GERIATRICS FELLOWSHIP PROGRAMS
FREQUENTLY ASKED QUESTIONS

The Residency Review Committee for Internal Medicine has answered the following questions from geriatrics fellowship programs. The answers provided represent a summary of the actions previously taken by the Committee. You should not interpret the answers as a second set of standards. The RRC-IM provides these answers to give training programs insight on how the peer review process works. Each program reviewed is unique. The RRC-IM interprets substantial compliance with the Program Requirements that reflect the unique composite of a given program. The Requirements are as stated.

Abbreviations Used

PR = Program Requirement
PD = Program Director
APD = Associate Program Director
Sub = Internal Medicine subspecialty program
Sub-sub = Subspecialty requiring completion of training in a parent subspecialty (i.e., clinical cardiac electrophysiogy, interventional cardiology, transplant hepatology)
RRC-IM = Residency Review Committee for Internal Medicine
ACGME = Accreditation council of Graduate Medical Education
DIO = Designated Institutional Official (usually serves as chair of GMEC)
GMEC = Graduate Medical Education Committee, as required by the IRC
IRC = Institutional Review Committee
PIF = Program Information Form
KCF = Key Clinical Faculty
Pub = Peer-reviewed publication or other acceptable product of scholarship as defined by the RRC-IM
Geri = Geriatrics
GCS = Geriatric Medicine Consultation Service
SNF = Skilled nursing facility

Section I-VIII General Subspecialty Program Requirements

Question:
"Do the General Subspecialty Program Requirements apply to Geriatrics?"

Program Requirements:
For Sections I. through VIII., see:

- **ACGME Program Requirements for Fellowship Education in the Subspecialties of Internal Medicine**
- **RRC-IM Web Subspecialty FAQ**

Answer:
Absolutely
Geriatrics PDs should study carefully the General Subspecialty Program Requirements, and the FAQs related to these PRs. The requirements cover required structural elements in the program such as required institutional support, facilities and resources, key faculty and PD qualifications and responsibilities, conferences, continuity clinic, scholarship and research, evaluation, etc.

Subspecialty fellowship programs are expected to be in full compliance with both the General Subspecialty Program Requirements, and the Subspecialty Specific Program Requirements.

Fellow Research

Question:

"Are geriatrics fellows required to participate in research?"

Program Requirement:

[The majority of fellows must demonstrate evidence of recent research productivity through:] publication (manuscripts or abstracts) in peer-reviewed journals or through abstracts presented at national specialty meetings. **(N.B.: Training programs in one-year critical care medicine and internal medicine-geriatric medicine are exempt from this requirement relative to research productivity by fellows.)** (Educational Program, Fellow's Scholarly Activity, Section IV.B.2.a.4.)

The training program must be 12 months in duration, all of which must include clinical experience. (Educational Program, Duration of Program, Section VIII.B.)

Answer:

Geriatrics fellowship is intended as a 12-month clinical training program.
Research by fellows is not required. Fellows may participate in longitudinal research during clinical rotations, but each rotation must be clinically based.
Faculty research is still required (see KCF grid for minimum scholarly productivity).

Section VIII. – XI. Geriatrics Program Requirements

Section VIII. Educational Program

Procedures

Question:

"What procedures does the program need to track for Geriatrics fellows?"

Answer:

There are no required geriatrics procedures to log/ track.

Family Medicine Mentorship

Question:

"Our fellows are graduates of both IM and Family Medicine core programs. Are we required to assign the Family Medicine graduates to a Fam Med Clinic or a Fam Med preceptor in continuity clinic?"

Program Requirement:

The program must provide the opportunity for fellows to maintain their basic primary skills during the course of this training. (Educational Program, Primary Skills, Continuity Clinic, Mentor, Section VIII.C.)

The program must also arrange for contact with a mentor from the primary specialty for each fellow**.** (Educational Program, Primary Skills, Continuity Clinic, Mentor, Section VIII.C.)

Answer:

The IM RRC requires only that Family Medicine graduates be assigned to a mentor from the primary discipline. The RRC-IM does not require a separate clinic or patient population for Family Medicine graduates in IM-Geriatrics programs.

An IM-Geri program who accepts a Family Medicine resident must ensure that the Family Medicine resident has a Family Medicine mentor/role-model.

If the FM trained fellow does his/her 1/2 day per week in an IM continuity care setting that is not a "Family Medicine Center", he/she will have exposure to at least some Family Medicine faculty, in the form of a mentor. At a minimum, the program should have evidence of a Family Medicine mentor/ mentee relationship that includes routinely scheduled meetings between the two individuals.

"Patients of All Ages"

Question:
"Must we assign patients 'of all ages' to our geriatric fellows?"

Program Requirement:
The program must have at least 1/2 day per week averaged over each month in a continuity of care setting caring for patients of all ages and both genders. (Educational Program, Primary Skills, Continuity Clinic, Mentor, Section VIII.C.)

Answer:
The RRC-IM does not apply the "all ages" requirement.
Geriatric fellows in IM-Geri programs may care for geriatric patients exclusively, or may have a mix that includes patients under the age of 65.

Gender Diversity

Question:
"How can we meet the 25% gender rule in our fellowship?"

Program Requirement:
Over the course of accredited training, each fellow's panel of patients must include at least 25% of patients from each gender. (Educational Program, Clinical, Section IV.E.2.c.)

The program must have at least 1/2 day per week averaged over each month in a continuity of care setting caring for patients of all ages and both genders. (Educational Program, Primary Skills, Continuity Clinic, Mentor, Section VIII.C.)

Elderly patients of both sexes (at least 25% of each gender, cumulative across settings) with a variety of chronic illnesses, at least some of whom have potential for rehabilitation, must be available. (Facilities and Resources, Patient Population, Section X.F.2.)

Answer:
Geriatrics programs can meet the 25% gender rule either by averaging gender over the continuity clinic or all ambulatory rotations

Section IX. Faculty

Minimum Key Clinical Faculty

Question:
"What is the minimum number of ABIM-certified KCF for our program."
"How many publications are required by KCF"

Program Requirement:
See General Subspecialty FAQ for additional details and program requirement.

Answer:
See below for calculation of minimum required key clinical faculty, and the scholarly productivity expected of the KCF.

Geriatrics KCF and Research Productivity

Minimum 2 KCF or 1:1.5 faculty-fellow ratio for programs with 4 or more fellows

Approved Fellow Complement	Minimum Certified KCF (incl PD)	Majority of Minimum KCF (51%)	PARTICIPATION KCF with at Least 1 Pub Past 3 Years	PRODUCTIVITY Pubs All KCF Past 3 Years (1/yr x 3 yrs)
2	2	2	2	6
3	2	2	2	6
4	3	2	2	6
5	4	3	3	9
6	4	3	3	9
7	5	3	3	9
8	6	4	4	12
9	6	4	4	12
10	7	4	4	12
11	8	5	5	15
12	8	5	5	15
13	9	5	5	15
14	10	6	6	18
15	10	6	6	18
16	11	6	6	18

- Publication = Research publication, review article, or editorial in a peer review journal (PRJ), funded peer-review grant, or book chapter.
- Scholarly case reports acceptable (Sept 2007) if indexed in Pub Med, and copy submitted with PIF
- Peer review publication = indexed in Pub Med (or Medline). If not in Pub Med, PD must supply evidence of peer review
- In press or accepted for publication counts. Submitted or in preparation does not count.
- Abstract, illustration, letter to the editor, presentation, or publication in non-PRJ does not count.
- Peer-reviewed funding (NIH, NCI, or other government-funded or national-foundation funded) counts
- Industry, pharmaceutical, or other non-peer-review grant does not count.
    - Exception: Pharmaceutical studies in which the KCF is the overall PI (lead investigator) for all sites will be accepted as counting as one product of scholarship
- 1 paper = 1 paper; Do not count multi-author papers more than once.
- Count the last three calendar years prior to PIF submission. If site visit is in Sep. 2008, count publications from 2005, 2006, and 2007 as well as 2008.
- Contribute to participation: Only ABIM certified KCF
- Contribute to productivity:
    - Certified KCF
    - Additional sub-specialty KCF (above minimum required, certified or non-certified)
    - Non-physician faculty and faculty in other specialties IF:
        - Contribute to fellow education
        - Devote at least 10 hours/ week to the program

Program Director Certification

Question:

"Can a Family Medicine-trained geriatrician serve as program director of an IM-Geriatrics program?"

Program Requirement:

[Qualifications of the program director must include:] current certification in the subspecialty by the American Board of Internal Medicine, or specialty qualifications acceptable to the RC. (Program Personnel and Resources, Program Director, Section II.A.3.b.)

[Qualifications of the program director must include:] at least five years of participation as an active faculty member in an ACGME-accredited internal medicine subspecialty fellowship program. (Program Personnel and Resources, Program Director, Section II.A.3.d.)

The director must have demonstrated experience in geriatric medicine, must have demonstrated experience in education and scholarly activity, and must have a career commitment to academic geriatric medicine. (Faculty, Program Director, Section IX.A.)

Answer:

A Family Medicine-Geriatrics certified KCF may serve as the PD of an IM-Geriatrics program is the following criteria are met:

Candidates must fulfill the above criteria for key clinical faculty, and each of the following criteria:

1. The PD candidate must have 5 years or more experience as a geriatrics faculty member in an internal medicine residency or in an internal medicine IM-Geriatrics fellowship.
2. The PD candidate must demonstrate the ability to establish and maintain an environment of inquiry and scholarship to the same degree as required for IM-Subspecialty KCF.
   - The candidate must be actively engaged in the Scholarship of Discovery or Dissemination as evidenced by at least three (3) products of scholarship in any of the following categories in the past three years: peer-review manuscripts, peer-review grants, book chapters, review articles in peer-review publications, or editorials in peer-review publications.
   - Abstracts and presentations alone will not meet this requirement.
3. The PD candidate must be recommended by the Core IM residency director for outstanding teaching and administrative ability.
4. The candidate must be approved by the RRC-IM (see procedure below)

In addition, the exceptions to the program director credentials will be limited to IM-Geriatrics programs in departments of medicine with an accreditation history of substantial compliance with the Institutional Requirements and the Program Requirements for both core residency and subspecialty fellowships in the most recent accreditation cycle.

There also must be <u>at least one internal medicine certified geriatrics key clinical faculty member</u> in a program granted an exception.

Procedure

Requests for an exception to the IM-Geriatric PD qualifications must be made directly to the RRC-IM Executive Director, and the request must document fulfillment of the above criteria. The request must be approved by the GMEC and signed off by the core program director and the DIO. If granted, such exceptions will require review and renewal at each accreditation review.

KCF Certification

Question:
"Can a Family Medicine-trained geriatrician serve as KCF in an IM-Geriatrics program?"
"Can a Family Medicine-trained geriatrician serve as Geriatrics education coordinator or KCF in a core IM program?"

Program Requirement:
The physician faculty must have current certification in the subspecialty by the American Board of Internal Medicine, or possess qualifications judged to be acceptable by the RC. (Program Personnel and Resources, Faculty, Section II.B.2.)

Answer:
The RRC-IM will accept Family-Medicine trained faculty with a current CAQ in geriatrics from the ABFM to serve as a Key Clinical Faculty in Geriatrics fellowship programs, or as an Education Coordinator (EC) or Key Clinical Faculty for Geriatrics in IM core residency programs.

Such faculty must meet the following criteria:

1. The faculty must be trained in an ACGME-accredited Internal Medicine Geriatrics fellowship, or a Family-Medicine Geriatrics fellowship.
2. The faculty must maintain certification by the ABFM in Family Medicine and Geriatrics.
3. The faculty must demonstrate to the Core IM residency director (EC/ KCF) or to the subspecialty geriatrics fellowship director (KCF) excellence in geriatrics education, as measured by faculty evaluations.
4. In Internal Medicine - Geriatrics fellowships, either the PD or the KCF must be ABIM certified in geriatrics.

In addition, the RRC-IM will allow family-practice trained geriatricians with an ABIM or ABFP certification in geriatrics to act as admitting or teaching attendings on IM-Geriatrics inpatient or consultation services at the discretion of the program director.

Interdisciplinary Specialties

Question:
"Do we need a block rotation in PM&R, neurology, and psychiatry?"

Program Requirement:
The program must ensure that interdisciplinary relationships occur between the geriatric fellows and faculty in the following specialties: physical medicine and rehabilitation, neurology, and psychiatry. (Faculty, Interdisciplinary Relationships, Section IX.D.)

Answer:
This requirement underscores the importance of geriatric rehabilitation, geriatric neurology, and geriatric psychiatry in a geriatrics training program. The RRC-IM expects meaningful interactions between the fellows and faculty from each of these specialties. Programs may structure educational experiences in a variety of ways and block rotations are an excellent (but not the only) method to achieve this education. Programs will be cited for lack of a meaningful educational experience in each of these three disciplines.

Section X. Facilities and Resources

Interdisciplinary Care Team

Question:
"In how many different settings must a geriatrics fellow participate in an interdisciplinary geriatric team experience?"

Program Requirement:
Fellows must have interdisciplinary geriatric team experience in more than one setting, which may include: an acute care hospital, a nursing home that includes subacute and long-term care, a home care setting, a family medicine center, internal medicine center, or other outpatient settings. (Facilities and Resources, Geriatric Care Team, Section X.D.4.)

Answer:
Geriatrics fellows must participate in interdisciplinary geriatric team experiences in "more than one" setting, that is, at least 2 settings where the fellow works as part of a geriatric care team

One Other Residency Program

Question:
"Our core IM program is the only residency program in our institution. Can we sponsor a geriatrics fellowship?"

Program Requirement:
Peer interaction is essential for fellows. An accredited training program in at least one relevant specialty other than internal medicine or family medicine must be present at the primary training site. (Facilities and Resources, Other Facilities, Resources, or Support Services, Section X.E.1., EASy-1014, CIT:1.E;)

Answer:
At least one other residency (other than IM or Family Medicine) must be present in order to sponsor a geriatrics fellowship. The Committee considers the following specialties to be "relevant" to geriatrics education:

- Neurology
- Psychiatry
- PM&R
- Urology
- Orthopedics
- OB-GYN

Section XI. Specific Program Content

Geriatric Medicine Consultation Program

Question:
"How many different settings must we provide a geriatrics consultation service experience?"

Program Requirement:
[The following components must be provided in the training program:] geriatric medicine consultation program. This program must be formally available in the ambulatory setting, the inpatient service, and/or emergency medicine in the acute-care hospital or at an ambulatory setting administered by the primary teaching institution. (Special Program Content, Clinical Experiences, Section XI.F.1.)

Answer:
Geriatric Medicine Consultation Service (GCS) must be formally available in at least one of the following:

- The ambulatory setting, OR
- The inpatient service, OR
- Emergency medicine in the acute-care hospital, OR
- Ambulatory setting administered by the primary teaching institution

Programs must demonstrate the presence of a GCS in any one of the above settings to be in compliance with this PR.

Continuity Clinic Sessions and Volume

Question:
"Geriatrics evaluations are very time consuming. Our fellows find it difficult to meet the 4-8 patients per session PR."

Program Requirement:
Fellows should be responsible for at least five patients each week, and no more than the number for whom adequate teaching can be provided. (Special Program Content, Clinical Experiences, Section XI.F.2.b.)

This must include at least 1/2 day per week spent in a continuity of care experience. (Special Program Content, Clinical Experiences, Section XI.F.2.b.)

Answer:
The RRC-IM recognizes the unique nature of geriatrics ambulatory and continuity experiences – new assessments take longer, F/U visits take longer, and care can not conveniently be compressed into one-half day.
The Committee expects each fellow to care for at least 5 ambulatory geriatric patients per week that they follow in continuity – either in continuity clinic or in other ambulatory experiences. The PD may schedule clinics creatively to mix and match new patients and returns throughout the week. Five patients is the minimum, but certainly not a recommended number. The upper limit is defined by program

Note also that the half-day each week may be averaged over each month.

Long Term Care

Question:
"Do fellows need to follow patients in the same skilled nursing facility over the course of the year?"

Program Requirement:
[The program must include the following:] One or more long-term care institutions, such as a skilled nursing facility or chronic care hospital, must be affiliated with the geriatric medicine program. (Facilities and Resources, Long Term Care Institution, Section X.B.1.)

There must be a formal affiliation agreement between each long-term care facility included in the program and the sponsoring institution, in which each institution must acknowledge its responsibility to provide high-quality care, adequate resources, and administrative support for the educational mission. (Facilities and Resources, Long Term Care Institution, Section X.B.2.)

There must be a letter of agreement between each long-term care facility and the office of the director of the geriatric medicine program that guarantees the director appropriate authority at the long-term care institution to carry out the training program. (Facilities and Resources, Long Term Care Institution, Section X.B.3.)

Fellows must have exposure to subacute care and rehabilitation in the long-term care setting. (Facilities and Resources, Long Term Care Institution, Section X.B.4.)

The total number of beds available must be sufficient to permit a comprehensive educational experience. (Facilities and Resources, Long Term Care Institution, Section X.B.5.)

The long-term care institutions must be approved by the appropriate licensing agencies of the state, and the standard of facilities and care in each must be consistent with those promulgated by the Joint Commission on Accreditation of Healthcare Organizations. (Facilities and Resources, Long Term Care Institution, Section X.B.6.)

Fellows must have 12 months of continuing longitudinal clinical experience in the long-term care setting and manage an assigned panel of patients for whom the fellow is the primary provider. (Special Program Content, Clinical Experiences, Section XI.F.3.)

Answer:
These PRs on a Long Term Care Institution underscore the important role of a skilled nursing facility (SNF) in geriatrics education. In most cases a Long Term Care Institution = SNF.

The Committee expects that each fellows will participate in longitudinal care in the long-term care setting, and will manage an assigned panel of patients. The fellow will act as primary care provider for these patients throughout the 12 months of the training program.

The RRC-IM expects the LTC experience to be 12 months in the same setting. The committee will also accept two 6-month assignments in 12 months. Long term care education cannot take place on short-term assignments lass than 6 months. Note that the RRC-IM does not apply the Gender rule to LTC rotations.

Supervision During Home Care

Question:
"Does a faculty member need to be present on site during home care visits?"

Program Requirement:
The program must ensure that qualified faculty provide appropriate supervision of fellows in patient care activities. (Fellow Duty Hours and the Work Environment, Supervision of Fellows, Section VI.B.)

[Fellows must develop clinical competence in the field of geriatrics, including:] concepts of treatment and management in acute care, long-term care, community, and home-care settings. (Special Program Content, Clinical Competence, Section XI.A.5.)

[Emphasis during the longitudinal experience should be focus:] the role of palliative care and hospice in the terminally ill. (Special Program Content, Clinical Experiences, Section XI.F.3.a.)

Answer:
Fellows must be supervised in all settings, and the supervision must be on site.

- In inpatient settings, supervision need not be continuous/ on site; supervision can occur at specified times such as teaching rounds, with immediate availability at all other times.
- In outpatient settings, supervision must be continuously available and on-site.
    - That supervision must be on-site (i.e., not by telephone) and concurrent (i.e., in outpatient settings, the fellow must present the case to the physician faculty prior to the patient leaving clinic).
      Rationale: The attending must have the opportunity to interview/ examine all patients at the time he/ she reviews the case and provides supervision. Learners do not always realize when additional evaluation or a change in care plan is necessary.
    - In long-term care settings (i.e., SNF), the supervision can occur at the end of the session, as long as the faculty is present on site at the time with the opportunity to personally

examine patients.

<u>Home care visit exception</u>: The RRC-IM allows geriatrics fellows to complete home care visits without onsite faculty supervision. On-site supervision may be provided by a physician extender or nurse operating under physician-directed care protocols or orders. An attending faculty physician must always be available by phone. This is the only exception to on-site outpatient supervision rule and does not extend to other settings or other fellowships.
(Note: This exception is for geriatric medicine fellowships only.)

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