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ABSTRACT

In response to growing needs of older citizens, the University of Pennsylvania and the Office of Aging of the Pennsylvania Department of Public Welfare developed a three-year gerontological program. A series of faculty seminars was planned as part of the first-year program, after an initial survey of all Pennsylvania institutions of higher education indicated an interest in a gerontological seminar series. The first two-day workshop was designed to introduce participants to general concepts in gerontology and to stimulate program planning. An Opinion About People scale was developed and administered prior to the first workshop to determine participant background and set the level of presentations. Participant evaluation of the first workshop reflected a two- and four-year institutional dichotomization of interests, which was taken into consideration in planning the second workshop. Evaluation of the second session showed an increase in the level of interaction among participants. The concluding workshop focused on curriculum development, with participants organized into small role-playing groups for problem-solving at hypothetical institutions. A core of interested and knowledgeable individuals, representing the needs, resources, educational philosophies, and institutions in the State was identified for second-year planning in program development for gerontology. (EA)

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ESTABLISHING EDUCATIONAL CONSORTIA
THROUGH FACULTY SEMINARS

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TOPICAL PAPERS: SERIES I
EDUCATIONAL PROGRAMMING
and
COMMUNITY RESEARCH IN GERONTOLOGY

Edited by Tom Hickey

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Topical Papers: Series I
Education Programming and Community
Research in Gerontology

Edited by Tom Hickey

Gerontology Center
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Preface

This publication has enabled the Gerontology Center to combine the objectives of two major goals; the development and dissemination of educational materials concerning aging and older persons, and the writing and publication of professional papers by Center staff members.

It is our sincere hope that this series will serve as a useful resource for continuing educators, program planners, practitioners and all others interested in learning more about gerontology.

Papers are available through the Gerontology Center, Amy Gardner House, Pennsylvania State University, University Park, Pennsylvania 16802.

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Approximately ten percent of our population is over the age of 65, and this percentage is likely to increase given our declining birthrate and advancing medical technology. Within the next century, if fertility rates stabilize at replacement levels, the proportion of our citizens over the age of 65 are projected to reach nearly 20 percent. Yet it is estimated that between 80 and 90 percent of those persons providing services for and working directly with the elderly, have received little or no formal education either in the immediate skills necessary for the effective performance of their jobs or in the socio-psychological ramifications of aging.

The objectives or goals associated with meeting the problems of the elderly are many and varied: providing institutional care, adequate housing, nutrition, adequate income, retirement counseling, and proper health care, to name a few. To achieve these goals will require the utilization and coordination of resources from every section of our society. Basic research and information dissemination in the psychological, sociological, economic, physiological and political dimensions of aging will, hopefully, provide the appropriate theories and concepts to be applied to these problems. But at base it will require a restructuring of the attitudes and values of each member of our society toward older Americans.

To meet the growing needs of our older citizens, a concerted effort will have to be made to supply educated manpower. Historically, higher education has been one social institution to which society has turned to accomplish this goal. The Morrill Act of 1862, which created land grant colleges, was a direct response to the needs of agriculture and mining. Similarly, the quest to put man in space utilized higher education to supply educated manpower for the aero space industry. And then, beginning in the

1960's, with the effort to meet the human and social needs so emphasized by the philosophy of the Great Society, higher education developed the multidisciplinary based, practitioner or professional colleges with which many of us are now associated. This model of service, similar to the land grant college tradition, underlies much of Penn State's approach in gerontology.

The implication of the variety of goals and objectives in the area of aging is that these needs will best be met by a diverse set of social action programs each targeted to a specific problem or need. We will have to insure that diversified methods and programs are developed by our institutions if we expect to solve these problems. The resources exist--the job at hand is to identify and effectively utilize them. For example, major universities and research centers have the necessary resources to focus on basic research and theory building, or what may be called "knowledge production." Satellite campuses, state colleges and community colleges, because of their geographic accessibility and philosophies lend themselves best to roles of knowledge dissemination. And community-based adult education programs can respond most rapidly and directly to incorporate this knowledge in their everyday functioning.

As Pennsylvania's land-grant institution, The Pennsylvania State University takes seriously its commitment to research, instruction, and continuing education--community service--the latter exemplified in its long history of extension and continuing education. While the main campus is located in the geographic center of Pennsylvania, Penn State has twenty satellite campuses located throughout the state. This organization, combined with the belief in the need for diversity of approach, led the Gerontology Center at The Pennsylvania State University to define an educational consortium program in gerontology in which other campuses and institutions

would be encouraged to develop programs in gerontology to incorporate gerontology into existing programs. The ultimate objective is a linking of the knowledge production, knowledge dissemination, and knowledge utilization functions and roles of colleges and universities throughout the state and, therefore, to create an effective means for meeting the need for an educated manpower and citizenry in gerontology.

To accomplish this end, a tentative format spanning three years was developed in cooperation with the Office of Aging of the Pennsylvania Department of Public Welfare. The first year was devoted to the identification of resources in gerontology at Penn State, the identification of interested faculties in other Pennsylvania institutions, the starting of adult education programs or other programs utilizing existing knowledge in gerontology, and finally, the planning of a series of workshops aimed at delineating the substance of such programs. During year two, a second series of workshops will focus on specific program development and curriculum questions raised by the participants during the first year. The 1975 Faculty Series should identify more interested colleges within Pennsylvania. Additionally, colleges which participated in Phase One have been chosen for intensive program assistance. Finally, in Phase Three, the third year, more technical consultation based on knowledge dissemination and knowledge utilization will be provided differentially by institution and region as the parameters of an educational consortium will begin to be defined. Our first year of activity is now complete and will comprise the basis of the remainder of this paper.

An advantage in working with already existing institutions is the inherent diversity such a group can provide. Each institution is unique: each has its own philosophy or definition of purpose, each has its own

specific areas of expertise, and each represents the needs and interests of a local community. Since our intent in this project is to assist a variety of institutions in deciding their own emphases or missions in the programs they choose to develop, the distinctive features and identities of each institution were reinforced as much as possible.

Before scheduling the workshops, our first task was to identify those institutions and individuals within institutions with an interest in developing programs in gerontology. This charge of identification was given to a central component of our project--an active evaluation dimension. Many programs have included evaluation dimensions. However, in reviewing the literature, it became obvious that most evaluations have been concerned with variables such as attendance, enthusiasm, and sessions attended. This ex post facto evaluation has had little influence on the planning of programs and has had little influence on the long-range goals of a project. Our unique three-year plan, in which each phase is dependent on the previous phase, required evaluation as a mechanism for information feedback. This formative role was designed to facilitate program planning in process. This decision, in part, led to our specific schedule format for the first year: three two-day workshops were planned a month apart. This, we believed, would provide ample time to assess the experiences of the previous session and plan the next session accordingly. In addition, we felt the participants might benefit from returning to their own campuses for discussion and reflection between workshops.

To identify interested faculty, a survey was mailed at the outset of the project to all Pennsylvania institutions of higher education. Seventy,

of the 155 total institutions receiving the survey, indicated an interest in such a Faculty Seminar series. In addition to ascertaining interest, the survey also asked respondents to list topics or issues of concern and particular problems which they would like to see addressed in our program (See Table 1). The most commonly requested topic reflected the problem of how to incorporate the general concepts of gerontology into already existing curricula. This was not surprising, as most institutions do not have the financial or personnel resources to develop separate programs. There was also a strong interest expressed in current research and issues in the disciplinary bases of gerontology, such as sociology, psychology, biology. A total of 40 individuals eventually attended our sessions.

Based on this information, the first two-day workshop was designed to introduce participants to general concepts in gerontology and to give participants a base from which to begin program planning. It was hoped that participants would evaluate their institutions' philosophies and decide what types of programs fit into their institutional framework. A keynote presentation addressed the issue of a "learning society" and its relevancy to gerontology and the aging.

From the perspective of evaluation, interested participants had been identified so the task became one of determining their background. Since the group was quite homogenous, traditional demographic data found on most surveys was of little value. Instead, we were interested in their familiarity with facts of aging and their affective responses to issues regarding the elderly. A knowledge-based measure was developed from materials taken from graduate courses at Penn State and based on topics which we requested speakers to address. An attitude inventory entitled Opinions About People

was administered prior to the first workshop. On the content measure, the group showed a wide dispersion with scores ranging from 20 to 80 percent correct. The median score was 57 percent (See Table II). On closer scrutiny, however, it was found that those questions dealing with the more general concepts of aging were answered correctly more often than questions more specific in nature. This helped us in setting the level of presentations.

Opinions About People was designed with the gerontologist-practitioner in mind. It consists of seven scales dealing with different affective responses toward aspects of aging: 1. Realistic Toughness measures the relative acceptance or cynicism toward aging, 2. Denial measures the extent a person denies the effects of aging, 3. Anxiety measures the level of anxiety associated with aging, 4. Social Distance measures the extent to which a person feels comfortable with or avoids the company of older people, 5. Family Responsibility Toward Aged Parents is self-explanatory, 6. Public Responsibility measures a person's relative position regarding the rights and well-being of the aged versus unconcern for the aged as a group, and 7. Unfavorable Stereotype measures the degree to which respondents hold unfavorable stereotypes of the elderly as opposed to an accepting attitude. On the whole, the participants as a group tended to be located on the more favorable or accepting ends of the scale especially with regard to public responsibility for the rights of the elderly. (See Table III)

In the evaluation forms collected at the end of the first session held in May, a majority of the participants requested more in-depth presentations especially in the disciplinary bases of the field and also requested that more time be allotted for discussion. We also found a secondary trend emerging: many of the participants representing four-year institutions were requesting more information about current research and methodology,

while those from two-year institutions were seeking ways to translate this new knowledge into social action programs.

To capitalize on this dichotomy, the sessions scheduled for the next workshop, a month later, presented content in such a way as to stimulate research questions as well as to provide a practical, useful, informative, knowledge base. In addition, separate sessions were included on research methodology and on the use of audiovisual aids and media in the field of gerontology. Attendance at these sessions tended to follow institutional lines alluded to above.

Perhaps the most notable finding of the evaluation of the second session was the dramatic increase in the level of interaction among participants. Each was very interested in not only what others had done and were doing at their institution but also in seeking strategies for incorporating gerontology into their specific academic programs. Again, the two and four-year institutional dichotomization was in operation: while participants in four-year institutions spoke of creating courses or incorporating gerontological concepts into existing courses and of the prospects for research, many in the two-year institutions were looking for models to develop community service programs.

The decision was made to concentrate the third and final workshop of the first year on curriculum development. Since the participants had expressed the desire for small discussion groups and yet had lamented the fact that at times such groups lacked structure, a small group technique was borrowed from gaming theory. The participants were organized into groups of 5 or 6 with each group supplied descriptions of two hypothetical institutions. These "imaginary" institutions were constructed from various data sources so as to reflect as closely as possible the actual financial, curricular,

enrollment, governance, and geographic situations of real institutions in Pennsylvania. One institution was a four-year liberal arts college and the other a new two-year community college. Each group was then assigned the task, as constituents of these hypothetical institutions, of introducing gerontology into their curricula. Each participant was asked to play a role ranging from the dean of the college to a student and all were instructed to work together to accomplish their tasks within the realistic constraints of the institutional parameters supplied. By the end of the workshop no less than 8 strategies, or models, albeit somewhat general, were contributed by the groups.

This technique evoked the most reaction from the participants of all tried to date. Almost everyone had a comment. Most were suggestions of how to improve the sessions, yet no one said it shouldn't have been tried. Many participants have been in contact with us since the end of this first series of workshops to express an interest in working with us in more detail at their own institution in the next two years.

As a result of the decisions to emphasize diversity and the central role of formative evaluation, we have now identified a core of individuals who are interested and basically knowledgeable, who represent the full gamut of needs, resources, and educational philosophies and institutions in Pennsylvania, and who are ready to enter into a second year of planning in developing programs in gerontology. The seminal programs they developed are imaginative and are certainly diverse. In addition, a network of communication among individuals and institutions throughout the state has been developed. In the next two years our efforts will be concentrated on more specific situations out in the field designed to assist in program implementation. We expect, again, that the concepts of diversity and forma-

tive evaluation will play a central role throughout local development.

Our program at Penn State is one model for increasing programs in gerontology and for thereby increasing the educated manpower working to meet the needs of our elderly citizens. It is not offered as the only model. Indeed, our concept of a diversified approach to solving problems would dictate against this. Rather, we hope that some ideas might have been generated to allow some of you to establish your own programs designed at maximizing the potential in your own institutions, communities, and states, and to provide us at Penn State with comments, suggestions, and criticisms as we proceed to Phases II and III.

TABLE I

Ten Most Frequently Mentioned Topics of Interest
Participants Would Like Included in Faculty Seminar Series

<u>Topic</u>	<u>Number of Institutions Responding</u>
1. Gerontology and Education Curricula	25
2. Pre-Retirement Education	21
3. Psychological Concepts in Gerontology	20
4. Sociological Concepts in Gerontology	18
5. Biological and Physiological Concepts in Gerontology	16
6. Research Methodology	16
7. Basic Health	14
8. Mental Health	12
9. Economic Factors of Aging	10
10. Recreation and Aging	9

TABLE II

<u>Percent Correct</u>	<u>N</u>	<u>Percentage</u>
0 - 20	1	2.5
21 - 40	5	12.5
41 - 50	5	12.5
51 - 60	13	32.5
61 - 70	10	25.0
71 - 80	6	15.0
81 - 100	0	0.0
TOTAL	40	100.0

TABLE III

Group Means on Attitude Scales Prior to First Seminar

	<u>Realistic Toughness</u>	<u>Denial</u>	<u>Anxiety</u>	<u>Social Distance</u>	<u>Family Responsibility</u>	<u>Public Responsibility</u>	<u>Unfavorable Stereotype</u>
or Little Feelings	144	27	117	171	198	153	81
ncertain or Neutral Position	80	15	65	95	110	85	45
ome or, Strong Feelings	16	3	13	19	22	17	9
roup Mean	95.2	19.0	76.5	133.7	101.1	57.1	57.5