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AMERICAN OSTEOPATHIC ASSOCIATION

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**Basic Standards for Fellowship Training in Addiction  
Medicine in Osteopathic Family Practice and Manipulative  
Treatment**

**American Osteopathic Association  
and the  
American College of Osteopathic Family Physicians**

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ACOFP, 9/1992  
BOT 7/1993  
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Revised BOT 7/2007, Effective 7/2008

## **PART ONE: INTRODUCTION**

### **Definition**

- 1.1 This document provides the basic minimal requirements and standards for establishing and maintaining osteopathic training programs in Addiction Medicine in conjunction with Osteopathic Family Practice and Manipulative Treatment as approved by the American Osteopathic Association (AOA) and the American College of Osteopathic Family Physicians (ACOFP). In addition all requirements as outlined in the Basic Standards for Residency Training in Osteopathic Family Practice and Manipulative Treatment must be met.
- 1.2 Addiction Medicine in Osteopathic Family Practice and Manipulative Treatment consists of that medical care which applies to the common problems of addiction exhibited in patients of all ages. These basic standards are developed to allow for the training of family physicians in advanced skills in addiction medicine. It is the intent to allow programs flexibility in the way in which the standards are met. Upon the successful completion of this program in “Addiction Medicine in Osteopathic Family Practice and Manipulative Treatment” the physician will be competent to provide specialized care to the addicted patient.

### **Purpose**

- 1.3 To provide didactic and clinical experiences that will enable the fellow to acquire the base of knowledge and skill competence needed to achieve expertise in the care of any person suffering from an addiction disorder.

### **Training Requirements**

- 1.4 It is the intent of these standards that a fellow will achieve additional competence in addiction medicine in one (1) year beyond the three (3) year family practice residency. To be accepted for fellowship training in “Addiction Medicine in Osteopathic Family Practice and Manipulative Treatment”, the physician must have successfully completed three years of an AOA/ACOFP-approved residency in family practice, or be an AOBFP certified osteopathic family physician.

### **Scope of Training**

- 1.5 All programs must provide the fellow with extensive training in the care of any person who suffers from an addiction disorder. Longitudinal care in all settings, such as inpatient and outpatient substance abuse programs (or other treatment programs for addictive disorders), hospitalized patients for medical and/or surgical problems, and outpatient general medical care will be emphasized. Special attention shall be placed on osteopathic principles and practice in the care of the patient. Additional training in all branches of surgery, internal medicine, pediatrics, psychiatry, obstetrics and gynecology that are of special concern in the addicted patient must be provided.

## **PART TWO: INSTITUTIONAL REQUIREMENTS**

### **Sponsoring Institution**

- 2.1 This subspecialty residency-training program shall be in conjunction with the family practice program at the sponsoring institution.
- 2.2 A training program in this subspecialty shall commence only after it has received the approval of the AOA Program and Trainee Review Council (PTRC).
- 2.3 The institution must provide a sufficient number of supervised patients with addiction disorders to insure adequate training for the fellows in the program
- 2.4 The institution shall provide access to carefully selected medical literature pertaining to the training in Addiction Medicine.
- 2.5 Upon satisfactory completion of this training program, the institution shall award the fellow with a certificate of completion. The certificate shall confirm the fulfillment of the program requirements, starting and completion dates of the program, the name of the training institution, and the name of the Program Director.

### **Appointment of Fellows**

- 2.6 Candidates for acceptance into this subspecialty training may:
  - a. Be an AOBFP certified practicing osteopathic Family Physician who desires a certificate of added qualification in addiction medicine.
  - b. Be a graduate of an AOA-approved residency program-or a fellow in good standing at an AOA-approved family practice residency program who desires additional training in addiction medicine.

### **Administration of the Educational Program**

- 2.7 At the beginning of the residency training program, there shall be a period devoted to the formal orientation of the fellow to the administrative and professional organization of the program facilities available in the laboratories, nursing, social services, risk management, quality assessment, dietetics, medical records, and pharmacy. Fellows will be advised regarding the duties, professional ethics and conduct towards other members of the health care team.
- 2.8 There shall be a fellow manual, which will include, but not be limited to the following:
  - a. Educational goals and objectives for all core and/ or regularly assigned rotations.
  - b. A set of rules and regulations stating fellow duties and responsibilities, including hospital floor procedures and general orders.
  - c. Leave policies.
  - d. All financial arrangements including housing, meals and other benefits, as determined by the institution and described in the fellow contract.
  - e. An outline of the content of the orientation program.

- f. Membership in the AOA and ACOFP is required.
  - g. Policies governing evaluation and appeal mechanisms.
- 2.9 If a fellow is given a leave of absence for reasons of maternity, physical or mental disabilities and returns to duty, he/ she may continue the training to completion for the required 52 weeks of training. The program shall have a written statement of policies regarding leave in the fellow manual.

### **PART THREE: FACULTY QUALIFICATIONS AND RESPONSIBILITIES**

#### **Program Director for Fellowship Training Program**

##### **Qualifications**

- 3.1 Must be a certified physician who has the expertise to implement a training program in Addiction Medicine and Osteopathic Family Practice and Manipulative Treatment.
- 3.2 Shall demonstrate to the Committee on Education & Evaluation of ACOFP expertise in the field of addiction medicine.

##### **Responsibilities**

- 3.5 Shall ensure the implementation of this curriculum by qualified physicians in the area of Addiction Medicine.
- 3.6 Must have a reporting relationship to the family practice program director.

### **PART FOUR: FACILITIES**

- 4.1 All programs must provide the facilities required for the education of fellows. These facilities must be geographically close enough to the primary training facility to permit efficient functioning of the educational program, or have the capacity to link facilities via live interactive video conferencing. The institution must assume the financial, technical and educational support necessary to maintain such facilities.

### **PART FIVE: PROGRAM REQUIREMENTS**

#### **Synopsis**

- 5.1 The fellow must participate in didactic activities relating to Addiction Medicine as directed by the Program Director.
- 5.2 The fellow must participate in a comprehensive study program consisting of reference materials, courses, and other formal training structured to develop a knowledge base in the field of Addiction Medicine.

- 5.3 If necessary, the program must provide suitable arrangements for outside rotations to insure the complete education of the subspecialty fellow and for broadening the scope of training. All rotations must meet standards as formulated in the AOA Accreditation Document for Osteopathic Postdoctoral Training (OPTI) and the Basic Document for Postdoctoral Training Programs.

### **Osteopathic Principles and Practice**

- 5.4 The program shall integrate the principles and practices of osteopathic medicine into the diagnosis and treatment of all patients in accordance to the standards outlined in the Basic Standards for Residency Training in Osteopathic Family Practice and Manipulative Treatment.

### **Cognitive Knowledge**

#### **Objectives**

Upon successful completion of this program, the fellow will be able to demonstrate competence in his/her ability to:

- 5.5 Develop knowledge and skills in the prevention, diagnosis, treatment, and rehabilitation of addicted and impaired patients.
- 5.6 Demonstrate knowledge of the relationship of anatomy, hematology, nutrition, pharmacology, physiology and biochemistry as they apply to the addicted and impaired patient.
- 5.7 Demonstrate knowledge of environmental factors which may influence recovery and relapse in addicted and impaired patients.
- 5.8 Demonstrate knowledge of personal factors that may affect drug use and the recovery of the addicted and impaired patient.
- 5.9 Demonstrate knowledge of the psychosocial needs of the addicted and impaired patients and their families, and be able to develop strategies for helping them meet these needs.
- 5.10 Demonstrate knowledge of the effects of alcohol and other drugs on the pregnant patient and the newborn.
- 5.11 Demonstrate knowledge of detoxification protocols.
- 5.12 Demonstrate knowledge of measures to prevent relapse.
- 5.13 Demonstrate knowledge of barriers to rehabilitation caused by substance abuse or other addictions.
- 5.14 Demonstrate knowledge of available community support services and appropriate referral protocols.

## **Patient Care**

### **Objectives**

Upon successful completion of this program, the fellow will be able to demonstrate competence in his/her ability to:

- 5.15 Obtain an accurate history with attention to those items which are of special interest in addiction medicine.
- 5.16 Properly perform a physical examination on the addicted patient.
- 5.17 Order and interpret appropriate diagnostic tests and diagnostic imaging.
- 5.18 Implement and monitor substance abuse treatment programs such as, outpatient drug free programs, methadone detoxification and maintenance programs, therapeutic communities, and 12-step programs.
- 5.19 Provide comprehensive medical management to addicted and impaired patients.
- 5.20 Assess cognitive impairment in persons with a history of addiction.
- 5.21 Provide consultation in prenatal and neonatal patients affected by substance abuse.
- 5.22 Evaluate substance abuse in a patient being treated for chronic pain.

## **Systems-Based Practice**

### **Objectives**

Upon successful completion of this program, the fellow will be able to demonstrate competence in his/her ability to:

- 5.23 Collaborate with community services in the care of the addicted patient.
- 5.24 Demonstrate knowledge of reimbursement policies of third party health plans.
- 5.25 Demonstrate knowledge of the impact of addiction disorders on health care systems.
- 5.26 Demonstrate knowledge of federal legislation that impacts health care delivery to the addicted patient.
- 5.27 Prepare expert witness testimony regarding addiction disorders.

## **Research and Scholarly Activity Requirements**

### **Synopsis**

- 5.28 The program shall include active involvement by the subspecialty fellow in scientific research or scholarly writing pertaining to chemical dependency and/or other addictive disorders.

- 5.29 This shall be in addition to the scholarly activity specified in Part Five, Program Requirements as outlined in the Basic Standards for Residency Training in Osteopathic Family Practice and Manipulative Treatment.
- 5.30 Assume teaching responsibilities as assigned by the Program Director.

## **PART SIX: EVALUATION**

### **Evaluation of Fellows**

- 6.1 An integral part of the ongoing and exit evaluation is the portfolio of the fellow. Each fellow will be required to keep a portfolio. The following information will be kept in the portfolio. This should include but not be limited to:
- a. Case management records (as on hospital chart)
    - Location (outpatient/ inpatient)
    - Diagnosis
    - Procedures
      - Indication
      - Complications (if any)
    - Level of responsibility
  - b. Teaching responsibilities
  - c. Self evaluation
  - d. CV
- 6.1 Formative Evaluation
- a. All candidates will be evaluated quarterly by criteria standardized by the program.
- 6.2 Summative Evaluation
- a. The Program Director will prepare a summative evaluation in Addiction Medicine in Osteopathic Family Practice and Manipulative Treatment.
  - b. Evaluation in the seven core competencies found in Part Five, Program Requirements as outlined in the Basic Standards for Residency Training in Osteopathic Family Practice and Manipulative Treatment will be completed utilizing the AOA core competency annual form.

### **Program Evaluation**

- 6.3 Evaluation of the program will be by the Committee on Education & Evaluation of the ACOFP.
- 6.4 Outside evaluation from the American Osteopathic College of Addiction Medicine is encouraged.