



EDWARD VIA COLLEGE OF OSTEOPATHIC MEDICINE

GERIATRICS FELLOWSHIP POLICY & PROCEDURE MANUAL 2016 - 2017

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WELCOME

Welcome to the Edward Via College of Osteopathic Medicine (hereinafter named VCOM). We are happy to have you as a new member of our family.

Upon the successful completion of the VCOM Geriatrics Fellowship, Spartanburg, the physician will be prepared to provide comprehensive Geriatric care and will be prepared for Geriatric certification by the American Osteopathic Board of Family Physicians (AOBFP).

VCOM recognizes, values, and affirms that diversity contributes to the college and enhances the quality of education. Students, faculty, staff and administrators are valued for their diversity. VCOM is committed to providing an academic and employment environment in which students and employees are treated with courtesy, respect, and dignity. It is the policy of VCOM that no student or employee shall be excluded from participating in, be denied the benefits of, or be subjected to discrimination in any program sponsored by VCOM.

VCOM's commitment to the principles of non-discrimination includes and extends far beyond the federally protected classes of age, gender, sex, race, color, creed, national origin, religion, ancestry, marital status, ethnicity, disability, sexual orientations, or status as a protected veteran. VCOM has a commitment to nondiscrimination against any individual or group of individuals. VCOM has zero tolerance to inappropriate behavior exhibited as an act of discrimination.

Any person having inquiries concerning VCOM's compliance with the regulations implementing Title VI, Title IX, Section 504 or Section 503, is directed to contact the Director of Human Resources at:

Carolinas Campus
350 Howard Street
Spartanburg, SC 29303
Phone: 864-327-9841

Any person may also contact the Assistant Secretary for Civil Rights, U.S. Department of Education, regarding the institution's compliance with the regulations.

INTRODUCTION

This document has been developed for the Geriatric Fellowship Program in order to familiarize fellows with VCOM and provide information about working conditions, key policies, procedures, and benefits affecting fellowship at VCOM.

The director of medical education (DME) and program director have the responsibility and authority at all times to assure the fellow's success in their respective program.

Changes in Policies

This manual supersedes all previous Geriatric Fellowship manuals and memos.

Contents of this document remain current, however, VCOM reserves the right to modify, suspend, or terminate any of the policies, procedures, and/or benefits described in this manual with or without prior notice to employees. It is the employee's responsibility to obtain the most current version of this manual. A current copy of this manual is available in the VCOM's Medical Education Department. Any changes in this manual will apply to existing as well as future employees.

EDWARD VIA COLLEGE OF OSTEOPATHIC MEDICINE GERIATRIC FELLOWSHIP PROGRAM

The VCOM Geriatrics Fellowship is a fellowship training program in Geriatrics in osteopathic family medicine and manipulative treatment, designed to provide osteopathic family physicians with advanced and concentrated training in the specialty of Geriatrics. It is sponsored by the Edward Via College of Osteopathic Medicine Carolinas Campus in Spartanburg, SC.

Osteopathic Graduate Medical Education (OGME) Committee

The OGME Committee approves the procedures, policies and curriculum within the guidelines of the ACOFP. The Osteopathic Graduate Medical Education Committee (OGME) approves the procedures, policies and curriculum within the guidelines as established by the Basics Standards for Residency Training in Geriatrics as developed by the American Osteopathic Association and the American Osteopathic College of Family Practice.

Director of Medical Education

The DME oversees all postgraduate programs housed at VCOM. The DME is the program director for VCOM's traditional rotating internship program. He/she has the authority, responsibility, resources, protected time for the oversight, administration and accountability of VCOM's AOA-approved programs.

DME Qualifications:

- Graduate of a Commission on Osteopathic College Accreditation (COCA)-approved college of osteopathic medicine;
- AOA Board certification, or within three years (if board certified by the American Boards of Medical Specialties [ABMS]) through a recognized AOA pathway;
- Member in good standing of both the AOA and AODME;
- Minimum three years practice experience;
- Minimum three years' experience as teaching faculty member in an OGME program or college of osteopathic medicine;
- Is attitudinally suited for responsibilities of OGME leadership; and
- Be available at the base institution for a minimum of 50% of his/her time.

DME Professional Requirements:

- Meets the continuing medical education requirements of the AOA; and
- Annually attends an AODME or AOA OME conference for educational faculty development.

DME responsibilities include, but are not limited to:

- Coordinate all AOA training programs at the base institution;
- Assure compliance with the *AOA Basic Documents* and AOA-approved specialty standards for OGME programs;
- Organize and implement a high quality OGME programs at the base institution;
- Supervise all aspects of OGME programs at the base institution including participation in appointment and supervision of residency program directors;
- Serve as the intern program director;
- Assure the completion of all evaluations, quarterly meetings and requirements of the internship and residency programs;
- Manage all applicable affiliation agreements, documents, and correspondence related to AOA programs;
- Manage the internal review process with the MEC;
- Prepare the core competency plan as described in the *AOA Basic Standards*, Section I.4.3;
- Prepare and present an annual report of the “state of the AOA educational programs in the institution” to the medical staff and governing board, with a copy to the OPTI; and
- Participate in budget development and other related planning activities.

Program Director

The VCOM Geriatrics Fellowship has a single program director who is compensated by VCOM for this work. The program director is responsible for the general administration of his/her fellowship program.

Program Director Qualifications:

- The Program Director must be a DO or MD who is board certified by either the AOA or AMBS, if a qualified DO is not available;
- The Program Director must possess AOA or ABMS certification through the American Osteopathic Board of Family Physicians (AOBFP) and hold a current CAQ in Geriatric medicine through the AOBFP;
- The Program Director must possess membership in the AOA and the appropriate osteopathic specialty college;
- The Program Director must practice in an appropriate specialty area for a number of years as determined by the specialty standards;
- The Program Director must have at least five years of participation as an active faculty member in an ACGME-accredited family medicine or internal medicine residency or geriatric medicine fellowship;
- The Program Director must maintain clinical practice and teaching involvement in the respective specialty; and

- The Program Director must be attitudinally suited to conduct a training program.
- The Program Director must be approved by the Committee on Education and Evaluation of the ACOFP.

Program Director Professional Requirements:

- Meet the continuing medical education requirements of the AOA and the specialty colleges;
- Attend educational meetings as designated by the specialty college, or if not so designated, either the OME Leadership Conference or the annual meeting of the AODME on a yearly basis; and
- Attend required educational programs sponsored by the specialty college for the development of program directors.

Program Director Responsibilities to Program include, but are not limited to:

- Fulfill the responsibilities of the AOA and ACGME specialty standards;
- Be available to the trainees and have active clinical practice privileges at the base institution;
- Oversee scheduling, curriculum development, training and evaluation of fellows;
- Conduct periodic evaluations of each fellow in accordance with specialty requirements;
- Participate on the education committee of the base institution;
- Participate in recruiting and selecting candidates;
- Develop training policies and curriculums;
- Develop the training schedule to meet the curriculum requirements, including outside rotations as necessary;
- Counsel fellows in academic and/or disciplinary matters;
- Prepare for the on-site program review;
- Participate in OPTI educational activities;
- Assess compliance with fellow competencies and skills development requirements;
- Provide the fellow with all documents pertaining to the training program requirements and expectations;
- Submit reports to the DME and annual reports on each fellow to the specialty college as required; and

Faculty

Faculty for the fellowship program are selected from VCOM's professional staff based on qualification, commitment, and a desire to function as a teacher, trainee, and clinical supervisor.

The faculty serve as leaders in their respective fields and are engaged in scholarly activities. The fellow(s) will interact with faculty on a daily basis promoting one-on-one education. Each faculty will be responsible for coordinating, supervising and evaluating the fellow in their respective rotation.

Program Coordinator

The program coordinator support fellows and their respective program directors with all aspects of medical education activities.

Program coordinator responsibilities include, but are not limited to:

- Provide administrative organizational support to the Program Director
- Provide organizational support for the Geriatrics Fellowship Program.
- Supervise the recruitment and application process
- Maintain the Geriatrics Fellowship Program web site ensuring current and accurate information.
- Provide support for the fellowship regarding clinic schedules, orientation information, monthly rotation schedules, vacation time, etc.
- Preparation and maintenance of Geriatrics Fellowship Manual familiarizing fellow with VCOM and providing information about working conditions, policies, procedures, and benefits affecting the Fellowship Program.
- Preparation and management of Affiliation Agreements for the Geriatrics Fellowship Program ensuring a current signed agreement is on file for all facilities being utilized for the program.
- Maintain data system management of program utilizing New Innovations.
- Serve as liaison with outside agencies and outside rotation site personnel.
- Coordinate AOA, ACGME, GME Office and Office of Compliance requests for information and documentation.
- Organization and management of all Fellowship Program evaluations.

EMPLOYMENT POLICIES AND RESOURCES

Please refer to VCOM's Administrative and Classified Staff Handbook for current employment policies and resources. The handbook may be found online using the following link: <http://www.vcom.edu/handbooks/staffhandbook/index.html>

RECRUITMENT PROCESS

Fellow Qualifications

The VCOM Geriatrics Fellowship hires only graduates of an AOA accredited family medicine residency program or American Osteopathic Board of Family Physicians (AOBFP) certified practicing family physicians.

VCOM does not discriminate with regard to race, gender, color, creed, religion, national origin, ancestry, age, marital status, disability, sexual orientation (including gender identity) or status as a protected veteran in the recruiting and selection of candidates for our training programs.

Terms of Service

The duration of the VCOM Geriatrics Fellowship training will be twelve (12) months. A contract will be issued for a period of one year. The contract will confirm the aspects of the program as submitted to the selected applicant at the time of the interview, and will include a clause regarding circumstances of termination of the contract by either party

Fellowship Appointment

Appointments to the Geriatric Fellowship program are made on the recommendation of the Medical Education Committee, the Program Director and the Director of Medical Education.

VCOM is an equal opportunity employer and does not discriminate on the basis of race, color, religion, sex, national origin or handicapped persons who, with reasonable accommodation, can perform the essential functions of the job.

The fellowship application process at VCOM is as follows:

- Interested osteopathic medical school students must apply by completing a fellowship application;

INSTITUTIONAL POLICIES AND PROCEDURES

Current institutional policies and procedures may be found in VCOM's Medicine Institutional Policies and Procedures Manual utilizing the following link: <http://www.vcom.edu/handbooks/policies/index.html>.

Current VCOM Alcohol and Substance Abuse policy as well as Fire and Safety Policies and Procedures may be found online at: <http://www.vcom.edu/facultystaff/policies.html>

AOA Code of Ethics

The American Osteopathic Association has formulated this Code to guide its member physicians in their professional lives. The standards presented are designed to address the osteopathic physician's ethical and professional responsibilities to patients, to society, to the AOA, to others involved in health care and to self.

Further, the American Osteopathic Association has adopted the position that physicians should play a major role in the development and instruction of medical ethics.

Section 1. The physician shall keep in confidence whatever she/he may learn about a patient in the discharge of professional duties. Information shall be divulged by the physician when required by law or when authorized by the patient.

Section 2. The physician shall give a candid account of the patient's condition to the patient or to those responsible for the patient's care.

Section 3. A physician-patient relationship must be founded on mutual trust, cooperation, and respect. The patient, therefore, must have complete freedom to choose her/his physician. The physician must have complete freedom to choose patients whom she/he will serve. However, the physician should not refuse to accept patients for reasons of discrimination, including, but not limited to, the patient's race, creed, color, sex, national origin, sexual orientation, gender identity or handicap. In emergencies, a physician should make her/his services available.

Section 4. A physician is never justified in abandoning a patient. The physician shall give due notice to a patient or to those responsible for the patient's care when she/he withdraws from the case so that another physician may be engaged.

Section 5. A physician shall practice in accordance with the body of systematized and scientific knowledge related to the healing arts. A physician shall maintain competence in such systematized and scientific knowledge through study and clinical applications.

Section 6. The osteopathic medical profession has an obligation to society to maintain its high standards and, therefore, to continuously regulate itself. A substantial part of such regulation is due to the efforts and influence of the recognized local, state and national associations representing the osteopathic medical profession. A physician should maintain membership in and actively support such associations and abide by their rules and regulations.

Section 7. Under the law a physician may advertise, but no physician shall advertise or solicit patients directly or indirectly through the use of matters or activities which are false or misleading.

Section 8. A physician shall not hold forth or indicate possession of any degree recognized as the basis for licensure to practice the healing arts unless he is actually licensed on the basis of that degree in the state in which she/he practices. A physician shall designate her/his osteopathic school of practice in all professional uses of her/his name. Indications of specialty practice, membership in professional societies, and related matters shall be governed by rules promulgated by the American Osteopathic Association.

Section 9. A physician should not hesitate to seek consultation whenever she/he believes it advisable for the care of the patient.

Section 10. In any dispute between or among physicians involving ethical or organizational matters, the matter in controversy should first be referred to the appropriate arbitrating bodies of the profession.

Section 11. In any dispute between or among physicians regarding the diagnosis and treatment of a patient, the attending physician has the responsibility for final decisions, consistent with any applicable hospital rules or regulations.

Section 12. Any fee charged by a physician shall compensate the physician for services actually rendered. There shall be no division of professional fees for referrals of patients.

Section 13. A physician shall respect the law. When necessary a physician shall attempt to help to formulate the law by all proper means in order to improve patient care and public health.

Section 14. In addition to adhering to the foregoing ethical standards, a physician shall recognize a responsibility to participate in community activities and services.

Section 15. It is considered sexual misconduct for a physician to have sexual contact with any current patient whom the physician has interviewed and/or upon whom a medical or surgical procedure has been performed.

Section 16. Sexual harassment by a physician is considered unethical. Sexual harassment is defined as physical or verbal intimation of a sexual nature involving a colleague or subordinate in the workplace or academic setting, when such conduct creates an unreasonable, intimidating, hostile or offensive workplace or academic setting.

Section 17. From time to time, industry may provide some AOA members with gifts as an inducement to use their products or services. Members who use these products and services as a result of these gifts, rather than simply for the betterment of their patients and the improvement of the care rendered in their practices, shall be considered to have acted in an unethical manner.

Section 18. A physician shall not intentionally misrepresent himself/herself or his/her research work in any way.

Section 19. When participating in research, a physician shall follow the current laws, regulations and standards of the United States or, if the research is conducted outside the United States, the laws, regulations and standards applicable to research in the nation where the research is conducted. This standard shall apply for physician involvement in research at any level and degree of responsibility, including, but not limited to, research, design, funding, participation either as examining and/or treating provider, supervision of other staff in their research, analysis of data and publication of results in any form for any purpose.

Grievances

If a fellow has reason to believe that established institution policies and procedures, including applicable personnel policies (with the exception of any action, policy, practice, or procedure connected with the periodic fellow evaluation processes) are denied or erroneously applied the fellow may use the following procedure to file a grievance.

1. The fellow must initially discuss his/her grievance with the respective program faculty member.
2. If the respective program faculty member is not able to resolve the grievance, the fellow will present the details of the grievance, verbally or in writing to the respective program director.
3. If the respective program director is not able to resolve the grievance in a satisfactory manner, the fellow may present the grievance, in person or in writing, to the designated institutional education officer (IEO), the administrative director of medical education (ADME), and/or the director of medical education (DME).
4. The IEO, ADME, and/or the DME, as appropriate, may resolve the grievance or call a meeting of the OGME committee at which time a full hearing of the grievance will take place.

- a. The OGME committee will provide a written decision to the fellow within five business days after the meeting. The OGME committee's decision is final.

In the event there is a grievance relating to the program or the institution and to a specific program standards or institutional standards in the AOA Basic Documents, a fellow can discuss their grievance with the AOA Division of Postdoctoral Training and follow the procedures documented in the AOA Basic Documents in Section VII: Trainee Requirements, F.7.4.

STANDARDS OF CONDUCT

Educational Program Goals:

The goal of the VCOM Geriatric fellowship training is to prepare fellows for competency in the following core areas:

1. Osteopathic Philosophy and Osteopathic Manipulative Medicine
 - The integration of osteopathic principles into the daily practice of Geriatrics.
 - The appropriate application of OMM to Geriatrics patient management.
2. Medical Knowledge
 - Maintain current knowledge of clinical medicine that reflects the majority of patient care issues present in Geriatric settings.
 - Maintain current knowledge of behavioral medicine that reflects the majority of patient care issues present in Geriatric settings.
3. Patient Care
 - Provide osteopathic Geriatrics patient care service in ambulatory continuity, hospital, and extended care sites.
 - Accurately gather essential information from all sources including patients, care givers, other professionals, electronic sources, and paper sources.
4. Interpersonal & Communication Skills
 - Develop appropriate doctor-patient relationships in all Geriatrics settings.
 - Develop effective listening, written, verbal and electronic communication skills in professional interactions with patients, families and other health professionals.
5. Professionalism
 - Demonstrate respect for patients and families and advocate for the primacy of patient's welfare and autonomy.
 - Adhere to ethical principles in the practice of Geriatrics.
 - Demonstrate awareness and proper attention to issues of culture, religion, age, gender, sexual orientation, mental and physical disabilities.

6. Practice-Based Learning and Improvement

- Apply the principles of evidence-based medicine to Geriatrics.
- Participate in practice-based objective performance improvement projects in Geriatrics settings.

7. Systems-Based Practice

- Effectively function within local and national health care delivery systems to provide high quality Geriatrics services.
- Effectively function within a team to provide care to Geriatrics populations.

Institutional Requirements

Programmatic

- VCOM has an organized department of Family Medicine, Osteopathic Manipulative Medicine, and Geriatrics which contribute to and support the VCOM Geriatrics Fellowship Spartanburg.

Facilities

- The primary training facilities for the VCOM Geriatrics Fellowship, Spartanburg, are located in geographic proximity so as to allow for efficient functioning at the educational program.
- Training in ambulatory Geriatrics at the VCOM Geriatrics Fellowship, Spartanburg, will take place in Geriatric offices, where medical care is delivered under supervision of the Geriatrics Program Director. These facilities include the following:
 - Middle Tyger Community Center Health Clinic
84 Groce Road, #A, Lyman, SC 29365
Tel: 864-439-7760
 - Rolling Green Village Health Care Facility
1 Hoke Smith Blvd., Greenville, SC 29615
Tel: 864-987-9800
- Training in nursing home care at the VCOM Geriatrics Fellowship, Spartanburg, will take place in facilities that are licensed to provide skilled nursing care by state and federal authorities. These facilities include the following:

Alpha Health & Rehab of Greer
401 Chandler Rd., Greer, SC 29651
Tel: 864-879-1370

Charles Lea
195 Burdette St., Spartanburg, SC 29307
Tel: 864-585-0322

Diamond Health & Rehab
807 SE Main St., Simpsonville, SC 29681
Tel: 864-963-6069

Brookdale Greenville
1306 Pelham Rd., Greenville, SC 29615
Tel: 864-421-6814

Brookdale Skylyn
1705 Skylyn Dr., Spartanburg, SC 29307
Tel: 864-208-1844

Golden Age
82 North Main St., Inman, SC 29349
Tel: 864-472-6636

Heartland Health Care - Greenville East
601 Sulphur Springs Rd., Greenville, SC 29617
Tel: 864-246-2721

Heartland Health Care - Greenville West
600 Sulphur Springs Rd., Greenville, SC 29617
Tel: 864-246-2721

Hope Health & Rehab
2906 Geer Hwy., Marietta, SC 29661
Tel: 864-836-6381

Inman Healthcare
51 North Main St., Inman, SC 29349
Tel: 864-472-9370

Lake Emory Post-Acute Care
59 Blackstock Rd., Inman, SC 29349
Tel: 864-472-2028

Magnolia Manor - Inman
63 Blackstock Rd., Inman, SC 29349
Tel: 864-472-9055

Magnolia Manor - Spartanburg
375 Serpentine Dr., Spartanburg, SC 29303
Tel: 864-585-0218

Mountainview Nursing Home
340 Cedar Springs Rd., Spartanburg, SC 29302
Tel: 864-582-4175

Peachtree Centre
1434 North Limestone St., Gaffney, SC 29340
Tel: 864-487-2717

Rolling Green Village Health Care Facility
1 Hoke Smith Blvd., Greenville, SC 29615
Tel: 864-987-9800

Summit Hills Skilled Nursing Facility
110 Summit Hills Rd., Spartanburg, SC 29307
Tel: 864-582-5561

Valley Falls Terrace
400 Locust Grove, Spartanburg, SC 29303
Tel: 864-503-0377

White Oak Estates
400 Webber Rd., Spartanburg, SC 29307
Tel: 864-579-7004

White Oak Manor
295 East Pearl St., Spartanburg, SC 29303
Tel: 864-585-0241

- Training in inpatient Geriatrics care at the VCOM Geriatrics Fellowship, Spartanburg, will take place in a local hospital. Following is the hospital information:

Mary Black Hospital
1700 Skylyn Dr., Spartanburg, SC 29307
Tel: 864-573-3000

- Training at the VCOM Geriatrics Fellowship, Spartanburg, also includes hospice care which will take place in conjunction with local hospices that are licensed to provide care by state and federal authorities. The hospice care facilities include the following:

Hospice Care of South Carolina
110 Dillon Drive, Spartanburg, SC 29302
Tel: 864-542-2100

Hospice to Rutherford
DBA Hospice of the Carolinas Foothills
260 Fairwinds Drive, Landrum, SC 29356
Tel: 864-457-9100

Medi Home Hospice of Greenville
528 Howell Road, Suite 20, Greenville, SC 29615
Tel: 864-627-4270

Program Requirements

- The duration of Geriatrics fellowship training at the VCOM Geriatrics Fellowship, Spartanburg, will be twelve (12) months.
- The VCOM Geriatrics Fellowship, Spartanburg, will have an organized schedule of didactic presentations on Geriatrics. This is based on the AGS Geriatrics Review Syllabus. At a minimum, it includes:
 - Disorders of the aging renal system.
 - The biology, psychology and physiology of aging.
 - Pharmacology in the elderly.
 - Comprehensive Geriatrics assessment including cognitive, functional, and psychosocial evaluation.
 - Preventive medicine, including proper nutrition, exercise prescription, counseling, immunizations and chemoprophylaxis.
 - Physical medicine and rehabilitation, including complications to rehabilitation caused by illness.
 - Health promotion and disease prevention, nutrition, exercise and health screening as it relates to the Geriatrics patient.
 - Mental health concerns including loss of a spouse, death and dying, depression, dependency, caregiver burden and sexuality in the elderly.

- The VCOM Geriatrics Fellowship, Spartanburg, will provide clinical training in the following areas for Geriatric patients:
 - Special problems common in the hospitalized elderly including iatrogenesis, immobility, polypharmacy and pressure ulcers.
 - Cardiovascular disorders with emphasis on degenerative diseases, dysrhythmias, congestive heart failure and peripheral vascular disease.
 - Neurologic disorders, including cerebrovascular disease, neurodegenerative disease, dementias and delirium.
 - Endocrine disorders, including diabetes mellitus and thyroid disorders.
 - The arthritides and osteoporotic disease.
 - Fracture management including hip, spinal and extremity fractures.
 - Pre-surgical evaluation and medical clearance.
 - Post-surgical rehabilitation and recovery.
 - Nutritional needs to include hyperalimentation and parenteral nutrition.
 - Infectious diseases of the elderly.
 - Malignant diseases.
 - Psychiatric and psychological needs and evaluation of the Geriatrics patient.
 - The impact of health care cost on the elderly and public policy recommendations.
 - Geriatrics facility administration.
 - Ethics, advance directives and end-of-life decision-making skills.

- Training at the VCOM Geriatrics Fellowship, Spartanburg, will include the interdisciplinary approach to patient care:
 - Fellows will gain experience in collaboration with multiple professions such as physician assistants, nurse practitioners, nurses, social workers, physical, speech and occupational therapists, and others involved in the comprehensive care of elderly persons.
 - Training will include participation in interdisciplinary case management of nursing home patients.

- The fellow will also be assigned duties at the VCOM Spartanburg teaching and monitoring medical students.

Continuity of Care Training

The fellow at the VCOM Geriatrics Fellowship, Spartanburg, will receive continuity patient training at an ambulatory continuity site, an inpatient facility, a nursing home facility, and in the patient's home.

- **Ambulatory Continuity:**
 - Each fellow at the VCOM Geriatrics Fellowship, Spartanburg, will be assigned a panel of patients at the Geriatrics ambulatory continuity site.
 - The fellow will be responsible for the management of these patients, for the majority of the year of fellowship.

- **Inpatient Medicine:** Each fellow at the VCOM Geriatrics Fellowship, Spartanburg, will receive training in the inpatient care of Geriatrics patients. At a minimum, this includes:
 - Participation in an integrated Geriatrics service that includes medical and surgical services with cooperative involvement of all other related departments of the institution.
 - Management of Geriatrics acute and chronic illness.
 - Management of Geriatrics patients with other health care professionals.
 - Coordination of care.
 - Management of transfer of care to and from the patient's residence.
 - Production of comprehensive medical records.
 - Utilization management and discharge planning.

- **Nursing Home:** Each fellow at the VCOM Geriatrics Fellowship, Spartanburg, will receive training in the care of Geriatrics patients in nursing home settings. At a minimum, this includes:
 - Evaluation of new patients and completion of requirements for admission.
 - Adherence to regulatory requirements governing nursing home care.
 - Participation in interdisciplinary team meetings and discharge planning when appropriate.
 - Completion of discharge duties and arrangement for appropriate follow-up.
 - Call several times a month with backup.

- **Home Care:** Training for home care services will be offered at the VCOM Geriatrics Fellowship, Spartanburg. At a minimum, this includes:
 - Referrals to appropriate home nursing or hospice care services.
 - Completion of appropriate admission and follow-up paperwork.
 - Home care visits.
 - Identification and utilization of community resources for care of elderly patients at home.

- **Hospice Care:** Training for hospice care services will also be offered at the VCOM Geriatrics Fellowship, Spartanburg. At a minimum, this includes:
 - Evaluating patients for appropriate hospice referral.
 - Face to face evaluations regarding hospice recertification.
 - Managing the pain and symptoms of hospice patients and their families.
 - Interdisciplinary group meetings.
 - Home care visits for hospice patients.

Osteopathic Manipulative Medicine:

- The VCOM Geriatrics Fellowship, Spartanburg will train fellows in the clinical application of osteopathic manipulative medicine to Geriatric patients. At a minimum, this includes:
 - Training in outpatient and inpatient settings.
 - Documentation of OMM in the medical record.
 - Coding and reimbursement.

Additional Required Educational Experiences at the VCOM Geriatrics Fellowship, Spartanburg

- Monthly Journal Club
- Biweekly educational conferences
- American Medical Directors Association: **The Society for Post-Acute and Long-Term Care Medicine**
- Mentoring 3rd year VCOM students in their geriatric rotations
- Mentoring 2nd year VCOM students in their Early Clinical Experience rotations
- Other teaching and mentoring at VCOM
- The VCOM Library
- Maintenance of a procedure log
- A study with research and a paper suitable for publication in a medical journal
- Assistance with medical writing and manuscript preparation

Additional Humanistic Extracurricular Opportunities in the VCOM Geriatrics Fellowship, Spartanburg

- Therapy dogs
- Aspects of Medical Marriages
- DiSC and difficult family/patient/colleague relationships
- Importance of hobbies: music, cooking, language, outdoors activities, etc.

Didactic Programs

Educational Experience

1. Journal Club will meet once monthly for one hour on a Thursday at VCOM-CC Clinical Affairs Conference Room #227.
 - a. Two or three articles will be discussed.
 - b. A critical review of each article will be conducted.
 - c. Articles will be circulated for review one week ahead of scheduled review time.
2. Geriatric Didactics
 - a. Didactic educational sessions will meet two hours bi-weekly on a Thursday at VCOM-CC Clinical Affairs Conference Room #227.
 - b. The subspecialty fellow will discuss fundamental geriatrics issues with members of the faculty.
 - c. The longitudinal curriculum for study will be drawn from the Geriatrics Review Syllabus, 9th edition.

Research Responsibility

Overview:

The fellows will be required to prepare a scholarly activity by the end of their fellowship training. This activity will be discussed with the Program Director in July of each academic year.

Goals:

Upon completion of the geriatric fellowship, the fellow will:

1. Evaluate study protocols and articles submitted for publication and actively participate in clinical research.
2. Critically evaluate the clinical literature, understanding potential errors and fallacies, and apply the results of medical studies to patient care.
3. Develop sound judgment about data applicable to clinical care.

Objectives:

The fellow will attain/achieve the above goals by meeting the following:

1. Conduct a comprehensive literature review of a proposed area of study.
2. Design a protocol appropriate to their research question.
3. Gather clinical data, and summarize the data and interpret.
4. Prepare project for presentation and/or publication.

Duty Hours

VCOM meets institutional and program requirements of the AOA to ensure the learning objectives of its fellows' programs stay uncompromised. Providing fellows with a strong academic and clinical education ensures the balance with concerns for patient safety and fellow well-being. Didactic and clinical education has priority in the allotment of fellow's time and energy. Duty hour assignments recognize that faculty and fellows collectively have responsibility for the safety and welfare of patients. Hours in excess of the average 80-hour workweek will be adjust by the Program Director and/or the DME.

Maximum Hours of Work per Week

1. Duty hours are defined as all clinical and academic activities related to the residency program, i.e. patient care, administrative duties related to patient care, the provision for transfer of patient care, time spent in – house during call activities, and scheduled academic activities. Duty hours do not include reading and preparation time spent away from the duty site.
2. Duty hours are to be limited to 80 hours per week, averaged over a four–week period, inclusive of all in–house activities.
3. Fellows will not work in excess of 24 consecutive hours inclusive of morning and noon educational program. Allowances for inpatient and outpatient continuity, transfer of care, educational debriefing, and formal didactic activities may occur however these activities may not exceed six hours. Fellows may not assume responsibility for a new patient after working 24 hours.
4. On alternate weeks, the fellow will have a 48 hour period or at least one 24 hour period off each week free from all educational and clinical responsibilities averaged over a four-week period inclusive of on–call. One day constitutes as one continuous 24 hour period free from all clinical, educational, and administrative activities.
5. Upon conclusion of a 20-24 hour duty shift, fellows will have a minimum of 12 hours off before being required to be on duty again.
6. Upon completing a lesser hour duty period (at least 12 but less than 20 hours), fellows will have a minimum of 10 hours off before being required to be on duty again.
7. All off–duty time should be free from assignment to clinical or educational activity.
8. In cases where a fellow is engaged in patient responsibility which cannot be interrupted at the duty hour limits, additional coverage will be assigned as soon as possible by the attending staff to relieve the fellow involved. Patient care responsibility is not precluded by the duty hours' policy.

Remediation Process

If a remedial program is required, a meeting is scheduled with the fellow and respective program director. The purpose of the meeting is to identify and discuss the deficiencies. The remedial program is discussed along with the period of completion.

A fellow receives a copy of this document; administration places a copy in the fellow's file. The remedial plan may include limitations or restrictions on the amount and level of the fellow's patient care activities. Such action may necessitate extension of the fellow's educational program. At the end of the remedial period, the fellow will receive an evaluation. At that time, the respective program director or DME may or may not take further corrective action.

Due Process

The purpose of this policy is to assure that fellows receive procedural due process in matters of discipline and promotion. This procedure is to be followed in all instances in which a fellow is disciplined or not offered promotion. The respective program director is primarily responsible for decisions on discipline and non-promotion of the fellow. The OGME committee assures the fellow of due process in these procedures.

Because time is of the essence in all proceedings, all notices of sanction, appeal, or committee action will be given either in person or by first class mail with a return receipt requested.

VCOM provides a copy of this policy and procedure to each fellow at the start of the postgraduate training program.

Reasons for discipline or denial of promotion could include, but are not limited to:

1. Lack of professional competence, insufficient medical knowledge, or technical skills needed to carry out their duties and responsibilities;
2. Any conduct that is detrimental or potentially detrimental to patients or employees;
3. Demonstrated inability to work with others or behavior that is reasonably likely to be disruptive to hospital operations;
4. Any activity of conduct that violates the medical staff bylaws, medical staff rules and regulations, or any other hospital policies.

A decision not to certify a fellow as eligible for a specialty certification exam is not a sanction covered by this policy and procedure.

If the respective program director or DME warrants corrective action, he/she may do one or more of the following:

1. Informal resolution, which may or may not be documented and placed in the fellow's file.
2. Oral reprimand, a notice of which will be documented and placed in the fellow's file.
3. Written reprimand, a copy of which will be placed in the fellow's file.
4. Probation, with the length of time specified along with any other sanctions as specified.
5. Suspension, with the length of time specified. This may be with or without pay.
6. Non-renewal of contract.
7. Dismissal.

A combination of the sanctions listed above can be used. Suspensions and/or terminations may begin immediately if the respective program director or DME believes immediate action is needed to protect the quality of patient care or stable operations of the hospital. (Sanctions numbers 4 through 7 may be appealed by the fellow). Sanctions that are appealed do not go into effect until the appeal process is completed except for those immediate suspensions/terminations as noted above. Fellow may respond in writing to sanctions numbers 2 through 7, which will be entered into the fellow's file.

The respective program director will not consider anonymous reports, but need not reveal the identity of any person reporting information about possibly sanctionable events.

The respective program director will review all reports alleging rule violations or deficiencies in clinical performance, meet promptly with the fellow to discuss any reports with the respective program director believes to have substance, and place a written account of the meeting, including pertinent discussion, problems identified, and plans for remediation in the fellow's file.

Appeal Process

- A. A fellow who has received one of the appealable sanctions (numbers 4 through 7 above) and who wishes to appeal it must file an appeal within 30 business days of receiving the sanction. Each appeal must be in writing and must specify the sanction being appealed, the reasons for appeal, any new information the fellow wishes to be considered, and any alternate sanctions the fellow might accept. The appeal must be filed with the DME. Failure to file within 30 business days forever bars an appeal by the fellow.
- B. On receipt of an appeal, the DME will send copies of the appeal to the respective program director and will name an ad hoc subcommittee to hear the appeal. The

DME will notify the fellow of receipt of the appeal and of the membership of the subcommittee.

- i. The DME will request the record of the meeting at which the sanction was given and other supporting data from the respective program director.
 - ii. The subcommittee will consist of the DME and three other members of the OGME committee, at least two of whom are from departments other than the fellow's. The DME will appoint a secretary for the subcommittee.
- C. Within 10 business days of its formation, the subcommittee will meet to hear the appeal. The fellow may designate another fellow or a member of the medical/dental staff as his/her representative before the subcommittee. The hearing proceedings will be closed.
- i. The hearing will consist of a presentation by the respective program director and a presentation by the fellow or his/her representative. The fellow and/or his/her representative may introduce further written evidence with the permission of a majority of the subcommittee. The subcommittee has the right to question both presenting parties.
- D. The subcommittee meets in executive session to decide its recommendation. A majority of the members of the subcommittee must support a recommendation in order for it to be enacted. The subcommittee is limited to making the following recommendations:
- i. Upholding the sanction
 - ii. Imposing a sanction of lesser severity
 - iii. Imposing no sanction
- E. The subcommittee's report will be presented to the OGME committee at its next regular meeting. The report will be in writing and give the subcommittee's recommendation and the reasons for it. The OGME committee will vote on whether or accept the report. If the report is not accepted, the DME will, within 10 business days, convene a special meeting of the OGME committee for a *de novo* appeal hearing, which will be conducted in the same manner as in letter C. above. The respective program director, whose decision is being appealed, may not participate in the OGME committee's deliberations or votes. If the report is accepted, it will be referred to the chief executive officer of the hospital for final action.
- F. The respective program director and the fellow will be informed, in writing, of any reports filed or actions taken in the appeal process. The respective program director will file a copy of all reports and notifications of action in the fellow's personnel file.

COMPENSATION AND BENEFITS

You are an employee of the institution. As a fellow employee, you are responsible to the Board of Trustees through the Director of Medical Education. The institution is liable for your acts. You will not be covered by malpractice insurance unless you are on an approved rotation. Under no circumstances may the fellow engage in moonlighting, i.e. employment outside of the hospital without prior written approval from the Program Director and Director of Medical Education.

The Edward Via College of Osteopathic Medicine compensation and benefit information may be found online using the following links:

1. Health & Retirement Benefits:

<http://www.vcom.edu/facultystaff/healthbenefits.html>

1. Administrative and Classified Staff Handbook:

<http://www.vcom.edu/handbooks/staffhandbook/index.html>

EVALUATIONS

All components of a fellow's educational and clinical program must be evaluated and meet the guidelines set forth by the AOA and the fellow's discipline or specialty. Therefore, the purpose of the evaluation process is to assure that all components of the trainee program is evaluated, and that those evaluations are related to the educational objectives of the program including clinical experiences, intellectual abilities and skills, attitudes and interpersonal relationships and progress in core competency achievement.

The VCOM Geriatrics Fellowship, Spartanburg will maintain a permanent record of formative and summative evaluations for each fellow.

The VCOM Geriatrics Fellowship, Spartanburg will have the fellows maintain a portfolio containing:

- a. Procedures performed.
- b. Procedural competency documentation.
- c. Quarterly evaluations.
- d. Final summative evaluation.

Evaluation of Faculty

The VCOM Geriatrics Fellowship, Spartanburg, will have all geriatric teaching faculty evaluated annually. This will include evaluation of teaching ability, clinical knowledge, and communication skills. The evaluation will include a mechanism for anonymous input by the fellows.

Evaluation of Fellow's Performance

The VCOM Geriatrics Fellowship, Spartanburg will have the fellow evaluated by the appropriate faculty at the completion of each rotation. These evaluations shall be reviewed and signed by the responsible faculty, the fellow, and the Program Director.

The VCOM Geriatrics Fellowship, Spartanburg will have the fellow evaluated by quarterly written evaluations of the knowledge and competencies of each fellow. These evaluations shall be reviewed and signed by the fellow and by the Program Director.

The VCOM Geriatrics Fellowship, Spartanburg Program Director will delineate a final summative evaluation of each fellow who completes the program. This evaluation will include a review of the fellow's competencies at the completion of training and will verify that the fellow has demonstrated sufficient professional ability to practice geriatrics competently and independently.

- In cases of early termination of a fellow's training program, the Program Director of the VCOM Geriatrics Fellowship, Spartanburg, will provide the fellow with written documentation regarding which rotations, if any, were completed satisfactorily.
- The AOA Postdoctoral Training Division and the ACOFP will also be notified of the early termination.

Evaluation of Fellowship Program

The VCOM Geriatrics Fellowship, Spartanburg, will have the fellows evaluate the educational quality of each rotation and aspect of the program for educational quality. These evaluations will be reviewed by the Program Director.

The VCOM Geriatrics Fellowship, Spartanburg will have the Program Director prepare an annual written program review. This will note the program's compliance or non-compliance with these standards and will be reviewed by the institution's graduate medical education committee. This review may be waived during a year in which the institution completes a formal internal review.

Evaluation of Patient Care

The VCOM Geriatrics Fellowship, Spartanburg will formally evaluate the care provided by the fellows and faculty in both inpatient and outpatient settings by geriatric clinician oversight. This information is used to improve education and patient care in the educational meetings.

PROGRAM COMPLETION

Certificate of Completion – Fellowship

Upon completion of a fellowship, VCOM and the OPTI will jointly award the certificate of completion. The fellow completion certificate will confirm the successful fulfillment of the program requirements, completion date of the program, the name(s) of the base institution, program director(s), the OMNEE, and the AOA institutional number and program number.

Copies of all certificates will be maintained in each fellow file in the medical education department.

Withholding Certificates of Completion

VCOM is justified in withholding such certificate of completion if the fellow fails to complete the fellowship program, is not prepared for the practice of medicine, or if the respective program director, the DME, and the OGME committee believe the fellow has failed to demonstrate the appropriate ethical and professional traits required for the practice of osteopathic medicine.

In the event that a fellow withdraws from the program prior to completion of the program requirements, VCOM may properly issue a certificate to include the period of the program completed or arrange for additional training at a later date to complete the fellowship program. (This is to include voluntary leave of absence.)

In cases of early termination of a fellow contract, the DME provides the fellow with documentation regarding which rotations, if any, have been satisfactorily completed. In cases of early termination or unsatisfactory completion of a fellow contract, the AOA Postdoctoral Division receives notification along with the terminated contract.

If the fellow is accepted into another fellowship program, that program's DME has the authority to determine which, if any, rotations from previous AOA-approved programs will be accepted for advanced standing.

Program Closure or Reduction

In the event the program needs to reduce the size of its program, or close a program prior to fellow completion, VCOM will:

1. Immediately notify the AOA, OMNEE, and its fellows of a program closure or reduction in positions.
2. Attempt to permit the current fellows the opportunity to complete their training prior to such an action.
3. Immediately notify OMNEE to help place fellows in other AOA approved programs within its OPTI structure.

Severance pay will be awarded for a period of two months if the program closure or reduction decisions prevent the fellows from completing the program at VCOM or at another geographically proximate program arranged by VCOM and/or OMNEE.

ACKNOWLEDGMENT

I acknowledge that I have received a copy of the Edward Via College of Osteopathic Medicine's Geriatric Fellowship Manual, and I do commit to read and follow these policies.

I am aware that if, at any time, I have questions regarding Edward Via College of Osteopathic Medicine's Geriatric Fellowship policies I should direct them to my Program Director or Director of Medical Education.

I know that the Edward Via College of Osteopathic Medicine's Geriatric Fellowship policies and other related documents do not form a contract of employment and are not a guarantee by Edward Via College of Osteopathic Medicine of the conditions and benefits that are described within them. Nevertheless, the provisions of such Edward Via College of Osteopathic Medicine policies are incorporated into the acknowledgment, and I agree that I shall abide by its provisions.

I also am aware that Edward Via College of Osteopathic Medicine, at any time, may on reasonable notice, change, add to, or delete from the provisions of the company policies.

Fellow's Printed Name

Date

Fellow's Signature