



AMERICAN OSTEOPATHIC ASSOCIATION

**BASIC STANDARDS FOR FELLOWSHIP
TRAINING IN
HOSPICE AND PALLIATIVE CARE MEDICINE**

**American Osteopathic Association
American College of Osteopathic Neurologists and Psychiatrists
and the
American College of Osteopathic Internists
and the
American College of Osteopathic Family Physicians**

BOT 7/2008
BOT 2/2010, Effective 7/2010

TABLE OF CONTENTS

I. INTRODUCTION 3

II. MISSION 3

III. INSTITUTIONAL REQUIREMENTS 3

IV. PROGRAM REQUIREMENTS 4

 A. Clinical Requirements 4

 B. Technical Skills Requirements 5

 C. Ambulatory Requirements 5

 D. Curriculum 5

V. PROGRAM DIRECTOR 6

 A. Qualifications of the Hospice and Palliative Care Medicine Program Director 6

 B. Program Director Responsibilities 7

VI. FELLOW REQUIREMENTS 8

I. INTRODUCTION

These are the basic standards for fellowship in osteopathic Hospice and Palliative Care **medicine** for AOA affiliate participating specialty colleges (**American College of Osteopathic Neurologists and Psychiatrists, American College of Osteopathic Internists and American College of Osteopathic Family Physicians**) as approved by the American Osteopathic Association (AOA). These standards are designed to provide osteopathic physicians with advanced and concentrated training in Hospice and Palliative Care **medicine** and to prepare the osteopathic physician for an examination of Certification of Added Qualifications in Osteopathic Hospice and Palliative Care **medicine**.

II. MISSION

2.1 Hospice and Palliative Care Medicine is that area of osteopathic medicine that focuses on the interdisciplinary approach to the study and care of patients with active, progressive, and far-advancing disease for whom the prognosis is limited and the focus of care is quality of life. This discipline recognizes the multidimensional nature of suffering, responds with care that addresses all of these dimensions, and communicates in a language that conveys mutuality, respect and interdependence.

The purpose of a Hospice and Palliative Care Medicine training program **is to provide the fellow with:**

- a. Extensive clinical training in the care of the seriously ill patient, emphasizing management in the outpatient and inpatient settings and offering the opportunity for longitudinal care across the continuum of services in the hospital, nursing home, ambulatory and home care settings. Special emphasis shall be placed on osteopathic principles and practice in the care of patients **and the use of OMM for symptom management**.
- b. Opportunities to provide both primary and consultative care for patients in all settings and function as a member of an interdisciplinary team in the assessment and management of patients.
- c. Additional training in the branches of osteopathic medicine and surgery that are of special concern to the osteopathic physician specializing in hospice and palliative CARE medicine.

III. INSTITUTIONAL REQUIREMENTS

3.1 To be approved by the AOA for training in osteopathic Hospice and Palliative Care Medicine, an institution must meet all of the requirements as formulated in the Residency Training Requirements of the AOA and must have an AOA approved residency program in a participating specialty.

- a. The institution must provide and have resources available:
 - i. An acute care hospital that provides palliative care **medicine** and exists as an integral part of the medicine and surgical services. A consultation service in palliative care **medicine** must be an active component. Physicians must be available that are trained in state of the art interventional palliation of pain and other symptoms to

Basic Standards for Fellowship Training in Hospice and Palliative Care Medicine, Rev. BOT 2/2010

Effective 7/2010

- provide education and supervision.
- ii. A hospice program that provides training in home care and long term care including care in a nursing home setting. The hospice program must be either Medicare certified or associated with Veteran's Administration. It is recommended that training sites also include exposure to other long term care settings such as assisted living facilities and residential care and sub-acute care.
 - iii. An outpatient palliative care **medicine** clinic with scheduled hours of operation.
- b. The institution shall maintain electronic resources for real time gathering of educational material.
 - c. The institution shall provide a documented self-evaluation mechanism at least yearly assessing the curriculum, patient scope and volume, faculty performance and patient satisfaction.
 - d. The institution must provide a written policy and procedures for the selection of a fellow.
 - e. The institution shall execute a contract with each resident in accordance with the Fellowship Training Requirements of the AOA.
 - f. The institution must conform to the AOA work hours policy.
 - g. Upon the satisfactory completion of the training program, the institution shall award the fellow an appropriate certificate. The certificate shall confirm the fulfillment of the program requirements, starting and completion dates of the program and the name(s) of the training institution(s) and the program director(s).

IV. PROGRAM REQUIREMENTS

4.1 The training program in Hospice and Palliative Care Medicine must be at least 12 months in duration. The program shall encompass outpatient care, nursing home care, acute care and other appropriate facilities.

A. Clinical Requirements

4.2 Supervised clinical experience in providing care for patients with palliative care **medicine** needs emphasizing longitudinal and continuing care in all settings including the hospital, the nursing home, home hospice, the ambulatory clinic and the home. Longitudinal experiences must be at least six months in duration.

4.3 Supervised additional training in the fields of medicine that are of special concern to the palliative care **medicine** specialist such as neurology, child neurology, geriatrics, psychiatry, child psychiatry, interventional pain management, wound care and physical medicine and rehabilitation.

4.4 Supervised clinical experience for the fellow to serve both as a primary care provider and a consultant. The fellow must have experience in functioning as a member of a multi-disciplinary team. Members of the interdisciplinary team must include a physician, a nurse, a psychosocial clinician (such as a social worker or psychologist), and a chaplain.

- 4.5 Supervised clinical experience in bereavement counseling throughout the year of training.
- 4.6 Opportunity to select one month electives in any of the following areas: ethics, consultations, geriatric medicine, psychiatry, child psychiatry, pediatrics, HIV clinic, radiation oncology, pulmonary medicine, cardiology, neurology, child neurology, oncology/hematology. The elective rotation must be a minimum of five consecutive work days for each **week of the** elective.
- 4.7 Supervised clinical experience in the hospice program. The fellow must spend at least fifteen (15%) percent of the year in the hospice experience.

B. Technical Skills Requirements

- 4.8 The fellow must see at least one hundred (100) new patients over the course of the year.

C. Ambulatory Requirements

- 4.9 The fellow must participate in an outpatient palliative care **medicine** clinic, with a minimum of at least one half day a week throughout the entire fellowship must assume responsibility for a panel of patients. If an outpatient clinic is not available, experience in a home hospice where the fellow provides ongoing care for a panel of patients throughout the entire fellowship is acceptable.

D. Curriculum

- 4.10 The program curriculum must address, as a minimum, the following content and skill areas:
- Understanding epidemiology, natural history, and treatment options for patients with serious illness and life limiting medical conditions.
 - History of the development of the discipline of Hospice and Palliative Care Medicine.
 - Performance of age appropriate comprehensive palliative care **medicine** assessment including physical exam, cognitive, functional, social, psychological, and spiritual domains using history, examination, and appropriate laboratory evaluation.
 - Understanding of the physician's role and contribution to the function and development of the interdisciplinary team in the practice of palliative care **medicine**.
 - Management of common co-morbidities, including neuro-psychiatric problems, in patients with life limiting illnesses.
 - Management of **palliative care symptoms including** pain and **other forms of physical distress utilizing** pharmacologic and non-pharmacologic modalities. **an understanding of the pharmacodynamics of approved agents and appropriate use of invasive procedures is essential.**
 - Recognition of forms of suffering other than physical complaints, including spiritual and existential suffering. Management should include patient and family education, psychosocial and spiritual support, and appropriate referrals for other modalities.**
 - Management of palliative care **medicine** emergencies including but not limited to spinal

cord compression as well as suicidal ideation.

- i. **Recognition of the role of the family for psychosocial and spiritual support for palliative care medicine patients.**
 - j. Management of grief and bereavement and knowledge of the role of the interdisciplinary team in providing support to bereaved family members.
 - k. Assessment and management of patients in community settings such as the home, assisted living centers, inpatient hospice or respite care and extended care facilities.
 - l. Care of the dying patient including managing terminal symptoms, patient/family education, bereavement, and organ donation.
 - m. Economic and regulatory aspects of hospice and palliative care **medicine**.
 - n. Ethical and legal aspects of hospice and palliative care **medicine**.
 - o. **Competency in the** cultural aspects of palliative care **medicine** including geographic location, ethnicity, religious belief, and socioeconomic status.
 - p. **Development of enhanced** communication skills including professional discussion of diagnosis, **interaction with patients, families and colleagues. Clear communication of** treatment plan **and** prognosis as well as providing continued professional assistance and guidance **are required**.
 - q. Scholarship including familiarity with research methodologies enabling interpretation of the medical literature appropriate to end of life care.
 - r. Skills in quality improvement methodologies applicable to end of life care.
 - s. Teaching skills relevant to the patients, families, students of all disciplines to the practice of hospice and palliative care **medicine**.
- 4.11 Fellows shall be required to complete a formal research project regarding hospice and palliative care **medicine**, which shall incorporate the elements of research design including development of a hypothesis, methods, statistical analysis of results and conclusions.
- 4.12 The program shall incorporate osteopathic principles and practices in the training program.
- 4.13 All AOA core competencies required during the basic residency training are required to be continued and maintained during this fellowship training program in hospice and palliative care **medicine**.

V. PROGRAM DIRECTOR

A. Qualifications of the Hospice and Palliative Care Medicine Program Director

- 5.1 The program director must have an AOA Primary Board Certification and be certified through the AOA in Hospice and Palliative **care** Medicine. Alternatively, a program director can be certified by the American Board Of Hospice and Palliative Care Medicine, or qualify with three years experience in hospice and palliative medicine consult service or be a medical director of an affiliated hospice program. Effective January 1, 2013 the program director must have an AOA certification in Hospice and Palliative CARE Medicine.

Basic Standards for Fellowship Training in Hospice and Palliative Care Medicine, Rev. BOT 2/2010

Effective 7/2010

Page 6

- 5.2 Active involvement in the delivery of care to Hospice and Palliative Care **medicine** patients, have sufficient training and experience in academic medicine and have administrative ability and expertise to direct and supervise a fellowship program.
- 5.3 Licensed to practice medicine in the state where the institution that sponsors the program is located (Certain federal programs are exempted).
- 5.4 Appointed in good standing to the medical staff of an institution participating in the program.
- 5.5 Actively participate and serve as a mentor in scholarly professional activities such as research, presentations, publications, local, regional, and national specialty societies.
- 5.6 Meet all other requirements as indicated in the residency training requirements of the participating Specialty College and the AOA.

B. Program Director Responsibilities

The program director will be the person who has primary responsibility for directing program training. The program director's role shall be outlined in program documents. Responsibilities include:

- 5.7 Preparing a written statement outlining the educational goals of the program with respect to knowledge, skills, and other attributes of residents at each level of training and for each major rotation or other program assignment.
- 5.8 Supervising the recruitment and appointment process for all applicants. This will include written communication with the applicant's prior program director to verify satisfactory completion of all educational requirements for graduation.
- 5.9 Providing for the proper supervision and clinical teaching of residents for all training assignments.
- 5.10 Monitoring the progress of each Hospice and Palliative Care Medicine fellow, including the maintenance of a training record that documents completion of all required components of the program. This record shall include a procedure annual report which shall document that each resident has completed all clinical experiences required by the program.
- 5.11 Providing written evaluations that document the fellow's knowledge, skills and overall performance with quarterly evaluations throughout the training period and a final evaluation which documents satisfactory completion of all program requirements for each fellow at the end of training. The evaluation must include a review of the fellow's performance during the final period of training and should verify that the fellow has demonstrated sufficient professional ability to practice competently and independently. This final evaluation should be part of the fellow's permanent record maintained by the institution.
- 5.12 Monitoring fellow stress, including mental or emotional conditions inhibiting performance or learning. Program directors and teaching staff should be sensitive to the need for timely provision of confidential counseling and psychological support services to residents.

Training situations that consistently produce undesirable stress on residents must be evaluated and modified.

- 5.13 Monitoring the quality of all didactic and clinical experiences, including the collection and review of periodic written evaluation by the resident of all such experiences and supervision.
- 5.14 Documenting that fellows are provided written descriptions of the departmental policies regarding academic, discipline, grievance, due process, sickness, vacation and other leaves, and at the time of appointment to the program.
- 5.15 The program director shall, in cooperation with the AOA Department of Education, prepare required materials for inspections.
- 5.16 The program director shall provide the fellow with all documents pertaining to the training program as well as the requirements for satisfactory completion of the program as required by American Osteopathic Association (AOA).
- 5.17 The program director shall be required to submit quarterly program reports to the Director of Medical Education. Annual reports shall be submitted to the appropriate specialty college.

VI. FELLOW REQUIREMENTS

- 6.1 Applicants for training in Hospice and Palliative Care Medicine must:
 - a. Have graduated from a Commission on Osteopathic College Accreditation (COCA) approved college of osteopathic medicine.
 - b. Have satisfactorily completed one of the AOA approved participating residency training programs and be AOA board certified or eligible.
 - c. Be appropriately licensed in the state in which training is conducted. (Certain Federal Programs are exempted).
- 6.2 During the training program, the fellow must:
 - a. Submit an annual report to the appropriate specialty college based on the fellow's primary residency.
 - b. Submit a scientific paper and/or research project, suitable for publication by the AOA pertaining to Hospice and Palliative Care Medicine. Established guidelines shall be used in preparation of the paper.