BASIC STANDARDS FOR TRAINING IN PRIMARY CARE OSTEOPATHIC SPORTS MEDICINE

American Osteopathic Association
American Osteopathic Academy of Sports Medicine
American College of Osteopathic Family Physicians
American College of Osteopathic Pediatricians
American College of Osteopathic Internists
American College of Osteopathic Emergency Physicians
American Osteopathic College of Rehabilitation Medicine
American Osteopathic College of Occupational & Preventive Medicine
American Academy of Osteopathy

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ARTICLE I - INTRODUCTION

This document outlines the basic standards for subspecialty training in Primary Care Osteopathic Sports Medicine. Prerequisite to participation in this subspecialty training program is the completion of an AOA-approved residency training program and/or osteopathic certification in Family Medicine, Pediatrics, Internal Medicine, Emergency Medicine, Physical Medicine and Rehabilitation, Occupational-Preventive Medicine, or Osteopathic Manipulative Medicine (OMM). Satisfactory completion of the Osteopathic Sports Medicine Training Curriculum will enable the physician to sit for the examination for Board Certification of Added Qualifications in Osteopathic Sports Medicine. Those planning to seek Board Certification of Added Qualifications from their primary Board should communicate with the Administrative Officer of that Board to ascertain the full requirements.

ARTICLE II - PROGRAM ORGANIZATION

A. Program Design

1. The director and teaching staff of a program must prepare and comply with written educational goals for the program. Educational components of the residency program must be related to these goals and should be structured educational experiences for which a specific methodology and method of evaluation exist in compliance with the guidelines in the AOA *Accreditation Document for OPTIs and the Basic Document for Postdoctoral Training Programs*.

2. The program must be approved by the American Osteopathic Association Council on Postdoctoral Training in order to qualify the resident to sit for the examination for Board Certification of Added Qualifications in Osteopathic Sports Medicine.

B. Participating Institutions

1. Participation by any institution providing more than three months of training in a program must include an affiliation agreement approved by the AOA and Council on Postdoctoral Training (COPT).

2. A member of the teaching staff of each participating institution must be designated to assume responsibility for the day-to-day activities of the program at that institution, with overall coordination by the program director.

C. Scope and Duration of Training

1. An educational program in Sports Medicine must be organized to provide a well-supervised experience at a level sufficient for the resident to acquire the competence of a physician with added qualifications in this field. It shall be a minimum of twelve (12) months in duration.

2. The practice of Sports Medicine is the application of the physician's knowledge, skills, and attitudes to those engaged in sports and exercise. Thus, the program must provide training in the development of the clinical competencies needed to diagnose and manage medical illnesses and injuries related to sports and exercise. Clinical experience must include injury prevention, pre-participation evaluation, management of acute and chronic illness or injury, and rehabilitation as applied to a broad spectrum of undifferentiated patients. There must be experience functioning as a team physician and in the promotion of physical fitness and wellness.

ARTICLE II - PROGRAM ORGANIZATION (cont'd)

3. The program should emphasize physiology and biomechanics; principles of nutrition; pathology and pathophysiology of illness and injury; application of OPP and OMT; pharmacology; effects of therapeutic, performance enhancing, and mood-altering drugs; psychological aspects of exercise, performance, and competition; ethical principles; and medical-legal aspects of exercise and sports.

D. Program Inspection

Programs will be inspected via the usual AOA mechanism. Inspectors will be selected from physicians who meet the criteria for program director, as detailed in this document. The inspectors will be trained at regular intervals by the AOA at a conjoint inspector training workshop.

ARTICLE III - PROGRAM PERSONNEL

The program director and teaching staff are responsible for the general administration of the program, including activities related to the recruitment, selection, instruction, supervision, counseling, evaluation, advancement of residents, and maintenance of records related to program accreditation.

A. Program Director

The program director must be based primarily at the teaching center. The director must be fully committed to the program in order to devote sufficient time to the achievement of the educational goals and objectives. She/he must have sufficient authority to manage, control, and direct the program.

1. Qualifications

The program director must possess the following qualifications:

a. Have Board Certification of Added Qualification in Sports Medicine from the AOA and appropriate primary certifying Board (Family Practice, Pediatrics, Internal Medicine, Emergency Medicine, Physical Medicine and Rehabilitation, Occupational-Preventive Medicine, or Osteopathic Manipulative Medicine) with a minimum of five (5) years experience.

b. The program director shall, a majority of the time, be actively engaged in the care of Sports Medicine patients and shall demonstrate:

1. Experience and interest in the field of medical education.

2. Administrative ability and sufficient expertise to implement a training program in Sports Medicine.

c. The program director shall meet the training requirements as indicated in the Residency Training Requirements of the AOA, as well as the AOA Continuing Medical Education requirements.

d. Licensure to practice medicine in the state where the institution that sponsors the program is located. (Certain federal programs are exempted.)

e. Appointment in good standing to the medical staff of the institution participating in the program.

2. Responsibilities

The responsibilities of the program director include:

a. Preparation of a written statement outlining the educational goals of the program with respect to knowledge, skills, and other attributes of residents at each level of training and for each major rotation or other program assignment. This statement must be distributed to residents and members of the teaching staff and be readily available for review.

b. The program director and director of medical education shall provide for proper supervision and clinical teaching of training assignments and are responsible for the evaluation of each resident's progress, verifying that he/she demonstrates proficiency in meeting or exceeding the minimum standards for quality patient care.

c. The program director shall arrange affiliations and/or outside rotations necessary to meet the program objectives.

d. The program director shall, in cooperation with the AOA Division of Postdoctoral Training, prepare required materials for program inspections.

e. The program shall provide the resident with documents pertaining to the training program as well as requirements for satisfactory completion of the program as required by the AOA.

f. The program director shall be required to submit quarterly program reports to the director of medical education. Annual reports shall be submitted to the resident's primary certifying board.

g. The program director must ensure that residents are accorded meaningful patient responsibility with the supervision of a faculty member at all facilities and sites.

B. Teaching Staff

1. There must be a sufficient number of teaching staff with documented qualifications, i.e., Board Certification in their primary specialty for the physician faculty and appropriate credentials for the non-physician teaching staff, to instruct and adequately supervise all the residents in the program. Members of the teaching staff must be able to devote sufficient time to meet their supervisory and teaching responsibilities.

2. Members of the teaching staff must demonstrate a strong interest in the education of residents, sound clinical and teaching abilities, support of the goals and objectives of the program, a commitment to their own continuing medical education, and participation in scholarly activities.

3. In addition to the program director, each program must have at least one other faculty member with similar qualifications, who devotes a substantial portion of professional time to the training program.

4. The teaching staff must include orthopedic surgeons engaged in the operative management of sports injuries and other conditions and who are readily available to teach and provide consultation to the residents. Teaching staff from the disciplines of nutrition, pharmacology, pathology, exercise physiology, physical therapy, behavioral science, physical medicine, rehabilitation, and in clinical imaging should be available to assist in the educational program. Coaches and athletic trainers shall also be included.

C. Other Program Personnel

Programs must be provided the additional professional, technical, and clerical personnel to support the administration and educational conduct of the program.

ARTICLE IV - RESIDENT REQUIREMENTS

A. Applicants for training in Sports Medicine must:

1. Have graduated from an AOA-accredited college of osteopathic medicine.

2. Have satisfactorily completed an AOA-approved residency training program and/or AOA certification in Family Medicine, Pediatrics, Internal Medicine, Emergency Medicine, Physical Medicine and Rehabilitation, Occupational-Preventive Medicine, or Osteopathic Manipulative Medicine.

3. Be appropriately licensed in the state in which the training is conducted.

B. Workload/Call Schedule

1. The schedule for the residents should allow them to fully utilize their educational experiences without resultant counterproductive stress, fatigue, and depression. There should be adequate staff to prevent excessive patient loads and excessive length and frequency of call. On-call duty should occur no more frequently than every third night, averaged monthly, and residents must be permitted to spend a monthly average of at least one day out of seven away from program duties. Formal written policies on these matters must be established and available for review.

2. There must be attention given to monitoring resident stress, including mental or emotional conditions inhibiting performance or learning, and drug or alcohol-related dysfunction. Program directors and teaching staff should be sensitive to the need for timely provision of confidential counseling and psychological support services to residents. Training situations which consistently produce undesirable stress must be evaluated and modified.

ARTICLE V - PROGRAM RESEARCH AND SCHOLARLY ACTIVITY

Graduate medical education must take place in an environment of inquiry and scholarship in which residents participate in the development of new knowledge, learn to evaluate research findings, and develop habits of inquiry as a continuation of professional responsibility.

A. Teaching Staff Research/Scholarly Activity

The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the teaching staff. While not all members of a teaching staff must be investigators, the staff as a whole must demonstrate broad involvement in scholarly activity. This activity should include:

1. Active participation of the teaching staff in clinical discussions, rounds, and conferences in a manner that promotes a spirit of inquiry and scholarship. Scholarship implies an in-depth understanding of basic mechanisms of normal and abnormal states and the applications of current knowledge to practice.

2. Active participation in regional or national professional and scientific societies, particularly through presentations at the organization's meetings and publications in their journals.

3. Participation in research, particularly in projects funded following peer review and/or result in publications or presentations at regional and national scientific meetings.

B. Resident Research/Scholarly Activity

The residents must be exposed to and take part in research with emphasis on clinical research programs which provide an environment conducive to a questioning attitude and critical analysis. The program must provide support for resident participation in scholarly activities and offer guidance and technical support, e.g., research design, statistical analysis, for residents involved in research. Residents must participate in journal clubs and research conferences.

ARTICLE VI - INSTITUTIONAL REQUIREMENTS AND RESOURCES

The program must include the following:

A. Sponsoring Institution

To be approved by the AOA for training in Sports Medicine, an institution1 must meet the requirements as formulated in the Residency Training Requirements of the AOA.

B. Patient Population

The patient population should be of sufficient number and variety to ensure an appropriate learning experience. The program director must ensure that residents are accorded meaningful patient responsibility with the supervision of a faculty member at all facilities and sites.

[1]**Hospital, college, organization, or other training facility**.

ARTICLE VI - INSTITUTIONAL REQUIREMENTS AND RESOURCES (cont'd)

C. Sports Medicine Clinic

1. There must be an identifiable clinic which offers continuing care to patients who seek consultation regarding sports or exercise-related health problems. The non-surgical trainees must be supervised by a physician who has Certification in Sports Medicine and is Board Certified in Emergency Medicine, Family Practice, Internal Medicine, Pediatrics, Physical Medicine and Rehabilitation, Occupational-Preventive Medicine, Osteopathic Manipulative Medicne, or who possesses suitable equivalent qualifications.

2. Adequate up-to-date diagnostic imaging and rehabilitation services must be readily available and accessible to clinic patients. Consultation in medical and surgical subspecialties, physical therapy, nursing, nutrition, and pharmacy must be available. The opportunity to render continuing care and organize recommendations from other specialties and disciplines is mandatory and will require that medical records include information pertinent to the assessment and management of patients with health problems related to sports and exercise.

D. Sporting Events/Team Sports/Mass Participation Events

The program must have access to sporting events, team sports, and mass participation events during which the resident can have meaningful patient responsibility.

E. Acute Care Facility

There must be an acute care hospital, with a full range of services, associated with and in proximity to the sponsoring residency. This facility must be readily accessible to patients served by the program.

F. Library

1. Residents must have ready access to a major medical library either at the institution where the residents are located or through arrangement with convenient nearby institutions.

2. The library services should include the electronic retrieval of information from medical databases.

3. There must be access to an on-site library or a collection of appropriate texts and journals in each institution participating in a residency program. On-site libraries and/or collections of texts and journals must be readily available during nights and weekends.

G. Policy and Procedures

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

H. Resident Contract

The institution shall execute a contract with each resident in accordance with the Residency Training Requirements of the AOA.

ARTICLE VI - INSTITUTIONAL REQUIREMENTS AND RESOURCES (cont'd)

I. Resident Certificate of Completion

Upon the 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 completion dates of the program, and the name(s) of the training institution(s) and the program director(s).

ARTICLE VII - EVALUATION

A. Evaluation of Residents

There must be regular evaluations of residents knowledge skills and overall performance, including the development of professional attitudes consistent with being a physician. The program director, with participation of members of the teaching staff, shall:

1. Evaluate the knowledge, skills, and professional growth of residents at least semi-annually, using appropriate criteria and procedures.

2. Communicate each evaluation to the resident in a timely manner.

3. Advance residents to positions of higher responsibility only on the basis of evidence of satisfactory progressive scholarship and professional growth.

4. Maintain a permanent record of evaluation for each resident which is accessible to the resident and other authorized personnel.

5. Provide a written final evaluation for each resident who completes the program. The evaluation must include a review of the resident's performance during the final period of training and should verify the resident has demonstrated sufficient professional ability to practice competently and independently. This final evaluation should be part of the resident's permanent record maintained by the institution.

6. Implement fair procedures as established by the sponsoring institution regarding academic discipline and resident complaints of grievances (See Appendix A).

B. Evaluation of the Teaching Staff

Formal mechanisms for annual evaluation of the teaching staff must exist and include confidential resident participation.

C. Program Evaluation

1. The teaching staff must be organized and schedule documented meetings in order to review program goals and objectives as well as program effectiveness in achieving them.

ARTICLE VII – EVALUATION (cont'd)

2. In particular, the quality of the curriculum and the extent to which the educational goals have been met by residents must be assessed. At least one resident representative should participate in these reviews and written evaluations by residents should be utilized in this process.

3. There should be periodic evaluation of the utilization of resources available to the program, the contribution of each institution participating in the program, the financial and administrative support of the program, the volume and variety of patients available to the program for educational purposes, the performance of members of the teaching staff, and the quality of supervision of residents.

   One measure of the quality of a program will be the performance of its graduates on examinations of the certifying Board.

ARTICLE VIII - EDUCATIONAL PROGRAM

A. The curriculum must provide the educational experiences necessary for residents to achieve the cognitive knowledge, psychomotor skills, interpersonal skills, professional attitudes, and practical experience required of physicians in the care of patients with health problems related to sports and exercise.

B. Didactic as well as clinical learning opportunities must be provided as part of the required curriculum for the residents. Conferences or seminars and workshops in Sports Medicine should be specifically designed for the residents to augment the clinical experiences.

C. Ongoing acquisition and assessment of motor skills in osteopathic structural diagnosis and manipulative skills must be integrated throughout the required curriculum for the residents. Conferences or seminars and workshops in OPP/OMT pertinent to Sports Medicine should be specifically designed for residents as integral to the didactic and clinical experiences.

E. Educational activities must be adequately supervised while allowing the resident to assume progressive responsibility for patient care. The clinical activities in Sports Medicine should represent a minimum of 50% of the time in the program. The remainder of the time should be spent in didactic, teaching, and/or research activities, and in the Primary Care or Emergency Medicine facility.

F. Residents must spend at least one-half day per week maintaining their skills in their primary specialty.

G. Participation in the following must be required of the residents:

   1. Pre-participation Evaluation of the Athlete

      The program must ensure that Sports Medicine residents are involved in the development and conduct of pre-participation examination programs.

2. Acute Care

The resident must have appropriate authority and responsibility to meaningfully participate in the medical care that is provided to acute care patients (see Scope of Training, above). In addition, the program should arrange for residents to observe representative inpatient and outpatient operative orthopedic procedures.

3. Sports Medicine Clinic Experience

The resident must attend patients in a continuing, comprehensive manner, providing consultation for health problems related to sports and exercises. The resident shall spend at least one day per week in ten months of the training period in this activity.

If patients are hospitalized, the resident should follow them during their inpatient stay and resume outpatient care following hospitalization. Consultation with other physicians and professionals in other disciplines should be encouraged.

4. On-Site Sports Care

a. The resident should participate in planning and implementing of all aspects of medical care at various sporting events. The program must ensure that supervised Sports Medicine residents provide on-site care and management to participants in these events.

b. In addition, the resident must participate in the provision of comprehensive and continuing care to a sports team. Preferably the experience should include several teams which engage in seasonal sports.

5. Mass Participation Sports Events

a. The resident should participate in the planning and implementation of the provision of medical coverage for at least one mass participation event.

b. The program must ensure that residents have experience which includes providing medical consultation, direct patient care, event planning, protection of participants, coordination with EMS systems, and other medical aspects of those events.

ARTICLE IX - SPECIFIC KNOWLEDGE AND SKILLS

A. Clinical

The program must provide educational experiences for the residents to develop clinical competence in the discipline of Sports Medicine. The curriculum must include, but not be limited to, the following content and skill areas:

1. Anatomy, physiology, and biomechanics of exercise.

ARTICLE IX - SPECIFIC KNOWLEDGE AND SKILLS (cont'd)

2. Basic nutritional principles and their application to exercise, preventive medicine and rehabilitation.

3. Psychological aspects of exercise, performance, and competition.

4. The rationale behind and proper performance of sports and pre-exercise physical examinations.

5. Physical conditioning requirements for various activities.

6. Special considerations related to age, gender, and disability.

7. Pathology and pathophysiology of illness and injury as it relates to exercise.

8. Effects of disease, e.g., diabetes, cardiac conditions, arthritis, on exercise and the use of exercise in the care of medical problems.

9. Prevention, evaluation, management, and rehabilitation of injuries.

10. The ability to apply osteopathic principles and practices to the area of Sports Medicine including the use of appropriate osteopathic manipulative treatment (OMT).

11. Promotion of physical fitness and healthy lifestyles.

12. Functioning as a team physician.

13. Ethical principles as applied to exercise and sports.

14. Medical-legal aspects of exercise and sports.

15. Environmental effects on exercise.

16. Growth and development related to exercise.

17. Understanding the principles of exercise physiology and their application to injury, treatment, and subsequent rehabilitation.

18. Implementing and monitoring of prescriptive exercise programs.

19. Participating in regular coverage of athletic events as a team physician in order to develop the ability to quickly and appropriately assess an injury sustained in competition and/or exercise as well as provide emergency care.

20. Becoming familiar with preventive measures such as conditioning routines, equipment, taping, and appropriateness of returning to activity.

21. Comprehensive medical management, which requires an understanding across a broad scope of specializations, of individuals engaged in sports, exercise, or physical activity at the recreational or competitive level.

22. Understanding pharmacology and effects of therapeutic, performance-enhancing, and mood-altering drugs.

23. The opportunity for residents to learn the management and leadership skills necessary to effectively and efficiently coordinate an interdisciplinary team of health care professionals for the maximum benefit of the patient.

B. Patient Education/Teaching

The program must provide experiences necessary for residents to develop and demonstrate competence in patient education regarding sports and exercise. They must have experience teaching others, e.g., nurses, allied health personnel, medical students, residents, coaches, athletes, other professionals, and members of patients' families. There must also be relevant experience working in a community Sports Medicine network involving parents, coaches, certified athletic trainers, allied medical personnel, residents, and physicians.

ARTICLE X - DOCUMENT REVISIONS

AOA staff will serve as administrator for the conjoint document revision committee composed of representatives from each participating college appointed by their respective education committee. The committee will select its own chairman.

APPENDIX TO THE BASIC STANDARDS FOR OSTEOPATHIC GME TRAINING OF ALL SPECIALTIES

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 case of academic dismissal, the hospital and department will inform trainees, orally and in writing, of inadequacies and their effects on academic standing. The trainee will be provided a specified period in which to implement specified actions 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 to be unremediable. 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 unremediable, 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 which 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 as the disciplinary authority. Trainees may be allowed counsel at hearings concerning 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.