



ACGME International

**Advanced Specialty Program Requirements for
Graduate Medical Education in
Geriatric Medicine
(Internal Medicine)**

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I Introduction

I.A. Definition and Scope of Specialty

The medical specialty of geriatrics focuses on health care of elderly people, specifically to promote health by preventing and treating diseases and disabilities in older adults.

I.B. Duration of Education

I.B.1. The education program in geriatric medicine must be 24 or 36 months in length.

II Institutions

II.A. Sponsoring Institutions

See International Subspecialty Foundational Requirements, Section I.A.

II.B. Participating Sites

See International Subspecialty Foundational Requirements, Section I.B.

III Program Personnel and Resources

III.A. Program Director

See International Subspecialty Foundational Requirements, Section II.A.

III.B. Faculty

See International Subspecialty Foundational Requirements, Section II.B.

III.C. Other Program Personnel

III.C.1. There must be services available from additional health care professionals, specifically occupational therapists and physical therapists.

III.C.2. Physician assistants or nurse practitioners should be available to provide team or collaborative care of geriatric patients.

III.D. Resources

III.D.1. Acute Care Hospital

III.D.1.a) The program must have access to an acute care hospital that is an integral component of a teaching center.

III.D.1.b) The acute care hospital must have the full range of resources typically found in such a facility, including intensive care units, emergency medicine, operating rooms, diagnostic laboratory and imaging services, and pathology services.

III.D.2. Long-Term Care Facilities

III.D.2.a) The program must be affiliated with one or more long-term care facilities, such as a skilled nursing facility or a chronic care hospital.

III.D.2.b) Such facilities must be approved by the appropriate licensing agencies of the country or state.

III.D.3. Long-Term Non-Institutional Care Services

III.D.3.a) Non-institutional care services, including home-care, day-care, residential care, or assisted living, must be available to the program.

III.D.4. One or more of the following must be included in the program:

III.D.4.a) a nursing home that includes sub-acute and long-term care;

III.D.4.b) a home-care setting; or,

III.D.4.c) an internal medicine center or other outpatient settings.

III.D.5. A geriatric medicine consultation program must be available in the ambulatory setting, the inpatient service, and/or the emergency medicine service in the acute-care hospital or at an ambulatory setting administered by the primary clinical site.

III.D.6. Elderly patients of each gender (at least 25 percent of each gender, cumulative across settings) with a variety of chronic illnesses, at least some of whom have potential for rehabilitation, must be available.

IV Fellow Appointments

IV.A. Eligibility Criteria

IV.A.1. Prior to appointment in the program, fellows should have completed an Accreditation Council for Graduate Medical Education International (ACGME-I)-accredited core specialty program in either internal medicine or family medicine.

IV.B. Number of Fellows

See International Subspecialty Foundational requirements, Section III.B.

V Specialty-Specific Educational Program

V.A. Regularly Scheduled Didactic Sessions

See International Subspecialty Foundational requirements, Section IV.A.

V.B. Clinical Experiences

- V.B.1. At least 12 months of education must be devoted to clinical experience.
- V.B.2. Each fellow must have clinical experience in the management of elderly patients, including:
 - V.B.2.a) direct care for patients in ambulatory, community, and long-term care settings, and consultative and/or direct care in acute inpatient care settings;
 - V.B.2.b) care for persons who are generally healthy and require primarily preventive health care measures; and,
 - V.B.2.c) care for elderly patients as a consultant providing expert assessments and recommendations for such patients' unique care needs.
- V.B.3. Each fellow must have exposure to sub-acute care and rehabilitation in the long-term care setting.
- V.B.4. Each fellow's longitudinal experience must include participating in 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.
- V.B.5. Each fellow must have experience participating as a member of a physician-directed interdisciplinary geriatric team in more than one setting.
 - V.B.5.a) This team must include a geriatrician, a nurse, and a social worker or case manager.
 - V.B.5.b) Regular geriatric team conferences must be held as dictated by the needs of individual patients.
 - V.B.5.c) This team should include representatives from disciplines such as dentistry, neurology, occupational therapy, pastoral care, pharmacy, physical medicine and rehabilitation, physical therapy, psychiatry, psychology, and speech therapy.
- V.B.6. Each fellow's longitudinal experience should include:
 - V.B.6.a) diagnosis and treatment of the acutely- and chronically-ill and frail elderly in a less technologically sophisticated environment than the acute-care hospital;
 - V.B.6.b) structured didactic and clinical experiences in geriatric psychiatry;

- V.B.6.c) working within the limits of a decreased staff-patient ratio compared with acute-care hospitals;
- V.B.6.d) increased awareness of and familiarity with sub-acute care physical medicine and rehabilitation;
- V.B.6.e) addressing clinical and ethical dilemmas related to the illness of the very old;
- V.B.6.f) interacting and communicating with a patient's family and/or caregiver; and,
- V.B.6.g) using palliative care and hospice in caring for the terminally ill.
- V.B.7. Additional fellow experiences should include:
 - V.B.7.a) teaching other health professionals and trainees, including allied health personnel, medical students, nurses, and residents;
 - V.B.7.b) review of autopsy reports completed on their patients; and,
 - V.B.7.c) involvement in other health care and community agencies related to geriatric medicine.
- V.B.8. Fellows should have a structured continuity ambulatory clinic experience that exposes them to the breadth and depth of geriatric medicine.
 - V.B.8.a) This experience should include an appropriate distribution of patients of each gender and a diversity of ages within geriatric medicine.
 - V.B.8.b) This experience should average one half-day each week throughout the educational program.
 - V.B.8.c) Each fellow should, on average, be responsible for four to eight patients during each half-day session.
 - V.B.8.c).(1) Each fellow should, on average, be responsible for no more than eight to 12 patients during each half-day ambulatory session.
 - V.B.8.d) The continuing patient care experience should not be interrupted by more than one month, excluding a fellow's vacation.
- V.B.9. Fellows should participate in the administrative aspects of long-term care, including:
 - V.B.9.a) introductory instruction to the role of the nursing home medical director;

- V.B.9.b) nursing home regulations;
- V.B.9.c) completing a quality improvement project; or,
- V.B.9.d) attending team meetings.
- V.B.10. Fellows should have experiences in relevant specialty and subspecialty clinics, such as psychiatry and neurology, and those that focus on the assessment and management of geriatric syndromes, including falls, incontinence, and osteoporosis.
- V.B.11. Fellows should have clinical experience in day-care or day-hospital centers, life care communities, or residential care facilities.

V.C. Fellows' Scholarly Activities

See International Subspecialty Foundational Requirements, Section IV.C.

V.D. Duty Hour and Work Limitations

See International Subspecialty Foundational Requirements, Section VI.

VI ACGME-I Competencies

VI.A. Patient Care

Fellows must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health. Fellows must demonstrate proficiency in:

- VI.A.1. assessing older persons for safety risks and providing appropriate recommendations and referrals, when necessary;
- VI.A.2. assessing the cognitive status and affective states of geriatric patients;
- VI.A.3. assessing the functional status of geriatric patients;
- VI.A.4. peri-operative assessment and management;
- VI.A.5. providing appropriate preventive care, and teaching patients and their caregivers regarding self-care;
- VI.A.6. providing care that is based on patients' preferences and overall health;
- VI.A.7. treating and managing geriatric patients in acute-care, long-term care, community, and home-care settings; and,
- VI.A.8. use of an interpreter in clinical care.

VI.B. Medical Knowledge

Fellows must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences, as well as the application of this knowledge to patient care. Fellows must demonstrate proficiency in knowledge of:

- VI.B.1. 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;
- VI.B.2. aspects of preventive medicine, including nutrition, oral health, exercise, screening, immunization, and chemoprophylaxis against disease;
- VI.B.3. geriatric assessment, including medical, affective, cognitive, functional status, social support, economic, and environmental aspects related to health;
- VI.B.4. activities of daily living (ADL);
- VI.B.5. instrumental activities of daily living (IADL);
- VI.B.6. medication review;
- VI.B.7. appropriate use of the history, physical and mental examination, and laboratory results or findings;
- VI.B.8. the general principles of geriatric rehabilitation, including those applicable to patients with cardiac, neurologic, orthopaedic, pulmonary, and rheumatologic impairments;
 - VI.B.8.a) 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.
- VI.B.9. 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;
- VI.B.10. the pivotal role of the family in caring for many elderly, and the community resources (formal support systems) required to support both patients and families;
- VI.B.11. home care, including the components of a home visit and accessing appropriate community resources to provide care in the home setting;
- VI.B.12. hospice care, including pain management, symptom relief, comfort care, and end-of-life issues;
- VI.B.13. behavioral sciences, including psychology and social work;

- VI.B.14. topics of special interest to geriatric medicine, including cognitive impairment, depression and related disorders, falls, incontinence, osteoporosis, fractures, functional impairment, malnutrition, pain, pressure ulcers, senior (elder) abuse, sensory impairment, and sleep disorders;
- VI.B.15. diseases that are especially prominent in the elderly or that may have atypical characteristics in the elderly, including cardiovascular, infectious, metabolic, musculoskeletal, neoplastic, and neurologic disorders;
- VI.B.16. pharmacologic problems associated with aging, including changes in pharmacokinetics and pharmacodynamics, drug interactions, over-medication, appropriate prescribing, and adherence;
- VI.B.17. psychosocial aspects of aging, including interpersonal and family relationships, living situations, adjustment disorders, depression, bereavement, and anxiety;
- VI.B.18. patient and family education, and psychosocial and recreational counseling for patients requiring rehabilitation care;
- VI.B.19. the economic aspects of supporting geriatric services, including capitation and cost containment;
- VI.B.20. the ethical and legal issues 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;
- VI.B.21. 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;
- VI.B.22. iatrogenic disorders and their prevention;
- VI.B.23. 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, issues of ethnicity in long-term care, and special issues relating to urban and rural older persons of various ethnic backgrounds;
- VI.B.24. behavioral aspects of illness;
- VI.B.25. socioeconomic factors; and,
- VI.B.26. health literacy issues.

VI.C. Practice-based Learning and Improvement

Fellows must demonstrate 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 life-long learning.

VI.D. Interpersonal and Communication Skills

Fellows must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals.

VI.E. Professionalism

Fellows must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles.

VI.F. Systems-based Practice

Fellows must 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.