

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 319
(A-22)

Introduced by: AMDA – The Society for Post-Acute and Long-Term Care Medicine

Subject: Senior Living Community Training for Medical Students And Residents

Referred to: Reference Committee C

1 Whereas, Skilled nursing facilities (SNFs) and nursing facilities (NFs), assisted living
2 facilities (ALFs), and continuing care retirement communities (CCRCs) that incorporate a
3 combination of NFs, SNFs and ALFs with independent living communities (ILFs), are the
4 senior living communities (SLCs) where our nation's most vulnerable older and disabled
5 people reside; and
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7 Whereas, Residents of SLCs are frail and functionally impaired, and often find it difficult to
8 access clinical care at traditional venues such as outpatient clinics and ambulatory centers,
9 and this lack of access to care results in unnecessary utilization of urgent care, emergency
10 departments and hospitals, where older persons are prone to developing adverse
11 outcomes; and
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13 Whereas, SLCs, especially NFs, SNFs and ALFs are highly regulated by federal and state
14 governments, and the average primary care physician (PCP) does not venture to practice in
15 these care settings in part due to lack of familiarity with such regulations and difficulty in
16 complying with them; and
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18 Whereas, Primary care training for medical students and residents requires exposure to
19 various care settings, including outpatient clinics, emergency rooms and hospitals,
20 exposure to SLCs has not been required by the Accreditation Council for Graduate Medical
21 Education (ACGME), thereby deepening the disconnect between PCPs and our vulnerable
22 elderly patients; and
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24 Whereas, Specialty training in geriatric medicine is a part of medical school and primary
25 care residency programs, clinical care of our most vulnerable and frail patients in the SLC
26 setting is not required by ACGME during such training; and
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28 Whereas, The COVID-19 pandemic and other healthcare crises and natural disasters have
29 proven it valuable for all clinicians to be familiar with all common healthcare settings, and
30 especially PALTC due to the unique nature of the care setting and our frail older and
31 disabled residents; therefore be it
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33 RESOLVED, That our American Medical Association advocate to require training of medical
34 students and residents in senior living communities (to include nursing homes and assisted
35 living facilities) during their primary care rotations (internal medicine, family medicine and
36 geriatric medicine). (Directive to Take Action)

Fiscal Note: Not yet determined

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