



AMERICAN OSTEOPATHIC ASSOCIATION

**Basic Standards for
Fellowship Training in
Hospice and Palliative Medicine**

**American Osteopathic Association
and
American College of Osteopathic Neurologists and Psychiatrists
and the
American College of Osteopathic Internists
and the
American College of Osteopathic Family Physicians
and the
American Osteopathic College of Physical Medicine and Rehabilitation
and the
American College of Osteopathic Emergency Physicians**

BOT 7/2008
BOT 7/2010
BOT 7/2011
BOT 3/2019

Basic Standards for Fellowship Training in
Hospice and Palliative Medicine

TABLE OF CONTENTS

| | |
|---|---|
| I. INTRODUCTION | 2 |
| II. MISSION | 2 |
| III. EDUCATIONAL PROGRAM GOALS | 2 |
| IV. INSTITUTIONAL REQUIREMENTS | 3 |
| V. PROGRAM REQUIREMENTS | 3 |
| A. Clinical Requirements | 4 |
| B. Technical Skills Requirements | 4 |
| C. Ambulatory Requirements | 4 |
| D. Curriculum | 5 |
| VI. PROGRAM DIRECTOR/FACULTY | 6 |
| VII. FELLOW REQUIREMENTS | 7 |

I. INTRODUCTION

These are the basic standards for fellowship in osteopathic hospice and palliative medicine for AOA affiliate participating specialty colleges (American College of Osteopathic Neurologists and Psychiatrists, American College of Osteopathic Internists, American College of Osteopathic Family Physicians American Osteopathic College of Physical Medicine and Rehabilitation, and the American College of Osteopathic Emergency 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 Medicine and to prepare the osteopathic physician for an examination of Certification of Added Qualifications in Osteopathic Hospice and Palliative Medicine.

II. MISSION

The mission of the osteopathic hospice and palliative medicine training program is to provide fellows with comprehensive structured cognitive and clinical education that will enable them to become competent, compassionate and professional osteopathic hospice and palliative medicine physicians.

III. EDUCATIONAL PROGRAM GOALS

The goal of an osteopathic hospice and palliative medicine training program is to prepare the fellow for competency in the following core areas:

3.1 Osteopathic Philosophy and Osteopathic Manipulative Medicine

- a. Integration of osteopathic principles as inherent in the clinical care of the seriously ill patient.
- b. Application of Osteopathic Manipulative Medicine techniques for management of symptoms such as pain, dyspnea, delirium, nausea, vomiting, constipation and other distressing symptoms attendant to serious and/or life-threatening illness.

3.2 Medical Knowledge

- a. Develop and maintain knowledge of the clinical competencies for hospice and palliative medicine.
- b. Provide both primary and consultative care for palliative medicine patients in all settings.
- 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 medicine including but not limited to radiation therapy, hematology/oncology, and interventional pain medicine.

3.3 Patient Care

- a. Clinical care of seriously ill patients in both outpatient and inpatient settings and familiarity with longitudinal care across the continuum of services in the hospital, nursing home, ambulatory and home care settings.
- b. Understanding of pathophysiologic processes of disease that enables the anticipation, recognition and appropriate management of symptom outcomes.

3.4 Interpersonal & Communication Skills

- a. Expertise as a member of an interdisciplinary team, a requisite competency in hospice and palliative medicine.
- b. Develop rapport and trust with patients and families, communicate with compassion and

clarity, and provide calm reassurance in the face of life-threatening illness.

3.5 Professionalism

- a. Demonstrate respect for patients and families and advocate for the primacy of the patient's dignity, autonomy and quality of life.
- b. Adhere to ethical principles in the care of hospice and palliative medicine patients.
- c. Demonstrate awareness of and attention to issues of culture, religion, age, gender, sexual orientation and mental or physical disabilities.

3.6 Practice-Based Learning and Improvement

- a. Apply the principles of evidence-based medicine to hospice and palliative medicine.
- b. Participate in practice-based objective performance improvement projects in hospice and palliative medicine.

3.7 Systems-Based Medicine

- a. Function within local and national health care delivery systems to provide high quality hospice and palliative medicine.
- b. Function as an integral member of an interdisciplinary hospice and palliative medicine team.

IV. INSTITUTIONAL REQUIREMENTS

4.1 To be approved by the AOA for training in osteopathic hospice and palliative medicine, an institution must meet all of the requirements as formulated in the *AOA Basic Documents for Postdoctoral Training* 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 medicine and exists as an integral part of the medicine and surgical services.
 - ii. A consultation service in palliative medicine must be an active component.
 - iii. Physicians must be available that are trained in state of the art interventional palliation, including osteopathic manipulative medicine technique, of pain and other symptoms to provide education and supervision.
 - iv. A hospice program that provides training in home care and long term care including care in nursing home(s), assisted living facilities, residential care and subacute care.
 - v. The hospice program shall be either Medicare certified or associated with the Veteran's Administration.
 - vi. An outpatient palliative 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 annually assessing the curriculum, patient scope and volume, faculty performance and patient satisfaction.

V. PROGRAM REQUIREMENTS

5.1 The training program in hospice and palliative medicine must be 12 months in duration: on

a full-time basis, or completed on a part-time basis over a continuous three-year period with equal time spent per year.

A. Clinical Requirements

- 5.2 The fellow must provide care for patients with palliative medicine with emphasis on longitudinal care in all settings including the hospital, the nursing home, home hospice, the ambulatory clinic and the home.
- 5.3 Longitudinal experiences must be at least six months in duration.
- 5.4 Didactic lectures that cover the main pediatric concerns of palliative medicine by a pediatrician, child/adolescent neurologist, or child/adolescent psychiatrist with hospice and palliative medicine experience shall be accepted if there is no pediatric palliative medicine service available.
- 5.5 As available, pediatric rotation for minimum of one week at the pediatric hospice and palliative medicine site under the direction of a board certified palliative medicine pediatrician, child/adolescent neurologist, and/or child adolescent psychiatrist will be Supervised by the hospice and palliative medicine program director or designee. .
- 5.6 The fellow must serve both as a primary care provider and a palliative medicine consultant.
- 5.7 The fellow must have experience in functioning as a member of an interdisciplinary team. Members of the interdisciplinary team must include a physician, a nurse, a social worker and a psychosocial clinician (such as a psychologist), and a chaplain or pastoral counselor.
- 5.8 Supervised clinical experience in bereavement counseling shall be documented.
- 5.9 The fellow must select an elective rotation of twenty (20) work days in any of the following areas: cardiology, child neurology, child psychiatry, ethics, geriatrics, HIV clinic, neurology, oncology/hematology, pediatrics, psychiatry, pulmonary medicine, radiation oncology. Elective rotations must be a minimum of five consecutive work days.
- 5.10 There shall be supervised clinical experience in the hospice program. The fellow must spend at least fifteen (15%) percent of the year providing hospice care in nursing home, home, or inpatient sites.
- 5.11 Training and experience in legal, regulatory and administrative aspects of Hospice and Palliative Medicine to include familiarity with hospice eligibility requirements, medical director responsibilities, coding, billing and certification issues.
- 5.12 The fellow must see at least one hundred (100) new patients over the course of training.

B. Technical Skills Requirements

- 5.13 The fellow must demonstrate competence with the administration of interventional methods of palliation including but not limited to application and maintenance of patient-controlled analgesia dosing (PCA or CAD pumps), subcutaneous or intra-articular injections as well as supportive osteopathic manual medicine techniques

C. Ambulatory Requirements

- 5.14 The fellow must participate in an outpatient palliative medicine clinic, with a minimum of at least one half day a week for forty-eight (48) weeks. The fellow 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

- 5.15 The program curriculum must address, at a minimum, the following content and skill areas:
- a. Understanding epidemiology, natural history, and treatment options for patients with serious illness and life-limiting medical conditions.
 - b. History of the development of the discipline of hospice and palliative medicine.
 - c. Performance of age-appropriate comprehensive palliative medicine assessment including physical exam, cognitive, functional, social, psychological, and spiritual domains using history, examination, and relevant laboratory evaluation.
 - d. Understanding of the physician's role and contribution to the function and development of the interdisciplinary team in the practice of palliative medicine.
 - e. Management of common co-morbidities, including neuro-psychiatric problems, in patients with life-limiting illnesses.
 - f. Management of palliative medicine symptoms including pain and other forms of physical distress utilizing pharmacologic and non-pharmacologic modalities with an emphasis on the role of osteopathic manipulative medicine for symptom relief. An understanding of the pharmacodynamics of approved agents and relevant use of invasive procedures is essential.
 - g. 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 referrals for other modalities.
 - h. Management of palliative medicine emergencies including but not limited to spinal cord compression and suicidal ideation.
 - i. Recognition of the role of the family for psychosocial and spiritual support for palliative medicine patients.
 - j. Management of grief, 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. Ethical aspects of hospice and palliative medicine.
 - n. Competency in the cultural aspects of palliative medicine including geographic location, ethnicity, religious belief, and socioeconomic status.
 - o. 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.
 - p. Scholarship including familiarity with research methodologies enabling interpretation of the medical literature relevant to end of life care.
 - q. Skills in quality improvement methodologies applicable to end of life care.
 - r. Teaching skills relevant to the patients, families, students of all disciplines to the practice

of hospice and palliative medicine.

- 5.16 Fellows shall be required to complete a formal research project regarding hospice and palliative medicine, which shall incorporate the elements of research design including development of a hypothesis, methods, statistical analysis of results and conclusions.

VI. PROGRAM DIRECTOR/FACULTY

- 6.1 The program director must have an AOA primary board certification in one of the participating specialties.
- 6.2 Effective January 1, 2013 the program director must have an AOA certification in hospice and palliative medicine. Until January 1, 2013, the program director must have one of the following: board certification via the AOA in hospice and palliative medicine, board certification via the American Board of Hospice and Palliative Medicine, three years' experience in hospice and palliative medicine consult service, or be a medical director of an affiliated hospice program.
- 6.3 The program director must have active involvement in the delivery of care to hospice and palliative medicine patients.
- 6.4 The program director must have compensated dedicated time to administer the training program.
- 6.5 The program director must be licensed to practice medicine in the state where the institution that sponsors the program is located. (Certain federal programs are exempted). The program director must be a member in good standing of the medical staff of the sponsoring institution.
- 6.6 The program director must be personally involved in scholarly professional activities that are separate and apart from the fellows, such as research, presentations, and publications. The program director must serve as a mentor in scholarly professional activities such as research, presentations, and publications.
- 6.7 The program director's authority in directing the residency training program must be defined in the program documents of the institution.
- 6.8 The program director must maintain a list of goals and objectives for each rotation.
- 6.9 The program director must supervise the recruitment and appointment process for all applicants.
- 6.10 The program director/program must have a supervision policy that includes, at minimum: how the faculty provides supervision (direct, indirect and informal) at all times; how supervision is graded with regard to level of training; how the program assesses competence (both procedural and non-procedural) with regard to the need for supervision; and how the policy is monitored and enforced.
- 6.11 The program director must monitor the progress of each hospice and palliative 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 fellow has completed all clinical experiences required by the program.
- 6.12 The program director must provide a written final evaluation which documents satisfactory completion of all program requirements for each fellow at the end of training, including 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.

- 6.13 The program director must monitor fellow stress, including mental or emotional conditions inhibiting performance or learning.
- 6.14 The program director must document that fellows are provided written descriptions of the departmental policies regarding academic, discipline, grievance, due process, sickness, vacation and other leaves, at the time of entry into the program.
- 6.15 The program director must 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 the American Osteopathic Association (AOA).
- 6.16 The program director must submit quarterly program reports to the Director of Medical Education.
- 6.17 The program director must submit annual reports to the appropriate specialty college.

VII. FELLOW REQUIREMENTS

- 7.1 The fellow must have satisfactorily completed one of the AOA approved participating residency training programs and be AOA board certified or eligible.
- 7.2 The fellow must submit an annual report (per the guidelines of the specialty college) to the appropriate specialty college based on the fellow's primary residency.
- 7.3 The fellow must submit a scientific paper and/or research project, suitable for publication by the AOA pertaining to hospice and palliative medicine, according to the requirements delineated by the fellow's specialty college.

VIII. EVALUATION

- 8.1 The faculty and fellows must evaluate the program and curriculum annually to ensure that it is consistent with the current goals of the program.
- 8.2 The ambulatory clinic director must complete semiannual written evaluations of the fellow's performance.
- 8.3 All evaluations must be signed by the person completing the evaluations, the program director and the fellow. Electronic signatures are acceptable.
- 8.4 The program director or a designee must meet with the fellow quarterly for the full-time program and semi-annually for the three-year program to review and document the fellow's progress.
- 8.5 At the end of each training period, the program director, with faculty input, must determine whether each fellow has the necessary qualifications to be considered program complete.
- 8.6 Fellow's identities in faculty evaluations must remain confidential.
- 8.7 Faculty performance must be reviewed on an annual basis by the program director.
- 8.8 Information provided by fellows must be included as part of the assessment of faculty performance.