



**GERIATRIC/FAMILY PRACTICE FELLOWSHIP
PROGRAM MANUAL**

**DEPARTMENT OF FAMILY MEDICINE
DIVISION OF GERIATRIC MEDICINE**

**NOVA SOUTHEASTERN UNIVERSITY
COLLEGE OF OSTEOPATHIC MEDICINE**

I. DESCRIPTION

The Geriatric/Family Practice Fellowship is a one-year academic and clinical training opportunity that is made available to exceptional physicians who are interested in advanced and concentrated training in Geriatric Medicine, as it pertains to the common problems of older adults (62 years of age or older) and to individuals with conditions that mimic the physiology of aging. The training program will include outpatient care for ambulatory and home care patients as well as inpatient care for nursing home patients and geriatric consultation for hospitalized seniors. The fellowship will also offer opportunities to develop skills in the care of patients at the end of life through hospice activity or palliative care. Physicians participating in the Geriatric/Family Practice Fellowship will have completed a primary residency in family medicine.

Upon completion of the Geriatric/Family Practice Fellowship, residents will receive a certificate of completion from Nova Southeastern University College of Osteopathic Medicine. The residents will also be prepared and qualified to take the American Osteopathic Board of Family Physician Certificate of Added Qualifications exam.

II. BENEFITS

- A. Supervised participation in patient care
- B. Acquisition of research skills with the opportunity of publication/national presentation
- C. Group/individual didactic sessions with NSU faculty members to learn about key topics in the field of geriatrics
- D. Opportunity to train medical students and residents and to obtain experience as junior faculty of an osteopathic medical school
- E. Acquisition of teaching skills and experience in public speaking
- F. Opportunity to obtain additional specialty education at outside training sites (see curriculum)
- G. Enhancement of skills in osteopathic manipulative medicine in the aged population
- H. Financial allowance for approved continuing osteopathic medical education programs

III. BEHAVIORAL OBJECTIVES

Upon completion of the Geriatric/Family Practice Fellowship, residents will:

- A. Exhibit refined professional behavior and communicational skills
- B. Demonstrate a commitment to the quality of care for seniors and the need for advocacy for seniors
- C. Demonstrate comfort and competency in his/her ability to design a quality patient management plan for geriatric patients and for patients with conditions mimicking the physiologically aged
- D. Demonstrate the ability to handle geriatric patient care in the ambulatory clinic, the nursing home, the hospital and the home setting
- E. Demonstrate the ability to interact effectively with an interdisciplinary team, including but not limited to nursing staff, physical and occupational therapists, dieticians and social workers, to provide optimal care for elderly patients
- F. Exhibit an understanding of caregiver burden, intervention and potential respite options
- G. Exhibit refined abilities in teaching both medical students and post-graduate trainees, gained from presentations given in lectures and laboratory training sessions
- H. Exhibit recognition of the importance of life-long learning and continuing medical education in the practice of geriatrics

IV. LEARNING OBJECTIVES

Upon completion of the Geriatric/Family Practice Fellowship, residents will:

- A. Demonstrate basic scientific, behavioral, and medical knowledge useful in solving clinical problems commonly associated with the aging process
- B. Demonstrate knowledge of preventive care and health promotion, with attention to age appropriate screenings and health recommendations
- C. Demonstrate knowledge and skill in cognitive screening and diagnosis of mental and behavioral disorders
- D. Exhibit an understanding of the complexity of both commonly occurring medical disorders and disorders specific to the elderly or physiologically aged

- E. Exhibit an understanding of poly-pharmacy and iatrogenesis in the elderly
- F. Exhibit an understanding of the complexity of the mental health concerns of the elderly population such as depression and anxiety as well as bereavement and loss of independence
- G. Demonstrate an ability to recognize caregiver burnout and to develop strategies to intervene
- H. Demonstrate an understanding of the duties and responsibilities associated with medical directorship of a long-term care facility

V. SKILLS OBJECTIVES

Upon completion of the Geriatric/Family Practice Fellowship, residents will:

- A. Develop a proficiency in the comprehensive geriatric assessment
- B. Demonstrate the ability to establish patient, family and caregiver rapport
- C. Exhibit the ability to develop, organize and implement a research based project
- D. Demonstrate a proficiency in diagnosis and treatment in the field of Osteopathic Manipulative Medicine with attention to special considerations for the frail elderly

VI. CURRICULUM

The residents will participate in various educational opportunities. These include weekly assignments, rotating assignments, and intermittent opportunities.

A. Weekly assignments:

1. Four half day sessions of continuity clinic per week; to be conducted at the Sanford L. Ziff Health Care Center, North Miami Beach Health Care Center and the Alfred Ninger State Veterans Nursing Home.
2. On half day bi-weekly focused on a research project
3. Weekly didactic educational session with faculty as detailed under section VIII (Didactic responsibilities)

B. Rotating assignments:

1. Specialty Rotation Months

Residents will be assigned a subspecialty month with expert physicians in one of the following areas:

- Cardiology
- Neurology

Physical Medicine and Rehabilitation
Urology/Uro-gynecology

2. Specialty Sessions

Residents will be assigned to various sessions throughout the year with expert physicians in the following areas:

Dermatology
Endocrinology
Geriatric Dentistry/Optometry
Gero-psychiatry
Hospice and Palliative Care
Osteopathic Manipulative Medicine
Podiatry
Wound Care

C. Intermittent educational opportunities and assignments:

ACLS
CME
Attendance at national meetings in Geriatrics
Medical Director Meetings

VII. SCHEDULES

Residents will receive their basic clinical assignment schedules for the academic year at the beginning of the fellowship. The basic schedule will focus on specific assigned days for continuity of care sessions. The sessions will total four half-days per week and should remain stable throughout the year, with adjustments made only as necessary. Additional weekly continuity sessions may be provided if the resident is on an ambulatory/core clinical month and not a specialty rotation. The residents will be responsible for all continuity sessions except when on vacation or during the elective month.

Specialty training month assignments will be provided to the residents no later than one month prior to the start of the specialty rotation. Daily schedules during the specialty month will be available to the residents no later than the 15th day of the month prior to the commencement of the rotation. The specialty month schedule may vary rotation to rotation based on the needs of the subspecialty clinical faculty.

When participating in clinical hours, the residents may be assigned an undergraduate medical student. It is the responsibility of each resident to allow the student to participate in the evaluation of the patients. It is desired that the resident use these training opportunities both to hone his/her skills and to educate the medical students in areas of geriatric medicine.

VIII. DIDACTIC RESPONSIBILITIES

Didactic responsibilities of the residents will focus on teaching junior residents and medical students. Residents will participate in weekly education sessions, including but not limited to journal club, board review sessions and review article presentations. Residents will supervise and mentor junior residents and medical students in the selection and presentation of articles for these sessions.

IX. ACADEMIC RESPONSIBILITIES

Academic responsibilities of the residents will include various medical student small group didactics, MS2 course lectures and clinical laboratory education. Administration of examinations may be a part of this assignment.

Residents will receive MS2 lecture assignments at least four weeks prior to the date of the lecture. It is his/her responsibility to complete the lecture and discuss it with the program director and division chair two weeks prior to the assignment so refinements can be made and a practice presentation reviewed if needed.

X. CLINICAL RESPONSIBILITIES

A. Patient Care – Nova Southeastern University Clinical Centers and the Alfred Nininger State Veterans Nursing Home

1. Each resident will be given a clinical schedule with specific clinician assignments. The resident is expected to be present at his/her scheduled clinical times and be prepared to participate in patient care unless excused by the residency director.

2. Care is to be provided under the direct supervision of the assigned attending clinician. No treatment or procedures are to be performed without prior discussion and approval from the attending clinician.

3. Clinical documentation is to be completed and returned to the attending clinician the day the patient is seen.

4. Appropriate clinical attire is to be worn at all times. A white lab coat is to be worn with a NSU ID badge.

B. Research

Each resident will be expected to design and carry out one research project during the course of his/her training year. A scientific paper based on the research project is to be completed at the end of the fellowship. The paper will be of publishable quality and will be submitted for recommendation to the American College of Osteopathic Family Physicians, as per the requirements of completion for the clinical track geriatric fellowship year.

Tentative research project schedule is as follows:

1. Project development and design: sixty days from start of fellowship
2. Application to IRB, as indicated/required
3. Project completion: ninety days prior to completion of fellowship
4. Draft submission of research paper: sixty days prior to completion of fellowship

All research is under the direct supervision of a member of the Division of Geriatrics, whether alone or in cooperation with geriatric physicians within the community.

C. Outside Clinical Assignments/Patient Care

1. Residents will be assigned outside clinical rotations as part of his/her clinical responsibilities. These assignments are listed in section VI (Curriculum) under rotating assignments. Residents are expected to be present for the scheduled assignment and to be prepared to participate in patient care.

2. Appropriate clinical attire is to be worn at all times while on rotation. A white lab coat is to be worn with an NSU ID badge.

D. Community Service Projects

The Division of Geriatrics participates in various community service projects throughout the year. Opportunities to participate will be made available to the residents on a regular basis.

XI. CONTINUING EDUCATION

A. The residents are allocated monies toward advanced osteopathic education. Recommendations for this education include the American Osteopathic Association and the American College of Osteopathic Family Physicians annual conventions. Other educational courses will be considered by the program director and division chair for approval.

B. If a resident does not use all of his/her CME allotment on conferences, these funds may be utilized to purchase books or journals.

C. Requests to attend educational programs must be submitted in writing to the program director for approval no less than four weeks prior to the scheduled dates of the program. The resident must consult with the program director regarding the scheduling of airline and the hotel reservations utilizing the university travel agency if applicable.

D. All requests for reimbursement must be submitted within 30 days after attendance at the educational program with original expense receipts.

XII. DEPARTMENT MEETINGS

Meetings with residents and the Division of Geriatrics faculty will be held once monthly and will be used to discuss academic and clinical progress as well as to discuss any concerns or problems that have arisen during the month.

Department of Family Medicine meetings are held bi-monthly, with specific times announced. If a resident is not on specialty rotation and can be available for this meeting, it is his/her responsibility to be present unless excused in advance.

XIII. HOURS

The weekly hour requirements for the resident in the Division of Geriatrics will vary with the clinic hours held at the Sanford L. Ziff Health Care Center and the North Miami Beach Health Care Center and the responsibilities of patient care at the Alfred Ninger State Veterans Nursing Home. The schedule will also vary based on the clinical hours of the subspecialty clinical rotation facility.

XIV. CALL

Residents will take primary call in accordance with the NSU-COM North Miami Beach Family Medicine call group schedule. Each resident will receive a beeper that must be kept on at all times during his/her call. Residents will always have a backup call physician on duty, specifically one of the attendings with the division of geriatrics. If a member of the division cannot be available, arrangements for coverage will be made with the chair of the Department of Family Medicine. All calls are to be discussed with the backup physician.

XV. ACADEMIC EVALUATION

The residents will receive evaluations on all clinical and didactic experiences.

A. Didactic:

The residents will participate in weekly journal clubs and education sessions. Additionally each resident will be expected to prepare an educational presentation, such as a case review or topic review, to be given once during the month. Oral feedback will be given to the residents at the

end of the presentation. Written feedback will be given on the cumulative quarterly evaluation form.

B. Clinical:

The geriatric residents will participate jointly with family medicine residents in competency based training sessions and objective structured clinical evaluations (OSCE) in subject areas required by the American Osteopathic Association. Specific subject areas will be determined as the standards are integrated and implemented for all of NSU-COM students, interns and residents.

C. Training Evaluation:

The residents will receive evaluations for both specialty months and for ambulatory/core training months that will be an overview of both clinical and academic performance. Completed evaluations will be maintained in the residents' files for submission to the ACOFP upon completion of fellowship training.

Specialty training month faculty will complete the specialty service evaluations and return them to the program director. The residents must satisfactorily complete the specialty month or must repeat the rotation. The specialty evaluations will be reviewed with the residents on a quarterly basis.

Ambulatory/core training will be evaluated quarterly in writing. The residents will also receive verbal feedback and guidance throughout the year; if deficiencies exist prior to the quarterly evaluation, a resident will be informed earlier both verbally and in writing. The program director will complete the ambulatory/core training evaluations with input from all department members and clinical faculty. Evaluations will be reviewed with the residents, allowing for feedback from both the attendings and the residents and, in the event of deficiencies, for development of a plan to improve specified areas.

A comprehensive, competency based evaluation (CBE) will be completed for each resident at the end of the fellowship for submission, along with the finalized scientific paper, to the ACOFP for approval and recognition of fellowship training. Preceptor evaluations will also be maintained in the residents' files for submission to the ACOFP.

D. Preceptor Evaluation:

The residents will submit written evaluations on both core training preceptors and specialty training preceptors. At any time, a resident may verbally or in writing address concerns about a preceptor, with any member of the Division of Geriatrics, the residency director, the chair of the Division of Geriatrics or the chair of the Department of Family Medicine.

XVI. PERFORMANCE AND CONDUCT

Residents receive an appointment to Nova Southeastern University faculty and are employees of NSU-COM. Accordingly, residents are subject to all regulations in the NSU Employee Manual.

Residents are expected to remember that they serve as role models for students and undergraduate fellows. Professionalism is mandated.

In the cases of academic deficiencies or professional infractions, a resident is to be informed of specifics both orally and in writing. If the deficiency or infraction is deemed minor, a time period will be provided for the resident to implement specified actions to resolve the deficiencies or infractions. If problems persist following that time frame, the resident may be given a probationary period to definitively address the issues.

If the infraction is deemed of serious nature or a problem persists after a probationary period, the resident will appear before the Graduate Medical Education Review Committee. The resident will have the opportunity to present his/her case before the committee, as will the program director or representative faculty. The committee will then meet to determine their recommendation to the Dean of the College of Osteopathic Medicine. The Dean of the College of Osteopathic Medicine will make the final decision on disciplinary action, including potential dismissal. Disciplinary action will not be taken without support by substantial evidence.

XVII. ADMINISTRATIVE ORGANIZATION

The interim program director, Dr. Susan Ledbetter, is the immediate supervisor of all geriatric residents. Chair of the Division of Geriatrics, Dr. Naushira Pandya, and Assistant Professor of Geriatrics, Dr. Monica Warhaftig-Rossi will assist in the supervision and training of the geriatric residents. Clinical faculty in a variety of subspecialty fields will also participate in the training of the fellows. In the absence of the various geriatric division attendings, Interim Chair of the Department of Family Medicine, Dr. Pablo Calzada serves as backup for all questions and consultations.