

COM GERIATRIC FELLOWSHIP TRAINING MODULE: INPATIENT (Hospital)

CORE COMPETENCY (AOA & ACGME)	OBJECTIVES <i>The geriatric fellow will:</i>	INSTRUCTIONAL STRATEGY	OPTIMAL AGING COMPONENT	CONTENT & RESOURCES	EVALUATION METHODS
Osteopathic Principles & Practice (OPP)	<ol style="list-style-type: none"> 1. Describe the integration of Osteopathic principles and philosophy into the care of hospitalized older adults and the frail older adults. 2. Describe the musculoskeletal changes that occur with normal and pathological aging. 3. Perform a complete musculoskeletal exam and diagnose abnormalities as pertinent to inpatient consultations. 4. Recognize the limitations necessary to consider when performing OMT on older adults and frail older adults. 5. Perform individualized OMT to treat acute or chronic symptoms of the unique hospitalized patient. 6. Utilize caring, compassionate, holistic, person-centered behavior with frail older adult patients and their families/caregivers. 7. Role model caring for the whole person versus merely treating symptoms. 	<ul style="list-style-type: none"> • SDPC • W/COM • CP • RC • IR • D 	<ul style="list-style-type: none"> ▪ Analyze the capacity of older adults to function across many domains: <ul style="list-style-type: none"> ▪ Physical ▪ Functional ▪ Cognitive ▪ Emotional ▪ Social ▪ Spiritual ▪ Cultural ▪ Describe the use of selection, optimization, and compensation that older adults use to adapt to life's challenges. 	<ul style="list-style-type: none"> ▪ Komara ▪ Ward 	<ul style="list-style-type: none"> • PRR • OQ • SP • S/M • OSCE • 360° • Mini-CEX • CEL • PORTF • P/CL

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<p>Medical Knowledge (MK)</p>	<ol style="list-style-type: none"> 1. Demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences by application to patient care. <i>(ACGME)</i> 2. Analyze the biology and physiology of aging and the clinical implications of aging change to lab findings. <i>(AGS)</i> 3. Demonstrate current scientific knowledge of aging and longevity including theories of aging and epidemiology of aging populations. <i>(AGS)</i> 4. Recognize the normal and expected changes seen in aging individuals. 5. Discuss a variety of geriatric diseases and disorders based on current literature and research. 6. Recognize and treat the following common medical disorders and issues impacting hospitalized older adults: <ul style="list-style-type: none"> ▪ Atypical presentation of illness ▪ Delirium • Dementia • Depression 	<ul style="list-style-type: none"> • SDPC • CP • IR • D 	<ul style="list-style-type: none"> ▪ Define optimal aging. ▪ Compare/contrast optimal aging to successful aging. ▪ Describe the eight (8) determinants of health (Health Field Model): <ul style="list-style-type: none"> ○ Function ○ Disease ○ Social environment and support system ○ Physical environment ○ Genetic endowment ○ Individual responses – behavior and biology ○ Healthcare system ○ Well-being ▪ Recognize the unique individuality of older adults across cohorts and the continuum of care. 	<ul style="list-style-type: none"> ▪ AGS-FT ▪ AGS – Pain (2 articles) ▪ EPEC ▪ Baltes & Baltes ▪ Billings & Block ▪ Brummel-Smith (2 articles) ▪ DSM-5 ▪ Fick & Mion ▪ Flaherty ▪ Fox ▪ GRS8: Chapters 2, 17, 20, 26, 29, 32, 33, 34, 36, 39, 40, 41, 42, 47 – 52, 56 - 64 ▪ Hazzard ▪ Herr & Mobily ▪ Kane ▪ Kotthoff-Burrell ▪ OEPEC 	<ul style="list-style-type: none"> • CSR • OQ • MCQ • Mini-CEX • PORTF • JC / Literature Evaluation module • CEL • EBM • P/CL • PRR • EBM module • GS/DL

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	<ul style="list-style-type: none"> • Diabetes • Elder abuse • Falls • Gait disorders • Iatrogenic illness • Infections • Malnutrition • Nutrition • Parkinson's disease • Perioperative care • Pneumonia • Polypharmacy • Sensory impairment • Stroke • Substance abuse • Urinary & bowel incontinence • Weight loss • Wounds <p>7. Implement patient and system wide specific strategies to reduce iatrogenic events among older adults. (AGS)</p> <p>8. Comprehend the constellation of common acute illnesses frequently experienced by hospitalized older adults</p> <p>9. Recognize, assess and appropriately treat/manage pain in the older adult.</p> <p>10. Individualize pain control utilizing the most effective pharmacologic and nonpharmacologic strategies</p>		<ul style="list-style-type: none"> ▪ Utilize exercises that promote optimal aging and improve balance and strength. ▪ List the primary biological activities/factors known to increase the chance of aging optimally: <ul style="list-style-type: none"> ○ Exercise ○ Nutrition ○ Sleep ○ Avoidance of disease-causing agents ○ Practicing preventive medicine ○ Early treatment of disease and medical condition ○ Avoidance of iatrogenic complications 	<ul style="list-style-type: none"> ▪ Oxford ▪ Pain ▪ POGOe ▪ Rowe & Kahn ▪ Stuart ▪ Tools: <ul style="list-style-type: none"> • Cognition • Function • Hospitalization • Pain • Prognostication 	

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	<p>based on the etiology and chronicity of the patient's pain. (AGS)</p> <p>11. Effectively participate in the process of peri-operative management.</p> <p>12. Provide comprehensive medication review to maximize benefit and minimize number of medications and adverse effects. (EPA, 2013)</p> <p>13. Interpret and utilize functional and cognitive assessment screens and lab tests in the evaluation of the hospitalized frail older adult.</p> <p>14. Describe the knowledge and process utilized in the tools and art of prognostication and determining prognosis.</p> <p>15. Demonstrate expertise in medication management by justifying regimen and duration based upon:</p> <ul style="list-style-type: none"> ▪ Age related changes in pharmacokinetics / pharmacodynamics ▪ Maximizing adherence (AGS) <p>16. Develop and utilize an understanding of the pharmacologic changes that occur with aging and patient's</p>				

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	<p>current medication use to develop appropriate hospital prescribing patterns and minimize adverse drug events in the hospitalized older adults (consider cost, polypharmacy, formulary, medication reconciliation).</p> <p>17. Compare/contrast hospice and palliative care.</p> <p>18. Incorporate the concepts and principles of palliative care into practice and accurately determine when a palliative care consult is needed.</p> <p>19. Discuss knowledgably psychiatric disorders in older adults including depression, anxiety, and behavioral issues associated with dementia.</p> <p>20. Describe the roles of interprofessional team members not limited to allied health professionals including physical therapists, occupational therapists, psychologists, speech and language pathologists, prosthetists, orthotists, and others.</p>				
Patient Care	1. Demonstrate an understanding of the importance of knowing a	<ul style="list-style-type: none"> • SDPC 	<ul style="list-style-type: none"> • Promote optimal nutrition. 	<ul style="list-style-type: none"> ▪ Beers 	<ul style="list-style-type: none"> ▪ 360°

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<p>& Procedural Skills</p> <p>(PC/PS)</p>	<p>patient's values, his/her definition of quality of life, and assist in determining goals of care for that person.</p> <p>2. Incorporate the practice of health promotion and disease prevention in patient care. <i>(ACGME, 2013)</i></p> <p>3. Determine decision making capacity and understand use of ethical principles, advance directives, guardianship, power of attorney, next-of-kin, guardianship, and surrogate decision maker.</p> <p>4. Prioritize and manage the care of older adults by integrating the patient's goals and values, co-morbidities and prognosis into the practice of evidence-based medicine. <i>(EPA, 2013)</i></p> <p>5. Based on the assessment of medical and functional status, be able to identify and appropriately manage groups of older persons who differ in their needs for continuing care:</p> <ul style="list-style-type: none"> • Previously vigorous older adults for whom maintenance of function is paramount • Frail older persons with a variety of acute and chronic 	<ul style="list-style-type: none"> • CP • IR • D 	<ul style="list-style-type: none"> • Promote optimal cognitive health and function during hospitalization. • Demonstrate the ability to manage psycho / social / spiritual aspects of the care of older adults including interpersonal and family relationships, living situations, adjustment disorders, bereavement, and anxiety. <i>(AGS)</i> • Recognize social support systems as a critical factor in patient outcomes. • Incorporate knowledge of the benefits of social engagement and interaction in patient treatment plans. 	<ul style="list-style-type: none"> ▪ GRS8: Chapters ▪ Hazzard ▪ Kane ▪ Labella ▪ Lo ▪ POGOe - Drugs and Aging ▪ Silverstein & Flaherty ▪ Zembrzuski ▪ Touro University, (2008, August) Ethical, legal and health-care related behaviors.-Dr. Carron cases 	<ul style="list-style-type: none"> ▪ PRR ▪ CSR ▪ OSCE ▪ OQ ▪ SP ▪ S/M ▪ CL ▪ Mini-CEX ▪ CEL ▪ PORTF ▪ P/DL ▪ GS/DL

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	<p>medical conditions who are experiencing transitions in their lives</p> <ul style="list-style-type: none"> • Persons with advanced disease requiring palliative care or hospice <p>6. Diagnose and understand management for the most common acute medical problems in the older adult, considering co-morbidities.</p> <p>7. Provide patient-centered care that optimizes function or well-being. <i>(EPA, 2013)</i></p> <p>8. Conduct appropriately focused history and physical exams on frail older adults.</p> <p>9. Develop, prioritize, and justify differential diagnoses in frail older adults.</p> <p>10. Develop a plan of care that includes clinical evaluation, treatment, and follow-up that meet the patient, family and/or caregiver preferences.</p> <p>11. Provide safe, compassionate patient care, including the safe and effective use of procedures that is appropriate, and effective for the treatment of health problems and the promotion of health. <i>(ACGME)</i></p> <p>12. Prevent, diagnose, and manage geriatric syndromes.</p>				

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	<p><i>(EPA, 2013)</i></p> <p>13. Advocate for limiting use of restraints and decreasing falls in older hospitalized patients.</p> <p>14. Demonstrate ease and comfort when interacting with individuals diagnosed with dementia and related behavioral problems.</p> <p>15. Demonstrate a compassionate manner when interacting with dying individuals.</p> <p>16. Identify and manage symptoms commonly experienced by patients at the end-of-life, including but not limited to: pain, dyspnea, fearfulness, anxiety, loneliness, hopelessness, spiritual distress, constipation, nausea, vomiting, delirium, terminal restlessness, and terminal congestion.</p> <p>17. Order testing in a medically appropriate and fiscally responsible manner.</p> <p>18. Develop competency over time in providing quality acute care of older adults including the frail.</p> <p>19. Explain the health care continuum and discharge options for older adults, including insurance eligibility requirements and benefits.</p>				

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	20. Participate and provide geriatric consultation and co-management. <i>(EPA, 2013)</i>				
Interpersonal & Communication Skills (IPCS) <i>(aimed at patient & health care team members)</i>	1. Communicate with all patients and their families in a compassionate, culturally aware and effective manner. 2. Utilize cultural sensitivity in shared decision-making with older adults and their families/caregivers regarding health literacy, desired level of participation, preferences, and goals of care. <i>(AGS)</i> 3. Work as a productive member of the interprofessional team with preceptors, referring physicians, nurses, medical assistants, physician assistants, nurse practitioners, clinical nurse specialists and other hospital staff to optimize patient care. 4. Demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families and health professionals. <i>(ACGME)</i> 5. Participate and conduct family discussions and care conferences regarding patient goals of care while understanding cultural norms/values and	<ul style="list-style-type: none"> • SDPC • JC • RC • CP • IR • D 	<ul style="list-style-type: none"> • Avoid use of ageist and stereotypical language when communicating with older adults. 	<ul style="list-style-type: none"> ▪ Buckman (3 resources) ▪ CHAMP 	<ul style="list-style-type: none"> • 360° • PS • OSCE • SP • CL • Mini-CEX • PORTF • CEL

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	<p>maintaining patient autonomy.</p> <p>6. Assist patients and families in clarifying goals of care and making decisions. <i>(EPA, 2013)</i></p> <p>7. Assess and incorporate family/caregiver needs and limitations including stress and burden in the older adult's transition and management plans. <i>(AGS)</i></p> <p>8. Utilize strategies to enhance the GF-older adult oral and written communication in patients with hearing, vision, or cognitive impairment. <i>(AGS)</i></p> <p>9. Listen attentively and therapeutically, ask questions slowly when needed, and allow a pause/silence for the patient to provide information during care conferences.</p> <p>10. Demonstrate culturally sensitive shared decision making with patients and families/caregivers in the context of their health literacy, desired level of participation, preferences and goals of care. <i>(EPA, 2013)</i></p> <p>11. Initiate difficult conversations in breaking bad news and</p>				

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	<p>manage difficult patient/family issues/conflicts compassionately and effectively.</p> <p>12. Provide clear, concise oral presentations to preceptors.</p> <p>13. Develop a concise report outlining the assessment and recommendations derived from a comprehensive geriatric/palliative care assessment.</p> <p>14. Maintain comprehensive, timely, and legible medical records on consults and progress notes.</p> <p>15. Return family calls in a timely manner and address patient/family concerns appropriately.</p>				
<p>Professionalism</p> <p>(P)</p>	<p>1. Demonstrate respect, compassion, integrity, and commitment at all times.</p> <p>2. Role model respect of patients and their families across all cultures, ages, genders, sexual orientation, religions, and mental/physical disabilities.</p> <p>3. Utilize CMS guidelines for all patient privacy issues.</p> <p>4. Demonstrate a commitment to carrying out professional responsibilities and</p>	<ul style="list-style-type: none"> • SDPC • Zemper • IR • CP • D 			<ul style="list-style-type: none"> • 360° • PS • OQ • CSR • PRR • CL • Mini-CEX

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	<p>adherence to ethical standards. (AGS)</p> <p>5. Demonstrate responsiveness to a patient's welfare that superseded self-interest.</p> <p>6. Imbed into personal practice style the bio-ethical principles of respect for patient autonomy, nonmaleficence, beneficence, fidelity, and justice.</p> <p>7. Utilize ethical and legal considerations at the end-of-life.</p> <p>8. Recognize the elements of the physician-patient relationship.</p> <p>9. Provide compassionate care while establishing personal and professional boundaries with patients and families/caregivers. (AGS)</p> <p>10. Arrive on time, stay to the completion of assignment duties, and promptly communicate all patient issues with the attending physician.</p> <p>11. Dress professionally and appropriately for the environment and scheduled activities.</p> <p>12. Apply ethical principles of conduct related to interactions with vendor representatives.</p> <p>13. Implement the national</p>				<ul style="list-style-type: none"> • PORTF • CEL • SCS Ethics Course

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	<p>standards for the protection of patient health information included in the <i>Standards for Privacy of Individually Identifiable Health Information</i> (privacy rule) and the <i>Health Insurance Portability and Accountability Act of 1996</i> (HIPAA) .</p> <p>14. Demonstrate appropriate professional behavior in all clinical/academic settings through respect, courtesy, and helpfulness toward all patients, preceptors, teachers, and staff.</p> <p>15. Demonstrate accountability and responsibility for content knowledge, schedules, and verbal instructions.</p> <p>16. Demonstrate knowledge and understanding of adult learning theory and principles through self-directed learning and accumulation of geriatric knowledge.</p> <p>17. Implement self-care by recognition of the signs/symptoms for fatigue and sleep deprivation and seek appropriate treatment.</p> <p>18. Complete all components of the rotation in an agreed upon timeframe.</p> <p>19. Complete a faculty and facility evaluation at the end</p>				

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	of the rotation and submit to the fellowship office with attendance attestation form.				
Practice-Based Learning & Improvement (PBLI)	<ol style="list-style-type: none"> 1. Utilize the principles of andragogy (active adult learning) for meeting fellowship inpatient rotation objectives (inquiry, self-direction, reflection, problem-based, goal directed/oriented). 2. Demonstrate the ability to investigate and self-evaluate care provided to patients. <i>(ACGME)</i> 3. Appraise and assimilate scientific evidence to continuously improve patient care based on on-going self-evaluation and life-long learning. <i>(ACGME)</i> 4. Demonstrate self-initiative in the use of information technology to access and retrieve materials for self-education. 5. Utilize principles of evidence-based medicine as they apply to care of the hospitalized frail older adult. 6. Identify personal areas for growth/development in medical knowledge of inpatient care for the older adult. 7. Conduct focused up-to-date reading for self improvement 	<ul style="list-style-type: none"> • SDPC • IR • D • SA 	<ul style="list-style-type: none"> • Advocate for public education and public policy that can influence health promotion and wellness for older adults at a local, state, and national level. 	<ul style="list-style-type: none"> • AGS-FT • Hazzard • Kane • SCS training modules re: Research, JC/Literature Evaluation, EBM 	<ul style="list-style-type: none"> • JC • PRR • CSR • 360° • PS • Mini-CEX • PORTF • LOG • SCS Research Training & Evidence Based Modules (Zemper)

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	<p>and growth throughout the rotation.</p> <p>8. Demonstrate the ability to deliver efficient and thorough holistic patient care discussions with preceptors.</p> <p>9. Demonstrate independent self-learning by showing progressive improvement in geriatric patient care that reflects learning from prior experiences.</p> <p>10. Systematically analyze practice utilizing quality improvement methods and implement changes with the goal of practice improvement.</p> <p>11. Achieve defined therapeutic outcomes that improve a patient's quality of life while minimizing patient risk (medical errors).</p> <p>12. Work diligently to promote/implement a culture of patient safety through involvement in improving patient care.</p> <p>13. Participate in the education of residents, medical students, nurse practitioners, physician assistants, and others during the inpatient rotation.</p> <p>14. Utilize appropriate and effective teaching skills and techniques when educating</p>				

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	patients, families, and other health care professionals. 15. Effectively facilitate a family meeting. <i>(EPA, 2013)</i> 16. Utilize a patient case for a Morbidity/Mortality (M&M) Conference to self-evaluate care provided.				
Systems-Based Practice (SBP)	1. Coordinate patient care within the health care system and work in interprofessional teams to enhance patient safety and improve quality and transition of care. 2. Refer patients to support services and hospice both inpatient and outpatient as appropriate. 3. Recognize when to consult in-hospital services including but not limited to, psychiatry, social work, therapy, discharge planning, and pastoral care. 4. Include attending physicians as part of the interprofessional team in geriatric and palliative care as well as ethical consults. 5. Participate in advocacy activities that enhance the quality of patient care. 6. Demonstrate the ability to provide cost-effective care including the appropriate use	<ul style="list-style-type: none"> • SDPC • AA • CP • CM • IR • D 	<ul style="list-style-type: none"> • Become knowledgeable about community-based resources that promote optimal aging and refer/collaborate when appropriate for older adults discharging back to the community from the hospital. 	<ul style="list-style-type: none"> ▪ ASBH ▪ E & M ▪ GRS8 Chapters: 4, 8 ▪ Hazzard ▪ HIPAA ▪ JCAHO ▪ Jonsen ▪ Kane ▪ Veatch 	<ul style="list-style-type: none"> • 360° • PS • MCQ • CL • Mini-CEX • PORTF • CEL • CSR

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	<p>of laboratory, radiology, and consultation services.</p> <p>7. Incorporate cost awareness and risk-benefit analysis in patient care.</p> <p>8. Facilitate curricular development through cooperative learning and constructive problem solving with faculty, residents, and health care professional students.</p> <p>9. Compare/contrast the provision of care in the acute versus the long-term care setting.</p> <p>10. Utilize accurate and appropriate E&M coding and documentation for inpatient services to maintain compliance with insurance regulations.</p> <p>11. Demonstrate effective interaction with all hospital staff including administration, management, physicians, direct care workers, and other health care professionals.</p> <p>12. Collaborate and work as a leader or member of the interprofessional health care</p>				

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	<p>team. <i>(EPA, 2013)</i></p> <p>13. Describe the function of ethics committees and learn how to appropriately utilize the service.</p> <p>14. Prescribe medications in compliance with current medical standards of care.</p> <p>15. Order medically necessary ancillary services such as home health care, physical - occupational – speech therapy, hospice/palliative care.</p> <p>16. Utilize accepted guidelines for prescribing durable medical equipment and evaluating appropriate use. <i>(AGS)</i></p> <p>17. Communicate with primary care physicians, consultants or referring physicians and other providers to improve continuity, transitions, and quality of care.</p> <p>18. Demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health</p>				

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	care. (ACGME) 19. Describe the role of the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO) in hospital practice.				

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