

Application Process and Checklists for Individual Programs Applying to Medicine-Geriatrics Integrated Residency and Fellowship AIRE Proposal:

Individual Geriatric Medicine fellowship programs affiliated with core Family Medicine or Internal Medicine programs, both established and in good standing for 3 years with the ACGME, are encouraged to apply to the Med-Geri Residency Track through AIRE (Advancing Innovation in Residency Education). By applying, programs would agree to abide by all the standards noted in the AIRE Med-Geri Residency Track proposal. Each Geriatric Medicine fellowship program would need to be engaged with AGS, an ADGAP member, and agree to full participation in the NRMP (“all-in” the match).

The application packet must include the items noted in the checklist below and would be submitted to Med-Geri Leadership team by March 16, 2020, and in turn the individual program applications would be reviewed and given feedback to improve their likelihood of success. Following any needed revisions in their application by individual programs, the individual program applications would be collated and submitted by Med-Geri Leadership to the ACGME.

The Med-Geri Leadership will be responsible for yearly monitoring of trainees and will include outcome measures in an annual report at the end of each academic year to the ACGME. The Med-Geri Leadership team will be a resource for helping programs succeed and include this information in the annual report.

<u>Basic requirements:</u>	<u>Yes</u>	<u>No</u>
Established IM/FM program in good standing with continued accreditation	<u>X</u>	
Established Geriatric Medicine Fellowship program in good standing with continued accreditation	<u>X</u>	
Letter stating agreement to abide by Medicine-Geriatrics Integrated Residency and Fellowship AIRE proposal criteria	<u>X</u>	
DIO letter of support	<u>X</u>	
Chairperson of the Department(s) letter(s) of support	<u>X</u>	
Completed Application Worksheet (see attached)	<u>X</u>	

Medicine-Geriatrics Integrated Residency and Fellowship
Program Application Worksheet

1. Program and Sponsoring Institution Demographics

- a. Review Committee: Internal Medicine
- b. Program Name: Geriatric Medicine
- c. Program Number: 1515631048
- d. Program Director Name: Kathryn Denson, MD; kdenson@mcw.edu; (414) 955-0728
- e. Program Accreditation Status: Continuing Accreditation
- f. Program Citations and/or areas for improvement: None
- g. Sponsoring Institution: MCWAH (Medical College of Wisconsin Affiliated Hospitals)
- h. Designated Institutional Official Name: Kenneth B. Simons, MD
- i. Sponsoring Institution Accreditation Status: Continuing Accreditation

2. Project Description: This serves as MCW's addendum to the Medicine-Geriatrics Integrated Residency and Fellowship full project description as outlined in the AIRE Medicine-Geriatrics Integrated Residency and Fellowship proposal.

a. Clinical Curriculum

- i. Block rotations PGY1-4 years: See schematic below for listing of clinical rotations. Rotations are not scheduled in the order listed below. GEM = Geriatric Evaluation and Management Unit, a 10-14 bed subacute level of care VA teaching service.

PGY 1	PGY 2	PGY 3	PGY 4
GEM *	GEM	GEM	Medicine Wards
Palliative Care	Rehab	Community Care for Elderly	Community Care for Elderly
Emergency Medicine	MICU	Acute Care for Elderly	Acute Care for Elderly
Neurology Wards	Ambulatory Immersion	Rheumatology Consults	Acute Care for Elderly
Cardiology Wards	Ambulatory Immersion	Admitting Center/Night Float	GEM
Medicine Consult	Admitting Center/Night Float	MICU	Specialty Clinics
Medicine Consult	Medicine Wards	Medicine Wards	GEM
MICU	Medicine Wards	Medicine Wards	Gero-Psych
Medicine Ward	Medicine Wards	Medicine Wards	Gero-Psych
Medicine Ward	Medicine Elective/Consult	Medicine Elective/Consults	FMF ACE Unit and Palliative Care
Medicine Ward	Medicine Elective/Consult	Medicine Elective/Consults	Palliative Care - inpatient
Medicine Ward	Medicine Elective/Consult	Medicine Elective/Consults	Rehab
Nursing home panel			
Geriatrics continuity clinic panel			

- ii. Continuity Clinics
 1. PGY1-3: Current internal medicine residents have 6 months of “outpatient” schedule and 6 months of “inpatient” schedule. When on their 6 months of outpatient schedule, they will have a total of four half days of general internal medicine continuity clinic and four half days of geriatrics primary care clinic at the Milwaukee VA Medical Center. In addition, they will do one half day per month (both inpatient and outpatient schedule) of nursing home care at one of our affiliated community nursing homes.
 2. PGY4: All are listed as half days per month
 - a. Geriatrics Continuity Clinic VA: 2
 - b. Geriatrics Memory and Primary Care Clinic FMLH: 2
 - c. Community Nursing Home site: 3
 - d. Geropsychiatry Clinic: 1
 - e. Home Visits Experience VAMC: 1
 - f. Osteoporosis Clinic: 1
 - g. Neurology Memory Clinic: 1
 - h. VA Geriatrics Memory Clinic: 2
 - iii. Opportunities for Enhanced Professional Development: All PGY3s will create an individualized learning plan including enhanced professional development as outlined in the full proposal. Unique rotations may be created with the approval of the GMEC and completion of a Program Letter of Agreement. In addition to the listed opportunities in the proposal, possible MCW unique experiences may include: 1) hospital quality improvement scholars program and QI rotation; 2) Kinetic3 faculty/fellow development program for development of teaching and educator skills; 3) National or International rotations to supplement the Med-Ger curriculum, as approved by the program and MCWAH. Recent geriatrics fellows have participated in global health rotations, QI rotations, and research electives.
- b. Scholarship/Didactics:
- i. Didactics:
 1. Geriatrics Educational Conferences: Every week, geriatrics educational conferences occur on Fridays from 11-2 pm. This includes fellows’ board review conference and two of the following types of educational hours: geriatrics journal club, fellows’ case conference, geriatrics research conference, geriatrics M&M, interdisciplinary case conference, and invited geriatrics speaker presentation. Fellows lead these conferences and all trainees are encouraged to attend. All geriatrics rotators do attend.
 2. Geriatrics Rotation Lecture Series: All residents rotating on the Geriatric Evaluation and Management Unit (GEM) receive an 8 lecture series on geriatrics topics. Medicine-geriatrics residents participate on this rotation each year of their training, with their team role expanding with experience.
 3. Academic Half Day and Noon Report: All residents, including medicine-geriatrics residents (PGY 1-3), participate in an academic half day program and noon report. Geriatrics faculty present geriatrics topics at academic half day three times a year for interns and three times a year for PGY2s and PGY3s.

- ii. Quality Improvement Projects: All medicine-geriatrics residents participate in a quality improvement project through the medicine program. All PGY4 fellows participate in their chosen quality improvement project as geriatrics fellows.
- iii. Research Opportunities: Multiple geriatrics research opportunities exist for interested trainees. Research electives are available PGY2-4 years.
- iv. Scholarship
 - 1. The Wisconsin Society for Post-Acute and Long-Term Care Medicine (previously known as American Medical Directors Association – AMDA): All fellows present a journal club article at this regional meeting.
 - 2. American Geriatrics Society (AGS) National Meeting: Residents and fellows are encouraged to present at and attend either this national meeting or the Gerontological Society of America (GSA) national meeting. All fellows are financially supported and residents have the opportunity to apply for funding.
 - 3. Additional Meetings and Scholarship – Trainees have opportunities to participate at institutional (MCW Research Day, Department of Medicine Research Day, Innovations in Health Education and Research), regional (Acute Care for Elderly Conference, Wisconsin Geriatrics Board Review and Update), and national meetings (American Medical Directors Association, Gerontological Society of America).

c. Assessment Measures

- i. Assessment Measures: MCW will use all required italicized methods and strive to use robust and diverse assessment methods. Medical knowledge assessment will include Medicine In-Training Examination for PGY1-3. There is no Geriatrics In-Training Examination.

Core Competency	Assessment Method(s)	Evaluator(s)
Patient Care	<i>Multisource feedback (MSF), Mini-CEX, direct observation, simulation*, faculty global ratings form, peer evaluations, self- assessment</i>	Nurses, Medical assistants, Social Workers, Interprofessional Team Members, Faculty Members, Self, Peers Clinical Competency Committee
Interpersonal Communication Skills	<i>MSF, Mini-CEX, direct observation, simulation*, faculty global ratings form, peer evaluations, self-assessment</i>	Nurses, Medical assistants, Social Workers, Interprofessional Team Members, Faculty Members, Peers, Clinical Competency Committee
Professionalism	<i>Teaching evaluations, MSF, Mini-CEX, direct observation, simulation, faculty global ratings form, peer evaluations, self- assessment</i>	Nurses, Medical assistants, Social workers, Interprofessional Team Members, Faculty members, Peers, Learners, Clinical Competency Committee
Systems Based Practice	<i>MSF, Mini-CEX, direct observation, simulation, faculty global ratings form, peer</i>	Nurses, Medical assistants, Social Workers, Interprofessionals, Faculty Members,

	evaluations, self-assessment, <i>audit and performance data</i>	Competency Committee, Peers, Self
Practice Based Learning and Improvement	Quality improvement evaluation tool, <i>faculty global ratings form, audit and performance data</i>	Faculty Members, Clinical Competency Committee, Self
Medical Knowledge	In-training exam (PGY1-3)*, <i>direct observation, faculty global ratings form, peer evaluations, self-assessment</i>	Faculty Members, Clinical Competency Committee, Self

- ii. Key components of summative evaluation to include:
1. IM/FM curricular milestone performance and progress to be evaluated bi-annually by IM/FM Clinical Competency Committee (CCC) Years PGY1-3, Geriatrics Clinical Competency Committee PGY4
 2. Medicine-Geriatrics Integrated Residency and Fellowship Program Director and Associate Program Director will sit on IM/FM CCC for participating trainees
 3. IM/FM residency curricular milestones will be met by the end of the PGY3 year
 4. Geriatrics CCC will perform integrated mapping of progress towards the geriatrics curricular milestones bi-annually during all four years of training from data obtained while on Geriatrics rotations and experiences.
 5. Medicine-Geriatrics Integrated Residency and Fellowship Program Director will assist in reviewing self-directed individual learning plans (ILPs) yearly with each trainee
 6. At end of PGY3 year, an individualized learning plan will be created for the fellowship year that will outline the fellow's clinical rotations and longitudinal experiences necessary to meet geriatric curricular milestones and plan for the fellow's enhanced professional development
 7. Individualized learning plans will be created by development of a geriatrics milestone handover and trainee-derived educational goals.
 8. During the PGY4 year, summative evaluation will occur bi-annually and will include reporting of geriatrics fellowship milestones which must be met by the end of the PGY4
- d. Remediation Plans: If a trainee is not meeting their ACGME milestones appropriately, a remediation plan will be initiated. Remediation will be done according to best practice and include: 1) Identification of deficit; 2) Development and execution of a prescribed plan to address the deficit; 3) Ongoing assessment in area of deficit to determine if remediation plan has achieved success. Dr. Kathryn Denson (Program Director Internal Medicine-Geriatrics Residency and Fellowship and Associate Program Director Internal Medicine Residency) and Dr. Angela Beckert (Associate Program Director Internal Medicine-Geriatrics Residency and Fellowship) will be responsible for assessment and administration of remediation plans. This will be done with oversight from the appropriate

Clinical Competency Committee (Internal Medicine for PGY1-3s and Geriatrics for PGY4s).

- e. Faculty Development: Faculty development will be performed according to the expectations stated in the AIRE proposal. Faculty development as educators will be accomplished through on-going mentorship and formal and informal curriculum. Formal faculty development curriculum is able to be obtained through the MCW Kern Institute which was created in 2017 and includes a robust clinician-educator faculty development program, the KinetiC3 Teaching Academy. In addition, MCW offers faculty development awards to support pursuit of national faculty development programs and awards.
- f. Clinical Learning Environment Impact Assessment and Program Monitoring (CLEAR): MCW administers ACGME and paralleling MCWAH surveys, collects in-training examination scores, tracks recruitment data, board take and pass rate, and diversity metrics. All other required measures and data are collected and monitored by the program director (Dr. Kathryn Denson) and associate program director (Dr. Angela Beckert) with the support of administrative assistants (program coordinators) and stored in spreadsheets on institutional servers.



Accreditation Council for Graduate Medical Education
401 North Michigan Avenue, Suite 2000
Chicago, IL 60611

Dear Review Committee,

I am the current program director of the geriatric fellowship at the Medical College of Wisconsin (Program 1515631048). Our program is currently in good standing with the ACGME and has received continuing accreditation, with no citations. I have read the Advancing Innovation Residency Education (AIRE) Medicine-Geriatrics Integrated Residency and Fellowship proposal, and I agree to abide by all the standards stated in the proposal. I accept the responsibilities outlined in the proposal for the Geriatrics Fellowship Director. In addition, I have completed the individual program checklist and am committed to enacting the described medicine-geriatrics integrated residency and fellowship.

Sincerely,

A handwritten signature in black ink that reads "K Denson MD".

Kathryn Denson, MD
Program Director, Geriatrics Fellowship
Professor of Medicine, Division of Geriatrics
Medical College of Wisconsin



Department of Medicine

Accreditation Council for Graduate Medical Education
401 North Michigan Avenue, Suite 2000
Chicago, IL 60611

Dear Review Committee,

As the Linda and John Mellowes Professor and Chairman of the Department of Medicine at the Medical College of Wisconsin, I write to support the initiative of our Internal Medicine Residency and Geriatrics Medicine fellowship to participate in the Advancing Innovation Residency Education (AIRE) Medicine-Geriatrics Integrated Residency and Fellowship pilot. I have reviewed this with the Geriatrics Fellowship Program Director, Dr. Kathryn Denson, and offer my full support for this educational innovation.

Sincerely,

A handwritten signature in black ink, appearing to read "Roy L. Silverstein".

Roy L. Silverstein, MD
The Linda and John Mellowes Professor and Chair
Department of Medicine
Medical College of Wisconsin

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MEDICAL COLLEGE OF WISCONSIN AFFILIATED HOSPITALS, INC.

March 2020

Accreditation Council for Graduate Medical Education
401 North Michigan Avenue, Suite 2000
Chicago, Illinois 60611

Dear Review Committee:

As the Designated Institutional Official for the Medical College of Wisconsin Affiliated Hospitals, Inc. (MCWAH), I write in support of the initiative of our Internal Medicine Residency and Geriatrics Medicine Fellowship to participate in the Advancing Innovation Residency Education (AIRE) Medicine-Geriatrics Integrated Residency and Fellowship pilot program.

MCWAH has sponsored the current medicine-geriatrics program since 2001, and it remains in good standing. I support our residency and fellowship in continuing this educational innovation and as DIO will ensure the program stays in compliance with ACGME requirements and receives the proper oversight and administration.

Sincerely,



Kenneth B. Simons MD
Executive Director and Designated Institutional Official
Medical College of Wisconsin Affiliated Hospitals, Inc.
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ksimons@mcw.edu