



**BASIC STANDARDS
FOR APPROVAL OF
RESIDENCY TRAINING IN
OTOLARYNGIC ALLERGY**

American Osteopathic Association
and the
American Osteopathic Colleges of
Ophthalmology and Otolaryngology-Head and Neck Surgery

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STANDARDS FOR PROGRAM APPROVAL

Standards I through VIII of this document contain standards for subspecialty residency training in Otolaryngic Allergy. The standards and prerequisites are used by the AOA and the AOCOO-HNS to evaluate the residency program on a continuing basis.

STANDARD I MISSION

The mission of residency training in otolaryngic allergy is to develop an osteopathic physician, who is skilled in the subspecialty of otolaryngic allergy and who will provide compassionate, quality care, continue lifelong learning and display integrity and professionalism, as an osteopathic otolaryngic allergist. Training shall be accomplished through meeting or exceeding educational goals and objectives outlined in this document.

Each residency program must provide a mission statement for their individual program and evidence that this statement is periodically reviewed and updated by the institution.

STANDARD II EDUCATIONAL PROGRAM GOALS AND OBJECTIVES

A. Seven core competencies of the osteopathic profession:

Upon completion of the program, residents are required to attain and demonstrate competencies in the seven areas described below to a level expected of a new practitioner. The residency program is required to define specific knowledge, skills and attitudes required and provide educational experiences as needed in order for it's residents to demonstrate competency in the following: **(See Appendix I for details of instruction and evaluation methods).**

1. Osteopathic philosophy and osteopathic manipulative medicine
2. Medical knowledge
3. Patient care
4. Interpersonal and communication skills
5. Professionalism
6. Practice based learning and improvement
7. Systems based practice

B. Program Design

The program director and faculty must prepare and implement written educational goals for the program.

1. All educational components of a residency program should be related to program goals and specialty content (Standard II, C. Specialty Content) with documentation of multiple measures to assess the residents performance (see Appendix I). The program design and/or structure must be approved by the AOCOO-HNS Council of Medical Education and AOA as part of the regular review process.
2. The program must have a comprehensive, well organized, and effective curriculum, including:
 - a. The cyclical presentation of core specialty knowledge supplemented by the addition of current information.
 - b. Indication of what competencies are needed to progress through each year of training.
 - c. Evidence that the teaching is conducted in a variety of educational settings such as clinics, classrooms, laboratories, employing accepted educational principles.
3. To fulfill requirements of the basic standards or enhance training, the program director may arrange for required rotations with affiliated training sites.
 - a. A program seeking to fulfill its requirements through affiliations with other AOA or ACGME institutions shall sign formal affiliation agreements with these training sites. Affiliation agreements shall be signed by representatives of both the base institution and the affiliate training sites, and shall be maintained on file with the DME at the base institution. Affiliations shall be consistent with the guidelines of the AOA. There should be an appointed site director at the affiliated institution.
 - b. Residents on rotation to affiliated training sites shall remain under contract to the base institution. Resident training logs shall reflect training and service to the affiliated training site and shall be included in the resident records at the base institution. Written evaluation of the resident's performance at the affiliated training site must be submitted by the on-site faculty to the program director at the base institution
 - c. The base institution or organization may arrange for up to a total of six (6) consecutive months of training outside of the institution.
 - d. In no case shall the maximum aggregate time on outside rotations be more than one-third the length of the program.

C. Specialty Content

The broad scope of the specialty of Otolaryngic Allergy requires that the program provide medical education in the following areas:

1. Osteopathic Management of Otolaryngic Allergy with the ability to demonstrate knowledge of:
 - a. Basic concepts of structure-function relationships and the body's inherent healing ability
 - b. How to design a management plan, which promotes the body's ability to regulate itself toward health
 1. Patient education regarding medication abuse, pollutants, humidification, and allergies.
 2. Osteopathic manipulative treatment based on the musculoskeletal system's impact on circulation to and from all tissues, the autonomic nervous system and the promotion of lymphatic circulation and its role in reducing swelling and inflammation and stimulation of the immune system.
 3. Medical intervention combined with patient education and appropriate musculoskeletal treatment.
2. Diagnosis, Pathophysiology, and Treatment of Inhalant Allergy, food and fungal hypersensitivity. Application of skin wheals, mix vials, and the making of five-fold serial dilutions, as well as how to interpret skin endpoints, perform dosage calculations, and plan treatment vials.
3. Pathophysiology Evaluation, and Treatment of Food Allergy and Chemical Sensitivity, Principles of Clinical Nutrition, Supplementary Allergy Treatment Techniques, such as the use of Histamine and Heparin, and Evaluation and Management of Difficult Clinical Problems such as Urticaria, Drug Allergy, Inner Ear Allergy, and Immunodeficiency.
4. Upon completion of training the resident should be able to:
 - a. Take an appropriate allergy history and assess the likelihood of allergy
 - b. Understand basic pathophysiology of inhalant allergy
 - c. Diagnose allergy using either skin endpoint titration or in-vitro specific IgE testing
 - d. Manage allergy symptoms using avoidance, pharmacology and immunotherapy
 - e. Initiate, escalate, and adjust inhalant allergy immunotherapy.
 - f. Understand safety precautions and management of emergencies.
 - g. Understand pathophysiology of food allergy.
 - h. Understand pathophysiology of chemical allergy.
 - i. Understand nutritional needs of allergy patients.

- j. Recognize most common presentations of allergy.
- k. Formulate diagnostic plans.
- l. Interpret diagnostic allergy tests.
- m. Initiate appropriate therapy.

D. Clinical Components

The volume and variety of clinical otolaryngic allergy problems in children and adults must be sufficient to afford each resident a graduated supervised experience with the entire spectrum of otolaryngic allergy so that the resident may develop diagnostic, therapeutic, and manual skills and judgment as to their appropriate use.

During the course of training residents should be responsible for the care of a panel of outpatients who represent a broad range of otolaryngic allergy. There must be appropriate faculty supervision of the residents in all outpatient visits. Appropriate faculty supervision occurs when the faculty is readily available to the resident(s) for consultation or assistance.

1. Outpatient experience

There must be a well-organized and well-supervised outpatient service. Residents must have the opportunity to see patients, establish provisional diagnoses, and initiate preliminary treatment plans and follow-up care.

2. Systemic Disease Consultation Experience

Each resident should receive experience in providing outpatient consultation during the course of his/her education.

E. Resident Duty Hours and the Working Environment

Providing residents with a sound academic and clinical education must be carefully planned and balanced with concerns for patient safety and resident well-being. Each program must ensure that the learning objectives of the program are not compromised by excessive reliance on residents to fulfill service obligations. Didactic and clinical education must have priority in the allotment of residents' time and energies. Duty hour assignments must recognize that faculty and residents collectively have responsibility for the safety and welfare of patients.

1. Supervision of Residents

The residency is an educational experience and must be designed by the institution to offer structured and supervised exposure in order 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.

2. Work Hours must comply with AOA policy (**See Appendix II**)
3. Moonlighting Policy of the AOA (**See Appendix II**).

F. Progressive responsibilities

The program must provide the residents with experience in direct and progressively responsible patient management as they advance through the educational program. This education must culminate in sufficient independent responsibility for clinical decision making to reflect that the graduating resident has developed sound clinical judgment and possesses the ability to formulate and carry out appropriate management plans.

G. Research and Scholarly Activities

1. 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 continuing professional responsibility. Research offers an important opportunity for the application of the basic sciences to clinical problems and is an important part of the preparation of the resident for a lifetime of self-education after the completion of formal residency education.
2. The educational program should provide a structured research experience for the residents, sufficient to result in an understanding of the basic principles of study design, performance, analysis, and reporting. The research experience may be clinical or basic in nature and should reflect careful advice by and planning with the faculty. Facilities and protected time for research by the residents should be provided, with guidance and supervision by qualified faculty.
3. The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the faculty. While not all members of the faculty must be investigators, the faculty as a whole must demonstrate broad involvement in scholarly activity. This activity should include:
 - a. Participation of the faculty 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 application of current knowledge to practice.
 - b. Participation in journal clubs and research conferences.

- c. Participation in regional or national professional and scientific societies, particularly through presentations at the organizations' meetings and publication in their journals.
 - d. Participation in research, particularly in projects that are funded following peer review and/or result in publications or presentations at regional and national scientific meetings.
 - e. Offering of guidance and technical support (e.g., research design, statistical analysis) for residents involved in research.
- f. Provision of support for resident participation in scholarly activities.
- H. Conferences
- 1. Basic Science

Attend a minimum of ninety (90) credit hours of AOCCO-HNS sponsored/approved courses, thirty (30) of which must be from an otolaryngic allergy basic course (AAOA/AOCCO-HNS) and sixty (60) hours of advanced courses.
 - 2. Clinical Conferences

Clinical conferences must be held regularly and should be attended by all residents and faculty. Grand rounds, mortality and morbidity conferences, tumor conferences, and conferences on other pertinent topics may be included in the educational program. Interdisciplinary conferences are encouraged.

STANDARD III INSTITUTIONAL REQUIREMENTS FOR PROGRAM APPROVAL

- A. An institution must meet the following institutional requirements to be considered for approval to conduct an Otolaryngic Allergy residency program:
- 1. Be accredited by the American Osteopathic Association/Healthcare Facilities Accreditation Program (HFAP) or Joint Commission on Accreditation of Healthcare Organizations (JCAHO) and affiliated with an Osteopathic Postdoctoral Training Institution (OPTI).
 - 2. Document that the program meets the policies and procedures of the AOA and the OPTI with which it is affiliated.
 - 3. Be in operation at least twelve (12) months immediately preceding the date of application for residency training.
 - 4. Provide sufficient funding to meet the basic standards of the residency program.
- B. Organizational Structure

The training institution shall have the following educational structure:

1. Director of Medical Education (DME) who is an osteopathic physician and meets AOA requirements for the position.
2. Postdoctoral education committee with membership and/or attendance of:
 - a. Director of Medical Education
 - b. Program directors of all specialty training programs at the institution.
 - c. Representatives of supporting specialty services.

C. Subsection of Otolaryngic Allergy Requirements

To be considered for approval of a residency program in Otolaryngic Allergy, the department or section of Otolaryngic Allergy in conjunction with the base institution must:

1. Have a chairperson who currently holds a Certificate of Added Qualifications in Otolaryngic Allergy by the AOA through the American Osteopathic Board of Ophthalmology and Otolaryngology-Head and Neck Surgery (AOBOO-HNS) and must achieve re-certification within prescribed time frame by the certifying body.
2. Significant clinical exposure to osteopathic otolaryngic allergists must be provided.
3. Have a minimum of one (1) core faculty member for every three (3) resident positions who holds a Certificate of Added Qualification in Otolaryngic Allergy.
4. Have the volume, variety and scope of otolaryngic allergy cases to support a residency program with a minimum of three (3) residents. There shall be a minimum volume of two hundred and fifty (250) otolaryngic allergy procedures per year for each resident in training. When the number of cases in an affiliated institution is to be included in the total procedures performed, a written affiliation agreement between the training institution and the affiliated institution must be established. The affiliated institution is then subject to inspection.
5. Provide supervised training and experience in the following:
 - a. outpatient care of patients.
 - b. otolaryngic allergy laboratory
6. Ensure that Osteopathic principles and practice and that their application to Otolaryngic Allergy are emphasized and employed.

7. The Otolaryngic Allergy residency program must adopt formal policies and the residents must be advised of these policies. There must be a resident manual that will include, but not be limited to:
 - a. The institution's Otolaryngic Allergy residency curriculum.
 - b. The rules and regulations stating the resident's duties and responsibilities
 - c. Leave policies.
 - d. Financial arrangements, including housing, meals and other benefits, as may be determined by the institution and described in the resident contract.
 - e. Institutional policies and procedures for the supervision and evaluation of residents, due process, (e.g., grievances, disciplinary action, academic deficiencies or failure) and appeal processes.
 - f. Policies governing outside activities of a professional nature.
 - g. Institutional policies regarding contract renewal, contract interruption or cancellation, and the number of otolaryngic allergy positions offered each year of training.
 - h. Resident work hours and supervision policies.
8. The institution shall provide a written selection policy to any osteopathic physician interested in its program. The selection of residents in the Otolaryngic Allergy program shall be under the jurisdiction of the subsection of otolaryngic allergy reviewed by the appropriate educational committees and approved by the governing board of the institution.
9. The institution shall execute a contract with each resident in accordance with AOA policy.
10. The institution must provide resources sufficient to maintain a quality training program, particularly in the area of faculty development, curriculum, and evaluation methodology. In addition the institution must commit to an equitable and reasonable balance between education and service.
11. 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 completion dates of the program and the name(s) of the training institution(s) and the program director.

STANDARD IV FACULTY REQUIREMENTS AND RESPONSIBILITIES

The sponsoring institution, in conjunction with the program director shall designate the core faculty who shall participate in the Otolaryngic Allergy residency program. One of these shall be designated as Program Director.

A. Program director

The sponsoring institution shall designate an osteopathic otolaryngology/facial plastic physician as program director for the program who has sufficient clinical time for program administration and clinical instruction. Appointments are subject to the approval by the AOCOO-HNS Council of Medical Education after review of curriculum vitae and subsequent registration by the AOA.

1. The program director of the Otolaryngic Allergy residency program must possess the following qualifications:
 - a. Be a graduate of an AOA-approved college of osteopathic medicine.
 - b. Have completed an AOA-approved intern-training program.
 - c. Be certified by the AOA through the American Osteopathic Board of Ophthalmology and Otolaryngology/Head and Neck Surgery and be recertified as required within the prescribed time frame of the certifying body.
 - d. Have Certificate of Added Qualifications in Otolaryngic Allergy.
 - e. Minimum of two (2) years of clinical experience in Otolaryngic Allergy following Certification of Added Qualification in Otolaryngic Allergy by the AOA or two (2) years experience as a faculty member of an Otolaryngic Allergy residency program or request special consideration by the AOCOO-HNS Council of Medical Education.
 - f. Have postdoctoral training and continuing medical education in otolaryngology and otolaryngic allergy.
 - g. Membership in the American Osteopathic Association.
 - h. Membership in the American Osteopathic Colleges of Otolaryngic Allergy and Otolaryngology-Head and Neck Surgery (AOCOO-HNS).
 - i. Active staff membership within the department or section of Otolaryngology/ Facial Plastic Surgery.
 - j. Active clinical practice of Otolaryngic Allergy at the base or an affiliated institution.

- k. Fulfill the qualifications of a faculty member of an otolaryngic allergy residency program with completion of AOA continuing medical education requirement and attendance at faculty development programs.
 - l. Be educationally and attitudinally suited to conduct a training program.
 - m. Understand and fulfill the basic requirements of the AOA and AOCOO-HNS.
 - n. Active participation in AOCOO-HNS, other professional organizations appropriate to Otolaryngology and Otolaryngic Allergy, and in community affairs.
 - o. Involvement in research and academic pursuits. Examples may include, but are not limited to publication in peer-reviewed journals, textbooks, local or specialty publications, formal lectures and visiting professorships.
 - p. May only function as the program director of one (1) AOA approved residency program in Otolaryngic Allergy.
2. The program director shall have the following responsibilities:
- a. Direction of the Otolaryngic Allergy residency program to ensure that the resident has the opportunity to receive the training outlined in the written program description.
 - b. Arrange formal affiliation agreements and/or outside rotations necessary or advantageous to meet the program objectives.
 - c. Evaluation of residents, faculty, and the Otolaryngic Allergy residency program; and submission of required reports.
 - d. In coordination with the DME, have responsibility for all schedules, and appropriate time for resident training, including lectures, educational sessions, and study time.
 - e. Work with the DME to support the predoctoral and postdoctoral education and training at the institution.
 - f. Notify the AOCOO-HNS of all residents in training on an annual basis.
 - g. Participation in the annual AOCOO-HNS Program Director Workshop. Attendance at this annual workshop is **mandatory**, at least, alternate years for the program director and in the intervening years his/her designee who is actively involved in the training program.

- h. Ensuring that the program complies with the standards, policies and procedures of the AOA and AOCOO-HNS.
- i. Preparation for and participation in the AOA inspection of the program in cooperation with the Division of Postdoctoral Training and the designated evaluator.
- j. Inform the AOA, OPTI and AOCOO-HNS Council of Medical Education of major changes in the program, including but not limited to changes in program directors; institutional ownership and affiliations, or other major administrative changes.
- k. Certify documentation of the work completed by the resident.
- L. Provide the resident with all documents pertaining to the training program, as well as, the requirements for satisfactory completion of the program.
- m. Submit quarterly program reports, including reports for outside rotations, to the director of medical education and administration of the institution.
- n. Submit Annual Reports to the AOCOO-HNS within thirty (30) days of the completion of each training year.
- o. Develop goals and objectives for each rotation featured in the program and maintain these through periodic updating.
- p. Development of supplemental rotations as needed to meet the goals and objectives of the program. It will be necessary to describe these areas in the program description and to follow the protocol of the program in arranging the rotations. While it may be necessary to change the institution at which the outside rotations will occur, it should still be within the framework of the structured program description as to sequence as well as duration of the program.
- q. In the event there is documented evidence that a program director is not adhering to one or more of the qualifications of a program director, the AOCOO-HNS Council of Medical Education will provide a copy of the evidence to the program director and will inform the program director that his/her status as a trainer is under review by the AOCOO-HNS Council of Medical Education. A copy of the evidence will be sent to the Director of Medical Education, The institution's Chief Operating Officer, and the OPTI. The program director will have 60 days to provide the AOCOO-HNS Council of Medical Education with documentation of compliance. The AOCOO-HNS Council of Medical Education has 60 days after receipt of documentation of compliance before making a decision regarding continuing program approval.

B. Core faculty members

1. Must be certified or an active candidate in the process of certification by the AOBOO-HNS or ABO.
2. Must be qualified by training and experience to perform their teaching role, including recertification within the prescribed time frame of the certifying body. Faculty must demonstrate sufficient scholarly activity. Faculty credentials must be on file and available at the time of inspection.
3. Core faculty must be provided sufficient time to provide instruction to residents in the outpatient clinics or other sites where Otolaryngic Allergy is practiced. Furthermore, faculty must participate in the academic educational program, such as formal lectures, case conferences and journal clubs and other requirements of the core curriculum.
4. The institution shall have administrative and other non-physician staff committed to the program to support teaching in the Otolaryngic Allergy residency program.

STANDARD V RESIDENTS REQUIREMENTS AND RESPONSIBILITIES

A. An applicant for Otolaryngic Allergy residency training must:

1. Be a graduate of an AOA-accredited college of osteopathic medicine and have successfully completed an AOA-approved internship.
2. Have satisfactorily completed an AOA-approved residency in otolaryngology.
3. Be a member of the AOA and maintain membership in the AOA throughout the term of training.
4. Be licensed in the State(s) where required where the training program and affiliated sites are located.
5. Arrange to provide letters of recommendation and official transcripts from the college of osteopathic medicine and hospital administration of internship and/or previous residency training.
6. Sign an annual residency contract with the institution.

B. The resident is legally, morally, and ethically responsible to pursue the agreed upon program of training. The resident shall not engage in any outside activities of a professional nature during residency training except those approved by the program director and designated institutional authorities. Such activities must not interfere with the resident's participation in the training program. The resident may not act as an unsupervised consultant in the specialty and must be designated in such a manner to retain his/her identity as a resident.

- C. The resident shall progressively assume increasing responsibility for patient care during the residency program.
- D. Increased competency in Otolaryngic Allergy is based on experience and number and variety of cases managed in the outpatient setting. Such experience is gained through participation in highly specialized rotations as deemed necessary by the program director.
- E. Each resident shall adhere to established policies and procedures for residency training, as outlined in this document, and in the resident manual.
- F. The resident shall maintain formal records of all activities related to the educational program. These records shall be submitted monthly to the program director and DME for review and verification. Copies of these records shall be kept on permanent file by the administration at the base institution and shall be available at the time of the inspection. These records should document the fulfillment of the requirements of the program, describing the volume, variety and scope, and progressive responsibility on the part of the resident for Otolaryngic Allergy cases and procedures performed under supervision.
- G. Annual Report

The resident must submit an annual resident report to the AOCOO-HNS within thirty (30) days of completion of each training year. (Documents not received on time may incur a monetary penalty). The annual report consists of: the residents annual report (segregated LOGS), the program directors report, and verification of required courses.
- H. The resident shall be required to participate in professional staff activities as directed by the program director.
- I. Time spent away from the base institution.
 - 1. Extracurricular activities: The training program is a full-time responsibility; activities outside the educational program may not be mandated nor interfere with the resident's performance in the educational process as defined in the agreement between the institution and the resident.
 - 2. Outside rotations: Outside rotations are permissible when included in the basic residency program as approved by the AOCOO-HNS Council of Medical Education and AOA. The purpose of such rotations is for the enhancement of the basic program. The parent institution or organization is responsible for the outside rotations.
- J. The resident must complete a minimum of 90 hours of basic and advanced studies relating to Otolaryngic Allergy.

STANDARD VI CURRICULUM AND INSTRUCTION

- A. The training program in Otolaryngic Allergy may be completed utilizing one of the following options.
1. One (1) year of uninterrupted studies with participation in a minimum of 250 documented cases.
 2. Two (2) years of interrupted studies and training in Otolaryngic Allergy with participation in a minimum of 500 documented cases including academic experience equivalent to at least (1) year of formal concentrated study.
 3. Three (3) years of interrupted studies and training in Otolaryngic Allergy with participation in a minimum of 750 documented cases including academic experience equivalent to at least one (1) year of formal concentrated study.
- B. The program shall create and implement a core curriculum for Otolaryngic Allergy residency training that prepares the resident for Certification of Added Qualification in Otolaryngic Allergy.
1. The Curriculum in Otolaryngic Allergy must include the following core curriculum components:
 - a. Utilization of osteopathic principles and practice relating to Otolaryngic Allergy.
 - b. Development of a growing competence on the part of the resident in the practice of Otolaryngic Allergy.
 - c. Development of a philosophy of Otolaryngic Allergy directed toward delivery of the best possible patient care.
 - d. Advanced training in the basic sciences, which shall include structured learning and clinical experience in the basic sciences and clinical skills in Otolaryngic Allergy.
 - e. Exposure to issues which, the resident will face as a practicing clinician, including health policy, managed care, health administration, medical ethics, medical liability, practice management and interpersonal skills.
 - f. Participation in required OPTI educational programs.
 2. By the completion of the Otolaryngic Allergy residency program, each resident shall demonstrate competency in the basic sciences, medical knowledge and skills in Otolaryngic Allergy.

3. The program must provide an environment that is conducive to residents education. This environment must include exposure to the clinical applications of Otolaryngic Allergy and the skills necessary to develop the proper attitudes towards patients, professional staff, and administration of the institution.
4. The program must ensure that the resident demonstrates increasing competence in Otolaryngic Allergy skills and techniques in the use of its diagnostic and therapeutic modalities. Progression through the residency program must be based on documented achievement of education goals and objectives. This shall be done through:
 - a. Documentation of educational outcomes through multiple measures with faculty input is required.
 - b. Observation, assistance, and supervised participation leading toward greater responsibility for diagnosis, care, and treatment of patients.
 - c. Opportunities to attend or participate in teaching and training inside and outside of the parent institution.
 - d. Participation in available seminars, divisional society meetings, workshops in other institutions, programs provided by universities, and clinical activities in affiliated outpatient clinics or specialty institutions.
5. Residents in the program will learn teaching skills by actively participating in the process of instructing interns, medical students and other residents.
6. The curriculum shall be based on written objectives.
7. The curriculum will provide for annual evaluation by faculty and residents as a method for revision and updating of the document.
8. At institutions that may lack an adequate amount of clinical material in certain areas of training, the curriculum may be supplemented through outside rotations. It is necessary to describe these areas in the program description and to follow the protocol of the program in arranging the rotations.

STANDARD VII FACILITIES AND OTHER RESOURCES

- A. Institutional facilities and resources must be adequate to provide educational opportunities to the resident. The institution is responsible for assuming the financial, technical and educational support for the program. The institution must provide the necessary space, facilities and learning environment for the establishment and maintenance of an AOA-approved program.
 1. The institution shall have the following facilities:

- a. A medical library that is properly staffed and maintained by a qualified librarian. This library shall include access to standard medical reference texts and current medical journals, and computer-assisted literature search capabilities, e.g., Medline.
 - b. Conference room(s) that are available for formal instruction.
 - c. Faculty and administrative office space.
 - d. Adequate space for residents to pursue educational activities.
2. Otolaryngic Allergy facilities
- a. The institution shall have supervised outpatient clinics or a formal arrangement for rotations in an outpatient facility. Institutional clinics or Otolaryngologist offices may be used.
 - b. The institution shall be properly equipped, organized, and appropriately staffed to give adequate training in Otolaryngic Allergy.
 - c. The institution must provide ample working area and study space for its residents, and the instrumentation and equipment essential to the conduct of the specialty.

STANDARD VIII EVALUATION

The program must implement and document an evaluation of at least the following aspects and other related aspects as necessary.

- A. Resident evaluation
 - 1. Evaluations of residents' abilities and competencies must be completed and filed with their permanent record. These competencies should be in concert with AOA defined core competencies in patient care, interpersonal and communications skills, systems-based practice, medical knowledge, practice-based learning and improvement, professionalism, and osteopathic manipulative theory. Other tools are to be used to measure residents' competence, such as, faculty and staff evaluations, patient surveys, faculty review of video-taped surgical procedures, review of medical records, evaluation of surgical and non-surgical outcomes, and evaluation of research manuscripts or presentations and literature reviews.
 - 2. The program director, with faculty input, will complete written quarterly evaluations of resident performance. This should include evaluations from all affiliated training sites and supplemented rotation sites.

3. Evaluations should be learner-centered, developmental, foster continuous improvement, and based upon educational objectives for each assignment and program activity.
4. Completed evaluations must be shared with the resident in consultation for improvement. They must be signed by the program director and resident to document that evaluation and counseling have occurred quarterly as required. Copies of evaluations should be made available to the resident.
5. The program director must document that residents needing remediation or counseling as a result of evaluation are given it in a timely manner. There must be documentation of follow up evaluations of these residents.

B. Program Evaluation

1. Program assessments and measured outcomes for continuous quality improvement should be done on an ongoing basis, with an annual summative evaluation of the quality of the program. Evaluative information should be used for program improvement, and documentation of it should be on file.
2. Multiple measures should be used for program review and evaluation to obtain a comprehensive view of program quality. Recommended methods include performance on certifying examination; post graduate professional performance satisfaction surveys; resident completion rate in the program; percent of graduates completing the program on time; placement of graduates; professional accomplishments of program graduates.
3. The curriculum will be evaluated annually by faculty and residents as a method for revising and updating of the document.
4. The program director and program faculty shall undergo annual, internal review for teaching, and scholarly activities, and development of the program.
5. The faculty must be evaluated, annually, by the residents. Residents must be allowed to conduct this evaluation anonymously.

APPENDIX I

Core competencies of the osteopathic profession

1. *Osteopathic philosophy and osteopathic manipulative medicine*

Residents are expected to demonstrate and apply knowledge of accepted standards in osteopathic manipulative treatment (OMT) appropriate to the specialty. The educational goal is to train the skilled and competent osteopathic practitioner who remains dedicated to life-long learning.

a. Demonstrate competency in the understanding and application of OMT appropriate to Otolaryngic Allergy.

1. Provide opportunities for active participation for residents in hospital and ambulatory sites for OMT training.
2. Teach residents to perform a critical appraisal of medical literature related to OMT.
3. Observe and credential residents in the performance of OMT by assessing their diagnostic skills, medical knowledge, and problem solving abilities.

Evaluation methods appropriate to this standard: (See Appendix for discussion of evaluation methods).

1. Simulations and models.
2. Objective structured clinical examinations (OSCE)
3. Record reviews.
4. Standardized oral examination.
5. Competency cards.

b. Integrate osteopathic concept and OMT into the medical care provided to patients as appropriate.

1. Have residents assume increasing responsibility for the incorporation of osteopathic concepts in patient management.
2. Participate in activities that provide educational programs at the student and intern levels.
3. Participate in CME programs provided by COMS, the AAO, and specialty colleges.

Evaluation methods appropriate to this standard:

1. Simulations and models.
2. Procedures or case logs.
3. Global rating of live or recorded performance.
4. Standardized patient examination.

- c. Understand and integrate osteopathic principles and philosophy into all clinical and inpatient care activities.
 - 1. Utilize caring, compassionate behavior with patients.
 - 2. Demonstrate the treatment of people rather than symptoms.
 - 3. Demonstrate understanding of somato-visceral relationships and the role of the musculoskeletal system in Otolaryngic disease.

Evaluation methods appropriate to this standard:

- 1. Direct observation.
- 2. Global rating of live or recorded performance.
- 3. 360 degree evaluation.
- 4. Standardized patient examination.
- 5. Peer review.

2. *Medical knowledge*

Residents are expected to demonstrate and apply knowledge of accepted standards of clinical medicine, remain current with new developments in medicine, and participate in lifelong learning activities, including research with special emphasis on the specialty of Otolaryngic Allergy.

- a. Demonstrate competency in the understanding and application of clinical medicine to patient care.
 - 1. Performance on COMLEX Part III and in-service examinations.
 - 2. Supervised observation of the clinical decision-making abilities of residents.
 - 3. Attendance at seminars and/or CME.
 - 4. Participation in a directed readings program and Journal club.
 - 5. Periodic assessment of resident critical thinking and problem solving abilities.

Evaluation methods appropriate to this standard:

- 1. Chart simulated recall oral examinations (CSR).
- 2. Simulations and models.
- 3. 360 degree evaluation instrument.
- 4. Written examinations.

- b. Know and apply the foundations of clinical and behavioral medicine as appropriate to the discipline.
 - 1. Participate in research activities that critically evaluate current medical information and scientific evidence.

2. Develop as medical educator by having residents give presentations before peers, faculty and participate in the instruction of medical students.
3. Routinely assess the skill and outcomes of residents in their performance of medical procedures.
4. Develop programmatic education in lifelong learning.

Evaluation methods appropriate to this standard:

1. Chart simulated recall oral examinations (CSR).
2. Written examination.
3. 360 degree evaluation instrument.
4. Direct observation.
5. Simulations and models.

3. *Patient care*

Residents must demonstrate the ability to effectively treat patients, provide medical care that incorporates the osteopathic philosophy, patient empathy, awareness of behavioral issues, the incorporation of preventive medicine, and health promotion.

- a. Gather accurate, essential information for all sources, including medical interviews, physical examinations, medical records, and diagnostic/therapeutic plans and treatments.
 1. Supervise the performance of medical interviewing techniques to assess the resident skill and ability.
 2. Provide instruction on the development and implementation of effective patient management plans.
 3. Teach residents the proper methods for requesting and sequencing diagnostic tests and consultative services.
 4. Instill in residents the need to provide a caring attitude that is mindful of cultural sensitivities, patient apprehensions, and accuracy of information.

Evaluation methods appropriate to this standard:

1. Checklist evaluation.
2. Standardized patient examination.
3. Objective structured clinical examination (OSCE).
4. Standardized oral examination.
5. Record review.
6. 360 degree evaluation instrument.

- b. Validate competency in the performance of diagnosis, treatment and procedures appropriate to the specialty.

1. Provide instructional programs for the performance of medical procedures where appropriate.
2. Develop a credentialing program for residents to validate their competency in the performance of medical procedures where appropriate.
3. Instruct residents in the performance of the medical procedure, any potential complications and known risks to the patient (informed consent).

Evaluation methods appropriate to this standard:

1. Checklist evaluation.
2. Global rating of live or recorded performance.
3. Simulations and models.
4. Procedure in case logs.

- c. Provide health-care services consistent with osteopathic philosophy, including preventive medicine and health promotion that are based on current scientific evidence and understanding of behavioral medicine.

1. Counsel patients and their families on health-care promotion and lifestyle activities related to good health maintenance.
2. Refer patients to not-for-profit and community service organizations that support health promotion and behavior modification programs.
3. Work with professionals from varied disciplines as a team to provide effective medical care to patients that address their diverse health-care needs.

Evaluation methods appropriate to this standard:

1. Checklist evaluation.
2. Global rating of live record performance.
3. Simulations and models.
4. Patient surveys.
5. Objectives structured clinical examination (OSCE).
6. Standardized patient examination (SP).
7. Procedure case logs.

4. *Interpersonal and communication skills*

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

- a. Demonstrate effectiveness in developing appropriate doctor-patient relationships.

1. Demonstrate patient interviewing techniques.
2. Demonstrate ability to assess the health of non English-speaking and deaf patients.

3. Involve patients and families in decision-making.
4. Illustrate the use of appropriate verbal and nonverbal skills when communicating with patients, families and faculty.
5. Demonstrate an understanding of cultural and religious issues and sensitivities in the doctor-patient relationship.

Evaluation methods appropriate to this standard:

1. Checklist evaluation.
2. Objectives structured clinical examination (OSCE).
3. 360 degree evaluation instrument.
4. Patient surveys.
5. Standardized patient examination.
6. Videotaping.

- b. Exhibit effective listing, written and oral communications skills in professional interactions with patients and health-care professionals.

1. Communicate medical problems and patient options at appropriate levels of understanding.
2. Maintain comprehensive, timely, and legible medical records.
3. Demonstrate respectful interactions with health-care practitioners, patients, and families of patients.
4. Elicit medical information in effective ways.
5. Demonstrate an understanding of resources available to physicians to assist with appropriate assessment of communication-impaired patients.
6. Work effectively with others as a member or leader of a health-care team.

Evaluation methods appropriate to this standard:

1. Standardized patient examination.
2. Objectives structured clinical examination (OSCE).
3. 360 degree evaluation instrument.
4. Patient surveys.
5. Checklist evaluation.

5. *Professionalism*

Residents are expected to uphold the Osteopathic Oath in the conduct of their professional activities that promote advocacy of patient welfare, adherence to ethical principles, and collaboration with health-care professionals, lifelong learning, and sensitivity to a diverse patient population. Residents should be cognizant of their own physical and mental health in order to effectively care for patients.

- a. Demonstrate respect for patients and families and advocate for the primacy of patient's welfare and autonomy.
1. Present an honest representation of a patient's medical status and the implications of informed consent to medical treatment plans.
 2. Maintain the patient's confidentiality and demonstrate proper fulfillment of the physician's role in the doctor-patient relationship.
 3. Commitment to an appropriate and non-exploitative relationship with patients.
 4. Inform patients, accurately, of the risks associated with medical research projects, the potential consequences of treatment plans, and the realities of medical errors in medicine.
 5. Treat the terminally ill with compassion in the management of pain, palliative care, and preparation for death.
 6. Participate in courses and programs (compliance and end of life).

Evaluation methods appropriate to this standard:

1. Checklist evaluation.
2. Objective structured clinical examination (OSCE).
3. 360 degree evaluation instrument.
4. Patient surveys.
5. Standardized patient examination.
6. Videotaping.

- b. Demonstrate adherence to ethical principles in the practice of medicine.
1. Understand conflicts of interest inherent in medicine and the appropriate responses to societal, community, and health-care industry pressures.
 2. Use limited medical resources effectively and avoid the utilization of unnecessary tests and procedures.
 3. Recognize the inherent vulnerability and trust accorded by patients to physicians and uphold the highest moral principles that avoid exploitation for sexual, financial, or other private gain.
 4. Pursue life-long learning goals in clinical medicine, humanism, ethics, and gain insight into the understanding of patient concerns and the proper relationship with the medical industry.

Evaluation methods appropriate to this standard:

1. Standardized patient examination.
2. Objectives structured clinical examination (OSCE).
3. 360 degree evaluation instrument.

4. Patients survey.
 5. Checklist evaluation.
 6. Lectures/seminars.
- c. Demonstrate awareness and proper attention to issues of culture, religion, age, gender, sexual orientation, and mental and physical disabilities.
1. Become knowledgeable and responsive to the special needs and cultural origins of patients.
 2. Advocate for continuous quality of care for all patients.
 3. Prevent the discrimination of patients based on defined characteristics.
 4. Understand the legal obligations of physicians in the care of patients.

Evaluation methods appropriate to this standard:

1. Standardized oral examination.
2. Objectives structured clinical examination (OSCE).
3. Checklist evaluation.
4. 360 degree evaluation.
5. Portfolios.
6. Patient surveys.
7. Competency cards.
8. Sensitivities seminars and programs.

6. *Practice based learning and improvement*

Residents must demonstrate the ability to critically evaluate their methods of clinical practice, integrate evidence-based medicine into patient care, show an understanding of research methods, and improve patient care practices.

- a. Treat patients in a manner consistent with the most up-to-date information on diagnostic and therapeutic effectiveness.
1. Use reliable and current information in diagnosis and treatment.
 2. Understand how to use the medical library and electronically mediated resources to discover pertinent medical information.
 3. Demonstrate the ability to extract and apply evidence from scientific studies to patient care.

Evaluation methods appropriate to this standard:

1. Written examinations.
2. Objectives structured clinical examination (OSCE).
3. Portfolios.
4. Record review.
5. Standardized patient examination.

6. Chart simulated recall oral examination (CSR).
- b. Perform self-evaluations of clinical practice patterns and practice based improvement activities using a systematic methodology.
1. Understand and participate in quality assurance activities at the hospital and at ambulatory sites.
 2. Apply the principles of evidence-based medicine in the diagnosis and treatment of patients.
 3. Measured the effectiveness of resident practice patterns against results obtained with other population groups in terms of effectiveness and outcomes.

Evaluation methods appropriate to this standard:

1. Standardized patient examinations.
2. Objectives structured clinical examination (OSCE).
3. Record reviews.
4. Chart simulated recall oral examinations (CSR).
5. Portfolios.
6. Self-study.

- c. Understand research methods, medical informatics, and the application of technology as applied to medicine.
1. Participate in research activities as required by the AOCOO-HNS.
 2. Demonstrate computer literacy, information retrieval skills, and understanding of computer technology applied to patient care and hospital systems.
 3. Apply study designs and statistical methods to the appraisal of clinical studies.

Evaluation methods:

1. Objectives structured clinical examination (OSCE).
2. Standardized patient examination is.
3. Portfolios.
4. Procedure case logs.
5. Residents initiated research.
6. Information technology research related review/development.
7. Self-study.

7. *Systems based practice*

Residents are expected to demonstrate an understanding of health-care delivery systems, provide effective and qualitative patient care within the system, and practice cost-effective medicine.

a. Understand national and local health-care delivery systems and how they impact of patient care and professional practice.

1. Attend instruction in matters of health-care policy in structure.
2. Understand business applications in the medical practice.
3. Show operational knowledge of health-care organizations, state and federal programs.
4. Understand the role of the resident as a member of the health-care team in the hospital, ambulatory clinic, and community.
5. Attend guest lectures and seminars with policymakers.

Evaluation methods:

1. Portfolios.
2. Objectives Structured Clinical Examination (OSCE).
3. 360 degree evaluation.
4. Chart Simulated Recall Oral Examination (CSR).
5. Seminars.

b. Advocate for quality health-care behalf of patients and assist them in their interactions with the complexities of the medical system.

1. Understand local medical resources available to patients for treatment and referral.
2. Participate in advocacy activities that enhance the quality of care provided to patients.
3. Practice clinical decision-making in the context of cost, allocation of resources, and outcomes.

Evaluation methods appropriate to this standard:

1. Record review.
2. Objectives Structured Clinical Examination (OSCE).
3. 360 degree evaluation.
4. Patient surveys.
5. Checklist evaluation.
6. Portfolios.

APPENDIX II

AOA WORK HOUR PREAMBLE: IT IS RECOGNIZED THAT EXCESSIVE NUMBERS OF HOURS WORKED BY INTERN AND RESIDENT PHYSICIANS CAN LEAD TO ERRORS IN 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 AND, DIRECTOR OF MEDICAL EDUCATION (DME) AND RESIDENT 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 OR INABILITY TO CONDUCT PERSONAL ACTIVITIES.

AOA Work Hours Policy

- a. The resident shall not be assigned to work physically on duty in excess of eighty hours (80) per week averaged over a four (4) week period, inclusive of in-house night call.
- b. The resident shall not work in excess of twenty-four (24) consecutive hours inclusive of morning and noon educational programs. Allowance for, but not to exceed up to six (6) hours for inpatient and outpatient continuity, transfer of care, educational debriefing and formal didactic activities may occur. Residents may not assume responsibility for a new patient after twenty-four (24) hours.
- c. If moonlighting is permitted, all moonlighting will be inclusive of the eighty (80) hour per week maximum work limit and must be reported (see Moonlighting Policy below).
- d. The resident shall have alternate week forty-eight (48) hour periods off or at least one (1) twenty-four (24) hour period off each week.
- e. Upon conclusion of a twenty-four (24) hour duty shift, residents shall have a minimum of twelve (12) hours off before being required to be on duty again. Upon completing a lesser hour duty period, adequate time for rest and personal activity must be provided.
- f. All off-duty time must be totally free from assignment to clinical or educational activity.
- g. Those rotations requiring the resident to be assigned to Emergency Department duty shall not be assigned longer than twelve (12) hour shifts.

- h. The resident and training institution must always remember the patient care responsibility is not precluded by this policy. In the case where a resident is engaged in patient responsibility which cannot be interrupted, additional coverage should be provided to relieve the resident involved as soon as possible.
- i. The resident may not be assigned to call more often than every third night averaged over any consecutive four (4) week period.
- j. The training institution shall provide an on-call room for residents, which is clean, quiet, safe and comfortable, so to permit rest during call. A telephone shall be present in the on-call room. Toilet and shower facilities should be present in or convenient to the room. Nourishment shall be available during the on-call hours of the night.

MOONLIGHTING POLICY

ANY PROFESSIONAL CLINICAL ACTIVITY (MOONLIGHTING) PERFORMED OUTSIDE OF THE OFFICIAL RESIDENCY PROGRAM MAY ONLY BE CONDUCTED WITH THE PERMISSION OF THE PROGRAM ADMINISTRATION (DME/PROGRAM DIRECTOR). A WRITTEN REQUEST BY THE RESIDENT MUST BE APPROVED OR DISAPPROVED BY THE PROGRAM DIRECTOR AND DME AND BE FILED IN THE INSTITUTION'S RESIDENT FILE. ALL APPROVED HOURS ARE INCLUDED IN THE TOTAL ALLOWED WORK HOURS UNDER AOA POLICY AND ARE MONITORED BY THE INSTITUTION'S GRADUATE MEDICAL EDUCATION COMMITTEE. THIS POLICY MUST BE PUBLISHED IN THE INSTITUTION'S HOUSE STAFF MANUAL. FAILURE TO REPORT AND RECEIVE APPROVAL BY THE PROGRAM MAY BE GROUNDS FOR TERMINATING A RESIDENT'S CONTRACT.

APPENDIX III

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.