**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.B.1.c)] (Limit response to 150 words)

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**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 I.B.1.c)]  YES  NO

**Other Faculty/Services**

Indicate if services will be available from other health care professionals: [PR II.D.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 I.D.1.b)]

|  |  |  |
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| **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 I.D.1.c)]

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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 I.D.1.d)]  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.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 | 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 IV.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 | % |
| 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 I.D.1.f)]  YES  NO

7. Medical Records: Will there be access to an electronic health record? [PR I.D.1.g)]  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.1-2]  
  YES  NO

**Patient Care**

Will fellows be expected to demonstrate clinical competence in:

1. Assessing the functional status of geriatric patients [PR IV.B.1.b).(1).(a).(i)]  YES  NO
2. Treating and managing geriatric patients in acute care, long-term care, community, and home care settings [PR IV.B.1.b).(1).(a).(ii)]  YES  NO
3. Assessing the cognitive status and affective states of geriatric patients [PR IV.B.1.b).(1).(a).(iii)]  
     YES  NO
4. Providing appropriate preventive care, and teaching patients and their caregivers regarding self-care [PR IV.B.1.b).(1).(a).(iv)]  YES  NO
5. Providing care that is based on the patient’s preferences and overall health [PR IV.B.1.b).(1).(a).(v)]  
     YES  NO
6. Assessing older persons for safety risk, and providing appropriate recommendations, and when appropriate, referral [PR IV.B.1.b).(1).(a).(vi)]  YES  NO
7. Peri-operative assessment and management [PR IV.B.1.b).(1).(a).(vii)]  YES  NO
8. Use of an interpreter in clinical care [PR IV.B.1.b).(1).(a).(viii)]  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.B.1.c).(1).(a)]  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.B.1.c).(1).(b)]  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.B.1.c).(1).(c)]  YES  NO
4. General principles of geriatric rehabilitation, including those applicable to patients with orthopaedic, rheumatologic, cardiac and neurologic impairments? [PR IV.B.1.c).(1).(d)]  
     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.B.1.c).(1).(d).(i)]  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.B.1.c).(1).(e)]  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.B.1.c).(1).(f)].  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.B.1.c).(1).(g)]  YES  NO
9. Hospice care, including pain management, symptom relief, comfort care and end-of-life issues? [IV.B.1.c).(1).(h)]  YES  NO
10. Behavioral sciences, such as psychology and social work? [PR IV.B.1.c).(1).(i)]  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.B.1.c).(1).(j)]  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.B.1.c).(1).(k)]  YES  NO
13. Pharmacologic problems associated with aging, including changes in pharmacokinetics, pharmacodynamics, drug interactions, overmedication, appropriate prescribing, and adherence? [PR IV.B.1.c).(1).(l)]  YES  NO
14. Psychosocial aspects of aging, including housing, depression, bereavement and anxiety?   
    [PR IV.B.1.c).(1).(m)]  YES  NO
15. Patient and family education, and psychosocial and recreational counseling for patients requiring rehabilitation care? [PR IV.B.1.c).(1).(n)]  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.B.1.c).(1).(o)]  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.B.1.c).(1).(p)]  YES  NO
18. Research methodologies related to geriatric medicine, including, clinical epidemiology, decision analysis, and critical literature review? [PR IV.B.1.c).(1).(q)]  YES  NO
19. Iatrogenic disorders and their prevention? [PR IV.B.1.c).(1).(r)]  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.B.1.c).(1).(s)]  YES  NO
21. Behavioral aspects of illness, socioeconomic factors, and health literacy issues?  
     [PR IV.B.1.c).(1).(t)]  YES  NO
22. Basic principles of research, including how research is conducted, evaluated, explained to patients, and applied to patient care? [PR IV.B.1.c).(1).(u)]  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 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 IV.B.1.d)] (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.B.1.e)] (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 the professional responsibilities and ethical responsibilities of physicians.   
   [PR VI.B.1.] (Limit 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, 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 IV.B.1.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.C.3.a).(1)]  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.C.3.c).(4).(c)]  YES  NO
2. Will fellows teach other health professionals and learners, including allied health personnel, medical students, nurses, and residents? [PR IV.A.4.b).)]  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.C.4.c).]  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 [PR IV.C.5.a)]:
   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.1.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.1.b)]  YES  NO
2. Will the program director review these evaluations with each faculty member annually?   
   [PR V.B.2.]  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.E.2.a)].  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.E.2.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? [PR VI.E.2.a).(3)]  YES  NO

If NO, explain.

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4. Will the program hold regular team conferences? [PR VI.E.2.a).(4)]  YES  NO