

**ACGME Program Requirements for Graduate Medical Education
in Geriatric Psychiatry
IMPACT STATEMENT**

Line Number(s): 105-116 PARTICIPATING SITES

Requirement Revision (major revisions only):

The number of and distance between participating sites must allow for fellows' full participation in all organized educational aspects of the program.

~~Presence of Other Training Programs The program should provide peer interaction between its geriatric psychiatry fellows and those of other medical specialties. To achieve this goal, Within the participating sites there should be an ACGME-accredited program in at least one of the following relevant non-psychiatric specialty such as specialties: family medicine, geriatric medicine, internal medicine, neurology, or physical medicine and rehabilitation within the participating institutions of the geriatric psychiatry program.~~

Describe, as appropriate, how the revision:

- 1) impacts the quality and safety of patient care; **N/A**
- 2) improves the quality of resident education; **specifies more specialties involved in patient care that should lead to more fellow interactions**
- 3) affects the way the resident, the service, and the staff provide patients with continuing care; **N/A**
- 4) requires a change in institutional resources (e.g., facilities; organization of other services; addition of faculty; financial impact); **N/A**
- 5) may change the volume and variety of patients required to provide proper educational resources in the institution(s); and **N/A**
- 6) impacts residency education in other specialties. **N/A**

Line Number(s): 128-130 PROGRAM DIRECTOR TIME

Requirement Revision (major revisions only):

The program director must devote at least 15 hours per week to the program. This must include activities related to administration, didactic teaching and individual supervision outside of clinical activities.

Describe, as appropriate, how the revision:

- 1) impacts the quality and safety of patient care; **N/A**
- 2) improves the quality of resident education; **clarifies expectations for amount of time program director must devote to program**
- 3) affects the way the resident, the service, and the staff provide patients with continuing care; **N/A**
- 4) requires a change in institutional resources (e.g., facilities; organization of other services; addition of faculty; financial impact); **N/A**
- 5) may change the volume and variety of patients required to provide proper educational resources in the institution(s); and **N/A**
- 6) impacts residency education in other specialties. **N/A**

Line Number(s): 206-213 PROGRAM DIRECTOR RESPONSIBILITIES

Requirement Revision (major revisions only):
develop and implement a supervision policy that specifies lines of responsibility for program faculty members and fellows that is consistent with the supervision policy in the general psychiatry program.

participate in scholarly activities appropriate to the subspecialty, including local, regional, and national specialty societies, research, presentations, or publication.

Describe, as appropriate, how the revision:

- 1) impacts the quality and safety of patient care; **ensures that everyone involved in patient care knows who is responsible at any given time**
- 2) improves the quality of resident education; **ensures that the program director is a role model for academic scholarship in the subspecialty**
- 3) affects the way the resident, the service, and the staff provide patients with continuing care; **N/A**
- 4) requires a change in institutional resources (e.g., facilities; organization of other services; addition of faculty; financial impact); **N/A**
- 5) may change the volume and variety of patients required to provide proper educational resources in the institution(s); and **N/A**
- 6) impacts residency education in other specialties. **N/A**

Line Number(s): **220-229 FACULTY NUMBER**

Requirement Revision (major revisions only):
~~In addition to the program director, there must be at least one other FTE faculty member who is certified by the American Board of Psychiatry and Neurology ABPN in the subspecialty of geriatric psychiatry or possess qualifications acceptable to the Review Committee.~~

Each participating site must have a designated site director who is a member of the faculty and who is responsible for the day-to-day activities of the program at that site with overall coordination by the program director.

Describe, as appropriate, how the revision:

- 1) impacts the quality and safety of patient care; **N/A**
- 2) improves the quality of resident education; **ensures that the program has sufficient faculty to supervise, teach and mentor fellows**
- 3) affects the way the resident, the service, and the staff provide patients with continuing care; **N/A**
- 4) requires a change in institutional resources (e.g., facilities; organization of other services; addition of faculty; financial impact); **may require additional faculty since one part time faculty will not comply with the requirement**
- 5) may change the volume and variety of patients required to provide proper educational resources in the institution(s); and **N/A**
- 6) impacts residency education in other specialties. **N/A**

Line Number(s): **243-268 FACULTY RESPONSIBILITIES**

Requirement Revision (major revisions only):
All faculty members must participate in scholarly activities appropriate to the subspecialty.

~~including local, regional, and national specialty societies, research, presentations, or publications. The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the faculty, and an active research component must be included in each program. Scholarship is defined as the following:~~

~~the scholarship of *discovery*, as evidenced by peer-reviewed funding or by publication of original research in a peer-reviewed journal;~~

~~the scholarship of *dissemination*, as evidenced by review articles or chapters in textbooks; and,~~

~~the scholarship of *application*, as evidenced by the publication or presentation of, for example, case reports or clinical series at local, regional, or national professional and scientific society meetings.~~

~~Complementary to the above scholarship is the Faculty members must regularly participation of the teaching staff participate in organized clinical discussions, rounds, journal clubs, and research conferences in a manner that promotes a spirit of inquiry and scholarship (e.g., the offering of guidance and technical support for fellows involved in research such as research design and statistical analysis); and the provision of support for fellows' participation, as appropriate, in scholarly activities.~~

Describe, as appropriate, how the revision:

- 1) impacts the quality and safety of patient care; **N/A**
- 2) improves the quality of resident education; **ensures that fellows have appropriate faculty role models by clarifying expectations for faculty scholarly activity and participation in didactic activities**
- 3) affects the way the resident, the service, and the staff provide patients with continuing care; **N/A**
- 4) requires a change in institutional resources (e.g., facilities; organization of other services; addition of faculty; financial impact); **N/A**
- 5) may change the volume and variety of patients required to provide proper educational resources in the institution(s); and **N/A**
- 6) impacts residency education in other specialties. **N/A**

Line Number(s): **276-296 OTHER PROGRAM PERSONNEL**

Requirement Revision (major revisions only):

Geriatric Care Team

~~In addition to geriatric psychiatry, the The Geriatric Care Team should include representatives from related clinical disciplines such as including psychology, neuropsychology, social work, psychiatric nursing, activity or occupational therapy, physical therapy, pharmacy, and nutrition.~~

~~A variety of individuals representing Qualified clinicians from disciplines within medicine, such as including one or more of the following family medicine, internal medicine (including their geriatric medicine subspecialties), hospice and palliative care medicine, neurology, and physical medicine and rehabilitation, should be available for participation on the Geriatric Care Team as needed for patient care and teaching purposes~~

consultation.

~~It is highly desirable that gGeriatric psychiatry fellows should have access to professionals representing allied disciplines (such as including ethics, law, and pastoral care) as needed for patient care and teaching purposes.~~

There must be a designated program coordinator.

Describe, as appropriate, how the revision:

- 1) impacts the quality and safety of patient care;
- 2) improves the quality of resident education; **clarifies expectations for the additional specialties and clinicians that must be available; will enrich fellow education**
- 3) affects the way the resident, the service, and the staff provide patients with continuing care; **N/A**
- 4) requires a change in institutional resources (e.g., facilities; organization of other services; addition of faculty; financial impact); **institution must provide a designated program coordinator as well as ensure that the disciplines specified for the geriatric care team are available**
- 5) may change the volume and variety of patients required to provide proper educational resources in the institution(s); and **N/A**
- 6) impacts residency education in other specialties. **N/A**

Line Number(s): **374-400 FELLOW APPOINTMENTS**

Requirement Revision (major revisions only):

~~Prior to appointment in the program, fellows The geriatric psychiatry fellow must have satisfactorily completed either an ACGME-accredited general psychiatry residency program or a general psychiatry program in Canada accredited by the Royal College of Physicians and Surgeons of Canada an ACGME-accredited general psychiatry residency prior to entering the program.~~

~~Prior to entry appointment in the program, each geriatric psychiatry fellow must be notified in writing of the required length of education for which the program is accredited. The required length of education for a particular individual may not be changed without mutual agreement during his/her program unless there is a break in his/her education or the individual requires remedial education.~~

~~supervise the recruitment and appointment process for applicants, including compliance with appropriate credentialing policies and procedures in accordance with institutional and departmental policies and procedures. No applicants should be appointed to the program without written documentation of completion of a general psychiatry residency from the prior program director that verifies satisfactory completion of all educational and ethical requirements for graduation; Prior to appointment in the program, the program director must receive documentation from each fellow's prior general psychiatry program verifying satisfactory completion of all educational and ethical requirements for graduation.~~

Agreements with applicants made prior to the completion of the general residency must be contingent on this requirement.

Describe, as appropriate, how the revision:

- 1) impacts the quality and safety of patient care; **may lead to more providers qualified in the subspecialty**
- 2) improves the quality of resident education; **allows graduates from Canadian psychiatry programs to enter fellowship**
- 3) affects the way the resident, the service, and the staff provide patients with continuing care; **N/A**
- 4) requires a change in institutional resources (e.g., facilities; organization of other services; addition of faculty; financial impact); **N/A**
- 5) may change the volume and variety of patients required to provide proper educational resources in the institution(s); and **N/A**
- 6) impacts residency education in other specialties. **N/A**

Line Number(s): **433-505 PATIENT CARE COMPETENCY**

Requirement Revision (major revisions only):

must demonstrate proficiency in ~~The epidemiology, diagnosis, and treatment of all major psychiatric disorders seen in the elderly, including. Such disorders, seen alone and in combination, typically include but are not limited to:~~ adjustment disorders, affective disorders, anxiety disorders, delirium, dementias, iatrogenesis, late-onset psychoses, medical presentations of psychiatric disorders, personality disorders, sexual disorders, sleep disorders, substance-related disorders, and continuation of psychiatric illnesses that began earlier in life;

~~The performance of~~ must demonstrate proficiency in performing the mental status examination that takes into account the special needs of the elderly, including structured cognitive assessment, community and environmental assessment, family and caregiver assessment, medical assessment, and functional assessment;

must demonstrate proficiency in short-term and long-term diagnostic and treatment planning by ~~Such skills form the basis for formal multidimensional geriatric assessment using the appropriate synthesis of clinical findings and historical as well as current information acquired from the patient and/or relevant others, (such as including family members, caregivers, and other health care professionals). The multidimensional assessment is essential to short term and long-term diagnostic and treatment planning; education must be provided in formulating these various assessments into an appropriate and coherent treatment plan;~~

must demonstrate proficiency in the ~~The selection and use of clinical laboratory tests, radiologic and other imaging procedures, and polysomnographic, electrophysiologic, and neuropsychologic tests as well as making appropriate referrals to and consultations with other health care specialists~~

must demonstrate proficiency in recognizing and managing ~~The initiation and flexible guidance of treatment with the need for ongoing monitoring of changes in mental and physical health status and medical regimens. Fellows should be taught to recognize and manage psychiatric comorbid disorders, (for example, including dementia and depression), as well as the management of other disturbances often seen in the elderly such as agitation, wandering, changes in sleep patterns, and aggressiveness;~~

This must include competence in the ongoing monitoring of changes in mental and physical health status and medical regimens.

~~must demonstrate proficiency in recognizing The recognition of the stressful impact of psychiatric illness on caregivers, .Attention should be placed on the appropriate guidance of and protection of caregivers as well as the assessment of assessing their emotional state and ability to function, and providing guidance and protection to caregivers;~~

~~must demonstrate competence in recognizing and assessing Recognition and assessment of elder abuse, and providing appropriate interventions strategies; and,~~

~~must demonstrate proficiency in managing The management of the care of the elderly persons with emotional or behavioral disorders, including the awareness of using age-appropriate modifications in techniques and goals in applying the various psychotherapies (with individual, group, and family focuses) and behavioral strategies.~~

Describe, as appropriate, how the revision:

- 1) impacts the quality and safety of patient care; **N/A**
- 2) improves the quality of resident education; **clarifies expectations for patient care competency**
- 3) affects the way the resident, the service, and the staff provide patients with continuing care; **N/A**
- 4) requires a change in institutional resources (e.g., facilities; organization of other services; addition of faculty; financial impact); **N/A**
- 5) may change the volume and variety of patients required to provide proper educational resources in the institution(s); and **N/A**
- 6) impacts residency education in other specialties. **N/A**

Line Number(s): **638-643 PBLI COMPETENCY**

Requirement Revision (major revisions only):

~~Fellows must develop demonstrate administrative and teaching skills. As the geriatric psychiatry fellows progress through the program, they should have the opportunity to teach personnel such as other residents, medical students, nurses and allied health professionals teaching nonmental health professionals about mental health in the aged;.~~

Describe, as appropriate, how the revision:

- 1) impacts the quality and safety of patient care; **N/A**
- 2) improves the quality of resident education; **adds expectation for competence in administrative and teaching skills**
- 3) affects the way the resident, the service, and the staff provide patients with continuing care; **N/A**
- 4) requires a change in institutional resources (e.g., facilities; organization of other services; addition of faculty; financial impact); **N/A**
- 5) may change the volume and variety of patients required to provide proper educational resources in the institution(s); and **N/A**
- 6) impacts residency education in other specialties. **N/A**

Line Number(s): **658-674 COMMUNICATION COMPETENCY**

Requirement Revision (major revisions only):

~~Fellows must demonstrate competence in effective leadership of the mental health care team. The formal and informal administrative leadership of the mental health care team.~~

~~Fellows must demonstrate competence including skills in effectively communicating treatment plans to the patient and the family.~~

~~Fellows must demonstrate competence in The selection and use of clinical laboratory tests; radiologic and other imaging procedures; and polysomnographic, electrophysiologic, and neuropsychologic tests as well as making appropriate referrals to and obtaining consultations from with other health care specialists~~

~~Fellows must demonstrate competence in providing consultations must attain consultant skills.~~

Describe, as appropriate, how the revision:

- 1) impacts the quality and safety of patient care; **N/A**
- 2) improves the quality of resident education; **clarifies expectations for communication competency**
- 3) affects the way the resident, the service, and the staff provide patients with continuing care; **N/A**
- 4) requires a change in institutional resources (e.g., facilities; organization of other services; addition of faculty; financial impact); **N/A**
- 5) may change the volume and variety of patients required to provide proper educational resources in the institution(s); and **N/A**
- 6) impacts residency education in other specialties. **N/A**

Line Number(s): **689-699 SBP COMPETENCY**

Requirement Revision (major revisions only):

~~Fellows must demonstrate competence in providing tender continuing care and exercise leadership responsibilities in through organizing recommendations from the mental health team, as well as in and integrating recommendations and input from primary care physicians, consulting medical specialists, and representatives of other allied disciplines.~~

~~Fellows must demonstrate competence in the The appropriate use of community or home health services, respite care, and the need for institutional long-term care.~~

Describe, as appropriate, how the revision:

- 1) impacts the quality and safety of patient care; **N/A**
- 2) improves the quality of resident education; **clarifies expectation for systems-based practice competency**
- 3) affects the way the resident, the service, and the staff provide patients with continuing care; **N/A**
- 4) requires a change in institutional resources (e.g., facilities; organization of other services; addition of faculty; financial impact); **N/A**
- 5) may change the volume and variety of patients required to provide proper educational resources in the institution(s); and **N/A**
- 6) impacts residency education in other specialties. **N/A**

Line Number(s): **712-715 FELLOW EXPERIENCES**

Requirement Revision (major revisions only):

Regular attendance by the Fellows must attend at least 70% of all required didactic components of the program. Attendance by fellows and the faculty should be documented.

Describe, as appropriate, how the revision:

- 1) impacts the quality and safety of patient care; **N/A**
- 2) improves the quality of resident education; **clarifies expectations for attendance at didactic conferences**
- 3) affects the way the resident, the service, and the staff provide patients with continuing care; **N/A**
- 4) requires a change in institutional resources (e.g., facilities; organization of other services; addition of faculty; financial impact); **N/A**
- 5) may change the volume and variety of patients required to provide proper educational resources in the institution(s); and **N/A**
- 6) impacts residency education in other specialties. **N/A**

Line Number(s): **800-804 FELLOW EXPERIENCES**

Requirement Revision (major revisions only):

Peer interaction among the fellows should occur in the course of clinical and/or didactic work but is most satisfactory when organized around joint patient evaluation and/or care. . Each fellow must maintain a patient log documenting all clinical experiences.

Describe, as appropriate, how the revision:

- 1) impacts the quality and safety of patient care; **N/A**
- 2) improves the quality of resident education; **fellows must keep a record of patient care experiences that will be part of the semiannual review**
- 3) affects the way the resident, the service, and the staff provide patients with continuing care; **N/A**
- 4) requires a change in institutional resources (e.g., facilities; organization of other services; addition of faculty; financial impact); **N/A**
- 5) may change the volume and variety of patients required to provide proper educational resources in the institution(s); and **N/A**
- 6) impacts residency education in other specialties. **N/A**

Line Number(s): **808-811 FELLOW SCHOLARLY ACTIVITY**

Requirement Revision (major revisions only):

Each program must provide an opportunity for residents to participate in research or other scholarly activities, and residents must participate in such scholarly activities. Fellows must participate in developing new knowledge or evaluating research findings.

Describe, as appropriate, how the revision:

- 1) impacts the quality and safety of patient care; **N/A**
- 2) improves the quality of resident education; **clarifies expectations for fellow scholarly activity**
- 3) affects the way the resident, the service, and the staff provide patients with continuing

care; **N/A**

- 4) requires a change in institutional resources (e.g., facilities; organization of other services; addition of faculty; financial impact); **N/A**
- 5) may change the volume and variety of patients required to provide proper educational resources in the institution(s); and **N/A**
- 6) impacts residency education in other specialties. **N/A**

Line Number(s): **836-849 FELLOW FORMATIVE EVALUATION**

Requirement Revision (major revisions only):

~~The evaluation must include review and discussion with each fellow of his or her progress of each geriatric psychiatry fellow, including the maintenance of an educational record that documents documenting completion of all required components of the program, as well as evaluations of his or her fellow's performance evaluations-clinical and didactic performance by supervisors and teachers. This record shall include a, and his or her patient log that must document that each fellow has completed documenting all clinical experiences required by the Program Requirements and the educational objectives of the program;.~~

Describe, as appropriate, how the revision:

- 1) impacts the quality and safety of patient care; **N/A**
- 2) improves the quality of resident education; **clarifies expectations for formative feedback and includes review of the patient log to ensure that fellows are getting all of the required experiences**
- 3) affects the way the resident, the service, and the staff provide patients with continuing care; **N/A**
- 4) requires a change in institutional resources (e.g., facilities; organization of other services; addition of faculty; financial impact); **N/A**
- 5) may change the volume and variety of patients required to provide proper educational resources in the institution(s); and **N/A**
- 6) impacts residency education in other specialties. **N/A**

Line Number(s): **877-878 FELLOW SUMMATIVE EVALUATION**

Requirement Revision (major revisions only):

~~The final evaluation of each fellow must document proficiency in all required competency-based outcomes.~~

Describe, as appropriate, how the revision:

- 1) impacts the quality and safety of patient care; **ensures that the competence of every graduate has been documented**
- 2) improves the quality of resident education; **N/A**
- 3) affects the way the resident, the service, and the staff provide patients with continuing care; **N/A**
- 4) requires a change in institutional resources (e.g., facilities; organization of other services; addition of faculty; financial impact); **N/A**
- 5) may change the volume and variety of patients required to provide proper educational resources in the institution(s); and **N/A**

6) impacts residency education in other specialties. **N/A**

Line Number(s): **899-903 PROGRAM EVALUATION**

Requirement Revision (major revisions only):

program goals and objectives as well as program effectiveness in achieving them.

At least one fellow representative as well as all faculty members should participate in these reviews

Describe, as appropriate, how the revision:

- 1) impacts the quality and safety of patient care; **N/A**
- 2) improves the quality of resident education; **clarifies expectations for annual program review and ensures that there is input from the fellows and faculty**
- 3) affects the way the resident, the service, and the staff provide patients with continuing care; **N/A**
- 4) requires a change in institutional resources (e.g., facilities; organization of other services; addition of faculty; financial impact); **N/A**
- 5) may change the volume and variety of patients required to provide proper educational resources in the institution(s); and **N/A**
- 6) impacts residency education in other specialties. **N/A**

Line Number(s): **918-923 PROGRAM EVALUATION**

Requirement Revision (major revisions only):

At least 80% of the program's graduates from the preceding five years should have taken the ABPN certifying examination in geriatric psychiatry.

At least 80% of the program's graduates from the preceding five years taking the ABPN examination for geriatric psychiatry for the first time must pass.

Describe, as appropriate, how the revision:

- 1) impacts the quality and safety of patient care; **N/A**
- 2) improves the quality of resident education; **ensures a high level of program quality by requiring that graduates take and pass the certifying exam**
- 3) affects the way the resident, the service, and the staff provide patients with continuing care; **N/A**
- 4) requires a change in institutional resources (e.g., facilities; organization of other services; addition of faculty; financial impact); **N/A**
- 5) may change the volume and variety of patients required to provide proper educational resources in the institution(s); and **N/A**
- 6) impacts residency education in other specialties. **N/A**