

**Integrating Geriatrics into the Specialties of Internal Medicine  
Champions Conference Call  
Friday, March 27, 2009  
2:00 p.m. to 3:00 p.m. EDT**

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*Agenda*

- Tab 1**      Review and discuss the goals of the conference call  
**Erika D. Tarver**  
A. Identification of geriatric competencies.  
B. Integration of competencies into curricula.  
C. Discuss challenges and successes.  
D. Identify lessons learned.
- Tab 2**      Review and discuss geriatric competencies status report.  
**Teresita Hogan, MD, Roseanne Leipzig, MD, and Brent Williams, MD**
- Tab 3**      Discuss next steps.  
**Ms. Tarver**  
A. Medical Subspecialties Section Meeting.  
B. Next quarterly conference call.

There is no  
background  
material for

Tab 1

**1) Medical Students**

- a) Consensus achieved on 26 competencies to be demonstrated by graduation
- b) Dissemination: AAMC, AMA, AGS, etc.
  - (1) Academic Medicine manuscript to be published May 09
  - (2) AGS white paper (in development?)
  - (3) MSOP in development
- c) Teaching materials
  - (1) Matching POGOe teaching tools to competencies (initial phases, expect progress in 2009)
  - (2) Cohort IV Reynolds developing products for competencies
  - (3) CDIM recommendations for geriatrics content  
[www.im.org/CDIM/Docs/CDIMCoreCurriculumResourceGuide/TableofContents.htm](http://www.im.org/CDIM/Docs/CDIMCoreCurriculumResourceGuide/TableofContents.htm)
- d) Assessment materials
  - (1) Matching POGOe assessment tools to competencies (2010)
  - (2) AAMC GQ geriatric questions changed to reflect 8 of the competencies (pilot 2008)
  - (3) SGIM intends to develop 'toolbox' of ways to assess each competency.
  - (4) University of California consortium working on a geriatric assessment project
- e) Accountability: LCME, USMLE, NBME, etc. ?? (Strategy session will be convened by ABIM) (What is needed to include assessment/demonstration of competencies in USMLE, NBME?)

**2) Residents in Family Medicine and Internal Medicine**

- a) Draft list of 41 draft competencies in 7 domains to be demonstrated by end of residency, developed by expert panel with input from over 100 content experts:
  - i) Primary relevant previous literature by expert panel: previous curricula from AGS, Family Medicine, FCIM, and Med Student Competencies (above).
  - ii) Initial 15 domains chosen from 52 content areas identified for Med Student Competencies, narrowed to 7 by expert panel consensus.
  - iii) Over 100 content experts in 8 small groups identified 3-6 competencies within each domain, resulting in 46 competencies.
  - iv) The 46 competencies were rated by the ~100 content experts as MUST, SHOULD, or DOES NOT NEED.
  - v) Reduced to 41 competencies by expert panel (removed redundancies, incorporated competencies into others).
- b) 26 reviewers were solicited from APDIM, SGIM, STFM, AFMRD, and AGS.
  - i) Reviewed 41 competencies and rated as MUST, SHOULD, or DOES NOT NEED; with comments in a Web-based survey.
- c) Expert panel reviewed findings with goal of final wording and reduced number of competencies to 20 - 25 (currently underway).
- d) Next steps:
  - i) Compare / integrate with ABIM Milestones Project.
  - ii) Circulate competencies to stakeholder agencies (e.g., AAMC, ACGME, SGIM, APDIM, AGS, STFM, ABIM, AFMRD) for comment and endorsement.
  - iii) Teaching materials (list to be developed, inventory incomplete)
    - (1) Some products on POGOe , collection is growing
    - (2) AAFP monographs, etc.
    - (3) (FCIM) guideline for residency programs, including geriatrics requirements (under population specific guidelines) [www.acponline.org/fcim/](http://www.acponline.org/fcim/)
  - iv) Assessment materials (list to be developed)
- e) Accountability:
  - i) RRCs, ABIM, ABFM, etc.?? (What is needed to include assessment/demonstration of competencies in IM and FM certification and MOC?)

- ii) Eric Holmboe is interested in geriatric as possible pilot for ABIM Milestones Project (developing assessment tools, and then faculty development programs to assure that evaluations are done in a valid, consistent and reliable manner).

**3) Residents in Emergency Medicine** (as of 3/6/09)

- a) Draft list of 26 emergency medicine competencies in 8 domains essential to be demonstrated by end or residency, being developed/refined by expert panel with input from groups of stakeholders:
  - (1) Users of the EM physicians (ED Directors, ED nurses ACEP)
  - (2) Producers of the trained EM physicians (SAEM, CORD)
  - (3) Content experts (ACEP Geriatric Section, SAEM Geriatric Task Force, AGS Geriatrics-for-Specialists Initiative (GSI) Council)
  - (4) User-patients (AARP)
- b) March 2008 CORD meeting: Draft EM competencies presented at CORD Academic Assembly.
  - i) Case/need for geriatric competencies.
  - ii) Suggestion for using competencies for teaching, assessment, QI and compliance with ACGME.
  - iii) Sought input from program directors to further define the competencies and role of competencies in resident education.
- c) Next steps:
  - i) Toolbox of teaching materials (list is in development, inventory incomplete)
    - (1) Some products on POGOe, collection is growing
    - (2) CORD Share Point resources, COMET online EM modules, Eve Loseman, Harvard, Duke Lifelong Learning (on the web), SAEM slide set, etc.
  - ii) Toolbox of assessment materials (list is in development)
  - iii) Next steps will include roll-out of competencies education to selected EM programs followed by demonstration of their effect on didactic mastery and patient outcomes.
- d) Accountability: RRC? other? What is needed to include assessment/demonstration of competencies in EM certification and MOC?
- e) Advocacy – CORD agrees competencies are important but want ease of administration for incorporation. doubt full utilization will occur without mandate, they look to RRC and ABEM for this. However, RRC-EM and ABEM say this is important but they look to CORD level for implementation.

**4) Residents in General Surgery-** process will start in 2009 (w AMA & AGS support)

**5) Others:**

- a) Cardiology has a geriatric curriculum but no specific competencies
- b) GI
- c) Nephrology
- d) Psych

**6) Geriatric (and other) Fellows**

**7) Practicing Physicians, MOC, etc**

**CDIM/SGIM**  
**CORE MEDICINE CLERKSHIP**  
**CURRICULUM GUIDE VERSION 3.0 (2006)**  
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Tab 3