



AMERICAN OSTEOPATHIC ASSOCIATION

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

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**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**

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I. INTRODUCTION

2 These are the basic standards for fellowship in osteopathic Hospice and Palliative Care MEDICINE for
3 AOA affiliate participating specialty colleges as approved by the American Osteopathic Association
4 (AOA). These standards are designed to provide osteopathic physicians with advanced and concentrated
5 training in Hospice and Palliative Care MEDICINE and to prepare the osteopathic physician for an
6 examination of Certification of Added Qualifications in Osteopathic Hospice and Palliative Care
7 MEDICINE.

8

II. DEFINITION OF THE FELLOWSHIP

9 2.1 Hospice and Palliative Care Medicine is that area of osteopathic medicine that focuses on the
10 interdisciplinary approach to the study and care of patients with active, progressive, and far-
11 advancing disease for whom the prognosis is limited and the focus of care is quality of life. This
12 discipline recognizes the multidimensional nature of suffering, responds with care that addresses
13 all of these dimensions, and communicates in a language that conveys mutuality, respect and
14 interdependence.

15 The purpose of a Hospice and Palliative Care Medicine training program ~~are to~~ IS TO
16 PROVIDE THE FELLOW WITH:

- 17 a. ~~Provide the fellow with~~ Extensive clinical training in the care of the seriously ill patient,
18 emphasizing management in the outpatient and inpatient settings and offering the
19 opportunity for longitudinal care across the continuum of services in the hospital, nursing
20 home, ambulatory and home care settings. Special emphasis shall be placed on osteopathic
21 principles and practice in the care of patients AND THE PALLIATIVE USE OF OMM
22 FOR SYMPTOM MANAGEMENT.
- 23 b. ~~Provide the fellow with the opportunity~~ Opportunities to provide both primary and
24 consultative care for patients in all settings and function as a member of an interdisciplinary
25 team in the assessment and management of patients.
- 26 c. ~~Provide the fellow with~~ Additional training in the branches of osteopathic medicine and
27 surgery that are of special concern to the osteopathic physician specializing in hospice and
28 palliative CARE medicine.

29

III. INSTITUTIONAL REQUIREMENTS

30 3.1 To be approved by the AOA for training in osteopathic Hospice and Palliative Care Medicine, an
31 institution must meet all of the requirements as formulated in the Residency Training Requirements of
32 the AOA and must have an AOA approved residency program in a participating specialty.

- 33 a. The institution must provide and have resources available:

- 1 1. An acute care hospital that provides palliative care MEDICINE and exists as an integral
2 part of the medicine and surgical services. A consultation service in palliative care
3 MEDICINE must be an active component. Physicians must be available that are
4 trained in state of the art interventional palliation of pain and other symptoms to
5 provide education and supervision.
- 6 2. A hospice program that provides training in home care and long term care including
7 care in a nursing home setting. The hospice program must be either Medicare certified
8 or associated with Veteran's Administration. It is recommended that training sites also
9 include exposure to other long term care settings such as assisted living facilities and
10 residential care and sub-acute care.
- 11 3. An outpatient palliative care MEDICINE clinic with scheduled hours of operation.
- 12 c. The institution shall make available an adequate medical library containing carefully selected
13 texts, the latest editions of medical journals and other appropriate publications, in various
14 branches pertaining to training in Hospice and Palliative Care Medicine. The library shall be
15 in the charge of a qualified person who shall act as custodian of its contents and arrange for
16 the proper cataloging and indexing that will facilitate investigative work by the resident. The
17 institution shall maintain electronic resources for real time gathering of educational material.
- 18 d. The institution shall provide a documented self-evaluation mechanism at least yearly
19 assessing the curriculum, patient scope and volume, faculty performance and patient
20 satisfaction.
- 21 e. The institution must provide a written policy and procedures for the selection of a fellow.
- 22 f. The institution shall execute a contract with each resident in accordance with the Fellowship
23 Training Requirements of the AOA.
- 24 g. The institution must conform to the AOA work hours policy.
- 25 h. Upon the satisfactory completion of the training program, the institution shall award the
26 fellow an appropriate certificate. The certificate shall confirm the fulfillment of the program
27 requirements, starting and completion dates of the program and the name(s) of the training
28 institution(s) and the program director(s).

29 **IV. PROGRAM REQUIREMENTS**

- 30 4.1 The training program in Hospice and Palliative Care Medicine must be at least 12 months in
31 duration. The program shall encompass outpatient care, nursing home care, acute care and other
32 appropriate facilities.

1 **A. Clinical Requirements**

2 4.2 Supervised clinical experience in providing care for patients with palliative care MEDICINE
3 needs emphasizing longitudinal and continuing care in all settings including the hospital, the
4 nursing home, home hospice, the ambulatory clinic and the home. Longitudinal experiences
5 must be at least six months in duration.

6 4.3 Supervised additional training in the fields of medicine that are of special concern to the
7 palliative care MEDICINE specialist such as neurology, child neurology, geriatrics, psychiatry,
8 child psychiatry, interventional pain management, wound care and physical medicine and
9 rehabilitation.

10 4.4 Supervised clinical experience for the fellow to serve both as a primary care provider and a
11 consultant. The fellow must have experience in functioning as a member of a multi-disciplinary
12 team. Members of the interdisciplinary team must include a physician, a nurse, a psychosocial
13 clinician (such as a social worker or psychologist), and a chaplain.

14 4.5 Supervised clinical experience in bereavement counseling throughout the year of training.

15 4.6 Opportunity to select one month electives in any of the following areas: ethics, consultations,
16 geriatric medicine, psychiatry, child psychiatry, pediatrics, HIV clinic, radiation oncology,
17 pulmonary medicine, cardiology, neurology, child neurology, oncology/hematology. The elective
18 rotation must be at a minimum of five consecutive work days for each elective.

19 4.7 Supervised clinical experience in the hospice program. The fellow must spend at least fifteen
20 (15%) percent of the year in the hospice experience.

21 **B. Technical Skills Requirements**

22 4.8 The fellow must see at least one hundred (100) new patients over the course of the year. Child
23 Hospice and Palliative specialists must see twenty-five (25) new patients over the course of the
24 year.

25 **C. Ambulatory Requirements**

26 4.9 The fellow must participate in an outpatient palliative care MEDICINE clinic, with a minimum of at least
27 one half day a week throughout the entire fellowship must assume responsibility for a panel of patients. If
28 an outpatient clinic is not available, experience in a home hospice where the fellow provides ongoing care
29 for a panel of patients throughout the entire fellowship is acceptable.

30 **D. Curriculum**

31 4.10 The program curriculum must address, as a minimum, the following content and skill areas:

- 32 a. Understanding epidemiology, natural history, and treatment options for patients with serious
33 illness and life limiting medical conditions.
34 b. History of the development of the discipline of Hospice and Palliative Care Medicine.
35 c. Performance of age appropriate comprehensive palliative care MEDICINE assessment
36 including physical exam, cognitive, functional, social, psychological, and spiritual domains
37 using history, examination, and appropriate laboratory evaluation.

- 1 d. Understanding of the physician's role and contribution to the function and development of the
2 interdisciplinary team in the practice of palliative care MEDICINE.
- 3 e. Management of common co-morbidities, including neuro-psychiatric problems, in patients
4 with life limiting illnesses.
- 5 f. Management of PALLIATIVE CARE SYMPTOMS INCLUDING pain and OTHER
6 FORMS OF PHYSICAL DISTRESS UTILIZING ~~non-pain symptoms in palliative care~~
7 ~~patients including, various~~ pharmacologic and non-pharmacologic modalities. AN
8 UNDERSTANDING OF THE, ~~and~~ pharmacodynamics of approved agents AND
9 APPROPRIATE USE OF INVASIVE PROCEDURES IS ESSENTIAL. ~~Symptom~~
10 ~~management should also include patient and family education, psychosocial and spiritual~~
11 ~~support, and appropriate referrals for other modalities such as invasive procedures.~~
- 12 g. RECOGNITION OF FORMS OF SUFFERING OTHER THAN PHYSICAL
13 COMPLAINTS, INCLUDING SPIRITUAL AND EXISTENTIAL SUFFERING.
14 MANAGEMENT SHOULD INCLUDE PATIENT AND FAMILY EDUCATION,
15 PSYCHOSOCIAL AND SPIRITUAL SUPPORT, AND APPROPRIATE REFERRALS
16 FOR OTHER MODALITIES.
- 17 h. Management of palliative care MEDICINE emergencies including but not limited to spinal
18 cord compression as well as suicidal ideation.
- 19 i. ~~Management of psychosocial and spiritual issues of palliative care patients and their families.~~
20 RECOGNITION OF THE ROLE OF THE FAMILY FOR PSYCHOSOCIAL AND
21 SPIRITUAL SUPPORT FOR PALLIATIVE CARE MEDICINE PATIENTS.
- 22 j. Management of grief and bereavement and knowledge of the role of the interdisciplinary team in
23 providing support to bereaved family members.
- 24 k. Assessment and management of patients in community settings such as the home, assisted
25 living centers, inpatient hospice or respite care and extended care facilities.
- 26 l. Care of the dying patient including managing terminal symptoms, patient/family education,
27 bereavement, and organ donation.
- 28 m. Economic and regulatory aspects of hospice and palliative care MEDICINE.
- 29 n. Ethical and legal aspects of hospice and palliative care MEDICINE.
- 30 o. COMPETENCY IN THE cultural aspects of palliative care MEDICINE including
31 geographic location, ethnicity, religious belief, and socioeconomic status.
- 32 p. DEVELOPMENT OF ENHANCED communication skills ~~with patients, families and~~
33 ~~professional colleagues, with~~ including professional discussion of diagnosis,
34 INTERACTION WITH PATIENTS, FAMILIES AND COLLEAGUES. CLEAR
35 COMMUNICATION OF treatment plan AND prognosis as well as providing continued
36 professional assistance and guidance ARE REQUIRED.
- 37 q. Scholarship including familiarity with research methodologies enabling interpretation of the
38 medical literature appropriate to end of life care.
- 39 r. Skills in quality improvement methodologies applicable to end of life care.

- 1 s. Teaching skills relevant to the patients, families, students of all disciplines to the practice of
2 hospice and palliative care MEDICINE.
- 3 4.11 Fellows shall be required to complete a formal research project regarding hospice and palliative
4 care MEDICINE, which shall incorporate the elements of research design including
5 development of a hypothesis, methods, statistical analysis of results and conclusions.
- 6 4.12 The program shall incorporate osteopathic principles and practices in the training program.
- 7 4.13 All AOA core competencies required during the basic residency training are required to be
8 continued and maintained during this fellowship training program in hospice and palliative care
9 MEDICINE.

10

V. PROGRAM DIRECTOR

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

- 12 5.1 The program director must have an AOA Primary Board Certification and be certified through
13 the AOA in Hospice and Palliative CARE Medicine. Alternatively, a program director can be
14 certified by the American Board Of Hospice and Palliative Care Medicine, or qualify with three
15 years experience in hospice and palliative medicine consult service or be a medical director of an
16 affiliated hospice program. Effective January 1, 2013 the program director must have an AOA
17 certification in Hospice and Palliative CARE Medicine.
- 18 5.2 Active involvement in the delivery of care to Hospice and Palliative Care MEDICINE patients,
19 have sufficient training and experience in academic medicine and have administrative ability and
20 expertise to direct and supervise a fellowship program.
- 21 5.3 Licensed to practice medicine in the state where the institution that sponsors the program is
22 located (Certain federal programs are exempted).
- 23 5.4 Appointed in good standing to the medical staff of an institution participating in the program.
- 24 5.5 Actively participate and serve as a mentor in scholarly professional activities such as research,
25 presentations, publications, local, regional, and national specialty societies.
- 26 5.6 Meet all other requirements as indicated in the residency training requirements of the
27 participating Specialty College and the AOA.

28 B. Program Director Responsibilities

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

- 31 5.7 Preparing a written statement outlining the educational goals of the program with respect to
32 knowledge, skills, and other attributes of residents at each level of training and for each major
33 rotation or other program assignment.
- 34 5.8 Supervising the recruitment and appointment process for all applicants. This will include written
35 communication with the applicant's prior program director to verify satisfactory completion of
36 all educational requirements for graduation.

- 1 5.9 Providing for the proper supervision and clinical teaching of residents for all training
2 assignments.
- 3 5.10 Monitoring the progress of each Hospice and Palliative Care Medicine fellow, including the
4 maintenance of a training record that documents completion of all required components of the
5 program. This record shall include a procedure annual report which shall document that each
6 resident has completed all clinical experiences required by the program.
- 7 5.11 Providing written evaluations that document the fellow's knowledge, skills and overall
8 performance with quarterly evaluations throughout the training period and a final evaluation
9 which documents satisfactory completion of all program requirements for each fellow at the end
10 of training. The evaluation must include a review of the fellow's performance during the final
11 period of training and should verify that the fellow has demonstrated sufficient professional
12 ability to practice competently and independently. This final evaluation should be part of the
13 fellow's permanent record maintained by the institution.
- 14 5.12 Monitoring fellow stress, including mental or emotional conditions inhibiting performance or
15 learning. Program directors and teaching staff should be sensitive to the need for timely
16 provision of confidential counseling and psychological support services to residents. Training
17 situations that consistently produce undesirable stress on residents must be evaluated and
18 modified.
- 19 5.13 Monitoring the quality of all didactic and clinical experiences, including the collection and review
20 of periodic written evaluation by the resident of all such experiences and supervision.
- 21 5.14 Documenting that fellows are provided written descriptions of the departmental policies
22 regarding academic, discipline, grievance, due process, sickness, vacation and other leaves, and at
23 the time of appointment to the program.
- 24 5.15 The program director shall, in cooperation with the AOA Department of Education, prepare
25 required materials for inspections.
- 26 5.16 The program director shall provide the fellow with all documents pertaining to the training
27 program as well as the requirements for satisfactory completion of the program as required by
28 American Osteopathic Association (AOA).
- 29 5.17 The program director shall be required to submit quarterly program reports to the Director of
30 Medical Education. Annual reports shall be submitted to the appropriate specialty college.

31 VI. FELLOW REQUIREMENTS

- 32 6.1 Applicants for training in Hospice and Palliative Care Medicine must:
- 33 a. Have graduated from a Commission on Osteopathic College Accreditation (COCA)
34 approved college of osteopathic medicine.
- 35 b. Have satisfactorily completed one of the AOA approved participating residency training
36 programs and be AOA board certified or eligible.
- 37 c. Be appropriately licensed in the state in which training is conducted. (Certain Federal
38 Programs are exempted).

- 1 6.2 During the training program, the fellow must:
- 2 a. Submit an annual report to the appropriate specialty college based on the fellow's primary
- 3 residency.
- 4 b. Submit a scientific paper and/or research project, suitable for publication by the AOA
- 5 pertaining to Hospice and Palliative Care Medicine. Established guidelines shall be used in
- 6 preparation of the paper.