

Program Requirements for Fellowship Education in Internal Medicine-Geriatric Medicine

For sections I. through VII, see Program Requirements for Fellowship Education in the Subspecialties of Internal Medicine.

VIII. Educational Program

- A. An educational program in geriatric medicine must be organized to provide a well-supervised experience at a level sufficient for the fellow to acquire the competence of a physician with added qualifications in the field.
- B. The training program must be 12 months in duration, all of which must include clinical experience.
- C. The program must provide the opportunity for fellows to maintain their basic primary skills during the course of this training. The program must have at least 1/2 day per week averaged over each month in a continuity of care setting caring for patients of all ages and both genders. The program must also arrange for contact with a mentor from the primary specialty for each fellow.

IX. Faculty

- A. The director must have demonstrated experience in geriatric medicine, must have demonstrated experience in education and scholarly activity, and must have a career commitment to academic geriatric medicine.
- B. In addition to the program director, each program must have at least one additional key clinical faculty member with similar qualifications who devote(s) a substantial portion of professional time to the training program.
- C. For programs with more than 2 fellows, a ratio of 1 faculty to 1.5 fellows must be maintained.
- D. The program must ensure that interdisciplinary relationships occur between the geriatric fellows and faculty in the following specialties: physical medicine and rehabilitation, neurology, and psychiatry.
- E. Appropriate relationships should be maintained between the geriatric fellows and faculty in general surgery, orthopedics, ophthalmology, otolaryngology, podiatry, urology, gynecology, emergency medicine, dentistry, pharmacy, audiology, physical and occupational therapy, speech therapy, and nursing and social services.
- F. Additionally, a team or collaborative care of geriatric patients with physician assistants or with nurse practitioners is recommended.

X. Facilities and Resources

The program must include the following:

- A. The acute-care hospital central to the geriatric medicine program must be an integral component of a teaching center. It must have the full range of services usually ascribed to an acute-care general hospital, including intensive care units, emergency medicine, operating rooms, diagnostic laboratory and imaging services, and a pathology department.

- B. Long-term Care Institution
 - 1. One or more long-term care institutions, such as a skilled nursing facility or chronic care hospital, must be affiliated with the geriatric medicine program.
 - 2. There must be a formal affiliation agreement between each long-term care facility included in the program and the sponsoring institution, in which each institution must acknowledge its responsibility to provide high-quality care, adequate resources, and administrative support for the educational mission.
 - 3. There must be a letter of agreement between each long-term care facility and the office of the director of the geriatric medicine program that guarantees the director appropriate authority at the long-term care institution to carry out the training program.
 - 4. Fellows must have exposure to subacute care and rehabilitation in the long-term care setting.
 - 5. The total number of beds available must be sufficient to permit a comprehensive educational experience.
 - 6. The long-term care institutions must be approved by the appropriate licensing agencies of the state, and the standard of facilities and care in each must be consistent with those promulgated by the Joint Commission on Accreditation of Healthcare Organizations.

- C. Long-term Non-institutional Care
 - 1. Non-institutional care service, for example, home care, day care, residential care, or assisted living, must be included in the geriatric medicine program to permit fellows to learn to provide care for patients who are homebound but not institutionalized.
 - 2. It is recommended that the program provide opportunities for experience in day-care or day-hospital centers, life care communities, and residential care facilities.

- D. Geriatric Care Team

The fellow must have experience with physician-directed interdisciplinary geriatric teams.

 - 1. Essential members include a geriatrician, a nurse, and a social worker/case manager.
 - 2. Additional members may be included in the team as appropriate, including representatives from disciplines such as neurology, psychiatry, physical medicine and rehabilitation, physical therapy, occupational therapy and speech therapy, dentistry, pharmacy, psychology, and pastoral care.
 - 3. Regular team conferences must be held as dictated by the needs of the individual patient.
 - 4. Fellows must have interdisciplinary geriatric team experience in more than one setting, which may include:
 - a) an acute care hospital;
 - b) a nursing home that includes subacute and long-term care;
 - c) an home care setting;

- d) a family medicine center, internal medicine center, or other outpatient settings.
- E. Other Facilities, Resources, or Support Services
- 1. Peer interaction is essential for fellows. An accredited training program in at least one relevant specialty other than internal medicine or family medicine must be present at the primary training site.
 - 2. Involvement in other health care and community agencies is suggested.
- F. Patient Population
- 1. The program must provide a patient population adequate to meet the needs of the training program in the facilities in which the educational experiences take place.
 - 2. Elderly patients of both sexes (at least 25% of each gender, cumulative across settings) with a variety of chronic illnesses, at least some of whom have potential for rehabilitation, must be available.
 - 3. At all facilities used by the program the fellow must be given opportunities to assume meaningful patient responsibility.

XI. Specific Program Content

- A. Fellows must develop clinical competence in the field of geriatrics, including:
- 1. the physiology of aging;
 - 2. the pathophysiology that commonly occurs in older persons;
 - 3. atypical presentations of illnesses;
 - 4. functional assessment;
 - 5. concepts of treatment and management in acute care, long-term care, community, and home-care settings; and
 - 6. assessment of cognitive status and affective states.
- B. Clinical experience in the management of elderly patients must include:
- 1. direct care for patients in ambulatory, community, and long-term care settings, and consultative and/or direct care in acute inpatient care settings in order to understand the interaction of natural aging and disease as well as the techniques of assessment, therapy, and management;
 - 2. care for persons who are generally healthy and require primarily preventive health-care measures;
 - 3. understanding of the behavioral aspects of illness, socioeconomic factors, health literacy issues and ethical and legal considerations that may impinge on medical management.
 - 4. care for elderly patients as a consultant providing expert assessments and recommendations in the unique care needs of elderly patients.
- C. Curriculum
- 1. All major dimensions of the curriculum must be structured educational experiences for which written goals and objectives, a specific methodology for teaching, and a method of evaluation exist.
 - 2. A written curriculum that comprehensively describes the program, including sites, educational objectives for each component, and topics to be covered in didactic sessions, must be available to fellows and faculty.
 - 3. The curriculum must ensure the opportunity for fellows to achieve the cognitive knowledge, physical examination skills, interpersonal skills, professional attitudes,

and practical experience required of a physician who specializes in the care of the aged.

D. Pathology

1. All deaths of patients who receive primary care by fellows should be reviewed and autopsies performed whenever possible.
2. Fellows must receive autopsy reports after autopsies are completed on their patients.

E. Teaching Opportunities

As the fellows progress through their training, they should have the opportunity to teach other health professionals and trainees, such as nurses, allied health personnel, medical students, and residents.

F. Clinical Experiences

The following components must be provided in the training program:

1. Geriatric Medicine Consultation Program
This program must be formally available in the ambulatory setting, the inpatient service, and/or emergency medicine in the acute-care hospital or at an ambulatory setting administered by the primary teaching institution.
2. Ambulatory Care Program
 - a) The ambulatory care program must comprise a minimum of 33% of the fellow's time, and may include home care, adult day health care, home hospice care, and outpatient geriatric rehabilitation.
 - b) Fellows should be responsible for at least five patients each week, and no more than the number for whom adequate teaching can be provided. This must include at least 1/2 day per week spent in a continuity of care experience.

This experience must be designed to provide care in a geriatric clinic or internal medicine center to elderly patients who may require the services of multiple medical disciplines (including but not limited to neurology, gynecology, urology, psychiatry, podiatry, orthopedics, physical medicine and rehabilitation, dentistry, audiology, otolaryngology and ophthalmology, as well as nursing, social work, and nutrition, among other disciplines.)

- c) The fellows must have the opportunity to provide continuing care and to coordinate the implementation of recommendations from medical specialties and other disciplines in their continuity clinic.
 - d) In addition, experiences in relevant ambulatory specialty and subspecialty clinics (e.g., geriatric psychiatry and neurology) and those that focus on the assessment and management of geriatric syndromes (e.g., falls, incontinence, and osteoporosis) are strongly recommended.
3. Long-term Care Experience
Fellows must 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 provider.
 - a) Emphasis during the longitudinal experience should be focus on:
 - (1) the approaches to diagnosis and treatment of the acutely and chronically ill, frail elderly in a less technologically sophisticated environment than the acute-care hospital;
 - (2) working within the limits of a decreased staff-patient ratio compared with acute care hospitals;

- (3) a much greater awareness of and familiarity with subacute care physical medicine and rehabilitation;
 - (4) the challenge of the clinical and ethical dilemmas produced by the illness of the very old;
 - (5) geriatric pharmacology;
 - (6) administrative aspects of long-term care;
 - (7) the role of physicians as interdisciplinary team members in the care of the long-term care patient;
 - (8) the importance of interaction and communication with the family/caregiver; and
 - (9) the role of palliative care and hospice in the terminally ill.
- b) The program must provide experience with home visits and hospice care.
 - (1) Fellows must be exposed to the organizational and administrative aspects of home health care.
 - (2) The program must include experience with continuity of care for home or hospice care patients.
 - c) Additional block time to provide long-term care experience is recommended.
4. Geriatric Psychiatry
Identifiable structured didactic and clinical experiences in geriatric psychiatry must be included in the program of each fellow.

G. Formal Instruction

The curriculum of the program must exhibit, as a minimum, the following content and skills areas:

1. Current scientific knowledge 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;
2. Aspects of preventive medicine, including nutrition, oral health, exercise, screening, immunization and chemoprophylaxis against disease. Instruction about and experience with community resources dedicated to these activities should be included;
3. Geriatric assessment, including medical, affective, cognitive, functional status, social support, economic, and environmental aspects related to health; activities of daily living (ADL); the instrumental activities of daily living (IADL); medication review, the appropriate use of the history; physical and mental examination; and laboratory;
4. Appropriate interdisciplinary coordination of the actions of multiple health professionals, including physicians, nurses, social workers, dieticians, and rehabilitation experts, in the assessment and implementation of treatment;
5. Topics of special interest to geriatric medicine, including but not limited to cognitive impairment, depression and related disorders, falls, incontinence, osteoporosis, fractures, sensory impairment, pressure ulcers, sleep disorders, pain, senior (elder) abuse, malnutrition, and functional impairment;
6. Diseases that are especially prominent in the elderly or that have different characteristics in the elderly, including neoplastic, cardiovascular, neurologic, musculoskeletal, metabolic, and infectious disorders;
7. Pharmacologic problems associated with aging, including changes in pharmacokinetics and pharmacodynamics, drug interactions, mover-medication, appropriate prescribing, and adherence;

8. Psychosocial aspects of aging, including interpersonal and family relationships, living situations, adjustment disorders, depression, bereavement, and anxiety;
9. The economic aspects of supporting geriatric services, including Title III of the Older Americans Act, Medicare, Medicaid, capitation, and cost containment;
10. Ethical and legal issues especially pertinent to geriatric medicine, including limitation of treatment, 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;
11. General principles of geriatric rehabilitation, including those applicable to patients with orthopedic, rheumatologic, cardiac, pulmonary, and neurologic impairments. These principles should include those related to the use of physical medicine modalities, exercise, functional activities, assistive devices, environmental modification, patient and family education, and psychosocial and recreational counseling;
12. Management of patients in long-term care settings, including palliative care, knowledge of the administration, regulation, and financing of long-term institutions, and the continuum from short- to long-term care;
13. Research methodologies related to geriatric medicine, including clinical epidemiology, decision analysis, and critical literature review;
14. Perioperative assessment and involvement in management;
15. Iatrogenic disorders and their prevention;
16. Communication skills with patients, families, professional colleagues, and community groups, including presenting case reports, literature searches, and research papers, when appropriate, to peers and lectures to lay audiences;
17. 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;
18. Cultural aspects of aging, including knowledge about demographics, health care status of older persons of diverse ethnicities, access to health care, cross-cultural assessment of culture-specific beliefs and attitudes towards health care, and use of an interpreter in clinical care. Also, issues of ethnicity in long-term care, patient education, and special issues relating to urban and rural older persons of various ethnic backgrounds;
19. Home care, including the components of a home visit, accessing appropriate community resources to provide care in the home setting;
20. Hospice care, including pain management, symptom relief, comfort care, and end-of-life issues;
21. Behavioral sciences such as psychology/social work.

ACGME Approved: September 13, 2005

Effective Date: July 1, 2006