

ADGAP

ASSOCIATION OF DIRECTORS OF GERIATRICS ACADEMIC PROGRAMS

American Geriatrics Society 2021 Annual Scientific Meeting

Association of Directors of Geriatrics Academic Programs
Fellowship Directors Pre-Conference Course

Wednesday, May 12, 2021
10:00am – 1:30pm ET

Zoom Link:

[https://zoom.us/j/93790774933?pwd=VDF0NnRSeVR4UUFPTeJtbIRLRDV6UT](https://zoom.us/j/93790774933?pwd=VDF0NnRSeVR4UUFPTeJtbIRLRDV6UT09)
09

Passcode: 168536

Fellowship Directors Pre-Conference

Wednesday, May 12, 2021
10:00am – 1:30pm ET

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ADGAP Fellowship Director's Pre-Conference Course Program Description

Developed by: ADGAP Fellowship Program Directors Group

Planning Committee:

Helen Fernandez, MD, *Chair*

Steve Barczi, MD

Katherine Bennett, MD

Kevin Foley, MD

Matt McNabney, MD

Carrie Rubenstein, MD

Eric Widera, MD

LEARNING OBJECTIVES:

At the end of the session, participants will be able to:

- (1) Review changes to the ACGME fellowship program requirements and the Toolbox website.
- (2) Describe issues related to virtual interviewing and your virtual presence.
- (3) Review innovative educational materials and tools.

CONTINUING EDUCATION:

You can add this pre-conference session to your CME/CE Cart on the virtual annual meeting platform for AMA, CMD or Nursing credit. If you need pharmacy CE for the session, the pharmacy CE application can be found on the [AGS website](#). This session has not been approved for AAFP Prescribed credit.



Fellowship Director's Preconference Day Agenda
Wednesday, May 12, 2021
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- | | |
|----------|---|
| 10:00 am | Welcome
<i>Helen Fernandez, MD</i> |
| 10:05 am | ACGME Update
<i>Helen Fernandez, MD, MPH</i> |
| 10:10 am | Your Virtual Presence
<i>Eric Widera, MD</i> |
| 10:20 am | Virtual Interviewing
<i>Steve Barczy, MD</i> |
| 10:30 am | Sharing Lessons Learned: Breakout Groups on Virtual Interviewing
<i>Carrie Rubenstein, MD & Kevin Foley, MD</i> |
| 11:00 am | ACGME Milestone 2.0 Status, Supplemental Guide, and New Resources
<i>Laura Edgar, EdD</i> |
| 11:45 am | Break |
| 11:50 am | Quick Hit Topics <ul style="list-style-type: none">• Medicine-Geriatrics Integrated Residency and Fellowship – <i>Angela Beckert, MD</i>• Leadership Curriculum – <i>Helen Fernandez, MD, MPH</i>• Mid-Career Survey – <i>Bruce Leff, MD</i>• GERI-A-FLOAT – <i>Mariu Carlo Duggan, MD, MPH</i>• Wellness – <i>Emily Hajjar, PharmD, Matt McNabney, MD & Michi Yukawa, MD</i>• Fellowship Program Directors' Guide – <i>Pei Chen, MD</i>• Fellowship Coordinator Presentation on Accreditation – <i>Sharon Brangman, MD & Kelly Wheeler, LMSW</i> |
| 12:25 pm | Mini-Fair for Curricular Innovations/Tool Swap
<i>Kate Bennett, MD & Helen Fernandez, MD, MPH</i>
Fellowship Program Directors will present innovative educational materials and tools in break out rooms. Attendees will have the opportunity to hear about how the tools are utilized and ask questions. |
| 1:20 pm | Closing/Open Mic and call for future topics/announcements |

Sharing Lessons Learned: Breakout Groups on Virtual Interviewing Instructions

Participants will be placed in randomly assigned breakout groups for 15-20 minutes. In those groups, we will ask you to answer/discuss the following questions, and responses to those questions:

1. If you were interviewing virtually for a new job, what would concern you the most about the process?
2. How might those concerns change the way you conduct fellow interviews this year?
3. What is one specific way you can change your interview process to mitigate unconscious bias when interviewing candidates virtually?

Due to time constraints, we are asking participants to skip introductions and use the time for meaningful discussion instead. Please feel free to chat in your name/institution earlier in the preconference in the breakout groups.

Reporter/Facilitator

Each group should identify a reporter who will be responsible for completing [this google document](#) with responses from the group discussion. This person should also help facilitate the conversation.

Post Breakout Group Discussion

We will come together for 5-10 minutes before the next presentations. Participants can chat in any highlights they want to share from the breakout groups.

Mini Fair for Curricular Innovations/Tool Swap – Descriptions

Fellowship Program	Presenter(s)	Tool(s)	Description
Baylor College of Medicine/Yale University	Angela Catic, Kerins Gerard	Patient Priorities Care for Geriatric Fellows: Eliciting and Acting On “What Matters	PPC is an evidence-based approach to elicit “What Matters” and align medical care. Clinician educators at Baylor College of Medicine and Yale School of Medicine have hosted joint educational sessions and would be happy to share curricular materials including didactic materials, a case simulation script, and evaluation rubrics.
Baystate Medical Center	Megan Carr, Maryam Hasan	Innovative Interdisciplinary collaborative medical writing between physician and pharmacy residents while on ACE Rotation	Innovative Interdisciplinary collaborative medical writing between physician and pharmacy residents while on ACE Rotation. <i>No specific materials were used (we plan to discuss the means to facilitate collaboration).</i>
Boston Medical Center/Vanderbilt University Medical Center/ University of Cincinnati/The Christ Hospital	Ryan Chippendale, Mariu Duggan Anna Goroncy	Geri-a-FLOAT	The Geri-a-FLOAT website is a simple tool that can be used to connect learners to live and previously recorded Geri-a-FLOAT sessions. Geri-a-FLOAT is an educational series of virtual meetings which aims to deepen knowledge of geriatric medicine and to convene fellows from across the country for networking and peer support.
Brookdale Department of Geriatrics and Palliative Medicine, Icahn School of Medicine at Mount Sinai	Julia Burns, Misa Hyakutake, Kinga Kiszko	Enhancing Skill, Interest, and Engagement in Evidence Base Medicine Academic Sessions	Knowing that geriatrics patients are often excluded from studies we aimed to the enhance EBM skills of our fellows and teach practical methods of efficient interpretation and appraisal of medical literature, via journal clubs, sentinel article presentations, and ambulatory case conferences; due to the COVID19 pandemic lectures were transitioned to virtual platform which posed added stress on engagement and participation. Challenges and education issues of the prior EBM curriculum were assessed for potential areas of improvement via a needs assessment which was obtained early in the academic year. Using this feedback, we launched a dynamic lecture format which included close collaboration between faculty, researchers, guest speakers, and presenters as well as encouraged creativity and community while utilizing the many features of Zoom that allow for interactive learning. <i>No specific materials shared besides the slides.</i>

Duke University	Mamata Yanamadala	Geriatric Milestone Specific Feedback Tool	Geriatric Milestone Specific Feedback Tool for geriatric fellows in our program using ACGME competencies and AGS/ADGAP geriatric specific milestones. We have built this tool on med-hub which can be used on a mobile app for providing feedback on fellow performance in clinical settings.
Geriatric and Palliative Medicine Fellowship at Icahn School of Medicine at Mount Sinai	Christine Chang, Shivani Chopra, Helen Fernandez	A Model Quality Improvement Curriculum for Geriatric and Palliative Care Fellows	The 9-month project-based QI curriculum employed a flipped classroom model using Institute for Healthcare Improvement (IHI) online modules to teach basic QI concepts and four 1-2 hour protected class time to reinforce knowledge application of QI concepts. Fellows worked on departmental prioritized team-based QI projects, which were presented to the department at midterm and end-of-year. Program evaluation consisted of demographics, an 8-item questionnaire on comfort with QI concepts with 5-point Likert Scale, 3 cases from the Quality Improvement Knowledge Application Tool (QIKAT); and a 2 question open ended course evaluation.
Hackensack University Medical Center Geriatric Program	Manisha Parulekar, Arunima Sarkar	Four things I learned survey & Experience during my rotation survey	Surveys and checklist for Geriatric rotation for trainees.
New York University Grossman School of Medicine	Nina Blachman	Gerikit	Gerikit is the first free mobile health app for conducting comprehensive geriatric assessments. The app coaches trainees on conducting assessments of multiple domains, serves as a clinical decision support tool, and has features for trainees that include explanations of each instrument. Our goal is for Gerikit to become a national standard in UME and GME geriatrics curricula.
University of Arkansas for Medical Sciences	Pam Degravelles, Priya Mendiratta	Welcome to Clyde. A Simulation about the Transitional Care of the Older Adult	Fellows participated in an interprofessional online Clyde simulation related to transitions of care for a patient and caregiver, along with medical students at different sites, nursing and pharmacy students.
University of Rochester	Lisa Vargish	Geriatrics Fellowship Individualized Learning Plan	Our program has a personal learning plan form that we have our fellows fill out at the beginning of fellowship. We utilize this form to help guide modifications that may be made to each fellow's training experience based on their individual goals and interests. We then meet with each fellow quarterly and utilize 3 month, 6 month and 9 month forms to follow up on their personalized learning plans. We can then make adjustments to our fellows' clinical schedule and experiences as needed based on their learning plan progress throughout the year.

University of Wisconsin Hospital and Clinics	Elizabeth Chapman	Fellow Self-Evaluation Tool	Over the past two academic years, our program has launched fellow self-evaluations utilizing the Qualtrics Survey tool platform to encourage the creation of learning goals for each rotation and critical reflection, as well as to provide a means of measuring practice-based learning improvement. Prior to each and after each rotation, fellows are asked to develop an individualized goal and rate their current confidence in the area. The data is shared with the rotation attending prior to the rotation to help target feedback and also after the rotation for assessment of the fellow's ability to identify an appropriate goal and determine progress.
Wake Forest Baptist Health	Jo Cleveland	Introduction to research opportunities	Three-part session that introduces fellows to a wide variety of research.
Yale University School of Medicine	Chandrika Kumar	A self-determined learning pedagogy	Interprofessional curriculum using the self-determined theory in learning for geriatric medicine fellows. This curriculum allows the fellow to work with several disciplines within a post-acute care facility ranging from nursing to dietary in AM. The PM session is focused on thinking through the learning process followed by reflection and sharing with geriatrician on lessons learned for the day and application in future clinical activities.

AGS21 VIRTUAL AGS 2021 VIRTUAL ANNUAL SCIENTIFIC MEETING
 MEETING DATES: Thursday, May 13 – Saturday, May 15
 PRE-CONFERENCE DAY: Wednesday, May 12

ADGAP
 ASSOCIATION OF DIRECTORS OF GERIATRICS ACADEMIC PROGRAMS

2021 ADGAP Fellowship Directors Preconference

Wednesday, May 12, 2021

AGS21

1

Today's Agenda

Time	Item
10:00 am	Welcome • <i>Helen Fernandez, MD</i>
10:05 am	ACGME Update • <i>Helen Fernandez, MD</i>
10:10 am	Your Virtual Presence • <i>Eric Widera, MD</i>
10:20 am	Virtual Interviewing • <i>Steve Barczj, MD</i>
10:30 am	Sharing Lessons Learned: Breakout Groups on Virtual Interviewing • <i>Carrie Rubenstein, MD & Kevin Foley, MD</i>

AGS21

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Today's Agenda (continued)

Time	Item
11:00 am	ACGME Milestone 2.0 Status, Supplemental Guide, and New Resources • <i>Laura Edgar, EdD</i>
11:45 am	Break
11:50 am	Quick Hit Topics <ul style="list-style-type: none"> • <i>Medicine-Geriatrics Integrated Residency and Fellowship – Angela Beckert, MD</i> • <i>Leadership Curriculum – Helen Fernandez, MD, MPH</i> • <i>Mid-Career Survey – Bruce Loff, MD</i> • <i>GER-A-FLOAT – Maria Carla Duggan, MD, MPH</i> • <i>Wellness – Emily Hajar, PharmD, Matt McNabney, MD & Michi Yakawa, MD</i> • <i>Fellowship Program Directors' Guide – Pa Chen, MD</i> • <i>Fellowship Coordinator Presentation on Accreditation – Sharon Brangman, MD & Kelly Wheeler, LMSW</i>
12:25 pm	Mini-Fair for Curricular Innovations/Tool Swap • <i>Kate Bennett, MD & Helen Fernandez, MD, MPH</i>
1:20 pm	Closing/Open Mic and call for future topics/announcements

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Updates from the Review Committee for Internal Medicine (RC-IM)

Helen Fernandez, MD, MPH
Geriatric Fellowship Director, RC-IM Member
Icahn School of Medicine at Mount Sinai

May 2021

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Disclosures

I have no conflicts to disclose.



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- **Concerns Related to Pandemic**
- **Program Requirements (PRs) Revisions**
- **Resident and Faculty Surveys**
- **ADS Changes/Updates**
- **Citations/AFIs**
- **Self-Study/16 Year Visits**
- **Communicating with the RC RC-IM Staff**

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Thank you! We appreciate You!



April 16, 2021

Dear Program Directors:

The members of the Review Committee for Internal Medicine want to extend our deepest gratitude to all of you during this unprecedented time and thank you for your continued commitment to providing excellent medical education. As you have seen, our program requirements have been revised during a worldwide pandemic. It is clear you have stepped to safety, graciously, and with great enthusiasm to ensure that graduate medical education continues. We also want to thank you for protecting your patients and your residents and fellows. The greatest you do for your role as the Internal Medicine is only remarkable. You have demonstrated tenacity and strength at a time when leadership is critical.

We understand the challenges and risks you have encountered, as well as those of your colleagues, your residents and fellows, and your patients, and wish solidarity for your well-being.

Please do check our website for updates on our website on the ACGME's COVID-19 web page, www.acgme.org/COVID-19, for guidance on the updates to our program requirements and the resources available to you. We will continue to be available during other resources, from right through the end of 2021 and the flexible approach to our program requirements. We will continue to be available to you during this time, and we will continue to be available to you during this time.

Please do check our website for updates on our website on the ACGME's COVID-19 web page, www.acgme.org/COVID-19, for guidance on the updates to our program requirements and the resources available to you. We will continue to be available during other resources, from right through the end of 2021 and the flexible approach to our program requirements. We will continue to be available to you during this time, and we will continue to be available to you during this time.

[acgme.org/Portals/0/Documents/COVID-19/IMCOVID19LTC.pdf](https://www.acgme.org/Portals/0/Documents/COVID-19/IMCOVID19LTC.pdf)

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RC-IM acknowledges that...

- IM programs, irrespective of whether the sponsoring institution has declared pandemic Emergency status, may experience an increase in COVID-related clinical demands and need to adjust schedules accordingly.
- IM residents may have:
 - fewer outpatient experiences, particularly in the sub and continuity clinics (or these may shift to tele-experiences).
 - fewer didactics conferences (or a move to tele-learning platforms).
 - additional, non-traditional-but-circumstances-appropriate rotations.
 - more inpatient experiences—particularly on wards, in the ED, and ICUs.

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RC-IM acknowledges that...

- It will consider all this in context and be disinclined to issue citations, with the assurance that the local program/institutional leadership are carefully monitoring the extent of disruptions to the standard curriculum and exercising all options necessary to minimize the disruptions.
- It is more concerned about resident wellness, patient safety, and the program's substantial compliance with PRs—not individual schedules or experience, except for strict compliance with duty hours, appropriate training and provision of safety measures, and appropriate supervision.

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- Concerns Related to Pandemic
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- RC-IM Staff

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Major Revision of the IM PRs...

- IM PRs were approved at the Feb 2021 ACGME Board meeting!
- Posted on the RC-IM webpage, under "Future Effective Date," effective **7/1/2022**, https://www.acgme.org/Portals/0/PFAssets/ProgramRequirements/140_InternalMedicine_2022.pdf?ver=2021-02-19-152614-193
- Writing group wrote about the development of the PRs. Check this paper out, <https://meridian.allenpress.com/jgme/article/12/6/797/449814/Internal-Medicine-2035-Preparing-the-Future>

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But...

....all PRs related to dedicated administrative time and support were *deferred* because of new focused revisions to the common PRs related to dedicated time for program leadership/personnel – PDs/APDs, core faculty, and coordinators.

"Note: The proposed requirements related to non-clinical time for program administration will be reassessed based on guidance that the ACGME Committee on Requirements will provide to Review Committees in the coming months. The currently-in-effect requirements remain in effect in the meantime. Additional information will be shared as it becomes available."

- ACGME vetted proposed changes to common program requirements (CPRs) for program/leadership positions note above in March.

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So, what does this mean for PRs...

- There will be *more* focused revisions for "dedicated time/FTE/support" for PDs/APDs, core faculty, and coordinators.
 - Currently there is nothing in any IM subspecialty PRs related to core faculty or coordinator re-dedicated time/FTE/support.
- The Review Committee expects to have something in every set of subspecialty requirements related to the above.
- Expect to see proposed language this fall.

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Timeline...

- At its **April 2021 meeting**, the RC will have preliminary discussions "dedicated time devoted to program administration"
- **Late April**, ACGME's Committee on Requirements will provide RCs "guidance" documents for writing PRs
- **June, July 2021**, RC will develop proposed language
- In **June 2021**, the CPRs vetted in March will be reviewed and approved (probably) by the ACGME's Board.
- In **summer/fall 2021**, the RCs will vet new PRs for "dedicated time for program administration" for all program personnel

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New Surveys

Resident (RS) and faculty surveys (FS) were updated in 2020

- Because of new common PRs and because some items were not clear.
- Survey design firm was hired to revise the surveys and validate the results.
- Intent to retain as many "good" current items as possible to have historical data.
- 55 items on the RS, 30 on FS, about half items are new.
- Although slightly longer, survey takes same amount of time to complete.
- Content areas:
 - acgme.org/Portals/0/ResidentSurvey_ContentAreas.pdf
 - acgme.org/Portals/0/ACGME%20FacultySurvey%20QuestionContentAreas.pdf
- Specialty-specific items were revised this year.

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NAS + Surveys



The data elements used for annual accreditation review are:

- **Resident/Fellow Survey**
- Clinical Experience
- ABIM/AOBIM Pass Rate
- Faculty Survey
- Scholarly Activity
- Attrition/Changes/Ratio
- Performance of sub
- Omission of Data

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Who should be listed in ADS?

At a minimum, include the following...

- Program Director
- Associate Program Director
 - based on complement (for subs, based on subspecialty)
- Minimum required # of core faculty
 - based on complement
- Other faculty members
 - at your discretion!

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Who should be listed in ADS?

The implications associated with faculty on ADS roster:

All Programs

- Scholarship data will need to be submitted for all listed.

Residency

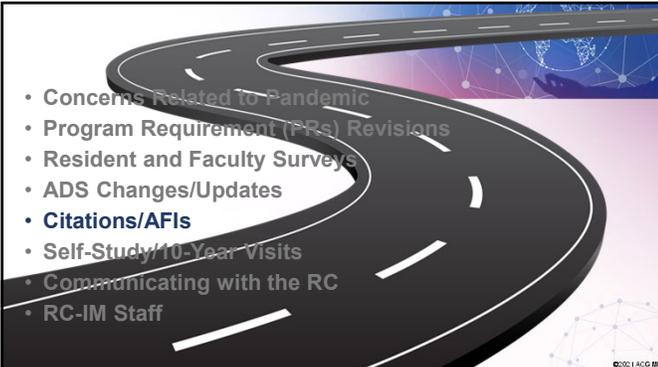
- Those identified as "core" faculty will be sent the faculty survey.

Subspecialty

- Everyone listed will be sent the faculty survey (same as last year)

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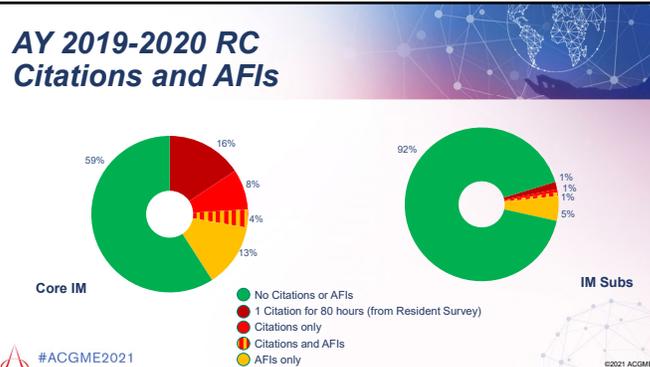


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AY 2019-2020 RC Citations and AFIs



Core IM

No Citations or AFIs	59%
1 Citation for 80 hours (from Resident Survey)	16%
Citations only	8%
Citations and AFIs	4%
AFIs only	13%

IM Subs

No Citations or AFIs	92%
1 Citation for 80 hours (from Resident Survey)	1%
Citations only	1%
Citations and AFIs	5%
AFIs only	5%

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Self-study/10-year SV...

- ACGME decided to de-link the Self-Study and 10-Year Site Visit.
- Developing a process to review and provide feedback for programs that have completed the Self-Study.
- ACGME will not schedule any programs to begin their Self-Study for 16 months (through July 2022).
- More information will be provided in upcoming weeks by DFA. Questions regarding Self-study and 10-Year site visit, should go to DFA, Andrea Chow, achow@acgme.org

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RC-IM Contacts

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Thank you!

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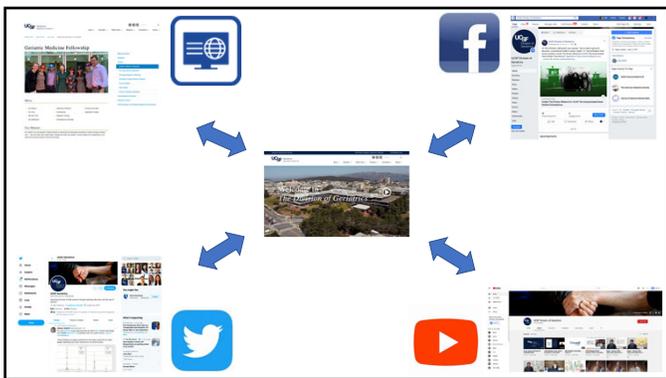
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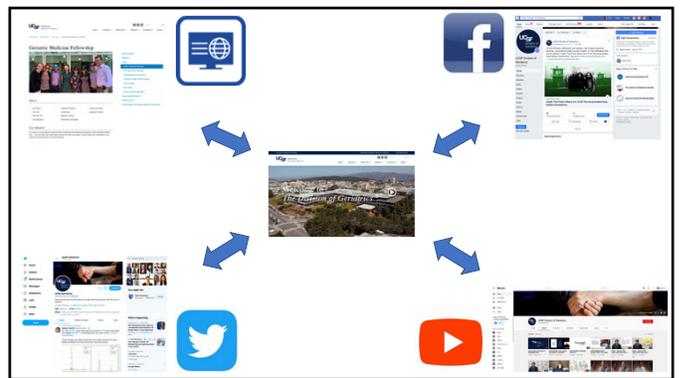
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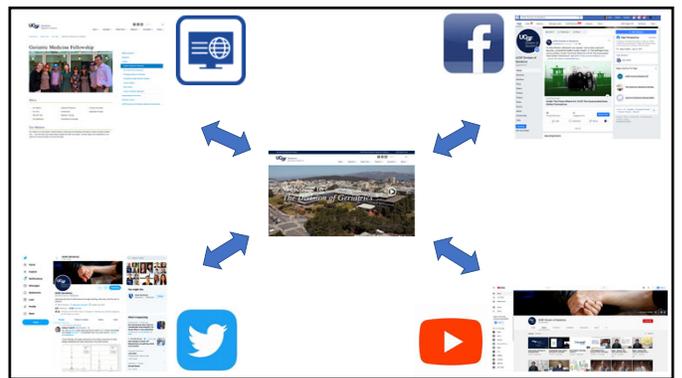
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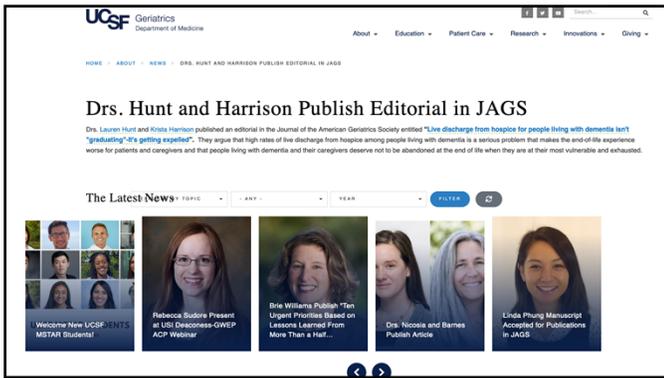
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- ### Key components of a fellowship webpage
- Mission and Aims
 - Who You are Looking For
 - What the Curriculum looks like
 - Why your city rocks
 - Contact Information
 - How to Apply (is it any different now with COVID?)
 - Links to past fellows, faculty news, research, and publication lists

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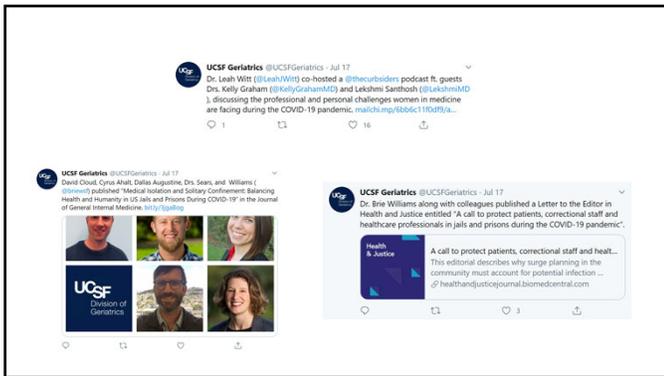
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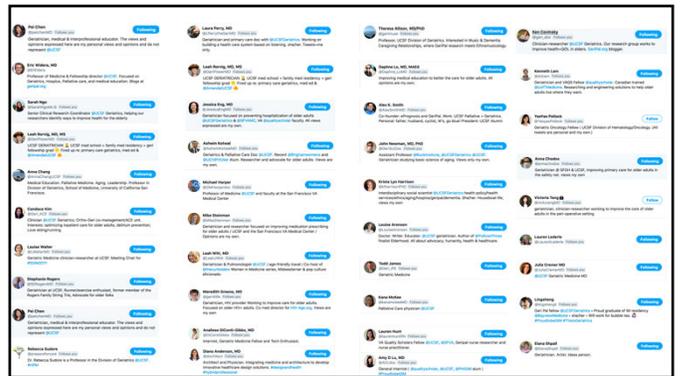
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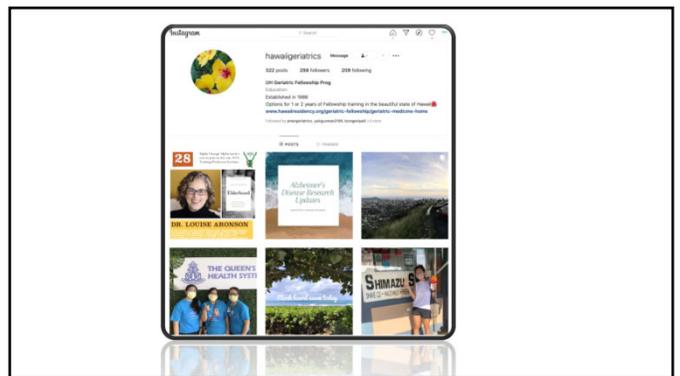
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10

TASK	1)	2)	3)	4)	5)	6)	7)	8)	9)	10)
1) Sign up for a twitter account										
2) Tweet										
3) Follow Anyone										
4) Retweet										
5) Use a hashtag in a tweet										
6) Favorite a tweet by another member of the Division										
7) Upload a photo, i.e. no more eggheads!										
8) Tweet a photo										
9) Tweet a link										
10) Tweet a journal article you like with comments that personalize it										
TOTAL (1 point for every filled column)										

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AGS21 VIRTUAL AGS 2021 VIRTUAL ANNUAL SCIENTIFIC MEETING
 MEETING DATES: Thursday, May 13 – Saturday, May 15
 PRE-CONFERENCE DAY: Wednesday, May 12

Virtual Interviewing

Steven Barczi, MD
 University of Wisconsin School of Medicine
 Madison VA GRECC

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1

Why the Virtual Interview (VI)?

- In light of the COVID-19 Pandemic, the AAMC, COPA, AAIM and many specialty organizations have encouraged training programs to use only VI
- “All-VI” within programs likely reduces selection and other biases for applicants who do vs. do not have in-person interviews

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VI- The Pros and Cons

Advantages	Disadvantages
<ul style="list-style-type: none"> - Financial Savings (\$4000 vs \$566 per applicant interview) - Decreased Travel Time - More Interviews for Applicants - > SE Diversity in Applicant Pool - Increased Scheduling Flexibility - Reduced Environmental Impact - Reduced Transmission of COVID-19 	<ul style="list-style-type: none"> - Technical Challenges - Prep Time for New Workflows - Decreased Personal Connection - Decreased Interaction Between Applicants & Fellows (Culture) - Decreased Informal Gatherings - Inability to See the City/Campus - Applicants Feel Need to Interview at More Sites - May amplify biases and DEI disparities

Huppert LA, Acad Med 2021; Fuchs JW, JGME 2020

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3

Geriatric PD Perspectives 2021

- ADGAP Survey of Geriatric Fellowship PD Perspectives about 2020 VI season (n=67)
- Programs with 1-3 fellows 70%; programs with 4+ fellows 30%
- Academic programs 77%; Community 23%
- All VI 90%, blended VI & FTF 7%, FTF 3%
- Platform: Zoom 75%; MS-Teams 11%, Other 14%

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Geriatric PD Perspectives 2021

Were you satisfied with your virtual interviews?

Satisfaction Level	Percentage
Very satisfied	30.00%
Satisfied	50.00%
Neither satisfied nor dissatisfied	18.00%
Dissatisfied	2.00%
Very dissatisfied	0.00%

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Geriatric PD Perspectives 2021

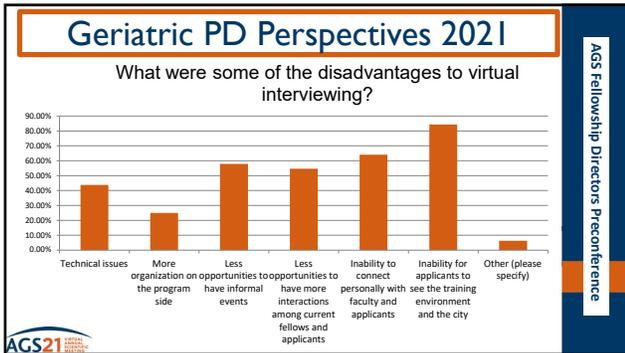
What are some advantages to virtual interviewing? Check all that apply.

Advantage	Percentage
Able to interview more candidates	60.00%
Easier to coordinate with faculty	70.00%
Less expenses for the program	65.00%
Less expenses for the applicants	85.00%
Able to include more faculty and/or fellows	40.00%
Safer	55.00%
Other (please specify)	5.00%

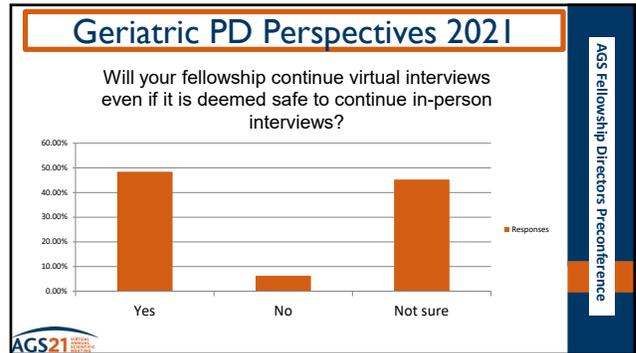
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6



7



8

Identifying Biases in VI

VI may introduce new sources of bias and amplify implicit biases:

- Increased cognitive load during VI can lead to reliance on more implicit associations and biases
- Tech & broadband inequality - "digital redlining?"
- Poor audio may exaggerate accents
- Differential camera calibration for light skin > dark skin
- Time zone differences can require unusual hrs for interviews
- Quiet, "ordered" environment vs. Less optimal interview environment

Jyothi M, Acad Med 2021

AGS21 logo and AGS Fellowship Directors' Preconference text are present.

9

Strategies to Mitigate Biases in VI

- Encourage Implicit Association Test (IAT) for all interviewers participating in the process.
- Develop structured interviews with a standardized rubric.
- Utilize multiple mini interviews.
- Blind interviewers to applicants' cognitive application data.
- Encourage virtual meet ups of underrepresented in medicine (UiM) faculty, staff, and applicants.
- Evaluate diversity representation at the end of the interview cycle to identify areas for improvement.

Fuchs JG, JGME 2020

AGS21 logo and AGS Fellowship Directors' Preconference text are present.

10

VI Breakout Session

Consider the following questions:

- If you were interviewing virtually for a new job, what would concern you the most about the process?
- How might those concerns change the way you conduct fellow interviews this year?
- What is one specific way you can change your interview process to mitigate unconscious bias when interviewing candidates virtually?

AGS21 logo and AGS Fellowship Directors' Preconference text are present.

11



Milestones: 1.0, 2.0, and Oh My!



Laura Edgar, EdD
Vice President, Milestones Development

1



Disclosure

- Full-time employee of ACGME

2



Thank You!

Steven Barczi, MD, FAASM	Kevin Foley, MD
Katherine Bennett, MD	Rachelle Gajadhar, MD
Min Ho Cho, MD	Jennie Kirby, MPA
Ryan DeLong, MD	Aubrey Knight, MD
Laura Edgar, EdD, CAE	Shoshana Streiter, MD
Kathryn Eubank, MD	Eric Widera, MD
Helen Fernandez, MD, MPH	

3

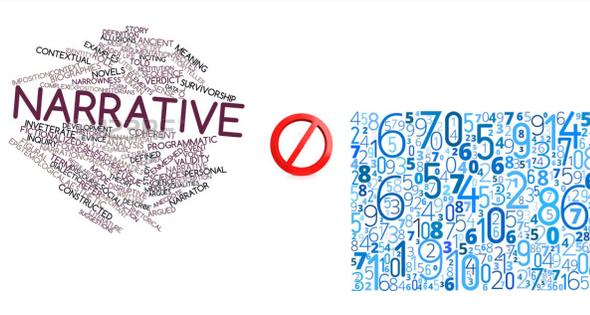


Milestones

- A milestone is a significant point in development
- Milestones follow an individual's developmental trajectory across a range of knowledge, skills, and attitudes



4



5



Milestones as Assessments

- Milestones were designed to be formative
- A repository for other assessments
- Not every Milestone can or should be evaluated on every rotation
- Not everything that should be evaluated is included in the Milestones



6



We ♥ Milestones 2.0

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What have we learned?

Too much!

Dissatisfaction with non-PC/MK

More people want to participate

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Differences

Specialty specific!!

No more negative language!

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Differences

Patient Care and Medical Knowledge have two options outside of the levels:

- Not yet completed Level 1
- Not yet assessable

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What changed?

		Patient Care 6: Consultative Care				
		Level 1	Level 2	Level 3	Level 4	Level 5
1. Responds and provides consultative care (PCE)	Assessable	Responds to requests for a consultation and provides recommendations, with explanation.	Identifies and clarifies the goals of the consultation and manages recommendations.	Seeks and integrates input from affected members of the health care team and provides recommendations to the primary team in a clear and timely manner.	Provides comprehensive and coordinated recommendations, including assessment and rationale, to all necessary health care team members.	Leads the health care team in the provision of effective consultative services across the spectrum of disease, complexity and acuity.
	Not Assessable	Recognizes consult acuity and urgency, with explanation.	Independently recognizes consult acuity and urgency.	Practices workflow in response to consult acuity and urgency.	Modifies resources to provide care in an urgent situation.	
Comments:						
		Not Yet Completed Level 1 <input type="checkbox"/> Not Yet Assessable <input type="checkbox"/>				

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Patient Care

- PC1: Comprehensive Geriatric Assessment
- PC2: Patient and Family/Caregiver Support
- PC3: Assessing and Optimizing of Pharmacotherapy
- PC4: Assessing and Optimizing Physical and Cognitive Function
- PC5: Framing Clinical Management Decisions within the Context of Prognosis
- PC6: Consultative Care

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Medical Knowledge

- MK1: Geriatric Syndromes
- MK2: Principles of Aging

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Systems-Based Practice

- SBP1: Patient Safety and Quality Improvement
- SBP2: System Navigation for Patient-Centered Care
- SBP3: Physician Role in Health Care Systems
- SBP4: Models and Systems of Care

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Practice-based Learning and Improvement

- PBLI1: Evidence-Based and Informed Practice
- PBLI2: Reflective Practice and Commitment to Personal Growth

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Professionalism

- PROF1: Professional Behavior
- PROF2: Ethical Principles
- PROF3: Accountability/Conscientiousness
- PROF4: Well-Being

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Interpersonal and Communication Skills

- ICS1: Patient- and Family-Centered Communication
- ICS2: Interprofessional and Team Communication
- ICS3: Communication within Health Care Systems
- ICS4: Complex Communication around Serious Illness

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Supplemental Guide

- Examples for Levels 1-5
- Assessment methods
- Resources

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Supplemental Guide

Patient Care 1: Comprehensive Geriatric Assessment
Overall intent: To assess not only medical problems, but the patient as a whole to develop a patient-centered care plan

Milestones	Examples
<p>Level 1 Identifies domains of a comprehensive geriatric assessment, including medical, psychosocial, and functional elements</p> <p>Level 2 Performs a comprehensive geriatric assessment, seeking information from ancillary sources, including the patient, family, caregivers, and (if applicable) others</p> <p>Level 3 Formulates a care plan that integrates findings from a comprehensive geriatric assessment focused on optimizing physical, psychosocial, and functional health</p> <p>Level 4 Implements a unified, patient-centered care plan that integrates all domains of the comprehensive geriatric assessment in collaboration with the interdisciplinary team and community partners</p> <p>Level 5 Implements a comprehensive geriatric assessment methodology for use with innovative models of care delivery, new care settings, and/or unique patient populations</p> <p>Assessment Models or Tools</p>	<p>Performs basic geriatric history to include data such as past medical history, place of residence and support systems, and independence with Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs)</p> <p>Corroborates the patient history with information from family/caregivers, social workers, and/or nursing home staff</p> <p>Collaborates with various team members including social workers, therapists, and community partners in order to develop a transition or discharge care plan</p> <p>Assists in creating a comprehensive discharge plan that may include companion service or home health attendants for certain number of hours per day, home and physical or occupational therapy, adult day care, or Programs of All-Inclusive Care for the Elderly (PACE) for a frail older adult at risk for readmission who wants to stay in the home environment</p> <p>Adapts the comprehensive geriatric assessment for use in telemedicine</p>
<p>Continuum Mapping</p> <p>Notes or Resources</p>	<p>Assessment of case-based discussion</p> <p>Assessment of case conference presentation</p> <p>Direct observation</p> <p>Faculty member evaluations</p> <p>Medical record chart audit</p> <p>Monitored review of clinical management plan</p> <p>Multisource feedback</p> <p>Alzheimer's Association. https://www.alz.org. 2020.</p> <p>Centers for Medicare & Medicaid Services. Program of All-Inclusive Care for the Elderly (PACE). https://www.cms.gov/Medicare/Medicare-Geography/Medicare-and-Medicaid-Coverage/Medicare-Medicaid-Coverage-Office/PAGE/PAGE_0000</p>

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Supplemental Guide

- Review the Milestones with your CCC, faculty, and residents
- Identify the assessment method in your toolbox that will provide the best information
- Determine which rotation(s) the Milestone will be evaluated

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Supplemental Guide

- With your CCC, determine what the resident would need to do/know for the Milestone at each level
- Be certain that there is a shared mental model of the meaning of the Milestone and the various levels
- What does YOUR PROGRAM expect to see at each level
- Spend the time now, save time later!!

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CHANGE IS HARD
...BUT IT DOESN'T HAVE TO BE

StephanieDalfonzo.com

22

Implementing Changes

Identify and address obstacles

- Be open and listen to concerns
- Answer what you can – Call ACGME if not
- For content – remind them that their specialty community created them

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Implementing Changes

Identify programs who are doing the change well

- Let your champions demonstrate
- Offer additional faculty development
- Begin development of new shared mental model

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Implementing Changes

Share success stories and document what strategies worked best

- Each specialty should have its own champion
- Share experiences at GME meetings
- Share experiences at specialty meetings

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Implementing Changes



Accreditation Council for Graduate Medical Education

A GUIDEBOOK FOR IMPLEMENTING AND CHANGING ASSESSMENT IN THE MILESTONES ERA

New resource made available in 2020

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Implementing Changes

And now, something completely different!

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Using Milestone Data

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Self-Assessment Leads to Learning Plans

- Milestones are an ideal way for residents and fellows to monitor their professional progress
- Faculty can also benefit from self-assessment with the Milestones
 - Requires Purposeful and Deliberate self-review and practice to continue growth

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Using Milestones Data

Subspecialty: Geriatric Medicine

Resident Year: 1 Total Residents: 44

of Residents: 44

Note: 1 of 44 residents have a status of "Not Yet Assessed" and are not included in the analysis.

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Where do I find...?

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Milestone Webcasts

COMING SOON

- Less than 15 minutes
- Provides updates on changes to format and content
- Explains use of the Supplemental Guide
- Great for Faculty Development
- Soon available on the Specialty page

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Family Medicine

Milestones

- Abduction Medicine
- Clinical Informatics
- Emergency Medicine - Family Medicine
- Family Medicine
- Geriatric Medicine
- Geriatric Medicine - Effective July 1, 2021
- House and Palliative Medicine
- Internal Medicine - Family Medicine
- Preceptors - Family Medicine
- Sports Medicine

Milestones Supplemental Guides

- Abduction Medicine Supplemental Guide
- Family Medicine Supplemental Guide
- Family Medicine Supplemental Guide Template
- Geriatric Medicine Supplemental Guide
- Geriatric Medicine Supplemental Guide Template
- House and Palliative Medicine Supplemental Guide
- House and Palliative Medicine Supplemental Guide Template

Milestones Resources

- Milestones (ACGME), Clinical Competency Committee Guidebook, and Resources

Milestones Webcasts

- Milestones 2.0 Webcast: Family Medicine
- 2019 Milestones Update and Medical Milestones Webcast
- 2019 Milestones Addiction Medicine Webcast

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Milestones Resources

Guidebooks

- Assessment Guidebook
- Milestones Implementation Guidebook
- Milestones Guidebook
- Milestones Guidebook for Residents and Fellows
- Clinical Competency Committee Guidebook
- Clinical Competency Committee Guidebook Executive Summaries

Other Resources

- Resources for Assessment in the Learn at ACGME Online Learning Portal
- Use of Individual Milestones Data by External Entities for High Stakes Decisions
- Milestones FAQs

<https://acgme.org/What-We-Do/Accreditation/Milestones/Resources>

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Assessment Guidebook

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- Chart Simulation (SOAP and the Assessment of Clinical Reasoning in the Workplace (COPRAW))	14-16
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Accreditation Council for Graduate Medical Education

The ACGME for Residents and Fellows

The resources listed on this page provide information about the ACGME, its programs, and the importance of the work for all physicians in training. We encourage you to learn more, ask questions, and get involved.

Quick Links

- ACGME Accredited Workforce Resources
- Just-in-Resident Project List
- Just-in-Resident Initiative
- Just-in-Resident Project Template
- Report a problem

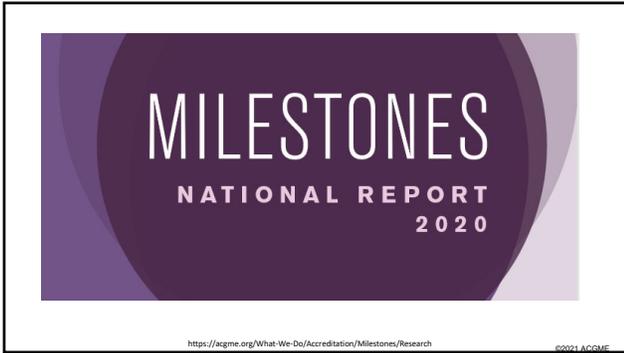
As the ACGME began to move toward its current continuous accreditation model, specialty groups developed outcomes-based Milestones as a framework for determining resident and fellow performance within the six ACGME Core Competencies.

- Milestones +
- Milestones Guidebook for Residents and Fellows Presentation
- Milestones 2.0 Guide Sheet for Residents and Fellows

<https://www.acgme.org/Residents-and-Fellows/The-ACGME-for-Residents-and-Fellows>

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Use of Bibliography

The bibliography is organized according to the categories below, and is presented by year of publication (in descending order) within each category. Note: some articles are coded in more than one category.

Audience:	Category	Number of Articles
	Assessment Tools/Processes for Collecting Milestones Data	125
	CCCs – Structure and Function	25
	How to Use Milestones Data to Improve your Program	57
Program Directors	Using Milestones to Guide Curriculum	60
	Rationale for Milestones	74
	Trends in Milestones Data	47
	Content – Do the Milestones Represent my Specialty/Program?	67
Policymakers	How Residents Can Use Milestones Data	20
	Impact of Milestones	227
Total # of Articles		398

https://acgme.org/What-We-Do/Accreditation/Milestones/Research ©2021 ACGME

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Here to help

Milestones:
milestones@acgme.org
 Laura Edgar
ledgar@acgme.org

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AGS21 VIRTUAL AGS 2021 VIRTUAL ANNUAL SCIENTIFIC MEETING
 MEETING DATES: Thursday, May 13–Saturday, May 15
 PRE-CONFERENCE DAY: Wednesday, May 12

AIRE Medicine-Geriatrics Integrated Residency and Fellowship

ADGAP Fellowship Directors Preconference
 Wednesday, May 12, 2021

1

AIRE Proposal

- The Residency Track workgroup created an AIRE (Advancing Innovation in Residency Education) proposal to establish a Medicine-Geriatrics Integrated Residency and Fellowship (Combined Med-Geri Pathway)
- It was approved by ACGME in April 2020, with support from ABIM and ABFM.
- The Combined Med-Geri Pathway provides an alternative pathway for training geriatricians by integrating the clinical experiences required in a fellowship across the IM or FM residency and meeting geriatric competencies in an innovative four-year program.

2

AIRE Proposal

- Curriculum highlights include:
 - Early geriatric medicine clinical experiences
 - ongoing mentorship
 - Integrated competency based assessment
 - Individualized learning plans with enhanced professional development
- Board certification timeline for IM/FM and geriatric medicine remains the same as traditional model

3

Pilot Programs

- Three pilot programs were approved in conjunction with the AGS/ADGAP AIRE Proposal.
 - Icahn School of Medicine at Mount Sinai
 - Medical College of Wisconsin
 - University of Nebraska
- Two of the pilot programs matched with residents, who will begin training July 2021.

4

New Applying Programs

- In January 2021, 5 new programs applied to the AGS/ADGAP AIRE Med-Geri Leadership Team.
- The leadership team is currently working with ACGME to review these programs.
- The next deadline for interested programs will be in the Fall of 2021.
- Please check the [ADGAP website](#) and ADGAP and AGS Listservs for the deadline announcement.

5

Questions?

- Please reach out to staff or the Med-Geri Leadership Team.

Name	Institution
Angela Beckert, MD (co-Chair)	Medical College of Wisconsin
Sonica Bhatia, MD	Icahn School of Medicine at Mount Sinai
Ed Duthie, MD (co-Chair)	Medical College of Wisconsin
Helen Fernandez, MD	Icahn School of Medicine at Mount Sinai
Deborah Freeland, MD	Johns Hopkins University
Christian Furman, MD	University of Louisville
Kady Goldist, MD	Beth Israel Deaconess Medical Center
Elizabeth Harlow, MD	University of Nebraska
William Lyons, MD	University of Nebraska
Brooke Salzman, MD	Jefferson University

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AGS21 VIRTUAL AGS 2021 VIRTUAL ANNUAL SCIENTIFIC MEETING
 MEETING DATES: Thursday, May 13–Saturday, May 15
 PRE-CONFERENCE DAY: Wednesday, May 12

AGS/ADGAP Basic Leadership and Life Skills Curriculum

Helen Fernandez, MD, MPH
 Professor
 Icahn School of Medicine at Mount Sinai



1

Thank you

- Editorial Board: Greg Pawlson, Lynn Flint, Mary Amory
- Authors: Ciera Sears, Caitlyn Kuwata, Ayla Pelleg, Lesca Hanley, Roopali Gupta, Pei Chen, Ugochi Ohuabunwa, Martine Sanon, Deborah Afezolli, Gabrielle Schiller
- AGS Staff: Elisha Medina-Gallagher
- Note: will be adding reviewers from other disciplines



2

Goal of the Curriculum

- This is a self-guided curriculum geared to fellows and early career geriatrics health professionals
 - Focused on the skills that you will need throughout your career
 - Personal development in well-being and wellness
 - Leadership Skills



3

Ten Modules Part I: Released Sept 2021

- Critical skills for career and life success
- Emotional Intelligence and Emotional Agility
- Resilience and Self Care
- Communication skills: Foundation of Relationship Building Communication (RBC)
- Communication Application- Conversations, Negotiation and Conflict Management



4

Ten Modules Part II: Released Feb 2022

- Change Agility Denial-Resistance -Exploration
- Basics of Leading, Influencing: patients and others above and below you
- Leading Yourself and Others
- Team and Group Building
- Adult Learning and Teaching



5

Curriculum Format

- Ninety minutes self-paced modules
 - Interactive slide set
 - Journaling
 - 15 minutes case-based podcasts
- Community Page



6

Upcoming Webinars

- Fellowship Program Directors: Curriculum Introduction webinar (Sept 14th at 4pm (EST))
- Kickoff webinar with fellows and early career professionals, Sept 28 at 4:30pm (EST)
- December 15 at 4:30pm (EST)
- March 16 at 4:30pm (EST)
- June 15th at 4pm (EST)



7

Next Steps

- Registration open to fellows in September
- Important for PDs:
 - Curriculum aligns with new geriatrics milestones (we will develop roadmap)
 - Accompanying facilitator guides to check in with your participating fellows and provide coaching
- Certificate of Completion awarded in June
- If interested to enroll your fellow/s, contact me at Helen.Fernandez@mssm.edu



8

AGS21 VIRTUAL AGS 2021 VIRTUAL ANNUAL SCIENTIFIC MEETING
 MEETING DATES: Thursday, May 13 – Saturday, May 15
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Is There a Demand for Mid Career Training In Geriatric Medicine?

Results of a Survey of Geriatric Medicine Program Directors

Bruce Leff, MD
 Johns Hopkins University School of Medicine
 Chair, Geriatric Medicine Board, American Board of Internal Medicine
bleff@jhmi.edu

ADGAP – Fellowship Director's Preconference
 AGS Annual Meeting
 May 12, 2021

1

Collaborators

- Nancy Lundebjerg, AGS
- Susan Parks, MD,
- Christian Furman, MD, MSPH, AGSF
- Lorna Lynn, MD, ABIM

2

ABIM Geriatric Medicine Board

Secure Exam <ul style="list-style-type: none"> • Refine and approve exam blueprint • Set exam passing score 	Medical Knowledge and Practice Assessment
Society Relations	Training <ul style="list-style-type: none"> • Content of training • <i>New training pathways</i> • Procedural competencies

3

Mid-Career Training in Geriatric Medicine?

- Obtain data before investing time and treasure to develop
- Survey of geriatric medicine fellowship directors
- Survey – developed collaboratively – ABIM, AGS / ADGAP
- 10 questions
 - Role of respondent and size fellowship program
 - Belief / numbers as to whether there is demand or a market for mid-career training
 - Whether their program has engaged in mid-career training and their experience
 - Concerns or unanticipated negative effects if mid-career training developed / implemented
 - Additional comments

4

Survey Results

- Fielded March 22, 2021 via surveymonkey with 3 reminders to membership list of 268 Fellowship Directors and ADGAP Division Chiefs
- Original: 70 Responses – 25% response rate
- Extracted multiple responses from same institutions: 41 – 15% response rate
- Responses
 - 56% Fellowship Directors
 - 29% Division Chiefs
 - 15% Other
- 54% programs ≤3 fellowship slots

5

Is There a Market or Demand for Mid-Career Training Option?

Yes	71%
No	4%
Uncertain	25%

6

How Many People Have Inquired About Mid-Career Training Opportunities over Last 2 Years?

# People Inquiring	%
0-2	43%
3-4	37%
≥ 5	13%
Unknown	7%



7

Experience with Mid-Career Training

- 50% had experience with mid-career training

Experience Over the Last 2 Years

# Trainees	%
0	50%
1-2	33%
3-5	17%



8

How Long Did it Take Mid-Career Trainee to Complete the Training?

- 90% in 12 months
- 83% uninterrupted fulltime



9

Was Mid-Career Training a Good Experience for Your Program?

Yes	62%
Yes but some challenges	19%
OK	6%
No response	13%



10

Summary of Free-Text Comments

- Many positive comments about contributions that mature trainees bring to program
- Some challenges with scheduling, salary, funding nuances



11

Is Creating a Mid-Career Training Option for the Field Worth the Effort?

Yes	66%
No	5%
Uncertain	29%



12

Concerns that Development of a Mid-Career Option would Jeopardize Traditional Training?

Yes	10%
No	70%
Uncertain	20%

- Tying up training slots if training is interrupted
- Loss of training slots
- Perhaps challenging to have both options in one program
- Change in program dynamics, especially for small programs



13

Next Steps

- Following this meeting, we will be fielding the survey, with some additional questions, to Fellowship Directors to get more concrete numbers.
- Questions?
 - bleff@jhmi.edu



14

GERI-A-FLOAT
GERIATRIC FELLOWS LEARNING ONLINE AND TOGETHER

An educational series of virtual meetings to deepen knowledge of geriatric medicine and to convene fellows from across the country for networking and peer support

Scan me to access the Geri-a-Float website and join

Tell us what you want for next year

AGS21

1

Who?
Map of Participants

Swedish Medical Center
Oregon Health & Science Univ.
Univ. Michigan
Boston Univ.
Univ. Cincinnati
Johns Hopkins Univ. Pennsylvania
Univ. Louisville
Vanderbilt Univ.
Duke Univ. North Carolina
Univ. of Arkansas for Medical Sciences
Baylor College of Medicine
Texas A&M/Corpus Christi

Duggan MC, Goroncy A, Christmas C, Chippendale RZ. JAGS 68:E54-56, 2020.

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2

Who? (Wave 2)

AGS21

3

Who? (Wave 2)

AGS21

4

Category	Title	Presenter(s)
Career Development	Special FLOAT: Meaning in Work	Colleen Christmas
	Negotiation (2-part series)	Tim Farrell et al
Clinical	Multimorbidity	Josh Uy
	Caring for the Dementia Caregiver	Carrie Rubenstein
	Prognostication	Kim Ang
	Polypharmacy and Deprescribing: Updates and Application	Chelsea Hawley, Laura Triantafylidis
	Sexual Health in Older Adults	Lindsay Wilson et al
	Patient Priorities Care (2-part series)	Jen Ouellet et al
Education	Big G-Geriatrics Education for Fellows: Diagnosing our Learners using the RIME Framework	Andrea Schwartz
	Teaching Geriatrics: Skills to make learning stick	Andrea Schwartz
Social Determinants of Health	Post Incarceration Care for Older Adults	Rose Onyeali
	Ageism	Louise Aronson
	Anti-racism	White-Perkins, Sehgal, Goroncy
	Ableism	Nicole Mushero, Erica Dwyer
	LGBTQ Health	Noelle-Marie Javier
	Poverty & Food Insecurity in Older Adults	Chelsea Rick
Wellness	Finding Your Inner Joyous Geriatrician	Colleen Christmas
	Holiday Party & Welcome to Newly Matched Fellows!	FLOAT leadership
	Graduation Celebration	All

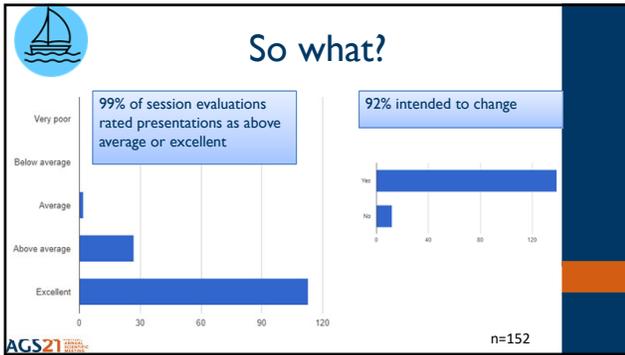
AGS21

5

Category	Title	Presenter(s)
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	Polypharmacy and Deprescribing: Updates and Application	Chelsea Hawley, Laura Triantafylidis
	Sexual Health in Older Adults	Lindsay Wilson et al
	Patient Priorities Care (2-part series)	Jen Ouellet et al
Education	Big G-Geriatrics Education for Fellows: Diagnosing our Learners using the RIME Framework	Andrea Schwartz
	Teaching Geriatrics: Skills to make learning stick	Andrea Schwartz
Social Determinants of Health	Post Incarceration Care for Older Adults	Rose Onyeali
	Ageism	Louise Aronson
	Anti-racism	White-Perkins, Sehgal, Goroncy
	Ableism	Nicole Mushero, Erica Dwyer
	LGBTQ Health	Noelle-Marie Javier
	Poverty & Food Insecurity in Older Adults	Chelsea Rick
Wellness	Finding Your Inner Joyous Geriatrician	Colleen Christmas
	Holiday Party & Welcome to Newly Matched Fellows!	FLOAT leadership
	Graduation Celebration	All

AGS21

6



7

Now what?

- Give us your input to make Geri-a-FLOAT better

<https://redcap.link/floatplanning2021>

8

AGS21 VIRTUAL AGS 2021 VIRTUAL ANNUAL SCIENTIFIC MEETING
 MEETING DATES: Thursday, May 13–Saturday, May 15
 PRE-CONFERENCE DAY: Wednesday, May 12

Wellness

Emily Hajjar, PharmD, Thomas Jefferson University, Matt McNabney, MD, Johns Hopkins University, & Michi Yukawa, MD, MPH, University of California, San Francisco

ADGAP Fellowship Directors Preconference
 Wednesday, May 12, 2021



1

Resiliency Toolkit

- The Faculty Development Subcommittee of the AGS/ADGAP Education Committee is developing a toolkit of resources on resiliency and burnout.
- The Resiliency Toolkit will contain links and descriptions for 33 useful tools on maintaining resiliency and be available to all AGS members via the Geriatrics Care Online portal.
- The subcommittee felt this was an important topic to tackle considering the COVID-19 pandemic.
- The toolkit will be organized by three topics: 1) Identifying of Wellness Burnout; 2) Personal Level 3) Program Level.
- There will also be tools that are cut across categories.



2

Next Steps

- The Education Committee will be asked to review the toolkit.
- Following that review and revisions, the toolkit will be made available on GCO.
- The workgroup members are:
 - Ryan Chippendale
 - Emily Hajjar
 - Halina Kusz
 - Marcia Mecca
 - Poonam Merai
 - Mariah Robertson
 - Sonya Shipley
 - Golnosh Sharafsaleh
 - Lindsay Wilson
 - Michi Yukawa



3

AGS21 VIRTUAL AGS 2021 VIRTUAL ANNUAL SCIENTIFIC MEETING
 MEETING DATES: Thursday, May 13 – Saturday, May 15
 PRE-CONFERENCE DAY: Wednesday, May 12

ADGAP Geriatric Medicine Fellowship Program Directors' Guide

Pei Chen, Katherine A. Bennett, Elaine Chow, Helen Fernandez, Linda Ferrie,
Ganesh Merugu, Carrie Rubenstein, Eric Widera, and Lynn Wilson



1

Program Directors' Guide

Background

- Developed by program directors and program coordinators from 7 programs across the United States
- Published in summer 2020

Goals

- Support program directors in starting a new program or running a new program
- Provide guidance on special scenarios
- Offer resources for training beyond geriatric medicine fellowship



2

GeriatricsCareOnline.org
Complex Care. Access to Resources Simplified.

- Search under Books & Online Text or use the search box

Geriatric Medicine Fellowship

Program Director's Guide

Search Term:

- ▣ Front Matter
- ▣ Starting a New Geriatric Medicine Fellowship
- ▣ Training a Fellowship
- ▣ Special Considerations
- ▣ Training Beyond Geriatrics Fellowship
- ▣ Abbreviations
- ▣ Appendices

Geriatric Medicine Fellowship

Program Director's Guide



3

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- ▣ Front Matter
- ▣ Starting a New Geriatric Medicine Fellowship
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 - ▣ Planning for the Fellowship
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 - ▣ Calendar of Events
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 - ▣ Evaluation
 - ▣ Maintaining Accreditation

- ▣ Special Considerations
 - ▣ Geriatrics and Palliative Medicine Pilot Program
 - ▣ Alternative Pathway Geriatric Medicine Fellowship Model
 - ▣ Mid-Career Fellows
 - ▣ Fellows Needing Time Off
 - ▣ Fellows Needing Remediation
 - ▣ Emergency and Crisis Response
- ▣ Training Beyond Geriatrics Fellowship
- ▣ Abbreviations
- ▣ Appendices
 - ▣ Appendix 1 – Sample Template of a Summative Final Evaluation
 - ▣ Appendix 2 – Sample Agendas for Clinical Competency Committee (CCC) Meeting
 - ▣ Appendix 3 – Sample Agenda for Program Evaluation Committee (PEC) Meeting for Annual Program Evaluation (APE)
 - ▣ Appendix 4 – Sample Template for Program Evaluation Committee (PEC) Continuous Improvement Action Plan



4

Questions? Suggestions?

E-mail: Pei.Chen@ucsf.edu



5

AGS21 VIRTUAL AGS 2021 VIRTUAL ANNUAL SCIENTIFIC MEETING
 MEETING DATES: Thursday, May 13 – Saturday, May 15
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Preparing for the ACGME Site Visit

Sharon Brangman, MD, FACP, AGSF
 Geriatrics Fellowship Program Director

Kelly Wheeler, LMSW
 Geriatrics Fellowship Program Coordinator
 SUNY Upstate Medical University – Syracuse, NY



1

Objectives

- Participants to leave with a somewhat better understanding of what they can expect during a full Virtual ACGME 10 year site visit
- What and How to prepare for the site visit
- Relieve some anxiety that a 10 year site visit brings



2

How it Begins

- Letter from ACGME with Self Study information and black out dates for the visit
- Upload Self Study Information
- Full Site Visit / Self Study 18 – 24 months later



3

Remote Accreditation and Recognition Site Visits (RARSVs)

Site Visit

The ACGME has suspended in-person accreditation site visits. [Click here for information about remote accreditation and recognition site visits.](#)

Remote Accreditation and Recognition Site Visits

The ACGME is conducting accreditation and recognition site visits using secure remote technology only at the present time. Interviews for these site visits will be conducted through online audio/visual sessions. Once the site visit is scheduled, the Accreditation Field Representative(s) who will conduct the remote accreditation or recognition site visit will send instructions and additional details to those scheduled to participate in the site visit.

All accreditation and recognition site visits will be conducted remotely through December 31, 2020. Return to in-person accreditation site visits will follow ACGME or organizational decision making, including discussions with the Review and Recognition Committees, prioritizing the safety and well-being of ACGME staff and the graduate medical education community.



4

The ACGME Website is your friend!

- Document Lists by Accreditation and Recognition Status for Accreditation and Recognition Site Visits (Step by step instructions on updating ADS in preparation for your site visit):
 - https://www.acgme.org/Portals/0/PDFs/SiteVisit/UpdatingADS.pdf?fbclid=IwAR1HSwI5bM4Za2z0dLXkv30XrC576a4fZxwN1kGv_Kkxvfoj1v5OO8M0
- 8 Steps to Prepare for the 10-Year Accreditation Site Visit:
 - How to review and complete Self Studies
 - <https://www.acgme.org/What-We-Do/Accreditation/Site-Visit/Eight-Steps-to-Prepare-for-the-10-Year-Accreditation-Site-Visit>
- What to bring with you to the site visit:
 - PLA's, Evaluations, Conference Schedules, etc.
 - https://www.acgme.org/Portals/0/PDFs/SiteVisit/SiteVisit_DocumentList.pdf



5

Preparing Documents for the Site Visit

- For the review of the 10-year site visit, the Review Committee (RC) will use four documents prepared by the program:
 1. The Self-Study Summary that is already filed in ADS;
 2. The Self-Study Summary Update that you will prepare for the site visit
 3. The Self-Study Summary of Achievements; and
 4. Information in ADS, which you will update prior to the site visit.
- These must be uploaded and submitted 2 weeks prior to the visit.



6

Be Prepared for the (RARSVs) Pro Tips

- Create a detailed Master Interview Schedule
- Include: Zoom meeting Id's and passwords (if applicable)
- Include: participant work/non-work assignments
- Include: participant interview locations
- Each person interviewed must be alone in the room where the interview is taking place



7

Virtual Time Schedule

- 1 – 2 hour meeting with the PD and PA.
- 45 mins with fellows.
- 45 mins with the faculty
- 15 mins with the DIO
- 30 min wrap up with PD and PA again



8

What to bring with you on Site Visit Day!!!

- Prepare an informal listing (bullet list is fine) of the titles/topics of very recent and ongoing research and QI projects in which the residents and faculty are involved.
- Review Committee members are interested in hearing what programs are doing for the new Learning and Working Environment requirements.
 - Commitment to the well-being of the students, residents, faculty members, and all members of the health care team.
 - Develop a list of what you are doing or plan on doing to reference these requirements to discuss during the site visit. Bullet list is fine - a formal document is not necessary. You do not need to send documents ahead of time.



9

In Summary

- If you have never experienced a site visit, stay calm.
- Create a timeline for creating documents and when you need to report that back to the ACGME.
- Site visitors aren't as bad as they are made out to be.
- Breathe....



10

Thank you!

Questions?

Email:

- Sharon Brangman, MD at brangmas@upstate.edu
- Kelly Wheeler, LMSW at wheekeke@upstate.edu



11

Mini-fair for Curricular Innovations / Tool Swap



Reminiscent Photo Credits: Dr. Helen Fernandez

1

2021 Mini-fair logistics

Breakout rooms (automatic assignment)

- 3 rotations (13 minutes each)
- 2-3 short tool presentations
- questions/discussion
- Presenters will rotate to rooms
- Participants stay in same breakout room entire fair

All materials in your pre-conference PDF

Return to main room at end for large group wrap-up



2

Patient Priorities Care for Fellows: Eliciting and Acting on “What Matters”



Angela Catic, MD, MEd
Baylor College of Medicine

Gerard Kerins, MD
Yale School of Medicine

1

Background

Patient Priorities Care (PPC) is an evidence-based approach that aligns healthcare decisions with the priorities of complex older adults. It provides a framework for translating “What Matters” into clinical decision making.

Setting → PPC has been successfully implemented in a variety of care settings including ambulatory, inpatient, and long-term care

Purpose → Train geriatric fellows in the PPC framework through 1) Introductory didactic session and 2) Case-based simulation

2

Tools

- PPC GME Introductory Slides
- PPC Simulation Case
- PPC Simulation Preceptor Rubric



3

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Collaborative medical writing between physician and pharmacy residents

Megan Carr, PharmD, BCPS, BCGP
 Assistant Program Director, PGY-1 Pharmacy Residency
 Geriatric Clinical Pharmacist Specialist
 Acute Care for the Elderly (ACE) Unit Pharmacist

Maryam Hasan, MD
 Associate Program Director Geriatric Fellowship Program
 Medical Director, ACE Unit
 Assistant Professor of Medicine, UMMS- Baystate
 Attending Physician, Division of Geriatrics, Palliative Care, and Post-Acute Medicine

1

Identified Gap

ASHP Required Competencies (Pharmacy Residents)
 Goal R4.1: Provide **effective medication and practice-related education** to patients, caregivers, health care professionals, students and the public

Objective R4.1.3: Use effective **written communication** to disseminate knowledge

ACGME Milestones (Physician Residents)
 21. **Communicates effectively in interprofessional teams** (e.g. peers, consultants, nursing, ancillary professionals and other support professionals)

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2

Design and Implementation of the Innovation

Paired **physician residents + pharmacy residents** to write case reports that highlighted pharmacotherapy concepts in older adults for AGS Annual Meeting

Resident pairs worked together to write, implement feedback, and submit abstracts to conference

1. Proton Pump Inhibitor-induced Acute Interstitial Nephritis
2. Nitrofurantoin-induced hepatotoxicity
3. Acquired Hemophilia A and use of Anti-Inhibitor Coagulant Complex (FEIBA)
4. An interdisciplinary approach to medication reconciliation in Parkinson Disease
5. Tardive dyskinesia masquerading as delirium

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3

Outcomes

Abstracts accepted to AGS annual meeting for both 2020 and 2021

Collaborative abstract writing enabled pharmacy and physician residents to further develop **interprofessional communication** abilities

Allowed all residents to boost **scholarship and medical writing skills**

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4

Integration of Evidenced Based Medicine Skills into Fellow Didactics

Julia Burns, MD
Kinga Kiszko, DO

1

Aims

- Recognizing that often our most vulnerable geriatric patient populations are excluded from studies we aimed to provide fellows with the skills to critically appraise and analyze literature, as well as apply these skills to clinical practice
- Fellowship academic year rapidly transitioned to an entirely zoom based learning environment, posing challenges to interactive learning and engagement
- Aim to have fellows demonstrate competency in evidence medicine skills in an engaging and meaningful way

2

Implementation

- Needs assessment survey beginning of academic year
- Scheduling of sessions in accordance with clinical rotation demands
- Once monthly journal club, academic case conference, sentinel article
- Collaboration between faculty mentor and presenting fellow via several pre-session meetings to ensure understand of the assignment and the literature, provide guidance and feedback on presentation skill/format
- Collaboration with research faculty, if needed, to help clarify advanced data and EBM concepts encountered within chosen literature
- Presenting fellow chooses one EBM concept to teach to the group as during their sessions
- Creativity highly encouraged; fellows allowed to chose individual presentation formats as together we explore the various zoom features in place to allow for interactive learning (i.e breakout rooms, polls, screen sharing, etc.)
- Post-course surveys sent promptly following each session to allow for dynamic improvements throughout the academic year
- Lectures span from end of July-May. Month of June dedicated for data collection

3

What We Learned

- Initial survey results
 - Most fellows regularly encounter questions needing a literature search and half are successful in often finding the answers
 - Most comfort with UpToDate
 - Most prior EBM experience through journal club
 - A quarter were unfamiliar with formulating PICO questions, a mixed level of comfort with identifying study types, most had some degree of familiarity with various EBM concepts
- Post session feedback
 - All presenters were grateful for mentored session preparation time
 - "did not feel intimidating"; "I am now considering doing more research"
 - Most attendees feel they cannot pre-read articles prior to the sessions and appreciate either dedicated in session reading time or short summary of key points prior to group discussions
 - Helpful to have research faculty attend when they can
 - Guest speakers/topic experts are not hard to find and always add value to sessions
 - Breakout rooms are a hit or miss and depend on pre/in-session preparation by attendees
 - Incorporating board questions whenever possible is appreciated

4

Duke University School of Medicine

Mamata Yanamadala
Mamata.Yanamadala@duke.edu

1

Feedback Tool

- Purpose – observe and evaluate a geriatrics fellow patient encounter in clinical settings
- Components of the tool – General Behaviors and Specific geriatric content domains

“General Behaviors for Observation” Domain:
Language pulled from ACGME core competencies
Scored on scale ranging from “critically deficient” to “aspirational”

- Introduces team members and their roles to the patient/family
 - Prioritizes what is important to the patient
 - Explains plan to patient in a concise manner
- Demonstrates effective listening during patient encounter
 - Respects other team member and their input
 - Applies evidence to practice and teaching

2

Domains:
Cognitive impairment, polypharmacy, falls, managing mood disorders, urinary incontinence, sleep disorders, weight loss, constipation, delirium, osteoporosis, frailty, advance care planning

Polypharmacy/Medication Management

	Critical Deficient					Ready for unsupervised practice	Aspirational	N/A
11. 1- Critical Deficiencies -Gathers inadequate information about medication dose/frequency/indication and adherence; Unable to acknowledge age related changes in pharmacokinetics, pharmacodynamics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>					
2- Inconsistently associates medications with specific problems and adverse effects; Identifies common medications that should be avoided or used in caution in older adults	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>					
3- Collects accurate information about adherence; Associates new geriatric syndromes with possible medication adverse effects; Respects use of pharmacy to ask appropriate questions; Routinely considers age-related changes in drug metabolism and common drug interactions; Investigates medications as possible cause of a new geriatric syndrome	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>					
4- Ready for Unsupervised Practice -Develops a detailed plan for deprescribing in a patient with polypharmacy; Discusses and engages patient in decision making around deprescribing; Strategizes ways to improve adherence; Offers pharmacy consistent recommendations and appropriately equips them in the context of an individual patient; Identifies prescriber cascade; Prescribe pain medications with instructions and methods to prevent common complications including constipation, nausea, fatigue, and opioid toxicity (pruritus and hyperkalemia); Uses equivalence when conversion and opioid rotation when needed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>					
5- Aspirational -Participates in institutional CI medication management initiatives; Participates in polypharmacy rounds; Conducts personal review of practice to optimize medication management; Considers risks vs. benefits of prescribing newly released medications	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>					

3

P3 ADGAP Fellowship Mini-Fair for Curricular Innovations/Tool Swap:

Geriatric-PC Faculty-Fellow's QI Curriculum

Brookdale Dept of Geriatrics and Palliative Medicine
Icahn School of Medicine at Mount Sinai
Christine Chang, Shivani Chopra,
Helen Fernandez
May 12, 2021



1

Project-based QI curriculum

1. A "**flipped**" classroom model using **Institute for Healthcare Improvement** online modules to teach basic QI concepts via asynchronous web-based training
2. Four **protected 1-2 hour sessions** to reinforce knowledge application of QI concepts through **active learning** methods, including ***Peer Feedback**
3. **Fellow's QI Resources** guide project workflow
Roadmap with resources
Accountability contracts
Presentation templates
4. Fellows worked on **departmental prioritized team-based QI projects** coached by volunteer ***faculty & scheduled for presentation at midterm and end-of-year**
5. **Incentives***

2

Incentives

Incentives to improve engagement

- QI project topics created by mentors and 2nd year fellows
- Incentive to **earn MOC points** for completing IHI modules
- Counts toward **service metrics and scholarly productivity**
- **Encouraging scholarship:**
 - AGS/AMDA poster presentation
 - AHPM
 - Institute of Medical Education Research Day
 - Graduate Medical Education Research Day
 - Manhattan Geriatrics Society Research Night
- **Best QI project Award**

3

Faculty-Fellow "co-learning" curriculum

8/27/20	Refresher on QI Methods and Applications Part I & II	(Steps 1 & 2)	3-5 PM
9/10/20	Team work session 1	(Steps 3-4, 5-8)	3-5 PM
10/29/20	Team work session 2	*Peer Feedback approach (Step 9-12)	3-5 PM

Midpoint presentations may occur btw team work sessions 2 and 3

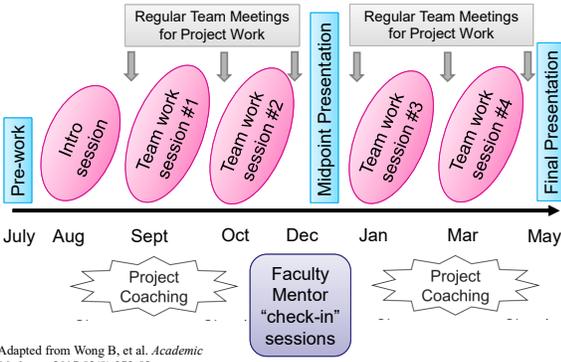
1/14/21	Team work session 3	(Steps 12)	3-4 PM
3/4/21	Team work session 4	(Steps 12-13)	3-4 PM
5/20/21	All fellow's QI presentation		1-5 PM

Team leader can assign additional weekly-monthly ZOOM/Microsoft TEAM huddle times to work on project

*Midpoint presentation to Coffee at Coffey/Clinical council or a Palliative workflow/admin mtg

4

Faculty-fellow "co-learning" curriculum



Adapted from Wong B, et al. *Academic Medicine*. 2017;92(8):372-92

5

Fellow's QI Resources=TOOLS guide project workflow
Ambulatory, LTC, and Inpatient- Geriatric or Palliative Care Settings

1. **IHI Open School**
2. **2020-2021 Fellows' QI Road Map**
 1. Free software for the process map, www.lucidchart.com
 2. IHI Essential Tool Kit-Process map, Fishbone, Pareto Chart, Run and control chart, PDSA
 3. Project design & statistical data analysis assistance
 4. IRB or InfoED assistance
 5. EPIC report requests- IT Service Desk ntids@service-now.com / ITHelpDesk@mountsinai.org
 6. EPIC reports and assistance with Slicer -Dicer
 7. Population health dashboard assistance
 8. Mini refreshers and "office" hour consults
3. **Teamwork accountability contracts**
4. **PPT template for Midpoint and Final QI project presentation**
5. **Judging templates**
6. QIKAT -**Quality Improvement Knowledge Application Tool**
7. Faculty and Fellow **Post curriculum Feedback Survey**
8. **Faculty Development for QI mentors Road Map** (2019-yr 7)
9. **Faculty Development for QI mentors -2nd year fellows Road Map** (2020-yr 8)

6

QI Knowledge Application Tool

QIKAT Pre-post evaluations

Revised QIKAT Scoring Rubric (QIKAT-R)

Each item receives one point if the response adequately addresses the item and zero points if it does not. The total possible score is 9 points for each scenario.

3 points for the AIM. The AIM ...	
A1	is focused on the system-level of the problem presented.
A2	includes direction of change (increase or decrease).
A3	includes at least one specific characteristic such as magnitude (% change) or time frame.
3 points for the MEASURE. The MEASURE...	
M1	is relevant to the aim.
M2	is readily available so data can be analyzed over time.
M3	captures a key process or outcome.
3 points for the CHANGE. The CHANGE...	
C1	is linked directly with the aim.
C2	proposes to use existing resources.
C3	provides sufficient details to initiate a test of change.



AGS 21--FD Preconference Tool Swap

Arunima Sarkar MD, Manisha Parulekar MD, Division of Geriatrics,
Hackensack University Medical Center

- Two tools used-- Weekly 4 things I learnt Survey and checklist for experience in Geriatric rotation
- Given to all medical students and medical residents at the beginning of both inpatient and outpatient rotation
- Review these monthly



1

4 things I learnt survey and it's description

• Name: _____ Date: _____
 • Title: Resident / Student _____ Dates of rotation: _____

• **4 Things Learned Survey**

• Please list 4 things you learned about Geriatrics this week and return

1. _____
1. _____
1. _____
1. _____

• Internal medicine and family residents and medical students submit a weekly feedback questionnaire with 4 things they learned that week.



2

Experience during my rotation

Name: _____ Title: _____ Date: _____ Dates of rotation: _____

Experience during My Rotation Survey

Please indicate how much you agree or disagree with the statements below

1. I was exposed to diverse patient cases	Strongly disagree <input type="checkbox"/>	Disagree <input type="checkbox"/>	Neutral <input type="checkbox"/>	Agree <input type="checkbox"/>	Strongly agree <input type="checkbox"/>
2. I received appropriate supervision	Strongly disagree <input type="checkbox"/>	Disagree <input type="checkbox"/>	Neutral <input type="checkbox"/>	Agree <input type="checkbox"/>	Strongly agree <input type="checkbox"/>
3. I received excellent teaching	Strongly disagree <input type="checkbox"/>	Disagree <input type="checkbox"/>	Neutral <input type="checkbox"/>	Agree <input type="checkbox"/>	Strongly agree <input type="checkbox"/>
4. The rotation enriched my view in Gerontology	Strongly disagree <input type="checkbox"/>	Disagree <input type="checkbox"/>	Neutral <input type="checkbox"/>	Agree <input type="checkbox"/>	Strongly agree <input type="checkbox"/>
5. I would recommend this rotation to my peers	Strongly disagree <input type="checkbox"/>	Disagree <input type="checkbox"/>	Neutral <input type="checkbox"/>	Agree <input type="checkbox"/>	Strongly agree <input type="checkbox"/>
6. How would you rate your overall experience?	Excellent <input type="checkbox"/>	Very Good <input type="checkbox"/>	Good <input type="checkbox"/>	Fair <input type="checkbox"/>	Poor <input type="checkbox"/>
7. Would you consider our Geriatric Fellowship training?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
8. Suggestions/Comments to improve the rotation	_____				



3

Gerikit app

- "One stop shop" for geriatric assessment
- Focused on teaching students, residents, fellows
- Useful for practicing clinicians
- Simple, interactive interface
- HIPAA compliant
- Free



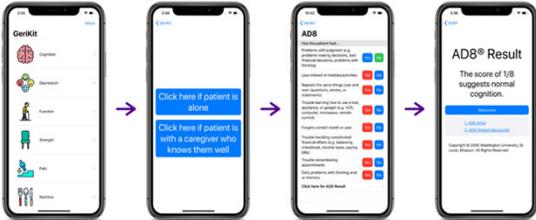
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Domains Addressed

- **Cognition:** AD8 or Mini-Cog
- **Depression:** PHQ2 → PHQ9
- **Function:** ADLs and IADLs
- **Strength:** 30-second chair stand
- **Fall screen**
- **Nutrition:** Mini-Nutritional Assessment
- **Polypharmacy:** Beers, STOPP/START, Deprescribing.org
- **Advance Care Planning:** Prepare for your care

2

Cognition with AD8



3

Download GeriKit



4





Incorporating Simulation into a Geriatrics Fellowship

PRIYA MENDIRATTA, MD, MPH, CMD, AGSF
 PAM DE GRAVELLES, PHD, RN, CHSE

1

No disclosure/ Conflict of Interest



2

Introduction

- ❑ Provider skill required for Transitions of care for Geriatrics Fellows in training
- ❑ Interprofessional Team-based on line learning model to integrate teaching skills for transitions of care to fourth year medical students and other IPE learners for Geriatrics fellows in training.

3

Methods

- ❑ A half-day on line simulation using simulated patients workshop to teach active learning strategies to geriatric fellows
- ❑ 3 focused skills:
 - ❖ Identify tools/resources for determining appropriateness of transfer and discharge disposition
 - ❖ Interprofessional and family centered communication between members of a Geriatrics team to safely assess and manage a complex patient with medical comorbidities
 - ❖ Utilize telemedicine to facilitate transitional care

4

Methods

- ❑ Introductions
- ❑ Readiness Assessment
 - ❖ Review as a Group
- ❑ Teams Present Cases
 - ❖ Teams
 - ❖ Fellows, Medical Students, Nursing Students and Pharmacy Students
- ❑ Review "What have you learned today?"

5

Active Transition from Home to Hospital



6

Team Meeting/Discharge Planning



7

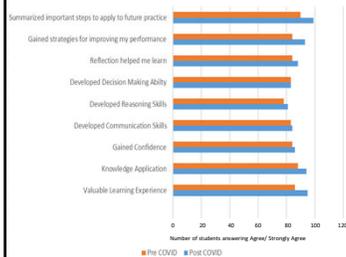
Active Transition from Hospital to SNF



8

Simulation Findings

Results of a simulation transitioned from F2F to Virtual



COM Student/Fellow Comments regarding the value of the simulation:

F2F (Pre COVID):

"The most valuable portion of the simulation was being able to make decisions as a team using telemedicine (TMS) live time! It was a unique low stakes way to learn the use of TMS and interprofessional teamwork".
 "Becoming more aware of special needs of geromedicine".

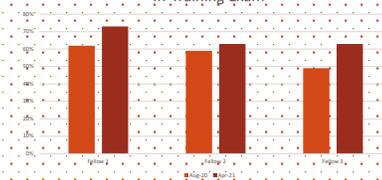
VIRTUAL (COVID):

"I thought watching the videos was actually a very helpful and efficient use of time. I appreciated the positive feedback throughout and encouragement of open discussion".
 "Being provoked into thinking about patient respect and autonomy especially in the elderly when making decisions about care" was valuable.

9

We further integrated the simulation with knowledge acquisition and included 40 pre test questions in beginning of year. Post test given at end of year from GRS.

2020-2021 Fellows In-Training Exam



10

Results/ Conclusions

Feedback evaluations reflected:

- Simulation workshop enhanced their understanding and ability to address the transitions of care issues with patients and team.
- Fellows reported applying these skills to patient care in a way they thought was effective.

Helped Fellows and Team learn skills and apply appropriate Transitions of care.

Future directions:

- Integrate with pre and post test
- Train Fellows as content experts
- Create trigger videos

11

Thanks to Our Simulation and Education Teams

Dr. J Y Wei, Chair, Geriatrics
 Dr. P Mendiratta, Program Director Geriatrics
 Dr. Pam Degravelles, CHSE, Simulation Coordinator/Facilitator
 Simulation Team, UAMS College of Nursing
 Dr. G Azhar, Research/Education Mentor
 Joni Pharis, Fellowship Coordinator
 Patty Summons, Clerkship Coordinator



12

Geriatrics Fellowship Individualized Learning Plan

ADGAP Education Materials Swap

May 12, 2021

Lisa Vargish, MD, MS

Program Director, Geriatrics Fellowship

Kelly Walsh, Program Administrator

MEDICINE of the HIGHEST ORDER  UNIVERSITY of ROCHESTER
MEDICAL CENTER

1

Setting and Purpose

- Every fellow has unique prior experiences -> **goals**
- Individualized learning plan/self-evaluation helps capture and inform faculty and fellows of goals -> tailoring fellowship experience to their interests
- Each fellow fills out the learning plan/self-evaluation
- PD and APD review with fellows and provide guidance during the first few weeks and then quarterly throughout the year
- Initial and Quarterly Forms help document progress towards goals, and any changes that may be made throughout the year

2

MEDICINE of the HIGHEST ORDER

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MEDICAL CENTER

2

Learning Plan Tools

- Initial Learning Plan/ Self-Evaluation
- 3 month, 6 month and 9 month Plans

3

MEDICINE of the HIGHEST ORDER

 UNIVERSITY of ROCHESTER
MEDICAL CENTER

3

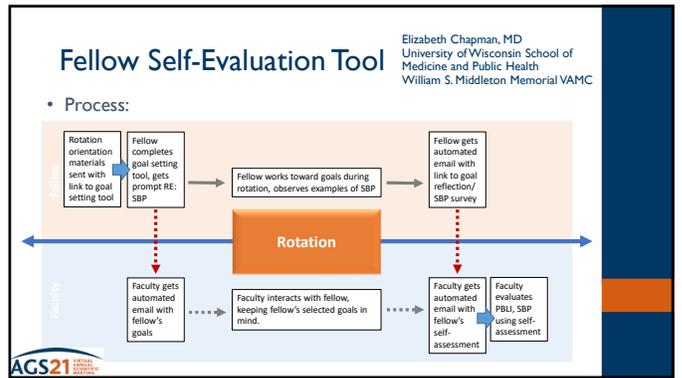
Fellow Self-Evaluation Tool

Elizabeth Chapman, MD
University of Wisconsin School of
Medicine and Public Health
William S. Middleton Memorial VAMC

- Purpose:**
 - Assist fellows in setting learning goals for each rotation
 - Provide fellows with opportunities to reflect on progress
 - Develop opportunities to reflect on Systems-Based Practice
 - Create a structured way to evaluate Practice-Based Learning Improvement and Systems-Based Practice
- Setting:**
 - Clinical fellowship
 - Utilized for each rotation



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Fellow Self-Evaluation Tool

Elizabeth Chapman, MD
University of Wisconsin School of
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Updated Faculty Review of Post-Rotation Self-Assessment

Q3 Select the Fellow's Name:

Name (1) ACE (1)
Name (2) Community and Home Care (2)
Name (3) Basics (3)
Other (4) Nursing Home (4)
 Pediatric Care and Hospital (5)
 Subsidiary Clinic (5)

Q4 Please refer to the email that summarizes the fellow's post-rotation self-assessment to answer the following questions.

Q5 Did the learner identify a goal that addresses an area of need of improvement?

Yes. Learner missed the mark and fails to identify areas of improvement. (1)
 Yes. Learner identified a goal that reflects some insight into areas of improvement but requires a more primary area of improvement. (2)
 Yes. Learner identified a goal that is important to target. Learner may have missed ability to feedback that allows to make goal. Goal may have missed an opportunity to share knowledge, system insights, or instructions of patient care. (3)
 Yes. Learner identified a goal that is important and integrates feedback from others, includes opportunities for learning, or requests, or educational opportunities. (4)
 Yes. Learner sets realistic goals in identifying areas for improvement of self and creates a goal that is specific, measurable, achievable and realistic for future work of learning, and time bound. (5)

Q6 How do you rate the learner's performance in systems based practice using the example review goal?

No. Assessment of progress is inaccurate; learner reports feeling completed when assessment is pending. (1)
 Yes. Assessment of progress is somewhat accurate; recognizes areas of improvement but incomplete progress toward goal. (2)
 Yes. Assessment of progress is generally accurate; may underestimate abilities or progress. (3)
 Yes. Assessment of progress is accurate and neither over- or underestimates abilities. (4)
 Yes. Assessment of progress is accurate; learner can appreciate guidelines in assessment and individual steps needed to achieve further mastery. (5)

Q7 How would you rate the learner's performance in systems based practice using the example review goal?

Yes. Learner has limited knowledge of system. Does not balance patient needs with system goals. Does not engage with staff or program highlights. Has no discussion for system when possible, and fails to look for system failures when assessing negative outcomes. (1)
 Yes. Learner has some knowledge of system. Considers patient needs and system goals but doesn't fully engage with staff. Learner does not engage with interdisciplinary team and may not fully understand or use QI or patient care. Can identify system failures but makes no effort to address them. (2)
 Yes. Learner has good knowledge of system. Considers individual needs and system goals. Can work within system but lacks efficiency in doing so. If there, considers individual needs and interdisciplinary team. Engages with staff and system goals when in context with interdisciplinary team. Identifies and addresses team gaps for the case. Identifies team system failures and has some early thoughts on how to modify them. (3)
 Yes. Learner has excellent knowledge of system. Considers patient needs and system goals. Engages with interdisciplinary team. Engages with staff and system goals when in context with interdisciplinary team. Identifies and addresses team gaps for the case. Identifies team system failures and has some early thoughts on how to modify them. (4)
 Yes. Learner has excellent understanding of system. Considers patient needs and system goals. Engages with interdisciplinary team. Engages with staff and system goals when in context with interdisciplinary team. Identifies and addresses team gaps for the case. Identifies team system failures and has some early thoughts on how to modify them. (5)
 Yes. Learner has excellent understanding of system. Considers patient needs and system goals. Engages with interdisciplinary team. Engages with staff and system goals when in context with interdisciplinary team. Identifies and addresses team gaps for the case. Identifies team system failures and has some early thoughts on how to modify them. (5)



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Research Studies Experience

Jo Cleveland, Program Director



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Research Assignments: Mobility & Mind Rotation

Mind Rotation

- Visit 1: The fellow will be assigned to meet with staff from the Wake Forest Alzheimer's Disease Research Center (ADRC). The staff will provide the fellow with an overview of the ADRC current studies. The fellow will choose a study to learn more details.
- Visit 2: Fellow will shadow a participant in the study that s/he chose.

Mobility Rotation

- Visit 1: The fellow will be assigned to meet with staff from the Wake Forest Claude D. Pepper Older Americans Independence Center. The staff will provide the fellow with an overview of the Pepper Center current studies. The fellow will choose a study to learn more details.
- Visit 2: Fellow will shadow a participant in the study that s/he chose.

Research Studies Discussion

Quarterly Meeting: All of the Geriatric Fellows will meet to discuss with the Program Director about the assigned fellows experiences in at the ADRC and Pepper Center after each quarter.

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Tool Sample: Introduction to Research

Alzheimer's Disease Research Center

Name	MMSE	Age	Intervention	Procedures
POINTER	normal	60-79	diet/exercise	MRI, PET, labs
AHEAD	>27	55-80	monoclonal antibody	LP, MRI, PET
Advance	any	>65	DBS implant	MRI, LP

Pepper Center

Name	Age	Target	Intervention	Procedures
SARA-INT	>65	Muscle	Medication	Strength testing
UPLIFT	65-85	Obesity	Weight loss	Supervised exercise
Pepper-MINT	65-79	Physical activity	Actigraphy	Cycling/household chores

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Tool: Information to gather on your study of interest

Information to gather on your study of interest:

What is the basis of this study? What literature supports the need for this research?

Who is the PI and the study coordinator?

What is the hypothesis?

Who is the target population (age/sex/race/illness)?

What are the inclusion/exclusion criteria?

What do the participants agree to do (imaging/cog testing/biopsy/exercise/etc)?

What are the outcome measures?

What do you think is going to happen?

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VA U.S. Department of Veterans Affairs
Veterans Health Administration
Community Healthcare System

A self –determined learning approach

Chandrika Kumar MD FACP AGSF
Associate Professor

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VA U.S. Department of Veterans Affairs
Veterans Health Administration
Community Healthcare System

Tool/Pedagogy

- A flexible and blended learning approach
- Using the Heutagogy form of learning
- Geriatric Medicine fellows
- In a Community Living Center setting (CLC)

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Veterans Health Administration
Community Healthcare System

Heutagogy

- The goal is producing future geriatricians who are well prepared for the complexities of today's workplace
- Important that learners acquire both competencies and capabilities. Competency is the ability in acquiring knowledge and skills, while capability is characterized by learner's confidence in his or her competency and as a result the ability to take appropriate and effective action to formulate and solve problems in both familiar and unfamiliar and changing situations
- Heutagogy has been called a "net-centric" theory that takes advantage of the key affordances of the Internet; it can be applied to merging technologies in distance education, as well as serve as a framework for digital age teaching and learning.
- The key is to make the information meaningful to the learner — this is an active process, not passive
- Look for connections within the rotation, across your rotations, and in your daily life. Check in with yourself often to reflect on what is working and what you might want to change.

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VA U.S. Department of Veterans Affairs
Veterans Health Administration
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What is the difference?

Andragogy (self directed learning)	Heutagogy (self determined learning)
Competency development	Capability development
Getting trainees to learn	Getting trainees to understand how they learn
Instructor –learner directed	Learner directed

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VA U.S. Department of Veterans Affairs
Veterans Health Administration
Community Healthcare System

- Thank you!
- Questions????

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All-In Policy with NRMP

The All In Policy will allow the NRMP to monitor compliance and deal with violations, so that the responsibility no longer falls on AGS/ADGAP volunteers who provide their time on the Match Governance Committee. Participating in the All in Policy with the NRMP also has the potential to provide AGS/ADGAP with more real-time tracking of data and analysis of trends over time.

AGS THE AMERICAN GERIATRICS SOCIETY
Geriatrics Health Professionals
Leading Change. Improving care for older adults.

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Additional Survey Request

- For the 98% of programs that already participate in the Match and complete all forms, the only change that will occur is one additional survey request each year.
- The second survey will ask programs to report on the number of first-year fellows in training that started on **July 1**.

2

Reporting Cycle for December 2021 Match (AY 2022-23)

Date	Item
April 2021	Memorandum of Understanding (MOU) and Match Participation forms were sent to all geriatric fellowship programs.
May 5, 2021	Deadline to submit the MOU and Participation form
July 15, 2021	AGS/ADGAP will distribute NRMP reporting forms to all geriatric fellowship programs to identify the number of fellows that have started July 1, 2021.
August 15, 2021	Deadline to complete and return the NRMP reporting forms.
December 1, 2021	Match Day

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