



AMERICAN OSTEOPATHIC ASSOCIATION

**BASIC STANDARDS FOR
RESIDENCY TRAINING IN
ORTHOPEDIC SURGERY**

**American Osteopathic Association
And the
American Osteopathic Academy of Orthopedics**

Adopted, BOT

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ARTICLE I – INTRODUCTION

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. 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).

ARTICLE II – MISSION

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.

The purposes of an osteopathic orthopedic surgery training program are to:

- A. Provide continuity of didactic and clinical experiences, which enables 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 orthopedic surgery.
- B. Provide the resident with properly organized, progressive responsibility in the care of patients with musculoskeletal diseases.
- C. Provide the resident with the necessary education and information to successfully complete the AOA certification examination in orthopedic surgery.
- D. Provide patients with safe, competent, and comprehensive orthopedic care.

ARTICLE III – EDUCATIONAL PROGRAM GOALS

- 3 The Orthopedic Surgery Residency training program must document that the residents achieve all Core Competencies as outlined in the AOA Basic Documents. Residents Must:
 - 3.1.1 Demonstrate correlation between osteopathic musculoskeletal examination and the orthopedic physical examination.
 - 3.1.2 Demonstrate the appropriate application of osteopathic principles and practice to their orthopedic patients.
 - 3.2 Patient Care: Residents must be able to provide compassionate care that is appropriate and effective in the treatment of health care problems and the promotion of health in orthopedic surgery.

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Residents Must:
3.2.1 Demonstrate competence in all phases of care (preadmission, hospital, operative, palliative, follow up and rehabilitation) of patients

Residents must demonstrate competence in their ability to:

- 3.2.2 gather essential and accurate information about patients;
- 3.2.3 make informed decisions about diagnostic and therapeutic interventions based on patient information and preferences, evidence-based medicine and clinical judgment;
- 3.2.4 develop and carry out effective patient management plans;
- 3.2.5 provide care aimed at preventing complications and maintaining health;

3.3 Medical Knowledge: Residents must demonstrate knowledge concerning established and evolving biomedical, clinical, cognate (epidemiological and social behavioral) sciences and the application of this knowledge to patient care.

- 3.3.1 Residents must demonstrate expertise in their knowledge of those areas appropriate for an orthopedic surgeon
- 3.3.2 Residents must demonstrate an investigating and analytic thinking approach to clinical situations.

3.4 Interpersonal and Communication Skills: Residents must demonstrate interpersonal and communication skills that result in effective information exchange and teaming with patients, the patient’s families and professional associates.

Residents Must:

- 3.4.1 create and sustain a therapeutic and ethically sound relationship with their patients;
- 3.4.2 use effective listening skills and elicit and provide information using effective non-verbal, explanatory questioning and writing skills;
- 3.4.3 communicate and work effectively with others as a member or leader of a health care team or other professional group;
- 3.4.4 communicate effectively with patients, families, and the public across all ranges of socioeconomic and cultural backgrounds;
- 3.4.5 maintain comprehensive, timely, and legible medical records.

3.5 Professionalism: Residents must demonstrate a commitment to carrying out professional responsibilities and adherence to ethical principles

Residents Must:

- 3.5.1 demonstrate respect, compassion, and integrity for others;

- 1 3.5.2 demonstrate responsiveness to needs of patients and society that
2 supersedes self-interest;
- 3 3.5.3 demonstrate accountability to patients, society and the profession;
- 4 3.5.4 demonstrate commitment to ethical principles pertaining to provision or
5 withholding of clinical care, confidentiality of patient information,
6 informed consent and business practices;
- 7 3.5.5 exhibit commitment to excellence and ongoing self-development;
- 8 3.5.6 demonstrate sensitivity and responsiveness to diverse patients' culture,
9 age, gender, race, religion, disabilities, and sexual orientation.
- 10
- 11 3.6 Systems Based Practice: Resident must demonstrate an awareness of and
12 responsiveness to the larger context and system of health care as well as the ability
13 to effectively call on system resources to provide care that is of optimal value to the
14 orthopedic patient.
- 15
- 16 Residents Must:
- 17 3.6.1 practice cost-effective healthcare and resource allocation that does not
18 compromise quality of care;
- 19 3.6.2 advocate for quality patient care and assist patients in dealing with system
20 complexities;
- 21 3.6.3 work with healthcare managers and other providers to assess, coordinate,
22 and improve healthcare
- 23 3.6.4 participate in identifying system errors and implementing potential
24 system solutions.
- 25
- 26 3.7 Practice Based Learning and Improvement: Resident must be able to investigate
27 and evaluate their orthopedic patient care practices, appraise and assimilate scientific
28 evidence to improve their patient care practices.
- 29
- 30 Residents Must:
- 31
- 32 3.7.1 systematically analyze practice outcomes using quality improvement
33 methods;
- 34 3.7.2 locate, appraise and assimilate evidence from scientific studies related to
35 their patients health;
- 36 3.7.3 use health information technology to manage information and to access
37 on-line medical information and to support ones own education;
- 38 3.7.4 participate in the education of patient families, students, residents and
39 health care professionals;
- 40 3.7.5 set learning and improvement goals and perform appropriate learning
41 activities;
- 42 3.7.6 identify strength, efficiencies and limitations in ones knowledge and
43 expertise.
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ARTICLE IV – INSTITUTIONAL REQUIREMENTS

- 4.1 An institution, (which shall include a hospital, college, organization or other training facility) must meet all the requirements as formulated in the Basic Documents for Postdoctoral Training and OPTT's
- 4.2 The institution shall be required to have a minimum of four residents, within four (4) years of initial orthopedic surgery residency program approval.
- 4.3 The institution shall provide residents with an education that demonstrates compliance with AOA Basic Standards for Residency Training in Orthopedic Surgery.
- 4.4 The institution shall maintain permanent educational records for the graduates of the orthopedic residency program, including the resident annual report, quarterly reports, and written evaluations of residents while they are at affiliate sites and all communications with the AOA Evaluating Committee.
- 4.5 The Program Director of the orthopedic surgery residency may also serve as the Director of Medical Education (DME).
- 4.6 The institution shall arrange for departmental cooperation in training of orthopedic residents. in general surgery, pathology, radiology, internal medicine, osteopathic principles and practice, and physical therapy.
- 4.7 The institution shall develop affiliate training sites to fulfill either basic requirements or for elective experiences.
- 4.8 Affiliate training sites must offer educational experiences not available at the sponsoring institution.
- 4.9 Signed affiliation agreements with training sites must be submitted annually to the AOA.
- 4.10 Written evaluations of the residents while assigned to affiliated training sites, must comply with the AOA Basic Standards for Residency Training.

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ARTICLE V – PROGRAM REQUIREMENTS AND CONTENT

General Program Requirements:

- 5.1.1 The program shall provide the training necessary to qualify the residents to take the certification examination administered by the American Osteopathic Board of Orthopedic Surgery.
- 5.1.2 The orthopedic surgery residency training program shall be a five year continuum.

- 1 5.1.3 The minimum size of the program shall be four (4) residents.
2 5.1.4 The program shall provide a minimum of two hundred and fifty (250) major
3 orthopedic surgical cases yearly for years OGME-R2 through OGME-R5 for each
4 resident.
5 5.1.5 Cases logged by a resident at an affiliated institution shall be included in the total
6 procedures only if: there is a signed affiliation agreement on file with the AOA.
7 5.1.6 The affiliated institution shall be inspected at the discretion of the AOA
8 Evaluating Committee.
9 5.1.7 The program shall maintain a ratio of not more than three (3) residents per AOA
10 board certified orthopedic surgeon.
11 5.1.8 The surgeons necessary to maintain the 3:1 ratio:
12 5.1.8.1 Shall be active, courtesy or equivalent staff members as determined by
13 the AOA Evaluating Committee or
14 5.1.8.2 Shall be active, courtesy or equivalent staff members as determined by
15 the AOA Evaluating Committee of an affiliate institution that has a
16 scheduled rotation for all residents in the program for a minimum of 8
17 weeks.
18 5.1.9 The residents shall be permitted to complete the current year in training in the
19 event that the minimum ratio is not maintained.
20 5.2.10 All residents must participate in an annual orthopedic in training examination.
21 5.2.11 The resident will spend six (6) months of their last twelve (12) months of
22 residency at the primary institution.
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26 **Didactics**

- 27
28 5.2.1 Conferences and Didactic sessions shall be scheduled to permit residents
29 attendance.
30 5.2.2 Facility and residents shall attend and participate in regularly scheduled and held
31 teaching rounds, lectures and conferences.
32 5.2.3 There shall be a minimum of five hours of published, scheduled and held didactic
33 sessions per week during which then the resident is excused from clinical duties.
34 5.2.4 Didactic Curriculum shall include:
35 5.2.4.1 Basic Sciences, including pathology, physiology, immunology, pharmacology
36 and microbiology.
37 5.2.4.2 Anatomy, including study and/or dissection of anatomic specimens, lectures
38 or other formed sessions.
39 5.2.4.3 Biomechanics, emphasizing principles, terminology and application to
40 orthopedics.
41 5.2.4.4 Appropriate use and interpretation of radiographic and other imaging
42 techniques.
43 5.2.4.5 Rehabilitation of neurologic injury, orthotics and prosthetics.

- 1 5.2.4.6 Basic motor skills, including proper and safe use of surgical instruments and
2 operative techniques.
3 5.2.4.7 Integration of basic medical sciences into daily clinical activities.
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5 5.2.5 There shall be definition of resident responsibilities as it relates to patient care,
6 progressive responsibility for patient management, and supervision of residents over
7 the continuum of the program.
8
9 Specific requirements for training year OGME-R1:
10 5.3 The first year (1) of the residency program’s general educational content shall
11 include the listed rotation schedule. These shall be scheduled as 12 one-month
12 rotations or 13 four-week rotations or any combination thereof.
13 5.3.1 Must complete two months or rotations of internal medicine
14 5.3.2 Must complete one month or rotation of emergency medicine
15 5.3.3 Must complete three months or rotations of general orthopedic surgery
16 5.3.4 Must complete one month or rotation of family practice
17 5.3.5 Must complete two months or rotations of non-orthopedic surgery such
18 as vascular, general trauma, basic wound/burn/plastics, urology
19 5.3.6 Must Complete three months or rotations of electives upon approval of
20 the program director which may include any of the following areas:
21 general orthopedic surgery
22 foot and ankle
23 hand
24 hip and knee
25 shoulder and elbow
26 spine
27 sports medicine
28 pediatrics or pediatric orthopedics
29 anesthesiology
30 radiology
31 pain management
32 neurology
33 neurosurgery
34 physical medicine and rehabilitation
35
36 5.3.7 Supervision of the resident must be shared between the DME and the
37 Orthopedic Program Director.
38 5.3.8 The resident must be introduced to and be made knowledgeable in the
39 AOAO case log system for the logging of all orthopedic patient encounters.
40 5.3.9 The program must maintain an AOA approved logging system for all non-
41 orthopedic patient encounters.
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43 **Specific requirements for training years OGME-R2 through OGME-R5**
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- 1 5.4 All cases shall be supervised by an Orthopedic Surgeon specifically trained in the
2 specialty by fellowship or experience.
3 **Minimum rotation length or minimum number of logged cases:**
4 5.4.1 The resident shall log four hundred (400) Arthroscopy cases
5 5.4.2 The resident shall serve a three month rotation in hand surgery or log one
6 hundred (100) hand cases
7 5.4.3 The resident shall serve a three month rotation in foot and ankle surgery or log
8 one hundred (100) foot and ankle cases
9 5.4.4 The resident shall serve a three month rotation in pediatric orthopedic surgery
10 or log one hundred (100) pediatric cases
11 5.4.5 The resident shall serve a three month rotation in orthopedic trauma or log one
12 hundred (100) trauma cases
13 5.4.6 The resident shall serve a three month rotation in orthopedic spine or log fifty
14 (50) spine cases.
15

16 **Mandatory Courses**

- 17 5.5 The following courses shall be provided to each resident by the institution.
18 5.5.1 The resident shall complete a orthopedic pathology course of at least twenty
19 (20) academic hours.
20 5.5.2 The resident shall complete a basic fracture course prior to the start of their
21 OGME-R4 year.
22 5.5.3 The resident shall complete an advanced trauma life support course ATLS
23 prior to the start of OGME-R4 year.
24 5.5.4 The resident shall attend one Annual Meeting or one Post Graduate Seminar
25 of the AOA prior to starting OGME-R5 year.
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27 **ARTICLE VI – PROGRAM DIRECTOR / FACULTY QUALIFICATIONS** 28 **AND RESPONSIBILITIES** 29

30 Program Director Eligibility, Requirements, and Responsibilities:

31 **6.1 Eligibility**

- 32 6.1.1 The Program Director shall be a member in good standing of the
33 AOA.
34 6.1.2 The Program Director shall be certified in orthopedic surgery by the
35 AOA, through the AOBOS for a minimum of two (2) years immediately
36 prior to assuming the positing and maintain certification at all times as
37 Program Director.
38 6.1.3 The Program Director shall have been a member of the Core Faculty for
39 a minimum of four (4) years. (Except in New Programs)
40 6.1.4 The Program Director shall be a practicing orthopedic surgeon,
41 educationally and philosophically qualified to conduct the training
42 program.
43 6.1.5 The Program Director shall have a minimum of five (5) years of clinical
44 experience in orthopedic surgery following training.

- 1 6.1.6 The Program Director shall be licensed to practice medicine in the state
2 where the institution is located.
3 6.1.7 The Program Director shall have an active, courtesy or equivalent staff
4 designation as determined by the AOA Evaluating Committee.
5 6.1.8 The Program Director shall continue to meet CME requirements of the
6 AOA.

7 **6.2 Requirements**

- 8 6.2.1 The Program Director shall attend an Educator's Course of the AOA,
9 approved by the AOA at least once every three (3) years.
10 6.2.2 A new Program Director must take an Educator's Course during the first
11 full year of his/her tenure as Program Director.

12 **6.3 Responsibilities**

- 13 6.3.1 The Program Director's authority in directing the residency training
14 program shall be defined in the program documents of the institution.
15 6.3.2 The Program Director shall arrange affiliations to meet the program
16 objectives / requirements.
17 6.3.3 The Program Director shall prepare required materials for on site
18 inspections or consultations.
19 6.3.4 The Program Director shall submit quarterly, annual and OGME-R5
20 mid-year program reports to the AOA on the case log system.
21 6.3.5 The Program Director shall provide a list of all new residents to the
22 office of the AOA within 30 days of each new program year.
23 6.3.6 The Program Director shall provide a list of Core Faculty to the office of
24 the AOA within 30 days of each new program year.
25 6.3.7 The Program Director shall approve the residents' annual scientific paper
26 or poster.
27 6.3.8 The Program Director shall certify the monthly documentation entered
28 by the resident on the AOA computerized residency log system within
29 30 days of the completion of a case.
30 6.3.9 The Program Director shall provide each resident a resident hand book
31 for the program.
32 6.3.10 The Program Director shall have access of the AOA resident database
33 system for each resident in his/her program, which must include
34 electronic signing privileges.

35 Assistant Program Director Eligibility, Requirements, and Responsibility:

36 **6.4 Eligibility**

- 37 6.4.1 The Assistant Program Director shall be a member in good standing of
38 the AOA.
39 6.4.2 The Assistant Program Director shall be certified in orthopedic surgery
40 by the AOA, through the AOBOS for a minimum of two (2) years
41 immediately prior to assuming the position and maintain certification at all
42 time as Assistant Program Director.
43 6.4.3 The Assistant Program Director shall have been a member of the Core
44 Faculty for a minimum of two (2) years.

- 1 6.8.2 A new Core Faculty member must take an Educator’s Course during the
2 first full year of his/her tenure.
3 6.8.3 Core Faculty Members shall be responsible to provide at least fifty (50)
4 percent of the clinical and didactic educational experience to the residents.

5 Faculty Eligibility, Requirements and Responsibilities:

6 **6.9 Eligibility:**

- 7 6.9.1 All Faculty Members shall be practicing orthopedic surgeons,
8 educationally and philosophically qualified to conduct the training
9 program of clinical experience in orthopedic surgery.
10 6.9.2 All Faculty Member must be licensed in the state where the institution
11 that sponsors the program is located and must have an active, courtesy, or
12 equivalent staff designation as determined by the AOA Evaluating
13 Committee.
14 6.9.3 The Faculty members shall continue to meet the CME requirements of
15 the AOA.

16 **6.10 Requirements:**

- 17 6.10.1 The Faculty Members shall be encouraged to attend a Program Directors
18 Course approved by the AOA at least once every five (5) years.

19 **6.11 Responsibilities:**

- 20 6.11.1 Faculty Trainers shall be responsible to provide the Program Director
21 written assessments of residents under their supervision.

22 Medical Education Staff

23 **6.12 Eligibility, Requirements and Responsibilities:**

- 24 6.12.1 Medical Education Staff shall consist of administrative/support program
25 staff.
26 6.12.2 Medical Education Staff shall be responsible to assist the Program
27 Director in maintaining educational records of the residents.
28 6.12.3 Medical Education Staff shall have print and view only access of the
29 AOA resident database system.
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32 **ARTICLE VII – RESIDENT REQUIREMENTS**

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34 7.1 Applicants for residency training in orthopedic surgery must meet all criteria set
35 forth by the AOA Basic Standards.
36 7.2 Candidates shall apply to the AOA Evaluating Committee for advanced standing
37 if all of the criteria above have been met and the applicant has completed an AOA
38 approved first year of training.
39 7.3 During the training program for training years OGME-R3 – OGME-R5, the
40 resident must:
41 7.3.1 Must submit a scientific paper, following AOA paper guidelines at the
42 close of each training year with the exception of the first and second year
43 of training.
44 7.3.2 OGME-R5 must submit a scientific paper by January 1st.

- 1 8.3.2 Critique of journal club presentations by the faculty
2 8.3.3 Score on OITE
3 Patient Care:
4 8.4.1 Monthly written evaluations of the resident by the faculty
5 Interpersonal and Communications Skills:
6 8.5.1 Critique of lectures, journal club and M & M presentations by faculty
7 8.5.2 Monthly written evaluations of resident by faculty
8 Professionalism:
9 8.6.1 Critique of M & M and tumor board presentations by faculty
10 8.6.2 Monthly written evaluations of resident by faculty
11 8.6.3 Patient satisfaction letters and/or concern data
12 Practice-Based Learning and Improvement:
13 8.7.1 Written critique of the resident scientific paper
14 8.7.2 Monthly written evaluation of the resident by the faculty
15 System-Based Practice:
16 8.8.1 Case management feedback regarding outliers
17 8.8.2 Documentation and coding feedback from clinical staff
18 8.8.3 Monthly written evaluations by the faculty
19 Resident Formative and Summative Evaluations:
20 8.9.1 Logs must document the fulfillment of the requirements of the program,
21 describing the scope, volume, variety, and progressive responsibility by
22 the resident.
23 8.9.2 Logs must be completed on a monthly basis and recorded in the AOA
24 computerized residency log system for OGME-R2 through OGME-R5.
25 8.9.3 Quarterly Reports: shall be completed for the first three quarters of the
26 academic training year by the Program Director using the AOA
27 computerized residency log system and electronically signed with thirty
28 (30) days of the completion of the quarter.
29 8.9.4 Quarterly reports shall include faculty input as well as evaluations from
30 all consortium training sites.
31 8.9.5 The evaluation must be based upon the educational objectives for each
32 assignment and program activity and include detailed information
33 pertaining to the resident’s development and information regarding
34 improvement in any areas necessary.
35 8.9.6 Residents requiring remediation or counseling must be evaluated
36 monthly.
37 8.9.7 The AOA must be notified in writing 60 days prior to the completion
38 of the academic year of any resident in danger of being ineligible for
39 advancing of the next year.
40 8.9.8 Failure of submitting timely reports may result in probation of the
41 program and review by the AOA Evaluating Committee AOA/COPT.
42 Annual Reports:

- 1 8.10.1 The resident shall complete, and electronically submit an annual resident
2 report found on the AOA computerized residency log system to the
3 AOA within fifteen (15) days of the completion of each academic year.
4 8.10.2 A resident who fails to submit a completed signed report within fifteen
5 (15) days shall be suspended from the program.
6 8.10.3 The Program Director shall complete and electronically sign and submit
7 the annual program directors report found on the AOA computerized
8 residency log system to the AOA within fifteen (15) days of the
9 completion of each academic year.
10 8.10.4 Residents must submit a satisfactory evaluation signed by their Program
11 Director that recommends that the resident be advanced to the next year
12 training, or if applicable, for program completion.
13 OGME-R5 Mid-Year Report:
14 8.11.1 OGME-R5 residents shall submit a mid-year report no later than fifteen
15 (15) days of the completion of the sixth (6th) month of the fifth (5th) year.
16 8.11.2 A resident who fails to submit a completed signed report within fifteen
17 (15) days shall be suspended from the program.
18 8.11.3 The Program Director shall complete electronically, sign and submit the
19 annual program directors report found on the AOA computerized
20 residency log system to the AOA within fifteen (15) days of the
21 completion of each academic year.
22 8.11.4 This report must be electronically signed by the resident.
23 8.11.5 A resident who fails to submit a completed signed report within fifteen
24 (15) days shall not be eligible to take the AOBOS Board Certification
25 Examination prior to completion of the residency program.
26 Faculty:
27 8.12.1 Residents must evaluate their Program Director and the program by
28 completing and electronically signing the resident's annual evaluation
29 report of the Program Director and the program within fifteen (15) days
30 of the completion of each academic year.
31 8.12.2 Annually the program must evaluate teaching faculty performance as it
32 relates to the educational program.
33 Faculty:
34 8.13.1 Shall be evaluated as prescribed by the AOA Inspection Workbook.
35 8.13.2 Must include the required AOA Internal Review as a means of self
36 evaluation.
37
38 8.14 All new programs following the initial first year inspection must have a
39 focused site visit to evaluate the program at the end of the third academic
40 year performed by the AOA Evaluating Committee. This process is
41 described in Appendix I.
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- 1 resident teaching tool and not a test of achievement and by virtue of the rules of
- 2 the AAOS we are not permitted to release OITE scores to the OPTIs.