**New Application: Geriatric Psychiatry**

**Review Committee for Psychiatry**

**ACGME**

**Oversight**

**Participating Sites**

1. Indicate whether programs in the following ACGME-accredited specialties are available at each participating site. [PR I.B.4.]

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|  | **Site #1** | **Site #2** | **Site #3** | **Site #4** |
| Family medicine |  |  |  |  |
| Geriatric medicine |  |  |  |  |
| Internal medicine |  |  |  |  |
| Neurology |  |  |  |  |
| Physical medicine and rehabilitation |  |  |  |  |

1. List the designated site director at each participating site who is responsible for the day-to-day activities of the program at that site, with overall coordination by the program director. [PR I.B.4.a)]

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| **Site** | **Designated Site Director** |
| **#1** | Name |
| **#2** | Name |
| **#3** | Name |
| **#4** | Name |

**Resources**

1. Will the psychiatry department of the sponsoring institution be a part of or affiliated with at least one acute care general hospital? [PR I.D.1.a)]  YES  NO
2. Will the acute care hospital have a full range of services, including: [PR I.D.1.a).(1)]
3. Both medical and surgical services  YES  NO
4. Intensive care units  YES  NO
5. An emergency department  YES  NO
6. A diagnostic laboratory and imaging services  YES  NO
7. A pathology department  YES  NO
8. Will there be at least one long-term care facility? [PR I.D.1.b)]  YES  NO
9. Will such facilities be either discrete institutions separate from an acute care hospital or formally designated units or services within an acute care hospital? [PR I.D.1.b).(1)]

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1. Will there be an ambulatory care service that provides care in a multidisciplinary environment?   
   [PR I.D.1.c)]  YES  NO
2. Will each participating site provide teaching facilities and office space? [PR I.D.1.d)]  YES  NO
3. Describe the patient population available to fellows. [PR I.D.1.e)]

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**Other Learners and Other Care Providers**

Describe how the program director will ensure that the presence of other learners will not interfere with the appointed fellows’ education. [PR I.E.]

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**Personnel**

**Program Coordinator**

1. Will there be a designated program coordinator? [PR II.C.1.)]  YES  NO

**Other Program Personnel**

1. Geriatric Care Team [PR II.D.1.]
2. Will the geriatric care team include representatives from the following related clinical disciplines: [PR II.D.1.a)]
3. Psychology  YES  NO
4. Neuropsychology  YES  NO
5. Social work  YES  NO
6. Psychiatric nursing  YES  NO
7. Activity or occupational therapy  YES  NO
8. Physical therapy  YES  NO
9. Pharmacy  YES  NO
10. Nutrition  YES  NO

Explain any “NO” responses.

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1. Will qualified clinicians from the following disciplines be available for participation on the geriatric care team for consultation: [PR II.D.1.b)]
2. Family medicine  YES  NO
3. Internal medicine  YES  NO
4. Geriatric medicine  YES  NO
5. Hospice and palliative medicine  YES  NO
6. Neurology  YES  NO
7. Physical medicine and rehabilitation  YES  NO

Explain any “NO” responses.

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1. Will fellows have access to professionals from the following allied disciplines? [PR II.D.1.c)]
2. Ethics  YES  NO
3. Law  YES  NO
4. Pastoral care  YES  NO

Explain any “NO” responses.

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**Educational Program**

**ACGME Competencies**

**Professionalism**

1. Briefly describe the learning activity(ies), other than lecture, by which fellows demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles. [PR IV.B.1.a)] (Limit response to 400 words)

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**Patient Care and Procedural Skills**

1. Indicate the settings and activities in which fellows will demonstrate proficiency in the following areas of patient care. Also indicate the method(s) that will be used to assess proficiency.

| **Proficiency Area** | **Settings/Activities** | **Assessment Method(s)** |
| --- | --- | --- |
| Diagnosis and treatment of all major psychiatric disorders seen in elderly patients, including adjustment disorders, affective disorders, anxiety disorders, delirium, dementias, iatrogenesis, late-onset psychoses, medical presentations of psychiatric disorders, personality disorders, sexual disorders, sleep disorders, substance-related disorders, and continuation of psychiatric illnesses that began earlier in life  [PR IV.B.1.b).(1).(a)] | Click here to enter text. | Click here to enter text. |
| Performing the mental status examination that takes into account the special needs of elderly patients, including structured cognitive assessment, community and environmental assessment, family and caregiver assessment, medical assessment, and functional assessment  [PR IV.B.1.b).(1).(b)] | Click here to enter text. | Click here to enter text. |
| Short- and long-term diagnostic and treatment planning by using the appropriate synthesis of clinical findings and historical as well as current information acquired from the patient and/or relevant others, including family members, caregivers, and/or other health care professionals  [PR IV.B.1.b).(1).(c)] | Click here to enter text. | Click here to enter text. |
| The selection and use of clinical laboratory tests, radiologic and other imaging procedures, and polysomnographic, electrophysiologic, and neuropsychologic tests  [PR IV.B.1.b).(1).(d)] | Click here to enter text. | Click here to enter text. |
| Recognizing and managing psychiatric co-morbid disorders, including dementia and depression, as well as agitation, wandering, changes in sleep patterns, and aggressiveness  [PR IV.B.1.b).(1).(e)] | Click here to enter text. | Click here to enter text. |
| Competence in the ongoing monitoring of changes in mental and physical health status and medical regimens.  [PR IV.B.1.b).(1).(e).(i)] | Click here to enter text. | Click here to enter text. |
| Recognizing the stressful impact of psychiatric illness on caregivers, assessing their emotional state and ability to function, and providing guidance and protection to caregivers  [PR IV.B.1.b).(1).(f)] | Click here to enter text. | Click here to enter text. |
| Managing the care of elderly patients with emotional or behavioral disorders, using age-appropriate modifications in techniques and goals in applying the various psychotherapies (with individual, group, and family focuses) and behavioral strategies  [PR IV.B.1.b).(1).(h)] | Click here to enter text. | Click here to enter text. |

1. Indicate the settings and activities in which fellows will demonstrate competence in recognizing and assessing elder abuse, and providing appropriate interventions. Also indicate the method(s) that will be used to assess competence. [PR IV.B.1.b).(1).(g)]

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**Medical Knowledge**

Indicate the activities (lectures, conferences, journal clubs, clinical teaching rounds, etc.) in which fellows will demonstrate proficiency in their knowledge in each of the following content and skills areas. Also indicate the method(s) that will be used to assess proficiency.

| **Proficiency Area** | **Settings/Activities** | **Assessment Method(s)** |
| --- | --- | --- |
| Biological and psychosocial aspects of normal aging, psychiatric impact of acute and chronic physical illnesses, and biological and psychosocial aspects of the pathology of primary psychiatric disturbances beginning in or continuing into older age  [PR IV.B.1.c).(1).(a)] | Click here to enter text. | Click here to enter text. |
| Current scientific understanding of aging and longevity, including theories of aging, epidemiology and natural history of aging, and diseases of elderly patients, to include:  [PR IV.B.1.c).(1).(b)] | Click here to enter text. | Click here to enter text. |
| Effects of biologic aging on human physiology with emphasis on altered pharmacokinetics, pharmacodynamics, and sensory acuity in elderly patients  [PR IV.B.1.c).(1).(b).(i)] | Click here to enter text. | Click here to enter text. |
| Differences and gradations between normal and abnormal age-related changes with particular reference to memory and cognition, affective stability, personality and behavioral patterns, sleep, and sexuality  [PR IV.B.1.c).(1).(b).(ii)] | Click here to enter text. | Click here to enter text. |
| Successful and maladaptive responses to stressors frequently encountered in elderly patients, including retirement, death of a spouse, role changes, interpersonal and health status losses, financial difficulties, environmental relocations, and increased dependency  [PR IV.B.1.c).(1).(b).(iii)] | Click here to enter text. | Click here to enter text. |
| Relevance of cultural and ethnic differences, and the special problems of disadvantaged minority groups, as these relate to mental illness in elderly patients  [PR IV.B.1.c).(1).(c)] | Click here to enter text. | Click here to enter text. |
| Epidemiology, diagnosis, and treatment of all major psychiatric disorders seen in elderly patients  [PR IV.B.1.c).(1).(d)] | Click here to enter text. | Click here to enter text. |
| American culture and subcultures, including immigrant populations, particularly those found in the patient community associated with the educational program, with specific focus on the cultural elements of the relationship between the fellow and the patient including the dynamics of differences in cultural identity, values and preferences, and power  [PR IV.B.1.c).(1).(e)] | Click here to enter text. | Click here to enter text. |
| Indications, side effects, and therapeutic limitations of psychoactive drugs and the pharmacologic alterations associated with aging, including:  [PR [PR IV.B.1.c).(1).(f)] | Click here to enter text. | Click here to enter text. |
| Changes in pharmacokinetics, pharmacodynamics, and drug interactions  [PR IV.B.1.c).(1).(f).(i)] | Click here to enter text. | Click here to enter text. |
| Appropriate medication management and strategies to recognize and correct medication non-compliance  [PR IV.B.1.c).(1).(f).(ii)] | Click here to enter text. | Click here to enter text. |
| The psychiatric manifestations of iatrogenic influences  [PR IV.B.1.c).(1).(f).(iii)] | Click here to enter text. | Click here to enter text. |
| Applications and limitations of behavioral therapeutic strategies, and physical restraints  [PR IV.B.1.c).(1).(g)] | Click here to enter text. | Click here to enter text. |
| Appropriate use and application of electroconvulsive therapy and other non-pharmacological somatic therapies in elderly patients  [PR IV.B.1.c).(1).(h)] | Click here to enter text. | Click here to enter text. |
| Appropriate use of psychodynamic understanding of developmental problems, conflict, and adjustment difficulties in elderly patients which may complicate the clinical presentation and influence the physician-patient relationship or treatment planning  [PR IV.B.1.c).(1).(i)] | Click here to enter text. | Click here to enter text. |
| Appropriate use of psychotherapies as applied to elderly patients, including individual, group, and family therapies  [PR IV.B.1.c).(1).(j)] | Click here to enter text. | Click here to enter text. |
| Psychosocial impact of institutionalization  [PR IV.B.1.c).(1).(k)] | Click here to enter text. | Click here to enter text. |
| Family dynamics in the context of aging, including intergenerational issues  [PR IV.B.1.c).(1).(l)] | Click here to enter text. | Click here to enter text. |
| Ethical and legal issues especially pertinent to geriatric psychiatry, including competence, capacity, guardianship, right to refuse treatment, wills, advance directives, informed consent, elder abuse, the withholding of medical treatments, and federal legislative guidelines governing psychotropic drug prescription in nursing homes and other settings  [PR IV.B.1.c).(1).(m)] | Click here to enter text. | Click here to enter text. |
| Current economic aspects of supporting services and practice management, including Title III of the Older Americans Act, Medicare, Medicaid, and cost containment  [PR IV.B.1.c).(1).(n)] | Click here to enter text. | Click here to enter text. |
| Research methodologies related to geriatric psychiatry, including biostatistics, clinical epidemiology, medical information sciences, decision analysis, critical literature review, and research design (including cross-sectional and longitudinal methods)  [PR IV.B.1.c).(1).(o)] | Click here to enter text. | Click here to enter text. |

**Practice-based Learning and Improvement**

1. Briefly describe one planned quality improvement activity or project that will allow fellows to demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care. Describe planning, implementation, evaluation, and provisions of faculty member support and supervision that will guide this process. [PR IV.B.1.d)] (Limit response to 400 words)

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**Interpersonal and Communication Skills**

1. Briefly describe one learning activity in which fellows demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals. [PR IV.B.1.e)] (Limit response to 400 words)

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**Systems-based Practice**

1. Briefly describe the learning activity(ies) through which 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. [PR IV.B.1.f)] (Limit response to 400 words)

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**Curriculum Organization and Fellow Experiences**

1. List all planned seminars and didactic courses to be attended by fellows. Provide the name of the session, whether it is required or elective, the name(s) of instructor(s), and length, frequency, and total number of sessions. Insert additional rows as necessary. [PR IV.C.4.]

| **Title** | **Required or elective** | **Instructor(s)** | **Length of session** | **Frequency** | **Total number of sessions** |
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1. Briefly describe the planned fellow longitudinal care experience. [PR IV.C.6.] (Limit response to 400 words)

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1. Briefly describe fellows’ clinical experience with: [PR IV.C.7.] (Limit response to 400 words)
   1. Geriatric psychopharmacology

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* 1. Electroconvulsive therapy (ECT)

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* 1. Using individual and group psychotherapies

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1. Describe fellows’ patient care experiences as part of an interdisciplinary geriatric care team. [PR IV.C.8.]

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1. Describe fellows’ geriatric psychiatry consultation experience. [PR IV.C.9.]

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1. Describe the planned experiences through which fellows will develop familiarity with the organizational and administrative aspects of home health care services, outreach services, and crisis intervention services in both community and home settings. [PR IV.C.10.]

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1. How many hours will each fellow have of faculty preceptorship weekly? [PR IV.C.11.] (#)
   1. How much time will be dedicated to one-on-one preceptorship? (#) hours
   2. How much time will be dedicated to group preceptorship? (#) hours
2. Describe how the program director will ensure that each fellow will maintain a patient log documenting all clinical experiences. [PR IV.C.12.]

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**Scholarship**

1. Describe faculty members’ participation in organized clinical discussions, rounds, journal clubs, and conferences. [PR IV.D.2.b)]

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1. Will fellows participate in developing new knowledge or evaluating research findings? [PR IV.D.3.a)]  
     YES  NO

If “NO,” explain.

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**Evaluation**

Will assessment include quarterly written evaluations of all fellows by all supervisors and directors of clinical components of the program? [PR V.A.1.a).(2)]  YES  NO

If “NO,” explain.

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