



**ACGME International**

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

Initial Approval: 4 March 2022

**ACGME International Specialty Program Requirements for  
Graduate Medical Education  
in Geriatric Psychiatry (Psychiatry)**

**Int. Introduction**

*Background and Intent: Programs must achieve and maintain Foundational accreditation according to the ACGME-I Foundational requirements prior to receiving Advanced Specialty accreditation. The Advanced Specialty requirements noted below complement the ACGME-I Foundational Requirements. For each section, the Advanced Specialty requirements should be considered together with the Foundational requirements.*

**Int. I. Definition and Scope of the Specialty**

Geriatric psychiatry focuses on prevention, diagnosis, evaluation, and treatment of psychiatric disorders seen in older adult patients. An educational program in geriatric psychiatry must be organized to provide professional knowledge, skills, and opportunities to develop competence through a well-supervised clinical experience.

**Int. II. Duration of Education**

Int. II.A. The education in geriatric psychiatry must be 12 or 24 months in length.

**I. Institution**

**I.A. Sponsoring Institution**

I.A.1. The Sponsoring Institution must also sponsor an ACGME-I-accredited program in psychiatry.

I.A.2. The Sponsoring Institution or one of the participating sites, must sponsor an ACGME-I-accredited program in at least one of the following non-psychiatric specialties: family medicine; geriatric medicine; internal medicine; neurology; or physical medicine and rehabilitation.

**I.B. Participating Sites**

I.B.1. 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.

I.B.2. The number of and distance between participating sites must allow for fellows' full participation in all organized educational aspects of the program.

**II. Program Personnel and Resources**

**II.A. Program Director**

II.A.1. The program director must engage in ongoing clinical activity.

**II.B. Faculty**

- II.B.1. In addition to the program director, there must be at least one core faculty member who is certified in the subspecialty or has extensive experience in geriatric psychiatry.

**II.C. Other Program Personnel**

- II.C.1. There must be a geriatric care team with representatives from related clinical disciplines, including activity or occupational therapy, neuropsychology, pharmacy, physical therapy, psychiatric nursing, psychology, nutrition, and social work.
- II.C.2. Qualified clinicians from disciplines within medicine, including one or more of the following: family medicine; hospice and palliative medicine; internal medicine (including geriatric medicine); neurology; and physical medicine and rehabilitation; should be available for participation on the geriatric care team for consultation.
- II.C.3. Fellows should have access to professionals representing allied disciplines, including ethics, law, and pastoral or spiritual care.

**II.D. Resources**

- II.D.1. The psychiatry department of the Sponsoring Institution must be part of or affiliated with at least one acute care general hospital.
- II.D.1.a) The acute care hospital must have a full range of services, including an emergency department, diagnostic laboratory and imaging services, intensive care units, medical services, a pathology department, and surgical services.
- II.D.2. There must be one long-term care facility or other discrete long-term care service.
- II.D.2.a) The long-term care facility should be a discrete institution separate from an acute care hospital, or services within an acute care hospital, or services within a home or other residential setting.
- II.D.3. There must be an ambulatory care service that provides care in a multidisciplinary environment.
- II.D.4. Each participating site must provide teaching facilities and office space for use by fellows and faculty members.
- II.D.5. The patient population must span the spectrum of psychiatric diagnoses in late life.

II.D.5.a) The patient population must represent the diversity of the population in the country or jurisdiction and include all genders, socioeconomic, educational, and cultural backgrounds.

### **III. Fellow Appointment**

#### **III.A. Eligibility Criteria**

III.A.1. Prior to appointment, fellows must have completed an ACGME-I accredited residency in psychiatry, or a psychiatry residency acceptable to the program director and the Sponsoring Institution's Graduate Medical Education Committee.

#### **III.B. Number of Fellows**

See International Foundational Requirements, Section III.B.

### **IV. Specialty-Specific Educational Program**

#### **IV.A. ACGME-I Competencies**

IV.A.1. The program must integrate the following ACGME-I Competencies into the curriculum.

IV.A.1.a) Professionalism

IV.A.1.a).(1) Fellows must demonstrate a commitment to professionalism and an adherence to ethical principles.

IV.A.1.b) Patient Care and Procedural Skills

IV.A.1.b).(1) Fellows must provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health. Fellows must demonstrate competence in:

IV.A.1.b).(1).(a) diagnosis and treatment of all major psychiatric disorders seen in elderly patients, including adjustment disorders, affective disorders, anxiety disorders, delirium, dementias/neurocognitive disorders, iatrogenesis, late-onset psychoses, medical presentations of psychiatric disorders, personality disorders, sexual disorders, sleep disorders, substance use-related disorders, and continuation of psychiatric illnesses that began earlier in life;

- IV.A.1.b).(1).(b) 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;
- IV.A.1.b).(1).(c) 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;
- IV.A.1.b).(1).(d) selection and use of clinical laboratory tests; radiologic and other imaging procedures; and polysomnographic, electrophysiologic, and neuropsychologic tests;
- IV.A.1.b).(1).(e) recognizing and managing psychiatric co-morbid disorders, including dementia/neurocognitive disorders and depression, as well as agitation, wandering, changes in sleep patterns, and aggressiveness;
- IV.A.1.b).(1).(e).(i) This must include demonstration of competence in the ongoing monitoring of changes in mental and physical health status and medical regimens.
- IV.A.1.b).(1).(f) recognizing the stressful impact of psychiatric illness on caregivers, assessing their emotional state and ability to function, and providing guidance and protection to caregivers;
- IV.A.1.b).(1).(g) recognizing and assessing elder abuse, and providing appropriate interventions; and,
- IV.A.1.b).(1).(h) 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.
- IV.A.1.c) Medical Knowledge

- IV.A.1.c).(1) 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 competence in their knowledge of the following content and skill areas:
- IV.A.1.c).(1).(a) 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;
- IV.A.1.c).(1).(b) current scientific understanding of aging and longevity, including theories of aging, epidemiology and natural history of aging, and diseases of elderly patients, to include:
- IV.A.1.c).(1).(b).(i) effects of biologic aging on human physiology with emphasis on altered pharmacokinetics, pharmacodynamics, and sensory acuity in elderly patients;
- IV.A.1.c).(1).(b).(ii) 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; and,
- IV.A.1.c).(1).(b).(iii) 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.
- IV.A.1.c).(1).(c) relevance of cultural and ethnic differences, and the special problems of disadvantaged minority groups, as these relate to mental illness in elderly patients;
- IV.A.1.c).(1).(d) epidemiology, diagnosis, and treatment of all major psychiatric disorders seen in elderly patients;
- IV.A.1.c).(1).(e) the culture and subcultures found in the patient community associated with the educational program, including:
- IV.A.1.c).(1).(e).(i) immigrant populations; and,

IV.A.1.c).(1).(e).(ii)	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.
IV.A.1.c).(1).(f)	indications, side effects, and therapeutic limitations of psychoactive drugs and the pharmacologic alterations associated with aging, including:
IV.A.1.c).(1).(f).(i)	changes in pharmacokinetics, pharmacodynamics, and drug interactions;
IV.A.1.c).(1).(f).(ii)	appropriate medication management and strategies to recognize and correct medication non-compliance; and,
IV.A.1.c).(1).(f).(iii)	the psychiatric manifestations of iatrogenic influences.
IV.A.1.c).(1).(g)	applications and limitations of behavioral therapeutic strategies, and physical restraints;
IV.A.1.c).(1).(h)	appropriate use and application of electroconvulsive therapy and other non-pharmacological somatic therapies in elderly patients;
IV.A.1.c).(1).(i)	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;
IV.A.1.c).(1).(j)	appropriate use of psychotherapies as applied to elderly patients, including individual, group, and family therapies;
IV.A.1.c).(1).(k)	psychosocial impact of institutionalization;
IV.A.1.c).(1).(l)	family dynamics in the context of aging, including intergenerational issues;
IV.A.1.c).(1).(m)	ethical and legal issues especially pertinent to geriatric psychiatry, including:
IV.A.1.c).(1).(m).(i)	advance directives, and informed consent;
IV.A.1.c).(1).(m).(ii)	capacity and competence;

- IV.A.1.c).(1).(m).(iii) elder abuse;
- IV.A.1.c).(1).(m).(iv) guardianship;
- IV.A.1.c).(1).(m).(v) right to refuse treatment;
- IV.A.1.c).(1).(m).(vi) wills; and,
- IV.A.1.c).(1).(m).(vii) withholding medical treatments.
- IV.A.1.c).(1).(n) current economic aspects of supporting services and practice management including cost containment; and,
- IV.A.1.c).(1).(o) 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).
- IV.A.1.d) Practice-based Learning and Improvement
- IV.A.1.d).(1) 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 lifelong learning.
- IV.A.1.e) Interpersonal and Communication Skills
- IV.A.1.e).(1) Fellows must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals.
- IV.A.1.f) Systems-based Practice
- IV.A.1.f).(1) Fellows must demonstrate an awareness of and responsiveness to the larger context and system of health care, including the social determinates of health, as well as the ability to call effectively on other resources in the system to produce optimal care.

**IV.B. Regularly Scheduled Educational Activities**

- IV.B.1. Fellows must attend at least 70 percent of all required didactic components of the program.
- IV.B.1.a) Attendance by fellows and faculty members should be documented.



IV.B.2. Conferences in geriatric psychiatry, including grand rounds, case conferences, seminars, and journal clubs, should be specifically designed to augment the clinical experiences.

#### **IV.C. Clinical Experiences**

IV.C.1. Fellows must have a longitudinal care experience that allows them to follow and treat patients requiring continuing care.

IV.C.2. Fellows must have clinical experience in:

IV.C.2.a) geriatric psychopharmacology;

IV.C.2.b) electroconvulsive therapy; and,

IV.C.2.c) providing individual and group psychotherapies.

IV.C.3. Fellows must have patient care experiences as part of an interdisciplinary geriatric care team.

IV.C.4. Fellows must have geriatric psychiatry consultation experience.

IV.C.4.a) Consultation experiences should be available on the non-psychiatric services of an acute care hospital.

IV.C.4.b) Experience should include consultation to inpatient, outpatient, and emergency services, as well as in chronic or long-term care facilities.

IV.C.5. Fellows should have experiences that enable them to become familiar with the organizational and administrative aspects of home health care services, outreach services, and crisis intervention services in both community and home settings.

IV.C.6. Each fellow must have a minimum of two hours of faculty preceptorship weekly, one of which must be one-to-one preceptorship and one of which may be group preceptorship.

#### **IV.D. Scholarly Activity**

IV.D.1. Fellow Scholarly Activity

IV.D.1.a) Fellows must participate in developing new knowledge or evaluating research findings.

IV.D.2. Faculty Scholarly Activity

IV.D.2.a) Faculty members must participate in scholarly activity appropriate to the subspecialty.

IV.D.2.b) Faculty members must regularly participate in organized clinical discussions, rounds, journal clubs, and conferences.

**V. Evaluation**

**V.A. Fellow Evaluation**

V.A.1. Evaluation must include review and discussion with each fellow of the fellow's completion of all required education and clinical experiences.

V.A.2. Assessment should include quarterly written evaluations of all fellows by all supervisors and directors of clinical components of the program.

**V.B. Clinical Competency Committee**

See International Foundational Requirements, Section V.B

**V.C. Faculty Evaluation**

See International Foundational Requirements, Section V.C.

**V.D. Program Evaluation and Improvement**

See International Foundational Requirements, Section V.D.

**V.E. Program Evaluation Committee**

See International Foundational Requirements, Section V.E.

**VI. The Learning and Working Environment**

See International Foundational Requirements, Section VI.