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Residency Corner

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RESIDENCY CORNER

Tamara Gravano, PT, DPT, GCS

The word is out, and residency education in Geriatric Physical therapy is off to a running start. At the time of this article, there are at least 20 graduates of the 8 credentialed Geriatric residencies since 2004, and with more programs currently in the works, the foundation is laid for exponential growth of residency education. Indeed, a foundation is just the beginning, as many more are needed if we wish to meet the needs of our aging society.

The Section on Geriatrics supports residency education by promoting it in *GeriNotes*, at the Residency 101 preconference courses offered at Combined Sections Meeting, and by providing grants for new programs to help pay for credentialing. Right now, there is an exciting undercurrent of activity in and around those who are involved or associated with a geriatric residency. People are talking, and a growing number of academic and clinical institutions are making plans to establish their own residency programs. As residency education grows, there is an expectation of advanced clinical practice from all those involved, which bodes well for the future of our profession. This is truly a very exciting time for everyone, and I am pleased to introduce a new series of columns promoting residency education.

For a number of years, *GeriNotes* has made many inroads into the residency discussion, and has published articles written by residents, from a resident's perspective, illustrating topics like evidence-based practice, functional assessments, and the residency experience. As a residency graduate myself, and a member of the Practice Committee of the Section on Geriatrics, I would like to further extend the invitation to current and past geriatric physical therapy residents to submit clinically based articles for publication in *GeriNotes*. Let's push the bar up a notch and highlight the specialized skills that are acquired in residency and demonstrate an advanced level of knowledge in the practice of geriatric physical therapy--the main reason candidates seek out residency education to begin with!

The new Residency Corner will feature articles written by residents that describe topics such as in-depth case analysis, problem solving, and practice as nonphysician primary care providers. Here residents will get to discuss their findings and thought-processes with an audience of their peers--those clinicians and academics interested in the advancement of geriatric health care. Also, for those who may be interested to see what geriatric residency education is really all about, these clinical snapshots can help remove the veil and provide a glimpse into the level of practice our residents are experiencing.

Yet, this is only one half of the equation. What's missing? The Residency Director, Coordinator, and Faculty points of view. While residents have been sounding off on their accomplishments and challenges, we would like to extend the offer to current residency directors to chronicle their successes and offer pearls of knowledge to anyone interested in starting a residency program. I ask the residency directors to show us what creating and managing a residency program is like. Tell us what potential obstacles we should be aware of and what can we learn from your mistakes? Discuss the lessons learned from the credentialing process, or compare the particulars of resident versus entry-level student mentoring.

The new Res-

idency Corner will be a forum for both sides of the residency coin. I have spoken with a number of graduates, whom, after completing a residency, have often stayed on as faculty and aspire to start their own programs. This column is one way to demonstrate the skills required to succeed in both realms, and to help avoid common pitfalls. Many residency graduates only have exposure to their own program specifics, and as future residency directors, could benefit from lessons learned by other program faculty. Current directors and associated faculty now have a new opportunity to collaborate with and facilitate the development of other like-minded individuals who wish to promote residency education. I am looking forward to reading their contributions to the discussion.

The floor is yours.



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The University of Minnesota Program in Physical Therapy is seeking applications for our expanding Geriatric Clinical Residency. This 12 month program (September – August) will provide residents extensive didactic education, clinical practice, service learning, and individual mentoring in the area of geriatric physical therapy and issues related to aging. Clinical Faculty are geriatric experts in a variety of disciplines. New graduates and experienced clinicians are encouraged to apply. Resident graduates will be prepared to sit for the GCS exam. Residents will earn a salary with benefits, 2 state conference registrations, CSM registration & travel assist, 230+ CEU credits, and pay minimal tuition. On-site housing is available.

For an application or further information, please contact
Residency Director,
Becky Olson-Kellogg, PT, DPT, GCS at
612-624-6591 or olso0184@umn.edu

The University of Minnesota's Geriatric Clinical Residency is credentialed by the American Physical Therapy Association as a post professional residency program for physical therapists in geriatrics.

Applications due March 31 each year