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=VDF0NnRSeVR4UUFPEJTbIRLRDV6UT09
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  
10:00am – 1:30pm ET

Zoom Link: https://zoom.us/j/93790774933?pwd=VDF0NnRSeVR4UUFPTEmLRLRDV6UT09  
Passcode: 168536

10:00 am  Welcome  
Helen Fernandez, MD

10:05 am  ACGME Update  
Helen Fernandez, MD, MPH

10:10 am  Your Virtual Presence  
Eric Widera, MD

10:20 am  Virtual Interviewing  
Steve Barczi, MD

10:30 am  Sharing Lessons Learned: Breakout Groups on Virtual Interviewing  
Carrie Rubenstein, MD & Kevin Foley, MD

11:00 am  ACGME Milestone 2.0 Status, Supplemental Guide, and New Resources  
Laura Edgar, EdD

11:45 am  Break

11:50 am  Quick Hit Topics  
- Medicine-Geriatrics Integrated Residency and Fellowship – Angela Beckert, MD  
- Leadership Curriculum – Helen Fernandez, MD, MPH  
- Mid-Career Survey – Bruce Leff, MD  
- GERI-A-FLOAT – Mariu Carlo Duggan, MD, MPH  
- Wellness – Emily Hajjar, PharmD, Matt McNabney, MD & Michi Yukawa, MD  
- Fellowship Program Directors’ Guide – Pei Chen, MD  
- Fellowship Coordinator Presentation on Accreditation – Sharon Brangman, MD & Kelly Wheeler, LMSW

12:25 pm  Mini-Fair for Curricular Innovations/Tool Swap  
Kate Bennett, MD & Helen Fernandez, MD, MPH  
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
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.

Report/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.
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<th>Presenter(s)</th>
<th>Tool(s)</th>
<th>Description</th>
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<tr>
<td>Baylor College of Medicine/Yale University</td>
<td>Angela Catic, Kerins Gerard</td>
<td>Patient Priorities Care for Geriatric Fellows: Eliciting and Acting On “What Matters”</td>
<td>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.</td>
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<tr>
<td>Baystate Medical Center</td>
<td>Megan Carr, Maryam Hasan</td>
<td>Innovative Interdisciplinary collaborative medical writing between physician and pharmacy residents while on ACE Rotation</td>
<td>Innovative Interdisciplinary collaborative medical writing between physician and pharmacy residents while on ACE Rotation. No specific materials were used (we plan to discuss the means to facilitate collaboration).</td>
</tr>
<tr>
<td>Boston Medical Center/Vanderbilt University Medical Center/University of Cincinnati/The Christ Hospital</td>
<td>Ryan Chippendale, Mariu Duggan Anna Goroncy</td>
<td>Geri-a-FLOAT</td>
<td>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.</td>
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<tr>
<td>Brookdale Department of Geriatrics and Palliative Medicine, Icahn School of Medicine at Mount Sinai</td>
<td>Julia Burns, Misa Hyakutake, Kinga Kiszko</td>
<td>Enhancing Skill, Interest, and Engagement in Evidence Base Medicine Academic Sessions</td>
<td>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. No specific materials shared besides the slides.</td>
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<tr>
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<tr>
<td>Duke University</td>
<td>Mamata Yanamadala</td>
<td>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.</td>
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<td>Geriatric and Palliative Medicine Fellowship at Icahn School of Medicine at Mount Sinai</td>
<td>Christine Chang, Shivani Chopra, Helen Fernandez</td>
<td>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.</td>
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<td>Hackensack University Medical Center Geriatric Program</td>
<td>Manisha Parulekar, Arunima Sarkar</td>
<td>Four things I learned survey &amp; Experience during my rotation survey. Surveys and checklist for Geriatric rotation for trainees.</td>
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<td>New York University Grossman School of Medicine</td>
<td>Nina Blachman</td>
<td>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.</td>
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<td>University of Arkansas for Medical Sciences</td>
<td>Pam Degravelles, Priya Mendiratta</td>
<td>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.</td>
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<td>University of Rochester</td>
<td>Lisa Vargish</td>
<td>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.</td>
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| 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. |
Today’s Agenda

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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

Disclosures

I have no conflicts to disclose.

Thank you!
We appreciate you!

acgme.org/Portals/0/Documents/COVID-19/IMCOVID19LTC.pdf

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.

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.
Major Revision of the IM PRs...

- IM PRs were approved at the Feb 2021 ACGME Board meeting!
- 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

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.

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 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.

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 provided 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
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.

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!

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).

AY 2019-2020 RC Citations and AFIs

- Concerns Related to Pandemic
- Program Requirement (PRs) Revisions
- Resident and Faculty Surveys
- ADS Changes/Updates
- Citations/AFIs
- Self-Study/10-Year Visits
- Communicating with the RC
- RC-IM Staff
ASCME 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

RC-IM Contacts

Bri Kelly
Accreditation Administrator
bkelly@acgme.org
312.755.5052

Christine Famera
Senior Accreditation Administrator
cfamera@acgme.org
312.755.7094

William Hart
Associate Executive Director
whart@acgme.org
312.755.5002

Karen Lambert
Associate Executive Director
klambert@acgme.org
312.755.5785

Jerry Vasilias, PhD
Executive Director
jvasilias@acgme.org
312.755.7477

Thank you!
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
Drs. Hunt and Harrison Publish Editorial in JAGS

The Latest News

VUH Qatar

VUH News Qatar

FAQ

1. How can I sign up for a webinar account?
2. How can I cancel a webinar account?
3. Can I cancel a webinar account?
4. How can I change my webinar account?
5. How can I transfer a webinar account?
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12. How can I transfer a webinar account?
13. How can I transfer a webinar account?
Virtual Interviewing

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

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

VI - The Pros and Cons

Advantages
- 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

Disadvantages
- 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

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%
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

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

VI Breakout Session

Consider the following 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?
Milestones: 1.0, 2.0, and Oh My!

Laura Edgar, EdD
Vice President, Milestones Development

Disclosure

- Full-time employee of ACGME

Milestones

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

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

Thank You!
What have we learned?

- Too much!
- Dissatisfaction with non-PC/MK
- More people want to participate

Differences

- Specialty specific!!
- No more negative language!

Differences

Patient Care and Medical Knowledge have two options outside of the levels:
- Not yet completed Level 1
- Not yet assessable

What changed?

- Comprehensive Geriatric Assessment
- Patient and Family/Caregiver Support
- Assessing and Optimizing of Pharmacotherapy
- Assessing and Optimizing Physical and Cognitive Function
- Framing Clinical Management Decisions within the Context of Prognosis
- Consultative Care
**Medical Knowledge**

MK1: Geriatric Syndromes  
MK2: Principles of Aging

**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

**Practice-based Learning and Improvement**

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

**Professionalism**

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

**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

**Supplemental Guide**

Examples for Levels 1-5  
Assessment methods  
Resources
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

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!!

Identify and address obstacles
a) Be open and listen to concerns
b) Answer what you can – Call ACGME if not
c) For content – remind them that their specialty community created them

Identify programs who are doing the change well
a) Let your champions demonstrate
b) Offer additional faculty development
c) Begin development of new shared mental model
Implementing Changes

Share success stories and document what strategies worked best
a) Each specialty should have its own champion
b) Share experiences at GME meetings
c) Share experiences at specialty meetings

Implementing Changes

And now, something completely different!

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

Using Milestone Data

A GUIDEBOOK FOR IMPLEMENTING AND CHANGING ASSESSMENT IN THE MILESTONES ERA

New resource made available in 2020

Implementing Changes

Using Milestones Data
Where do I find...?

Milestone Webcasts

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

Milestones Resources

Guidebooks
- Assessment Guidebook
- Milestone Implementation Guidebook
- Milestone Knowledge for Residents and Fellows
- Milestone Knowledge for Faculty
- Clinical Competency Committee Guidebook
- Clinical Competency Committee Guidebook, Evaluation Tools

Other Resources
- Resources for Assessment in the Learns at ACGME Online Learning Portal
- Use of Individual Milestone Cards to Create a System for High-Stakes Decisions
- Milestone FAQs

Assessment Guidebook

https://www.acgme.org/Residents-and-Fellows/Assessment/Assessment-Guidebook

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

https://www.acgme.org/Residents-and-Fellows/PDFs/ACGME-For-Residents.pdf
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.

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.

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.

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.

Questions?

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

Name  Institution
Angela Beckert, MD  Medical College of Wisconsin
Sonica Bhatia, MD  Icahn School of Medicine at Mount Sinai
Ed Duthie, MD  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 Goldlist, MD  Beth Israel Deaconess Medical Center
Elizabeth Harlow, MD  University of Nebraska
Bill Lyons, MD  University of Nebraska
Brooke Salzman, MD  Jefferson University
AGS/ADGAP Basic Leadership and Life Skills Curriculum

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

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

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

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

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

Thank you
• Editorial Board: Greg Pawlson, Lynn Flint, Mary Amory
• Authors: Ciera Sears, Caitlyn Kuwata, Ayla Pellegr, 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
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)

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
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

Collaborators

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

ABIM Geriatric Medicine Board

<table>
<thead>
<tr>
<th>Secure Exam</th>
<th>Medical Knowledge and Practice Assessment</th>
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<tr>
<td>- Refine and approve exam blueprint</td>
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<td>- Set exam passing score</td>
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Society Relations

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<th>Training</th>
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<tr>
<td>- Content of training</td>
<td></td>
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<tr>
<td>- New training pathways</td>
<td></td>
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<tr>
<td>- Procedural competencies</td>
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</tbody>
</table>

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

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

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

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<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Yes</td>
<td>71%</td>
</tr>
<tr>
<td>No</td>
<td>4%</td>
</tr>
<tr>
<td>Uncertain</td>
<td>25%</td>
</tr>
</tbody>
</table>
How Many People Have Inquired About Mid-Career Training Opportunities over Last 2 Years?

<table>
<thead>
<tr>
<th>Number Inquiring</th>
<th>%</th>
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<tbody>
<tr>
<td>0-2</td>
<td>43%</td>
</tr>
<tr>
<td>3-4</td>
<td>37%</td>
</tr>
<tr>
<td>&gt;5</td>
<td>13%</td>
</tr>
<tr>
<td>Unknown</td>
<td>7%</td>
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</table>

Experience with Mid-Career Training

- 50% had experience with mid-career training

<table>
<thead>
<tr>
<th>Experience Over the Last 2 Years</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>50%</td>
</tr>
<tr>
<td>1-2</td>
<td>33%</td>
</tr>
<tr>
<td>3-5</td>
<td>17%</td>
</tr>
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</table>

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

- 90% in 12 months
- 83% uninterrupted fulltime

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

<table>
<thead>
<tr>
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<th>%</th>
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</thead>
<tbody>
<tr>
<td>Yes</td>
<td>62%</td>
</tr>
<tr>
<td>Yes but some challenges</td>
<td>19%</td>
</tr>
<tr>
<td>OK</td>
<td>6%</td>
</tr>
<tr>
<td>No response</td>
<td>13%</td>
</tr>
</tbody>
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Summary of Free-Text Comments

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

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

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<th>%</th>
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<tbody>
<tr>
<td>Yes</td>
<td>66%</td>
</tr>
<tr>
<td>No</td>
<td>5%</td>
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<tr>
<td>Uncertain</td>
<td>29%</td>
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Concerns that Development of a Mid-Career Option would Jeopardize Traditional Training?

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<tr>
<td>Yes</td>
<td>10%</td>
</tr>
<tr>
<td>No</td>
<td>70%</td>
</tr>
<tr>
<td>Uncertain</td>
<td>20%</td>
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</table>

- 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

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
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.

Tell us what you want for next year.

Who? (Wave 2)

<table>
<thead>
<tr>
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<th>Title</th>
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<tbody>
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<td>Special IGMS Meeting in Work</td>
<td>Colleen Christmas</td>
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<td>Multiraciality</td>
<td>Time Out</td>
<td>You Farrell et al</td>
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<td>Managing the Dementia Consumer</td>
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<td>Tim Ang</td>
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</tr>
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<td>Social Determinants of Health</td>
<td>Post Infection Care for Older Adults</td>
<td>Rose Chudy</td>
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<td>Aging</td>
<td>Liat Aronson</td>
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<td>Holiday, Party &amp; Welcome to Newly Matched Fellow!</td>
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<td>Graduation Celebration</td>
<td>All</td>
<td></td>
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</tbody>
</table>
So what?

99% of session evaluations rated presentations as above average or excellent.

92% intended to change.

n=152

Now what?

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

https://redcap.link/floatplanning2021
Wellness

ADGAP Fellowship Directors Preconference

Wednesday, May 12, 2021

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 Wellness Burnout; 2) Personal Level; 3) Program Level.
- There will also be tools that cut across categories.

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 Coffey
  - Emily Hajjar
  - Halina Kusz
  - Marcia Mecca
  - Poonam Merai
  - Mariah Robertson
  - Sonya Steiner
  - Golnosh Sharafsaleh
  - Lindsay Wilson
  - Michi Yukawa
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

GeriatricsCareOnline.org
Complex Care. Access to Resources Simplified

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

Geriatric Medicine Fellowship Program Directors’ Guide

Questions? Suggestions?
E-mail: Pei.Chen@ucsf.edu
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

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

How it Begins

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

Remote Accreditation and Recognition Site Visits (RARSVs)

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 remote and recognition site visits through a combination of technology and site visits. Site visit teams will conduct site visits with appropriate technology, including teleconferences with the Review and Recognition Committee, joint site visits with and visits to ACGME staff and the program's Medicare Administrative Contractor.

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=IwAR1HSwlSbM4-Za2zi0dLXKv30XrC576a4fZXwN1kGv_Kkvxfojv1v5OO8M0
- 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
  - https://www.acgme.org/Portals/0/PDFs/SiteVisit/8Steps.pdf
- What to bring with you to the site visit:
  - PLA’s, Evaluations, Conference Schedules, etc.

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.
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

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

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.

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.....

Thank you!

Questions?

Email:
• Sharon Brangman, MD at brangmas@upstate.edu
• Kelly Wheeler, LMSW at wheeleke@upstate.edu
Mini-fair for Curricular Innovations / Tool Swap

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

Reminiscent Photo Credits: Dr. Helen Fernandez
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

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.

Tools

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

- Identifying Values (What Matters Most)
- Creating Specific and Meaningful Goals ([Doing What Matters]
- Identifying Healthcare Preferences and Trade-offs
- Aligning Care
- Responding to Life or Health Changes
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

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)

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

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
Integration of Evidenced Based Medicine Skills into Fellow Didactics

Julia Burns, MD
Kinja Krasilo, DO

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 virtual 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

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 understanding of the assignment, positive literature, provide guidance and feedback on presentation and format
- Collaboration with research faculty, if needed, to help clarify advanced data and EBM concepts encountered within assigned literature
- Presenting fellows choose one EBM concept to teach to the group as during their sessions
- Creativity highly encouraged; fellows allowed to choose individual presentation formats as together we explore the various zoom features in data to allow for interactive learning (i.e. breakout rooms, polls, screenshare)
- 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

What We Learned

- Initial survey results
  - Most fellows regularly encounter questions needing a literature search
  - Most are comfortable in choosing the best tool to find the answer
  - Most comfortable 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 mentioned session preparation time
  - “Ad noteworthy introductory,” “I am now considering doing own research”
  - Most attendees feel they cannot pre-read articles prior to the sessions and appreciate either dedicated 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-session preparation by attendees
  - Incorporating board questions whenever possible is appreciated
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

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

**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*

**Incentives**

- 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

**Faculty-Fellow "co-learning" curriculum**


**Fellow’s QI Resources**=TOOLS guide project workflow

Ambulatory, LTC, and Inpatient Geriatric or Palliative Care Settings

<table>
<thead>
<tr>
<th>Project Coaching</th>
<th>Faculty Mentor “check-in” sessions</th>
</tr>
</thead>
<tbody>
<tr>
<td>July</td>
<td>Aug</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1. IHI Open School
2. 2020-2021 Fellows' QI Road Map
   1. Free software for the process map, www.processmap.com
   2. IHI Essential Tools Kit Process map, Fishbone, Root cause chart, Run and control chart, PDSA
   3. Project design & statistical data analysis assistance
   4. IRB or InfoED assistance
   5. EPIC reports and assistance with "beat"-other
   6. Population health dashboard assistance
   7. Mini-refresher 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)
QI Knowledge Application Tool

QIKAT Pre-post evaluations

Rationale for QIKAT Scoring Rubric (QIKAT-R):
Each item receives one point if the response adequately addresses the item and two points if the text. The total possible score is 8 points for each scenario.

- Points for the MEASURE: The MEASURE:
  - A: the measure is specific to the question.
  - B: the measure is based on a change in patient outcomes over time.
  - C: the measure is a repeatable measure.

- Points for the CRITERIA: The CRITERIA:
  - A: the criteria are clear and specific.
  - B: the criteria are easy to understand.
  - C: the criteria are sufficient to judge a level of change.

- Points for the CHANGE:
  - A: the change is significant.
  - B: the change is sustained over time.
  - C: the change is consistent with the criteria.
  - D: there is evidence of change.
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

4 things I learnt survey and its description

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

Experience during My Rotation

Weekly survey permits faculty to make changes real-time about topics covered, what topics to focus on the upcoming week, and feedback about trainees learning and clinical experience. This allows trainees to have an interactive, engaging and tailored learning experience.

- It has made our syllabus more dynamic and meaningful and has helped us increase awareness and interest in geriatric education.
**GeriKit app**

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

**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

**Cognition with AD8**

**Download GeriKit**
Incorporating Simulation into a Geriatrics Fellowship

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

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.

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.

Active Transition from Home to Hospital

1. Introductions
2. Readiness Assessment
   - Review as a Group
3. Teams Present Cases
   - Teams
   - Fellows, Medical Students, Nursing Students and Pharmacy Students
4. Review “What have you learned today?”

No disclosure/ Conflict of Interest

R & C
Simulation Findings

Results of a simulation transitioning from F2F to Virtual:

<table>
<thead>
<tr>
<th>Feedback category</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Understanding the transition</td>
<td>Strongly Agree</td>
</tr>
<tr>
<td>Application of skills</td>
<td>Agree</td>
</tr>
<tr>
<td>Patient respect and autonomy</td>
<td>Strongly Agree</td>
</tr>
</tbody>
</table>

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

**Results/ Conclusions**

- Feedback evaluations reflected:
  - Simulation workshop enhanced their understanding and ability to address the transitions of care issues with patients and teams.
  - Fellows reported applying these skills in 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

**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
Geriatrics Fellowship
Individualized Learning Plan

ADGAP Education Materials Swap
May 12, 2021
Lisa Vargish, MD, MS
Program Director, Geriatrics Fellowship
Kelly Walsh, Program Administrator

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

Learning Plan Tools
• Initial Learning Plan/ Self-Evaluation
• 3 month, 6 month and 9 month Plans
Fellow Self-Evaluation Tool

• **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

---

**Process:**

1. **Facilitate goal setting during rotation orientation.**
   - Rotate rotations, goal setting, and reflect on the goal setting tool.

2. **Fellow selects goals from the goal setting tool.**
   - Faculty receives automated email with fellow's goals.

3. **Fellow works toward goals during rotation.**
   - Faculty observes examples of SBP and keeps fellow's selected goals in mind.

4. **Fellow sends automated email with link to goal reflection tool.**
   - Faculty receives automated email with link to goal reflection tool.

5. **Fellow completes SBP self-reflection tool.**
   - Faculty receives automated email with link to self-assessment tool.

6. **Faculty evaluates PBLI, SBP using self-assessment.**
   - Faculty evaluates PBLI, SBP, and systems-based practice.
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.

**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

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>dx</th>
<th>Intervention</th>
<th>Procedures</th>
</tr>
</thead>
<tbody>
<tr>
<td>POINTER</td>
<td>60-79</td>
<td>diet/exercise</td>
<td>MRI, PET, labs</td>
<td></td>
</tr>
<tr>
<td>AHEAD</td>
<td>&gt;27</td>
<td>monoclonal antibody</td>
<td>UP, MRI, PET</td>
<td></td>
</tr>
<tr>
<td>Advance</td>
<td>&gt;65</td>
<td>DBS implant</td>
<td>MRI, LP</td>
<td></td>
</tr>
</tbody>
</table>

**Pepper Center**

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>dx</th>
<th>Intervention</th>
<th>Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>SARA</td>
<td>65-79</td>
<td>Muscle</td>
<td>Medication</td>
<td>Strength testing</td>
</tr>
<tr>
<td>UPLIFT</td>
<td>65-85</td>
<td>Obesity</td>
<td>Weight loss</td>
<td>Supervised exercise</td>
</tr>
<tr>
<td>Pepper-MINT</td>
<td>65-79</td>
<td>Physical activity</td>
<td>Actigraphy</td>
<td>Cycling/household chores</td>
</tr>
</tbody>
</table>

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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/log testing/biopsy/exercise/etc)?
- What are the outcome measures?
- What do you think is going to happen?
A self-determined learning approach

Chandrika Kumar MD FACP AGSF
Associate Professor

SLIDE 1

Tool/Pedagogy

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

SLIDE 2

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.

SLIDE 3

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

SLIDE 4

• Thank you!
• Questions????
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.

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.

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

<table>
<thead>
<tr>
<th>Date</th>
<th>Event Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>April 2021</td>
<td>Memorandum of Understanding (MOU) and Match Participation forms were sent to all geriatric fellowship programs.</td>
</tr>
<tr>
<td>May 5, 2022</td>
<td>Deadline to submit the MOU and Participation form</td>
</tr>
<tr>
<td>July 15, 2021</td>
<td>AGS/ADGAP will distribute NRMP reporting forms to all geriatric fellowship programs to identify the number of fellows that have started July 1, 2021.</td>
</tr>
<tr>
<td>August 15, 2021</td>
<td>Deadline to complete and return the NRMP reporting forms.</td>
</tr>
<tr>
<td>December 1, 2021</td>
<td>Match Day</td>
</tr>
</tbody>
</table>