

## 2019-2020 Curriculum Schedule

### **Quarter 1: Fundamentals of Geriatric Psychiatry and Psychiatric Occupational Therapy**

Q1: Acute Inpatient Geri-Psych – Content will be focused on acute psychiatric care across the adult life span, with special considerations for older Veterans with possible comorbid conditions and medication side effects. Acute psychiatric care is needed for older persons with dementia complicated by delirium requiring substantively different treatment than younger persons.

Specific curriculum components will include:

- a. Experiential training in special needs for acute psychiatric evaluation and intervention for elders, including developing client-centered and contextually relevant care plans.
- b. Participation in interdisciplinary team meetings and programs targeting staff education and environmental modifications for improved client function during inpatient admission.
- c. Co-facilitating inpatient group on Safety Planning and Suicide Prevention to incorporate OT interventions into safety planning for older Veterans with high risk for suicide and optimize translation of skills from hospital to home.
- d. Didactic training regarding laws, regulations, payer sources, and service delivery systems relevant to acute mental health, as well as specific OT interventions pertinent to specific disease processes and functional deficits.
- e. Didactic training on Inpatient Recovery and Geriatric Mental Health via two monthly webinar series on a variety of recovery-based topics from national experts in the mental health field.

Q1: Geriatric Medicine and Psychiatry Clinic and Geriatric Psychology (Geri-PACT)- Content will be focused on integrative geriatric mental health services in an outpatient setting. The GMH OT Fellow will collaborate with diverse interprofessional geriatric trainees in care for older adults with mental illness in a primary care context, participate in team meetings, and provide consultative services to address the intersection of mental and physical impairments for older Veterans, including suicide prevention, independent living screenings, driving screenings, home safety, tobacco cessation, pain management, weight loss, caregiver support/training, habit and behavioral change, and maximization of function. This rotation will serve to illustrate clinical service continuity between inpatient and outpatient settings.

Specific curriculum components will include:

- a. Experiential cross-disciplinary training in geriatric primary and psychiatric care, including developing client-centered care plans, providing consultative services to address varied occupational performance impairments, and creating educational materials.
  - i. Shadowing opportunity in outpatient geriatric psychiatry clinic.
  - ii. Weekly outpatient interdisciplinary geriatric consultative services.
  - iii. Co-treatment with the geriatric psychology fellow, supervised by Jessica Fulton, PhD, across the DVAHC continuum of care, including individual and group interventions.
- b. Participation in Integrative Health Care programs, including Yoga, Tai Chi, Adaptive Sports MOVE program, and our nationally renowned GeroFit program.
- c. Didactic training by Duke Geriatric Multidisciplinary Fellowship on the interaction between lifespan issues and relevant conditions that impact clinical outcomes, including occupational performance related to mental health. It also provides

substantial didactic training in wellness and holistic care and exposure to research at the Duke Pepper Older Americans Independence Center, with its focus on resilience.

<b>MONDAY</b>	<b>TUESDAY</b>	<b>WEDNESDAY</b>	<b>THURSDAY</b>	<b>FRIDAY</b>
<b>8-9 a.m.,</b> Didactic Trainings	<b>8-9 a.m.,</b> Didactic Trainings	<b>8-9 a.m.</b> Center for Study of Aging, Geriatric Grand Round, Duke North Room 2001	<b>8-9 a.m.,</b> Didactic Trainings	<b>8-9 a.m.,</b> Program Development
<b>9-10 a.m.,</b> PARC Team meeting, 9B Conference room	<b>9-10 a.m.,</b> Interdisciplinary Team Conference, 9B Conference room	<b>9-10 a.m.,</b> Interdisciplinary Team Conference, 9B Conference room	<b>9-10 a.m.,</b> Weekly Mentoring Session	<b>9-10 a.m.,</b> PARC Team meeting, 9B Conference room
<b>10-12 a.m.,</b> Evaluation and interventions	<b>10-12 a.m.,</b> Evaluation and interventions	<b>10-11 a.m.,</b> Interdisciplinary Team Conference, 9B Conference room	<b>10-12 a.m.,</b> Evaluation and interventions	<b>10-12 p.m.,</b> Evaluations and interventions
	<b>12-1 p.m.,</b> Inpatient Mental Health Recovery Webinar ( <b>2<sup>nd</sup> Tue</b> )	<b>12-1 p.m.,</b> PSR Didactic Seminar ( <b>1<sup>st</sup> Wed</b> )	<b>12-1 p.m.,</b> Psychiatric Grand Rounds, Duke	
<b>1-3 p.m.,</b> Didactic Training and Project Work	<b>1-4:30 p.m.,</b> Geri-PACT Clinic	<b>1-2 p.m.,</b> Suicide Prevention/ Safety Planning Group	<b>1-2 p.m.,</b> Didactic Training	<b>1-2 p.m.,</b> Didactic Training
		<b>1-2 p.m.,</b> PM&RS All-Staff (1 <sup>st</sup> Wed)		
		<b>2-4:30 p.m.,</b> Evaluation and interventions	<b>2-3 p.m.,</b> Geri-Psych OT Group	<b>2-3 p.m.,</b> Geri-Psych OT Group
<b>3-4 p.m.,</b> Mentoring Session (initially meeting 2x/week)			<b>3-4 p.m.,</b> Geriatric Mental Health Webinar Series (2 <sup>nd</sup> Thurs)	

## **Quarter 2: Prevention, Management, and Treatment of Delirium and Dementia**

Q2: Inpatient Acute Med/Surgical Psychiatric Care -Rotation in the Medical/Surgical intensive care and acute care setting will focus on prevention and early intervention for mental illness among medical/surgical inpatients. Elders are at high risk of delirium during hospitalization. In addition, there is high prevalence of new onset executive function and PTSD among intensive care survivors, the majority of whom are over age 65. This component will allow the trainee to acquire knowledge of appropriate evaluation methods to determine risk of mental illness in elders and knowledge of evidence-based early intervention strategies.

Specific curriculum components will include the following:

- a. Provision of OT in the Medical Intensive Care Unit, including evaluation and early intervention to prevent and treat cognitive impairment and/or PTSD.
- b. Continued OT intervention as individuals move into acute care units, focused on continuity of care, progression of function as medical conditions improve, and discharge planning.
- c. Didactic training by Duke Geriatric Multidisciplinary Fellowship on the interaction between lifespan issues and relevant conditions that impact clinical outcomes with acute illness.

Q2: Perioperative Optimization of Senior Health (POSH)-Participation of OT fellow in Perioperative Optimization for Senior Health (POSH), a twice weekly geriatric-led interdisciplinary clinic that prescreens older Veterans awaiting surgery for interventions to reduce risk of delirium, deconditioning, falls, and has been shown to reduce length of stay and improve functional outcomes in frail elders.

Specific curriculum components will include the following:

- a. Extensive review of medical charts to identify areas of concern pertinent to OT in preparation for OT intervention during a time-limited outpatient clinic.
- b. Interdisciplinary discussion and collaboration regarding potential functional deficits stemming from surgical procedure and other risks that should be addressed prior to surgical procedure. Experiential practice prioritizing intervention needs based on a holistic team approach.
- c. Provision of OT in an interdisciplinary outpatient clinic to address concerns prior to surgical procedure to optimize safety and function.

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<b>8-9 a.m.,</b> Didactic Training	<b>8-9 a.m.,</b> Didactic Training	<b>8-9 a.m.</b> Center for Study of Aging, Geriatric Grand Round, Duke North Room 2001	<b>8-9 a.m.,</b> Didactic Training	<b>8-9 a.m.,</b> Didactic Training
<b>9-10 a.m.,</b> PARC Team meeting, 9B Conference room	<b>9-11 a.m.,</b> ICU Evaluations and Interventions	<b>9-12 p.m.,</b> ICU Evaluations and Interventions	<b>9-11 a.m.,</b> ICU Evaluations and Interventions	<b>9-12 p.m.,</b> ICU Evaluations and Interventions

<b>10-12 p.m.,</b> PARC Evaluations and Interventions	<b>11-12 p.m.,</b> POSH Chart Reviews		<b>11-12 p.m.,</b> POSH Chart Reviews	
	<b>12-3 p.m.,</b> POSH Clinic	<b>12-1 p.m.,</b> PSR Didactic Seminar <b>(1<sup>st</sup> Wed)</b>	<b>12-3 p.m.,</b> POSH Clinic	
<b>1-4:30 p.m.,</b> PARC Evaluations and Interventions		<b>1-2 p.m.,</b> Suicide Prevention/Safety Planning Group		<b>1-4:30 p.m.,</b> Geri-PACT Clinic
		<b>1-2 p.m.,</b> PM&RS All-Staff (1 <sup>st</sup> Wed)		
		<b>2-3 p.m.,</b> Weekly Mentoring Session		
	<b>3-4:30 p.m.,</b> Return to ICU to continue treatments	<b>3-4:30 p.m.,</b> Didactic Training and Project Work	<b>3-4:30 p.m.,</b> Return to ICU to continue treatments	
			<b>3-4 p.m.,</b> Geriatric Mental Health Webinar Series (2 <sup>nd</sup> Thurs)	

### Quarter 3: Transitions to Home

Q3: Home Health Geri Psych - Clinical training in the various transitional and home care programs offered by the DVAHCS to prevent/restore optimal function in persons with diverse medical and psychiatric conditions. This training will foster abilities to develop a full occupational profile and assessment of occupational performance in a heterogeneous group of clients cared for in highly diverse clinical care settings, and the development of contextually relevant care plans. Programmatic exposure will include the following:

- a. *HUD-VASH* – OT supported home program targeting homelessness among Veterans, with significant time spent with geriatric older Veterans to address independent living, physical dysfunction and home safety, substance use disorders, depression, and community participation
  - i. Provision of OT in the home and community setting, including evaluation, assessment, and intervention to maximize independent living skills and enhance home functioning and safety.
  - ii. Participation in skill-building groups as facilitator/co-facilitator for Veterans enrolled in the homeless program.
  - iii. Participation in the Homeless Standdown, collaborative initiative in the community focused on providing needed hygiene and community resources to homeless individuals.

- iv. Didactic training on appropriate independent living skills assessments in the community, case management, community resources available to homeless individuals, and national VA homeless initiatives via webinars and online trainings and national homeless calls.
- b. *HBPC* – OT supported home health care for disabled Veterans.
  - i. Provision of OT in the home, including initial evaluation, home safety assessment, falls and balance assessments, caregiver training, and other physical and cognitive interventions focused on aging-in-place.
  - ii. Active participation in interdisciplinary team meetings and caseload discussions.
- c. *COACH* – Clinical care program to provide support to elders with dementia and their caregivers in the home.
  - i. Co-assessment and evaluation with interdisciplinary team in the home setting.
  - ii. Consultative service provision focused on dementia care, caregiver training, home safety evaluations, and maximization of function for Veterans with dementia living in the community.
  - iii. Didactic training by *COACH* Dementia Educational Series focused on a range of topics impacting dementia care, including pharmacologic effects, driving and home safety, wound care, and caregiver support.
- d. Didactic training by MIRECC monthly webinar series and CBOC twice monthly mental health rounds on a variety of topics, including suicide prevention, pain management, and PTSD. Free online course trainings are also available through MIRECC for self-learning.

<b>MONDAY</b>	<b>TUESDAY</b>	<b>WEDNESDAY</b>	<b>THURSDAY</b>	<b>FRIDAY</b>
<b>8-9 a.m.,</b> Didactic Training	<b>8-9 a.m.,</b> Didactic Training	<b>8-9 a.m.,</b> Center for Study of Aging, Geriatric Grand Round, Duke North Room 2001  <b>8:15-8:30 a.m.,</b> HUD-VASH Team Huddle	<b>8-9 a.m.,</b> Didactic Training	<b>8-9 a.m.,</b> Didactic Training
<b>9-12 p.m.,</b> COACH Home visits	<b>9-10 a.m.,</b> PARC Interdisciplinary Team Conference, 9B Conference room	<b>9-12 a.m.,</b> HUD-VASH Home visits	<b>9-10 a.m.,</b> HBPC Team meeting	<b>9-12 p.m.,</b> PARC Evaluations and Interventions
	<b>10-11 a.m.,</b> Weekly supervision meetings		<b>10-12 p.m.,</b> HBPC Home visits and/or Didactic training	
	<b>11-12 p.m.,</b> PARC Evaluations and interventions			

	<b>12-1 p.m.,</b> Inpatient Mental Health Recovery Webinar (2 <sup>nd</sup> Tue)	<b>12-1 p.m.,</b> PSR Didactic Seminar (1 <sup>st</sup> Wed)	<b>12-1 p.m.,</b> Psychiatry Grand Rounds, Duke (if not on home visits)	
<b>1-4:30 p.m.,</b> COACH Home visits and/or Didactic training	<b>1-3 p.m.,</b> PARC Evaluations and interventions	<b>1-4:30 p.m.,</b> HUD-VASH Home visits and/or Didactic training	<b>1-4:30 p.m.,</b> HBPC Home visits and/or Didactic training  <b>3-4 p.m.,</b> Geriatric Mental Health Webinar Series (2 <sup>nd</sup> Thurs)	<b>1-4:30 p.m.,</b> Geri-PACT Clinic

#### Quarter 4: Learning Reflections and Maturity of Skills

Q4: Selective Geri Psych – OT fellow will participate in an elective rotation of their choosing, which will be based on her/his specified area of interest and to fully round-out their learning related to geriatric mental health. Potential options are listed below based on existing partnerships. Additional partnerships may be developed as the fellow identifies potential areas for new learning and specialization of skills/knowledge. A fellow can also choose to reengage with prior rotations previously completed in other quarters.

- a. *Subacute Inpatient Rehabilitation (CLC) and Palliative Care/Hospice Unit:* This component will include exposure to elders undergoing inpatient rehabilitation who may have a variety of psychiatric considerations (e.g., adjustment to new disabilities, comorbid cognitive impairment) that interface with physical rehabilitation.
- b. *Cognitive Rehabilitation:* This component will focus on cognitive rehabilitation and interventions that foster high function in elders with psychiatric disorders, including acquisition of current knowledge specific to evaluation in mental health (cognitive skills, occupational skills). The outpatient polytrauma clinic at DVAHCS will allow an OT fellow to be familiar with techniques used in cognitive rehabilitation and interventions of proven benefit for persons with diverse chronic psychiatric disorders.
- c. *Long-term Geriatric Mental Health Rehabilitation, Central Regional Hospital:* We plan to develop a Memorandum of Understanding for a future clinical education partnership for observation or rotation, which would add to knowledge gained on PARC with a greater emphasis on long-term geriatric mental health rehabilitation in the private sector. We have identified the OTR/L who would be the mentor at Central Regional Hospital.
- d. *Telehealth:* OT supported telehealth interventions to CBOCs and to the home, including novel VHA mobile video app.

Time may also be allocated for more intensive program development and QI Project implementation as systems competences should be better understood by the last quarter of the fellowship year.

<b>MONDAY</b>	<b>TUESDAY</b>	<b>WEDNESDAY</b>	<b>THURSDAY</b>	<b>FRIDAY</b>
<b>8-9 a.m.,</b> Didactic Training	<b>8-9 a.m.,</b> Didactic Training	<b>8-9 a.m.,</b> Center for Study of Aging, Geriatric	<b>8-9 a.m.,</b> Didactic Training	

		Grand Round, Duke North Room 2001		
		<b>9-11 a.m.,</b> PARC Evaluations and interventions		
		<b>11-12 p.m.,</b> Weekly supervision meetings		
	<b>12-1 p.m.,</b> Inpatient Mental Health Recovery Webinar (2 <sup>nd</sup> Tue)	<b>12-1 p.m.,</b> PSR Didactic Seminar (1 <sup>st</sup> Wed)	<b>12-1 p.m.,</b> Psychiatry Grand Rounds, Duke	
		<b>1-2 p.m.,</b> Safety Planning Group		<b>1-4:30 p.m.,</b> Geri-PACT Clinic
		<b>2-3:30 p.m.,</b> PARC Evaluations and interventions		
		<b>3:30-4:30 p.m.,</b> Didactic training	<b>3-4 p.m.,</b> Geriatric Mental Health Webinar Series (2 <sup>nd</sup> Thurs)	