

Resident's Manual 2007-2008
Osteopathic Family Medicine and Manipulative Treatment
ADDENDUM



Sponsors

*Nova Southeastern University
College of Osteopathic Medicine
Ft Lauderdale, FL*

&

*Duke/Southern Regional AHEC
Family Medicine Residency Program*

Learning... Teaching... Healing

TABLE OF CONTENTS

HISTORY AND STRUCTURE OF THE DUKE/SR-AHEC PROGRAM.....3
MISSION / STATEMENT OF INTENT4
DEFINITION OF FAMILY MEDICINE.....5
 Core Values.....5
 Duke/SR-AHEC Program goals.....5
ORIENTATION.....6
PROGRAM DESCRIPTION.....7
PROGRAM OBJECTIVES.....8
PROGRAM CURRICULUM.....10
OSTEOPATHIC GRADUATE MEDICAL EDUCATIONCOMMITTEE (OGME).....15
RESIDENT CERTIFICATE OF COMPLETION.....15
PROGRAM ADMINISTRATION/PROGRAM DIRECTOR.....15
RESPONSIBILITES OF THE PROGRAM DIRECTOR.....16
RESIDENT ELIGIBILITY, APPLICATION AND THE SELECTION PROCESS.....17
POLICIES
 ETHICS POLICY.....18
 EVALUATION POLICY: RESIDENT PROGRESS AND COMPENETENCY.....19
 EVALUATION POLICY: RESIDENCY PROGRAM.....20
 OSTEOPATHIC INTERN LOG.....22
 NIGHTLY DOCUMENTATION LOG.....22
 DISMISSAL FOR CAUSE.....22
 PROCEDURE FOR TERMINATION OF RESIDENCY PROGRAM.....23
 PAID TIME OFF (VACATIONS).....23
 Time Away From the Residency.....24
 MOONLIGHTING POLICY.....25
 WORK HOURS: AOA/GME TRAINEE DUTY HOURS POLICY.....26
 Monitoring and Reporting of Work Hours.....27
WAGES/OTHER BENEFITS.....27
COMPETENCY BASED TRAINING.....28
OMM/OSTEOPATHIC PHILOSOPHY GOALS.....28
CORE COMPETENCY IMPLEMENTATION.....29
INSTITUTIONAL ASSEST/STATISTICS.....34
LIBRARY AND EDUCATIONAL RESOURCES.....34
PHYSICAL FACILITIES.....35
OTHER CLINICAL SERVICES MANUAL POLICIES.....SEE MANUAL

HISTORY AND STRUCTURE OF THE DUKE/SR-AHEC OSTEOPATHIC FAMILY MEDICINE RESIDENCY PROGRAM

The Duke/Southern Regional AHEC Family Medicine Residency Program is sponsored and financially supported by the Fayetteville Area Health Education Foundation, Inc. (FAHEF), a nonprofit organization governed by a Board of Trustees. The Board of Trustees are representatives of the nine county region served by Southern Regional AHEC. The Southern Regional Area Health Education Center is one of nine statewide AHECs originally developed in response to concerns regarding the supply, distribution, retention and quality of health professionals. Southern Regional AHEC was chartered in 1974 and accredited by the Liaison Committee for Graduate Medical Education in 1976. The first allopathic residents began in 1977. In 2002, Southern Regional AHEC became the first AOA accredited internship in North Carolina. The residency program is currently affiliated with Duke University Medical Center and NOVA Southeastern University - College of Osteopathic Medicine (CEME-OPTI), and also incorporates medical education programs from the University of North Carolina at Chapel Hill, Campbell University, and East Carolina University. The residency's primary hospital affiliation is Cape Fear Valley Medical Center; however, educational opportunities are available at Duke University Medical Center, Highsmith-Rainey Hospital, Southeastern Regional Medical Center, Womack Army Medical Center, and other area health departments.

Southern Regional AHEC is responsible along with Duke University Medical Center for recruiting and maintaining the faculty for the residency program, providing and maintaining the educational facilities and equipment, supporting a health sciences library, and is the vehicle through which state monies are appropriated to the residency. The educational content is the responsibility of the Director, Family Medicine and faculty of Southern Regional AHEC and supported by the Division of Family Medicine at Duke University Medical Center and NOVA Southeastern University College of Osteopathic Medicine.

In accordance with the prerequisites for program approval, Nova Southeastern University College of Osteopathic Medicine (NSU-COM) is accredited by the American Osteopathic Association (AOA) and will serve as the sponsoring institution for the DUKE/SR-AHEC Osteopathic Family Medicine Residency. NSU-COM sponsors AOA approved internship and residency programs and fulfill the requirements as stated in the guidelines for establishing an osteopathic postdoctoral training institution (OPTI). NSU is the largest private institution of higher learning in the State of Florida and the 9th largest in the nation.

NSU College of Osteopathic Medicine has an extensive history of sponsorship of high quality pre-doctoral and postgraduate education and training. It is dedicated to developing students and trainee's sense of professionalism and ethics.

Mission of Duke/Southern Regional AHEC's Osteopathic Postdoctoral Training Program

Duke/Southern Regional AHEC is dedicated to training students and residents in all aspects of medicine, especially primary care, to meet the health needs of the citizens of North Carolina, with a commitment to family medicine and a focus on rural and underserved populations. Our postgraduate medical education emphasizes excellence, compassion, ethics, and osteopathic manipulative skills. We encourage leadership in the community through service, continuing medical education, research and scholarly activity.

Mission—The Consortium for Excellence in Medical Education (CEME) in affiliation with NSU College of Osteopathic—An Osteopathic Postdoctoral Training Institution

The mission of CEME is to support quality healthcare, superior medical training, and educational opportunities through cooperative relationships with healthcare providers and educators.

Together CEME members and NSUCOM provide outstanding postdoctoral training opportunities through the United States. The Consortium is an alliance of more than 20 medical education centers linked through electronic networks, with ongoing support of teaching, research, and community health collaborations. The members share a commitment to excellence in the education of tomorrow's physicians. The faculty members are dedicated to the education of knowledgeable, highly skilled and compassionate physicians.

Statement of Intent

This document describes the Nova Southeastern University College of Osteopathic Medicine and Duke/Southern Regional AHEC intent to establish a residency in Osteopathic Family Medicine. It outlines the educational objectives, residency requirements, residency faculty, training sites, training opportunities, residency structure, and evaluation methods. The residency-training manual, affiliation agreement, and the letter of commitment with the Consortium for Excellence in Medical Education (CEME) are included in the application.

This document conforms to the guidelines of the American Osteopathic Association and the American College of Family Physicians (ACOFP). The program is designed to provide the osteopathic resident with postdoctoral training in osteopathic family medicine. The osteopathic resident, upon successful completion of this family medicine residency, shall be eligible for examination by the ACOFP.

The program is currently accredited through the Accreditation Council of Graduate Medical Education (ACGME). The most recent ACGME review and re-approval was in November 2002. The next schedule inspection will be approximately in September 2007.

The OPTI affiliation for this program is with the Consortium for Excellence in Medical Education (CEME) in affiliation with Nova Southeastern University College of Osteopathic Medicine. CEME has reviewed the program and the application. A summary of the on-site review and letter of support are being forwarded with this application.

The DUKE/Southern Regional AHEC Family Medicine Application

Definition—Family Medicine:

Family medicine is the medical specialty which provides continuing and comprehensive health care for the individual and the family. It is the specialty in breadth which integrates the biological, clinical and behavioral sciences. The scope of family medicine encompasses all ages, sexes, each organ system and every disease entity. Family medicine is a three-dimensional specialty, incorporating the dimensions of (1) knowledge, (2) skill, and (3) process. While knowledge and skill may be shared with other specialties, the family medicine process is unique. At the center of this process is the patient-physician relationship with the patient viewed in the context of the family. It is the extent to which this relationship is valued, developed, nurtured and maintained that distinguishes family medicine from all other specialties. (AAFP)

Mission:

The DUKE/Southern Regional AHEC Family Medicine Residency, a dually accredited program, will train high quality family medicine physicians who are well prepared to serve the rural communities of North Carolina.

By our actions we will improve access to high-quality family medicine services for the citizens of Central North Carolina. We will be recognized as a program of excellence.

Core Values:

- Service to others
- Accountability
- Integrity
- Respect for diversity
- Excellent patient care and excellent medical education are interdependent
- Finding Health and treating the whole patient
- Excellence results from continuous improvement
- Interdisciplinary teamwork is essential for success

Program Goals:

This program desires to produce a professional, board certified osteopathic family physician capable of providing competent, independent health care.

- High quality
- High satisfaction
- Congruence with Southern Regional AHEC
- Continuous personal growth of all personnel

ORIENTATION

Prior to beginning the duties of the internship, there will be an orientation program. This time will be devoted to familiarize the intern with the intricacies of the program, hospital and so forth. Intern responsibilities will be addressed, including medical records, OSHA requirements, pharmacy issues, quality assessment, risk management, human resource issues, etc. ACLS, ALSO and other courses will be offered. (See attached Schedule) Osteopathic Interns and Residents are expected to deliver patient centered care and encourage our physicians to incorporate the osteopathic philosophy of treating the whole patient and not just the symptoms while finding wellness. All residents are considered employees of Southern Regional AHEC and are expected to comply with policies of the organization that are not covered in the Residency Manual. The following is expected for completion of our program:

- **Assure signed contract is in file within 10 days**
- **Assure documentation of a personal comprehensive Physical Exam is on file prior to the start of internship.**
- Understand Osteopathic Principles and Oath and the AOA Code of Ethics
- Keep excellent Documentation Logs (using a personal digital assistant (PDA)) and present to DME quarterly for review and signature
- Highly recommended to schedule and attend 1 Autopsy (attached schedule provided)
- Complete a scientific paper or research project (SEE POLICY AND SIGN)
- Meet quarterly with the Director/DME (Dr Maharty). This should be done after your quarterly evaluation with team leader. DME is usually available Tuesday mornings 0745-1130 hrs.
- Fill out application for access to NSUCOM library.
- Become familiar with the DO soap note form
- Only a DO faculty member may precept when manipulation is performed. If there is **NOT** a DO faculty member available, then use only techniques that you have become proficient in and are certified to perform (demonstrated and signed off) otherwise, reschedule the patient for a time when a DO faculty member is available. **NOTE:** A DO attending or other faculty MD must sign all OMM charts. Ensure a copy of the OMM chart is sent to the DODME for academic purposes.
- Attend curriculum on Osteopathic Manipulation/Philosophy
- Understand reporting of weekly hour's policy.
- Attend OSCE at NSU COM every MAY
- Become familiar with critical appraisal of OMT literature
- Become familiar with Residency Policies and procedures
- Become an active part of the Osteopathic Education Committee when available. (meets every 2nd Tuesday of month from 8:15 a.m. – 9:15 a.m. in the Presidential Conference Room)

Program Description

THE DUKE/SOUTHERN REGIONAL AHEC

The Duke/Southern Regional AHEC Family Medicine Residency Program is excited about its newly formed relationship with NOVA Southeastern University College of Osteopathic Medicine (NSU-COM) and the AOA and is pleased to become a dual residency. We are delighted that you will be joining us for your family medicine residency education. Family Medicine is a unique and challenging specialty that concentrates on the patient as a whole person within the social context of family and community. As a family medicine physician in training, you will be exposed to all facets of the practice of family medicine within this residency program.

The principles of family medicine mandate health care that is comprehensive, continuous, and oriented toward the individual, his/her special social support system, and the patient's community. The family physician is required to have knowledge, not only of family medicine, but also the various specialties and subspecialties.

Program Goals:

To produce a professional, board certified osteopathic family physician capable of providing competent, independent professional health care service. The ultimate goal of your residency education is to provide the knowledge and skills to practice and deliver excellent health care. The curriculum of this program has been developed and accredited according to the guidelines of the Accreditation Council for Graduate Medical Education and the American Osteopathic Association/ACOFPP. It is tailored to the needs of the community and the surrounding region.

The Duke/Southern Regional AHEC Family Medicine Residency provides comprehensive clinical and didactic education throughout the three-year curriculum. Initially, in-hospital rotations are emphasized with subsequent progressive emphasis on ambulatory experiences. We also recognize that personal maturity and self-awareness are extremely important and that educational assistance and support of residents throughout the residency years greatly influence how you will practice in the future. We hope, upon your graduation from this residency, you will be a physician who is competent in all areas of family medicine and one who has developed the skills to professionally and personally be successful in his/her career.

The purpose of this handbook is to introduce you to the program, its curriculum and the policies and the procedures you will need to be familiar with to get the most out of your education. We hope you will use this manual as a reference and guide during your residency

This program is structured to provide an osteopathic resident with advanced and concentrated training in family medicine and to prepare him/her for examination leading to board certification in this discipline. Applicants must be graduates of an American Osteopathic Association (AOA) accredited college of osteopathic medicine, have satisfactorily completed a one-year AOA approved internship, and be a member of the AOA. This training program is designed to teach the osteopathic family medicine resident.

Program Objective:

Through the comprehensive family medicine residency program the resident will complete an organized program of study and experience designed to prepare him/her to provide high quality medical care. The resident is exposed to the specific aspects of family medicine discipline, practical experience, reading materials and other resources. The educational objectives of this training program are to ensure that by the end of the training the resident is able to meet or exceed the Osteopathic Core Competencies.

The following Academic Advancement Criteria will be used:

Promotion Criteria for OGME1/ PGY-I

- 1) Science of Medicine Criteria:
 - a) Satisfactory completion, as defined as overall grade of 3 or higher, of each first year rotation as evidenced by rotation evaluations and faculty quarterly reviews
 - b) Completion of BLS, ACLS, PALS, ALSO or whatever offered
 - c) Passing grade on PART I and II on the COMLEX from osteopathic medical schools
 - d) Maintain proper documentation of procedures by timely filing of procedure log and case logs to appropriate person
 - e) Apply for COMLEX/NBOME Part III before end of PGY-1 year
 - f) Meet criteria to apply for license as defined by the State of North Carolina
 - g) Meet or exceed Core Competencies.

- 2) Art of Medicine Criteria:
 - a) Demonstrate ethical behavior and incorporation of the Osteopathic Philosophy in medical medicine.
 - b) Completion of medical records, both inpatient and outpatient, in a timely fashion
 - c) Ability to work with all members of the healthcare team and show good interpersonal skills with patients and staff
 - d) Demonstrate ability to supervise and teach other learners
 - e) Ability to independently evaluate patients, make differential diagnosis and formulate a treatment plan with attending consultation
 - f) Supervise a panel of patients with appropriate care as determined by faculty
 - g) Participate by receiving constructive feedback
 - h) Comply with policies in Policy and Procedure Manual
 - i) Meet or exceed Core Competency Standards

Promotion Criteria for OGME2/PGY-2

- 1) Science of Medicine Criteria
 - a) Satisfactory completion, as defined as overall grade of 3 or higher, of each second year rotation as evidenced by rotation evaluations and faculty quarterly reviews
 - b) Maintain proper documentation of procedures with the appropriate person
 - c) Passing grade on the COMLEX from NBOME Part III.
 - d) Successfully complete the 24 object lessons in the Rad-Challenger: Acute Care Radiology Series program

- 2) Art Medicine Criteria
 - a) Demonstrate ethical behavior and mastery of the Osteopathic Philosophy in patient care.
 - b) Completion of medical records, both inpatient and outpatient, in a timely fashion
 - c) Ability to work with all members of the healthcare team and show good interpersonal skills with patients and staff
 - d) Supervision of junior residents and other learners in inpatient teams, in FMC, and teaching on rounds as evidenced by feedback from faculty and peers
 - e) Ability to independently evaluate a patient, make a diagnosis and formulate a treatment plan
 - f) Continue to maintain and supervise a panel of family medicine patients with appropriate care as determined by faculty
 - g) Participate by receiving constructive feedback
 - h) Comply with policies in Policy and Procedure Manual
 - i) Meet or exceed Core Competencies

Promotion Criteria for OGME3/ PGY-3

- 1) Science of Medicine Criteria
 - a) Satisfactory completion, as defined as overall grade of 3 or higher, of each third year rotation as evidenced by rotation evaluations and faculty quarterly reviews
 - b) Maintain proper documentation of procedures with the appropriate person
 - c) Obtain permanent license in State of North Carolina, if applicable.
 - d) Meet or exceed the Core Competency Standards

- 2) Art of Medicine Criteria
 - a) Demonstrate ethical behavior and mastery of the Osteopathic Philosophy in patient care.
 - b) Demonstrate ethical behavior and mastery of the Osteopathic Philosophy in overall medical practice and peer interactions.
 - c) Completion of medical records, both inpatient and outpatient, in a timely fashion
 - d) Ability to work well with all members of the healthcare team and show good interpersonal skills with patients and staff
 - e) Supervision of junior residents and other learners in inpatient teams, in FMC, and teaching on rounds as evidenced by feedback from faculty and peers
 - f) Ability to independently evaluate patients, make appropriate diagnoses and formulate an appropriate treatment plan
 - g) Participate in assigning panel of family medicine patients to a new resident at the end of year
 - h) Participate by receiving constructive feedback
 - i) Comply with policies in Policy and Procedure Manual
 - j) Check out per policy at the end of the year

These Criteria were adapted and modified from Academic Advancement Criteria for Mercy/Mayo Family Medicine Residency Program, Des Moines Iowa, written by Charles Korte M.D.

PROGRAM CURRICULUM

To meet the program objectives outlined in the section above and to comply with AOA/ACOFPP guidelines for optimal residency training the following curriculum was developed:

FIRST YEAR CURRICULUM OVERVIEW

ROTATION	EXPECTATIONS
Family Medicine <i>4 Months</i>	Inpatient training on Southern Regional AHEC Family Medicine Teaching Ward. Admit patients of Southern Regional AHEC Family Medicine Center & of selected Internists, Family Physicians. Daily Teaching Rounds. Supervision by senior family medicine residents. Southern Regional AHEC faculty and community private physicians. Internal Medicine run by Southern Regional AHEC with interns, two upper level residents and Southern Regional AHEC attending faculty. Maximum two rotations consecutively. DO's to have Internal Medicine Staff
Pediatrics <i>2 Months</i>	Combined inpatient and outpatient experience associated with private pediatric practices. General and intensive care nursery experience. Admit private pediatrician's patients to hospital. Ambulatory pediatrics at military pediatric clinic.
OB/GYN <i>2 Months</i>	Deliveries will include both private and clinic patients. Daily Obstetrics & Gynecology clinics. Management of OB/GYN emergency admissions.
Surgery <i>1 Month</i>	Work with private surgeon. Assist with admitting surgeon's patients to hospital. First assist in surgery. Attend office for outpatient surgery, follow-ups, and pre-hospital evaluation.
Emergency Medicine <i>1 Month</i>	Combine all phases of ER work. Supervision by full-time ER physician on a one-to-one basis.
Community Medicine/ Computers <i>1 Month</i>	Introduction to community resources, occupational medicine and social health topics. Home visit curriculum begins during PGY-1 and continues throughout the remaining two years. One week of one on one computer education. Suggested time for vacation.
Elective <i>1 Month</i>	

NOTES:

One half day per week will concentrate on issues related to an integrated approach to Family Medicine. Particular attention is paid to the physician-patient relationship, interviewing skills

and resident personal development. Close multi-specialty perception, videotape review and discussions are provided for first year residents as a group.

At least 24 hours per year will be set aside for concentrated hands-on Didactic training in OMM/Osteopathic Philosophy throughout the Residency.

Additionally, attend continuity OMT clinic regularly.

In addition, Community Medicine is emphasized and includes visits with various agencies and health care related institutions.

First year residents are required to do 1-2 half-days of Family Medicine Continuity Clinic per week. The day of the week should be the same for continuity purposes.

Patient load should be at least 6 patients per half-day.

SECOND YEAR CURRICULUM OVERVIEW

	ROTATION	EXPECTATIONS
Family Medicine Center – 3 - 4 half days per week*	Family Medicine <i>2 Months</i>	INTERNAL MEDICINE (8 weeks) Work as supervisory resident on Family Medicine Teaching Ward.
	Sports Medicine/OMM <i>1 Month</i>	SPORTS MEDICINE /OMM and Osteopathic Philosophy(4 weeks) Outpatient clinical experience in the Family Medicine Center with in-depth instruction in Sports Medicine. Instruction on OMM and Osteopathic Philosophy (see OMM Goal and Objectives)
	Pediatrics <i>2 Months</i> (includes <i>2 weeks</i> NICU)	Inpatient PEDs for 4 weeks as in first year. Ambulatory experience at local Health Department or Pediatric subspecialty clinic and Neonatal ICU experience.
	OB/GYN <i>1 Month</i>	Same as first year requirements.
	Behavioral Science/Practice Management /OMM <i>1 Month</i>	BEHAVIORAL SCIENCE/Practice Mgmt and OMM (4 weeks longitudinal) Instruction on OMM and Osteopathic Philosophy (see OMM Goal and Objectives) PRACTICE MANAGEMENT/COMPUTERS (4 weeks) Hands on computer experience and practical practice management training. Staff Behavioral Science consultation service with faculty supervision. Supervised in-depth involvement with selected patients. Interview skills development. Interaction with community services and resources.
	Surgery <i>1 Month</i>	Spent with local surgeon in office and hospital.
	Emergency Room (ED) <i>1Month</i>	Taking direct call in the ED and at Cape Fear Valley Medical Center. Hospital and emergency room coverage.
	Electives <i>2 Months</i>	ELECTIVES
	ICU <i>1 Month</i>	

NOTES:

Second and third year residents are required to have at least 312 half-day sessions in clinic over the last 24 months of their residency.

Second year resident will average 3-4 half-days of Family Medicine Continuity Clinic each week.

Second year residents are required to see a minimum of at least 8 patients per half-day in clinic.

Second year residents are required to complete Rad Challenger on-line radiology course.

THIRD YEAR CURRICULUM OVERVIEW

	ROTATION	EXPECTATIONS
Family Medicine Center – 3 - 4 half days per week*	Family Medicine <i>2 Months</i>	Work as supervisory resident on Inpatient Teaching Ward.
	Rural Selective <i>1 Month</i>	Rural Family Medicine, outpatient clinical experience in a rural office with attention to rural health needs.
	Pediatrics <i>1 Month</i>	Inpatient as described in 1st year.
	Orthopedics <i>1 Month</i>	Spent with local orthopedic physicians in their office, hospital, and emergency department.
	Urology <i>1 Month</i>	Work with local Urologist in office and hospital
	ENT and Ophthalmology <i>1 Month</i>	ENT (<i>2 weeks</i>)/ OPHTHALMOLOGY (<i>2 weeks</i>) Time with local Otorhinolaryngologists and ophthalmologists in office, hospital and emergency room
	GYN/GYN Surgery <i>1 Month</i>	Time concentration on GYN and out patient procedures. May work closely with the new fellowship in Women’s Health starting JUL06.
	Peds ER <i>1 Month</i>	Emergency Medicine: Combines all phases of ER work concentrate PEDS ER. Supervision by full-time ER physician on a one-to-one basis
	Medicine Selective <i>1 Month</i>	Choose an elective in a medicine subspecialty.
	Electives <i>2 Months</i>	In addition to further rotations in any of the above specialties rotations may be selected from the specialties listed below or of the residents choosing: Gastroenterology, Geriatrics, Allergy, Nephrology, Rehabilitative Medicine, Anesthesiology, Neurosurgery, Elective Obstetrics, Pulmonology, Computer Skills, Self-designed electives.

NOTES:

Second and third year residents are required to have at least 312 half-day sessions in clinic over the last 24 months of their residency.

Third year resident will average 4-5 half-days of Family Medicine Continuity Clinic per week.

Third year residents are required to see a minimum of at least 10 patients per half-day in clinic.

REQUIREMENTS CHECKLIST:

FIRST YEAR	SECOND YEAR	THIRD YEAR
Family Medicine (<i>4 Months</i>) <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	Family Medicine (<i>2 Months</i>) <input type="checkbox"/> _____ <input type="checkbox"/> _____	Family Medicine (<i>2 Months</i>) <input type="checkbox"/> _____ <input type="checkbox"/> _____
Pediatrics (<i>2 Months</i>) (includes Amb.Peds 1 Month) <input type="checkbox"/> _____ <input type="checkbox"/> _____	Pediatrics (<i>2 Months</i>) <input type="checkbox"/> _____ <input type="checkbox"/> _____	Pediatrics (<i>1 Month</i>) <input type="checkbox"/> _____
OB/GYN (<i>2 Months</i>) <input type="checkbox"/> _____ <input type="checkbox"/> _____	OB Gynecology (<i>1 Month</i>) <input type="checkbox"/> _____ <input type="checkbox"/> _____	GYN / GYN Surgery (<i>1 Month</i>) <input type="checkbox"/> _____
Surgery (<i>1 Month</i>)	Surgery (<i>1 Month</i>) <input type="checkbox"/> _____	Orthopedics (<i>1 Month</i>) <input type="checkbox"/> _____
ER (<i>1 Month</i>) <input type="checkbox"/> _____	ER (<i>1 Month</i>) <input type="checkbox"/> _____	Pediatric ER (<i>1 Month</i>) <input type="checkbox"/> _____
Elective (<i>1 Month</i>) <input type="checkbox"/> _____	Electives (<i>2 Months</i>) <input type="checkbox"/> _____ <input type="checkbox"/> _____	Electives (<i>2 Months</i>) <input type="checkbox"/> _____ <input type="checkbox"/> _____
Community Med / Vacation (<i>1 Month</i>) <input type="checkbox"/> _____	ICU (<i>1 Month</i>) <input type="checkbox"/> _____	ENT/Ophthalmology (<i>1 Month</i>) <input type="checkbox"/> _____
	Sports Medicine(<i>1Month</i>) <input type="checkbox"/> _____	Urology (<i>1 Month</i>) <input type="checkbox"/> _____
	Behavioral Science & Practice Management (<i>1Month</i>) <input type="checkbox"/> _____	Medicine Selective (<i>1 Month</i>) <input type="checkbox"/> _____
		Rural Health Selective (<i>1 Month</i>) <input type="checkbox"/> _____

- LONGITUDIAL: Behavioral Science
 - Sports Medicine/Family Medicine; Practice Management
- DO's will have three rotations over the three years in the Emergency Department (PEDs ED, and ED)
- You must have a minimum of 12 hours off between duty periods for rest.
- Research project is required by the end of the 3rd year.
- Geriatrics: longitudinal instruction
- **NOTE: Second year residents are required to complete the Rad Challenger on-line radiology course.**

Osteopathic Graduate Medical Education Committee (OGME)

The Osteopathic Graduate Medical Education Committee has oversight responsibility for the training program and works to maintain program quality. It meets monthly and maintains minutes of the meetings. This committee is composed of those professionals most actively engaged in the training of the residents and participates in the evaluation process for the resident in training, the teaching faculty, and the program. A resident joins the committee to participate in the program evaluation process.

The composition includes the DME, Assistant DME, Administrative DME, Residency Program Director, Residency Program Coordinator, resident representation, and technical advisor/administrator as needed. The responsibility of the Education Committee is to provide oversight to the program, ensure core competencies are implemented and evaluated, develop core curriculum for OPP/OMM, discuss recruiting, and address any areas that would help to give the maximal educational benefit to the Interns.

The committee

Ensures communication is occurring throughout the institution pertaining to the AOA.

- Reviews the overall curriculum and introduces the implementation of the core curriculum guidelines
- Ensures a review process is occurring and implements tools for review.
- Enforces and sets policy within the AOA guidelines.
- Searches for the latest technology available to improve education and updates its own websites.
- Reports to the Family Medicine Graduate Medical Education Committee quarterly.

Resident Certification of Completion

Upon successful completion of the training program the resident will be awarded a certificate of graduation. This certificate will confirm the fulfillment of the program requirements, starting and completion dates of the program and names of the training institutions and program director in compliance

Program Administration--Program Director

Donald C Maharty, D.O. is currently serving as the director of medical education and program director for the osteopathic residency. This program will be a dual AOA/ACGME training program with Duke/SR-AHEC Family Medicine Residency (program # 12036312230) with osteopathic residents enrolled in the program during each training year. Dr. Maharty is board certified in Family Medicine by the American Board of Family Practice and ACOFP and has extensive experience in his field to include Fellowship Training in Family Medicine Faculty development and over six years of full-time faculty teaching experience in several residencies. He has completed an internship and Residency with the United States Army that has been AOA

approved.

Dr. Maharty is presently a full time family physician and serves as the director of medical education and program director for the Osteopathic Family Medicine residency at the Duke/Southern Regional AHEC Family Medicine Residency.

Responsibilities of the Program Director

The program director will, with the assistance of the faculty and staff:

- Provide clinical teaching, training, and supervision of the residents in family medicine.
- Provide educational lectures, text reviews, literature reviews, procedural training, schedules, and subspecialty training in family medicine.
- Verify that the osteopathic residents complete all clinical rotations, submit all required documents and logs, and achieve competency in all required skills.
- Provide the osteopathic residents with all necessary documents pertaining to the training program, as well as the requirements for satisfactory completion of the program.
- Review with each osteopathic resident the goals, objectives, yearly schedules, and requirements for the satisfactory completion of the training program.
- Conduct regular evaluations of each resident in order to ensure that his/her progress and areas of strength and weakness are fully understood.
- Be responsible for all quality assurance issues associated with the operations and administration of the training program.
- Oversee arrangements for completion of affiliation agreements.
- Complete all administrative tasks as they relate to the AOA, NSUCOM, and the Consortium for Excellence in Medical Education (CEME) to ensure that the program stays in compliance with all governing bodies and related standards.
- Prepare for inspection of the program in cooperation with the appropriate accreditation agencies.
- Submit reports as required to the AOA, ACOFP, NSUCOM, and CEME.

Resident Eligibility, Application and Selection

It is the policy of the Duke/Southern Regional AHEC Family Medicine Residency program to adhere to the guidelines published by the American Osteopathic Association with respect to the eligibility and selection of residents and to function in accordance with the nondiscrimination policies of our institution. The policies and procedures governing this process are stated in our policies and procedures manual. The Resident Selection Process requires the program director and other participating faculty to select candidates for interview based on the eligibility criteria.

Criteria include:

- Candidates are selected without discrimination as to race, color, creed, sex, age, national origin, religion, disability, sexual orientation or veteran status.
- Candidates must be graduates of colleges of osteopathic medicine in the United States accredited by the American Osteopathic Association (AOA).
- The applicant must apply in writing to the program director and complete the necessary forms and request for documentation.
- Residents are selected for the program based upon their previous records and accomplishments. Eligible applicants will be selected on the basis of preparedness, ability, aptitude, academic credentials, communications skills, motivation, integrity and ability to meet required technical skills.
- This osteopathic residency is a two-year program that requires successful completion of an osteopathic internship
- All residents must have appropriate licensure from the North Carolina State Board of Medicine. It is the responsibility of the resident to obtain the appropriate licensure. The residency program will pay the administrative fee for this license.
- Candidates invited for an interview will tour the facility; meet with administrators, precepting faculty, support staff and other residents in the program. A complete and thorough discussion of the program is provided.
- Candidates who are interviewed are given the Residency Benefit Summary that details the terms and conditions of employment, stipends, and benefits of the residency program.
- Upon selection of a physician for a residency position, the Resident Agreement will be given to the resident in writing specifying the conditions and terms of the appointment and benefits applicable to the position.

POLICIES and PROCEDURES

Ethics Policy

Family Medicine Residents of DUKE/SR-AHEC are expected to conduct themselves in an ethical and professional manner at all times, especially when representing DUKE/SR-AHEC in clinical and academic settings.

The residents shall respect the patients' rights to privacy. Residents shall refrain from discussing any confidential information outside of clinical settings or in any public areas. Any inquiries from the press, radio or television, regarding patient care, medical issues or related activities, shall be referred to the Supervisor of Training.

The AOA Code of Ethics is the primary guide for the osteopathic profession. Residents should seek growth in all aspects of medical ethics: Sensitivity to issues, conceptual analysis, evaluation of competing claims, and development of a personal philosophy. Resources for such growth include departmental faculty, trainers, hospital chaplains, books and journals, special grand rounds, and seminars. The staff of the Family Medicine Residency Program will provide scheduled discussions and workshops, and are available for consultation.

No resident shall be coerced, held liable, or discriminated against in any manner, because of a refusal to perform, accommodate, or assist in a procedure, on any sincerely held religious or ethical belief. This provision shall not be construed to permit abandoning the patient or withholding treatment urgently required for the preservation of the quality of life in any emergency situation.

For additional information refer to Personnel Policy Manual (Policy #105).

Policy for Osteopathic Manipulation (OMT) and Precepting:

The official policy as written and signed in all Intern and Resident files by the DODME is as follows:

The follow policy shall now be in effect as all of our DO residents have received at least 150 hours in Medical School OPP/OMM training and have completed a refresher course and overview of OMT at Southern Regional AHEC in August 2005.

An intern or resident must precept any manipulation performed with a DO faculty. If faculty is not available, then the resident may use only techniques that they have become proficient in performing (i.e. demonstrated and signed off). Otherwise, please reschedule the patient for a time when a DO faculty is available. Note: A DO attending must sign all OMM charts for billing purposes. Please copy all charts for DO DME review and signature.

All 1st and 2nd year DO Residents are credentialed in the following procedures and are competent to perform independently.

Strain /Counterstrain, Soft Tissue Techniques, Muscle Energy, Myofascial, Articular Techniques FPR, Spenser's Shoulder Techniques and HVLA of Thoracic, Lumbar, Sacral, Hip/Innominate.

*The only techniques that MUST be supervised are HVLA of the cervical area, cranosacral, and any techniques the resident is unsure in their own ability. Of course faculty precepting is always recommended to facilitate maximal learning.

Policy for Research:

(See ACOFP guidelines given to all Residents and Interns)

TIMELINE for RESEARCH:

- a. By 1 June of the intern year a topic should be chosen. (Interns)
- b. By 1 January of the 2nd year a literature review should be presented to supervisor/DME.
- c. By 1 July of the 3rd year implementation and movement foreword.
- d. By 1 MAR of your 3rd year a product meeting the ACOFP guidelines. * Resources available NOVA-SU, DUKE, etc...
- e. Must meet with supervisor on all critical steps.
- f. This is mandatory for AOA/ACFP approval of your Residency.

Evaluation Policy—Residents Progress and Competency

Periodic Evaluation: Written evaluation of the osteopathic resident is conducted quarterly by the Program Director and teaching faculty to assess the resident's knowledge, technical skills, professional character, interpersonal skills and/or any other factors deemed necessary or desirable to complete the requirements of the Program. The evaluation process is intended to establish standards for the resident's performance and to indicate the resident's ability to work independently once they leave the program. The process attempts, to the extent reasonably possible, to provide early identification of deficiencies in the resident's knowledge, skills or professional character, and to the extent reasonably possible allow remedial action to enable a resident to satisfactorily complete the requirements of the program. The results of the assessment and signed evaluation forms are retained in the resident's evaluation folder.

Annual In-Training Examination: The residents are required to take, at a minimum, the AOA annual in-training examination. Other acceptable performance standards will be determined by the Program Director. Those residents scoring less than the 20% shall undergo an academic prescription by their direct advisor approved through the DME/Program director.

Feedback: The Program Directors and faculty provide feedback through personal conferences and to obtain the Resident's evaluation of teaching faculty and the Residency Program. The resident feedback is done online and in a timely and anonymous fashion.

Assessment Committee: The Program Director and teaching faculty meet quarterly during the year to review the performance of the resident and make a determination as to the ability of the resident to continue in the program and/or advance to a higher level of responsibility.

Evaluation Policy—Residency Program

Scheduled Reviews: A regularly scheduled review of the residency-training program will be conducted each academic year. The reviews will assess program compliance with the Institutional Requirements and the Program Requirements of the AOA and ACOFP Residency Review Committees. The review process is a fact-finding evaluation designed to improve the educational component of the residency-training program and to promote constructive criticism.

Review Team: The Review team will consist of the Osteopathic Medical Education Committee.

Procedures: The analysis of the review will assess the residency program's compliance with institutional and program standards. Written notes from the review are maintained and available for inspections. The reviews assess the:

- Curricular plan and educational objectives of the program
- Adequacy of available educational and financial resources to meet these objectives and to support the program
- Effectiveness of each program in meeting its objectives
- Effectiveness in addressing areas of noncompliance, concerns or citations from accreditation and internal reviews
- Effectiveness of the program in defining, in accordance with the program and institutional requirements, the specific knowledge, skills, attitudes, and educational experiences required for the residents to achieve competence in death investigation, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, systems-based practice, and OPP
- Use of evaluation tools and the development of dependable measures to assess the residents' medical knowledge, practice-based learning and improvement,

interpersonal and communication skills, professionalism, and systems-based practice as defined in the Institutional and the Program Requirements

Osteopathic Intern Logs

Osteopathic interns and residents will be required to complete logs of each rotation. They should be maintained daily. They must be signed by the intern and rotation coordinator to verify accuracy of numbers presented. Logs are submitted to the DME on request and shall be reviewed on a monthly/quarterly basis. Logs will be available for review and chart audit during intern program inspections. Logs are not only a requirement of the training institution and the AOA, but should be accurately maintained for requesting future privileges as well as potential requirements of hospitals or liability insurance carriers to verify areas and levels of training. While DMEs are to maintain logs for three years, it is recommended that interns maintain copies of logs for their personal records. (Copies are not kept by the AOA). Logs will consist of name of service and dates, case participation, surgeries attended, special procedures, lectures and conferences attended, reading performed, autopsies attended and obstetrical assists. The DME will provide each intern with the required forms.

Nightly Documentation Log

Residents will fill out a Nightly Documentation Log. Documentation of ER visits and authorizations will be written in the nightly log and will be turned in at the end of the shift. Faculty will review the logs and the on-call faculty supervisor will sign off.

- On-call resident completes nightly log documenting all visits not admitted, procedures and patient authorizations by phone
- Face sheets should be copied, if available
- Residents should turn in the next day
- Faculty member on call must sign off prior to posting charges.

Dismissal for Cause

The Residency Committee has the right to dismiss, without warning, in cases of unacceptable conduct. Anyone who is dismissed for cause may use the grievance procedure in this manual, for review and final dispensation. Grounds for immediate dismissal include, but are not limited to, the following infractions:

- Inappropriate professional conduct or unethical behavior.
- Conduct endangering the life, health or safety of others.
- Verbal or physical abuse of patients, patients' family members or fellow workers.
- Reporting to work under the influence of intoxicants or drugs.
- Illegal possession or use of intoxicants or drugs.
- Inefficient performance of duties or neglect of duty.
- Falsification, misrepresentation, or omission of any information on employment or other official records.
- Improper or unauthorized use of medical facilities or equipment.
- Failure to respect patient confidentiality or discussion of patient's condition with unauthorized personnel.

- Malicious gossip about an employee, patient, physician or departmental representative.
- Leaving assignment during working hours without prior knowledge or permission of trainer.
- Insubordination.
- Lack of cooperation in actual emergencies or in fire/disaster drills.
- Theft, regardless of value.
- Accepting monetary tips from patients or families.
- Intentional violation of other departmental policies.

Procedure for Termination of the Residency Program

In the unfortunate event that the Fayetteville Area Health Education Foundation (FAHEF) determines that it cannot, for educational, financial, or any other reasons, or that it chooses not to continue the Southern Regional AHEC Family Medicine Residency Program (the Program), FAHEF will notify the Residency Director and the Residents at the earliest possible time, so that arrangements can be made to continue the Resident's education at alternative sites. The Program will not recruit, and FAHEF will not hire any residents after the date that the Program is notified of termination. FAHEF and the Program will work diligently to find alternate residencies for any residents who are in the first year at the time the program is terminated. If no alternatives can be found, FAHEF will continue the program until these residents have graduated. If all the first-year residents have been placed in other programs, FAHEF will continue the program until all residents who are in the second-year class at the time the decision is made to terminate the program have graduated or have withdrawn from the program. FAHEF will also ensure that the Program's faculty consists of at least the Residency Director and the one additional full-time faculty member until the last resident's have graduated. This policy is consistent with the ACGME's requirements for closure of residency programs.

Paid Time Off (Vacation)

Each resident is entitled to twenty-one (21) days of paid time off (PTO) time during the academic residency year. Three days plus a weekend of off-duty time in addition to scheduled holidays are provided during the Christmas/New Year season. This holiday time off may not apply during OB rotation.

However, absolutely no resident or intern will be allowed to miss more than twenty-one (21) total days (Monday through Friday) per calendar year or the resident will have to extend their residency and delay graduation. Federal, State and/or union regulations shall supersede these policies.

First-year residents have one-week PTO time scheduled into their Community Medicine rotation. The balance of PTO should be scheduled according to policy. Other suggested times for PTO during the first year are ER (adhering to required hour standards), Ambulatory Peds and elective rotations. PTO is not allowed during Medicine, Obstetrics or Night Float rotations. PTO is not encouraged during Pediatrics rotation but may be negotiated and is limited to the number of residents who may take PTO at that time. Preferably, PTO during Surgery rotation should be avoided. PTO is not allowed for any resident during Orientation Week.

All PTO should be scheduled 60-90 days in advance of the requested time off. PTO requests submitted less than forty-five days in advance will not be routinely approved, but will be considered on an individual basis depending upon the circumstances. PTO requests for similar times will be on a first request, first-serve basis with consideration given to the particular rotation involved. Further, PTO periods may not accumulate from one year to the other. Annual PTO must be taken in the academic year of service in which they are earned. PTO cannot be for longer than a one week period. No two week PTO periods may be concurrent. For example, one week at the end of one rotation may not be added to the first week of the next rotation. No PTO during a two week rotation unless approved by Program Director. You will not be compensated for PTO if it is not taken. The ACGME/AOA recommends PTO time be separated by at least three months.

PTO request forms must be turned into the Residency Coordinator who will subsequently route them to the appropriate personnel for approval (see new 2004 forms). The information will then be posted in the Residency Coordinator's office for the purpose of night call scheduling. PTO time cannot be accrued to reduce the total time required for a residency nor can PTO be taken during the last 2 weeks of the residency for third-year residents unless prior approval is given by the Program Director.

Southern Regional AHEC has eleven scheduled holidays when the Southern Regional AHEC Family Medicine Center is closed. There is no compensation for those on call on a holiday and residents are expected to be in preceptor's offices if these offices are open. The only exception is if the resident is on call for the Family Medicine Center; priority is given to the Family Medicine Center/hospital coverage. It is the resident's responsibility to notify the preceptor of this FMC call on a holiday. In the event of a snow day, time compensation will not be given for working.

Time Away From the Residency

A resident may choose to do an away elective. The number of away electives is limited to 2 rotations. These rotations may occur one (1) in the second year and one (1) in the third year. Each away elective must be approved by the Director and must include clear Goals and Objectives, Expectations and an appropriate, identified supervisor who is also willing to do the evaluation. The supervisors must be Board Certified and curriculum vitae be obtained. The resident must clearly defend their need to pursue such an elective rotation.

The two away rotations can not be contiguous and must be at least two months between each time away from the residency in order to provide continuity of care to the resident's patients. Each resident's request for time away for an elective rotation will be considered on an individual basis. Unless special approval is obtained from the Program Director only one resident can take an away elective at one time; meaning two residents cannot be gone on an away elective during the same month.

Residents may choose electives in the region. If continuity of clinic can be maintained, these will not be considered away rotations. If a resident has not done any away rotations and would like to do a rotation in the region and it would be beneficial to remain away for the entire duration of the rotation, the resident may choose to do an elective rotation in the region as an

away rotation if they have not used their other away rotation month. For example, a resident may choose to do OB as an away rotation in Lumberton, they have not done other away rotations and it is appropriate to their educational process. Again these must be approved prior to the rotation and will be decided on an individual basis.

Moonlighting Policy

First year residents are not allowed to moonlight. Limited moonlighting is permitted for second and third year residents if first approved by the Program Director. If at any time the faculty perceives that moonlighting activities are interfering with the resident's quality of care or educational responsibilities, he/she will be asked to discontinue moonlighting. Failure to obtain approval for moonlighting activities will result in termination of moonlighting privileges. The resident is responsible for informing the Program Director of their moonlighting activities, the location, anticipated number of hours per month, and predicted duration of moonlighting activities at that location. Moonlighting and Family Medicine Center call coverage cannot be done concurrently.

1. Moonlighting hours are counted as part of the AOA/ACGME duty hours rule. Therefore, numbers of hours of planned moonlighting must be approved before any actual moonlighting occurs and hours must be reported monthly.
2. When a moonlighting opportunity presents itself to the program, information will be obtained and passed to faculty members, who will approve it. Once approved it will be passed along to the Chief Residents.
3. Regardless of the moonlighting opportunity, whether you hear about it through this program or through other sources, each resident must fill out for each moonlighting opportunity a Moonlighting Review form. On this form is information regarding the opportunity. The Moonlighting Review Form must be submitted prior to the moonlighting event and must be reviewed and signed off by Program Director. A copy will be returned to you and a copy will be kept for your files.
4. Residents must report their moonlighting activity each month.
5. Residents must purchase their own malpractice insurance to cover any moonlighting opportunities. SR-AHEC does not provide coverage for moonlighting.

Osteopathic residents must adhere to the stated policies as they relate to working hours. The training schedules will be closely monitored to ensure compliance. In order to maintain the quality of the training moonlighting is not permitted.

Specifically: Residents may **NOT** work for remuneration outside the scope of the educational activities and regularly assigned duties of the training program. Professional and patient care activities that are external to the educational program are inconsistent with sufficient time for rest and restoration to promote the residents' educational experience and proper death investigations.

Work Hours Policy

AOA and Graduate Medical Education Trainee Duty Hours Policy

(Adapted from Duke's ICGME policy)

Background

The AOA and the Graduate Medical Education is a combination of didactic instruction, patient care, and increasing clinical responsibility. Recognizing that responsibilities for continuing patient care is not automatically discharged at specific times, there is a concomitant goal that duty hours should be regulated to promote excellent patient care, resident education and physician well being.

Policy Work Hours

AOA and ACGME institutional and program requirements take precedence over all other policy statements and must apply to all institutions to which residents rotate.

An institutional standard for required on-site duty will be no more than 80 hours per week averaged over a 4-week period.

All duty schedules will provide for a minimum of 24 hours of no duty obligations every 7 days and on-site duty of no more than an average of 1 night in 3 required (averaged over 4 weeks).

Consecutive 24-hour duty is not consistent with this policy without justification of medical emergency. Exceptions must be reviewed by the Chief Residents and resident members of the OGMEC and finally confirmed by the FMGMEC or an adhoc committee with particular evidence of provisions for relief after necessary duty.

Exceptions from the 80-hour standard may be accepted in rare circumstances with approval of the Chief Residents and resident members of the OGMEC/FMGMEC. These exceptions will then be submitted to the full for approval/disapproval. Submission for exception must include provision for relief that is consistent with patient care, education, and physician well being.

The intern shall not be assigned to work physically on duty in excess of eighty hours (80) per week averaged over a four (4) week period, inclusive of in-house night call. The resident shall not be assigned to work physically on duty in excess of eighty hours (80) per week averaged over a four (4) week period, inclusive of in-house night call.

The intern shall not work in excess of twenty-four (24) consecutive hours inclusive of morning and noon educational programs. Allowance for, but not to exceed up to six (6) hours for inpatient and outpatient continuity, transfer of care, educational debriefing and formal didactic activities may occur. Interns may not assume responsibility for a new patient after twenty-four (24) hours. Moonlighting is not permitted by interns. If moonlighting is permitted, all moonlighting will be inclusive of the eighty (80) hour per week maximum work limit and must be reported. (See Moonlighting Policy)

The intern shall have alternate week forty-eight (48) hour periods off or at least one (1) twenty-four (24) hour period off each week.

Upon conclusion of a twenty-four (24) hour duty shift, residents shall have a minimum of twelve (12) hours off before being required to be on duty again. Upon completing a lesser hour duty period, adequate time for rest and personal activity must be provided.

All off-duty time must be totally free from assignment to clinical or educational activity.

Those rotations requiring the intern to be assigned to Emergency Department duty shall not be assigned longer than twelve (12) hour shifts.

The intern and training institution must always remember the patient care responsibility is not precluded by this policy. In the case where an intern is engaged in patient responsibility, which cannot be interrupted, additional coverage should be provided to relieve the intern involved as soon as possible.

The intern may not be assigned to call more often than every third night averaged over any consecutive four (4) week period.

The training institution shall provide an on-call room for interns, which is clean, quiet, safe and comfortable, so to permit rest during call. A telephone shall be present in the on-call room. Toilet and shower facilities should be present in or convenient to the room. Nourishment shall be available during the on-call hours of the night.

Any professional clinical activity (moonlighting) performed outside of the official residency program may only be conducted with the permission of the program administration (DME/Program Director). A written request by the resident must be approved or disapproved by the Program Director and DME and be filed in the institution's resident file. All approved hours are included in the total allowed work hours under AOA policy and are monitored by the institution's graduate medical education committee. This policy must be published in the institution's house staff manual. Failure to report and receive approval by the program may be grounds for terminating a resident's contract.

Monitoring and Reporting of Work Hours

The Program Director/DME and the OGMEC committee will monitor the Work Hours for each intern and resident at least quarterly. This shall be documented in the minutes. Interns and Residents shall have at least three levels of reporting of non-compliant work hours:

- The institutional DME– Dr Maharty 978-4588
- The affiliated OPTI DME/Chief Academic Officer– NSU-COM - DR DeGateno 954-262-1499
- AOA's anonymous email line: ([www. postdoc@aoa-net.org](http://www.postdoc@aoa-net.org))

SALARY AND BENEFITS

See *Resident's Manual 2006* and *SR-AHEC Personnel Policy Manual*

Competency Based Training: Core Competencies Implementation and Measurement

A growing commitment to competency-based training exists within both the osteopathic and allopathic medical training arenas. This new focus has resulted in more formalization and documentation of a resident's progress through the training process. The core competencies to be evaluated are:

- patient care
- medical knowledge
- practice-based learning and improvement
- interpersonal and communication skills
- professionalism
- systems-based practice
- Osteopathic practice and principles.

Seven Core Competencies of the Osteopathic Profession

Goals and Objectives:

Osteopathic Manipulative Medicine

Core competency #1: Deliver patient-centered care by encouraging DOs to treat the whole patient and not just the symptoms, which has been the osteopathic philosophy for 130 years.

Duke/ Southern Regional AHEC OMM/Family Medicine Goals and Objectives Donald C Maharty DO DME

Overview

Osteopathic Manipulative Medicine/Family Medicine is a longitudinal rotation that engages the resident in the basic tenets of Osteopathic Medicine with special interaction in osteopathic manipulative treatment with a diverse patient group of acute, sub-acute, and chronic complaints. These complaints may range from purely musculoskeletal problems and pain to visceral diseases with musculoskeletal components and visceral related symptoms secondary to musculoskeletal dysfunction. The learner will spend approximately 25 hours per year engaged in didactic and reviewing hands-on osteopathic palpatory diagnosis and treatment in various related osteopathic integrated learning scenarios. These sessions will be integrated into the Sports Medicine and Practice Management Months. During this time the learner will also participate in reading assignments of up-to-date scientific articles and discussion of their impact on practice as evidence based medical decision-making. (most core text will be based on OMT Review 3rd edition by Robert G Savarese DO.) Additional educational opportunities will be grounded in hands on patient demonstration, videotape curriculum, OSCE, COLIS ,OMT clinic , opportunities for hands on workshop at (times TBA), board review, inpatient and outpatient structural exams (see approved forms), research review, journal club and informal didactic teaching.

Goals of Core Curriculum:

- 1st Year Residents
 - Knowledge of OMM involving axial spine (AOA Guidelines)
 - Structural Exam
 - Understanding of viscerosomatic dysfunction
 - Competent using basis techniques – HVLA, Counterstrain, Muscle Energy
 - Understand contraindications to OMM
- 2nd and 3rd Year Residents
 - Advanced Techniques
 - Extremity Manipulation
 - Cranial
 - Coding and Practice Management aspects of OMM

OMM/Family Medicine Clerkship Core Competencies

Osteopathic Principles and Practice

Goal: Students will integrate Osteopathic Principles and Practice routinely into the conventional care of patients seeking an osteopathic model of care.

Objective: The student will:

- 1) Recognize that the Osteopathic philosophy is applicable to all patients.
- 2) Identify those patients who would benefit from Osteopathic Manipulative Treatment (OMT)
- 3) Demonstrate attitudes and behaviors consistent with the Osteopathic philosophy.
- 4) Appropriately educate inquisitive patients and their family, naïve to Osteopathic philosophy.
- 5) Demonstrate the ability to diagnose somatic dysfunction, implement an appropriate manipulative medicine prescription, and demonstrate mastery in effective OMT
- 6) Perform at standard at least 10 inpatient Osteopathic Structural Exams.
- 7) Attend monthly OEC meeting on specified rotations.(when available)

Competency I: Osteopathic Philosophy and Osteopathic Manipulative Medicine

Required Elements:

- Demonstrate competency in the understanding and application of OMT appropriate to the medical specialty.
- Integrate Osteopathic Concepts and OMT into the medical care provided to patients as appropriate.
- Understand and integrate Osteopathic Principles and Philosophy into all clinical and patient care activities.

Method to Achieve Compliance:

- Use of hands-on workshops and didactic instruction on OMM in a mandatory rotating core curriculum that occurs in the Sports Medicine and Practice Management Rotations.
- Real time evaluation in one-to-one preceptorship set up with a board certified

Family Physician. This is a designed specific core curriculum to introduce basic philosophy, OMM perspectives, research, and Manual Medicine techniques.

- Residents attend the OEC meetings when available and are encouraged to freely interact with the committee to best optimize their education.
- Additionally, they are instructed by the assistant DME in clinical practice in both the Inpatient and Outpatient arena.

Methods for evaluation:

- Chart Review, Direct Observation, Simulated OSCE patients and Logs
- The Internship has approved Inpatient and Outpatient standard forms for Osteopathic specific evaluation and assessment of a patient.
- Quarterly review of case logs and chart review by the OEC is underway.

Competency II: Medical Knowledge

The Education Committee is currently set up to evaluate all residents quarterly. These evaluations provide feedback as needed. Several tools are implemented to monitor the process to include Daily evaluations, review of case logs, attendance of noon conference direct feedback and review of all rotation evaluations and simulated patient. Additionally, we will be reviewing inpatient and outpatient specific Osteopathic structural exams and diagnoses to further provide feedback. They are required to perform at least 25 inpatient formal structural exams per year.

Specific Evaluation tool used by our program to document methods, outcomes, or demonstrations of compliance:

Medical Knowledge (MK)	Source of Evaluation
MK1	Daily Evaluation; Simulated patient
MK2	Daily Evaluation; Simulated patient; Noon conference attend.

As for Program Review, the OEC (Osteopathic Educational Committee) is constantly keeping a pulse on any changes needing to be implemented (i.e. Core Competencies) and guides the program in a short term and long term goal directed fashion. Any major changes to the program originate through the OEC and the FMGMEC (Family Medicine Graduate Medical Education Committee). The OEC is closely affiliated with the FMGMEC which allows representatives from all major affiliate institutions and disciplines to have input and a collaborative effort for an optimal educational experience.

Each GME Internship and Residency is required to establish and evaluate via a Competency Based Education and Training per AOA guideline and follow timetable of introduction and measurement.

Competency III: Patient Care

GOAL: Learner will employ the knowledge, attitudes, and skills necessary to provide either preventive, episodic, or continuing care to individual patients and families in an ambulatory and/or inpatient setting which must embrace and incorporate Osteopathic

Philosophy. The Resident will also demonstrate empathy, awareness of behavioral issues, the incorporation of preventive medicine, and health promotion.

OBJECTIVES: The learner will:

1. Recognize the patient's motivation(s) for seeking care.
2. Assess the type and level of care needed for the particular encounter.
3. Project empathy.
4. Encourage patients to seek continuing medical care at intervals appropriate for their condition(s).
5. Utilize appropriate health maintenance screening protocols.
6. Provide anticipatory health care condition(s).

Assessment: Our program implements 9 levels of patient care evaluation:

PC (patient Care)	Source of Evaluation
PC1	Daily Evaluation; Simulated Patient; Video Precepting
PC2	Daily Evaluation,; Simulated Patient; Video Precepting
PC3	Daily Evaluation; Simulated Patient
PC4	Daily Evaluation; Simulated Patient
PC5	Daily Evaluation; Simulated Patient; Video Precepting
PC6	Daily Evaluation
PC7	Procedure Logs
PC8	Daily Evaluation
PC9	Daily Evaluation

Competency IV: Interpersonal and Communication Skills

GOAL: Learner

Residents are expected to demonstrate interpersonal and communication skills that enable them to establish and maintain professional relationships with patients, families, and other members of health care teams.

Required Element #1: The resident demonstrates effectiveness in developing appropriate doctor-patient relationships.

Resident: demonstrates effective patient interviewing techniques, demonstrates ability in assessing the health of non-English-speaking & deaf patients, demonstrates the ability to involve patients & families in decision-making., illustrates the use of appropriate verbal & non-verbal skills when communicating with patients, families, & faculty, demonstrates an understanding of cultural & religious issues & sensitivities in the doctor-patient member or leader of a healthcare team.

Evaluation tools used by our program to document methods, outcomes, or demonstrations of compliance:

Interpersonal Skills (IS) Source of Evaluation

IS1	Video Precepting; Simulated patient
IS2	Video Precepting; Simulated patient; Resident run Lectures
IS3	Daily Evaluation

Competency V: Professionalism

Professionalism:

- Residents are expected to uphold the Osteopathic Oath in the conduct of their professional activities that promote advocacy of patient welfare, adherence to ethical principles, demonstrate collaboration with health professionals, continue life-long learning, and possess sensitivity to a diverse patient population.
- Residents should be cognizant of their own physical and mental health in order to care effectively for patients.
- The resident must demonstrate respect for his/her patients and families and be an advocate for the primacy of his/her patient’s welfare and autonomy.
- The resident must adhere to ethical principles in the practice of medicine.
- The Resident must have an increased understanding of conflicts of interest inherent in medicine and the appropriate responses to societal, community, and healthcare industry pressures. He/she must use limited medical resources effectively and avoid the utilization of unnecessary tests and procedures and recognize the inherent vulnerability and trust accorded by patients to physicians and uphold the highest moral principles that avoid exploitation for sexual, financial, or other private gain.
- The resident must pursue life-long learning goals in medicine, humanism, ethics, and gain insight into the understanding of patient concerns and the proper relationship with the medical industry.

The following are evaluation tools used by our program to document methods, outcomes, or demonstrations of compliance.

Professionalism (P)	Source of Evaluation
P1	Daily Evaluation, Video Precepting; 360 evaluation; research project
P2	Daily Evaluation, 360 evaluation; research project
P3	Daily Evaluation, Video Precepting

Competency VI: Practice-Based Learning and Improvement

- Residents must demonstrate the ability to critically evaluate their methods of clinical practice, integrate evidence-based medicine into patient care, show an understanding of research methods, and improve patient care practices.
- The resident must treat patients in a manner consistent with the most up-to-date information on diagnostic and therapeutic effectiveness.

- The Resident must use reliable and current information in diagnosis and treatment, understand how to use the medical library and electronically mediated resources to discover pertinent medical information, demonstrate the ability to extract and apply evidence from scientific studies to patient care. Participate in evidence- based medicine Journal Clubs.
- The resident should understand research methods, medical informatics, and the application of technology as applied to medicine of his/her patients and assist them in their interactions with the complexities of the medical system.

Specific Evaluation tools used in this program to document methods, outcomes, or demonstrations of compliance

Problem Based Learning (PBL)	Source of Evaluation
PBL1	Research Project; Patient #'s
PBL2	EBM J-file
PBL3	Research Project ;Patient #'s
PBL4	EBM J-file
PBL5	Daily Evaluation; EBM J-file
PBL6	360 evaluation; resident run lectures

Competency VII: System-Based Practice

- Residents are expected to demonstrate an understanding of health care delivery systems, provide effective and qualitative patient care within the system, and practice cost-effective medicine.
- The resident should understand national and local health care delivery systems and how they affect patient care and professional practice.
- The resident should demonstrate operational knowledge of health care organizations, & state and federal programs, demonstrate an increased understanding of his/her role as member of the health care team in the hospital, and ambulatory clinic & community.

Specific Evaluation tools used in this program to document methods, outcomes, or demonstrations of compliance.

System- Based Practice (SBP)	Source of Evaluation
SBP1	Daily Evaluation, Medical record evaluation/documentation
SBP2	Noon conference attendance
SBP3	Daily Evaluation; 360 Evaluation
SBP4	360 Evaluation
SBP5	360 Evaluation

INSTITUTIONAL ASSETS AVAILABLE TO RESIDENTS

This DUKE/SR-AHEC Osteopathic Family Medicine residency meets or exceeds the institutional requirements as stated in the *Basic Standards for Training in Family Medicine and The Basic Document for Postdoctoral Training Programs*. Specifically:

This institution meets all the requirements as formulated by the AOA as evidenced by this application and all supporting documentation.

Service Statistics:

- Operational Beds 494
- Occupancy rate 75.8%
- Admission yearly 24,526
- Births yearly 3,814
- ED visits 79,536

Library and Educational Resources

DUKE/SR-AHEC Family Medicine Residency has a fully staffed Medical Library on the Physical Premises of the Family Medicine Center.

Various teaching materials/equipment:

- Computer with internet capabilities
- Copy resources for preparation of presentations,
- Access to desktop computer with free Internet access
- Access to various electronic databases.
- Personal microscopes
- AV equipment including slide projectors, computer digital projector, video player, TV, and overhead projectors
- Videotaping
- Videoconferencing
- Colon Model
- Computer-Based Learning,
- PDA resources given to each resident to track procedures and utilize electronic reference resources (Epocrates, Merck Medicus, Info Retriever)

The institution assumes the financial, technical, and educational support of the program in addition to providing the necessary space, facilities, and learning environment for the establishment and maintenance of an approved intern program. The institution provides ready access to appropriate medical library services properly staffed and maintained by a qualified librarian? (Standard 2.94)

- Library access 24 hrs per day located on the campus in the same building. (Contact Becky Johnson IAC ext270.)

- NOVA listings
- AHEC listings
- Duke Library access
- UNC-CH library access

The IAC is staffed by 1.5 FTE librarians with a Masters in Library Science (MLS) degree, 2.5 FTE library paraprofessionals, and 3 FTE information technologists (AAS in Computer Technology).

The print collection has approximately 8,000 titles (audiovisuals, books, and computer files), 340 current journal titles and 250 back/non-current journal titles.

These materials are updated yearly.

In addition to the online search services, OVID databases, which include MEDLINE, CINAHL, Evidence-Based Medicine, and LWW books and journals, are available on the public access workstations (PAWS) for end user searching. Each PAWS computer has both Netscape and Internet Explorer installed, complete with bookmarks to health related resources. Also, on the PAWS computers are the AHEC Digital Library, NC Live, and Micro-Medex.

The library includes access to standard medical reference texts and current medical journals? (Standard 2.101)

Physical Facilities /Conference Rooms

The SR-AHEC Family Medicine Center is a modern, outpatient clinic with areas for patient education, precepting, dictation and procedures. On-site support encompasses radiology, pharmacology, behavioral sciences, nursing, medical records, laboratory and information technical support. The Cape Fear Valley Medical Center, a progressive, 449-bed combined hospital system, serves all SR-AHEC inpatients. Services include neonatal, cardiac, medical and surgical intensive care, a full range of obstetrical and gynecologic care, emergency department services, radiation therapy, cancer treatment and a rehabilitation center. Diagnostic facilities include cardiac catheterization, MRI and CAT scanners.

The conference areas are set up as follows:

- Family Medicine Conference Room- use noon conferences, orientation, FMGMEC and other main events.
- Behavior Science Conference Room- Behavior Science Training, Support Group
- President's Conference Room- OEC meetings, Board Meetings
- Resident's Lounge- informal didactic space
- Main Auditorium- Seats 80 persons and used for larger conferences/special events.