

**ACGME Program Requirements for Graduate Medical Education
in Geriatric Psychiatry
Summary and Impact of Major Requirement Revisions**

Requirement #: **I.B.4.a)**

Requirement Revision (significant change only):

~~I.B.4.a) Each participating site must have a designated site director who is responsible for the day-to-day activities of the program at that site with overall coordination by the program director.~~^(Core)

1. Describe the Review Committee's rationale for this revision:
This requirement was removed to make the subspecialty Requirements consistent with those for general psychiatry.
2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
This change will have no impact on education, patient safety, and/or patient care quality.
3. How will the proposed requirement or revision impact continuity of patient care?
No impact is expected.
4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
No impact is expected.
5. How will the proposed revision impact other accredited programs?
The proposed revision will not impact other accredited programs.

Requirement #: **I.D.1.a) and I.D.1.a).(1)**

Requirement Revision (significant change only):

~~I.D.1.a) The psychiatry department of the Sponsoring Institution must be a part of or affiliated with at least one acute care general hospital.~~^(Core)

~~I.D.1.a).(1) The acute care hospital must have a full range of services, including both medical and surgical services, intensive care units, an emergency department, a diagnostic laboratory and imaging services, and a pathology department.~~^(Core)

1. Describe the Review Committee's rationale for this revision:
These requirements were removed to eliminate redundancy. All geriatric psychiatry fellowships must be affiliated with general psychiatry residencies, which in turn must have inpatient rotations.
2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
This change will have no impact on education, patient safety, and/or patient care quality.

3. How will the proposed requirement or revision impact continuity of patient care?
No impact is expected.
4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
No impact is expected.
5. How will the proposed revision impact other accredited programs?
The proposed revision will not impact other accredited programs.

Requirement #: **IV.B.1.b).(1).(b).(iv)**

Requirement Revision (significant change only):

~~IV.B.1.b).(1).(b).(iv) [Fellows must demonstrate competence in:] Fellows must demonstrate competence in recognizing and managing comorbid psychiatric disorders and behavioral and psychological symptoms of dementia; psychiatric co-morbid disorders, including dementia/neurocognitive disorders, and depression, as well as agitation, wandering, changes in sleep patterns, and aggressiveness. (Core)~~

1. Describe the Review Committee's rationale for this revision:
This requirement was revised to clarify the term "psychiatric co-morbid disorders."
2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
This change should improve fellow education, patient safety, and patient care quality by allowing the fellows to appreciate the differences in the care provided in different settings and to more appropriately triage patients.
3. How will the proposed requirement or revision impact continuity of patient care?
No impact is expected.
4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
No impact is expected.
5. How will the proposed revision impact other accredited programs?
The proposed revision will not impact other accredited programs.

Requirement #: **IV.B.1.b).(1).(b).(vii-x); IV.B.1.b).(1).(c)**

Requirement Revision (significant change only):

IV.B.1.b).(1) [Fellows must demonstrate competence in:]

IV.B.1.b).(1).(b).(viii) counseling patients in domains related to safe and successful aging, including life transitions, bereavement, psychological development in older age, healthy sexual functioning, social connection, and lifestyle behaviors that promote cognitive health; (Core)

IV.B.1.b).(1).(b).(ix) 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; and, (Core)

IV.B.1.b).(1).(b).(x) providing culturally competent care to socioeconomically disadvantaged, racial minority, and sexual and gender minority older adult patients while addressing social determinants of health. (Core)

IV.B.1.b).(1).(c) Fellows must effectively integrate telehealth and electronic health records into patient assessment and treatment, including communication with other health care practitioners. (Core)

1. Describe the Review Committee's rationale for this revision:

Telehealth is now used within and outside of health care settings, and electronic health records provide a documentation of patient visits, as well as an avenue for care and of communication regarding care with other health care practitioners.

This requirement is already in place in the current ACGME Program Requirements for Graduate Medical Education in Psychiatry. The Review Committee determined that all fellowships must include it in their Requirements as well, to build upon the education and training in general psychiatry residency for providing patient-centered and equitable care.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?

These requirements will enhance fellows' capacity to see patients under different circumstances (i.e., through telehealth), as well as to better utilize what is now the standard means of health care documentation to optimize communication. Click or tap here to enter text.

3. How will the proposed requirement or revision impact continuity of patient care?

Caring for patients via telehealth broadens the ability to provide continuity of patient care by reducing barriers such as transportation. Use of electronic health records will enhance communication among different health care practitioners involved in a patient's care.

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?

No impact is expected.

5. How will the proposed revision impact other accredited programs?

The proposed revision will not impact other accredited programs.

Requirement #: **IV.B.1.c).(1).(c)-(d)**

Requirement Revision (significant change only):

IV.B.1.c).(1) [Fellows must demonstrate competence in their knowledge of the following content and skills areas:]

IV.B.1.c).(1).(c) relevance of cultural and ethnic differences, promotion of respect and health using a person-centered care model, and the unique special-problems of disadvantaged as seen in some minority groups, as these relate to mental illness in elderly-older adult patients, including neurocognitive disorders; (Core)

IV.B.1.c).(1).(d) epidemiology, diagnosis, and treatment of all major psychiatric disorders seen in elderly-older adult patients, including neurocognitive disorders; (Core)

1. Describe the Review Committee's rationale for this revision:
The term "disadvantaged minority groups" was updated to reflect more current or descriptive language. And additional language was revised to include the use of biomarkers to diagnose major neurocognitive disorders.
2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
These changes should improve fellow education, patient safety, and patient care quality by allowing the fellows to appreciate the differences in the care provided within geriatric psychiatry training and to more appropriately triage patients.
3. How will the proposed requirement or revision impact continuity of patient care?
No impact is expected.
4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
No impact is expected.
5. How will the proposed revision impact other accredited programs?
The proposed revision will not impact other accredited programs.

Requirement #: **IV.B.1.c).(1).(m)**

Requirement Revision (significant change only):

IV.B.1.c).(1) [Fellows must demonstrate competence in their knowledge of the following content and skills areas:] (Core)

IV.B.1.c).(1).(m) 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, 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; (Core)

1. Describe the Review Committee's rationale for this revision:
The right to refuse placement was added to this requirement. This is seen when patients are forced to go into a nursing home when they are unable to care for themselves. Knowledge about specific state laws governing involuntary admissions

of patients with neurocognitive disorders is essential for comprehensive care. Some states have specific criteria regarding involuntary admissions, so it is important for fellows to learn and demonstrate they have knowledge in this area.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?

This change should improve fellow education, patient safety, and patient care quality because it ensures fellow know how to manage placement refusal, which geriatric psychiatry patients request frequently.

3. How will the proposed requirement or revision impact continuity of patient care?

No impact is expected.

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?

No impact is expected.

5. How will the proposed revision impact other accredited programs?

The proposed revision will not impact other accredited programs.

Requirement #: **IV.B.1.c).(2-3)**

Requirement Revision (significant change only):

~~IV.B.1.c).(1).(e) [Fellows must demonstrate competence in their knowledge of the following content and skills areas:] 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. (Core)~~

IV.B.1.c).(2) Fellows must demonstrate a depth of understanding in their knowledge of US society and subcultures and a willingness to engage in a process of continuous learning and self-evaluation in this process. (Core)

Subspecialty-Specific Background and Intent: Areas of socio-cultural and structural understanding should include that of immigrant populations; individuals from historically marginalized backgrounds by race, ethnicity, sexual orientation, gender identity, and ability status; individuals of low socioeconomic status; and individuals with English as a non-primary language. The identities, culture, and socio-economic positions of those found in the patient community associated with the educational program should be particularly emphasized, with specific focus on the elements of the relationship between fellows and patients, including the dynamics of differences in culture, identity, values, preferences, and power, as well as the patient's current perceived needs and expectations for help..

IV.B.1.c).(3) Fellows should apply principles of humility in the process of developing an understanding of their patients. (Core)

1. Describe the Review Committee's rationale for this revision:

This requirement was updated to address more current and descriptive language reflecting US society and subcultures.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?

This change should improve fellow education, patient safety, and patient care quality because it ensures fellows understand the diverse array of patients that present in geriatric psychiatry.

3. How will the proposed requirement or revision impact continuity of patient care?
No impact is expected.

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
No impact is expected.

5. How will the proposed revision impact other accredited programs?
The proposed revision will not impact other accredited programs.

Requirement #: **IV.C.12**

Requirement Revision (significant change only):

~~IV.C.12. Each fellow must maintain a patient log documenting all clinical experiences.~~ (Detail)

1. Describe the Review Committee's rationale for this revision:
Patient logs are not needed for this subspecialty area.
2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
This change should improve fellow education by reducing fellows' workload.
3. How will the proposed requirement or revision impact continuity of patient care?
No impact is expected.
4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
No impact is expected.
5. How will the proposed revision impact other accredited programs?
The proposed revision will not impact other accredited programs.