



AMERICAN OSTEOPATHIC ASSOCIATION

**BASIC STANDARDS FOR FELLOWSHIP
TRAINING IN GERIATRICS IN
OSTEOPATHIC FAMILY PRACTICE
AND MANIPULATIVE TREATMENT**

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PART ONE: INTRODUCTION

Definition

- 1.1 This document provides the basic minimal requirements and standards for establishing and maintaining osteopathic training programs in Geriatrics in conjunction with Osteopathic Family Practice and Manipulative Treatment residencies as approved by the American Osteopathic Association (AOA) and the American College of Osteopathic Family Physicians (ACOFP). In addition all requirements as outlined in the Basic Standards for Residency Training in Osteopathic Family Practice and Manipulative Treatment must be met.
- 1.2 Geriatrics in Osteopathic Family Practice and Manipulative Treatment consists of that care provided by the family physician as it applies to the common problems of older persons (persons over the age of 62) and individuals with conditions that mimic aging physiology. These basic standards are developed to allow for the training of family physicians in advanced skills in Geriatrics. Upon the successful completion of this program the physician will be competent to provide specialized care to geriatric patients.

Purpose

- 1.3 To provide didactic and clinical experiences that will enable the fellow to acquire competencies required of a geriatrician.

Duration of Training

- 1.4 It is the intent of these standards that a fellow will achieve additional competence in geriatrics in one (1) year beyond the three (3) year family practice residency.

Scope of Training

- 1.5 All programs must provide the fellow with extensive training in the care of geriatric patients. The program will encompass ambulatory care, nursing home care, inpatient care and care given at other appropriate facilities. Longitudinal care in all settings will be emphasized. Special attention shall be placed on osteopathic principles and practice in the care of the patient. All programs should include training in neurology, psychiatry, and physical medicine/rehabilitation.
- 1.6 The focus of training will be the acquisition of skills for comprehensive evaluation of geriatric patients including functional, medical, cognitive, and psychological assessments.

PART TWO: INSTITUTIONAL REQUIREMENTS

Sponsoring Institution

- 2.1 This fellowship training program shall be in conjunction with the Osteopathic family practice program at the sponsoring institution.
- 2.2 This fellowship training program shall commence only after it has received the approval of the AOA Program and Trainee Review Council (PTRC).
- 2.3 The institution must provide a sufficient number of supervised geriatric patient cases to insure adequate training for fellows in this program.
- 2.4 The institution shall provide access to carefully selected medical literature pertaining to the training in Geriatrics in Osteopathic Family Practice and Manipulative Treatment.
- 2.5 Upon satisfactory completion of this training program, the institution shall award the fellow with an appropriate certificate of completion. The certificate shall confirm the fulfillment of the program requirements, start and completion dates of the program, the name of the training institution, and the name of the program director.

Appointment of Fellows

- 2.6 Candidates for acceptance into this fellowship training may be:
 - a. An AOBFP certified practicing Osteopathic Family Physician.
 - b. A graduate of an AOA/ACOFM approved family practice residency program.

Administration of the Educational Program

- 2.7 At the beginning of the fellowship training program, there shall be a period devoted to the formal orientation of the fellow to the administrative and professional organization of the program facilities available in the laboratories, nursing, social services, risk management, quality assessment, dietetics, medical records, and pharmacy. Fellows will be advised regarding the duties, professional ethics and conduct towards other members of the health care team.
- 2.8 There shall be a manual, which will include, but not be limited to the following:
 - a. Educational goals and objectives for all core and/ or regularly assigned rotations.
 - b. A set of rules and regulations stating resident duties and responsibilities, including hospital floor procedures and general orders.
 - c. Leave policies.

- d. All financial arrangements including housing, meals and other benefits, as determined by the institution and described in the fellow contract.
 - e. An outline of the content of the orientation program.
 - f. Membership in the AOA and ACOFP is required.
 - g. Policies governing evaluation and appeal mechanisms.
- 2.9 If a fellow is given a leave of absence for reasons of maternity, physical or mental disabilities and returns to duty, he/ she may continue the training to completion for the required 52 weeks of training. The program shall have a written statement of policies regarding leave in the fellow manual.-

PART THREE: PROGRAM DIRECTOR QUALIFICATIONS AND RESPONSIBILITIES

Qualifications

- 3.1 The Geriatrics Program Director shall be actively engaged in the care of geriatric patients.
- 3.2 Shall demonstrate to the Committee on Evaluation and Education of the ACOFP appropriate administrative ability and practice expertise to implement a training program in Geriatrics.
- 3.3 Must be certified by the AOA through the American Osteopathic Board of Family Physicians (AOBFP) and hold a current CAQ in geriatric medicine through the AOBFP.
- 3.4 Must meet the standards of the position as formulated in the Basic Standards for Residency Training in Osteopathic Family Practice and Manipulative Treatment of the ACOFP.

Responsibilities

- 3.5 Shall ensure oversight of the fellowship by qualified physicians in the area of Geriatric Medicine.
- 3.6 Design and implementation of a geriatrics curriculum as described in these standards.
- 3.7 The Program Director's authority in directing the training program must be defined in the program documents of the institution.
- 3.8 The Geriatrics Program Director must have a reporting relationship to the Family Practice Program Director.
- 3.9 The Geriatrics Program Director will certify completion of the geriatric fellowship requirements.

PART FOUR: FACILITIES

- 4.1 All programs must provide the facilities required for the education of fellows. These facilities must be geographically close enough to the primary training facility to permit efficient functioning of the educational program, or have the capacity to link facilities via live interactive video conferencing. The institution must assume the financial, technical, and educational support necessary to maintain such facilities.
- 4.2 Training in ambulatory care shall take place in a physician's office, a multi-physician clinic and/or in geriatric centers, where medical care is delivered under supervision of the geriatrics program director.
- 4.3 Training in nursing home care shall take place in facilities appropriately licensed as defined by local, state or federal authorities.
- 4.4 Training in inpatient geriatric care must be provided for all fellows. Inpatient geriatric care shall be an integrated service to include, but not be limited to, medical and surgical services with cooperative involvement of all other related departments of the institution.
- 4.5 When possible, training should also include other sites of institutional long-term care such as assisted living facilities, residential and sub-acute care.

PART FIVE: PROGRAM REQUIREMENTS

Curriculum Requirements

- 5.1 The fellow must participate in didactic activities relating to Geriatric Medicine as directed by the Program Director.
- 5.2 The fellow must participate in a comprehensive study program consisting of reference materials, courses, and other formal training structured to develop a knowledge base in the field of Geriatric Medicine.
- 5.3 If necessary, the program must provide suitable arrangements for outside rotations to insure the complete education of the fellow and for broadening the scope of training. All rotations must meet standards as formulated in the AOA Accreditation Document for Osteopathic Postdoctoral Training Institutions (OPTI) and the Basic Document for Postdoctoral Training Programs.
- 5.4 Fellows will be required to complete a professional paper of publishable quality on a geriatric topic.
- 5.5 The effective component of the program shall enhance the ability of fellows to:

- a. Understand the contingencies of health and illness and the special problems of the elderly.
 - b. Develop a commitment toward the quality of patient care and the need for advocacy of the elderly.
 - c. Realize the importance of continuing medical education and life-long professional growth.
 - d. Recognize the pervasiveness of ageism and develop strategies to overcome its impact on patient care.
- 5.6 Continuity of patient care shall be emphasized at all training sites. Training shall include the interdisciplinary approach to patient care. Fellows should learn collaboration with multiple professions such as physician assistants, nurse practitioners, nurses, social workers, physical, speech and occupational therapists, and others involved in the comprehensive care of elderly persons.
- 5.8 Training must include participation in the unique interdisciplinary nature of nursing home care, enabling the fellow to develop high quality medical expertise in the management of geriatric patients in this setting, as well as exposing the fellow to the vital role of the medical director of long-term care facilities.
- 5.9 Throughout the educational program, the curriculum will include the following areas:
- a. Disorders of the aging renal system.
 - b. The biology, psychology and physiology of aging.
 - c. Pharmacology in the elderly.
 - d. Comprehensive geriatric assessment including cognitive, functional, and psychosocial evaluation.
 - e. Preventive medicine, including proper nutrition, exercise prescription, counseling, immunizations and chemoprophylaxis.
 - f. Physical medicine and rehabilitation, including complications to rehabilitation caused by illness.
 - g. Health promotion and disease prevention, nutrition, exercise and health screening as it relates to the geriatric patient.
 - h. Mental health concerns such as loss of a spouse, death and dying, depression, dependency, caregiver burden and sexuality in the elderly.
- 5.10 There shall be advanced training in the following areas as they pertain to the geriatric patient:

- a. Special problems common in the hospitalized elderly such as iatrogenesis, immobility, polypharmacy and pressure ulcers.
 - b. Cardiovascular disorder with emphasis on degenerative diseases, dysrhythmias, congestive heart failure and peripheral vascular disease.
 - c. Neurologic disorders, particularly cerebrovascular disease, neurodegenerative disease, dementias and delirium.
 - d. Endocrine disorders, particularly diabetes mellitus and thyroid disorders.
 - e. The arthritides and osteoporotic disease.
 - f. Fracture management, particularly in hip, spinal and extremity fractures.
 - g. Pre-surgical evaluation and medical clearance.
 - h. Post-surgical rehabilitation and recovery.
 - i. Nutritional needs of the patient to include hyperalimentation and parenteral nutrition.
 - j. Infectious diseases of the elderly.
 - k. Malignant diseases.
 - l. Psychiatric and psychological needs and evaluation of the geriatric patient.
 - m. The impact of health care cost on the elderly and public policy recommendations.
 - n. Geriatric facility administration.
 - o. Ethics, advance directives and end-of-life decision-making skills.
- 5.11 The program shall integrate the principles and practices of osteopathic medicine into the diagnosis and treatment of the geriatric patient in accordance to the standards outlined in the Basic Standards for Residency Training in Osteopathic Family Practice and Manipulative Treatment.

Competency Requirements

Upon successful completion of the program, the fellow must demonstrate his/her ability to meet the competency requirements listed below.

5.12 Osteopathic Philosophy and Osteopathic Manipulative Medicine

Fellows are expected to demonstrate and apply knowledge of accepted standards in Osteopathic Manipulative Treatment (OMT) appropriate to geriatrics. The educational goal is to train a skilled and competent osteopathic practitioner who remains dedicated to life-long learning and to practice habits in osteopathic philosophy and manipulative medicine.

- a. Demonstrate competency in the understanding and application of OMT appropriate to geriatric patients
- b. Integrate osteopathic concepts and OMT into the medical care provided to geriatric patients as appropriate.
- c. Understand and integrate osteopathic principles and philosophy into all clinical and patient care activities.

5.13 Medical Knowledge

Fellows are expected to demonstrate and apply knowledge of accepted standards of clinical medicine in geriatrics, remain current with new developments in medicine, and participate in life-long learning activities, including research.

- a. Fellows must demonstrate competency in the understanding and application of clinical medicine to geriatric patient care.
- b. Know and apply the foundations of clinical and behavioral medicine appropriate to geriatrics.

5.14 Patient Care

Fellows must demonstrate the ability to effectively treat patients, provide medical care that incorporates the osteopathic philosophy, patient empathy, awareness of behavioral issues, the incorporation of preventive medicine, and health promotion.

- a. Gather accurate, essential information for all sources, including medical interviews, physical examinations, medical records, and diagnostic/ therapeutic plans and treatments.
- b. Demonstrate competency in the performance of diagnosis, treatment and procedures appropriate to geriatrics.
- c. Provide geriatric health care services consistent with osteopathic philosophy, including preventative medicine and health promotion that are based on current scientific evidence.

5.15 Interpersonal & Communication Skills

Fellows are expected to demonstrate interpersonal and communication skills that enable them to establish and maintain professional relationships with patients, families, and other members of health care teams.

- a. Demonstrate effectiveness in developing appropriate doctor-patient relationships.
- b. Exhibit effective listening, written and oral communication skills in professional interactions with patients, families and other health professionals.
- c. Interact appropriately with patients, the teaching staff, and other health care professionals, with special emphasis on the role of the geriatrician within the interdisciplinary team.

5.16 Professionalism

Fellows are expected to uphold the Osteopathic Oath in the conduct of their professional activities that promote advocacy of patient welfare, adherence to ethical principles, and collaboration with health professionals, life-long learning, and sensitivity to a diverse patient population. Fellows should be cognizant of their own physical and mental health in order to care effectively for patients.

- a. Demonstrate respect for patients and families and advocate for the primacy of patient's welfare and autonomy.
- b. Adhere to ethical principles in the practice of geriatrics
- c. Demonstrate awareness and proper attention to issues of culture, religion, age, gender, sexual orientation, and mental and physical disabilities.

5.17 Practice-Based Learning and Improvement

Fellows must demonstrate the ability to critically evaluate their methods of clinical practice, integrate evidence-based medicine into patient care, show an understanding of research methods, and improve patient care practices.

- a. Treat patients in a manner consistent with the most up-to-date information on diagnostic and therapeutic effectiveness.
- b. Perform self-evaluations of geriatric clinical practice patterns and practice-based improvement activities using a systematic methodology.
- c. Understand research methods, medical informatics, and the application of technology as applied to geriatric medicine.

5.18 Systems-Based Practice

Fellows are expected to demonstrate an understanding of health care delivery systems, provide effective and qualitative patient care within the system, and practice cost-effective medicine.

- a. Understand national and local health care delivery systems and how they impact geriatrics care and professional practice.
- b. Advocate for quality health care on behalf of patients and assist them in their interactions with the complexities of the medical system.
- c. Collaborate with community services in the care of the geriatric patient.
- d. Demonstrate knowledge of reimbursement policies of third party health plans.
- e. Demonstrate knowledge of the impact of geriatric conditions on health care systems.
- f. Demonstrate knowledge of federal legislation that impacts health care delivery to the geriatric patient.

PART SIX: EVALUATION

Evaluation of Fellows

6.1 Each fellow will be required to keep a portfolio. The portfolio will include at least the following:

- a. Case management records.
- b. Procedures performed.
- c. Procedural competency documentation.
- d. Quarterly evaluations.
- e. Final summative evaluation.

6.2 Formative Evaluation

All candidates will be evaluated by standardized criteria. All candidates will undergo a continuous formative evaluation by their supervisor during training.

6.3 Summative Evaluation

The Program Director will prepare a summative evaluation at the completion of the fellowship.

Academic and Disciplinary Dismissals

- 6.4 The institution must have clearly defined procedures for academic and disciplinary action.
- 6.5 In cases of disciplinary infractions that are judged irremediable, the institution and department will provide the fellow with adequate notice, in writing, of specific ground(s) and the nature of the evidence on which the disciplinary action is based. The fellow will be given an opportunity for a hearing in which the disciplinary authority will provide a fair opportunity for the fellow's position, explanations and evidence. Finally, no disciplinary action will be taken on grounds, which are not supported by substantial evidence. Fellows may be allowed counsel at hearings concerning disciplinary issues. Pending procedures on such disciplinary action, the institution in its sole discretion may suspend the fellow, when it is believed that such suspension is in the best interests of the hospital or of patient care.
- 6.6 Immediate dismissal without hearing will be allowed where patient or staff safety is judged by the Program Director to be at imminent risk.

Evaluation of Faculty

- 6.7 All geriatric teaching faculty must be evaluated annually. This should include evaluation of teaching ability, clinical knowledge, attitudes, and communication skills. There should be a mechanism for anonymous input by the fellows.

Evaluation of Program

- 6.8 Each geriatric program must incorporate all elements of these basic standards. The educational effectiveness of a program must be evaluated in a systemic manner. This shall include regular self-evaluation within the context of the educational goals and objectives of the needs of the fellows, teaching responsibilities of the faculty, the availability of administrative and financial support, and of the availability of health care resources within the community. This evaluation must examine the balance between education, research, and service. At least one fellow representative should participate in these reviews, and written fellow evaluations should be utilized.
- 6.9 The Geriatric Program Director, in conjunction with the institution's department of osteopathic family practice shall evaluate the program annually.

Evaluation of Patient Care

- 6.10 There must be in place a mechanism to evaluate the care provided by the fellows in both the inpatient and outpatient settings. There should be evidence that this information is used to improve education and patient care.