GCS Study Group Setup Tips

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I created a list of tips in order to help those interested in setting up GCS study groups. Thus far we have held three, year-long study groups with resultant 21 new GCS providers over the past 6-7 years.

Getting Started

* Consider beginning at your workplace. Develop a core group of dedicated PTs/PTAs who are motivated to help out. It is important you have support and a team because it is difficult to do alone.
* Research funding sources. The fees for certification are significant and may discourage clinicians, especially those with extensive student loans. The vast majority of the participants received grant funding to help pay for examination fees and prep materials. Again, try to leverage the resources of your organization’s grant writers. All three times we were able to secure funding from local philanthropists who were interested in helping to educate local providers in helping older adults.
* Once you have your core group, begin to reach out to others. I approached some of the most disengaged therapists who would historically battle every initiative to enhance practice. What I ended up finding out was that the reason for their resistant behavior was that they were scared. They graduated a while ago, they didn’t have their DPT, and now there is the movement for residency and specialty programs. Encourage them to simply attend and ensure them that all of us are just getting together for a positive learning experience v. a contest of “who knows more information.” The study group must remain a “safe” space at all times and not a place for the best clinicians to demonstrate the depth and breadth of their knowledge base. As the facilitator, I would regularly share my past mistakes in order to maintain this environment.
* Reach out to the rest of your geographical area. While being together in person is nice, our last study group we had about half the participants attending remotely throughout the state. You can start with reaching out via the Academy of Geriatric PT email list, and then general APTA members. While attending state APTA conferences/meetings, have a sign-up sheet to see if you can collect emails in that manner. In Maine, CEUs are not required and we didn’t have robust attendance at APTA functions, however I was lucky enough to work for one of the largest health systems in the state and I could leverage those contacts.

Program Setup

* When creating the content for the program I used the “Geriatric Physical Therapy Description of Specialty Practice” as a general outline. I decided to group things by a “systems” approach (musculoskeletal, neuromuscular, etc) to make things more organized.
* I created a calendar with topic, dates, and source of content (live presentation, webinar, etc).
* Because we received grant funding, and I felt responsible for the rate peopled passed the exam, we made the program more formal where attendance was mandatory (in person or remote). We also required exam takers to present at least one topic. To keep everyone on track we setup weekly meetings. Our organization was supportive and allowed us to take an hour every Fri morning to meet. I was able to influence this as an employee engagement, retention, and acquisition tool.
* We also use the grant funding to purchase other resources such as the Geriatric FOCUS 2011 home study readings, webinars that were purchased and watched together (with permission from the APTA Learning Center), and the “Geriatric Physical Therapy- A Case Study Approach by Bill Staples” textbook (Interestingly, Bill Staples was generous to allow us to have the opportunity to publish case studies in this textbook during one of our study groups. This was a wonderful and motivating experience for the participants.)
* Once the calendar was set, and prep completed, the program would run on autopilot. I would facilitate and ensure the presenter or webinar was ready for the session and we would all have fun learning.

Takeaways

* Reflecting on the three study groups we learned some lessons to improve the process:
1. We decided to have participants to sign a code of conduct form in order to participate. Occasionally we would have a colleague with behavioral issues that would interfere with the group such as talking or being disruptive during presentations. We also had a colleague who decided that she didn’t want to attend any of the sessions after exam fees were paid and that she could prepare on her own instead of assisting the rest of the group.
2. I would like to add more manual therapy (adapting techniques to the home environment and for patients unable to attain traditional positions) and hospice content. It was extremely difficult to cover everything, but these are two areas that in my experience most therapists are uncomfortable with.
3. We had two therapists who didn’t pass the exam. This was completely devastating and embarrassing. The second and third sessions I tried to focus their attention on applying what they are learning each week to clinical practice rather than passing the exam. I tried to avoid discussing the exam, and at the end of the study group, I would tell them that “You are all geriatric specialists” to make the exam less relevant. The truth of the matter was that the participants voluntarily dedicated a year of their life attending the group and then reading at night. These were truly specialists regardless if they passed.
4. Never underestimate your most resistant therapists. I was pleasantly surprised the people who didn’t take the exam but would come to the meetings. With one clinician, I saw a complete transformation in her clinical assessment and treatment programs over the course of the year. Also, her self-confidence improved and so did her entire outlook of work and clinical practice.