

# Training & Practice Update

July 2007 Volume 5, Issue 1

## *Geriatrics in Psychiatry Residency Programs*

### Introduction

A 1999 Consensus Statement on the upcoming crisis in geriatric mental health care states that the number of geriatric psychiatrists (GP) currently available to treat elderly mentally ill persons in the United States is inadequate. At that time, there were 2,425 board certified GP with a need for at least 5,000 projected.<sup>1</sup> Today (2007) there are 1,596 certified GP (See Figure 1). The number of certified GP has decreased, because only half of the GP certified from 1991-1996 have re-certified.<sup>2</sup> Since the projected need for trained geriatric psychiatrists exceeds the supply, general psychiatrists, nurse practitioners, clinical social workers, and psychologists will need to play a critical role in geriatric mental health service delivery.<sup>1</sup>

Are general psychiatrists receiving adequate training to care for older adults? To address this question, during the Winter of 2007, all 181 program directors (PD) of psychiatry residency programs accredited by the Accreditation Council for Graduate Medical Education (ACGME) were surveyed. Ninety seven out of the 181 PD responded for a 54% response rate. Responders and nonresponders did not differ significantly by program size (median of 23 residents in nonresponders compared to 25 in responders), by number of MD educators (median of 20 MD educators in both groups), by census region (Northeast, Midwest, South, and West regions), or whether or not the program was government affiliated.

### Geriatrics Training Experiences

Four of the 97 responding general psychiatry programs did not require clinical training in geriatrics. Of the 93 programs that did require geriatrics training, there was a mean of 59 half-days (median = 48, range 0 to 400) specifically structured to teach geriatric care principles during the 4-year training program. Eight programs (9%) required 15 half days or less of clinical training; 7 (8%) required 16 to 30, 27 (31%) required 31 to 45; 23 (26%) required 46 to 60; and 24 (27%) required more than 60 half days of clinical training.

The mean number of hours of lecture and seminar time dedicated to geriatrics was 22 (median =12, range from 0 to 260). Fifty programs (54%) required 0-12 hours of didactic instruction in geriatrics; 25 (27%) 13-24 hours; 7 (8%) required from 25-36 hours; and 10 programs (11%) reported more than 36 hours of instruction.

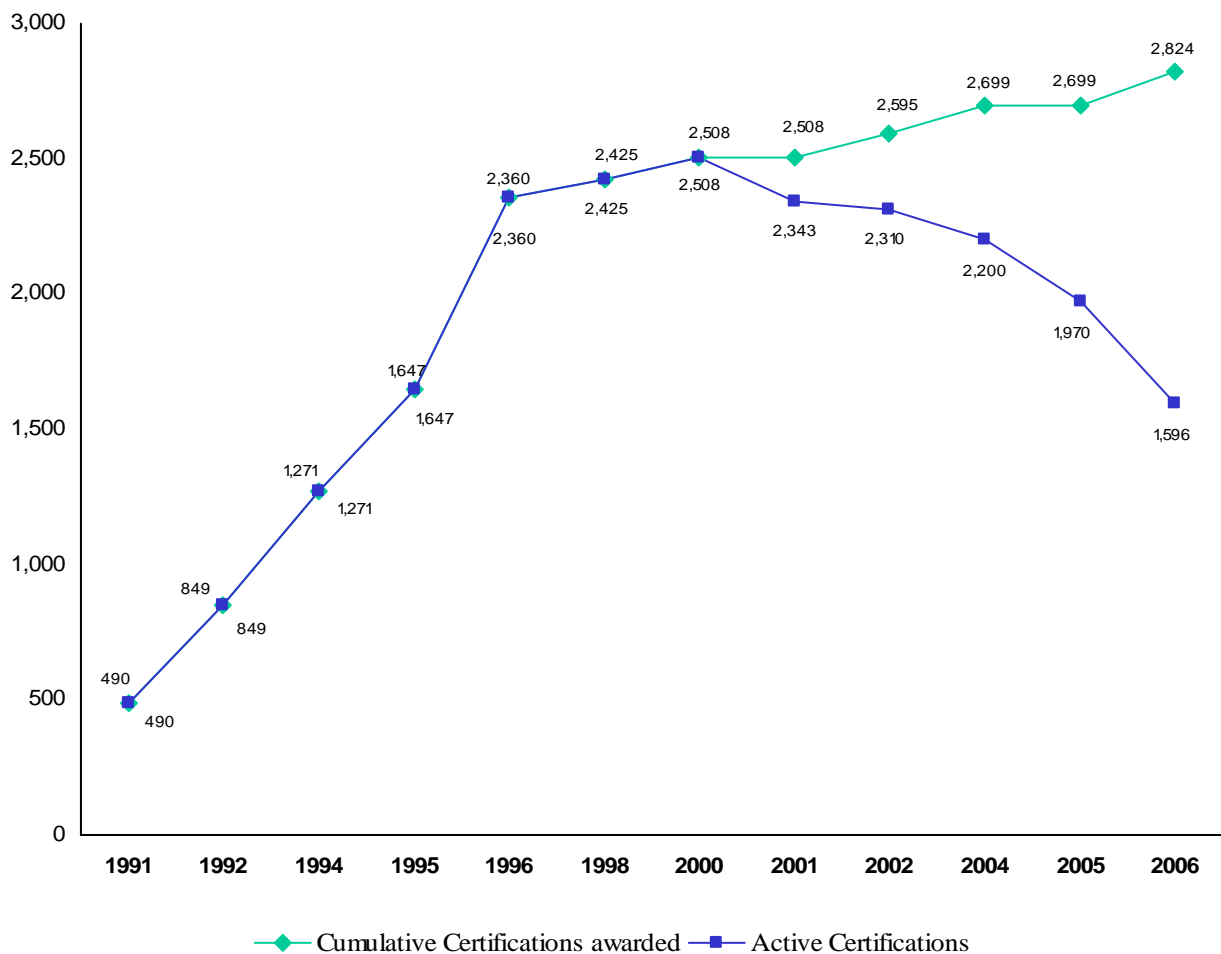
Psychiatry programs depended on inpatient geriatric psychiatry acute care unit (62%), ambulatory care experience precepted by one or more geriatric psychiatrist (52%), as well as outpatient geriatric psychiatry assessment centers (45%) for training experiences. However, training also occurred at a variety of other sites, which are shown in Table 1.

## Faculty

Among the 97 responding programs, there were 306 faculty certified by the ABPN in geriatric psychiatry, 25 who had completed their fellowship program, but were not yet certified, and 177 who were not fellowship trained but who had some specific training in

geriatrics. However, the number of faculty varied considerably among the programs. See Table 2 for the average number and full time equivalents (FTE) of faculty, including physicians and other health care professionals.

**Figure 1.** Comparison of Number of Certificates Awarded to Number of Active Certificates in Geriatric Psychiatry



Source: American Board of Psychiatry and Neurology

Compiled by ADGAP Status of Geriatrics Workforce Study

**Table 1. Required Geriatric Experiences in Psychiatry Residency Programs in 2006 (N=97)**

Types of Geriatric Experiences	Programs Requiring Experience*	Required Experience in Block Format	Required Experience in Longitudinal Format	Experience Supervised by Board Certified Geriatric Psychiatrist
A dedicated Inpatient Geriatric <i>Psychiatry</i> Consultation Team	20	19 (95)	2 (10)	17 (85)
Inpatient Geriatric <i>Medicine</i> Consultation Team	12	8 (67)	1 (8)	5 (42)
Inpatient Geriatric <i>Psychiatry</i> Acute Care Unit or Service	58	54 (93)	1 (2)	45 (78)
Inpatient Geriatric <i>Medicine</i> Acute Care Unit or Service	8	7 (88)	1 (13)	1 (13)
Hospital-Based Skilled Nursing Facility	14	9 (64)	5 (36)	11 (79)
Outpatient Geriatric Psychiatry Assessment Center	42	24 (57)	19 (45)	33 (79)
Ambulatory Care Experience Precepted by One or More Geriatric Psychiatrists	48	26 (54)	23 (48)	40 (83)
Nursing Home	28	22 (79)	5 (18)	24 (86)
Assisted Living	8	6 (75)	1 (13)	7 (88)
Home Care	8	4 (50)	4 (50)	6 (75)
Hospice Care	5	5 (100)	5 (100)	2 (40)
Senior Center	6	5 (83)	1 (17)	6 (100)

\*Data in this column represents the number of residency programs requiring this experience. Data in columns 3, 4, and 5 are the number (percent) of those programs in column two that are in the block format, longitudinal format, or supervised by a geriatric psychiatrist. An experience could be required in both the block or longitudinal formats.

**Table 2. Faculty Available to Teach Geriatrics in Psychiatry Residency Programs in 2006 (N=97)**

Categories	Mean ± sd	Median (range)
Total FTE* Psychiatry Physicians dedicated to geriatrics	2.1 ± 2.4	2.0 (0-18)
Number of M.D. Faculty certified in Geriatric Psychiatry without fellowship training	1.5 ± 1.8	1.0 (0-10)
Number of M.D. Faculty certified in Geriatric Psychiatry with fellowship training	1.7 ± 1.7	1.0 (0-8)
Number of M.D. Faculty fellowship trained but without certification	0.3 ± 0.7	0.0 (0-4)
Number of M.D. Faculty not certified but with some specific training or expertise in geriatrics	1.8 ± 2.7	1.0 (0-16)
Total FTE Other Physicians dedicated to geriatrics	0.7 ± 1.3	0.0 (0-10)
Total FTE Other Health Care Professionals dedicated to geriatrics	0.9 ± 1.5	0.0 (0 -10)

\*FTE=full time equivalents

### **Discussion**

In 2004, only 9% of the ambulatory visits to psychiatrists were made by patients 65 years and older.<sup>3</sup> This is a smaller percentage than for many other specialties, for instance, 35% of general internal medicine, 26% of orthopedic surgery, and 30% of neurology visits are made by patients age 65 and older.<sup>3</sup> While there is still a stigma<sup>4</sup> associated with mental health services, limited reimbursement by Medicare for psychiatric services may be one reason psychiatrist case loads of older adults are small in the ambulatory setting.<sup>5</sup> Medicare requires a 50% copayment for outpatient mental health services whereas the Medicare copayment for most other outpatient services is only 20%.<sup>6,7</sup> Efforts to correct this bias in the Medicare program have been persistent but so far have not been successful. Inevitably the demand for psychiatric services by the growing older population will increase. Is the psychiatric profession ready to meet this demand?

Psychiatry residency program requirements are established by the Psychiatry Residency Review Committee (RRC) of the ACGME. The program requirements that were in place when our survey occurred require one month of supervised clinical management of geriatric patients with a variety of psychiatric disorders, including familiarity with long-term care in a variety of settings. These clinical experiences could be fulfilled as

part of the inpatient or outpatient requirement.<sup>8</sup> In this survey, while the average number of geriatrics curriculum half-days was 59, our study found a wide range from 0 to 400 half days. Less than a third of the programs required their residents to see patients in nursing homes, and very few had required experiences in home care, assisted living, or hospice care. Most experiences were in inpatient geriatric psychiatry acute care, ambulatory care experiences, or outpatient geriatric psychiatry assessment centers. Given the high prevalence of psychiatric disorders in long-term care settings, it is surprising that they are not utilized more often for clinical training.<sup>9</sup> In addition, the mean number of available, trained faculty was small and also varied widely among programs.

### **Conclusion**

Approximately 1,000 psychiatrists complete a residency program each year.<sup>10</sup> Residents in some of these programs spend very little time in specific, required geriatric psychiatry clinical experiences and have limited exposure to well-trained geriatric psychiatrists. Most of these residents will not receive further, formal geriatrics training after completing their residency program. Therefore, many psychiatrists, who will take care of older patients in the future, may be ill prepared to do so.

## References

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We would like to acknowledge Josepha Cheong, MD and Joseph Layde, MD for their assistance with this study.



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This work was supported by grants from the Donald W. Reynolds Foundation in Las Vegas, Nevada,  
and the John A. Hartford Foundation of New York City.