

**Application Process and Checklists for Individual Programs Applying to Medicine-Geriatrics (Med-Ger)
Integrated Residency and Fellowship AIRE Proposal**

Deadline: November 11, 2020

Submit to: mdrootin@americangeriatrics.org

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 **November 11, 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.

Institution:

Location:

Key Contact Name:

Key Contact Phone:

Key Contact Email:

<u>Basic requirements:</u>	<u>Yes</u>	<u>No</u>
Established IM/FM program in good standing with continued accreditation		
Established Geriatric Medicine Fellowship program in good standing with continued accreditation		
Program is ADGAP member		
Fellowship Agreement to full participation in the NRMP (“all-in” the match).		

Letter stating agreement to abide by Medicine-Geriatrics Integrated Residency and Fellowship AIRE proposal criteria		
DIO letter of support		
Chairperson of the Department(s) letter(s) of support		
Completed Application Worksheet (see attached)		

- c. Assessment Measures (*This section has been pre-populated. Assessment measures that must be used are italicized, a * designates strongly recommended measures if available. Please add and remove (optional) assessment measures according with your institution's plans for assessment. Key components of summative evaluation are also listed and can be edited accordingly.*)
- i. Assessment Measures:

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

Medical Knowledge	In-training exam *, <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)
2. Medicine-Geriatrics Integrated Residency and Fellowship 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 toward the geriatrics curricular milestones bi-annually during all four years of training
5. Medicine-Geriatrics Integrated Residency and Fellowship Program Director will assist in reviewing self-directed individual learning plans yearly with each med-geri trainee
6. At end of PGY3 year, an individualized learning plan will be created for fellowship year that will outline 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 geriatric milestone handover and trainee-derived educational goals.
8. During the PGY4 year, summative evaluation will occur bi-annually and should include reporting of geriatrics fellowship milestones which must be met by the end of the PGY4

d. Remediation Plans (*Please describe the processes in place for trainees in need of remediation. Reference page 7 of proposal for expectations.*)

e. Faculty Development (*Please describe what resources and plans are available for faculty development to ensure ability to complete competency-based assessments and individual learning plans of trainees. Reference page 7 of proposal for expectations.*)

- f. Clinical Learning Environment Impact Assessment and Program Monitoring *(Please describe the process, plans, and resources available to adequately monitor the clinical learning environment, program, and trainees and to collect outcome measures as defined in the AIRE proposal. i.e. – who will collect outcome measures, where will data be stored, etc. See pages 9-16 for expectations and Appendix Table 5 with sample survey for examples of collected outcomes.)*