Geriatrics for Non-Geriatricians: A Case Conference SeriesCourse No. 19D03

Tuesday, February 19, 2019

12:00pm - 1:00pm

**\* \* \* Delivered Via Zoom Videoconference Software \* \* \***

**"Home Modifications Case Studies"**

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Presented by:

**Kendra Orcutt, OTR, SCEM, CAPS**

Learning Objectives - Upon completion of this session, participants will improve their competence and performance by being able to:

1 – Recognize the emerging area of practice for occupational therapists (Specialty Certification of Environmental Modifications (SCEM)

2 – Use the national designations/efforts to educate the public and related businesses regarding aging in place (AARP’s Home Fit Guide/NAHB’s CAPS Certified Aging)

3 – Recognize several diagnosis and the impact on home modification solutions

4 – Prepare a complete case study from assessment through completion

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**Accommodation Statement:** For accommodations, please contact Keith at 405-271-8558 ext. 30582 or [keith-kleszynski@ouhsc.edu](mailto:keith-kleszynski@ouhsc.edu)

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| |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Disclosure & Resolution  Report** | | | | | | | |  | | The University of Oklahoma College of Medicine and the Irwin H. Brown Office of Continuing Professional Development must ensure balance, independence, objectivity and scientific rigor in all its activities.  We have implemented a process where everyone who is in a position to control the content of an educational activity has disclosed to us all relevant financial relationships with any commercial interest. In addition, should it be determined that a conflict of interest exists as a result of a financial relationship one may have, this will be resolved prior to the activity. This policy is designed to provide the target audience with an opportunity to review any affiliations between the CME organizers and presenters and supporting organizations for the purpose of determining the potential presence of bias or influence over educational content. The following is a summary of this activities disclosure information. | | | | | | | |  | |  | |  | | | **Nature of Relevant Financial Relationship** | | | | |  | | **Role** | **First Name** | **Last Name** | **Commercial Interest** | |  | **What was received?** | **For what role?** |  | | Course Director/ Moderator/Speaker | Bich-Thy | Ngo, MD | I have no relevant financial relationships or affiliations with commercial interests to disclose. | | | | |  | | Course Contact | Keith | Kleszynski, PhD | I have no relevant financial relationships or affiliations with commercial interests to disclose. | | | | |  | | Planning Member | Chitra | Hamilton, MD | I have no relevant financial relationships or affiliations with commercial interests to disclose. | | | | |  | | Planning Member | Myrna | Page, MPH, CHES | I have no relevant financial relationships or affiliations with commercial interests to disclose. | | | | |  | | Speaker | Kendra | Orcutt, OTR, SCEM, CAPS | I have no relevant financial relationships or affiliations with commercial interests to disclose. | | | | |  | |  | | | | | | | | | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |