

American Geriatrics Society (AGS) Position Statement GUIDELINES FOR FELLOWSHIP TRAINING IN GERIATRICS

RECOMMENDATIONS FROM AMERICAN GERIATRICS SOCIETY

Geriatricians currently fill a variety of roles in clinical practice, health care organizations, community agencies, industry, and academics. Although a core set of attitudes, knowledge, and skills is necessary for all geriatricians to fill any of these roles, some roles require additional knowledge and skills and, hence, necessitate additional training in geriatrics and other disciplines. This document will describe suggestions for fellowship training in geriatrics with specific emphasis on the core set of attitudes, knowledge, and skills needed for an internist or family physician to be formally trained as a clinical geriatrician. This core training requires one year of clinical training and will satisfy training eligibility requirements for the Certificate of Added Qualifications in Geriatrics Medicine (CAQGM) offered by the American Board of Family Practice and the American Board of Internal Medicine. Thus, geriatricians who have completed this training and have attained their CAQGM would be recognized as experts in the clinical care of older persons. They may fill additional roles in health care organizations, community agencies, and academics.

Nevertheless, for geriatricians who plan to fill leadership and most educational positions, the single year of training will be insufficient. Additional training in health care administration, education, health policy, and other disciplines that focus on older persons and geriatrics will provide the additional knowledge and skills that will allow these geriatricians to rise in leadership roles. In most cases, this training for "Educator" or "Administrative" geriatricians will require an additional year (total of 2 years). A third track that some geriatricians will pursue is that of the "Researcher" geriatrician, which will require a minimum of two years beyond the clinical geriatrician year (total of 3 years or more). The need for at least two years beyond the clinical training is justified both by additional course work necessary for basic science, clinical, social sciences, or health services research and to allow fellows sufficient time to plan and complete a research project that will solidify, the skills needed to conduct research and begin to establish a track record of research credibility.

It is anticipated that the vast majority of physicians who enter fellowship programs will become clinical geriatricians and only a minority will choose training for careers as educators, administrators, or researchers. Nevertheless, each of these roles is critical in providing optimal care for older persons. For example, without an adequate number of "educator" or "researcher" geriatricians, the academic base of training of generalist physicians who will provide the majority of care for older persons' will crumble. Hence, it becomes a priority of the Health Care Financing Administration to maintain fellowship funding for each of these tracks, especially in light of the shortage of geriatrics faculty. Additional support (e.g., for advanced research training) should be supported by the National Institute on Aging, Bureau of Health Professions, or other Federal agencies.

¹ Reuben DB, Zwanzinger J, Bradley TB, Fink A, Hirsch SH, Williams AP, Solomon DH, Beck JC. "How many physicians will be needed to provide medical care for older persons? Physicians manpower needs for the twenty-first century". *J Am Ger Soc* 1993; 41:444-453.

² Reuben DB, Bradley TB, Zwanziger J, Fink A, Vivell S, Hirsch SH, Beck J. "The critical shortage of geriatrics faculty". *J Am Ger Soc* 1993; 41 560-569.

AGS Guidelines for Second Year/Educational or Administrative Track

Although the purpose of training in these tracks is to develop non-clinical expertise, it will be necessary for the trainee to continue to provide patient care to maintain clinical skills. Fellows may play an increasing role in preceptorship of medical students or residents in addition to direct patient care. Much of the clinical care provided will occur in longitudinal care settings such as geriatrics clinics, nursing homes, and home care.

During the second year of advance geriatrics training, fellows may choose to focus exclusively on developing teaching and/or administrative skills. Potential mechanisms to accomplish these goals are listed below.

I. Clinical Teaching and Education

- a. Attendance at symposia, workshops, or lecture series on effective clinical teaching methods and clinical curriculum development.
- b. Review of the literature on effective clinical teaching strategies and integration of these strategies into a review article or presentation to peers.
- c. Demonstration of these skills by lecture, poster or research presentation of material in geriatric medicine or education.
- d. Skill development and demonstration of evaluation strategies.
- e. Exposure to and development of innovative teaching strategies, incorporating proper use of audio-visual materials.
- f. Participation in the planning of a teaching symposium or CME activity.
- g. Instruction in bedside clinical teaching.
- h. Scholarly review articles on clinical topics.
- i. Curriculum development on special clinical topics (example: osteoporosis, incontinence).

The above methods accomplished by inter- or intra- institution partnership with Masters level programs (such as Masters in Education) or curricula that include formal relevant course work (such as Schools of Public Health or Education). This coursework could be complemented with practical experiences such as proctored teaching experience in the medical schools or residency programs.

II. Administration

- a. Instruction in the financing of health care as it pertains to older adults (e.g., Medicare, Medicaid, managed care).

b. Instruction in basic health care management course content focusing on the proposed following topics applicable to a variety of settings (e.g., academic, hospital, ambulatory, nursing facility and managed care sites) including:

1. Developing leadership skills
2. Team building
3. Employee recruitment, interviewing and retention
4. Performance improvement
5. Providing feedback and holding critical conversations
6. Improving meeting effectiveness
7. Creating clinical outcome measures
8. Problem solving and prevention (individual and group)
9. Creating performance-based appraisals
10. Project management
11. Presentations to the business and health care community
12. Preparing and implementing a budget
13. Population and individual care management
14. Strategies for futile care prevention/advance directive strategies
15. Time management
16. Training in total quality improvement/management
17. Strategic plan development

c. Demonstration of administrative competency by presentation, lecture or committee work.

The above requirements could be accomplished in partnership with Masters level programs in Public Health Administration or Business and could be complemented by practical experiences. Examples of these would include an apprenticeship in medical directorship in a skilled nursing facility, large group practice or Health Maintenance Organization. Trainees could additionally be involved in committees such as ethics, quality improvement, development of clinical pathways, development of training curricula, externships with community agency directors (e.g., the local chapter of the Alzheimer's Association or Council on Aging) would also be a source of this training. Linkage with the Certified Medical Directors Program under the American Medical Directors Association is an additional resource.

Author: AGS Education Committee

Contributors to this document:

David B. Reuben, MD (Corresponding author)
Director for Geriatrics and Division Chief
Multicampus Program in Geriatrics and
Gerontology
UCLA School of Medicine
10945 LeConte Avenue, Suite 2339
Los Angeles, CA 90095-1687
ph (310) 825-8253
fx (310) 794-2199
Sharon A. Brangman, MD, AGSF
Assistant Professor of Medicine/Geriatrics

SUNY Health Sciences Center at Syracuse
Sally Brooks, MD, AGSF
Director, Section of Geriatric Medicine
The Christ Hospital
G. Paul Eleazer, MD
Director, Division of Geriatrics
University of South Carolina School of
Medicine
Director, James F. Byrnes
Center for Geriatric Medicine, Education and
Research

Evelyn Granieri, MD
Assistant Professor of Medicine
University of Pittsburgh School of Medicine
Division of Geriatric Medicine

George T. Grossberg, MD
Samuel W. Fordyce Professor & Chairman,
Department of Psychiatry
St. Louis University School of Medicine
Dennis Jahnigen, MD, AGSF
Director, Center on Aging
Goodstein Professor of Geriatric Medicine
Head, Division of Geriatric Medicine
Department of Medicine
University of Colorado Health Science Center

Adrienne Mims, MD, MPH
Chief, Prevention Health Promotion & Research
Kaiser Permanente

Thomas Mulligan, MD
Daniel Osterweil, MD

Barbara L. Thompson, MD
Professor and Chair
Department of Family Medicine
The University of Texas Medical Branch

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