BASIC STANDARDS FOR RESIDENCY TRAINING IN ORTHOPEDIC SURGERY

American Osteopathic Association
and the
American Osteopathic Academy of Orthopedics

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ARTICLE I – INTRODUCTION

These are the basic standards for residency training in orthopedic surgery as approved by the American Osteopathic Association (AOA) and the American Osteopathic Academy of Orthopedics (AOAO). These standards are designed to provide the osteopathic resident with advanced and concentrated training in orthopedic surgery and to prepare the resident for examination for certification in orthopedic surgery.

ARTICLE II – DEFINITION AND PURPOSES

The specialty of orthopedic surgery consists of investigation, restoration, and development of the form and function of the extremities, spine, and associated structures by medical, surgical, and physical methods. The purposes of an osteopathic orthopedic surgery training program are to:

A. Provide continuity of didactic and clinical experiences, which will enable the resident to become proficient in the examination, diagnosis, and treatment of orthopedic patients, while integrating osteopathic principles and practices as they relate to the specialty.
B. Provide the resident with properly organized, progressive responsibility in the care of patients.
C. Provide the resident with the necessary education and information to successfully complete the AOA certification examination.
D. Provide patients with safe, competent, and comprehensive care.

ARTICLE III – INSTITUTIONAL REQUIREMENTS

A. To be approved by the AOA for residency training in orthopedic surgery, an institution [1] must meet all the requirements as formulated in the residency training requirements of the AOA.
B. Institution must be in operation not less than twelve (12) months immediately preceding the date of the application for approval of residency education.
C. All programs shall be required to have a minimum of four residents, within four (4) years of initial program approval.
D. The institution must provide sufficient patient load to train a minimum of four (4) residents in orthopedic surgery. Programs must maintain a ratio of not more than three (3) residents per AOA certified orthopedic surgeon, which may include those AOA Board Certified Orthopedic Surgeons on the Active, courtesy or equivalent staff as determined by the AOAO Evaluating Committee of a consortium hospital where there is a scheduled rotation for all residents for a minimum of eight (8) weeks during the training program.

1 Indicates a hospital, college, organization or other training facility

1. There shall be a minimum of 250 orthopedic surgical cases yearly for years two (2) through five (5), per resident, which must provide adequate clinical experience of both a surgical and non-surgical nature. If the number of cases performed by a resident in a consortium institution is to be included in the total procedures performed, an affiliation agreement between the training institution and consortium institution must be established and filed with the AOAO Evaluating Committee prior to any resident rotations. The consortium institution is then subject to inspection as determined by the AOAO Evaluating Committee.
2. If a program is part of a consortium arrangement, signed consortium agreements must be available at the time of application or prior to approval and at the time of inspection and maintained in permanent file at training institution.

E. Provide the administrative, financial, educational and support services for each educational program, such as:
   1. The capability to provide residents with an education that demonstrates compliance with the AOA and AOAO standards.
   2. Institutional facilities to accomplish the program's educational goals should include but not be limited to:
      a. Classroom and office facilities for faculty and residents; sleeping, lounge, and food facilities accessible to residents on duty.
      b. A medical library containing standard reference texts and journals and provision for electronic literature search capabilities and retrieval of information.
      c. Support for research endeavors, including Ph.D. consultation and access to research facilities. Access to an animal laboratory or inanimate teaching laboratory is encouraged.
      d. The maintenance of permanent educational records for the graduates of the AOA-approved programs, to include but not limited to resident annual reports, quarterly reports, written evaluations of residents while they are on rotations and communications with the AOAO Evaluating Committee.
      e. The appointment of a Director of Medical Education (DME) who is an osteopathic physician. The Program Director may also serve as the Director of Medical Education (DME).

F. The institution shall arrange for departmental cooperation in training of residents. Cooperative departments shall include general surgery, pathology, radiology, internal medicine, osteopathic principles, and physical therapy.

G. Consortium training sites may be developed either to fulfill basic requirements or for elective experiences.
   1. Consortium training sites should offer educational experiences otherwise not available at the sponsoring institution and should be justified with an appropriate educational rationale.
   2. Agreements with consortium training sites must be current and documented.
   3. Written evaluations of the residents, while assigned to consortium training sites, must comply with the AOAO computerized residency log standards.

H. The institution must provide a written policy and procedure for the selection of residents.

1. Applications for residency training shall be sent to the administrator or Director of Medical Education of the institution and then shall be forwarded to the division / department of orthopedic surgery.
2. A personal interview shall be conducted with the candidate and his / her credentials reviewed by the appropriate committee of the staff.
3. A recommendation for appointment of a candidate shall be made to the institution upon recommendation of the division / department of orthopedic surgery.
4. The administrator or Director of Medical Education shall notify the candidate when the institution confirms his / her appointment.
5. The candidate shall be notified that the appointment is subject to annual renewal for the term of the residency program and that he / she shall have a personal interview with the head of the department at the end of the first six (6) month probationary period, based on an evaluation by the Program Director.
6. Subsistence and quarters shall be provided as outlined in the AOA hospital / resident contract.

I. The institution shall execute a contract with each resident in accordance with the residency training requirements of the AOA.

J. Implementation of written policies regarding the process and criteria to select residents. The policies must contain the following minimums:
1. The specific contract renewal for residents who demonstrate competence and potential during each year of training.
2. The number of positions funded for each year.
3. A statement that admission to a residency program shall not be influenced by race, color, sex, religion, creed, national origin, age or handicap as defined by laws and regulations.

K. Upon satisfactory completion of the training program, the institution shall award the resident an appropriate certificate. The certificate shall confirm the fulfillment of the program requirements, starting and completing dates of the program and the name(s) of the training institutions(s) and the Program Director(s).

ARTICLE IV – PROGRAM REQUIREMENTS

A. The residency training program shall only commence after it has received the approval of the Program and Resident Review Committee (PTRC).

B. The residency training program in orthopedic surgery shall be a five (5) year continuum.

C. The first year of the residency program shall include the below listed rotation schedule, each resident may complete the following educational rotations and activities. These may be scheduled as 12 one-month rotations or 13 four-week rotations or any combination thereof. This guideline may be altered at the discretion of the program directors with the approval of the director of medical education that will best serve the experience of the resident.

1. Mandatory two months or rotations of internal medicine
2. Mandatory one month or rotation of emergency medicine
3. Mandatory three months or rotations of general orthopedic surgery

4. Mandatory one month or rotation of family practice
5. Mandatory two months or rotations of non-orthopedic surgery or vascular, general trauma, basic wound/burn/plastics, urology
6. Mandatory one month or rotation of obstetrics or women's health
7. Two months or rotations of electives upon approval of the program director which may include any of the following areas:
    a. general orthopedic surgery
    b. foot and ankle
    c. hand
    d. hip and knee
    e. shoulder and elbow
    f. spine
    g. sports medicine
    h. pediatrics or pediatric orthopedics
    i. anesthesiology
    j. radiology
    k. pain management
    l. neurology
    m. neurosurgery
    n. physical medicine and rehabilitation

D. The second through fifth year of the residency program general educational content shall include:
1. Integration of osteopathic principles and practices including the following:
    a. Residents are expected to demonstrate and apply knowledge of accepted standards in osteopathic medicine appropriate to the specialty of orthopedic surgery. The educational goal is to train a skilled and competent osteopathic orthopedic surgeon who remains dedicated to life-long learning.
2. The necessary training as required by the American Osteopathic Board of Orthopedic Surgery (AOBOS) to qualify an individual to take the certification examination.
3. Progressive training based on:
    a. Current orthopedic literature in periodicals.
    b. Surgical anatomy of common orthopedic procedures.
    c. Children's orthopedics to include congenital deformities, osteochondroses, fractures, and acquired deformities.
    d. Tumors of the musculoskeletal system.
    e. A recommendation of three (3) months each or one hundred (100) documented cases during years two (2) through five (5) orthopedic residency training in each of the following fields: hand, spine, foot and ankle, and trauma under a surgeon who is specifically trained in the sub-specialty by fellowship or experience.
    f. A recommendation of six (6) months each or one hundred (100) documented cases during years two (2) through five (5) of training in the field of pediatrics under a surgeon who is specifically trained in the sub-specialty by fellowship or experience.

        g. Adherence to AOA approved Core Competencies (See Appendix B)
4. Adult orthopedics includes spinal problems, fractures, amputations and prostheses, reconstructive procedures, pain management, neuro-muscular disease, peripheral vascular problems, and problems in other fields associated with orthopedic surgery.
5. Direct participation in the management of cases, both in the operating suite and in the pre- and post-operative management and the non-surgical management of patients. In any case going to surgery, the resident shall review the literature as to procedures, exposures, techniques, and pathology and conduct a pre-surgical evaluation that shall be recorded on the patient's chart. This evaluation shall be conducted for both in-patient and outpatient surgical procedures and be available to inspectors upon request.
6. Education shall enable the resident to become familiar with the name and use of orthopedic surgical instruments, operating room techniques, and conduct as well as the proper application of all orthopedic appliances and maintenance of these appliances while in use.
7. Adequate time shall be spent in the department of radiology reviewing musculoskeletal imaging studies in conference with the radiologist and/or other orthopedic surgeons.
8. There shall be participation in emergency room coverage, supervision and other outpatient services.
9. It is mandatory that there be a minimum of five (5) scheduled and published hours per week set aside for lecture and training sessions, at which time the resident shall be excused from clinical duties.
10. The last six (6) months of the residency training program must be spent at the primary institution. Exceptions may be made at the discretion of the Program Director with the approval of the AOAO Evaluating Committee.
11. Incorporation of AOA approved Core Competencies (See Appendix B).
12. During year two (2) through five (5) of the residency program each program must offer the below listed and each resident must satisfactorily complete his / her mandatory courses.
    a. An orthopedic pathology course. This course must be a minimum of 20 academic hours
    b. Basic fracture course equivalent to the AO Trauma Course or the Orthopedic Fracture Association Course prior to the start of the third year of the residency program.
    c. An advanced trauma life support course prior to the start of the third year of the residency program.
13. The core competencies must be incorporated in all aspects of orthopedic training. (See Appendix B)

E. If necessary, the program must provide suitable arrangements for outside rotations to insure the complete education of the resident and for broadening the scope of training. All rotations must meet standards as formulated in the Residency Training Requirements of the AOA.

F. The resident shall be apprised in writing by the Program Director of his / her progress at least every three (3) months and should include any recommendations.

G. Resident Work Hours: (Must be consistent with State and Federal Standards)

1. It is recognized that excessive numbers of hours worked by resident physicians can lead to errors in both judgment and clinical decision-making. These can impact on patient safety through medical errors, as well as the safety of the physician trainees through increased motor vehicle accidents, stress, depression, and illness related complications. The training institution, Director of Medical Education (DME) and residency Program Director must maintain a high degree of sensitivity to the physical and mental well being of residents and make every attempt to avoid scheduling excessive work hours leading to sleep deprivation, fatigue and/or the inability to conduct personal activities.
    a. The trainee shall not be assigned to work physically on duty in excess of eighty (80) hours per week averaged over a four (4) week period inclusive of in-house night call.
    b. The trainee shall not work in excess of twenty-four (24) consecutive hours inclusive of morning and non-educational programs. Allowances for in-patient and outpatient continuity, transfer of care, educational debriefing and formal didactic activities may occur but may not exceed six (6) hours. Residents may not assume responsibility for new patients after working twenty-four (24) hours.
    c. The trainee shall have, on alternate weeks, forty-eight (48) hour periods off, or at least one twenty-four (24) hour period off each week.
        i. Upon conclusion of the twenty-four (24) hour duty shift, trainee 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 activities must be provided.
        ii. All off duty time must be totally free from assignment to clinical or educational activities.
        iii. Rotations, in which trainees are assigned to emergency department duty, shall insure that trainees work no longer than twelve (12) hour shifts.
        iv. The trainee and training institution must always remember that patient care responsibility is not precluded by the work hour policy. In cases where a trainee is engaged in patient responsibility, which cannot be interrupted, additional coverage should be provided as soon as possible to relieve the resident involved.
        v. The trainee may not be assigned to call more often than every third (3rd) night averaged over a consecutive four (4) week period.
        vi. If moonlighting is permitted, all moonlighting will be inclusive of the maximum work limit and must be reported (see moonlighting policy)
2. The training institution shall provide an on-call room for residents, which is clean, quiet, safe and comfortable, to permit rest during call. A telephone shall be present in the on-call room. Toilet and shower facilities shall be available during the on-call hours of the night.
3. Moonlighting policy: any professional clinical activity (moonlighting) performed outside the official residency program may only be conducted with the permission of the Program Director and the Director of Medical Education. A written request by the resident must be approved or disapproved by the Program Director and be

filed in the institution's resident file. All approved hours are included in the total allowed work hours under the 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.

4. Supervision of residents: the residency is an educational experience and must be designed by the institution to offer structured and supervised exposure to promote learning rather than service. An opportunity must exist for residents to be supervised and evaluated throughout their training with availability of teaching staff scheduled within the program. During daytime hours, residents will be responsible to attending physicians for assignment of responsibility.

H. In all training programs, two (2) AOA certified orthopedic surgeons shall be members of the attending orthopedic staff or of a consortium hospital. Osteopathic orthopedic surgery programs shall have a maximum of three (3) residents per AOA certified staff orthopedic surgeon.
   1. In the event that the faculty ratio is changed due to illness, death, or resignation, the resident will be permitted to complete the training year. However, if the minimum ratio is not maintained the hospital will not be permitted to contract with any new orthopedic residents until the hospital returns to the 3:1 faculty-resident ratio.
   2. In the event that there are no AOA certified staff orthopedic surgeons on the active medical staff, the program shall cease to exist.
   3. It is the responsibility of the Program Director to provide the AOAO, a complete list of trainers no later than July 1st of each year. This list should be provided to the AOAO on the approved form. If a trainer should leave or be added during the program year, this must be reported to the AOAO on the approved AOAO form within 30 days of the change in personnel.

ARTICLE V - PROGRAM DIRECTOR QUALIFICATIONS

A. Qualifications:
   1. The Program Director must be a graduate of an AOA-accredited college of osteopathic medicine.
   2. The Program Director must have completed an AOA-approved internship and residency training program.
   3. The Program Director must be certified in orthopedic surgery by the AOA, through the AOBOS for a minimum of two (2) years immediately prior to assuming the position, maintain certification, and when appropriate must be re-certified at all times as Program Director.
   4. The Program Director may be the chairperson of the department / division of orthopedics.
   5. The Program Director shall be a practicing orthopedic surgeon, educationally and philosophically qualified to conduct the training program and shall have a minimum of five (5) years of clinical experience in orthopedic surgery. He / She must be licensed in the state where the institution that sponsors the program is located and must have an active, courtesy or equivalent staff as determined by the

AOAO Evaluating Committee. The Program Director shall continue to meet the CME requirements of the AOA.

6. The Program Director must meet all other standards of the position as formulated in the residency training requirements of the AOA.
7. The Program Director shall attend a Program Director school approved by the AOAO at least once every three (3) years. All other osteopathic orthopedic surgeons involved in the training of residents shall be required to attend a Program Director school approved by the AOAO at least once every five (5) years. If the Program Director fails to meet these attendance requirements, without good cause, the director will be disapproved as Program Director. Determination of whether an issue constitutes good cause will be at the sole discretion of the American Osteopathic Academy of Orthopedics Evaluating Committee.
8. A new Program Director must take the Osteopathic Educators' Course during the first full year of his / her tenure as Program Director.

B. Responsibilities:

1. The Program Director's authority in directing the residency training program must be defined in the program documents of the institution.
2. The Program Director shall arrange affiliations and/or outside rotations necessary to meet the program objectives / requirements.
3. The Program Director shall, in cooperation with the AOA Department of Education, prepare required materials for inspections.
4. The Program Director shall provide the resident with all documents pertaining to the training program as well as the requirements for the satisfactory completion of the program.
5. The Program Director shall be required to submit quarterly program reports, including reports from outside rotations, to the Director of Medical Education, the administrator of the institution, and the AOAO. Annual reports must also be submitted to the Director of Medical Education, and the AOAO. All reports must be submitted to the AOAO within 30 days of the completion of the quarter. If the quarterly report is not submitted by the deadline, the program may automatically be put on suspension. If the annual report is not submitted by the deadline the program will automatically be put on suspension. All reports must be completed on the AOAO computerized residency log system.
6. The Program Director shall provide a list of all new residents to the secretary of the AOAO within 10 days of each new program year.
7. The Program Director shall provide the names of any new residents who have started after the beginning of a new program year to the secretary of the AOAO within 10 days of the resident's start date.
8. The Program Director shall approve the residents' annual scientific paper.
9. The Program Director shall certify the monthly documentation of the work completed by the resident on the AOAO computerized residency log system and file a report with the Medical Education Director.
10. The Program Director is responsible to provide each resident a handbook with all applicable policies and procedures specific to the institution and the residency training program.

11. Program Directors may be dismissed for non-adherence to the AOA / AOAO residency training standards.

ARTICLE VI – RESIDENT REQUIREMENTS

A. Applicants for residency training in orthopedic surgery must:
   1. Have graduated from an AOA accredited college of osteopathic medicine, documented by an official graduation transcript from the college of osteopathic medicine.
   2. Maintain membership in the AOA during residency training.
   3. Be familiar with the standards set froth in the AOA code of ethics, which shall be a guide during their practice of orthopedics.
   4. Have a current license in the state in which training will be conducted.
   5. Have a current signed contract between the resident and the sponsoring institution. A copy of the contract must be submitted to the AOAO prior to the start of each program year.
   6. Candidates may apply for advanced standing if all of the criteria above have been met and the applicant has completed an AOA approved first year of training (OGME I). He/she may be considered for admission into the program as an OGME II resident at the discretion of the evaluating committee of the AOAO.

B. Resident handbook must be provided and include at a minimum the following information:
   1. Policy on moonlighting and other extra-program activities.
   2. Policies prohibiting the resident from acting as a consultant, engaging in a private specialty practice, or maintaining attending status during the residency program.
   3. Resident-maintained educational records.
   4. The resident is required to maintain and accurately complete records for their educational activities in the AOAO required AOAO computerized residency log system on a monthly basis. Failure to comply will subject resident to disciplinary action.
   5. The logs must be submitted at the end of each rotation to the Program Director for review and verification.
   6. The logs should document the fulfillment of the requirements of the program, describing the scope, volume, variety, and progressive responsibility by the resident. This must be done on a monthly basis as determined by the AOAO Evaluating Committee.
   7. The resident is required to complete and submit the annual resident report found on the AOAO computerized residency log system to the AOAO within 15 days of the completion of each contract year this report must be signed by the Program Director prior to submission. The Program Director is required to retain a copy of this report for his file. A resident who fails to submit a completed signed report within 15 days may be suspended from the program and / or may not be eligible for graduation from the program.
   8. Fifth year residents are required to submit a mid-year report as well as the annual report. The mid-year report is due no later than 15 days of the completion of the

sixth month of the fifth year. This report must be signed by the Program Director prior to submission. The Program Director is required to retain a copy of this report for his file. A resident who fails to submit a completed signed report within 15 days will not be eligible to take the AOBOS written Board Certification Examination prior to completion of the residency program.

C. During the training program, the resident must:
   1. Submit scientific papers.
      a. Scientific Papers: Each resident will submit a scientific paper at the close of each training year with the exception of the first and second year of training.
         i. As an alternative, a scientific poster exhibit may be substituted for one of these scientific papers during the residency program. This must be approved in writing by the residency Program Director.
         ii. Poster presentations can only be credited to one presenter. The lead author (only) will be credited for the poster.
   2. Duties shall include but, are not limited to:
      a. Make admittance note on each patient as well as progress notes, in addition to any notes entered by the attending physician.
      b. Making daily rounds, keeping informed on the status of all assigned patients on the orthopedic service, and supervise the completion of their hospital charts.
      c. Attending all autopsies on orthopedic cases and as many others as possible, all meetings of the department / division of orthopedic surgery, meetings of the department of surgery, general staff meetings, and any other assigned meetings.
      d. Acting as first assistant on all orthopedic surgical cases assigned. A quarterly log shall be kept on all assists as well as non-surgical cases attended, examinations performed, minor surgical procedures, professional papers written, meetings attended, postgraduate work, and outside rotations. A quarterly summary of this work shall be submitted to the Director of Medical Education or the administrator.
      e. Assisting in the instruction of students in the care of patients on the orthopedic service.
      f. The resident documenting a preoperative patient evaluation with surgical procedures and surgical indications.
      g. Residents participation in professional staff activities, not limited to the following: patient care, department meetings, mortality and morbidity meetings.
   3. Other responsibilities:
      a. Must adhere to all applicable policies and procedures of the sponsoring institution and the primary training institution, such as, work hours, call and leave policies, financial arrangements, including housing, meals and benefits; resident supervision and evaluation; specifics of contract renewal; and disciplinary, due process, and appeal policies.
      b. The resident must attend a minimum of one (1) AOAO Annual Postgraduate Seminar or one (1) Annual Meeting prior to the beginning of the fifth year of the residency program.

c. Residents must review and sign the Program Director's annual resident evaluation report.
d. Residents must submit a satisfactory evaluation signed by their Program Director that recommends that the resident be advanced to the next year of training, or if applicable, for program completion.
e. Residents must evaluate their Program Director and the program by completing and signing the resident's annual evaluation report of the Program Director and the program.

D. Each program with the support of the sponsoring institution will have in place an ongoing evaluation process to continually improve the quality of the residency program.
   1. Resident evaluations shall be conducted quarterly by the Program Director, and include faculty input as well as evaluations from all consortium training sites.
      a. Completed evaluations should be signed by the Program Director to document that quarterly reviews and counseling have been conducted.
      b. The evaluation should be based upon the educational objectives for each assignment and program activity. It should include detailed information pertaining to the resident's development and information regarding improvement in any areas necessary.
   2. Copies of the report will be kept on file which the resident will have access to; as well as be submitted to the AOAO within 15 days of the completion of the quarter, this report must be signed by the Program Director prior to submission. The Program Director is required to retain a copy of this report for his file. A resident who fails to submit a completed signed report within 15 days may be suspended from the program and / or may not be eligible for graduation from the program
      a. Residents requiring remediation or counseling should be evaluated monthly.
      b. The AOAO must be notified in writing 60 days prior to the completion of the contract year of any resident in danger of being ineligible to advancing of the next year.

ARTICLE VII – PROCEDURE FOR THE APPROVAL OF SUBSPECIALTY TRAINING IN ORTHOPEDIC SURGERY

A. A subspecialty orthopedic surgery residency is a structured post residency educational experience of at least one (1) year devoted to the enhancement of knowledge and skills or to the development of additional knowledge and skills in a defined area of orthopedic surgery. Subspecialties of orthopedic surgery may be accredited in institutions that sponsor accredited residency programs in orthopedic surgery or that are affiliated with an OPTI accredited orthopedic surgery residency. Requests for exceptions to this policy will be reviewed by the Evaluating Committee.

B. Approval of subspecialty residency training in orthopedic surgery will only be considered after completion of an AOA Accredited Residency Program in Orthopedic Surgery.

C. Subspecialty residency training programs will be designed for approval by the AOAO, by its subspecialty groups, approved by the Evaluating Committee and forwarded to the AOAO Board of Directors and the AOA Program and Resident Review Committee (PTRC)

D. Subspecialty residency training in orthopedic surgery must provide an appropriately credentialed Program Director and supporting faculty to achieve the educational experience in the subspecialty. The postgraduate program will provide current books, periodicals pertaining, and provisions for electronic literature search capabilities and retrieval of information to that subspecialty. It also will provide a reasonable call schedule for the trainee to obtain adequate outpatient emergency call in that subspecialty.

   Each subspecialty group in the AOAO will design an acceptable curriculum for their program. They will also provide a means of evaluating the program so that the Evaluating Committee can recommend to the AOAO Board of Directors as well as the AOA PTRC that the postgraduate training program has met the criteria in that subspecialty.

E. A postgraduate subspecialty residency training program will be reviewed by the Evaluating Committee utilizing the curriculum set forth by the subspecialty group of the AOAO. If that subspecialty is not represented and / or a new subspecialty is formed, the Evaluating Committee will evaluate that training program according to:
   1. Its curriculum.
   2. The number of patients seen (new and follow-up) in the subspecialty residency program.
   3. The scope and volume of cases in that subspecialty done by the trainee.
   4. The number and quality of lectures prepared by the trainee as well as conferences prepared. This will serve as a guide to the approval of the program.

F. A log in the AOAO computerized residency log system shall be kept during the subspecialty residency program outlining the cases performed as well as lectures given and any research that was performed during the subspecialty residency program. This log must be made available to the Evaluating Committee for evaluation. Based on its complete review, a report of the training program will be directed to the Board of Directors of the AOAO as well as the AOA PTRC for approval.

G. The Evaluating Committee of the AOAO as well as the AOA PTRC may, at its sole discretion, request an on-site inspection. The cost of such on-site inspection shall be the responsibility of the program requesting approval.

APPENDIX A

MODEL HOSPITAL POLICY ON ACADEMIC AND DISCIPLINARY DISMISSALS

In July 1993, the Board of Trustees of the American Osteopathic Association adopted the following policy:

The hospital and department have clearly defined procedures for academic and disciplinary action. Academic dismissals result from a failure to attain a proper level of scholarship or non-cognitive skills, including clinical abilities, interpersonal relations, and / or personal and professional characteristics. Institutional standards of conduct include such issues as cheating, plagiarism, falsifying records, stealing, alcohol and / or substance abuse, or any other inappropriate actions or activities.

In cases of academic dismissal, the hospital and department will inform trainees, orally and in writing, of inadequacies and their effect on academic standing. The trainee will be provided a specified action required to resolve academic deficiencies.

Following this period, if academic deficiencies persist, the trainee may be placed on probation for a period of three (3) to six (6) months. The trainee may be dismissed following this period, if deficiencies remain and are judged irremediable. In accordance with institutional policy, the trainee will be provided an opportunity to meet with evaluators to appeal decisions regarding probation or dismissal. Legal counsel at hearings concerning academic issues will not be allowed.

In cases of disciplinary infractions that are judged irremediable, the hospital and department will provide the trainee with adequate notice, in writing, of specific ground(s) and the nature of the evidence on which the disciplinary action is based. The trainee will be given an opportunity for a hearing in which the disciplinary authority will provide a fair opportunity for the trainee's position, explanations and evidence. Finally, no disciplinary action will be taken on grounds that are not supported by substantial evidence. The department and / or hospital intern training committee, or house staff education committee, or other appropriate committees will act on the disciplinary issues. Pending proceedings on such disciplinary action, the hospital in its sole discretion may suspend the trainee, when it is believed that such suspension is in the best interests of the hospital or of patient care.

APPENDIX B

CORE COMPETENCIES

The residency training program in orthopedic surgery must require its residents to obtain competencies in the seven areas designated by the American Osteopathic Association to the level expected of the beginning practitioner. Toward this end, each program must define the specific knowledge, skills and attitude required by the programs and provide educational experiences commensurate with the training level of the residents. The residents will thus be able to demonstrate competencies in the following areas:

I. Osteopathic Philosophy and Osteopathic Manipulative Medicine (OMM)
   A. Definition: Residents are expected to demonstrate and apply knowledge of accepted standards in OMM appropriate to the specialty of orthopedic surgery. The educational goal is to train a skilled and competent osteopathic practitioner who remains dedicated to life-long learning.
   B. Implementation of Osteopathic Philosophy and OMM Teaching
      1. OMM Provider Modules:
         i. Osteopathic treatment in a musculoskeletal condition commonly encountered in orthopedic surgery such as low back pain, chronic lower extremity edema, restriction of spinal motion.
      2. Osteopathic musculoskeletal examinations correlated with orthopedic physical examination module.
   C. Suggestions and Implementation of Osteopathic Philosophy and OMM Assessment.
      1. Pre and post self efficiency assessment
      2. Live performance “critical action” checklist
      3. Written examination
      4. “Osteopathic Principles” patient questionnaire

II. Patient Care
   A. Definition: Compassionate care that is appropriate and effective in the treatment of health care problems in orthopedic surgery.
   B. Teaching
      1. Lectures
      2. Grand Rounds
      3. Other traditional venues
   C. Assessment
      4. Monthly rotational evaluations by attendings
      5. Intraining examinations (OITE)

III. Medical Knowledge
   A. Definition: Resident must demonstrate knowledge about established and evolving biomedical, clinical, cognate (in other words, epidemiological and social-behavioral) sciences and the application of this knowledge to patient care.

1. It is expected that patient care will be compassionate, appropriate, and effective for the treatment of health problems related to orthopedic surgery and the promotion of healthcare in general.

B. Teaching
   1. Lectures
   2. Grand Rounds
   3. Other traditional venues

C. Assessment of Implementation of Medical Knowledge
   1. Monthly rotational evaluations by attendings
   2. In-Training Examination (OITE)

IV. Interpersonal and Communication Skills

A. Definition: Residents in orthopedic surgery must be able to demonstrate interpersonal and communication skills that result in effective information exchange and teaming with patients, the patient's families and professional associates.

B. Suggestions for Implementation of Interpersonal Communication Skills Teaching
   1. Workshops
   2. Videos
   3. CD ROMs
   4. Bedside teaching

C. Assessment
   1. Monthly rotational evaluations by attendings and / or supervising trainers
   2. OSCE (Objective Structural Clinical Examination)
   3. Mini-CEX
   4. 360 degree evaluation

V. Professionalism

A. Definition: Residents must demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles and sensitivity to a diverse patient population.

B. Suggestion for Implementation of Core Competency Professionalism Teaching
   1. Web based modules
   2. Workshops and Lectures

C. Assessment of Professionalism
   1. Monthly rotational evaluations by attendings or supervising trainer
   2. OSCE
   3. Mini-CEX
   4. 360 degree evaluation

VI. Systems Based Practice

A. Definition: Resident must demonstrate an awareness and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value.

B. Suggestions for Implementation – Systems Based Practice Teaching
   1. Lectures: finance, law, multidisciplinary teams

C. Assessment of Systems Based Practice
   1. Monthly rotational evaluation by attending
   2. OSCE

3. 360 degree evaluation
4. Pre and Post quizzes

VII. Practice Based Learning and Improvement

A. Definition: Resident must be able to investigate and evaluate their patient care practices, appraise and assimilate scientific evidence and improve their patient care practices.

B. Implementation of Practice Based Learning and Improvement Teaching
1. Evidence based medicine courses
2. Journal Clubs
3. Scholarly activities
4. Course on teaching

C. Assessment
1. Monthly rotational evaluations by attendings
2. Pre and post quizzes
3. Feedback on scholarly presentations