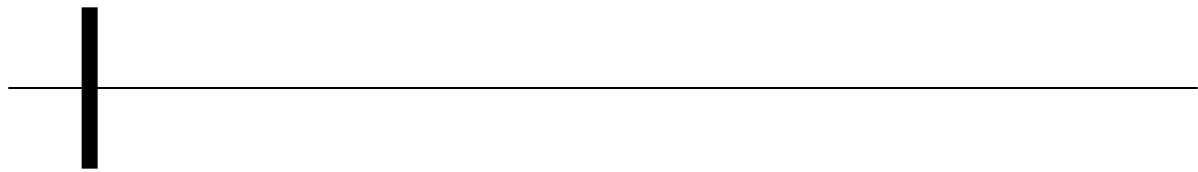




AMERICAN OSTEOPATHIC ASSOCIATION

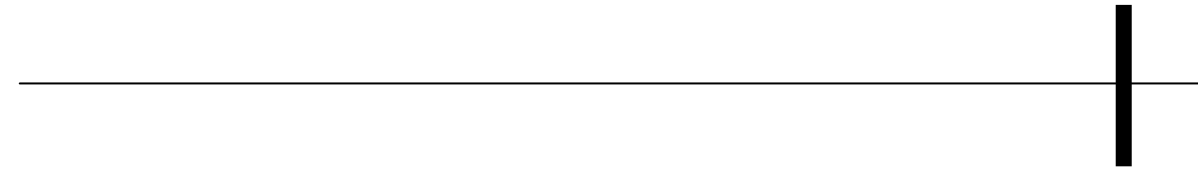


**THESE STANDARDS ARE DORMANT AND A CAQ
IN ADOLESCENT MEDICINE IS NOT PRESENTLY
OFFERED BY THE AOBFP**

TO INQUIRE ABOUT AOBFP PARTICIPATION IN THE CAQ FOR ADOLESCENT
MEDICINE PLEASE CONTACT THE AOBFP DIRECTLY AT (847) 640-8477

**Basic Standards for Fellowship Training in Adolescent
Medicine in Osteopathic Family Practice and
Manipulative Treatment**

**American Osteopathic Association
and the
American College of Osteopathic Family Physicians**



Revised BOT 3/1995
Revised BOT 3/1999
Revised BOT 7/2003
Revised ACOFP 2/2005
Revised ACOFP 8/2005
Revised BOT 02/2006, Effective 07/2006
Revised BOT 7/2007, Effective 7/2008

PART ONE: INTRODUCTION

Definition

- 1.1 This document provides the basic minimal requirements and standards for establishing and maintaining osteopathic training programs in Adolescent Medicine **in conjunction with Osteopathic Family Practice and Manipulative Treatment programs** as approved by the American Osteopathic Association (AOA) and the American College of Osteopathic Family Physicians (ACOFP). These standards provide minimum requirements for advanced and concentrated training in Adolescent Medicine within an Osteopathic Family Practice Residency Program. In addition to these standards all requirements as outlined in the Basic Standards for Residency Training in Osteopathic Family Practice and Manipulative Treatment must be met.
- 1.2 Adolescent Medicine is the field of practice that generally includes a population that ranges in age from 11 to 21. However, as adolescence is a developmentally based stage of life, the concept of adolescence may be expanded to encompass any individual with concerns in the physical, psychosocial or cognitive areas peculiar to adolescence. Due to the transitional nature of adolescence, emphasis must be placed on the continuum from childhood to adulthood that involves the roots in the past as well as the projections into the future. In the true spirit of the osteopathic philosophy, acute, chronic and preventive health care needs and problems will be studied and practiced in light of the anthropology, biochemistry, endocrinology, physiology, psychology and sociology of adolescence. **These basic standards are developed to allow for the training of family physicians in advanced adolescent care and skills. It is the intent to allow programs flexibility in the way in which the standards are met. Upon the successful completion of this program in “Adolescent Medicine in Osteopathic Family Practice and Manipulative Treatment” the physician will be competent to provide specialized care to the adolescent patient.**

Purpose

- 1.3 **To provide properly organized training programs, in both cognitive and procedural domains, that will enable the fellow to acquire the base of knowledge and skill competence needed to achieve expertise in adolescent medicine in a family practice environment. The training in the application of osteopathic principles and practice is an integral part of all programs.**

Training Requirements

- 1.4 It is the intent of these standards that a **fellow** will achieve additional competence in adolescent medicine 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 adolescent patients. Longitudinal care in all settings will be emphasized. Special attention shall be placed on osteopathic principles and practice in the care of the patient. Additional training in all branches of surgery, internal medicine, pediatrics, psychiatry, obstetrics and gynecology that are of special concern to the adolescent patient must be provided.**

PART TWO: INSTITUTIONAL REQUIREMENTS

Sponsoring Institution

- 2.1 This subspecialty residency-training program shall be in conjunction with the family practice program at the sponsoring institution.
- 2.2 A training program in this subspecialty 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 adolescent patient cases to insure adequate training for **the fellows in the program**.
- 2.4 The institution shall provide access to carefully selected medical literature pertaining to the training in Adolescent Medicine.
- 2.5 Upon satisfactory completion of this training program, the institution shall award the **fellow** with a certificate of completion. The certificate shall confirm the fulfillment of the program requirements, starting and completion dates of the program, the name of the training institution, and the name of the Program Director.

Appointment of **Fellows**

- 2.6 **To be accepted for fellowship training in “Adolescent Medicine in Osteopathic Family Practice and Manipulative Treatment,” the physician must have successfully completed three years of an AOA/ACFP-approved residency in family practice, or be an AOBFP certified osteopathic family physician.**

Administration of the Educational Program

- 2.7 **At the beginning of the residency 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 fellow 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 fellow 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: FACULTY QUALIFICATIONS AND RESPONSIBILITIES

Program Director for Fellowship Training Program

Qualifications

- 3.1 Must be certified by the AOA through the American Osteopathic Board of Family Physicians (AOBFP) in Osteopathic Family Practice and Manipulative Treatment.
- 3.2 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.
- 3.3 Must have the expertise to implement a training program in Adolescent Medicine and Osteopathic Family Practice and Manipulative Treatment.
- 3.4 Shall demonstrate to the Committee on Education & Evaluation of ACOFP expertise in the field of Adolescent Medicine.

Responsibilities

- 3.5 Shall ensure oversight of this curriculum by qualified physicians in the area of Adolescent Medicine in Osteopathic Family Practice and Manipulative Treatment.
- 3.6 The overall design and implementation of this **curriculum** will be the responsibility of the family practice residency Program Director.

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.**

PART FIVE: PROGRAM REQUIREMENTS

Synopsis

- 5.1 The **fellow** must participate in didactic activities relating to Adolescent 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 Adolescent Medicine.
- 5.3 If necessary, the program must provide suitable arrangements for outside rotations to insure the complete education of the subspecialty **fellow** and for broadening the scope of training. All rotations must meet standards as formulated in the AOA Accreditation Document for Osteopathic Postdoctoral Training (OPTT) and the Basic Document for Postdoctoral Training Programs.

Osteopathic Principles and Practice

- 5.4 The program shall integrate the principles and practices of osteopathic medicine into the diagnosis and treatment of the adolescent patient in accordance to the standards outlined in the Basic Standards for Residency Training in Osteopathic Family Practice and Manipulative Treatment.

Cognitive Knowledge

Objectives

Upon successful completion of this program, the **fellow** will be able to demonstrate his/her ability to:

- 5.6 Describe adolescent growth & development in regard to physical, psychosocial, cognitive, and social values.
- 5.7 Understand the anatomic, endocrine, microbiologic, inter-relational and behavioral risk factors that relate to adolescence.
- 5.8 Discuss special problems encountered by the adolescent in accessing health care.
- 5.9 Describe the guidelines for adolescent participation in athletics.

Patient Care

Objectives

Upon successful completion of this program, the **fellow** will be able to demonstrate competence in his/her ability to:

- 5.10 Appropriately interview the adolescent patient (attitudinal listening skills).
- 5.11 Form a therapeutic relationship with adolescent patients.

- 5.12 Communicate with parents.
- 5.13 Utilize health maintenance, including anticipatory guidance & education, history and physical exam, immunization, and appropriate **diagnostic** evaluations in the adolescent patient.
- 5.14 Evaluate vital signs and **diagnostic** values in the adolescent patient.
- 5.15 Interpret statistics regarding morbidity and mortality of adolescents.
- 5.16 Understand sexuality as it relates to health and **psychosocial** issues in the adolescent patient.
- 5.17 Provide education and counseling to the adolescent patient regarding, gender, lifestyle choice, family planning, pregnancy, and sexual assault.
- 5.18 Appropriately manage in the adolescent patient:
- a. Disorders of the eyes, ears, nose, and throat.
 - b. Disorders of the thorax **including**: breast disorders (gynecomastia and galactorrhea), chest pain and developmental deformities.
 - c. Disorders of the lower respiratory tract **including**: asthma, obstructive lung disease, tuberculosis, and cystic fibrosis.
 - d. Disorders of the cardiovascular system including: congenital heart disease, murmurs and arrhythmias, rheumatic fever, hypertension, mitral valve prolapse.
 - e. Disorders of the gastrointestinal system including: reflux, ulcers, Crohns disease, ulcerative colitis, irritable bowel syndrome, diarrhea, bleeding, cirrhosis, Reyes syndrome, and gall bladder disorders.
 - f. Disorders of the genitourinary system including: hematuria, proteinuria, urinary tract infections, enuresis, male-penile disorders, scrotal problems, female-amenorrhea, dysmenorrhea, dysfunctional uterine bleeding, vulvovaginitis, ovarian tumors, polycystic ovarian disorders, hirsutism and virilism.
 - g. Neurologic disorders including: seizure disorder, syncope, and headaches.
 - h. Musculoskeletal disorders including: somatic dysfunction, back pain, kyphosis, and scoliosis.
 - i. Orthopedic disorders including : fractures, infections, tumors, arthritis and arthralgias, regional pain, TMJ dysfunction (orthodontic disorders).
 - j. Disorders of growth and development including: precocious puberty, delayed puberty including constitutional, short stature, tall stature.
 - k. Other endocrine/metabolic disorders including: thyroid dysfunction, diabetes mellitus, **and lipid disorders**.
 - l. Hematology/oncology disorders including: anemias, leukemias, brain tumor, Hodgkins and non-Hodgkins lymphoma, and rhabdomyosarcoma.

- m. Dermatological disorders including: hair and scalp, acne, warts, scabies, tanning booths, sunburn, and vascular problems.
- n. Infectious diseases including: sexually transmitted disease, HIV, hepatitis, mononucleosis, and mycoplasma.
- o. Collagen vascular disorders.
- p. Eating disorders including: obesity, anorexia nervosa, and bulimia.
- q. Psychological and social disorders including: suicide, depression, somatization, emotional stress, Learning Disability (LD), Attention Deficit **Hyperactivity** Disorder (ADHD), cognitive dysfunction, disorders of affect, use of psychopharmacology.
- r. Physical, sexual, and emotional abuse or neglect.
- s. Drug and alcohol use/abuse.

Systems-Based Practice

Objectives

Upon successful completion of this program, the **fellow** will be able to demonstrate competency in his/her ability to:

- 5.19 Understand outpatient health care models in terms of accessibility, and appropriate coordination with other health care providers.
- 5.20 Understand the inpatient health care models of medical, psychiatric, surgical, and rehabilitation from trauma and drug/alcohol addiction.
- 5.21 Understand the operation of juvenile detention facilities.
- 5.22 Understand school based health clinics.
- 5.23 Understand the protocol for group home and foster care placement.
- 5.24 Understand public health policy and laws pertaining to adolescents regarding confidentiality, consent for treatment, emancipated minor rights, and responsibilities of adolescents, parents and health care providers.
- 5.25 Understand the concepts of advocacy, interagency communication, and community resources available to youth.
- 5.26 Understand behaviors of at risk adolescents in terms of family violence, and gang Phenomena.

Research and Scholarly Activity Requirements

Synopsis

- 5.27 The program shall include active involvement by the subspecialty **fellow** in scientific research or scholarly writing.
- 5.28 This shall be in addition to the scholarly activity specified in Part Five, Program Requirements as outlined in the Basic Standards for Residency Training in Osteopathic Family Practice and Manipulative Treatment.
- 5.29 Assume teaching responsibilities as assigned by the Program Director.

PART SIX: EVALUATION

Evaluation of **Fellows**

- 6.1 An integral part of the ongoing and exit evaluation is the portfolio of case management and procedures. Each **fellow** will be required to keep a portfolio. The following information will be kept in the portfolio. This should include but not be limited to:
 - a. Case management records (as on hospital chart)
 - Location (outpatient/ inpatient)
 - Diagnosis
 - Procedures
 - Indication
 - Complications (if any)
 - Level of responsibility
 - b. Teaching responsibilities
 - c. Self evaluation
 - d. CV
- 6.2 Formative Evaluation
 - a. All candidates will be evaluated quarterly by criteria standardized by the program.
- 6.3 Summative Evaluation
 - a. The Program Director will prepare a summative evaluation in Adolescent Medicine in Osteopathic Family Practice and Manipulative Treatment.
 - b. Evaluation in the seven core competencies found in Part Five, Program Requirements as outlined in the Basic Standards for Residency Training in Osteopathic Family Practice and Manipulative Treatment will be completed utilizing the AOA core competency annual form.

Program Evaluation

- 6.4 Evaluation of the program will be by the Committee on Education & Evaluation of the ACOFP.
- 6.5 Outside evaluation from the American College of Osteopathic Pediatricians (ACOP) is encouraged.