Overview

Geriatric care is complex, presenting perhaps the greatest challenges to the clinician’s training. While most older adults age in their communities in relatively good self-reported health, those who present for geriatric care tend to have an array of chronic conditions and a significant medication regimen, both of which are risk factors for further events which, if not treated, can trigger a cascade of negative consequences. Good geriatric care requires understanding and treating the whole person, as aging tends to increase individual differences among elders. The best treatment plans involve interprofessional assessments which derive from focused research that produces evidence-based practices.

The Virginia Geriatric Education Center, an interdisciplinary consortium of Virginia Commonwealth University, Eastern Virginia Medical School, and the University of Virginia, has developed a 200-hour training program that is built around a comprehensive, interprofessional approach to assessment, treatment, and care across transitions. Our curriculum reflects the interprofessional training emphases of the Partnership for Health in Aging and is intended to improve participants' competencies in six domains. The training content of the Faculty Development Program (FDP) is multi-faceted, emphasizing the need for interprofessional geriatrics care, risk factors for falls, complex medication management, public policy, teaching strategies, and much more.

There are ten sessions over the span of the program that are supplemented by on-line resources that the VGEC has identified as helpful and relevant which participants can access outside of these sessions; these include required and optional readings.

The faculty teaching these sessions, representing Medicine, Nursing, Occupational Therapy, Pharmacy, Physical Therapy, and Social Work, are collaborating to introduce evidence-based practices in geriatric care through a case-based, team-oriented approach. The teaching team will introduce patient cases during the sessions and will invite participants to offer their own cases. FDP participants, called Scholars, commit to learning, interacting, and developing curriculum expertise that they communicate to others.

Expectations of Participants

Translation to practice

Federal funding to the various Geriatrics Workforce Enhancement Programs, including the VGEC, is intended to expand not only the numbers of health care professionals directly trained interprofessionally in geriatrics through the FDP, but also the numbers of colleagues and students whom the Scholars train in what they have learned. Having Scholars develop, implement, and evaluate a curriculum project of their choosing is the principal means of this training translation, expanding the impact of this geriatrics program.

Participation

The teaching team works to create an informal and interactive environment that encourages real interprofessional dialogue and learning. FDP participants are called Scholars to reflect the expectation that they will engage in discussions, readings, and curriculum development. They will access readings and materials on the VGEC website to prepare for sessions.
**Attendance**
The FDP curriculum has several interdependent features, so FDP Scholars are encouraged to attend as many sessions as possible. The VGEC believes that a requisite minimum attendance is 70% or more of the sessions, reflecting attendance at two or more of the three weekend sessions and five or more of the seven Friday-only sessions.

**Website**
Familiarity with current research on best practices is part of the process of faculty development. The teaching team will post readings, links to video-recordings of CME/CE training content, and other aids to foster enhancement of Scholars' geriatrics competencies.

**Evaluations of Sessions**
Scholars are requested to complete on-line evaluations after each FDP session, as the federal sponsor requires that the VGEC submit extensive evaluation data of this program.

**Curriculum Project**
Each Scholar develops a teaching project that, effectively, passes along to colleagues some aspect of what the Scholar has learned in the FDP. Called the curriculum project, the Scholar chooses the focus, content, methodology, and delivery of this project. Each Scholar also evaluates the effectiveness of the project he or she implements, and the Scholar provides the VGEC with the data obtained in delivering his/her curriculum project. The VGEC teaching team, representing several disciplines and areas of expertise, is pleased to serve as mentors to assist Scholars in the process of developing and evaluating their projects, but Scholars are free to choose others as mentors. Scholars are requested to select a mentor early whose expertise would foster their curriculum projects, as well as an evaluation mentor to assist with appropriate measures.

Scholars submit an initial proposal and revisions as needed during the course of the FDP. Each Scholar must complete all content, methodology, and evaluation aspects of the projects by June 2017, but need not implement the project by June 2017 if the project's timeline specifies implementation in Summer or Fall 2017, that is, after the conclusion of the FDP. There is an Overview of the Curriculum Project at the end of this Syllabus to help Scholars understand the purpose and process of these projects.

**Interprofessional Practicum at Richmond Health and Wellness Program (RHWP)**
FDP Scholars have the special opportunity to participate in interprofessional care being delivered at the Richmond Health and Wellness Program, which has five sites in downtown Richmond providing coordinated interprofessional care to economically disadvantaged elders. Students from Medicine, Nursing, Pharmacy, Psychology, Occupational Therapy, and Social Work are currently engaged in care at RHWP and Scholars are encouraged to participate, observe, and reflect on the care during a 40-hour practicum, 16 hours of which are on-site.

**Keeping a Log**
Scholars are expected to maintain throughout the year a record (log) of their hours of activity in this 200-hour program. Hours of activity include time: attending FDP sessions, participating in the practicum, reading recommended articles, developing the curriculum project, participating in the RHWP, attending geriatrics related conferences, training on-line, etc. The Scholar submits the log at the conclusion of the program in June 2017.
Follow-Up Data Collection
The VGEC's federal funding source is interested in our reports of how many individuals FDP Scholars are able to reach as they deliver their curricula and what outcomes they can demonstrate with subsequent group of learners. We ask Scholars to provide us with the demographics of those they instruct and to forward to us the data they collect when evaluating their curriculum projects.

Session Progression
The outline of sessions follows, noting intended session content. Each of the monthly Friday FDP sessions contains approximately 4.5 content hours, while the fall and winter weekend retreats contain about 12-14 hours each. Note that the April weekend is a combination of one FDP session on Thursday plus access to the full Virginia Geriatrics Society annual conference of about 19-21 CME/CE hours. The agenda is:

Session 1. September 16, 2016
Individuation: The Geriatric Imperative
Why Geriatrics? Newcomers to late life
Introduction to Teams

Session 2. October 7-8, 2016 (Weekend in Charlottesville)
Health Promotion and Medication Safety in Older Adults
Anatomic and Physiologic Changes of Later Life-A Selective Overview
Introduction to Geriatric Assessment
Evaluation and Discussion of a Detailed Case in Interprofessional Groups

Session 3. November 18, 2016
Introduction to Curriculum Design
Evaluation of Educational Programs
Creating Significant Learning Experiences

Session 4. December 9, 2016
Competency-based Evaluation of Learning
Emerging Technologies in Teaching
Evaluating Clinical Performance & Giving Effective Feedback

Session 5. January 13-14, 2017 (Weekend in Tidewater)
The Four Ds: Disabilities, Delirium, Dementia, and Depression
Overview of Common Mental Disorders in Later Life
Transitions: Background and Evidence
Rehabilitation Setting- Guidelines
Community Resources
Transitions of Care across Settings and Goals of Care
Medications and Transitions
Models of Care- Journal Club
Team-Based Learning
Using Standardized Patients
Session 6. February 17, 2017
Managing Complex Older Patients: What is the Evidence?
Managing Complex Older Patients: Debating the Evidence
Evidence-Based Practice for Preventing Falls: What Works, What Doesn’t, and Why? A pro-con debate

Session 7. March 17, 2017
Preventing Falls: Risk Factors, Assessing Older Adults for Risk of Falling, Role Playing Demonstration
Preventing Falls: Team Intervention

Session 8: April 20-23, 2017 (Thursday and Weekend in Richmond at the VGS Conference)
Caregiving Impact, Assessment, and Resources
Strategies for Caregivers to Navigate the Health-Care System
Family Centered Care
Cross-Cultural Communication
Habilitation Therapy in Dementia Care
Participation in the full VGS Conference (April 21-23, 2017)

Session 9. May 19, 2017
Overview of US Healthcare System and Program
Jeopardy Game
Journal Article Discussion
Emergency Preparedness

Session 10. June 16, 2017
Presentation of Scholars' Curriculum Projects
Graduation Ceremony
Overview of FDP Scholar's Curriculum Project and Portfolio

1. Project Topic
   The Scholar should focus on developing/improving curriculum in the Scholar’s own discipline drawing on interprofessional input AND/OR on developing/improving curriculum for interdisciplinary study. The Scholar chooses the topic or subject matter of the curriculum project, develops content, delivers the content to colleagues or students, and evaluates their learning.

2. Curriculum Project Components
   A. Plan for:
      1) Developing a course or rotation in interprofessional geriatrics, or
      2) Integrating interprofessional geriatric content into an existing course or rotation, or
      3) Developing lectures/presentations on interprofessional geriatrics content
      4) Plan for evaluation of the curriculum when implemented

3. The Curriculum Project Proposal should include these six headings:
   1) Purpose:
      a. What do you propose to do?
      b. What are the objectives of your project?
   2) Rationale:
      a. Why is this project important?
      b. How does it fit in with your career goals and your program/department/school?
   3) Methods: How will you carry out this project?
   4) Evaluation: How are you going to measure learner knowledge gains, changes in attitudes, and/or improved competencies?
   5) Timeline: What will be your timeline for completing the project?
   6) Mentor(s): Who will be your mentor(s) or advisor(s) for the project?

4. Project Mentors
   A. Selection of Project Mentors(s) will be dictated by the nature of the individual project
   B. Roles of Mentors:
      1) To approve the project proposed
      2) To guide the development of the project
      3) To assist in identifying appropriate evaluation measures
      4) To attend the FDP session when the Scholars present projects

5. Peer Support for Curriculum Projects
   A. Scholars may work independently or in groups with other Scholars
   B. Progress on projects will be discussed periodically throughout the year during FDP sessions for peer and faculty review and suggestions
   C. Projects will be formally presented at the final FDP session in June
   D. Scholars will have input from various health profession disciplines

6. FDP Scholar’s Portfolio
   A. Purpose: To document learning activities and time committed to the FDP Scholars program
   B. Portfolio should include:
      1) Activity Log of FDP sessions attended, time spent working on the curriculum project, consultation with mentors, working on the practicum, continuing education activities. This log should be updated periodically and submitted at the June session.
2) Copies of any geriatrics or gerontology related continuing education programs attended with documentation of attendance such as certificates or meeting agenda
3) Printed Final Project Presentation PowerPoint slides (3-slides to a page) and any handouts presented.