

3.0 Curriculum

3.1 Curriculum Development

Evidence 3.1.2.C– Provide an outline or flow chart of the overall sequencing of content in the Program’s curriculum across the entire time period of the residency, including both didactic and clinical experiences. Briefly explain the rationale behind the organization and sequencing of the curricular content.

CURRICULUM FOR GERIATRIC RESIDENTS: 2013-2014

The curriculum for the geriatric residency is organized into “Blocks” which are listed below. Each resident will complete the “Initial Block” first. Then, depending on the setting (hospital, outpatient, Fort Thomas) and the availability of faculty for particular modules, the resident will then complete the remaining four “clinic blocks”, in no prescribed order, according to the general timeline provided.

<u>INITIAL BLOCK</u>	<u>CLINIC BLOCK: FORT THOMAS</u>	<u>CLINIC BLOCK ‘A’</u>
Professionalism	Frail Elderly	Neuromuscular
Clinical Education	Administration	Parkinson Disease
Clinical Research	Cognitive Issues	Balance/Fall/Vestibular
Aging	Incontinence	Pharmacology

<u>CLINIC BLOCK ‘B’</u>	<u>CLINIC BLOCK ‘C’</u>
Musculoskeletal	Cardiovascular
Prosthetics	Pulmonary
Posture/Osteoporosis	Integumentary
Health Promotion	Mobility
Oncology	Diabetes and Nutrition

GENERAL TIMELINE

Week 1+2: CVAMC Orientation; PT Department Orientation; Residency Orientation

Weeks 3-9: Initial Block modules are completed

Weeks 10-19: Complete one clinic block
Written exam on initial block and clinic block

Weeks 20-29: Complete one clinic block
Written exam on clinic block and one Live Patient Examination

Weeks 30-39: Complete one clinic block
Written exam on clinic block

Weeks 40-50: Complete one clinic block

Weeks 50-52: Final written exam on clinic block
 One Live Patient Examination
 Administrative Project Presentation
 Wrap Up

This curriculum plan is developed to prepare a resident to become a highly skilled and autonomous practitioner in the area of geriatrics, who will integrate the teacher-scholar model into clinical practice, who will serve as a resource and role model within the professional, academic, and social communities, and who will contribute to an expanding body of knowledge through the application of evidence-based practice. Literature reviews will be utilized throughout the curriculum to facilitate evidence-based practice. The curriculum will utilize two written examinations and two clinical practical examinations as formal assessments of the resident's learning.

The curriculum schedule is organized into "Blocks" which are described below. Each resident will complete the "Initial Block" first. Then, depending on the setting (hospital, outpatient, Fort Thomas) and the availability of faculty for particular modules, the resident will then complete the remaining four "clinic blocks", in no prescribed order, according to the general timeline provided.

Initial Block: To establish a foundation for these learning experiences, our curriculum begins with the "Initial Block", which focuses on discussions about professionalism, integration of clinical research into evidence-based practice, and application of concepts for education of the older adult, students, peers, and the community. The resident will have the opportunity to participate in the didactic component of geriatric education at the University of Cincinnati. To develop the conceptual basis for the curriculum, we also include a review of aging, the effects of aging on the body and its ability to function, as well as the psychology and sociology of aging.

As we age, we anticipate changes in our musculoskeletal, neuromuscular, cardiovascular, pulmonary and integumentary systems. Our curriculum, using these five systems as the main structure, incorporates additional, related modules that address the functional and mobility concerns of the older client. These modules are arranged into clinical blocks, which can be completed in no prescribed order.

In **Clinic Block A**, The *Aging Neuromuscular System* will also be addressed, including an additional focus on *Parkinson's Disease and Parkinsonism*. The resident will spend time in the NeuroMovement Clinic and have the opportunity to work with individuals with neuromovement disorders. In the module *Assessment of Balance and Falls*, including the vestibular system and balance system, the resident will have the opportunity to work with the NeuroCom Balance Manager System. *Geriatric Pharmacology* will be presented, since medication can have a significant impact on a patient's ability to function. Clinical experiences will be scheduled in the Acute Care Unit, the Outpatient Unit and the NeuroMovement Clinic.

In **Clinic Block B**, the curriculum will address the *Aging Musculoskeletal System*, including *Posture Assessment & Osteoporosis* as well as *Prosthetics, Orthotics & Protective Devices*, both of which also complement and support the musculoskeletal system. The resident will observe in the Amputee Clinic, and might also observe in the Women's Health Clinic. In addition, the resident will learn about *Oncological Rehabilitation* of the older client, with the opportunity to work within the Oncology Clinic. To address the wellness aspect of the care of the older client, the resident will work on the module: *Health Promotion and Wellness Advocacy* and be introduced to the MOVE! Program at the VA.

In **Clinic Block C**, the resident will focus on the *Aging Cardiovascular System* and the *Aging Pulmonary System*. Understanding the limitations presented by these two systems will help to assess the older client's ability to participate in appropriate functional activities and exercise programs. The resident will observe in the Pulmonary Rehab Clinic. Then, the *Aging Integumentary System* will be studied, including *Diabetic Care* of a client, and *Nutritional Needs of the Elderly*. These modules complement each other well and will be helpful during the module on *Mobility and Assistive Devices* which helps to identify appropriate seating to promote skin health as well as assist with function and mobility; and identify environmental adaptations that would promote safe and efficient workspace and living arrangements. The resident will work in the Wheelchair Clinic and prescribe wheelchairs to our Veterans. The resident will also spend time with the Geriatric Nutritional Specialist in order to observe nutritional care of Veterans, especially those in the home care environment.

In **Clinic Block: Fort Thomas**, the resident will have an opportunity to practice in a different setting with clinical experience at the VA Skilled Care/Long Term Care facility (in Fort Thomas, KY) and with the Home Based Primary Care (HBPC) Therapy Team for the Greater Cincinnati area. The resident will focus on the following modules: *Frail Elderly*, *Incontinence*, and *Cognitive Issues*. The resident will also work on the *Administrative* module discussing topics including: reimbursement issues, ethical issues, and legal issues. The resident will review the roles of consultation and advocacy to reinforce the need for the advanced practitioner to practice as an advocate and consultant, especially to promote and ensure access to resources and health care services.

This curriculum plan presents the anatomical, physiological, psychological and sociological basis for aging, addresses significant medical and functional issues of the older adult, and focuses on evidence-based practice. Within the structure of each unit, opportunities are provided to also address professional development, communication, social responsibility, leadership, education, administration, consultation and advocacy, which are additional expectations of the geriatric clinical specialist. Completion of this residency program will enable a physical therapist to progress towards becoming a highly skilled and autonomous practitioner in the area of geriatrics.