

Geriatric Medicine Fellowship Program FAQ	
General Subspecialty Requirements	
Question	Answer
Do the General Subspecialty Program Requirements apply to geriatric medicine? [see ACGME Program Requirements for Fellowship Education in the Subspecialties of Internal Medicine] [see RRC-IM General Subspecialty FAQ]	<ul style="list-style-type: none"> Absolutely. Gastroenterology program directors should study carefully the General Subspecialty Program Requirements, and the FAQs related to these program requirements. The requirements cover required structural elements in the program such as required institutional support, facilities and resources, key faculty and program director qualifications and responsibilities, conferences, continuity clinic, scholarship and research, evaluation, etc. Subspecialty fellowship programs are expected to be in full compliance with <u>both</u> the General Subspecialty Program Requirements, and the Subspecialty Specific Program Requirements.
Are geriatrics fellows required to participate in research? [Program Requirement IV.B.2.a).(4)] [Program Requirement VIII.B.]	<ul style="list-style-type: none"> 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 key clinical faculty grid for minimum scholarly productivity).
Does a faculty member need to be present on site during unscheduled urgent visits to the nursing home for Geriatric fellows' primary care patients? [Program Requirement VI.B.]	<ul style="list-style-type: none"> Geriatric Fellowship Exceptions: <ul style="list-style-type: none"> Home care visit exception: The RRC-IM allows geriatrics fellows to complete home care visits without on site 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 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.) Unscheduled (urgent) visits by fellows to their continuity patients in long-term care settings: Many training programs are affiliated with community nursing homes that are not located on the campus of the program's home institution, and it is the standard of practice in most nursing homes that physicians be on site only when attending to patient care. Because fellows are expected to be the primary care providers for patients in this setting, they are encouraged to make visits to the nursing home for these patients for unscheduled urgent visits. These may occur at times when attending faculty are not on site. In this situation, the attending faculty is not required to supervise the fellow on site, but must be available by phone. Furthermore, the fellow must discuss the care of the patient by phone with that attending at the time the patient is being seen by the fellow in the long-term care facility. This exception DOES NOT APPLY to routinely scheduled rounds on fellows' continuity patients in long-term care. For these visits, attending faculty are expected to be on site and available to examine patients jointly with the fellow.
Does a faculty member need to be present on site during home care visits? [Program Requirement VI.B.]	<p>Fellows must be supervised in all settings, and the supervision must be on site.</p> <ul style="list-style-type: none"> 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

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	<p>and on-site.</p> <ul style="list-style-type: none"> ○ 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. <p><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.)</p>
Educational Program	
Question	Answer
Our fellows are graduates of both IM and Family Medicine core programs. Are we required to assign the Family Medicine graduates to a Family Medicine Clinic or a Family Medicine preceptor in continuity clinic? [Program Requirement VIII.C.]	<ul style="list-style-type: none"> • 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.
Must we assign patients 'of all ages' to our geriatric fellows? [Program Requirement VIII.C.]	<ul style="list-style-type: none"> • 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.
How can we meet the 25% gender rule in our fellowship? [Program Requirement VIII.C.]	Geriatrics programs can meet the 25% gender rule either by averaging gender over the continuity clinic or all ambulatory rotations
Faculty	
Question	Answer
Can a Family Medicine-trained geriatrician serve as program director of an IM-Geriatrics program? [Program Requirement II.A.3.b.]) [Program Requirement II.A.3.d.]) [Program Requirement IX.A.]	<p>A Family Medicine-Geriatrics certified key clinical faculty may serve as the program director of an IM-Geriatrics program if the following criteria are met:</p> <p>Candidates must fulfill the above criteria for key clinical faculty, and each of the following criteria:</p> <ul style="list-style-type: none"> • The program director 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. • The program director candidate must demonstrate the ability to establish and maintain an environment of inquiry and scholarship to the same degree as required for IM-Subspecialty key clinical faculty.

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	<ul style="list-style-type: none"> ○ 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. <ul style="list-style-type: none"> • The program director candidate must be recommended by the Core IM residency director for outstanding teaching and administrative ability. • The candidate must be approved by the RRC-IM (see procedure below) <p>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 at least one internal medicine certified geriatrics key clinical faculty member in a program granted an exception.</p> <p>Procedure</p> <p>Requests for an exception to the IM-Geriatric program director 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 GMCC and signed off by the core program director and the DIO. If granted, such exceptions will require review and renewal at each accreditation review.</p>
<p>What qualifications for Geriatrics Key Clinical Faculty and Geriatric Educational Coordinator does the RRC accept for IM-Geriatrics fellowship programs and Core IM residency programs? [Program Requirement IX.A.]</p>	<p>The RC-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 conditions:</p> <ul style="list-style-type: none"> • The faculty must be trained in an ACGME-accredited Internal Medicine Geriatrics fellowship, or a Family-Medicine Geriatrics fellowship. • The faculty must maintain certification by the ABFM in Family Medicine and a CAQ in Geriatrics. • The faculty must demonstrate to the Core IM residency director (education coordinator/ key clinical faculty) or to the subspecialty geriatrics fellowship director (key clinical faculty) excellence in geriatrics education, as measured by faculty evaluations. • In Internal Medicine -Geriatrics fellowships, either the program director or the key clinical faculty must be ABIM certified (CAQ) in geriatrics. <p>In addition, the RC-IM will allow family-medicine trained geriatricians with an ABIM or ABFP CAQ in geriatrics to act as admitting or teaching attendings on IM-Geriatrics inpatient or consultation services at the discretion of the program director.</p>
<p>What qualifications for Geriatrics Program Director does the RRC accept for IM-Geriatrics fellowship programs? [Program Requirement IX.A.]</p>	<p>The RC-IM will accept Family-Medicine trained faculty with a current CAQ in geriatrics from the ABFM to serve as program director in an internal medicine geriatrics fellowship program who fulfill the following criteria. Such candidates must fulfill the above criteria for key clinical faculty, and each of the following criteria:</p> <ul style="list-style-type: none"> • The program director 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. • The program director candidate must demonstrate the ability to

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	<p>establish and maintain an environment of inquiry and scholarship to the same degree as required for IM-Subspecialty key clinical faculty.T</p> <ul style="list-style-type: none"> ○ The candidate must be actively engaged in the Scholarship of Discovery or Dissemination (See III.B.4) 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. <ul style="list-style-type: none"> • The program director candidate must be recommended by the Core IM residency director for outstanding teaching and administrative ability. • The candidate must be approved by the RC-IM (see procedure below) <p>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 must be at least one internal medicine certified key clinical faculty member or program director in a program granted an exception.</p>
<p>How do I request an exception to the IM-Geriatric Program Director qualifications? [Program Requirement IX.A.]</p>	<ul style="list-style-type: none"> • Requests for an exception to the IM-Geriatric program director qualifications must be made directly to the RC-IM Executive Director via Web ADS, 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. • All other cases must meet the conditions as stated and will be reviewed at the time of the next scheduled program review. Violation will result in a citation.
<p>Can a Family Medicine-trained geriatrician serve as key clinical faculty in an IM-Geriatrics program? Can a Family Medicine-trained geriatrician serve as Geriatrics education coordinator or key clinical faculty in a core IM program? [Program Requirement II.B.2.]</p>	<p>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:</p> <ul style="list-style-type: none"> • The faculty must be trained in an ACGME-accredited Internal Medicine Geriatrics fellowship, or a Family-Medicine Geriatrics fellowship. • The faculty must maintain certification by the ABFM in Geriatrics. • The faculty must demonstrate to the Core IM residency director (education coordinator/ key clinical faculty) or to the subspecialty geriatrics fellowship director (key clinical faculty) excellence in geriatrics education, as measured by faculty evaluations. • In Internal Medicine -Geriatrics fellowships, either the program director or the key clinical faculty must be ABIM certified in geriatrics. <p>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.</p>
<p>Do we need a block rotation in physical medicine & rehabilitation, neurology, and psychiatry? [Program Requirement IX.D.]</p>	<p>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</p>

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	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.
Facilities and Resources	
Question	Answer
In how many different settings must a geriatrics fellow participate in an interdisciplinary geriatric team experience? [Program Requirement X.D.4.]	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.
Our core IM program is the only residency program in our institution. Can we sponsor a geriatrics fellowship? [Program Requirement X.E.1.]	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: <ul style="list-style-type: none"> • Neurology • Psychiatry • PM&R • Urology • Orthopedics • OB-GYN
Specific Program Content	Answer
Question	Answer
How many different settings must we provide a geriatrics consultation service experience? [Program Requirement XI.F.1.]	Geriatric Medicine Consultation Service (GCS) must be formally available in at least one of the following: <ul style="list-style-type: none"> • 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 program requirement.
Geriatrics evaluations are very time consuming. Our fellows find it difficult to meet the 4-8 patients per session program requirement. [Program Requirement XI.F.2.b)]	<ul style="list-style-type: none"> • 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't 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 program director 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 the program. • Note also that the half-day each week may be averaged over each month.
Do fellows need to follow patients in the same skilled nursing facility over the course of the year? [Program Requirement XI.F.3.]	<ul style="list-style-type: none"> • These program requirements 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 less than 6 months. Note that the RRC-IM does not apply the Gender rule to LTC rotations.
Are seniors in independent or assisted residential living	<ul style="list-style-type: none"> • Yes. Seniors in independent or assisted residential living

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programs considered to be examples of homecare populations? [Program Requirement XI.F.3.b)(2)]	programs are included in the definition of a homecare population

APPENDIX I

RRC-IM Calculation of Minimum Key Clinical Faculty (KCF) and Key Clinical Faculty (KCF) Scholarship Participation/Productivity Geriatric Medicine						
Minimum 2 KCF or 1:1.5 faculty-fellow ratio for programs with 4 or more fellows fellows						
Approved Fellow Complement	Minimum Certified KCF (incl PD)	Majority of Minimum KCF (50%)	<u>PARTICIPATION</u> KCF with at Least 1 Pub Past 3 Years [259]	<u>PRODUCTIVITY</u> Pubs All KCF Past 3 Years (1/yr x 3 yrs) [259]		
2	2	1	1	3		
3	2	1	1	3		
4	3	2	2	6		
5	4	2	2	6		
6	4	2	2	6		
7	5	3	3	9		
8	6	3	3	9		
<ul style="list-style-type: none"> • 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. <ul style="list-style-type: none"> ○ 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: <ul style="list-style-type: none"> ○ Certified KCF ○ Additional sub-specialty KCF (above minimum required, certified or non-certified) ○ Non-physician faculty and faculty in other specialties IF: <ul style="list-style-type: none"> ▪ Contribute to fellow education ▪ Devote at least 10 hours/ week to the program 						