**New Application: Geriatric Medicine**

**Review Committee for Family Medicine or Internal Medicine**

**ACGME**

**Sponsoring Institution**

1. Describe the reporting relationship with the program director of the family medicine or internal medicine residency. [PR I.A.1.] (Limit response to 150 words)

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2. Do fellows interact with residents/fellows from at least one relevant specialty other than family medicine at the primary clinical site? [PR I.A.2.] [ ]  YES [ ]  NO

3. If not, is there an affiliation with another educational institution to provide this experience?
[PR I.A.2.] [ ]  YES [ ]  NO

**Program Personnel and Resources**

**Program Director**

Does the program director have a reporting relationship with the program director of the internal medicine or family medicine residency program under which the fellowship is established to ensure compliance with the ACGME accreditation standards? [PR II.A.3.f)] [ ]  YES [ ]  NO

**Other Faculty/Services**

Indicate if services will be available from other health care professionals: [PR II.C.1.]

1. Audiology [ ]  YES [ ]  NO
2. Dentistry [ ]  YES [ ]  NO
3. Dietitians [ ]  YES [ ]  NO
4. Gynecology [ ]  YES [ ]  NO
5. Language interpreters [ ]  YES [ ]  NO
6. Neurology [ ]  YES [ ]  NO
7. Nurses [ ]  YES [ ]  NO
8. Occupational therapists [ ]  YES [ ]  NO
9. Ophthalmology [ ]  YES [ ]  NO
10. Orthopaedics [ ]  YES [ ]  NO
11. Otolaryngology [ ]  YES [ ]  NO
12. Pharmacists [ ]  YES [ ]  NO
13. Physical medicine and rehabilitation [ ]  YES [ ]  NO
14. Physical therapists [ ]  YES [ ]  NO
15. Podiatry [ ]  YES [ ]  NO
16. Psychologists [ ]  YES [ ]  NO
17. Social workers [ ]  YES [ ]  NO
18. Speech pathologists [ ]  YES [ ]  NO
19. Urology [ ]  YES [ ]  NO

**Resources**

1. Complete this table which lists all of the acute care inpatient facilities used in the program, the average number of geriatric medicine fellows, and whether the inpatient experience is block or longitudinal. Add rows as needed. [PR II.D.2.a)]

|  |  |  |
| --- | --- | --- |
| **Name of facility** | **Average # patients for GM fellow** | **Block (B) / Longitudinal (L)** |
| Facility name | # | B[ ] L[ ]  |
| Facility name | # | B[ ] L[ ]  |

2. Long-Term Care Facilities

Complete this table which lists all of the long-term care facilities used in the program, the average number of geriatric medicine patients for the geriatric medicine fellow, percent of females, and whether the long-term care experience is block or longitudinal. Add rows as needed. [PR II.D.3.a)]

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| --- | --- | --- | --- |
| **Name of facility** | **Average # patients for GM fellow** | **% Females** | **Block (B) / Longitudinal (L)** |
| Facility name | # | % | B[ ] L[ ]  |
| Facility name | # | % | B[ ] L[ ]  |

3. Non-Institutional Settings

Are non-institutional care services, such as home care, day care, residential care, transitional care, or assisted living, included in the program? [PR II.D.4.] [ ]  YES [ ]  NO

4. Continuity Clinic Experiences

Provide information for the fellows’ continuity experience and patient distribution for all years of training. List each experience indicating the name of the experiences (e.g., Continuity Clinic, Other), site number, duration of the experience, number of ½ day sessions per week, average number of patients seen per session, whether faculty supervision is provided for each experience, and the percent of female patients. Add rows as needed. [PR IV.A.3.a).(2).(a)]

| **Name of Experience** | **Site #** | **Duration** | **Sessions per week** | **Average # of patients seen per session** | **On-site concurrent faculty supervision present (Yes/No)** | **% female patients** |
| --- | --- | --- | --- | --- | --- | --- |
| Experience name | Experience name | Experience name | Experience name | Experience name | Yes[ ] No[ ]  | % |
| Experience name | # | Duration | Sessions/wk | Avg # patients/session | Yes[ ] No[ ]  | % |
| Experience name | # | Duration | Sessions/wk | Avg # patients/session | Yes[ ] No[ ]  | % |
| Experience name | # | Duration | Sessions/wk | Avg # patients/session | Yes[ ] No[ ]  | % |
| Experience name | # | Duration | Sessions/wk | Avg # patients/session | Yes[ ] No[ ]  | % |
| Experience name | # | Duration | Sessions/wk | Avg # patients/session | Yes[ ] No[ ]  | % |
| Experience name | # | Duration | Sessions/wk | Avg # patients/session | Yes[ ] No[ ]  | % |
| Experience name | # | Duration | Sessions/wk | Avg # patients/session | Yes[ ] No[ ]  | % |
| Experience name | # | Duration | Sessions/wk | Avg # patients/session | Yes[ ] No[ ]  | % |

5. Other Ambulatory Experiences

Provide information for the fellows’ other ambulatory experience and patient distribution for all years of training. List each experience indicating the name of the experiences, site number, duration of the experience, number of ½ day sessions per week, average number of patients seen per session, whether faculty supervision is provided for each experience, and the percent of female patients. Add rows as needed. [PR II.D.5.]

| **Name of Experience** | **Site #** | **Duration** | **Sessions per week** | **Average # of patients seen per session** | **On-site concurrent faculty supervision present (Yes/No)** | **% female patients** |
| --- | --- | --- | --- | --- | --- | --- |
| Experience name | # | Duration | Sessions/wk | Avg # patients/session | Yes[ ] No[ ]  | % |
| Experience name | # | Duration | Sessions/wk | Avg # patients/session | Yes[ ] No[ ]  | % |
| Experience name | # | Duration | Sessions/wk | Avg # patients/session | Yes[ ] No[ ]  | % |
| Experience name | # | Duration | Sessions/wk | Avg # patients/session | Yes[ ] No[ ]  | % |
| Experience name | # | Duration | Sessions/wk | Avg # patients/session | Yes[ ] No[ ]  | % |
| Experience name | # | Duration | Sessions/wk | Avg # patients/session | Yes[ ] No[ ]  | % |
| Experience name | # | Duration | Sessions/wk | Avg # patients/session | Yes[ ] No[ ]  | % |
| Experience name | # | Duration | Sessions/wk | Avg # patients/session | Yes[ ] No[ ]  | % |
| Experience name | # | Duration | Sessions/wk | Avg # patients/session | Yes[ ] No[ ]  | % |

6. Other Support Services: Will a Geriatric Medicine Consultation Program be formally available for the fellowship program and be administered by the primary clinical site? [PR II.D.6.] [ ]  YES [ ]  NO

7. Medical Records: Will there be access to an electronic health record? [PR II.D.7.] [ ]  YES [ ]  NO

If “NO”, describe how the institution will demonstrate institutional commitment to its development, and progress towards its implementation. [PR II.D.7.]

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**Educational Program**

**Goals and Objectives**

Will the overall goals and objectives be distributed to faculty and fellows annually? [PR IV.A.1]
 [ ]  YES [ ]  NO

**Patient Care**

Will fellows be expected to demonstrate clinical competence in:

1. Assessing the functional status of geriatric patients [PR IV.A.2.a).(1).(a)] [ ]  YES [ ]  NO
2. Treating and managing geriatric patients in acute care, long-term care, community, and home care settings [PR IV.A.2.a).(1).(b)] [ ]  YES [ ]  NO
3. Assessing the cognitive status and affective states of geriatric patients [PR IV.A.2.a).(1).(c)]
 [ ]  YES [ ]  NO
4. Providing appropriate preventive care, and teaching patients and their caregivers regarding self-care [PR IV.A.2.a).(1).(d)] [ ]  YES [ ]  NO
5. Providing care that is based on the patient’s preferences and overall health [PR IV.A.2.a).(1).(e)]
 [ ]  YES [ ]  NO
6. Assessing older persons for safety risk, and providing appropriate recommendations, and when appropriate, referral [PR IV.A.2.a).(1).(f)] [ ]  YES [ ]  NO
7. Peri-operative assessment and management [PR IV.A.2.a).(1).(g)] [ ]  YES [ ]  NO
8. Use of an interpreter in clinical care [PR IV.A.2.a).(1).(h)] [ ]  YES [ ]  NO

Explain any “NO” responses (Limit response to 150 words)

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**Medical Knowledge**

Will fellows be expected to demonstrate knowledge in:

1. Current science of aging and longevity, including theories of aging, the physiology and natural history of aging, pathologic changes with aging, epidemiology of sociodemographic characteristics and diseases of the aged? [PR IV.A.2.b).(1)] [ ]  YES [ ]  NO
2. Aspects of preventive medicine, including nutrition, exercise, screening and immunization and chemoprophylaxis against disease, instruction about and experience with community resources dedicated to these activities? [PR IV.A.2.b).(2)] [ ]  YES [ ]  NO
3. Geriatric assessment, including medical affective status, social support, economic, and environmental aspects related to health; both cognitive and functional; activities of daily living (ADL); the instrumental activities of daily living (IADL); the appropriate use of the history, physical and mental examination, and the laboratory? [PR IV.A.2.b).(3)] [ ]  YES [ ]  NO
4. General principles of geriatric rehabilitation, including those applicable to patients with orthopaedic, rheumatologic, cardiac and neurologic impairments? [PR IV.A.2.b).(4)]
 [ ]  YES [ ]  NO
5. Principles related to the use of physical medicine modalities, exercise, functional activities, assistive devices, environmental modification, patient and family education and psychosocial and recreational counseling? [PR IV.A.2.b).(4).(a)] [ ]  YES [ ]  NO
6. Management of patients in long-term care settings, including respecting patient wishes for palliative care, knowledge of the administration, regulation and financing of long-term institutions (including, for example, safety regulations) and the continuum from short- to long-term care?
[PR IV.A.2.b).(5)] [ ]  YES [ ]  NO
7. The pivotal role of the family in caring for many elderly and the community resources (formal support systems) required to support both patient and family? [PR IV.A.2.b).(6)] [ ]  YES [ ]  NO
8. Home care, including the components of a home visit, accessing appropriate community resources to provide care in the home setting? [PR IV.A.2.b).(7)] [ ]  YES [ ]  NO
9. Hospice care, including pain management, symptom relief, comfort care and end-of-life issues? [PR IV.A.2.b).(8)] [ ]  YES [ ]  NO
10. Behavioral sciences, such as psychology and social work? [PR IV.A.2.b).(9)] [ ]  YES [ ]  NO
11. Topics of special interest to geriatric medicine, including, but not limited to, cognitive impairment, depression and related disorders, falls, incontinence, osteoporosis, dysthymia, sensory impairment, pressure ulcers, and malnutrition? [PR IV.A.2.b).(10)] [ ]  YES [ ]  NO
12. Diseases which are especially prominent in the elderly or which have atypical characteristics in the elderly, including neoplastic, cardiovascular, neurologic, musculoskeletal, metabolic and infectious disorders? [PR IV.A.2.b).(11)] [ ]  YES [ ]  NO
13. Pharmacologic problems associated with aging, including changes in pharmacokinetics, pharmacodynamics, drug interactions, overmedication, appropriate prescribing, and adherence? [PR IV.A.2.b).(12)] [ ]  YES [ ]  NO
14. Psychosocial aspects of aging, including housing, depression, bereavement and anxiety?
[PR IV.A.2.b).(13)] [ ]  YES [ ]  NO
15. Patient and family education, and psychosocial and recreational counseling for patients requiring rehabilitation care? [PR IV.A.2.b).(14)] [ ]  YES [ ]  NO
16. The economic aspects of supporting services, including Title III of the Older Americans Act, Medicare, Medicaid capitation, and cost containment? [PR IV.A.2.b).(15)] [ ]  YES [ ]  NO
17. Ethical and legal issues, including limitation of treatment, competency, guardianship, right to refuse treatment, advance directives, wills, and durable power of attorney for medical affairs? [PR IV.A.2.b).(16)] [ ]  YES [ ]  NO
18. Research methodologies related to geriatric medicine, including, clinical epidemiology, decision analysis, and critical literature review? [PR IV.A.2.b).(17)] [ ]  YES [ ]  NO
19. Iatrogenic disorders and their prevention? [PR IV.A.2.b).(18)] [ ]  YES [ ]  NO
20. Cultural aspects for aging, including knowledge about demographics, health care status of older persons of diverse ethnicity, access to health care, cross-cultural assessment, and use of an interpreter in clinical care. Issues of ethnicity in long-term care, patient education, and special issues relating to urban and rural older persons of various ethnic backgrounds should be covered? [PR IV.A.2.b).(19)] [ ]  YES [ ]  NO
21. Behavioral aspects of illness, socioeconomic factors, and health literacy issues?
 [PR IV.A.2.b).(20)] [ ]  YES [ ]  NO
22. Basic principles of research, including how research is conducted, evaluated, explained to patients, and applied to patient care? [PR IV.A.2.b).(21)] [ ]  YES [ ]  NO

Explain any “NO” responses (Limited to 150 words)

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**Practice-based Learning and Improvement**

1. Briefly describe one planned learning activity in which fellows will develop competence in systematically analyzing practice using quality improvement methods, and implementing changes with the goal of practice improvement. [PR IV.A.2.c).(1)] (Limit response to 400 words)

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1. Briefly describe one planned learning activity in which fellows will develop competence in locating, appraising, and assimilating evidence from scientific studies related to their patients’ health problems. [PR IV.A.2.c).(2)] (Limit response to 400 words)

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**Interpersonal and Communication Skills**

1. Briefly describe one learning activity in which fellows demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals. [PR IV.A.2.d)] (Limit response to 400 words)

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1. Briefly describe one learning activity in which fellows develop effective communication skills with patients, families, professional colleagues, and community groups. [PR IV.A.2.d).(1)] (Limit response to 400 words)

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**Professionalism**

1. Briefly describe the learning activity(ies), other than lecture, by which fellows demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles.
[PR IV.A.2.e)] (Limit response to 400 words)

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1. Briefly describe at least one learning activity, other than lecture, by which fellows develop high standards of ethical behavior, including maintaining appropriate professional boundaries and relationships with other physicians and other health care team members, and avoiding conflicts of interest. [PR IV.A.2.e).(1)] (Limit your response to 400 words)

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**Systems-based Practice**

Briefly describe at least one learning activity through which fellows demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care. [PR IV.A.2.f)] (Limit response to 400 words)

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**Curriculum Organization and Fellow Experiences**

1. Will fellows provide direct care and management of acute hospital patients in ICU/CCU and medical surgical beds? [PR IV.A.3.a).(1).(a)] [ ]  YES [ ]  NO

2. Will fellows have continuity care responsibility for a panel of patients for at least 11 months in a skilled nursing facility? [PR IV.A.3.a).(3)] [ ]  YES [ ]  NO

1. Will fellows have exposure to subacute care and rehabilitation in the long-term care setting?
[PR IV.A.3.a).(3).(a)] [ ]  YES [ ]  NO
2. Will fellows teach other health professionals and learners, including allied health personnel, medical students, nurses, and residents? [PR IV.A.3.b).(1)] [ ]  YES [ ]  NO

If NO, explain.

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1. Will fellows participate in training using simulation: [PR IV.A.3.b).(2)] [ ]  YES [ ]  NO
2. Will fellows be involved in other health care and community agencies, such as delivery of health care in community-based settings? [PR IV.A.3.b).(3)] [ ]  YES [ ]  NO
3. Will fellows carry continuing responsibility for patients of assisted living or basic (non-skilled) nursing home level patients over the year? [PR IV.A.3.a).(3).(c).(i)] [ ]  YES [ ]  NO

8. Indicate relative proportion of time spent in the following areas (the total must be 100%)

|  |  |
| --- | --- |
| Acute In-patient | # % |
| Long-term Care Institutional | # % |
| Long-term Care Non-Institutional | # % |
| Ambulatory Care | # % |
| Research | # % |
| Conferences | # % |
| Other (describe) | # % |
| TOTAL | 100% |

**Geriatric Psychiatry/Behavioral Science**

1. Will the program provide a structured geriatric psychiatry experience? [PR IV.A.3.a).(3).(c).(ii)]
 [ ]  YES [ ]  NO

2. Describe both clinical and didactic portions of the experience and where they will take place.
[PR IV.A.3.a).(3).(c).(ii)] (Limit response to 150 words)

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**Conferences**

1. Will fellows routinely participate in the following conferences:
	1. Core Curriculum Conference Series [ ]  YES [ ]  NO
	2. Clinical Case Conferences [ ]  YES [ ]  NO
	3. Research Conferences [ ]  YES [ ]  NO
	4. Journal Club [ ]  YES [ ]  NO
	5. Morbidity and Mortality Conferences [ ]  YES [ ]  NO
	6. Quality Improvement Conferences [ ]  YES [ ]  NO
2. Will the faculty participate in required conferences? [ ]  YES [ ]  NO

**Evaluation**

**Formative Evaluation**

1. Describe how the program will retain documentation of each fellow's curricular experience, the procedures performed, and an evaluation of the fellow's performance. [PR V.A.2.b).(1)-(3)] (Limit response to 150 words)

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2. Faculty members in most clinical settings may observe and assess, to some degree, the fellows’ ability to counsel patients and families. List the setting(s)/activities in which this skill will be specifically emphasized and evaluated, e.g., in the FMP, giving discharge instructions, getting informed consent, etc. (Limit response to 150 words)

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**Faculty Evaluation**

1. Will fellows have the opportunity to provide confidential written evaluations of each supervising faculty member at the end of each rotation? [PR V.B.2.a)] [ ]  YES [ ]  NO
2. Will the program director review these evaluations with each faculty member annually?
[PR V.B.2.b)] [ ]  YES [ ]  NO

**The Learning and Working Environment - Teamwork**

1. Will the program use a physician-directed, interdisciplinary geriatric care team (to include a geriatrician, nurse, social worker/case manager) at the most commonly used training site?
[PR VI.A.1.a).(1) [ ]  YES [ ]  NO

If no, explain. (Limit response to 150 words)

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2. Will the geriatric care team include representatives from the following disciplines, when appropriate: [PR VI.A.1.a).(2)]

a) Dentistry [ ]  YES [ ]  NO

b) Neurology [ ]  YES [ ]  NO

c) Occupational therapy [ ]  YES [ ]  NO

d) Pastoral care [ ]  YES [ ]  NO

e) Pharmacy [ ]  YES [ ]  NO

f) Physical medicine and rehabilitation [ ]  YES [ ]  NO

g) Physical therapy [ ]  YES [ ]  NO

h) Psychiatry [ ]  YES [ ]  NO

i) Psychology [ ]  YES [ ]  NO

j) Speech therapy [ ]  YES [ ]  NO

Explain any NO responses.

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3. Will physician assistants or nurse practitioners be available to provide team or collaborative care of geriatric patients? [ ]  YES [ ]  NO

If NO, explain.

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4. Will the program hold regular team conferences? [PR VI.A.1.a).(4)] [ ]  YES [ ]  NO