Basic Standards for
Residency/Fellowship Training in
Geriatric Psychiatry

American Osteopathic Association
and
American College of Osteopathic Neurologists and Psychiatrists

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SECTION I - INTRODUCTION

These are the Basic Standards for Residency/Fellowship Training in Geriatric Psychiatry as established by the American College of Osteopathic Neurologists and Psychiatrists (ACONP) and approved by the American Osteopathic Association (AOA). These standards are designed to provide the osteopathic residents/fellow with advanced and concentrated training in geriatric psychiatry and to prepare the resident/fellow for examination for certification in Geriatric Psychiatry by American Osteopathic Board of Neurology & Psychiatry (AOBNP).

SECTION II- MISSION

The mission of the osteopathic geriatric psychiatry training program is to provide residents/fellows with comprehensive structured cognitive and clinical education that will enable them to become competent, proficient and professional osteopathic geriatric psychiatrists.

ARTICLE III – EDUCATIONAL PROGRAM GOALS

A. Medical Knowledge and Skills
   The program shall provide training that allows the residents/fellows to develop skills to allow the residents/fellows to demonstrate and apply knowledge of accepted standards of clinical medicine in geriatric psychiatry, remain current with new developments in medicine, and participate in life-long learning activities, including research.

B. Interpersonal and Communication Skills
   The program shall provide training that allows the residents/fellows to develop skills to demonstrate interpersonal and communication skills that enable the resident/fellow to establish and maintain professional relationships with patients, families, and other members of the health care teams.

C. Patient Care
   The program shall provide training that allows the residents/fellows to develop skills to demonstrate the ability to treat patients, provide medical care that incorporates the osteopathic philosophy, patient empathy, awareness of behavioral issues, the incorporation of preventative medicine and health promotion.

D. Osteopathic Philosophy and Osteopathic Manipulative Medicine
   There shall be emphasis on the utilization of osteopathic principles and practices as a key component of the Geriatric Psychiatry residency training and integrated throughout the program. Training shall incorporate the application of osteopathic diagnostic and therapeutic measures as they relate to the total care of the patient. Therefore the residents/fellows shall be required to demonstrate competence and knowledge in the essential osteopathic principles.

E. Professionalism
   The program shall provide training that allows the residents/fellows to develop skills that promote advocacy of the patient welfare, adherence to ethical principles upholding the Osteopathic Oath, collaboration with health professionals, life-long learning, and sensitivity to a diverse patient population.

F. System Based Practice
   The program shall provide training that allows the residents/fellows to demonstrate an understanding of health care delivery systems, provide qualitative patient care within the system, and practice cost effective medicine.

G. Practice Based Learning and Improvement
   The program shall provide training that allows the residents/fellows to demonstrate the ability
to critically evaluate their methods of clinical practice, organize and record data, such as history, physical examination, diagnostic techniques and procedures, and laboratory tests in the initiation of therapy, integrate evidence-based medicine into patient care, show an understanding of research methods, and improve patient care practices.

**ARTICLE IV - INSTITUTIONAL REQUIREMENTS**

A. The institution must have an AOA approved residency program in general psychiatry.

B. The institution must provide a patient volume to train a minimum of one physician in Geriatric Psychiatry.

**ARTICLE V - PROGRAM REQUIREMENTS AND CONTENT**

A. The training program in Geriatric Psychiatry must be 12 months in duration after completion of a four year general psychiatry residency or 24 months in duration after 3 years of training in general psychiatry. In an institution with residency training programs in psychiatry and geriatric medicine, either the Department of Psychiatry, Department of Geriatrics or a multi-departmental center in geriatrics can oversee the Geriatric Psychiatry residency. The governing department must be supported by a multidisciplinary faculty including, but not limited to, Geriatric Psychiatry and geriatric medicine. The program shall encompass outpatient care, nursing home care, acute care and other facilities.

B. Training in the ambulatory setting must be offered in a multidisciplinary environment such as a geriatric clinic, geriatric center, psychiatric outpatient department, or community mental health center where nonpsychiatric medical specialists are also available. The focus of the training shall be the acquisition of skills in the psychiatric, cognitive and psychosocial medical assessment of geriatric patients and the therapeutic management of patients with psychiatric conditions.

C. Training in nursing home care shall take place in licensed nursing homes, as defined by local, state or federal authorities and in affiliation with the institution-based program. Continuity of patient care shall be emphasized. When possible, training sites must also include other types of institutional long term care such as assisted living, residential and subacute care. Training shall include:

1. Exposure to extended care facilities, custodial care situations and terminal care.

2. Interfacing with multiple professions, such as geriatricians, neurologists, physiatrists, nurses, social workers, physical, speech and occupational therapists, and others involved in the comprehensive care of elderly patients.

3. Emphasis on the unique nature of nursing home care, enabling the resident/fellow to develop a high quality of expertise in the management of psychiatric conditions of geriatric patients in this setting.

D. Training in acute care shall take place primarily in institutions having AOA approved residency training programs in psychiatry and shall offer experience in an inpatient Geriatric Psychiatry unit as well as inpatient geriatric medicine. Geriatric Psychiatry care shall be integrated and include collaboration with geriatric medicine and other medical and surgical services. There must also be cooperative involvement of all other related departments of the institution, including but not limited to, intensive care units, the emergency department, diagnostic laboratory and imaging services, and the pathology department.

E. Geriatric Psychiatry residents/fellows must be provided with meaningful patient care experiences as part of an interdisciplinary care team.
1. In addition to Geriatric Psychiatry, the geriatric care team must include representatives from related clinical disciplines such as psychology, social work, psychiatric nursing, activity or occupational therapy, physical therapy, pharmacology, and nutrition.

2. A variety of individuals representing disciplines within medicine such as family practice and internal medicine (including their geriatric subspecialties), neurology, and physical medicine and rehabilitation, must be available for participation on the geriatric care team as needed for patient care and teaching purposes.

3. Geriatric Psychiatry residents/fellows must have access to professionals representing allied disciplines (such as ethics, law, and pastoral care) as needed for patient care and teaching purposes.

4. Geriatric Psychiatry residents/fellows shall participate as members of geriatric assessment teams in institutions where such teams are present.

F. Curriculum

The program curriculum must address, as a minimum, the following content and skill areas:

1. Understanding of the aging process, including theories of aging, epidemiology and natural history of aging, and diseases of the aged. This includes specific knowledge of the effects of biologic, physiologic and psychologic aging and emphasis on normal and abnormal aging and its impact on memory and cognition, affective stability, personality and behavioral patterns, and sexuality. Understanding of successful and maladaptive responses to stressors frequently encountered in older adults, such as retirement, widowhood, role changes, interpersonal and health status losses, financial reverses, environmental relocations, and increased dependency must also be included.

2. Comprehensive geriatric assessment, including functional, cognitive, social and physical assessments.

3. Performance of mental status examination, community and environmental assessment, family and caregiver assessment, medical assessment, and functional assessment. Such skills form the basis for formal multidimensional geriatric assessment, which is essential for comprehensive, quality care for the elderly.

4. The diagnosis, treatment, and epidemiology of all major psychiatric disorders seen in the elderly, typically include but are not limited to affective disorders, dementia, delirium, late-onset psychoses, medical presentations of psychiatric disorders, iatrogenesis, adjustment disorders, anxiety disorders, sleep disorders, sexual disorders, substance abuse disorders, personality disorders, and continuation of psychiatric illnesses that began earlier in life. These disorders can present as either singularly or in combination.

5. Residents/fellows shall be taught to recognize psychiatric presentation of medical disorders and manage psychiatric comorbid disorders (e.g., dementia and depression), as well as the management of other behavior problems often seen in the elderly, such as agitation, wandering, changes in sleep patterns, and aggressiveness.

6. Management of the care of elderly persons with emotional or behavioral disorders, including the awareness of differences in techniques and goals in applying the various psychotherapies (with individual, group, and family focuses) and behavioral strategies.

7. Indications, side effects, and therapeutic limitations of psychoactive drugs and the pharmacologic alterations associated with aging, including changes in pharmacokinetics,
pharmacodynamics, drug interactions, over medication, and problems with compliance. Attention must be given to the psychiatric manifestations of iatrogenic influences such as the multiple medications frequently taken by the elderly.

8. Use of nonpharmacologic approaches, with particular reference to applications and limitations of behavioral therapeutic strategies, physical restraints.

9. Use and application of electroconvulsive therapy in the elderly.

10. Selection and use of clinical laboratory tests; radiologic and other imaging procedures: polysomnographic, electrophysiologic, and neuropsychologic tests.

11. Use of psychodynamic formulation of developmental problems, conflict, and adjustment difficulties in the elderly.

12. Recognition and assessment of the impact of psychiatric illness on caregivers and families and the role that cultural and ethnic differences have in determining suggestive interventions.


14. Ethical and legal issues especially pertinent to Geriatric Psychiatry, including competency, guardianship, advance directives, right to refuse treatment, wills, informed consent, elder abuse, the withholding of medical treatments, and regulations affecting care of the elderly in long term care settings.

15. Understanding economic pressures of the older adult. This shall include but not be limited to issues concerning cost containment, Medicare, Medicaid, and Title III of the Older Americans Act.

16. The use of community or home health services, day care, respite care, and the need for institutional long-term care or partial hospitalization.

17. Recognize the pervasiveness of ageism, develop strategies to overcome its impact on patient care, and serve as an advocate for the elderly.

18. Administrative skills needed to serve as a medical director or academic leader and teacher in Geriatric Psychiatry.

19. Research methodologies related to Geriatric Psychiatry, including biostatistics, clinical epidemiology, medical information sciences, decision analysis, critical literature review, and research design.

G. Residents/fellows shall be required to complete a formal research program regarding Geriatric Psychiatry, which shall incorporate the elements of research design including development.

ARTICLE VI - PROGRAM DIRECTOR/FACULTY

A. Qualifications of the Program Director

1. The program director must be certified by the American Osteopathic Association, through the American Osteopathic Board of Neurology and Psychiatry with a Certificate of Added Qualification in Geriatric Psychiatry, or completion of an AOA approved Residency in Geriatric Psychiatry.

2. The program director must be actively involved in the delivery of care to geriatric patients, have training and experience in academic medicine and have administrative ability and expertise to direct and supervise a residency program.
3. Licensed to practice medicine in the state where the institution that sponsors the program is located (Certain federal programs are exempted)

4. Appointed in good standing to the medical staff of an institution participating in the program.

5. Actively participate and serve as a mentor in scholarly professional activities such as research, presentations, publications, local, regional, and national specialty societies

6. The program director shall meet all other requirements as indicated in the residency training requirements of the American College of Osteopathic Neurologists and Psychiatrists.

B. Program Director Responsibilities

The program director shall be the person who has primary responsibility for directing program training. The program director role shall be outlined in program documents. Responsibilities shall include:

1. Preparing a written statement outlining the educational goals of the program with respect to knowledge, skills, and other attributes of residents/fellows at each level of training and for each major rotation or other program assignment.

2. Supervising the recruitment and appointment process for all applicants. This shall include written communication with the applicant’s prior program director to verify satisfactory completion of all educational requirements for graduation.

3. Providing for the supervision and clinical teaching of residents/fellows for all training assignments.

4. Monitoring the progress of each Geriatric Psychiatry resident/fellow, including the maintenance of a training record that documents completion of all required components of the program. This record shall include a patient log which shall document that each resident/fellow has completed all clinical experiences required by the program.

5. Providing written evaluation that documents the resident/fellow’s knowledge, skills and overall performance at regularly scheduled intervals throughout the training period and a final evaluation which documents satisfactory completion of all program requirements for each resident/fellow at the end of training. The evaluation must include a review of the resident/fellow’s performance during the final period of training and must verify that the resident/fellow has demonstrated professional ability to practice competently and independently. This final evaluation must be part of the resident/fellow’s permanent record maintained by the institution and forwarded to the OPTI.

6. Monitoring resident/fellow stress, including mental or emotional conditions inhibiting performance or learning. Program directors and teaching staff must be sensitive to the need for timely provision of confidential counseling and psychological support services to residents/fellows. Training situations that consistently produce undesirable stress on residents/fellows must be evaluated and modified.

7. Monitoring the quality of all didactic and clinical experiences, including the collection and review of periodic written evaluation by the resident/fellow of all such experiences and supervision.

8. Ensuring that residents/fellows are provided written descriptions of the departmental policies regarding academic, discipline, grievance, due process, sickness, vacation and other leaves, and at the time of appointment to the program.
9. The program director shall, in cooperation with the AOA Department of Education, prepare required materials for inspections.

10. The program director shall provide the resident/fellow with all documents pertaining to the training program as well as the requirements for satisfactory completion of the program as required by American Osteopathic Association (AOA).

11. The program director shall be required to submit quarterly program reports to the Director of Medical Education. Annual reports shall be submitted to the American College of Osteopathic Neurologists and Psychiatrists

**ARTICLE VI - RESIDENT/ FELLOW REQUIREMENTS**

A. Applicants for training in Geriatric Psychiatry must have satisfactorily completed a minimum of 3 years of an AOA approved residency training program in psychiatry

B. During the training program, the resident/fellow must:

   1. Submit an annual report to the American College of Osteopathic Neurologists and Psychiatrists
   2. Submit a scientific paper and/or research project, suitable for publication and pertaining to Geriatric Psychiatry to the American College of Osteopathic Neurologists and Psychiatrists. Established guidelines shall be used in preparation of the paper.
   3. Keep a log, recording each case and procedures assigned for all treatment settings, identified by the institution number. This log shall be submitted each quarter to the program director and Director of Medical Education for review and evaluation.

**ARTICLE VIII EVALUATION**

A. Resident/Fellow Evaluation

Residents/fellows must be evaluated as stated in the AOA Basic Document.

B. Faculty Evaluation

   1. Faculty teaching evaluations must be completed anonymously by each resident/fellow at least once during the training program. Copies of evaluations must be provided to the specialty college.
   2. Evidence must be provided demonstrating teaching changes as needed based on review of evaluations.

C. Facility Evaluation

The Institutional Demographic statistical report form must be completed for new program applications and with each residency inspection.