CALL FOR PROPOSALS
The Role of Gerontology & Geriatric Education in Implementation Science

Gerontology & Geriatrics Education, the journal of the Association of Gerontology in Higher Education (AGHE), is seeking proposals for an ongoing series of papers on the role of education and training in implementation science.

As the Institute of Medicine report Retooling for an Aging in America (2008) noted, there are too few healthcare professionals trained in gerontology and geriatrics to meet the needs of the aging US population. Consequently, educating the workforce that is in place is essential. Even more important, however, is the preparation of the workforce of the future. How advances in care are systematically adopted in clinical practices and behaviors of healthcare professionals and in the management and organizational context of health and human services organizations is a significant area of inquiry that is shared by scholars in the fields of education and implementation.

The educational frameworks may vary for competency-based training and for implementation science but the ultimate goals are similar: to optimize health care systems outcomes. We are calling for papers that describe the contemporary context for education and training in healthcare settings that serve an older population, share insights on educational strategies for practice improvement in the state of the art of elder care and explore similarities and differences in gerontological educational approaches in training and implementation settings, such as the focus on individuals versus institutional constraints or testing examinations and proficiencies versus performance metrics and the involvement (or not) of the family in the care setting and care team.

The aim of professional education in gerontology and geriatrics is to teach basic knowledge, competencies and advance skills to achieve successful patient health outcomes. Education evaluation models such as Donald Kirkpatrick’s (1959) measure the impact of the educational intervention at levels from learning to behavior change. This framework is consistent with the postgraduate model of continuous professional development in which adult learners strive to constantly enhance or develop new skills that are relevant to the practice context. Learners’ progress is measured in data-driven evaluations and self-assessments. How this relates to the holistic approach that is advocated among gerontological practitioners and educators is of critical importance in the dialogue about the relationship between practice and its implementation.

Implementation science, on the other hand, considers education as perhaps necessary but not sufficient to achieve successful changes in healthcare policy and practice. In this emerging transformational field, scientists ask the basic question: if best practices are known, why aren’t they practiced everywhere? Lack of knowledge or education is only one potential barrier to instituting best practices and it may not be the reason for a gap in quality of care. For instance, barriers to using clinical guidelines may occur for a variety of reasons including clinicians’ knowledge, attitude and behaviors and organizations’ resources and decision support systems. Progress in implementing quality practices is measured in data-driven improvement cycles. Similarly, progress lies in the inherent understanding of the needs of the older adult, their environmental context and the integration of key indicators with the preferences and strengths of the older adult and his or her social context.

We invite you to submit a manuscript proposal, not to exceed 300 words. Proposals should be emailed to the Managing Editor, Dr. Kelly Niles-Yokum at kniles-yokum@laverne.edu. For information about the journal, please visit the journal’s webpage at: www.tandfonline.com/wgge.