**Continued Accreditation Application: Geriatric Medicine (Internal Medicine or Family Medicine)**

401 North Michigan Avenue · Chicago, Illinois 60611 · United States · +1.312.755.7042

www.acgme-i.org

**Submission for Continued Accreditation:** This Advanced Specialty Application is for programs applying for **Continued Accreditation ONLY** and is used in conjunction with the Accreditation Data System (ADS).

All sections of the form applicable to the program must be completed for it to be accepted for review. The information provided should describe the existing program. For items that do not apply, indicate “N/A” in the space provided. Where patient numbers are requested, provide exact numbers as requested and indicate the exact dates for the data entered. If any requested information is unavailable, an explanation must be given, and it should also be indicated as unavailable in the appropriate place on the form. Once the form is complete, number the pages sequentially in the bottom center.

The program director is responsible for the accuracy of the information supplied in this form and must sign it. It must also be signed by the designated institutional official (DIO) of the Sponsoring Institution, who will submit the application electronically in ADS.

Review the International Foundational Program Requirements for Graduate Medical Education and Advanced Specialty Program Requirements for Graduate Medical Education in Geriatric Medicine. The International Foundational, Advanced Specialty, and Institutional Requirements may be downloaded from the ACGME International website: [www.acgme-i.org](http://www.acgme-i.org/).

Email questions regarding the form’s content to acgme-i@acgme-i.org.

Email questions regarding ADS to ADS@acgme.org (type the program number in the subject line).

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| Program Name: Click here to enter text. |

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**Introduction**

**Duration and Scope of Education**

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| * + - 1. What is the length, in months, of the educational program?

Choose a length. |

**Institutions**

**Sponsoring Institution**

1. Does the fellowship function as an integral part of an ACGME-I-accredited residency in internal medicine? [ ] YES [ ] NO

Explain if ‘NO.’ (Limit 250 words)

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**Program Personnel and Resources**

**Other Program Personnel**

1. Are services from the following health care professionals available to the program?
2. Occupational therapists [ ] YES [ ] NO
3. Physical therapists [ ] YES [ ] NO

Explain any ‘NO’ responses. (Limit 250 words)

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1. Are physician assistants or nurse practitioners available to provide team or collaborative care of geriatric patients? [ ] YES [ ] NO

Explain if ‘NO.’ (Limit 250 words)

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**Resources**

1. Does the program have access to an acute care hospital? [ ] YES [ ] NO

If ‘YES,’ does it function as an integral component of a teaching center? [ ] YES [ ] NO

Explain any ‘NO’ responses. (Limit 250 words)

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1. If the program has access to an acute care hospital, does it have a full range of resources, including the following?
2. Diagnostic laboratory [ ] YES [ ] NO
3. Emergency medicine [ ] YES [ ] NO
4. Imaging services [ ] YES [ ] NO
5. Intensive care units [ ] YES [ ] NO
6. Operating rooms [ ] YES [ ] NO
7. Pathology services [ ] YES [ ] NO

Explain any ‘NO’ responses. (Limit 250 words)

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1. Is the program affiliated with one or more long-term care facilities, such as a skilled nursing facility or a chronic care hospital? [ ] YES [ ] NO

Explain if ‘NO.’ (Limit 250 words)

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If ‘YES,’ is the facility approved by the appropriate licensing agency in the country or state?

 [ ] YES [ ] NO

Explain if ‘NO.’ (Limit 250 words)

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1. Are long-term non-institutional services, such as home care, day care, residential care, or assisted living, available to the program? [ ] YES [ ] NO

Explain if ‘NO.’ (Limit 250 words)

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| Click here to enter text. |

1. Do residents have educational experiences at the following facilities?
2. A home care setting [ ] YES [ ] NO
3. An internal medicine center or other outpatient settings [ ] YES [ ] NO
4. A nursing home that includes long-term care [ ] YES [ ] NO
5. A nursing home that includes sub-acute care [ ] YES [ ] NO

Explain any ‘NO’ responses. (Limit 250 words)

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1. How does the program ensure a geriatric medicine consultation program is available in the ambulatory setting, the inpatient service, or the emergency medicine service in the acute care hospital or at an ambulatory setting administered by the primary clinical site? (Limit 300 words)

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1. What is the makeup of the geriatric population available to the program, including gender, chronic illness, and percent of the population with potential for rehabilitation? (Limit 300 words)

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**Eligibility Criteria**

1. How does the program ensure that all fellows have completed an ACGME-I-accredited internal medicine residency program or another internal medicine residency acceptable to the Sponsoring Institution’s Graduate Medical Education Committee? (Limit 250 words)

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**Specialty-Specific Educational Program**

**ACGME-I Competencies**

**Professionalism**

1. How do graduating fellows demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles?

Describe how these skills are evaluated. (Limit 300 words)

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**Patient Care and Procedural Skills**

1. How do graduating fellows demonstrate the ability to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health?

Describe how this is evaluated. (Limit 300 words)

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1. How do graduating fellows demonstrate competence in the following?

Assessing the affective status of geriatric patients

Assessing the cognitive status of geriatric patients

Assessing the functional status of geriatric patients

Assessing older persons for safety risks and providing appropriate recommendations and referrals when necessary

Peri-operative assessment and management

Providing appropriate preventive care and teaching patients and their caregivers regarding self-care

Providing care based on patients’ preferences and overall health

Treating and managing geriatric patients in acute care, long-term care, community, and home care settings

Use of an interpreter in clinical care

Provide examples of how competence is assessed in five of the nine areas listed. (Limit 500 words)

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**Medical Knowledge**

1. How do graduating fellows demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences, as well as the application of this knowledge to patient care?

Describe how knowledge is evaluated. (Limit 400 words)

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1. How do graduating fellows demonstrate knowledge of 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? (Limit 300 words)

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1. How do graduating fellows demonstrate knowledge of aspects of preventive medicine, including nutrition, oral health, exercise, screening, immunization, and chemoprophylaxis against disease? (Limit 300 words)

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1. How do graduating fellows demonstrate knowledge of geriatric assessment, including medical, affective, cognitive, and functional status; social support; and economic and environmental aspects related to health? (Limit 300 words)

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1. How do graduating fellows demonstrate knowledge of the following?
	1. Activities of daily living (ADL)
	2. Appropriate use of the history, physical, and mental examination and laboratory results or findings
	3. Instrumental activities of daily living (IADL)
	4. Medication review

Describe how knowledge is assessed in each of the areas listed. (Limit 400 words)

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1. How do graduating fellows demonstrate knowledge of the general principles of geriatric rehabilitation, including those applicable to patients with cardiac, neurologic, orthopaedic, pulmonary, and rheumatologic impairments? (Limit 300 words)

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1. How do graduating fellows demonstrate knowledge of management of patients in long-term care settings, including palliative care, administration, regulation, and the financing of long-term institutions, as well as the continuum from short- to long-term care? (Limit 300 words)

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1. How do graduating fellows demonstrate knowledge of the pivotal role of the family in caring for many elderly patients, and the community resources (formal support systems) required to support both patients and families? (Limit 300 words)

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1. How do graduating fellows demonstrate knowledge of the following?
	1. Behavioral sciences, including psychology and social work
	2. Home care, including the components of a home visit and accessing appropriate community resources to provide care in a home setting
	3. Hospice care, including pain management, symptom relief comfort care, and end-of-life issues

Describe how knowledge is assessed in each of the areas listed. (Limit 300 words)

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1. How do graduating fellows demonstrate knowledge of topics of special interest to geriatric medicine, including the following?
	1. Cognitive impairment
	2. Depression and related disorders
	3. Falls
	4. Fractures
	5. Functional impairment
	6. Incontinence
	7. Malnutrition
	8. Osteoporosis
	9. Pain
	10. Pressure ulcers
	11. Senior (elder) abuse
	12. Sensory impairment
	13. Sleep disorders

Provide examples of how knowledge is assessed in seven of the 13 areas listed. (Limit 700 words)

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| Click here to enter text. |

1. How do graduating fellows demonstrate knowledge of diseases that are prominent in the elderly or that may have atypical characteristics in the elderly, including the following?
	1. Cardiovascular disease
	2. Infectious disease
	3. Metabolic disease
	4. Musculoskeletal disease
	5. Neoplastic disease
	6. Neurologic disorders

Provide examples of how knowledge is assessed in four of the six areas listed. (Limit 400 words)

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1. How do graduating fellows demonstrate knowledge of pharmacologic problems associated with aging, including the following?
2. Adherence
3. Appropriate prescribing
4. Changes in pharmacokinetics and pharmacodynamics
5. Drug interactions
6. Over medication

Provide examples of how knowledge is assessed in three of the five areas listed. (Limit 300 words)

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1. How do graduating fellows demonstrate knowledge of psychosocial aspects of aging, including interpersonal and family relationships, living situations, adjustment disorders, depression, and bereavement? (Limit 300 words)

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1. How do graduating fellows demonstrate knowledge of the following?
2. Patient and family education
3. Psychosocial and recreational counseling for patients requiring rehabilitation care
4. The economic aspects of supporting geriatric services

Describe how knowledge is assessed in each of the areas listed. (Limit 300 words)

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| Click here to enter text. |

1. How do graduating fellows demonstrate knowledge of ethical and legal issues pertinent to geriatric medicine, including the following?
2. Advance directives
3. Competency
4. Designation of a surrogate decision maker for health care
5. Durable power of attorney for medical affairs
6. Guardianship
7. Limitation of treatment
8. Right to refuse treatment
9. Wills

Provide examples of how knowledge is assessed in five of the eight areas listed. (Limit 500 words)

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1. How do graduating fellows demonstrate knowledge of basic principles of research, including research methodologies related to geriatric medicine, such as clinical epidemiology and decision analysis and how research is conducted, evaluated, explained to patients, and applied to patient care? (Limit 400 words)

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| Click here to enter text. |

1. How do graduating fellows demonstrate knowledge of the cultural aspects of aging, including knowledge of the following?
2. Access to health care
3. Cross-cultural assessment of culture-specific beliefs and attitudes towards health care
4. Demographics
5. Health care status of older persons of diverse ethnicities
6. Issues of ethnicity in long-term care and special issues relating to urban and rural older persons of various ethnic backgrounds

Provide examples of how knowledge is assessed in three of the five areas listed. (Limit 300 words)

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1. How do graduating fellows demonstrate knowledge of the following?
2. Behavioral aspects of illness
3. Health literacy issues
4. Socioeconomic factors

Describe how knowledge is assessed in each of the areas listed. (Limit 300 words)

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| Click here to enter text. |

**Practice-based Learning and Improvement**

* + - 1. How do graduating fellows demonstrate their 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?

Describe how these skills are evaluated. (Limit 300 words)

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**Interpersonal and Communication Skills**

1. How do graduating fellows demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals?

Describe how these skills are evaluated. (Limit 300 words)

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| Click here to enter text. |

**Systems-based Practice**

1. How do graduating fellows demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care?

Describe how these skills are evaluated. (Limit 300 words)

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| Click here to enter text. |

**Regularly Scheduled Educational Activities**

1. Complete Appendix A., Formal Didactic Sessions by Academic Year, and attach to submission.

**Clinical Experiences**

1. How does the program ensure each fellow has a minimum of 12 months devoted to clinical experiences during the educational program? (Limit 300 words)

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1. During the educational program, does each fellow have clinical experience in the following?
2. Care for elderly patients as a consultant providing expert assessments and recommendations for each patient’s unique care needs [ ] YES [ ] NO
3. Care for persons who are generally healthy requiring primary preventive services [ ] YES [ ] NO
4. Consultative and/or direct care in acute inpatient settings [ ] YES [ ] NO
5. Direct care for patients in ambulatory settings [ ] YES [ ] NO
6. Direct care for patients in community settings [ ] YES [ ] NO
7. Direct care for patients in long-term care settings [ ] YES [ ] NO
8. Management of elderly patients [ ] YES [ ] NO

Explain any ‘NO’ responses. (Limit 250 words)

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| Click here to enter text. |

1. Does each fellow have exposure to sub-acute care and rehabilitation in a long-term care setting during the educational program? [ ] YES [ ] NO

Explain if ‘NO.’ (Limit 250 words)

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| Click here to enter text. |

1. During the educational program, does each fellow have a longitudinal experience that includes the following?
2. Continuity of care for home or hospice care patients [ ] YES [ ] NO
3. Hospice care [ ] YES [ ] NO
4. In-home visits [ ] YES [ ] NO
5. Organizational and administrative aspects of home care [ ] YES [ ] NO

Explain any ‘NO’ responses. (Limit 250 words)

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| Click here to enter text. |

1. How does the program ensure each fellow has experience participating as a member of a physician-directed interdisciplinary geriatric team in more than one setting during the educational program? (Limit 300 words)

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1. Does the geriatric team include the following specialists?
2. Geriatrician [ ] YES [ ] NO
3. Nurse [ ] YES [ ] NO
4. Social worker or case manager [ ] YES [ ] NO

Explain any ‘NO’ responses. (Limit 250 words)

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| Click here to enter text. |

1. Are regular geriatric conferences held as dictated by the needs of individual patients? [ ] YES [ ] NO

Explain if ‘NO.’ (Limit 250 words)

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| Click here to enter text. |

If ‘YES,’ does the team include representatives from the following?

1. Dentistry [ ] YES [ ] NO
2. Neurology [ ] YES [ ] NO
3. Occupational therapy [ ] YES [ ] NO
4. Pastoral care [ ] YES [ ] NO
5. Pharmacy [ ] YES [ ] NO
6. Physical medicine and rehabilitation [ ] YES [ ] NO
7. Physical therapy [ ] YES [ ] NO
8. Psychiatry [ ] YES [ ] NO
9. Psychology [ ] YES [ ] NO
10. Speech therapy [ ] YES [ ] NO

Explain any ‘NO’ responses and indicate any additional members of the team. (Limit 300 words)

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1. How does the program ensure each fellow has a longitudinal experience in the diagnosis and treatment of acutely and chronically ill and frail elderly patients in a less technologically sophisticated environment than the acute care hospital? (Limit 400 words)

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1. Does each fellow’s longitudinal experience include the following?
	1. Addressing clinical and ethical dilemmas related to illness if the very old [ ] YES [ ] NO
	2. Interaction or communicating with a patient’s family and/or caregiver [ ] YES [ ] NO
	3. Physical medicine and rehabilitation [ ] YES [ ] NO
	4. Structured clinical experiences in geriatric psychiatry [ ] YES [ ] NO
	5. Structured didactic experiences in geriatric psychiatry [ ] YES [ ] NO
	6. Sub-acute care [ ] YES [ ] NO
	7. Using palliative care and hospice in caring for terminally ill [ ] YES [ ] NO
	8. Working within the limits of a decreased staff-patient ratio compared with acute care hospitals
	 [ ] YES [ ] NO

Explain any ‘NO’ responses. (Limit 250 words)

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| Click here to enter text. |

1. Do fellows have the following educational experiences?
	1. Involvement in other health care and community agencies related to geriatric medicine
	 [ ] YES [ ] NO
	2. Reviewing autopsy reports completed on their patients [ ] YES [ ] NO
	3. Teaching other health professional and learners [ ] YES [ ] NO

Explain any ‘NO’ responses. (Limit 250 words)

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| Click here to enter text. |

1. Do fellows have a structured continuity ambulatory clinic experience that exposes them to the breadth and depth of geriatric medicine? [ ] YES [ ] NO
2. Does the experience described in Question 11 above include an appropriate distribution of patients of all genders and a diversity of ages within geriatric medicine? [ ] YES [ ] NO
3. Do fellows have an average of one half-day a week in the ambulatory clinic throughout the educational program? [ ] YES [ ] NO

Explain any ‘NO’ responses to Questions 11-13. (Limit 250 words)

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1. How does the program ensure that each fellow, on average, is responsible for four to eight patients during each half-day ambulatory clinic session and, on average, no more than eight to 12 patients during each half-day ambulatory clinic session? (Limit 300 words)

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| Click here to enter text. |

1. Is fellows’ continuing patient care experience interrupted by more than one month, excluding vacation?

 [ ] YES [ ] NO

Explain if ‘YES.’ (Limit 250 words)

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| Click here to enter text. |

1. Do fellows participate in the administrative aspects of long-term care? [ ] YES [ ] NO

Explain if ‘NO.’ (Limit 250 words)

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| Click here to enter text. |

If ‘YES,’ does this experience include the following?

* 1. Attending team meetings [ ] YES [ ] NO
	2. Completing a quality improvement project [ ] YES [ ] NO
	3. Introductory instruction to the role of the nursing home medical director [ ] YES [ ] NO
	4. Nursing home regulations [ ] YES [ ] NO

Explain any ‘NO’ responses. (Limit 250 words)

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| Click here to enter text. |

1. How does the program ensure all fellows have experiences in relevant specialty and subspecialty clinics that focus on the assessment and management of geriatric syndromes, including falls, incontinence, and osteoporosis? Identify the specialty or subspecialty clinics that are used. (Limit 400 words)

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| Click here to enter text. |

1. Do all fellows have clinical experience in day care or day hospital centers, life care communities, or residential care facilities? [ ] YES [ ] NO

Explain if ‘NO.’ (Limit 250 words)

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| Click here to enter text. |

**Appendix A. Formal Didactic Sessions by Academic Year**

For each year of the fellowship, attach (Label: Appendix A.) a list of all scheduled didactic courses (including discussion groups, seminars and conferences, grand rounds, basic science, skills labs, and journal club) at all participating sites to which fellows rotate, using the format below. If attended by fellows from multiple years, list in each year but provide a full description *only the first time a site is listed*.

Number sessions **consecutively** from the first year through the final year so that the scheduled didactic sessions can be easily referenced throughout the application. **Be brief and use the outline that follows**.

Year in the Program:

Number: Title:

a) Type of Format (e.g., seminar, conference, discussion groups)

b) Required or elective

c) Brief description (three or four sentences)

d) Frequency, length of session, and total number of sessions

**Example:**

|  |
| --- |
| Y-101. Introduction to Geriatric Medicinea) Seminarb) Required Y-1c) Survey of contemporary methods and styles of critical care, including approaches to clinical work with minority populationsd) Weekly, for 8 sessions02. Departmental Grand Roundsa) Discussion groupsb) Required, Y-1, Y-2, Y-3; Elective c) Clinical case presentations, sponsored by each departmental division, followed by discussion and review of contemporary state of knowledge. Format includes fellow presentations and discussions with additional faculty discussant.d) Twice monthly, 24 sessions |

If fellow attendance is monitored, explain how this is accomplished and how feedback is given regarding non-attendance. (Limit 250 words)

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