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 intends 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, Oral Health, 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 capstone 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 use provided reading materials and complete assignments to prepare for sessions.
Attendance
Interprofessional discussion and teamwork are hallmarks of the FDP, so FDP Scholars are encouraged to attend as many sessions as possible. 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.

Capstone Project
Over the course of the FDP, each Scholar develops a teaching project that passes along to colleagues or students some aspect of what the Scholar has learned in the FDP. The Scholar chooses the focus, content, methodology, and delivery of his/her project. After implementation, each Scholar will use appropriate evaluation tools to assess the effectiveness of the project and then provide the VGEC with the demographic and evaluation data.

The VGEC’s multidisciplinary teaching team is pleased to mentor Scholars through the process of developing and evaluating their projects, but Scholars are free to choose mentors outside the VGEC.

Scholars submit an initial topic proposal and monthly project revisions as needed during the course of the FDP. Each Scholar must complete the content, methodology and evaluation aspects of the project by June 2018, but need not implement the project by then if the project's timeline specifies implementation in summer or fall 2018. There is an Overview of the Capstone 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 encourage to participated, observe, and reflect on the care during a 40-hour practicum, 16 hours of which are on-site.

Keeping a Log
Scholars will maintain a log of their hours of activity in this 200-hour program. Activities to log include: attending FDP sessions, participating in the practicum, reading recommended articles, developing the capstone 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.
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 capstone 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 15, 2017
Individuation: The Geriatric Imperative
Why Geriatrics? Newcomers to late life
Introduction to Teams

Session 2. October 13-14, 2017 (Weekend in Staunton)
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 17, 2017
Introduction to Curriculum Design
Evaluation of Educational Programs
Creating Significant Learning Experiences

Session 4. December 15, 2017
Competency-based Evaluation of Learning
Emerging Technologies in Teaching
Evaluating Clinical Performance & Giving Effective Feedback

Session 5. January 19-20, 2018 (Weekend in Newport News)
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 16, 2018
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 16, 2018
Preventing Falls: Risk Factors, Assessing Older Adults for Risk of Falling, Role Playing Demonstration
Preventing Falls: Team Intervention

Session 8: April 26-29, 2018 (Thursday and Weekend in Short Pump 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 27-29, 2018)

Session 9. May 18, 2018
Overview of US Healthcare System and Program
Jeopardy Game
Journal Article Discussion
Emergency Preparedness

Session 10. June 15, 2018
Presentation of Scholars’ Capstone Projects
Graduation Ceremony
Overview of FDP Scholar's Capstone 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 capstone project, develops content, delivers the content to colleagues or students, and evaluates their learning.

2. Capstone 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 Capstone 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 Capstone 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 capstone project, consultation with mentors, working on the practicum, continuing education activities. Scholars should update this log periodically and submit it 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.