**New Application: Geriatric Psychiatry**

**Review Committee for Psychiatry**

**ACGME**

**Oversight**

**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 negatively impact 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 among 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 older adult patients, including adjustment disorders, affective disorders, anxiety disorders, continuation of psychiatric illnesses that began earlier in life delirium, , iatrogenesis, late-onset psychoses, medical presentations of psychiatric disorders, neurocognitive disorders, personality disorders, sexual disorders, sleep disorders, substance-related disorders, and trauma-related disorders[PR IV.B.1.b).(1).(a)-(a).(xiv)] | Click here to enter text. | Click here to enter text. |
| Performing the comprehensive clinical assessment that takes into account the special needs of older adult patients, including mental status exam, structured cognitive assessment, community and environmental assessment, family and caregiver assessment, medical assessment, and functional assessment[PR IV.B.1.b).(1).(b).(i)] | 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).(b).(ii)] | Click here to enter text. | Click here to enter text. |
| Selecting and using clinical laboratory tests, radiologic and other imaging procedures, and polysomnographic, electrophysiologic, and neuropsychologic tests[PR IV.B.1.b).(1).(b).(iii)] | Click here to enter text. | Click here to enter text. |
| Recognizing and managing comorbid psychiatric disorders and behavioral and psychological symptoms of dementia [PR IV.B.1.b).(1).(b).(iv)] | 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).(b).(iv).(a)] | Click here to enter text. | Click here to enter text. |
| Recognizing the stressful impact of psychiatric illness on caregivers, assessing the emotional state of caregivers and their ability to function, and providing guidance and protection to caregivers[PR IV.B.1.b).(1).(b).(v)] | Click here to enter text. | Click here to enter text. |
| Managing the care of older adult patients with emotional or behavioral disorders, and using age-appropriate modifications in techniques and goals in applying the various psychotherapies and behavioral strategies[PR IV.B.1.b).(1).(b).(vii)] | Click here to enter text. | Click here to enter text. |
| Counseling patients in domains related to safe and successful aging, including life transitions, bereavement, psychological development in older age, healthy sexual functioning, social connection, loneliness, and lifestyle behaviors that promote cognitive health[PR IV.B.1.b).(1).(b).(viii)] | Click here to enter text. | Click here to enter text. |
| Forging therapeutic alliances with older adult patients and their families of all genders, from diverse backgrounds, and from a variety of ethnic, racial, sociocultural, and economic backgrounds[PR IV.B.1.b).(1).(b).(ix)] | Click here to enter text. | Click here to enter text. |
| Providing culturally competent care to socioeconomically disadvantaged, racial minority, and sexual and gender minority older adult patients while addressing social determinants of health[PR IV.B.1.b).(1).(b).(x)] | 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).(b).(vi)]

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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 older adult 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 older adult 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 older adult 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, promotion of respect and health using a person-centered care model, and the unique problems of as seen in someminority groups, as these relate to mental illness in older adult patients, including neurocognitive disorders[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 older adult patients, including the use of biomarkers and novel therapies in neurocognitive disorders[PR IV.B.1.c).(1).(d)] | 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).(e)] | Click here to enter text. | Click here to enter text. |
| Changes in pharmacokinetics, pharmacodynamics, and drug interactions[PR IV.B.1.c).(1).(e).(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).(e).(ii)] | Click here to enter text. | Click here to enter text. |
| The psychiatric manifestations of iatrogenic influences[PR IV.B.1.c).(1).(e).(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).(f)] | Click here to enter text. | Click here to enter text. |
| Appropriate use and application of electroconvulsive therapy, non-invasive brain stimulation, and other non-pharmacological somatic therapies in older adult patients[PR IV.B.1.c).(1).(g)] | Click here to enter text. | Click here to enter text. |
| Appropriate use of psychodynamic understanding of developmental problems, conflict, and adjustment difficulties in older adult patients that may complicate the clinical presentation and influence the physician-patient relationship or treatment planning[PR IV.B.1.c).(1).(h)] | Click here to enter text. | Click here to enter text. |
| Appropriate use of psychotherapies as applied to older adult patients, including individual, group, and family therapies[PR IV.B.1.c).(1).(i)] | Click here to enter text. | Click here to enter text. |
| Psychosocial impact of institutionalization[PR IV.B.1.c).(1).(j)] | 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).(k)] | 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, right to refuse placement, wills, advance directives, informed consent, elder abuse, intimate partner violence, the withholding of medical treatments, state laws governing involuntary admissions of patients with neurocognitive disorders, and federal legislative guidelines governing psychotropic drug prescription in nursing homes and other settings[PR IV.B.1.c).(1).(l)] | 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).(m)] | 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 (to include cross-sectional and longitudinal methods)[PR IV.B.1.c).(1).(n)] | 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, including the structural and social determinants of health, 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. Non-invasive brain stimulation

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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

**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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