The Geriatric Psychiatry Milestone Project

A Joint Initiative of

The Accreditation Council for Graduate Medical Education

and

The American Board of Psychiatry and Neurology

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The Milestones are designed only for use in evaluation of fellows in the context of their participation in ACGME-accredited residency or fellowship programs. The Milestones provide a framework for the assessment of the development of the fellow in key dimensions of the elements of physician competency in a specialty or subspecialty. They neither represent the entirety of the dimensions of the six domains of physician competency, nor are they designed to be relevant in any other context.

Geriatric Psychiatry Milestones

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Milestone Reporting

This document presents Milestones designed for programs to use in semi-annual review of fellow performance and reporting to the ACGME. Milestones are knowledge, skills, attitudes, and other attributes for each of the ACGME competencies organized in a developmental framework from less to more advanced. They are descriptors and targets for fellow performance as a fellow moves from entry into fellowship through graduation. In the initial years of implementation, the Review Committee will examine Milestone performance data for each program's fellows as one element in the Next Accreditation System (NAS) to determine whether fellows overall are progressing.

For each period, review and reporting will involve selecting milestone levels that best describe each fellow's current performance and attributes. Milestones are arranged into numbered levels. Tracking from Level 1 to Level 5 is synonymous with moving from novice to expert in the subspecialty. These levels do not correspond with post-graduate year of education.

Selection of a level implies that the fellow substantially demonstrates the milestones in that level, as well as those in lower levels (see the diagram on page v).

Level 1: The fellow demonstrates milestones expected of an incoming fellow.

Level 2: The fellow is advancing and demonstrates additional milestones, but is not yet performing at a mid-fellowship level.

Level 3: The fellow continues to advance and demonstrate additional milestones, consistently including the majority of milestones targeted for fellowship.

Level 4: The fellow has advanced so that he or she now substantially demonstrates the milestones targeted for fellowship. This level is designed as the graduation target.

Level 5: The fellow has advanced beyond performance targets set for fellowship and is demonstrating "aspirational" goals which might describe the performance of someone who has been in practice for several years. It is expected that only a few exceptional fellows will reach this level.

Additional Notes

Level 4 is designed as the graduation *target* and *does not* represent a graduation *requirement*. Making decisions about readiness for graduation is the purview of the fellowship program director. Study of Milestone performance data will be required before the ACGME and its partners will be able to determine whether milestones in the first four levels appropriately represent the developmental framework, and whether Milestone data are of sufficient quality to be used for high-stakes decisions.

Examples are provided with some milestones. Please note that the examples are not the required element or outcome; they are provided as a way to share the intent of the element.

Some milestone descriptions include statements about performing independently. These activities must occur in conformity to the ACGME supervision guidelines, as well as to institutional and program policies. For example, a fellow who performs a procedure independently must, at a minimum, be supervised through oversight.

Answers to Frequently Asked Questions about Milestones are available on the Milestones web page:
http://www.acgme.org/acgmeweb/Portals/0/MilestonesFAQ.pdf.

The diagram below presents an example set of milestones for one sub-competency in the same format as the ACGME Report Worksheet. For each reporting period, a fellow's performance on the milestones for each sub-competency will be indicated by selecting the level of milestones that best describes that fellow's performance in relation to those milestones.

PC1 — Geriatric Psychiatric Evaluation and Differential Diagnosis
    A.   Geriatric specific interview skills including use of collateral information and functional assessment as indicated
    B.   Neurocognitive assessment[1]
    C.   Organizes and summarizes findings and generates differential diagnosis

Level 1	Level 2	Level 3	Level 4	Level 5
1.1/A Consistently obtains complete, accurate and relevant general psychiatry history and mental status	2.1/A Consistently obtains complete, accurate and relevant geriatric psychiatry history and mental status	3.1/A Routinely identifies subtle and unusual findings in geriatric psychiatry history and mental status	4.1/A Skillfully obtains and synthesizes collateral information while preserving patient autonomy	5.1/A, B, C Teaches and supervises other learners in the geriatric psychiatric evaluation and differential diagnosis
1.2/A Identifies and understands the elements of functional assessment	2.2/A Usually obtains and documents functional assessment	3.2/A Routinely performs efficient functional assessment with flexibility appropriate to the clinical setting and workload demands	4.2/A Integrates functional assessment with other clinical data	
1.3/B Identifies and understands the elements of neurocognitive assessment	2.3/C Develops a basic differential diagnosis for common geriatric syndromes	3.3/B Routinely performs the neurocognitive assessment and selects appropriate laboratory and imaging test	4.3/B Integrates findings from neurocognitive assessment with other clinical data	
		3.4/C Develops a full differential diagnosis while avoiding premature conclusions	4.4/C Synthesizes clinical data into a comprehensive, stratified differential diagnosis	

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Comments:

Selecting a response box in the middle of a level implies that milestones in that level and in lower levels have been substantially demonstrated.

Selecting a response box on the line in between levels indicates that milestones in lower levels have been substantially demonstrated as well as **some** milestones in the higher level(s).

PC1 — Geriatric Psychiatric Evaluation and Differential Diagnosis

A. Geriatric-specific interview skills, including use of collateral information and functional assessment as indicated
B. Neurocognitive assessment[1]
C. Organization and summary of findings and generation of differential diagnosis

Level 1	Level 2	Level 3	Level 4	Level 5
1.1/A Consistently obtains complete, accurate, and relevant general psychiatry history and mental status	2.1/A Obtains complete, accurate, and relevant geriatric psychiatry history and mental status	3.1/A Routinely identifies subtle and unusual findings in geriatric psychiatry history and mental status	4.1/A Skillfully obtains and synthesizes collateral information while preserving patient autonomy	5.1/A,B,C Teaches and supervises other learners in the geriatric psychiatric evaluation and differential diagnosis
1.2/A Describes the elements of functional assessment	2.2/A Usually obtains and documents functional assessment	3.2/A Routinely performs efficient functional assessment with flexibility appropriate to the clinical setting and workload demands	4.2/A Integrates functional assessment with other clinical data	
1.3/B Describes the elements of neurocognitive assessment	2.3/C Develops a basic differential diagnosis for common geriatric syndromes	3.3/B Routinely performs the neurocognitive assessment and selects appropriate laboratory and imaging tests, and refers for neuropsychological testing as indicated	4.3/B Integrates findings from neurocognitive assessment with other clinical data	
		3.4/C Develops a full differential diagnosis while avoiding premature conclusions	4.4/C Synthesizes clinical data into a comprehensive, stratified differential diagnosis	

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Comments:

Not yet achieved Level 1 ☐

PC2 — Geriatric Therapeutic Modalities

    A.   Somatic Therapies[2]

    B.   Psychotherapies

    C.   Behavioral and Environmental Interventions

Level 1	Level 2	Level 3	Level 4	Level 5
1.1/A Applies knowledge of the general principles of psychopharmacology 1.2/B Establishes and maintains a therapeutic alliance and professional boundaries while providing psychotherapies to patients with uncomplicated problems	2.1/A Applies knowledge of the geriatric psychopharmacology principles 2.2/B Establishes and maintains a therapeutic alliance with older adults 2.3/C Identifies behavioral and environmental factors that impact psychiatric presentations	3.1/A Applies principles of geriatric psychopharmacology and treatment response in the selection and management of somatic therapies 3.2/B Integrates the selected psychotherapy with other treatment modalities and other providers of care 3.3/C Provides behavioral and environmental interventions when clinically appropriate	4.1/A Titrates dosage and manages side effects of multiple medications based on principles of geriatric psychopharmacology in patients with significant medical comorbidities 4.2/A Appropriately selects evidence-based somatic treatment options (including second- and third-line agents and other somatic treatments[2]) for patients whose symptoms are partially responsive or not responsive to treatment 4.3/B Selects a psychotherapeutic modality and tailors the selected psychotherapy to the patient on the basis of an appropriate case formulation 4.4/C Integrates behavioral and environmental setting intervention appropriately with other treatment modalities	5.1/A Explains less common somatic treatment choices to patients/families in terms of proposed mechanisms of action 5.2/A,B,C Integrates emerging studies of geriatric therapeutic modalities into clinical practice
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Comments:

Not yet achieved Level 1 ☐

PC3 — Treatment Planning and Management
    A. Participates in the development, management, and periodic review of inter-professional treatment plans[3]
    B. Manages geriatric patient safety issues[4]
    C. Evaluates and manages issues re: self-determination and decisional capacity[5]

Level 1	Level 2	Level 3	Level 4	Level 5
1.1/A Establishes treatment goals with the patient

1.2/B Recognizes geriatric patient in crises or acute presentation

1.3/C Recognizes issues of self-determination and decisional capacity in the general psychiatric patient | 2.1/A Identifies additional disciplines to address treatment goals specific to the needs of a geriatric patient

2.2/B Manages geriatric patient crises with supervision

2.3/C Recognizes issues of self-determination and decisional capacity in the geriatric psychiatric patient | 3.1/A Devises and modifies, as needed, individualized patient-centered treatment plans for common presentations

3.2/B Manages most geriatric patient crises while recognizing the need for consultation and supervision for complicated or refractory cases

3.3/C Routinely identifies and manages issues of patient self-determination and decisional capacity | 4.1/A Devises and modifies, as needed, individualized patient-centered treatment plans for complex presentations

4.2/A Integrates multiple modalities and providers in a comprehensive approach

4.3/B Consistently identifies and manages geriatric patient safety issues

4.4/C Consistently and proactively identifies and manages issues of patient self-determination and decisional capacity | 5.1/A Supervises treatment planning of other trainees and multidisciplinary providers

5.2/C Provides written report and/or oral testimony in a legal setting |
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Comments:

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MK1 — Development through Later-life

    A.   Knowledge of developmental theories across all developmental domains in later-life development

    B.   Knowledge of pathological and environmental influences on later-life

    C.   Knowledge of the impact of life events, functional change, and general medical health on later-life[6]

Level 1	Level 2	Level 3	Level 4	Level 5
1.1/B Describes the influence of psychosocial factors (gender, ethnic, economic) of general medical and neurological illness on personality development	2.1/A Demonstrates basic knowledge of the major developmental theories across all developmental domains in later-life development 2.2/B Identifies pathological and environmental factors that commonly occur in later-life and may impact later-life development 2.3/C Describes common life events, functional change, and general medical conditions occurring in later-life	3.1/B Describes the impact of pathological and environmental factors on later-life	4.1/A Compares and contrasts the theories of later-life development 4.2/B Analyzes and discusses the influence of pathological and environmental factors on later-life 4.3/C Describes and evaluates the impact of life events, functional change, and general medical health on the expression of psychopathology in later-life	5.1/A,B,C Incorporates new neuroscientific knowledge into understanding of later-life development

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Comments:

Not yet achieved Level 1 ☐

MK2 — Psychopathology: Includes Presentation of Psychiatric Disorders in Diverse Older Adult Populations (e.g., different cultures, families, genders, sexual orientation, ethnicity, etc.)

    A.   Knowledge to identify and treat psychiatric conditions in a variety of treatment settings[7,8]

    B.   Knowledge to assess risk and determine level of care

    C.   Knowledge regarding the interface of geriatric psychiatry and other clinical disciplines

Level 1	Level 2	Level 3	Level 4	Level 5
1.1/A Demonstrates sufficient knowledge to identify and treat most psychiatric conditions throughout the life cycles and in a range of treatment settings 1.2/B Displays knowledge of and the ability to weigh risk and protective factors for danger to self and/or others across the life cycle and the ability to determine the need for acute psychiatric hospitalization	2.1/A Demonstrates sufficient knowledge to identify and treat common psychiatric conditions in later-life 2.2/B Displays knowledge of and the ability to weigh risk and protective factors for danger to self and/or others in older adults and the ability to determine the need for appropriate level of care 2.3/C Describes the use of screening and evaluation tools to identify geriatric psychiatric conditions in the general medical patient population	3.1/A Demonstrates sufficient knowledge to identify and treat common psychiatric conditions in later-life and in a range of treatment settings 3.2/B Recognizes the impact of functional and neurocognitive impairments on safety in older adults 3.3/C Demonstrates knowledge sufficient to recognize medical conditions in geriatric psychiatry patients	4.1/A Demonstrates sufficient knowledge to identify and treat atypical and complex psychiatric conditions[8] in later-life and in a range of treatment settings 4.2/B Consistently displays knowledge sufficient to determine the appropriate level of care for patients who are expressing or representing danger to self and/or others, or who are functionally or neurocognitively impaired 4.3/C Consistently demonstrates knowledge sufficient to systematically screen for, evaluate, and diagnose complex clinical conditions in geriatric psychiatric patients, and to ensure appropriate further evaluation and treatment of these conditions in collaboration with other clinical disciplines	5.1/B Demonstrates knowledge sufficient to teach assessment of risk and determination of the appropriate level of care for geriatric patients who may represent danger to self and/or others 5.2/C Demonstrates sufficient knowledge to identify and treat uncommon psychiatric conditions in geriatric patients with medical disorders 5.3/C Demonstrates sufficient knowledge to identify uncommon medical conditions in geriatric patients with psychiatric disorders

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Comments:

Not yet achieved Level 1 ▢

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MK3 — Treatment and Management
  A. Somatic therapy
  B. Non-pharmacological therapies[9]
  C. Clinical settings of care

Level 1	Level 2	Level 3	Level 4	Level 5
1.1/A Demonstrates an understanding of psychotropic and other somatic treatment modality selections based on current practice guidelines or treatment algorithms for common psychiatric disorders 1.2/B Demonstrates an understanding of the basic principles, indications, contraindications, benefits, and risks of individual, couples, group, and family therapies	2.1/A Describes the principles of geriatric physiology and psychopharmacology 2.2/B Describes the basic techniques of evidence-based individual psychotherapies in geriatric patients 2.3/C Describes the applicable regulations for billing and reimbursement	3.1/A Demonstrates an understanding of evidence-based psychotropic and other somatic treatment modality selections for common psychiatric disorders among geriatric patients 3.2/B Describes principles of behavioral management and environmental interventions in various clinical care settings 3.3/C Describes federal and state regulations regarding the care of geriatric psychiatric patients in different clinical care settings	4.1/A Demonstrates a comprehensive understanding of the principles of geriatric physiology and psychopharmacology as they relate to the initiation, titration, and the side-effect management of somatic therapies 4.2/B Critically appraises the evidence for efficacy of non-pharmacological therapies with and without concomitant pharmacotherapy 4.3/C Describes how to seek out and integrate new information on the practice of geriatric psychiatry	5.1/A,B,C Incorporates emerging studies and new theoretical developments of geriatric therapeutic modalities into knowledge base 5.2/A,B,C Demonstrates sufficient knowledge of geriatric therapeutic modalities to teach others effectively

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Comments:

Not yet achieved Level 1 ☐

SBP1 — Patient Safety and the Health Care Team
- A. Medical errors and improvement activities[10]
- B. Communication and patient safety
- C. Regulatory and educational activities related to patient safety[10]

Level 1	Level 2	Level 3	Level 4	Level 5
1.1/A Describes the common system causes for errors 1.2/C Follows institutional safety policies, including reporting of problematic behaviors and processes, errors, and near misses 1.3/C Actively participates in conferences focusing on systems-based errors in patient care	2.1/A Describes systems and procedures that promote patient safety 2.2/B Effectively and regularly utilizes all appropriate forms of communication to ensure accurate transitions of care and to optimize communication across systems and the continuum of care 2.3/C Follows regulatory requirements related to reporting requirements and prescribing practices	3.1/B Recognizes special patient or family circumstances that will affect discharge planning 3.2/B Negotiates patient-centered care among multiple care providers	4.1/A Participates in a team-based approach to medical error analysis, including quality improvement projects 4.2/B Takes a leadership role in ensuring accurate transitions of care and optimizing communication across systems and the continuum of care 4.3/C Develops content for and facilitates a patient safety presentation or conference focusing on systems-based errors in patient care (e.g., a morbidity and mortality [M&M] conference, root cause analysis meeting)	5.1/A Leads multidisciplinary teams (e.g., human factors engineers, social scientists) to address patient safety issues 5.2/A,C Participates in quality management and patient safety activities within the health care system[10]

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Comments:

Not yet achieved Level 1 ☐

SBP2 — Resource Management: Costs of care and resource management

Level 1	Level 2	Level 3	Level 4	Level 5
1.1 Recognizes disparities in health care at individual and community levels 1.2 Knows the relative costs of care (e.g., medication costs, diagnostic costs, level-of-care costs, procedure costs)	2.1 Coordinates patient access to community and system resources 2.2 Is aware of health care funding and regulations related to organization of health care services	3.1 Balances the best interests of the patient and family with the availability of resources 3.2 Uses all aspects of the Electronic Medical Record (EMR) and other resources to improve patient safety and quality of care	4.1 Practices cost-effective, high-value clinical care, using evidence-based tools and information technologies to support decision making	5.1 Designs measurement tools to monitor and provide feedback to providers/teams on resource consumption to facilitate improvement 5.2 Advocates for improved access to and additional resources within systems of care
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Comments:

Not yet achieved Level 1 ☐

SBP3 — Community-based Care
  A. Community-based programs
  B. Self-help groups
  C. Recovery and rehabilitation

Level 1	Level 2	Level 3	Level 4	Level 5
1.1/A Describes, and makes use of, local health care delivery systems	2.1/A Coordinates care with community services related to aging and care of older adults 2.2/B Recognizes role and explains importance of self-help groups and community resource groups (e.g., family-based and disorder-specific support and advocacy groups)	3.1/B Incorporates support and self-help groups, community agencies, and social networks in clinical care 3.2/C Appropriately refers to rehabilitation, recovery programs, and/or alternative residential settings	4.1/C Uses principles of evidence-based practice and patient- and family-centered care in management of chronically-ill patients 4.2/C Practices effectively in a rehabilitation, recovery-based program , and/or alternative residential settings	5.1/A Participates in the administration of community-based treatment programs 5.2/A Participates in creating new community-based programs 5.3/A,C Demonstrates capacity to provide medical-psychiatric leadership to community-based programs and groups
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Comments:

Not yet achieved Level 1 ☐

SBP4 — Consultation to non-psychiatric medical providers and non-medical systems (e.g., rehabilitation and alternative residential settings, businesses, forensic, community service agencies)
   A.   Provides care as a consultant and collaborator
   B.   Specific consultative activities

Level 1	Level 2	Level 3	Level 4	Level 5
1.1/A Provides consultation to other medical services	2.1/A Assists primary treatment team in identifying unrecognized clinical care issues	3.1/A Provides integrated care for geriatric psychiatric patients through collaboration with other physicians and advanced level practitioners	4.1/A,B Manages complicated and challenging consultation requests	5.1/B Provides psychiatric consultations to larger systems
1.2/B Clarifies the consultation question	2.2/B Discusses methods for integrating mental health and medical care in geriatric treatment planning	3.2/B Identifies system issues in clinical care and provides recommendations	4.2/B Leads a consultation team	

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Comments:

Not yet achieved Level 1 ☐

PBLI1 — Development and Execution of Lifelong Learning through Ongoing Self-evaluation, Including Critical Evaluation of Research and Clinical Evidence

    A. Self-assessment and self-improvement[11]

    B. Incorporation of evidence into clinical practice[12]

Level 1	Level 2	Level 3	Level 4	Level 5
1.1/A Regularly seeks and incorporates feedback to improve performance 1.2/A Identifies self-directed learning goals and periodically reviews them with supervisory guidance 1.3/B Formulates a searchable question from a clinical question[11]	2.1/A Demonstrates a balanced and accurate self-assessment of competence, using clinical outcomes to identify areas for continued improvement 2.2/B Selects an appropriate, evidence-based information tool[12] to meet self-identified learning goals 2.3/B Critically appraises different types of research, including randomized controlled trials (RCTs), systematic reviews, meta-analyses, and practice guidelines	3.1/A Demonstrates improvement in clinical practice based on ongoing self-assessment and evidence-based information 3.2/B Independently searches for and discriminates evidence relevant to clinical practice problems	4.1/A Identifies and meets self-directed learning goals with little external guidance 4.2/B Demonstrates use of a system or process for keeping up with relevant changes in medicine[11]	5.1/A Sustains practice of self-assessment and keeping up with relevant changes in medicine, and makes informed, evidence-based clinical decisions 5.2/B Teaches others techniques to efficiently incorporate evidence gathering into clinical practice 5.3/B Independently teaches appraisal of clinical evidence
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Comments:

Not yet achieved Level 1 ☐

PBLI2 — Teaching
  A.   Development as a teacher
  B.   Observable teaching skills

Level 1	Level 2	Level 3	Level 4	Level 5
1.1/A Assumes a role in the clinical teaching of early, mid-level, and advanced learners; assists faculty members in providing supervision to these learners 1.2/B Communicates goals and objectives for instruction of early, mid-level, and advanced learners	2.1/A Participates in activities designed to develop and improve teaching skills 2.2/B Evaluates and provides feedback to early, mid-level, and advanced learners	3.1/A Gives informal and formal didactic presentations to groups (e.g., grand rounds, case conference, journal club) 3.2/B Organizes content and methods for individual instruction for early, mid-level, and advanced learners	4.1/A Develops and gives geriatric psychiatry-specific presentations to groups 4.2/B Effectively uses feedback on teaching to improve teaching methods and approaches	5.1/A Educates broader professional community and/or public (e.g., presents at regional or national meeting) 5.2/B Organizes and develops curriculum materials

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Comments:

Not yet achieved Level 1 ☐

PROF1 — Compassion, Integrity, Respect for Others, Sensitivity to Diverse Patient Populations, Adherence to Ethical Principles
   A. Compassion, reflection, sensitivity to diversity
   B. Ethics

Level 1	Level 2	Level 3	Level 4	Level 5
1.1/A Demonstrates capacity for self-reflection, empathy, and curiosity about and openness to different beliefs and points of view, and respect for diversity	2.1/A Elicits beliefs, values, and diverse practices of patients and their families, and discusses their potential impact on geriatric patient care	3.1/A Develops a mutually-agreeable geriatric care plan in the context of conflicting physician and patient and/or family values and beliefs	4.1/A Recognizes and adapts approach based on geriatric psychiatry-related issues of diversity and special needs populations	5.1/A Serves as a role model and teacher of compassion, integrity, respect for others, and sensitivity to diverse patient populations
1.2/A Provides examples of the importance of attention to diversity in psychiatric evaluation and treatment	2.2/A Routinely displays sensitivity to diversity in geriatric psychiatric evaluation and treatment	3.2/A Discusses own cultural background and beliefs and the ways in which these affect interactions with geriatric patients	4.2/B Leads educational activities and case discussions regarding ethical issues specific to both general psychiatry and the subspecialty	5.2/B Identifies emerging ethical issues within sub-specialty practice and can discuss opposing viewpoints
1.3/B Recognizes ethical conflicts in practice and seeks supervision to manage them	2.3/B Recognizes ethical issues in practice and is able to discuss, analyze, and manage these in common geriatric clinical situations	3.3/B Systematically analyzes and manages ethical issues, including those specific to geriatric psychiatry	4.3/B Adapts to evolving ethical standards (i.e., can manage conflicting ethical standards and values and apply these to practice)	5.3/B Adapts to evolving ethical standards (i.e., can manage conflicting ethical standards and values and apply these to practice)
				5.4/B Systematically analyses and manages ethical issues and complicated and challenging geriatric clinical situations

Comments:

Not yet achieved Level 1 ☐

PROF2 — Accountability to Self, Patients, Colleagues, and the Profession
  A. Fatigue management and work balance
  B. Professional behavior and participation in professional community
  C. Ownership of patient care

Level 1	Level 2	Level 3	Level 4	Level 5
1.1/A Notifies team and enlists appropriate coverage for clinical and non-clinical responsibilities when fatigued or ill 1.2/B Follows institutional policies for physician conduct and responsibility 1.3/C Accepts the role as the patient's physician and takes responsibility (under supervision) for ensuring that the patient receives the best possible care	2.1/A Identifies and manages situations in which maintaining personal, emotional, physical, and mental health is challenged, and seeks assistance when needed 2.2/B Recognizes the importance of participating in the geriatric psychiatry professional community 2.3/C Is recognized by self, patient, patient's family, and medical staff members as the patient's geriatric psychiatric provider	3.1/A Knows how to take steps to address impairment in self and in colleagues 3.2/B Prepares for obtaining and maintaining board certification in geriatric psychiatry 3.4/C Displays increasing autonomy and leadership in taking responsibility for ensuring that geriatric psychiatry patients receive the best possible care	4.1/A Prioritizes and balances conflicting interests of self, family, and others to optimize medical care and practice of profession[1] 4.2/B Participates in the geriatric psychiatry professional community (e.g., professional societies, patient advocacy groups, community service organizations) 4.3/C Serves as a role model in demonstrating responsibility for ensuring that geriatric psychiatry patients receive the best possible care	5.1/A Develops physician wellness programs or interventions and/or participates as an active member on committees or in organizations that address physician wellness 5.2/B Develops organizational policies, programs, or curricula for geriatric psychiatry professionalism

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Comments:

Not yet achieved Level 1 ☐

ICS1 — Relationship Development and Conflict Management with Patients, Families, Colleagues, and Members of the Health Care Team
    A. Relationship with patients and families
    B. Conflict management
    C. Team-based care

Level 1	Level 2	Level 3	Level 4	Level 5
1.1/A Develops therapeutic relationship with adult patients and their families in uncomplicated situations 1.2/A Is aware of cultural diversity in communicating with people of different backgrounds 1.3/B Recognizes communication conflicts in work relationships 1.4/C Is able to collaborate with team members in patient care	2.1/A Is respectful of cultural diversity in discussions and management suggestions with geriatric patients and their families 2.2/A Develops working relationships across specialties and systems of care in uncomplicated situations 2.3/B Negotiates and manages simple geriatric patient/family-related conflicts 2.4/C Actively participates in team-based care; supports activities of other team members, and communicates their value to the geriatric patient and family	3.1/A Develops therapeutic relationships in complicated situations 3.2/B Sustains working relationships in the face of conflict 3.3/C Takes a leadership role in a multidisciplinary care team 3.4/C Recognizes differing philosophies within and between different disciplines in care provision	4.1/A Sustains therapeutic and working relationships during complex and challenging situations, including transitions of care 4.2/A Sustains relationships across systems of care and with geriatric patients during long-term follow-up 4.3/B Manages interdisciplinary team conflicts as team leader 4.4/C Effectively leads multidisciplinary geriatric patient care and family meetings	5.1/A,B Develops models/approaches to managing difficult communications 5.2/B Effectively mentors other health care providers in leadership, communication skills, and conflict management 5.3/C Designs research or quality improvement project on the benefits of team-based care

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Comments:

Not yet achieved Level 1 ☐

ICS2 — Information Sharing and Record Keeping

A. Accurate and effective communication with health care team
B. Effective communications with patients
C. Maintaining professional boundaries in communication

Level 1	Level 2	Level 3	Level 4	Level 5
1.1/A Ensures transitions of care are accurately documented, and optimizes communication across systems and continuums of care	2.1/A, B Uses easy-to-understand language in all phases of communication, including working with interpreters and geriatric patients	3.1/A,B Demonstrates effective verbal communication with geriatric patients, families, colleagues, and other health care providers that is appropriate, efficient, concise, and pertinent	4.1/A,B Demonstrates communication with geriatric patients who have limited communication, neurocognitive abilities, and/or sensory impairments that is appropriate, efficient, concise, and pertinent	5.1/A,B Participates in the development of changes in rules, policies, and procedures related to communication technology
1.2/A Ensures that the written record (electronic medical record [EMR], personal health records [PHR]/patient portal, hand-offs, discharge summaries, etc.) are accurate and timely, with attention to preventing confusion and error, consistent with institutional policies	2.2/B Consistently demonstrates communication strategies to ensure geriatric patient and family understanding	3.2/A,B Demonstrates written communication with geriatric patients, families, colleagues, and other health care providers that is appropriate, efficient, concise, and pertinent	4.2/B Recruits appropriate assistance from external sources when cultural differences create barriers to geriatric patient care	5.2/A,B,C Engages in scholarly activity (e.g., teaching, research) regarding teamwork, conflict management, and privacy issues
1.3/A,B Organizes both written and oral information to be shared with patient, family, team, and others	2.3/B Demonstrates appropriate face-to-face interaction while using EMR	3.3/B Consistently engages geriatric patients and families in shared decision making	4.3/C Uses discretion and judgment in the inclusion of sensitive patient material in the medical record	
1.4/C Maintains appropriate boundaries in sharing information by electronic communication and in the use of social media			4.4/C Uses discretion and judgment in electronic communication with geriatric patients, families, and colleagues	
1.5/C Adheres to professional regulations regarding HIPAA and Privacy Act				

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Comments:

Not yet achieved Level 1 ☐

Footnotes

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[1] Includes cognitive mental status, relevant neurologic examination, laboratory and neuroimaging studies, and neuropsychological testing

[2] Examples of other somatic therapies include ECT, rTMS, VNS, and phototherapy

[3] Care should be consistent with the principles of patient- and family-centered care. This may involve the patient's caregiving community, including family, non-relative, institutional, community networks and the use of models of care such as Gatekeeper, PACE (Program of All-inclusive Care of Elderly)

[4] Including medication reconciliation, polypharmacy, home safety, suicide assessment, fall prevention, elder abuse and neglect, and driving safety assessments

[5] Medical decision-making, self-care, financial and testamentary capacity, and research consent. This includes discussion of advance health care directives and the utilization of surrogate decision-makers including: durable powers-of-attorney, guardians, and conservators

[6] Including geriatric syndromes such as incontinence, falls, immobility, sensory impairment, and failure to thrive

[7] Treatment settings, including emergency department, consultation-liaison, home-based health care, assisted living, and long-term care

[8] Complex psychiatric conditions refer to unusual presentations of common disorders, co-occurring disorders in patients with multiple co-morbid conditions, and diagnostically challenging clinical presentations

[9] Includes psychotherapies, and behavioral and environmental interventions

[10] Quality management and patient safety activities, such as: root cause analysis, peer review committee, ongoing practice and performance evaluations, tracers, fishbone diagram process analysis, plan/do/study/act (PDSA) cycle, quality workgroups, morbidity and mortality conference

[11] Examples include: a performance-in-practice (PIP) module as included in the American Board of Psychiatry and Neurology (ABPN) Maintenance of Certification (MOC) process; or regular and structured readings of specific evidence sources

[12] Examples include: practice guidelines; PubMed Clinical Queries; Cochrane, DARE, or other evidence-based reviews; Up-to-Date, etc.