

Geriatric Clinical Residency

September 2012 marked the third year of our Geriatric Clinical Residency, and also the expansion to two residents, Emily Pierce and Megan Connelly. Our residency was just featured in the fall issue of GeriNotes, the Geriatric Section magazine. Below is an abbreviated version of both Emily's and Megan's reflections on their residency year that was included in that article. Following that are reflections by both of the Clinical Mentors in the residency program, Iva Carey and Debbie Hanka.



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Reflections of Geriatric Clinical Residents

I've always been a "school" person, and pursuing a Geriatric Clinical Residency helped me to combine my passion for learning along with my passion for starting my career in geriatric physical therapy. The University of Minnesota became my new school and the faculty there, along with dozens of specialists and experts in geriatrics across the Twin Cities became my mentors, teachers, and colleagues. In addition to the standard didactic and clinical work in the residency, there is a community service and volunteer emphasis. Every month the resident provides pro-bono services at a community Diabetic Foot Clinic, which is also an excellent opportunity to play the role as mentor to current physical therapy students honing their skills in evaluation, examination, and client interaction. On a more individual level, there is a service learning component at each resident's facility where he or she is expected to volunteer and is matched up with certain older adults in order to build long-term relationships over the year and give back. This is actually the gem of the program, the part that pulls everything together -- being involved in the lives of seniors and seeing their role in and how they are affected by politics, healthcare, social customs, spirituality, and community. Recently, I was honored to be a part of one of my senior friend's 100th birthday, an age that seems unreachable yet a milestone I hope to one day hit with as much pride and health as she exudes.

Over the course of this Geriatric Clinical Residency I have received an in-depth education regarding the aging adult and a physical therapist's role in this population. I have seen through a research project from beginning to end, lectured to undergraduate students and fellow medical professionals, traveled to a national conference, and spoken with state and local politicians about issues facing physical therapists. My skills as a clinician have grown with confidence, repetition, and exposure to various diagnoses and presentations. The relationships I've formed with my mentor, program director, fellow resident, coworkers, senior friends, and teachers are irreplaceable. Not so long ago, if someone had told me I would have accomplished this much personally and professionally in just one year, I would have thought it impossible. It is with pleasure that I relinquish my role as "student," but never that of a learner, as I begin a path as a geriatric specialist in what I hope to be a long and fruitful career in such a rapidly growing field of physical therapy.

Emily Pierce, PT, DPT (St. Therese, New Hope)

After graduation from PT school I was eager to get into the clinic to begin to start helping older adults, the group with whom I always knew I wanted to work, but I was scared of soon being the individual to make all of the decisions without a clinical instructor looking over my shoulder. How would I know what to do with my patients as a new graduate? After much investigation and reflection, I decided that pursuing a Geriatric Clinical Residency would allow me the best of both worlds -- continued guided learning to maximize my knowledge base, as well as beginning my clinical career.

Having a mentor this first year after graduation has been invaluable. My mentor was present during many "firsts" in my clinical practice -- things I would have been terrified to try on my own, or to direct other staff members to assist me with. There are so many aspects of patient management Debbie has helped me learn to consider that I didn't previously know I should even be thinking about. She has helped me to navigate my role of supervising PTAs, and provided guidance for interactions with patient families and physicians. Debbie has also provided the necessary support for me to feel confident making suggestions for improvements at the organizational level to help my colleagues and me better serve the needs of our patients.

Our classes have consisted of meeting with numerous geriatric clinical specialists and other experts in the field of geriatric healthcare. With only two of us in the program, these classes are all informal with the opportunity to ask as many questions as we have, to try new techniques and get individualized feedback, and to pick the brains of these gurus by saying, "So, I have this patient...what would you recommend?"

Perhaps the most important resource, however, has been all of the older adults with whom I have interacted over the last year, through work, classes, and volunteering. I have also had the unique opportunity to reside in one of the independent living apartments on a campus devoted to providing the continuum of care to older adults. I have seen firsthand how truly di-

verse this population is and learned to appreciate this heterogeneity. I have been forced to question every stereotype I previously held regarding older adults and to question the limits that clinicians place on their elder clients.

In the past year, I have learned more, experienced more, and met more people who will influence the rest of my career than I ever possibly could have in one year, or even several years, without the residency program. My clinical and decision making skills, and my confidence have grown exponentially. Although I view the end of the program with some degree of sadness, I do not have the same trepidation I had at the end of PT school. Not because I think I have learned all I need to know; I am perhaps even more acutely aware now of how much I have yet to learn. But because I now know how to handle unfamiliar situations and have so many resources to draw on to help me do so. I cannot think of a better way to have jump-started my career as a physical therapist than through this residency program.

Megan Connelly, PT, DPT (Augustana Care Center, Minneapolis)

Reflections of Geriatric Residency Mentors

This past year I had the privilege of mentoring one of the University of Minnesota's Geriatric Residents. It was rewarding to use my clinical experiences to enrich and challenge a younger clinician in her professional growth. Emily brought a fresh perspective to patient care, demonstrating genuine strengths in evidence-based practice and a real excitement for her caseload. It truly was a collaborative experience in which I gained as much from my resident's insights and abilities as she did from mine.

Iva Carey, PT (St. Therese, New Hope)

It has been my pleasure to provide clinical mentorship for the University of Minnesota Geriatric Clinical Residency Program for the past two years. I have enjoyed being a witness and participant in the process and must say it is the highlight of my week! It has been so fun to share my PT experience with a newer clinician. It has also been humbling and challenging. Being a mentor has caused me to ask questions of my own practice. Why do I do what I do? Did I learn this technique in PT school, at a CE course, or on the job? Did I learn from a mentor/colleague or a client? Is there any evidence behind my approach, or am I doing what I have always done because it is familiar? I have been so impressed by Megan's quick response to feedback and seeing this implemented into treatment for the patient we saw that day and subsequent patients. I have witnessed her growth and application of new learning acquired from her didactic curriculum. And I have benefited from being the mentor. Megan is a creative practioner and finds individualized solutions to achieve client goals; whether that is a structural barrier to enter the home, a home exercise program or a client with a challenging personality. Megan is a great role model for all clinicians and demonstrates the value of life-long learning. Congratulations to Megan on her great achievement in completing the residency program. I and her rehab team miss her greatly and wish her all good things in the future.

Debbie Hanka PT, DPT, GCS, CEEAA (Augustana Care Center, Minneapolis)



Geriatric Residency Graduation Dinner September 2013

Left bottom: Megan Connelly, and behind is her Clinical Mentor Debbie Hanka, (Clinical Site: Augustana Care Center, Minneapolis).

Right bottom: Emily Pierce, and behind is her Clinical Mentor Iva Carey, (Clinical Site: St. Therese, New Hope).

We also welcomed Miranda Beck, from the University of Wisconsin – Madison, as a new resident in our Program (not pictured).