

**Name of Program: University of Minnesota, Residency in Geriatric Physical Therapy**

**Curriculum areas: Service learning, professionalism, leadership**

**Name of Program Director: Becky Olson-Kellogg**

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**Think Tank Reviewer name: Kim Curbow Wilcox**

**Date of Interview: 7-18-18**

**PHONE INTERVIEW QUESTIONS**

A. Describe the overall administrative structure of your program(s) (**check ALL that apply**):

Academic:

**Hybrid model: Acad prog administers residency/provides didactic -- contracts with clinics for clinic sites and mentoring**

B. How is this resource/document delivered in your program:

**Delivered in person, online, or combination?**

When is this document/resource used in the program (early, late, on a recurring basis)?

**The program is ongoing and is initiated at the beginning of the residency year. The program centers on living arrangements for residents in the geriatric residency program. Program residents are offered the opportunity to live in a senior adult apartment complex where they interact with the senior adults during structured and unstructured activities. The program residents pay reduced rent of up to 50% based on the number of volunteer/service hours provided. This living arrangement extends through the residency year and is optional for the geriatric residents.**

**Geriatric residents complete a reflective journal entry after each service event or interaction with a senior adult in the apartment complex. The residents track service hours throughout the residency year, with a requirement of two hours per week to meet course requirements. Geriatric residents typically complete many more than two hours on a weekly basis.**

Is this resource/document taught by your faculty or other departments in your institution?

**The program was initiated by the Center on Aging and initially included other healthcare professionals such as students/residents in medicine, social work, physician assistant, and nursing. Dr. Olson-Kellogg was uncertain if all of these disciplines still participate in the program. Currently, Dr. Olson-Kellogg arranges the opportunities for living in the senior adult apartment complex for residents in the geriatric program.**

Other comments:

C. What challenges/barriers did you face in developing this resource?

**The geriatric residency program did not initiate the senior adult apartment arrangement but became involved after it was developed. Currently, Dr. Olson-Kellogg is negotiating the same type of arrangement with an inter-city senior adult apartment complex. One consideration has been liability for the university and the geriatric resident. Because this opportunity is part of a university course, geriatric residents are covered under the university policy for liability. In addition to interacting with senior adults in the apartment setting, geriatric residents have transported senior adults to special activities in their personal vehicles. This is also covered under the university policies.**

**An additional challenge has been working with housing directors and the board of residents (senior adults) in arranging apartment living opportunities for geriatric residents. Although the arrangement benefits both the senior adults and participants in the geriatric residency program, there may be difficulty in finding an empty apartment or convincing the housing director to reduce the rent for the apartment. Dr. Olson-Kellogg has found more opportunities are available at an inner-city, low income senior apartment building since some senior adults are moving to other areas of the city.**

D. What do you feel makes this resource innovative or exceptional? (e.g. involves interdisciplinary or interspecialty training?)

**The program of matching physical therapists in a geriatric residency program with a living environment where they interact with senior adults is innovative and of benefit to both the geriatric residents and the senior adults. The focus of the interactions between the geriatric residents and the senior adults is social rather than medical. This gives the geriatric residents an opportunity to view senior adults through a different lens and in a different environment.**

**The geriatric residents are also involved in advocacy activities for senior adults. For example, to prepare for the state legislative day, geriatric residents discuss issues with senior adults and then share concerns with state legislators.**

How did you assess the effectiveness of this educational resource/activity with your learners?  
**See comments above concerning the reflective journal entries and tracking service hours.**

**Setting up the program to benefit both the participant in a residency program as well as the senior adults is helpful in teaching residents to view the senior adults as people rather than only patients.**

**Innovative aspects of this service learning activity:**

- The purpose is for the residents to build relationships with older adults in an apartment environment thereby creating important intergenerational learning.
- The Senior Housing interaction addresses a very real concern among older adults (social isolation and mobility decline). This learning activity would be modified so that other specialties are exposed to older adults in this way, which in my opinion has major potential to address ageism that exists among us within the profession of PT and in society.

