that a stipend does not guarantee working in the area of intergenerational social work once out of the educational process.

In considering how to integrate another practice area into an already full curriculum, faculty concluded that focusing on intergenerational practice was the most positive approach, as it focuses attention on the need to address the aged client but does not exclude their families and the larger community.

Finally, the most difficult lesson learned is that locating additional funding to support this project and ensure its sustainability, is proving to be more challenging than

ever anticipated. The Hartford Grant enabled us to stimulate change on an individual and on a programmatic level that could have not been done otherwise. Although the grant was not large, the competition for ongoing funds is a major challenge.

We remain committed to our goals of creating sustainable structural changes and expanding gerontological learning experiences. In retrospect the amount of work required during the planning period was much greater than anticipated. The planning period was constricted so that it was a challenge to complete all that was required in seven months. It was also painful to identify gaps in our existing program and to honestly set goals to address them. We can say with some pride, the faculty truly extended themselves in preparing to implement curricular change. Our field directors actively recruited and supported the development of the Hartford field track while maintaining an already demanding field program. The synergy that resulted has been most energizing to a faculty already committed to diverse interests.

Our School of Social Work is unique in that it is jointly offered by two institutions, resulting in faculty being on a variety of schedules, teaching sites and times. The Hartford project has provided the resources to take time to reflect on curriculum in a way that is both professionally and personally rewarding. Probably the most profound lesson learned is an old one. Open dialogue between people, programs and funding sources can result in change.

Our GeroRich experience has presented new opportunities and challenged old ways of thinking. We encourage all schools who have not engaged in this process to get involved to reduce the gaps in training that remain for many graduates. If estimates are true, we will need 70,000 professionally trained social workers to work with the elderly by the year 2020 (Solomon, 1992, p. 177). Thanks to Hartford, the work has begun!

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