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

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.
Geriatric Competencies Status Report

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
   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/
      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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