

# American Board of Psychiatry and Neurology, Inc.

## Geriatric Psychiatry Core Competencies Outline

### I. Geriatric Psychiatry Patient Care and Procedural Skills Core Competencies

- A. Geriatric psychiatrists shall communicate effectively and demonstrate caring and respectful behaviors when interacting with geriatric psychiatric patients and their families.
- B. Geriatric psychiatrists shall gather essential and accurate information through interviews with their geriatric psychiatric patients, family members, caregivers and other health professionals with attention to:
  - 1. Relevant history
  - 2. Mental status examination, including structured cognitive assessment
  - 3. Functional assessment (e.g., instrumental activities of daily living [IADL], activities of daily living [ADL])
  - 4. Competency assessments (e.g., decisions regarding treatment, personal care, etc.)
  - 5. Medical assessment, including relevant neurologic examination
  - 6. Comprehensive assessment and documentation of a patient's potential for self-harm or harm to others
  - 7. Recognition and assessment of direct or indirect elder abuse
  - 8. Family and caregiver emotional state and ability to function
  - 9. Community and environmental assessment (e.g., community connections, home services, supports, housing, safety, etc.)
  - 10. Coordination of ongoing medical management with primary care providers
  - 11. Assessment of the impact cultural determinants have on illness and health maintenance in late life
- C. Geriatric psychiatrists shall develop a multi-axial diagnosis and formulation of biopsychosocial information.
- D. Geriatric psychiatrists shall develop an evaluation plan which may include selection and use of ancillary investigations, corroborative history or information, laboratory tests, radiology/imaging, electrophysiologic, polysomnographic and neuropsychological tests.
- E. Geriatric psychiatrists shall make informed decisions about therapeutic interventions based on patient information and preferences, up-to-date scientific evidence in the field, and clinical judgment.
- F. Geriatric psychiatrists shall develop and carry out a comprehensive geriatric psychiatric treatment plan addressing biological, psychological and sociocultural domains, including:
  - 1. Consultative and primary care (short-term as well as longitudinal

- management) for geriatric psychiatric patients in both inpatient and outpatient settings
2. Organization and integration of input and recommendations from the multidisciplinary mental health team as well as integrating recommendations and input from primary care physicians, consulting medical specialists and representatives of other allied disciplines
  3. Use of information technology to support patient care decisions and patient education
  4. Communicating treatment plans to and educating geriatric psychiatric patients, their families, caregivers, and health care providers
  5. Initiation and flexible guidance of treatment, with the need for ongoing monitoring of changes in mental and physical health status and medical regimens
  6. Recognition and management of psychiatric co-morbid disorders, as well as the management of other disturbances often seen in the elderly, such as agitation, aggressiveness, wandering, and changes in sleep patterns
- G. Regarding pharmacotherapy, geriatric psychiatrists shall:
1. Recognize drug interactions, non-compliance, and psychiatric manifestations of iatrogenic influences, such as multiple or overmedication as well as strategies to correct these issues
  2. Recognize indications for, side effects of, and therapeutic limitations of psychoactive drugs and the pharmacologic alterations associated with aging, including changes in pharmacokinetics and pharmacodynamics
- H. Geriatric psychiatrists shall apply appropriate indications for and use electroconvulsive therapy appropriately in the elderly.
- I. Regarding psychotherapy, geriatric psychiatrists shall:
1. Identify patients and presenting problems likely to be appropriate for the various psychotherapies (e.g., supportive, interpersonal, cognitive behavior, problem solving, dynamic, reminiscence)
  2. Develop a working formulation of the relevant issues for the specific recommended therapy
  3. Maintain awareness of appropriate modifications in techniques and goals in applying these psychotherapies and behavioral strategies to the elderly (with individual, group, and family focuses)
  4. Understand psychodynamics in relationship to developmental problems, conflict, and adjustment difficulties in the elderly that may complicate the clinical presentation and influence the doctor-patient relationship or treatment planning
- J. Regarding behavioral treatments, geriatric psychiatrists shall use non-pharmacologic approaches, with particular reference to applications and limitations of behavioral therapeutic strategies including physical restraints.

- K. Regarding social interventions, geriatric psychiatrists shall:
  - 1. Appropriately use community programs, home health services, crisis and outreach services, respite care, and the need for institutional long-term care
  - 2. Provide appropriate guidance of and protection for caregivers
- L. Regarding management of ethical and legal issues pertinent to geriatric psychiatry, geriatric psychiatrists shall provide competence, guardianship, advance directives, right to refuse treatment, wills, informed consent, elder abuse, the withholding of medical treatments and federal legislative guidelines governing psychotropic prescribing in nursing home.
- M. Geriatric psychiatrists shall work with health care professionals, including those from other disciplines, to provide patient-focused care including:
  - 1. Formal and informal administrative leadership of the geriatric mental health care team which may include representatives from related clinical disciplines, such as psychology, social work, psychiatric nursing, activity or occupational therapy, physical therapy, pharmacology, and nutrition
  - 2. Liaison with individuals representing disciplines within medicine, such as family medicine and internal medicine (including their geriatric subspecialties), neurology, and physical medicine and rehabilitation
  - 3. Consultation or liaison with geriatric medical teams, where available
- N. Geriatric psychiatrists shall provide health care services maintaining mental health and preventing mental health problems in the elderly.

## **II. Geriatric Psychiatry Medical Knowledge Core Competencies**

- A. Geriatric psychiatrists shall demonstrate knowledge about established and evolving biomedical, clinical and cognate (e.g., epidemiological and social-behavioral sciences) and the application of this knowledge to the care of geriatric psychiatric patients and their families. Geriatric psychiatrists are expected to:
  - 1. Demonstrate an investigatory and analytic thinking approach to clinical situations; and
  - 2. Know and apply the basic and clinically supportive sciences, which are appropriate to their discipline
- B. Geriatric psychiatrists shall develop and apply specific knowledge for education in geriatric psychiatry, including:
  - 1. In the biomedical arena:
    - a. Theories of aging – biological, social, and psychological
    - b. Age-related changes in organ systems, sensory systems, memory, and cognition
    - c. Pharmacologic implications of biological changes
    - d. Pharmacokinetics and pharmacodynamics
    - e. Special considerations in the use of psychotropics in the elderly

- f. Frequency and management of side effects
  - g. Polypharmacy and drug interactions in the elderly
  - h. Psychopathology beginning in or continuing into late life as compared to younger populations with regard to the following:
    - (1) Epidemiology of late-life conditions
    - (2) Clinical presentation of late-life conditions
    - (3) Pathogenesis of late-life conditions
    - (4) Diagnostic approach and differential diagnoses of late-life conditions
    - (5) Treatment of late-life conditions
    - (6) Suicidal and parasuicidal behavior
2. In regard to the following disorders:
    - a. Mood disorders
    - b. Anxiety disorders
    - c. Adjustment disorders/bereavement
    - d. Delirium
    - e. Dementia
    - f. Psychotic disorders
    - g. Substance-related disorders
    - h. Mental disorders due to a general medical condition including acute and chronic physical illnesses as well as iatrogenesis
    - i. Sleep disorders
    - j. Sexual disorders
  3. Principles and practices of electroconvulsive therapy (ECT)
  4. Sexuality in late life
  5. Common neurologic disorders of the elderly, e.g., Parkinson's, stroke
  6. Psychiatric disorders due to general medical conditions
    - a. Complications of medical treatment for systemic disease
    - b. Psychological factors affecting physical illness
  7. Psychological issues
    - a. Developmental perspective of normal aging with understanding of adaptive and maladaptive responses to psychosocial changes, e.g., retirement, widowhood, role changes, financial, environmental relocation, interpersonal and health status, increased dependency
    - b. Psychotherapeutic principles and practice:
      - (1) Interpersonal
      - (2) Cognitive behavior
      - (3) Problem-solving
      - (4) Supportive
      - (5) Reminiscence
      - (6) Dynamic
    - c. Personality disorders and personality changes due to general medical conditions
    - d. Psychological and behavioral therapeutic techniques
    - e. Group and activity therapies
  8. Cultural and ethnic differences and special problems of disadvantaged

- minority groups
- 9. Caregiver and family issues
- 10. Practice-related and policy and legal issues
  - a. Role of geriatric psychiatrist in health care systems
  - b. Elder abuse
  - c. Forensic issues
  - d. Current economic aspects of health care supporting services and health care delivery, including but not limited to Title III of the Older Americans Act, Medicare, Medicaid and cost containment
  - e. Treatment setting regulations and their impact on treatment and patient outcomes
  - f. Palliative and end-of-life care
- 11. Practice of psychiatry in nursing homes, assisted living facilities, and other long-term care settings

### **III. Geriatric Psychiatry Interpersonal and Communication Skills Core Competencies**

- A. Geriatric psychiatrists shall be able to demonstrate interpersonal and communication skills that result in effective and empathic information exchange and teaming with geriatric psychiatric patients, families, colleagues, staff and systems. Interpersonal skills require an understanding of the geriatric psychiatrist's role as a consultant to patients and their contextual system. Development of interpersonal skills is enhanced by the acquisition of basic information about interpersonal communication.
- B. Geriatric psychiatrists shall create and sustain a therapeutic and ethically sound relationship with geriatric psychiatric patients and their families from a spectrum of available ethnic, racial, cultural, gender, socioeconomic and educational backgrounds.
- C. Geriatric psychiatrists shall understand the impact of transference and countertransference on treatment of geriatric psychiatric patients.
- D. Geriatric psychiatrists shall use effective listening skills and elicit and provide information using effective nonverbal, explanatory, questioning, written skills, and electronic communication as appropriate with geriatric psychiatric patients and their families.
- E. Geriatric psychiatrists shall communicate effectively and work collaboratively with others as a member or leader of a geriatric psychiatric mental health care team which may include representatives from related clinical disciplines such as psychology, social work, nursing, occupational therapy, activity and physical therapy, pharmacy and nutrition.
- F. Geriatric psychiatrists shall understand the impact of transference and countertransference on their ability to communicate effectively and work

collaboratively with other health care teams, if available, such as family medicine, internal medicine (including their geriatric subspecialties), neurology, and physical medicine and rehabilitation.

#### **IV. Geriatric Psychiatry Practice-Based Learning and Improvement Core Competencies**

- A. Geriatric psychiatrists shall be able to investigate and evaluate their patient care, appraise and assimilate scientific evidence and improve their patient care practices.
- B. Geriatric psychiatrists shall be able to recognize limitations in his/her knowledge base and clinical skills and understand and address the need for lifelong learning.
- C. Geriatric psychiatrists shall be able to demonstrate an ability to continually expand his/her knowledge and skills and assesses his/her practice to ensure highly competent evaluation and treatment of psychiatric disorders in older people and their families.
- D. Geriatric psychiatrists shall demonstrate appropriate skills for obtaining up-to-date information from the scientific and practice literature and other sources to assist in the quality care of patients. Geriatric psychiatrists are expected to:
  - 1. Locate, critically appraise and assimilate evidence from scientific studies and literature reviews related to their geriatric patients' mental health problems to determine how quality of care can be improved in relation to one's practice
  - 2. Apply knowledge of research study designs and statistical methods related to geriatric psychiatry to the appraisal of such clinical studies and other information on diagnostic and therapeutic effectiveness
  - 3. Use medical libraries and information technology, including internet-based searches and literature and drug databases to manage information, access on-line medical information and support their own education
  - 4. Facilitate the learning of students and other health care professionals such as other geriatric psychiatrists, medical students, nurses and allied health professionals
  - 5. Analyze practice experience and perform practice-based improvement activities using a systematic methodology which may include case-based learning, use of best practices, critical literature review, obtaining appropriate supervision or consultation, record review or patient evaluations
  - 6. Obtain and use information about their own population of geriatric psychiatric patients and the larger population from which their patients are drawn

## **V. Geriatric Psychiatry Professionalism Core Competencies**

- A. Geriatric psychiatrists must demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse geriatric psychiatric patient population.
- B. Geriatric psychiatrists shall be expected to demonstrate respect.
- C. Geriatric psychiatrists shall demonstrate a commitment to ethical principles pertaining to provision or withholding of clinical care.
- D. Geriatric psychiatrists shall demonstrate sensitivity and responsiveness to patients' culture.
- E. Geriatric psychiatrists shall demonstrate responsibility for his/her geriatric psychiatric patient's care by responding to patient communications and other health professionals in a timely manner.
- F. Geriatric psychiatrists shall demonstrate understanding of and sensitivity to end-of-life care and issues regarding provision of care.
- G. Geriatric psychiatrists shall participate in the review of the professional conduct of their colleagues.

## **VI. Geriatric Psychiatry Systems-Based Practice Core Competencies**

- A. Geriatric psychiatrists shall be able to treat older people with psychiatric and/or neuropsychiatric problems within the context of multiple, complex intra-organization and extra-organization systems. The geriatric psychiatrist shall have a working knowledge of the larger context and the diverse systems involved in treating older patients and their family members and understand how to use and integrate multiple systems of care as part of a comprehensive system of care, in general and as part of a comprehensive, individualized treatment plan.
- B. Geriatric psychiatrists shall be aware of how types of geriatric psychiatric practice and delivery systems differ from one another.
- C. Geriatric psychiatrists shall demonstrate knowledge of community systems of care and assist patients to access appropriate care and other support services. This requires knowledge of treatment settings in the community.
- D. Geriatric psychiatrists shall understand how to partner with health care managers and health care providers to assess, coordinate and improve geriatric mental health care and know how these activities can affect system performance. This includes public education around the relationship between geriatric mental health care, health maintenance, and prevention.

- E. Geriatric psychiatrists shall demonstrate knowledge of community systems of care and assist patients to access appropriate care and other support services. Geriatric psychiatrists shall demonstrate knowledge of the organization of care in each relevant delivery setting and the ability to integrate the care of patients across such settings.
- F. Geriatric psychiatrists shall understand how their geriatric psychiatric care and other professional practices affect other health care professionals.
- G. Geriatric psychiatrists shall practice cost-effective geriatric psychiatric care and resource allocation that does not compromise quality of care with attention to practice guidelines and community.
- H. Geriatric psychiatrists shall advocate for quality patient care and assist geriatric psychiatric patients in dealing with system complexities such as limitation of resources for health care.
- I. Geriatric psychiatrists shall be aware of how types of geriatric psychiatric practice and delivery systems differ from one another.
- J. Geriatric psychiatrists shall be aware of safety issues, including acknowledging and remedying medical errors, should they occur.

Approved by the ABPN Board of Directors, July 22, 2011