**New Application: Geriatric Medicine**

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

**ACGME**

**Oversight**

**Participating Sites**

List at least one ACGME-accredited program in a specialty other than internal medicine or family medicine present at the primary clinical site or at a participating site. [PR 1.2.b.] (limit response to 300 words)

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Describe the collaborative relationship between the geriatric medicine program director and the program director of the internal medicine or family medicine residency program. [PR 1.2.c.] (limit response to 300 words)

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| Will the program require fellows to travel more than 60 miles from the primary clinical site for a required rotation? [PR 1.6.a.] | YES  NO |

If yes, describe how the program will ensure that the fellows are not unduly burdened by required rotations at geographically distant sites. (Limit response to 250 words)

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**Resources**

Will the program, in partnership with its Sponsoring Institution:

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| ensure the program has adequate space available, including meeting rooms, examination rooms, computers, visual and other educational aids, and office space? [PR 1.8.a.] | YES  NO |
| ensure that appropriate in-person or remote/virtual consultations, including those done using telecommunication technology, are available in settings in which fellows work? [PR 1.8.b.] | YES  NO |
| provide access to an electronic health record (EHR)? [PR 1.8.c.] | YES  NO |

Explain any “NO” responses (Limit response to 250 words)

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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 1.8.i.2.]

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

Complete this table which lists all of the long-term care facilities, such as skilled nursing facilities or chronic care hospitals used in the program, the average number of geriatric medicine patients for the geriatric medicine fellow, and whether the long-term care experience is block or longitudinal. Add rows as needed. [PR 1.8.i.2.]

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

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| Will the total number of beds available at the long-term care facilities be sufficient to permit a comprehensive educational experience? [PR 1.8.e.1.] | YES  NO |
| Are the long-term care facilities approved by the appropriate licensing and accrediting agencies of the state? [PR 1.8.e.2.] | YES  NO |

Explain any “NO” responses (Limit response to 250 words)

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| Will non-institutional care services, such as home care, day care, residential care, transitional care, or assisted living, be included in the program? [PR 1.8.f.] | YES  NO |
| Will one or more nursing home(s) that include sub-acute and long-term care be included in the program? [PR 1.8.g.1.] | YES  NO |
| Will a home care setting be included in the program? [PR 1.8.g.2.] | YES  NO |
| Will a family medicine center, internal medicine office, or other outpatient setting be included in the program? [PR 1.8.g.3.] | YES  NO |

Explain any “NO” responses (Limit response to 250 words)

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| Will a geriatric medicine consultation program be formally available in the ambulatory setting, the inpatient service, and/or emergency medicine service in the acute care hospital or at an ambulatory setting administered by the primary clinical site? [PR 1.8.h.] | YES  NO |

Explain any “NO” responses (Limit response to 250 words)

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Describe how the program will provide fellows with a patient population representative of a variety of clinical problems and stages of diseases to enable each fellow to achieve the required educational outcomes. [PR 1.8.i. – 1.8.i.1.] (Limit response to 300 words)

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**Other Program Personnel**

Indicate if services will be available from other health care professionals: [PR 2.12.a]

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| dietitians | YES  NO |
| language interpreters | YES  NO |
| nurses | YES  NO |
| occupational therapists | YES  NO |
| pharmacists | YES  NO |
| physical therapists | YES  NO |
| psychologists | YES  NO |
| social workers | YES  NO |
| speech pathologists | YES  NO |
| spiritual guidance/counselors | YES  NO |

Explain any “NO” responses (Limit response to 250 words)

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**ACGME Competencies**

**Patient Care and Procedural Skills**

Will fellows demonstrate clinical competence in:

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| assessing the functional status of geriatric patients? [PR 4.4.a.] | YES  NO |
| treating and managing geriatric patients in acute care, long-term care, community, and home care settings? [PR 4.4.b.] | YES  NO |
| assessing the cognitive status and affective states of geriatric patients? [PR 4.4.c.] | YES  NO |
| providing appropriate preventive care, and teaching patients and their caregivers regarding self-care? [PR 4.4.d.] | YES  NO |
| providing care that is based on the patient’s preferences and overall health, including trauma informed care? [PR 4.4.e.] | YES  NO |
| assessing older persons for safety risk, and providing appropriate recommendations, and when appropriate, referral? [PR 4.4.f.] | YES  NO |
| peri-operative assessment and management? [PR 4.4.g.] | YES  NO |
| use of an interpreter in clinical care? [PR 4.4.h.] | YES  NO |

Explain any “NO” responses (Limit response to 250 words)

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**Medical Knowledge**

Will fellows demonstrate sufficient knowledge in:

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| the current science of aging and longevity, including theories of aging, the physiology and natural history of aging, pathologic changes with aging, epidemiology of aging populations, and diseases of the aged? [PR 4.6.a.1.] | YES  NO |
| aspects of preventive medicine, including nutrition, oral health, exercise, screening and immunization and chemoprophylaxis against disease? [PR 4.6.a.2.] | YES  NO |
| geriatric assessment, including medical, affective, biomarkers and other emerging diagnostic tools and technologies, social support, economic, and environmental aspects related to health; activities of daily living; the instrumental activities of daily living; medication review and appropriate use history; physical and mental examination; and interpretation of laboratory results? [PR 4.6.a.3.] | YES  NO |
| general principles of geriatric rehabilitation, including those applicable to patients with orthopedic, rheumatologic, cardiac, pulmonary, and neurologic impairments? [PR 4.6.a.4.] | YES  NO |
| 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 4.6.a.4.a.] | YES  NO |
| 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, and the continuum from short- to long-term care? [PR 4.6.a.5.] | YES  NO |
| the pivotal role of the family in caring for many older adults and the community resources (formal support systems) required to support both patient and family? [PR 4.6.a.6.] | YES  NO |
| home care, including the components of a home visit, accessing appropriate community resources to provide care in the home setting? [PR 4.6.a.7.] | YES  NO |
| hospice care, including pain management, symptom relief, comfort care and end-of-life issues? [PR 4.6.a.8.] | YES  NO |
| behavioral sciences, such as psychology and social work? [PR 4.6.a.9.] | YES  NO |
| topics of special interest to geriatric medicine, including frailty and multimorbidity as well as cognitive impairment, depression and related disorders, falls, incontinence, osteoporosis, fractures, sensory impairment, pressure ulcers, sleep disorders, pain, abuse of older adults, malnutrition, and functional impairment (reflecting the common diseases and disorders of adults)? [PR 4.6.a.10.] | YES  NO |
| diseases that are especially prominent in the older adults or that may have atypical characteristics in the older adults, including neoplastic, cardiovascular, neurologic, musculoskeletal, metabolic, and infectious disorders? [PR 4.6.a.11.] | YES  NO |
| pharmacologic considerations associated with aging, including changes in pharmacokinetics, pharmacodynamics, drug interactions, overmedication, appropriate prescribing, and adherence? [PR 4.6.a.12.] | YES  NO |
| psychosocial aspects of aging, including interpersonal and family relationships, living situations, adjustment disorders, depression, bereavement, and anxiety? [PR 4.6.a.13.] | YES  NO |
| patient and family education, and psychosocial and recreational counseling for patients requiring rehabilitation care? [PR 4.6.a.14.] | YES  NO |
| the economic aspects of supporting services, including Title III of the Older Americans Act, Medicare, Medicaid, and Affordable Care Act capitation, and cost containment? [PR 4.6.a.15.] | YES  NO |
| ethical and legal issues, including limitation of treatment, basic assessment of capacity and competency, guardianship, right to refuse treatment, advance directives, designation of a surrogate decision maker for health care, wills, and durable power of attorney for medical affairs? [PR 4.6.a.16.] | YES  NO |
| research methodologies related to geriatric medicine, including clinical epidemiology and decision analysis? [PR 4.6.a.17.] | YES  NO |
| iatrogenic disorders and their prevention? [PR 4.6.a.18.] | YES  NO |
| cultural aspects for aging, including knowledge about demographics, health care status of older adults, culture-specific beliefs and attitudes towards health care, cross-cultural assessment of beliefs and attitudes toward health care, gender spectrum and sexual orientation, and special issues relating to care of urban and rural older adults from diverse backgrounds, including race, ethnicity, gender spectrum, sexual orientation, and the intersectionality of those backgrounds? [PR 4.6.a.19.] | YES  NO |
| issues related to ageism and its intersectionality with other identities? [PR 4.6.a.20.] | YES  NO |
| behavioral aspects of illness, socioeconomic factors, and health literacy issues?  [PR 4.6.a.21.] | YES  NO |
| basic principles of research, including how research is conducted, evaluated, explained to patients, and applied to patient care? [PR 4.6.a.22.] | YES  NO |

Explain any “NO” responses (Limit response to 250 words)

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**Practice-based Learning and Improvement**

Briefly describe one planned learning activity in which fellows will develop competence in the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and lifelong learning. [PR 4.7] (Limit response to 400 words)

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**Interpersonal and Communication Skills**

Briefly describe how fellows will develop skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals. [PR 4.8] (Limit response to 400 words)

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**Systems-based Practice**

Briefly describe how fellows will demonstrate an awareness of and responsiveness to the larger context and system of health care, including the structural and social determinants of health, as well as the ability to call effectively on other resources in the system to provide optimal health care. [PR 4.9] (Limit response to 400 words)

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**Curriculum Organization and Fellow Experiences**

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| Will fellows provide direct care for patients in ambulatory, community, and long-term care settings, and consultive and/or direct care in acute inpatient care settings? [PR 4.11.a.1.a.] | YES  NO |
| Will fellows care for persons who are generally healthy and require primarily preventative care? [PR 4.11.a.1.b.] | YES  NO |
| Will fellows care for older adult patients as a consultant, providing assessments and recommendations in the unique care needs of older patients? [PR 4.11.a.1.c.] | YES  NO |

Explain any “NO” responses (Limit response to 250 words)

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Ambulatory Care Program:

Provide information for the ambulatory care experience including patient distribution. 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 4.11.b-c.]

| **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 | % |

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| Will fellows be responsible for at least five patient visits each week, including at least one half-day per week spent in a continuity of care experience? [PR 4.11.b.1.] | YES  NO |
| Will fellows provide care in a geriatric clinic or family medicine center to older adult patients, who may require services of multiple medical disciplines, including audiology, dentistry, gynecology, neurology, ophthalmology, orthopedic surgery, otolaryngology – head and neck surgery, physical medicine and rehabilitation, podiatry, psychiatry, and urology? [PR 4.11.b.2.] | YES  NO |
| Will fellows provide continuing care and coordinate the implementation of recommendations from medical specialties and other disciplines in their continuity clinic? [PR 4.11.b.3.] | YES  NO |
| Will fellows have experiences in relevant ambulatory specialty and subspecialty clinics, such as psychiatry and neurology, and those that focus on the assessment and management of geriatric syndromes, such as falls, incontinence, and osteoporosis? [PR 4.11.b.4.] | YES  NO |

Explain any “NO” responses (Limit response to 250 words)

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Long-Term Care Experience:

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| Will fellows have 12 months of continuing longitudinal clinical experience in the long-term care setting, and manage an assigned panel of patients for whom the fellow is the primary practitioner? [PR 4.11.c.] | YES  NO |
| Will fellows participate in patient care activities in sub-acute care and rehabilitation in the long-term care setting? [PR 4.11.c.1.] | YES  NO |
| Will fellows have clinical experience in daycare or day-hospital centers, life care communities, or residential care facilities? [PR. 4.11.c.2.] | YES  NO |
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| Will each fellow’s longitudinal experience include: | |
| participating in home visits and hospice care, including organizational and administrative aspects of home health care and experience with continuity of care for home or hospice care patients? [PR 4.11.c.3.] | YES  NO |
| structured didactic and clinical experiences in geriatric psychiatry? [PR 4.11.c.4.] | YES  NO |
| diagnosis and treatment of the acutely and chronically ill and frail older adult in a less technologically sophisticated environment than the acute-care hospital? [PR 4.11.c.5.] | YES  NO |
| working within the limits of a decreased staff-patient ratio compared with acute-care hospitals? [PR 4.11.c.6.] | YES  NO |
| familiarity with sub-acute care, physical medicine, and rehabilitation? [PR 4.11.c.7.] | YES  NO |
| addressing the clinical and ethical dilemmas produced by the illness of the very old? [PR 4.11.c.8.] | YES  NO |
| participating in the administrative aspects of long-term care? [PR 4.11.c.9.] | YES  NO |
| interacting and communicating with the patient’s family/caregiver? [PR 4.11.c.10.] | YES  NO |
| using palliative care and hospice in caring for the terminally ill? [PR 4.11.c.11.] | YES  NO |

Explain any “NO” responses (Limit response to 250 words)

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Additional Fellow Experiences:

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| Will fellows teach other health professionals and learners, including allied health personnel, medical students, nurses, and residents? [PR 4.11.d.] | YES  NO |
| Will fellows be involved in other health care and community agencies, such as delivery of health care in community-based settings? [PR 4.11.d.1.] | YES  NO |
| Will the educational program provide fellows individualized educational experiences, allowing them to participate in opportunities relevant to their future practice or to further skill/competence development in the foundational educational experiences of the subspecialty? [PR 4.11.d.2.] | YES  NO |

Explain any “NO” responses (Limit response to 250 words)

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**Didactic Experience**

Briefly describe the conduct of Core Curriculum Conference Series in your program. [PR 4.11.e.] (Limit response to 250 words)

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| Will the program ensure fellows have an opportunity to review all content from conferences that they could not attend? [PR 4.11.e.1.] | YES  NO |
| Will fellows have a sufficient number of didactic sessions to ensure fellow-fellow and fellow-faculty interaction? [PR 4.11.e.2.] | YES  NO |
| Will fellows have instruction in and experience with community resources that provide aid to their patients? [PR 4.11.e.3.] | YES  NO |

Explain any “NO” responses (Limit response to 250 words)

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Describe how the fellows will receive instruction in practice management relevant to the subspecialty. [PR 4.11.f.] (Limit response to 250 words)

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| Will the program provide an opportunity for each fellow to participate in research or other scholarly activities? [PR 4.15.] | YES  NO |

Explain any “NO” responses (Limit response to 250 words)

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**Evaluation**

**Fellow Evaluation**

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| Will the program use multiple evaluators (e.g. faculty members, peers, patients, self, and other professional staff members)? [PR 5.1.b.1.] | YES  NO |

Explain any “NO” responses (Limit response to 250 words)

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**Faculty Evaluation**

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| Will fellows have the opportunity to provide confidential written evaluations of each supervising faculty member at the end of each rotation? [PR 5.4.b.] | YES  NO |
| Will faculty members receive feedback on their evaluations at least annually? [PR 5.4.c] | YES  NO |

Explain any “NO” responses (Limit response to 250 words)

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**The Learning and Working Environment - Teamwork**

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| Will each fellow have experience with a physician-led, interprofessional geriatric team in more than one setting? [PR 6.18.a.] | YES  NO |
| Will this team include a geriatrician, nurse, and social worker/case manager, and other team members as appropriate to the setting of care? [PR 6.18.b.] | YES  NO |

Explain any “NO” responses (Limit response to 250 words)

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Will the geriatric care team include representatives from the following disciplines, when appropriate: [PR 6.18.c.]

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| dentistry | YES  NO |
| neurology | YES  NO |
| nutrition | YES  NO |
| occupational therapy | YES  NO |
| pastoral care | YES  NO |
| pharmacy | YES  NO |
| physical medicine and rehabilitation | YES  NO |
| physical therapy | YES  NO |
| psychiatry | YES  NO |
| psychology | YES  NO |
| speech therapy | YES  NO |

Explain any “NO” responses (Limit response to 250 words)

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| Will physician assistants or nurse practitioners be available to provide team or collaborative care of geriatric patients, e.g., inpatient acute care unit for older adult patients, geriatric patient-centered medical home outpatient site, or long-term care.? [PR 6.18.d.] | YES  NO |
| Will the program hold regular geriatric team conferences dictated by the needs of the individual patient? [PR 6.18.e.] | YES  NO |

Explain any “NO” responses (Limit response to 250 words)

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