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## Chapter 1 : The Best Online Master's in Gerontology Programs for

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Advanced Search Abstract Case studies are used extensively in gerontological and geriatric education and practice, especially to present clinically relevant examples and to illustrate abstract concepts, principles, and theories in the study of aging. This article reviews the important pedagogical, clinical, and ethical issues involved in their design and use, and presents an argument that both case study developers and discussants need to become more reflective when they think about the nature of writing and listening to case studies as stories. The major themes from the literature in narrative and clinical ethics on case studies as stories are surveyed, including consideration of both facts and values, the debate on generalization versus specificity, and the need for interpreters and commentators. The implications of these insights for teaching and clinical education are considered, including the importance of addressing the need for rich description, multiple voices, open-endedness, and critical analysis. Ethics , Narrative gerontology , Education Decision Editor: Branch, PhD The use of case studies in teaching and practicing in gerontology and geriatrics is nearly universal. There are few faculty members or clinicians who have not written, presented, or discussed a case study in the course of their work. Educators in gerontology and geriatrics often rely on case study examples to stimulate discussion about key aspects of theory, illustrate applications of important concepts, and explore the ethical dilemmas in caring for older adults. Clinicians routinely present and discuss cases as part of their work in teams or at meetings to explore difficult or complex issues associated with some older patients. At their core, such cases are essentially stories—whether based in full or in part on real events—presented by the instructor or clinician, and as such they have great pedagogical and clinical power. As a faculty member, I am always reminded of the impact of storytelling when I encounter former students who reveal that they remember the stories I told in class to illustrate important concepts or principles of aging, though they seldom remember the specific theories themselves. Despite their common usage, however, how case studies are designed and used is seldom the subject of scrutiny or reflection—the need for which is the subject of this discussion. Case studies can range from anecdotes told in the course of a lecture to fully developed and detailed written clinical cases used as the basis for small-group discussion in classes or workshops. Stories in the form of cases enjoy a high level of popularity among both traditional students in academic settings and practicing health care and human service providers in continuing education programs. For the average student, stories or cases provide a concrete context, tangible issues, and the "grittiness" of everyday life—in contrast to the disembodied slipperiness of concepts, principles, and theories. They ground the discussion in the context of lived experience, whether real or fictionalized. They also allow the adult learner—the practicing clinician—to apply his or her extensive clinical knowledge and skills in grappling with problems similar to those seen in everyday clinical practice. Indeed, in geriatrics and gerontology whole textbooks have been written based on cases, especially in the health professions such as medicine e. The use of case studies is a prominent feature of problem-based learning PBL approaches to health professions education Owens, Padula, and Hume in press ; Silver ; Silver et al. Recently, case discussions have been used to highlight the importance of ethical issues in interdisciplinary teamwork Mezey et al. Educators in the field of aging have found that case study presentations occupy an important place in illustrating the diversity of the aging experience, the complexity of the multiple health problems of older adults, and the importance of involving the many "voices" of different professions in the care of the elderly population. Cases, however, are unique constructions that, when conceived of as stories, have at once important strengths and significant weaknesses in their development and use—dimensions about which educators, clinicians, and students need to be made aware. Nowhere is this more apparent than when case studies are used to explore ethical dilemmas and moral conflicts in the care of older adults. The purpose of this article is to explore the "case study as story" metaphor and its important facets, particularly as they relate to teaching about the general experience of aging and about

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the moral dimensions of caregiving in practice settings. This exploration will be based on a distinct body of literature—that of narrative and clinical ethics, representing a focus on the specifics of a particular lifestory, case, or experience—and is consistent with a growing recognition of the importance of story and narrative in the field of aging itself. This discussion includes consideration of both facts and values, the debate on generalization versus specificity, and the need for interpreters and commentators. In addition, implications for thinking critically about the use of case studies will be explored, including the importance of considering the needs for rich description, multiple voices, open-endedness, and critical analysis. A case study example illustrating these important principles will also be presented. Overall, the purpose of this analysis is to make both case study writers and discussants spend more time reflecting about the nature of writing and listening to case studies as stories.

**Case Studies as Stories** Anyone who has ever presented a case in a clinical setting or written a case for teaching purposes knows that it is much like writing a story. Despite calls for the use of "actual" cases—as opposed to "made up" cases—there is still a considerable amount of latitude involved in deciding what to include, why to include it, and how to include it. Pattison, Dickenson, Parker, and Heller suggest that, however realistic, case studies are authored or at least edited works, reflecting the assumptions, biases, perspectives, and blind spots of those who write them. Thus, they are simply one possible, but certainly not definitive, account of reality. Case studies are closer to the genre of story or tale than they are to objective reporting or description. Reflecting this narrative constructionist perspective on case study writing, some observers have even gone so far as to offer specific guidelines on how to write a case that illustrates ethical issues in clinical practice. In their work with students and health care professionals, Kuczewski, Wicclair, Arnold, Pinkus, and Aumann ask that case studies be based on the real experience of students or professionals, rather than on hypothetical or fictional situations. They go on to define specifically that a narrative presentation of a case depends on the use of ordinary language to convey its storylike quality, tracing the themes and reflecting the conflicts intrinsic to it. The case should have a specific structure: The last element is the point at which a dilemma is encountered and at which the case becomes ready for presentation.

**Facts and Values** Two observations are worth making at this point. First, the use of a narrative approach in developing and presenting the case depends on a re-presentation of the facts. The factual basis of the story is sometimes described as the raw, lived experience of the characters in the case. Insufficient factual material, perhaps due to too-heavy editing by the author, reduces the case to a simplistic account that lacks the richness of real life. The factual basis of the case cannot be "simply the facts," but rather should be the "story behind the facts" that is free from jargon and reductionism. A narrative approach is seen as an antidote to the sterile presentation of "simply the facts," which does not allow the reader to understand the interpretive and cognitive processes behind the facts that involve the characters in the story Kuczewski et al. Simultaneously, a rich description allows the case to be set within the larger lifestories of the individuals in it, in which illness and health care are simply a subplot or subtheme Clark

**Second, values—and specifically value conflicts—are often at the heart of a case presentation.** Particularly in geriatric practice, ethical dilemmas are at the very center of what it means to address the health care needs of older adults Kaufman Value conflicts are often described as based on competing moral principles that vie for primacy in the clinical context. For example, autonomy on the part of the individual care recipient to live the way they wish—even if it means jeopardizing their own personal safety—may run counter to beneficence on the part of the care provider, who wants no harm to befall the patient or client in what the provider perceives to be an unsafe living environment. As Potter has suggested, every problem has both a factual and a value component. A problem arises when a particular situation or state of affairs, empirically defined, threatens to affect certain cherished human values. Case study presentations that articulate issues to be addressed or problems to be solved should be equally sensitive to the need for factual information and the demand for moral reasoning.

**Generalization Versus Specificity** The recent resurgence of interest in casuistry in ethics—the use of case studies to teach about clinical or applied ethics—brings to the forefront a long-standing tension between generalization and specificity. Historically, casuistry has had a bad reputation because it was considered to have degenerated into nearsighted,

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case-specific moral reasoning that did not raise discussion to the plane of more generalizable ethical principles. However, efforts on the part of such philosophers as Jonsen and Toulmin to reintroduce the importance of focusing on the specifics of each case, in all of its richness, have had a major impact on promoting the use of cases in the teaching of applied ethics. Narrative ethics is sometimes distinguished from casuistry as a separate approach to ethical issues in geriatrics. For example, Hunter suggests that narrative ethics asks such questions as, "What is going on here? According to Mahowald Narrative ethics [is] a morality of knowing rather than moral theory. As an approach to clinical ethics, it requires recognition that each case involves several stories told by different narrators to different audiences. The telling is not only through words but also through action and inaction, conveying feelings as well as thought. The details of particular cases may actually distract us from considering the larger, more universal issues at stake. In the literature on narrative and lifestories, this insight is reminiscent of the important distinction made by Bruner between paradigmatic knowledge "trying to take a particular and see it in general terms" and narrative knowledge "trying to understand the particular case". Much of the emphasis in clinical practice, especially in such fields as medicine, is on the former rather than the latter in an attempt to arrive at a diagnosis that emphasizes the general at the cost of de-emphasizing the specific" which results in distancing the physician from the patient. In reaction to this concern, still other observers. We need to be balanced between the specifics of a story and the broader context within which it is being told. In the process of balancing these two aspects, we must become skilled interpreters and commentators. Interpreters and Commentators The need for insightful interpreters and commentators is a final theme in the literature surveying case studies as stories. In particular with regard to ethical reflection, there seems to be a natural affinity between case-based methods and the development of the "reflective practitioner," to use Schon term for the professional who is equally comfortable with the scientific basis of practice knowledge and skills domains and the artistic basis of practice those "gray" areas where moral dilemmas and ethical conflicts arise. This observation is made with regard to PBL approaches in particular. Both PBL and ethical inquiry deal with problems, with the dilemmas encountered in life; both confront, recognize, and tolerate doubt, uncertainty, dispute, and argument as the basic features of the way in which they organize and understand information and put it to use Parker Other authors suggest that the analysis of stories and the development of ethical reasoning are closely related Carson Ultimately, storytelling and storylistening make professionals more literary and literate in the language of ethics and reflection. Narrative represents the very foundation of moral discourse: Just as ethics cases do not contain a kernel of pure knowledge that could be revealed if only the circumstances were stripped away neither will the aggregated stories, the views of all the participants, add up to a solid representation of the pure and unalloyed truth. Stories are constructed and presented by human beings in an effort to understand and to be understood We sort through the stories we hear, testing them, wanting to know more or feeling satisfied that they fit or confound our general rules. In its subjectivity and in its transaction with other stories and the lessons we have learned from them, narrative represents openly the tentative, perspectival conditions of moral discourse. Hunter, p. It will also be explored further as one basis for the case study example to be presented later in this article. Implications What are the implications of considering case studies as stories for teaching and practicing in gerontology and geriatrics? There are four major areas that offer some specific guidance for those who either teach or learn from case studies; these are, in order, the need for a rich description, b multiple voices, c open-endedness, and d critical analysis. Rich Description Several observers of the use of case studies suggest that they need to be developed with rich some use the term "thick" and complex descriptions, contexts, and situatedness. As Murray observes, "I [have] learned respect for stories that are rich and complex. And I [have] learned to be suspicious of stories that dictate beforehand what counts and what can be ignored" p. Arras warns against the danger of oversimplification in the educational realm: We will never have enough factual information, we will never have enough detail, to release us from the need to grapple with those "gray areas" of geriatric practice where the "right" course of action is not unequivocally clear. There is growing awareness in gerontology and geriatrics of the importance of including social and cultural dimensions in any

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attempt to understand the experience of growing older and to provide meaningful care or services to older adults. Similarly, we need to be aware of the relational situatedness, the weblike context in which lives are lived and in which caregiving interventions are offered Parker. Indeed, recognition of the central importance of relationship to moral discourse has been offered by Gilligan and others e. Moreover, these aspects of context and relationship should be revealed in an active, unfolding, and dynamic processâ€”the case study should be more like a movie than a snapshot Hunter. Multiple Voices A second implication of case studies as storiesâ€”and one related to the need for rich descriptionâ€”is the importance of ensuring the presence of multiple "voices" in the story, or the need for different angles or perspectives on the issues presented in the case study. Just as a choral work is improved by the presence of several different voices, so too is a case discussion enriched by more than one perspective or profession Aumann and Cole. Understanding may be improved by a kind of narrative triangulation that allows the reader to view the situation from different angles. Hunter refers to this as the "voices of multiple witnesses" p. This insight can be interpreted in two different ways. First, educators and clinicians who develop or present cases need to be sure that the voices of both care provider and care recipient are heard. Because of the greatly unequal power of these two voices, and the tendency of professionally developed cases to emphasize only the dominant power of the provider Clark, it is essential that both sides be incorporated into the presentation and discussion of any clinical narrative. Second, educators and clinicians must ensure that multiple professional voices are heard in any case discussion by including interdisciplinary perspectives on the issues, referred to by some as "all the major players" Arras, p.

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## Chapter 2 : Professional Organizations | calendrierdelascience.com

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A number of such groups have emerged in other countries, such as Canada , as well as at the international level. These organizations are nonprofit collective entities with the betterment of persons age sixty and older as their objective Liebig. However, not all have a professional orientation; many are consumer-based or consumer-focused advocacy groups. While most have "aging," "gerontology," or "geriatrics" in their name, others are not as easily identifiable, such as Generations United. These organizations, associations, providers, professionals, and industries that serve elderly persons constitute "the aging enterprise" Estes, . They have been dubbed the "gray lobby" when they seek benefits from policymakers Pratt. Professional organizations This entry centers on associations of academics and practitioners in gerontology and geriatrics, primarily mainstream age-based organizations. However, other organizations, such as the National Association of Social Workers, American Bar Association , and American Psychological Association , also address issues related to older adults. They have special sections that explore the responses of their respective professions to the needs of elders. The ASA and NCoA, by contrast, draw members primarily from a wide range of practitioners and volunteers engaged in service delivery Maddox. These groups reflect the usual characteristics of professional organizations, including a post-baccalaureate educational requirement. They hold annual conferences for members and others, such as the lay public; conduct research, faculty development, or continuing education workshops; produce and disseminate peer-reviewed publications e. They also have a special membership category and activities for students professionals-intraining. They are concerned with enhancing the dialogue between researchers and practitioners so that research results can lead to better practice, and also with promoting communication among practitioners to strengthen "best practices. Most professional organizations in aging were created during the s and s, in comparison with consumer groups, which proliferated during the s and s Liebig. As shown in Table 1, the U. The AGS was established in to promote effective, high-quality research that addresses the health care problems of older adults; to create and expand geriatric training centers; to expand and implement geriatric education and training for physicians, nurses, other health professionals, and the general public; to ensure access to geriatric medical care for older persons; and to pursue a vigorous public policy effort. Since the formation of state affiliates has been encouraged. The AGS holds an annual meeting for its sixty-five hundred members that is accredited for continuing medical education and makes available audiocassettes of annual meeting presentations. Other publications include position papers on topics of interest to the membership, such as Medicare subsidies for medical school education, and a membership directory. American Society on Aging. Nearly ten thousand public- and private-sector professionals in aging belong to ASA, which got its start as the Western Gerontological Society in It seeks to foster a sense of community among those working with and on behalf of the elderly; to provide quality training; to promote research and disseminate knowledge; to facilitate innovative approaches to service delivery; to promote a positive image of aging; to influence social and public policies by sponsoring debates on emerging issues; to enhance and strengthen the involvement of ethnic and racial minorities; and to collaborate with other organizations to enhance the well-being of older persons and their families. The ASA is organized around several affinity groups, such as business, religion, and lesbians and gays. Its annual meeting is held every other year in California in March and takes place in California every other year. In addition, ASA sponsors a summer series of workshops, regional seminars, a fall conference, and public forums in various parts of the country. Publications include a quarterly, practice-oriented journal, Generations; Aging Today, a bimonthly newspaper; Inside ASA, a semiannual newsletter for members; and specialized publications, such as Critical Debates in an Aging Society. The ASA annually recognizes individuals who have contributed to the

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organization and to the cause of aging in society, older ASA members who exemplify the contributions that persons over age sixty-five can make, student researchers, media leaders, exemplary practitioners, and businesses with programs and products benefiting older adults. Gerontological Society of America. It was created to promote the scientific study of aging in public health, mental hygiene, the science and art of medicine, the cure of diseases, and the nature and problems of aging. A second objective was to encourage the exchange of knowledge about aging among scientists, practitioners, and decision makers working in the field. The GSA was instrumental in the creation of the National Institute on Aging and of federal support for graduate and postdoctoral training programs. More than sixty-five hundred members affiliate with four sections—Biological Sciences, Clinical Medicine, Behavioral and Social Sciences, and Social Research, Policy and Practice—as well as with numerous formal and informal interest groups, such as Humanities and Aging and Technology and Aging, that provide opportunities for members to discuss topics of mutual interest. The GSA also has a very active student program that sponsors scientific sessions and social events at the annual meeting held each November. The GSA has an extensive publications program. The Journal of Gerontology, begun in as a single journal focused on basic research, became four separate journals in In The Gerontologist was created to feature articles on applied research and policy. A new series on chronic and disabling conditions, published by the National Academy on an Aging Society, was begun in A monthly newsletter, Gerontology News, and a membership directory are provided to members. In addition, the GSA bestows annual awards e. The GSA also has a Fellows program for persons who have contributed to it and to the field, and Minority Fellowships for students. AGHE had been created in to provide a network for two- and four-year college and university instructional programs and to improve the quality of gerontology and geriatric programs in institutions of higher learning. Its more than three hundred members are institutionally based. In the late s AGHE developed a Fellows program and its Programs of Merit as a means of evaluating the quality of instructional programs. The National Council on Aging. Its mission has been to change attitudes that denigrate the contributions of older people. The NCoA is committed to improving services for elders and promoting the dignity, self-determination, well-being, and productivity of older adults as individuals and within familial and community contexts. Its more than seven thousand members are drawn from professionals and volunteers who provide senior services. The NCoA is composed of many constituent units, each with its own leadership, structure, and programs. The first was the National Institute of Senior Centers, which has promoted standards, guidelines, and accreditation for senior centers. Since eight other units have been added. Generally designated as institutes or centers, these units conduct applied research, training, and advocacy on issues such as aging in rural areas, adult day care, older worker employment services, and health promotion. Meyer Institute for Applied Gerontology is designed to close the gap between research and practice. The NCoA also is one of ten national sponsors of the Senior Community Services Employment Program, which provides work opportunities for low-income persons aged over fifty-five. With the Child Welfare League it created Generations United to strengthen intergenerational linkages. It provides training materials, videos, and other instructional materials for its members and the public. Mention should be made of professional organizations at the state and regional levels and of special-focus groups. Among the former are statewide associations such as the California Council on Gerontology and Geriatrics and the Minnesota Society on Aging. Regional gerontological associations include the Midwest, Southern, and Southwest societies. New organizations, such as the Association of Private Geriatric Care Managers and the National Association of Service Coordinators, reflect growing professional specialization. A few publish journals such as the Southwest Journal on Aging, but their primary outreach efforts are annual meetings, newsletters, and membership directories. Canadian professional organizations The development of professional organizations in Canada has paralleled that of similar associations in the United States, but the proliferation of such groups has been considerably less. This may be because the total population of Canada is less than the total numbers of U. The official languages of the three major associations are English and French. Canadian Geriatric Research Society. The CGRS was established in as a national scientific medical association. Its primary

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objective has been to encourage the funding of basic scientific and clinical research in geriatric medicine. Its membership is drawn from biological and clinical researchers, medical educators, and physicians. Crane Memorial Library, a database of more than six thousand titles. The Canadian Society of Geriatric Medicine. A complementary organization, the Canadian Society of Geriatric Medicine, was established in 1972. Its concerns center on patient health care and geriatric practice, long-term care, geriatric medical education and training, and specialized medical services for older persons. The CSGM holds an annual meeting in the early fall and publishes a quarterly newsletter for its members. The Canadian Association on Gerontology. The CAG, established in 1968 by founding members, was formally incorporated in 1972. It is a national, multidisciplinary association dedicated to fostering research, education, and policy aimed at improving the quality of life for older Canadians. This mission is accomplished by encouraging studies in gerontology, disseminating information, improving service administration, and enhancing communication and cooperation among the professions and disciplines serving older adults. The CAG espouses the philosophy that older persons are entitled to make informed decisions about their own lives and situations. It advocates for the development of a just government policy that fosters the freedom of older adults to conduct their lives in accordance with this principle. The creation of knowledge and its practical application are key to realizing these beliefs [www.cag.ca](http://www.cag.ca). CAG members include health care practitioners, government agency personnel, social and behavioral scientists, biological and clinical researchers, social service providers, educators, businesspeople, and older persons. Its priority concerns are health, nutrition, and long-term care; income security and employment of older workers; and housing and the environment. The CAG holds an annual meeting in the fall, with an emphasis on special student activities and the publication *The Student Connection*. It presents three annual awards for contributions to the organization and the field, and two student awards. Professional organizations in other nations National professional organizations in gerontology and geriatrics have proliferated around the world, largely since the 1960s. The World Health Organization and the United Nations, as well as international associations see below, have played important roles in promoting the development of these national organizations, especially in developing nations in Latin America and Asia. The establishment of professional societies in Australia, Hong Kong, India, Israel, Japan, and other nations attests to the growing interest in aging around the world. International associations Further evidence of the globalization of aging has been the increase of multinational organizations in aging, beginning with the creation of the International Association of Gerontology IAG in 1972. The IAG membership comprises national societies from four regions: The IAG holds a quadrennial meeting to promote gerontological research and cooperation by member organizations in the biomedical, behavioral, and social aspects of aging. It also promotes the training of highly qualified professionals in aging and seeks to protect the interests of gerontological societies and associations. The Sandoz Prize is its major award for research merit. Other societies are the International Federation on Ageing IFA, created in 1972, with numerous affiliates around the world composed of professionals advocating on behalf of the elderly in their respective nations, and the International Institute on Ageing Malta, which conducts education and training for professionals in developing nations, under U.S. The publications of these two organizations, respectively, are *International Aging* and *Bold*. They have strong links with professional societies in the United States and Canada, such as the GSA and CAG, as well as with groups focused on developing programs for the elderly, such as the American Association for International Aging, the International Association of Homes and Services for the Aging, and HelpAge, headquartered in England with affiliates in several countries. As all countries experience larger proportions of older people in the twenty-first century, professional organizations in aging will continue to be established, especially in the developing nations. *What Older Americans Think: Interest Groups and Aging Policy*. Princeton University Press,

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Chapter 3 : Bachelor's in Gerontology Degree Online - calendrierdelascience.com calendrierdelascience.com

*USING COMPETENCY-BASED CURRICULUM EVALUATION TO INFUSE Core Principles and Outcomes of Gerontology, Geriatrics and Aging Studies Instruction ()*.

Career Mindset Concern for the aging population is a necessary trait for gerontology professionals. Workers should also possess patience, which is necessary to assist patients who become agitated or who require extensive care. These characteristics are important for gerontology professionals in various positions, including roles in nursing, aide, and research. Many gerontology jobs also require strong communication skills to respectfully interact with patients and staff members. Gerontology workers help older citizens live independent, healthy lives. These professionals may assist in everyday activities or help patients explore treatment plans. Gerontology professionals should be committed to helping those who cannot care for themselves. For professionals with a degree in gerontology, salary varies by position and experience level.

**Getting Your Degree Online Accessibility:** Students earning their gerontology degree online can study from any location with an internet connection, including their place of employment, a library, a coffee house, or their home. This accessibility often reduces or eliminates costs associated with transportation. Many distance programs deliver courses asynchronously, which allows learners to watch lectures, complete assignments, and take examinations according to their schedule. This arrangement is ideal for busy students pursuing an online gerontology degree. Choosing distance learning increases the number of potential colleges and universities you can attend. If you plan on attending an on-campus program, then that limits your choices geographically. However, students earning a gerontology degree online can select the institution that offers the best program for their needs, regardless of location. Gerontology workers often assist patients from various backgrounds. Distance learning can prepare students for this occupational aspect by fostering interaction with individuals from other locations and cultures. Additionally, online learners can develop professional relationships with students, professors, and organizations throughout the country and around the world. Schools deliver online courses using tools such as discussion forums, telecourses, PowerPoint presentations, email, and videoconferences. Graduates often apply associated technological knowledge during their careers. Schools may also supply online resources to distance learners, such as libraries and tutoring services. General admission typically requires an application, an application fee, and a high school diploma or the equivalent. Applicants may also submit letters of recommendation and a personal statement discussing career goals, personal experiences, and reasons for applying. Colleges and universities often set minimum standardized test scores and may require a minimum high school GPA. Institutions may also require applicants to complete college preparation requirements, including a certain number of years of English, math, science, and social studies classes.

**What to Expect from an Online Gerontology Program** About the Program Caring for the aging population requires an understanding of physical, social, and mental factors. Gerontology students complete coursework in social sciences, physical sciences, and psychology. They also explore services and policies that concern the elderly. Gerontology programs offer a multidisciplinary education that equips graduates with the tools, skills, and knowledge to help the elderly lead safe and healthy lives. Students who take more than 15 credits per semester may graduate in less than four years. Online programs often deviate from the traditional semester format, allowing distance learners opportunities to complete their program at an accelerated pace. For example, gerontology programs may include courses in social work or nursing. Other programs may deliver core requirements exclusively through gerontology departments. Common courses include legal matters for the elderly, management of elderly services or programs, and long-term care delivery. Students may also study the sociology and psychology of growing older, gender and culture, and housing for the elderly. During their junior or senior year, students pursuing gerontology online degrees typically complete internships involving fieldwork and reflection. Interns may be required to maintain a journal and provide a written report following the experience. Internships provide hands-on experience through organizations that

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assist the elderly. Students generally devote at least hours to internship requirements. Coursework and field experiences train gerontology students to analyze social, legal, physiological, and psychological factors that impact the elderly. Graduates are prepared to apply these concepts to efficient care practices in the fastest-growing careers in gerontology.

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## Chapter 4 : Values and Voices in Teaching Gerontology and Geriatrics | The Gerontologist | Oxford Academic

*The program objectives are consistent with the Core Principles and Outcomes of Gerontology, Geriatrics, and Aging Studies instruction as developed by the Academy for Gerontology in Higher Education.*

General education Degree-specific courses General Education Program Our programs are designed to equip you with the skills and insights you need to move forward. In recent years, employers have stressed the need for graduates with higher order skills - the skills that go beyond technical knowledge - such as: Through foundation, exploration and integration courses, students learn to think critically, creatively and collaboratively, giving you the edge employers are looking for. View Full Curriculum in the Catalog Courses May Include PSY Lifespan Development The purpose of this course is to engage students in meaningful exploration of theories, basic concepts, and research methodologies in psychological development. Students will gain an understanding of patterns of human development from conception through death, including the biological, cognitive, and social-emotional development and the interplay between these areas. This course will also explore the roles of environmental and genetic factors, culture and history, continuity and change in development. PSY Abnormal Psychology This course offers students an opportunity to better understand human behavior. It also studies the similarities and differences between normal and abnormal reactions to environmental stimuli. Issues include economic limitations, class and poverty, race and ethnic relations, sexism, ageism, and environmental and population concerns. HSE Introduction to Human Services This course provides an overview of the historical development of human services and an introduction to the many settings, roles, and functions of the human services professional. Students will gain an understanding of the knowledge and skills needed to help support others toward living a more fulfilling life with particular attention given to behavioral and social theories, common social problems, service delivery systems, ethical behavior, and personal values. HSE Communication Skills for Human Service Professionals This course provides students with the knowledge and skills to effectively, efficiently, and compassionately communicate both orally and in writing. Emphasis will be given to the tools of communication as well as how to clearly articulate the issues, deal with conflict, and establish rapport. Human services professionals function in many settings requiring the ability to communicate the needs and issues of their clients, programs, and organizations to a broad variety of people. HSE Human Services Organizational Systems This course prepares students to function effectively within organizations, as most human services work involves interactions with multiple private and public organizations. Students develop an understanding of organizational structure and functions through an overview of common organizational structures and management systems and the principles of organizational behavior that influence the work environment. An introduction to the strategic planning and budgeting cycle is provided including the process of grant funding. Basic concepts of personnel management and common techniques and procedures for outcome measurement and program evaluation will also be presented. HSE Public Policy and Advocacy Students in this course will become acquainted with human services policies and the legislative and private sector processes of policy development. Students will further discover the role of advocacy in influencing social welfare programs for a variety of populations. Students learn the skills needed to act effectively in developing policies and for planning an advocacy campaign. HSE Law and Ethics in Human Services Students in this course will learn about the laws and regulations that govern human services practice. Specific topics will include confidentiality, parity, involuntary commitment, mandated reporting, duty to warn, minor and parental rights, guardianship, and advanced directives. The course will also discuss the ethical principles that guide human services practice as well as the conflicts that arise between the ethical principles and the law. HSE Case Management Students will learn fundamental theories, concepts, and practices related to the delivery of human services. Students will apply course work to real life situations by assessing the needs of clients and designing goal-based care plans. Additionally, students will plan and design interventions, utilize community resources, and assess client outcomes. This course is

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structured to support student success in fulfilling program requirements. SCS Social Science Research Methods This course offers a broad introduction to research methods in the social sciences, including surveys, case studies, experiments, and quasi-experiments. Students learn to spot design flaws in research intended to generate scientifically sound conclusions about social phenomena, and to evaluate critically the interpretations of social science research results by third-party observers, such as reporters. Students also learn how to draft a research proposal that would satisfy the requirements of peer review within the community of professional social scientists. CHE Perspectives in Aging Examine the growing field of gerontology, the scientific study of aging, with a multidisciplinary and developmental perspective that sees aging in a positive light with an emphasis on wellness, rather than disability and disease. Explore concepts of ageism, its history, and its impact on individuals, families, and communities. CHE Aging and Wellness Investigate the health characteristics of aging populations and issues impacting quality of life. Examine the changes in various body systems and lifestyle factors, such as nutrition, sexuality, stress, and exercise, along with current trends in wellness. CHE The Epidemiology of Aging This interdisciplinary course provides an overview of demography and methodology related to aging, and explores the specific health conditions common to older persons. The course covers methodological issues relevant to the study of aging, the biology of aging and the etiology and epidemiology of common geriatric syndromes and diseases. The course covers public policies on retirement, employer pensions, workplace conditions, and entitlement programs, Social Security and health care reform, and the rise of the elderly as a powerful political force.

### Chapter 5 : Graduate Gerontology Certificate Program - University of Phoenix

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