

Specific Basic Standards for Osteopathic Fellowship Training in Internal Medicine Geriatrics

American Osteopathic Association and American College of Osteopathic Internists

These specific basic standards are part of the *Common Basic Standards for Fellowship Training in Internal Medicine Subspecialties*, which govern and define training in all medical subspecialties. These requirements are in addition to all requirements in the Common Basic Standards.

IV - INSTITUTIONAL REQUIREMENTS

- 4.1 The base institution or an affiliate must have training in an ambulatory geriatric clinic. This can be either in a physician's office, a multi-physician clinic or a geriatric center.
- 4.2 The base institution or an affiliate must have training in licensed nursing homes in affiliation with the institution-based program.
- 4.3 The base institution or an affiliate must have training in integrated geriatric care provided as part of the medicine and surgical services.
- 4.4 The base institution or an affiliate must have rheumatology, neurology, palliative care, physical medicine and rehabilitation and psychiatry services.

V – PROGRAM REQUIREMENTS AND CONTENT

A. Program Duration

- 5.1 The Clinical Track geriatric medicine program is a full-time training program that must be of a minimum of 12 months in duration.
- 5.2 The Academic Track geriatric medicine program is a full-time training program that must be of a minimum of 24 months in duration.
- 5.3 A minimum of 12 months must be supervised management of patients (clinical rotations).

B. Medical Knowledge

Clinical Geriatrics

- 5.4 The fellow must have learning activities in basic science of aging and longevity, including concepts such as age versus disease, and the biological theories of aging.
- 5.5 The fellow must have learning activities in biopsychosocial components of aging, including normal physiological age changes, psychological models of late life development and sexuality.
- 5.6 The fellow must have learning activities in the assessment of older patients' health status including co-morbid medical conditions, lab results, function, cognitive/neuropsychologic status and family and psychosocial status.
- 5.7 The fellow must have learning activities in preoperative evaluation and providing postoperative management of the elderly.
- 5.8 The fellow must have learning activities in pharmacologic alterations with age, including pharmacokinetics, pharmacodynamics, drug interactions and toxicities, psychopharmacology, drug prescribing, polypharmacy, compliance, and iatrogenic oral manifestations.
- 5.9 The fellow must have learning activities in preventive geriatric medicine, including nutrition, exercise, screening, and immunizations, and the relationship between physical health/mental health status, and social well-being.

- 5.10 The fellow must have learning activities in common geriatric syndromes including dementia, delirium, iatrogenesis, polypharmacy, malnutrition, depression, falls, incontinence, elder abuse and pressure ulcers.
- 5.11 The fellow must have learning activities in mental health disorders in the elderly including depressive disorders, psychotic disorders, anxiety disorders, personality disorders, substance disorders and the appropriate treatment options including ECT, psychoanalytical and cognitive behavioral therapy and psychoactive medications.
- 5.12 The fellow must have learning activities in disorders associated with aging, which may present atypically, encompassing infectious, metabolic, respiratory, neoplastic, musculoskeletal, sensory, renal, gastrointestinal, hematologic, rheumatologic, neurologic and immunologic diseases.
- 5.13 The fellow must have learning activities in cardiovascular disorders with emphasis on degenerative diseases, arrhythmias, congestive heart failure and peripheral vascular disease.
- 5.14 The fellow must have learning activities in neurologic disorders particularly neuropathies, cerebrovascular disease and other degenerative diseases.
- 5.15 The fellow must have learning activities in endocrine disorders with emphasis on diabetes mellitus and hypothyroidism.
- 5.16 The fellow must have learning activities in rheumatologic disorders with emphasis on arthritis and osteoporosis.
- 5.17 The fellow must have learning activities in the application of osteopathic principles in the care of the geriatric patient.
- 5.18 The fellow must have learning activities in physical medicine and rehabilitation in the elderly with emphasis on fracture management, of hip, spine and extremities, post-surgical rehabilitation, assessment and use of assistive devices and appropriate referrals protocols.
- 5.19 The fellow must have learning activities in delivery of culturally-competent care to diverse populations that considers cultural traditions, beliefs and values.
- 5.20 The fellow must have learning activities in effective management of patients in the ambulatory, acute, long-term and home care settings on a longitudinal basis.
- 5.21 The fellow must have learning activities in pain management and palliative care principles.
- 5.22 The fellow must have learning activities in hospice care and effectively managing the dying patient.
- 5.23 The fellow must have learning activities in principles of interdisciplinary team care and the roles/expertise of other team members in assessment and intervention.
- 5.24 The fellow must have learning activities in effective communication with patients and families.
- 5.25 The fellow must have learning activities in family systems and their impact on care planning.
- 5.26 The fellow must have learning activities in psychosocial needs of the elderly and appropriate community-based services.
- 5.27 The fellow must have learning activities in legal and ethical issues that affect delivery of care across the continuum of care.

Administrative Skills (One and Two Year Program)

- 5.28 The fellow must have learning activities in health policy, Medicare/Medicaid, managed care and commercial insurance regulations including eligibility requirements and benefits.
- 5.29 The fellow must have learning activities in practice management, billing and insurance coding.
- 5.30 The fellow must have learning activities in regulatory aspects of health care delivery including OBRA, HIPAA, advance directives, guardianship, power of attorney and JCAHO.
- 5.31 The fellow must have learning activities in the role and responsibilities of a Medical Director in the long term care setting.
- 5.32 The fellow must have learning activities in advanced level administrative skills for an academician such as grant writing, budgeting and financial management. (Two year program only)

Research Skills (One and Two Year Program)

- 5.33 The fellow must have learning activities in basic statistical concepts including descriptive statistics, power analysis, statistical significance, and statistical analysis (e.g. t-Test, Regression, ANOVA, Chi Square.)
- 5.34 The fellow must have learning activities in research design including retrospective, prospective, cross-sectional, and experimental designs.
- 5.35 The fellow must have learning activities in evidence-based medicine concepts and application to clinical practice and research studies.
- 5.36 The fellow must have learning activities in epidemiological concepts including incidence, prevalence, and population studies.
- 5.37 The fellow must have learning activities in the role of the Institutional Review Board *Teaching Skills (Two Year Program Only)*
- 5.38 The Academic Track fellow must have learning activities in adult learning theories and instructional design process.
- 5.39 The Academic Track fellow must have learning activities in educational objectives that address cognitive, psychomotor and affective knowledge and skills.
- 5.40 The Academic Track fellow must have learning activities in computer and web-based skills to enhance online and live instruction.
- 5.41 The Academic Track fellow must have learning activities in teaching methodologies including lecture, demonstration, case study and role play to enhance live instruction.
- 5.42 The Academic Track fellow must have learning activities in student evaluation and test item construction.

C. Patient Care

- 5.43 The fellow must have availability and evidence of patient care exposure longitudinal and continuing care in all settings, including the hospital, the nursing home, ambulatory sites and the home.
- 5.44 The fellow must have availability and evidence of patient care exposure as both a primary care provider and a consultant.
- 5.45 The fellow must have availability and evidence of patient care exposure as a member of a multi-disciplinary team in the assessment and care of the geriatric patient.

5.46 The fellow must have availability and evidence of patient care exposure in the use of geriatric assessment tools including functional, medical, cognitive and psychosocial assessments.

D. Ambulatory Clinic

5.47	The fellow must attend a continuity clinic for a minimum of eight hours per week, 46 weeks
•	per year.

5.48	The fellow	must	maintain	a lo	og o	f all	outpatient	cases.