



AMERICAN OSTEOPATHIC ASSOCIATION

**Basic Standards for
Fellowship Training in
Orthopedic Hand Surgery**

**American Osteopathic Association
and**

American Osteopathic Academy of Orthopedics

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Basic Standards for Fellowship Training in Orthopedic Hand Surgery

This is an amendment to the *Basic Standards for Residency Training in Orthopedic Surgery* which governs and defines orthopedic surgical training. The *Basic Standards* are, therefore, incorporated into this document.

SECTION I - INTRODUCTION

These are the Basic Standards for Fellowship Training in Orthopedic Hand Surgery as established by the American Osteopathic Academy of Orthopedics (AOAO) and approved by the American Osteopathic Association (AOA). These standards are designed to provide the osteopathic fellow with advanced and concentrated training in orthopedic surgery and to prepare the fellow for examination for certification in Orthopedic Hand Surgery by American Osteopathic Board of Orthopedic Surgery (AOBOS).

SECTION II- MISSION

The mission of the osteopathic orthopedic hand surgery training program is to provide fellows with comprehensive structured cognitive and clinical education that will enable them to become competent, proficient and professional osteopathic orthopedic hand surgeons.

SECTION III – EDUCATIONAL PROGRAM GOALS

Refer to the core competencies in the *Basic Standards for Residency Training in Orthopedic Surgery*.

SECTION IV – INSTITUTIONAL REQUIREMENTS

- 4.1 The training program must be conducted at an educational institution that offers exposure to a wide variety of cases in the evaluation of the hand and hand surgery.
- 4.2 The scope of clinical material available must include the management of fractures and dislocations, nerve repairs, tendon repairs and transfers, skin repair and grafts (including flaps,) and finger tip injuries.
- 4.3 A written agreement must exist and be available to specify the clinical and educational relationship between the fellowship program and the coexisting orthopedic residency at the institution to establish the relationship of all parties.
- 4.4 The administration of the institution, the program director, and the supporting faculty must provide resources and facilities to emphasize education over institutional service.

SECTION V – PROGRAM REQUIREMENTS AND CONTENT

General Program Requirements

- 5.1 The general educational content of the orthopedic hand surgery fellowship must include:
 - 5.1.1 Training to qualify an individual to take the Certificate of Added Qualification Examination in Hand Surgery administered by the American Osteopathic Board of Orthopedic Surgery.
 - 5.1.2 Progressive hand surgery training based on current orthopedic hand literature in periodicals, electronic publications and textbooks.
 - 5.1.3 Adherence to the AOAO and AOA approved core competencies.
 - 5.1.4 Familiarity with the use of hand surgery operating room techniques and technology, adjunct therapies, splints and prosthetics, as well as the application of all modalities.

Specific program requirements

- 5.2 The general educational content of the orthopedic hand surgery fellowship must include:
 - 5.2.1 The orthopedic hand surgery fellowship shall be one (1) year (12 consecutive months) in duration
 - 5.2.2 The fellow shall spend educational time on a comprehensive and organized course of study to include anatomy, physiology, trauma, pathology, genetics, congenital problems, microbiology, and pharmacology.
 - 5.2.3 There must be a minimum of five (5) scheduled and published hours each week dedicated exclusively to didactics via lecture or training session during which time the fellow will be excused from all other clinical or service duties.
 - 5.2.4 At least one (1) AOA board certified orthopedic surgeon with a CAQ in Hand Surgery must be a member of the institutional orthopedic attending full active staff.
 - 5.2.5 Faculty to fellow ratios:
 - 5.2.5.1 Osteopathic hand surgery fellowship programs shall have a maximum of two (2) fellows per AOA certified orthopedic surgeon.
 - 5.2.5.2 In the event that the faculty to fellow ratio drops below the minimum due to illness, death, or resignation, the fellow shall be permitted to complete the program, however, the institution shall not be permitted to contract with any new fellows until the training ratio is once again established.
 - 5.2.6 In the event that there are no AOA certified orthopedic surgeons with a hand CAQ on the active medical staff, the hand surgery fellowship shall be terminated within thirty (30) days.
 - 5.2.7 The hand surgery fellowship shall have a minimum of one (1) fellow within three (3) years of initial program approval.
 - 5.2.8 There shall be a minimum of 250 hand surgery cases for each fellow.
 - 5.2.9 If the number of cases performed by a fellow in an affiliated institutional consortium is to be included in the total procedures, a signed affiliation agreement must be established and maintained.
 - 5.2.9.1 The consortium institution is subject to a program site review at the discretion of the AOA evaluating committee.

SECTION VI – PROGRAM DIRECTOR / FACULTY REQUIREMENTS

- 6.1 Program Director – In addition to all program director requirements listed in the *Basic Standards for Residency Training in Orthopedic Surgery* the following apply
 - 6.1.1 The program director must be certified by the AOA in orthopedic surgery and have a Certificate of Added Qualification or be ACGME trained in hand surgery.
 - 6.1.2 The program director shall be a practicing orthopedic hand surgeon, educationally and philosophically qualified to conduct the training program and have a minimum of two (2) years of clinical experience in orthopedic hand surgery.
- 6.2 Faculty

- 6.2.1 The orthopedic hand surgery training faculty shall have a strong interest in education with a commitment to teaching, possess sound clinical skills,
- 6.2.2 Shall be certified in orthopedic surgery with a hand CAQ or possess equivalent qualifications.

SECTION VII – FELLOW REQUIREMENTS

To be eligible for fellowship training in osteopathic orthopedic hand surgery, in addition to those requirements listed in the *Basic Standards for Residency Training in Orthopedic Surgery*, the fellow:

- 7.1 Must have completed an AOA approved residency in orthopedic surgery, general surgery or plastic surgery.
- 7.2 Must be board certified or board eligible by the corresponding AOA certifying board
- 7.3 Shall review the hand surgery literature as to surgical and non surgical procedures, exposures, techniques and pathology on all cases.
- 7.4 Must conduct a pre-surgical evaluation with the results recorded in the patient's chart, on each operative procedure the fellow is scheduled to participate in. This is in addition to any attending notes or evaluation:
- 7.5 Must act as a participant on all hand surgery cases assigned by the program director.
- 7.6 Must attend a CME course offered by the American Society for hand surgery or a hand surgery review course. The program director shall determine which courses are eligible to meet this requirement.
- 7.7 Must participate in scholarly activities such as bench/clinical research, research protocols, cooperative group trials or submission of a scientific article of publishable quality.

SECTION VIII – EVALUATION

- 8.1 Objective assessment of core competencies shall include all methods described in the *Basic Standards for Residency Training on Orthopedic Surgery*.
- 8.2 The fellow shall complete, and electronically submit an annual fellow report found on the AOAO case log system to the AOAO within fifteen (15) days of the completion of the training program
- 8.3 The program director shall complete and electronically sign and submit the annual program directors report found on the AOAO case log system at the completion of the training program.
- 8.4 Fellows must submit, at the conclusion of the training program, an evaluation signed by the program director.
- 8.5 Fellows must evaluate their program director and the program by completing and electronically signing the fellow's annual evaluation report of the program director and the program within fifteen (15) days of the completion of the training program.