Frequently Asked Questions: Geriatric Medicine (effective: July 1, 2014)
Review Committees for Internal Medicine and Family Medicine
ACGME

Question	Answer
Institutions	
Can a core program that is the only residency program at its institution sponsor a geriatric medicine fellowship? *[Program Requirement: I.A.2.]*	No. At least one other residency (other than internal medicine or family medicine) should be present in order to sponsor a geriatric medicine fellowship. The Committees considers the following specialties relevant to geriatrics education: • Neurology • Obstetrics and Gynecology • Orthopaedic Surgery • Physical Medicine and Rehabilitation • Psychiatry • Urology If a sponsoring entity does not have another specialty present at the primary clinical site, it can develop an affiliation with another sponsoring entity to provide such exposure in at least one of the other specialties noted above.
Program Personnel and Resources	
Why do the Review Committees expect the fellowship program director to have a reporting relationship with the core residency program director? *[Program Requirement: II.A.3.f)]*	The purpose of this requirement is to ensure that the fellowship program director uses the experience and oversight of the core residency program director to: • understand and comply with the fellowship Program Requirements; • understand and implement a competency-based educational program, quality improvement (QI) projects, etc.; and, • ensure that the fellowship and core residency program directors coordinate changes in their respective programs that may have an impact on either program. The Review Committees expect the internal medicine or family medicine program director to provide oversight of the fellowship program. Oversight may be accomplished in a variety of ways, such as: • joint participation in a departmental fellowship committee;

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	• joint meetings with the designated institutional official (DIO); or, • periodic meetings between the residency and fellowship program directors. Note: Simply meeting to discuss interface of fellows' and residents' rotations, etc. is insufficient.
What are considered "home care" settings? *[Program Requirement: II.D.6.b)]*	Home care includes independent or assisted residential living programs/settings.
What do the Review Committees consider as examples of an electronic health record (EHR)? *[Program Requirement: II.D.8.]*	Fellows should have access to an EHR at least at one site used for clinical education. An EHR can include electronic notes, orders, and lab reporting. Such a system also facilitates data reporting regarding the care provided to a patient or a panel of patients. It may also include systems for enhancing the quality and safety of patient care. An EHR does not have to be present at all participating sites and does not have to be comprehensive. A system that simply reports lab or radiology results does not meet this definition of an EHR.
How can a program meet the 25 percent gender requirement? *[Program Requirement: II.D.9.c)]*	Geriatrics programs can meet the 25 percent gender requirement by averaging gender over the continuity clinic or for all ambulatory rotations.
Educational Program	
What are the Review Committees' expectations for research/scholarship requirements for fellows? *[Program Requirement: IV.A.3.a)]*	The program must provide fellows an opportunity to participate in research or other scholarly activities. However, all 12 months of the educational program must be devoted to clinical experiences. Fellows may participate in research, but each rotation must be primarily clinical. If a fellow chooses to participate in scholarly activities/research, the time for this would need to be integrated into his or her schedule.
How can programs and fellows meet the five patient minimum program requirement during the ambulatory care experience? *[Program Requirement: IV.A.3.a).(2).(a)]*	The Review Committees expects each fellow to care for at least five ambulatory geriatric patients per week that he or she follows in continuity (either in continuity clinic or in other ambulatory experiences). The program director may schedule clinics creatively to mix and match new patients and returns throughout the week. Five patients is the minimum, but certainly not a recommended number. The upper limit is to be defined by the program. Note also that the half-day each week may be averaged over each month.

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Do fellows need to follow patients in the same long-term care setting over the course of the year? *[Program Requirement: IV.A.3.a).(3)]*	Yes. The Review Committees expect that each fellow will participate in longitudinal care in the long-term care setting and will manage an assigned panel of patients. Each fellow will act as primary care provider for these patients throughout the 12 months of the program. The Review Committees expect the long-term care experience of 12 months to take place in the same setting. The Review Committees will also accept two six-month assignments during the 12 months. Long-term care education cannot take place on short-term assignments less than six months in length. Note that the Review Committees do not apply the gender rule to long-term care rotations.
What do the Review Committees consider training using simulation? *[Program Requirement: IV.A.3.b).(2)]*	The Review Committees do not expect each program to use a simulator or have a simulation center. Simulation means that learning about patient care occurs in a setting that does not include actual patients. This could include objective structured clinical examinations (OSCEs), standardized patients, patient simulators, or electronic simulation of codes, procedures, and other clinical scenarios.
Is there a suggested number of conferences or frequency of conferences per month, and how will programs be assessed for compliance? *[Program Requirements: IV.A.3.c).(1), IV.A.3.c).(1).(a), and IV.A.3.c).(1).(c)]*	There are no specific requirements for the number of conferences per month. This requirement allows the program director flexibility to schedule conferences in a manner that best meets the needs of the program. The Review Committees will look at several variables in assessing the adequacy of a program's didactic sessions. Programs may be cited if: • instruction is lacking in one of the content areas defined in the Program Requirements (primarily sections IV.A.5 – Patient Care, and IV.A.6. – Medical Knowledge); • all conference types listed in the Program Requirements (above) are not included in the curriculum; or, • the frequency of conferences is not sufficient to maintain the environment of inquiry and scholarship that is expected, based on information obtained from fellow surveys and/or during a site visit.
What can programs do to offer fellows the opportunity to recoup or make up missed conferences? *[Program Requirements: IV.A.3.c).(1), IV.A.3.c).(1).(a), and IV.A.3.c).(1).(c)]*	There must be a mechanism for fellows who miss conferences (day off, post-call, vacation, off-campus rotation, etc.) to make up the missed educational experience. The Review Committees accept a variety of solutions, as long as fellows have the opportunity to experience missed conferences. The solutions to this issue are all local, and depend partially on why fellows miss a conference (post-call, day-off, away rotation). A variety of solutions are acceptable, such as: • videotaping

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	• web casting • making slides available online • repeating conferences • offering a parallel conference series at the off-site location
What constitutes adequate instruction in practice management? *[Program Requirement: IV.A.3.c).(2)]*	Instruction in practice management includes the organization and financing of clinical practice, including personnel and business management, scheduling, billing and coding procedures, telephone and telemedicine management, and maintenance of an appropriate confidential patient record system.
Evaluation	
Is the quarterly faculty member evaluation of fellows in addition to the semiannual evaluation conducted by the program director? *[Program Requirement: V.A.1.a).(1)]*	The quarterly faculty member evaluations do not replace the semiannual aggregate feedback from the program director. These are directed at longitudinal experiences (as opposed to rotations with a high frequency of faculty member/fellow interaction), such as continuity clinic, where it is expected the faculty members would give at least formative feedback quarterly for the fellow to achieve the required milestones by the end of the educational program.
What types of activities would the Review Committees find acceptable to meet the requirement for assessing fellows in data gathering, clinical reasoning, patient management, and procedures in both the inpatient and outpatient settings, and in direct observation of fellow-patient encounters? *[Program Requirement: V.A.1.b).(1).(a)]*	If the discipline does not have an in-training exam, programs may want to consider administering items from a standardized source, such as a board review syllabus, observed history, examination, teaching activity, or any problem-based learning and improvement exercises, such as chart audit, chart stimulated recall, vignettes, or portfolios in the evaluation of fellows in order to meet this requirement.

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The Learning and Working Environment	
Are there situations when fellows may be supervised by licensed independent practitioners? *[Program Requirement: VI.A.2.a).(1)]*	While there is an expectation that the fellows and faculty members have ultimate responsibility for the overall care of a patient, there may be circumstances where a licensed independent practitioner or physician extender may also be involved in a supervisory role for the fellow. In such instances, the non-physician is expected to provide that supervision within the legal limits of his or her particular license.
Does a faculty member need to be present on-site during unscheduled urgent visits to the nursing home for fellows' primary care patients? *[Program Requirement: VI.A.2.c)]*	The Review Committees allow fellows to complete home care visits without on-site faculty supervision. On-site supervision may be provided by a physician extender or nurse operating under physician-directed care protocols or orders. An attending faculty physician must always be available by phone. This is the only exception to on-site outpatient supervision rule and does not extend to other settings or other fellowships. (Note: This exception is for geriatric medicine fellowships only.) Many programs are affiliated with community nursing homes that are not located on the campus of the program's Sponsoring Institution, and it is the standard of practice in most nursing homes that physicians be on-site only when attending to patient care. Because fellows are expected to be the primary care providers for patients in this setting, they are encouraged to make visits to the nursing home for these patients for unscheduled urgent visits. These may occur at times when attending faculty members are not on-site. In this situation, the attending faculty member is not required to supervise the fellow on-site, but must be available by phone. Furthermore, the fellow must discuss the care of the patient by phone with that attending faculty member at the time the patient is being seen by the fellow in the long-term care facility. This exception does not apply to routinely-scheduled rounds on fellows' continuity patients in long-term care. For these visits, attending faculty members are expected to be on site and available to examine patients jointly with the fellows.
Does a faculty member need to be present on site during home care visits? *[Program Requirement: VI.A.2.c)]*	Fellows must be supervised in all settings, and the supervision must be on site. In inpatient settings, supervision need not be continuous/on site; supervision can occur at specified times such as teaching rounds, with immediate availability at all other times. In outpatient settings, supervision must be continuously available and on site. • This supervision must be on site (i.e., not by telephone) and concurrent (i.e., in outpatient settings, the fellow must present the case to the attending physician

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	faculty member prior to the patient leaving clinic). Rationale: The attending physician must have the opportunity to interview/examine all patients at the time he or she reviews the case and provides supervision. Learners do not always realize when additional evaluation or a change in care plan is necessary. • In long-term care settings (i.e., SNF), the supervision can occur at the end of the session, as long as the faculty member is present on site at the time with the opportunity to personally examine patients. <u>Home care visit exception</u>: The Review Committees allow fellows to complete home care visits without on-site faculty member supervision. On-site supervision may be provided by a physician extender or nurse operating under physician-directed care protocols or orders. An attending faculty physician must always be available by phone. This is the only exception to on-site outpatient supervision rule and does not extend to other settings or other fellowships. (Note: This exception is for geriatric medicine fellowships only.)
What is an optimal clinical workload? *[Program Requirement: VI.E.1.]*	The program director must ensure fellow patient loads are appropriate. The optimal caseload will allow each fellow to see as many cases as possible, without being overwhelmed by patient care responsibilities, or without compromising a fellow's educational experience.
Should fellows be assigned night float rotations? *[Program Requirement: VI.F.6.]*	Fellows are not expected or obligated to assume a night float role. Should a program director determine a need for an ongoing night float requirement for a particular fellow, an educational rationale must be submitted to the Review Committee for review prior to implementation.