



AMERICAN OSTEOPATHIC ASSOCIATION

Basic Standards
for
Subspecialty Residency Training in Otolaryngic Allergy

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

**Basic Standards for Subspecialty Residency Training
In Otolaryngic Allergy**

TABLE OF CONTENTS

I.	Introduction.....	3
II	Mission.....	3
III	Educational Program Goals	3
IV	Institutional Requirements.....	3
V	Program Requirements and Content.....	4
	Program Requirements.....	4
	Transfers & Advanced Standing.....	5
	Program Content.....	5
	Medical Knowledge	5
	Patient Care.....	5
	Ambulatory Clinic.....	6
VI	Faculty and Administration	9
	Program Director.....	6
	Faculty.....	7
VII	Resident Requirements.....	7
VIII	Evaluation	8

I - INTRODUCTION

- A. These are the Basic Standards for Subspecialty Residency Training in Otolaryngic Allergy as established by the American Osteopathic Colleges of Ophthalmology and Otolaryngology - Head and Neck Surgery (AOCOO - HNS) and approved by the American Osteopathic Association (AOA). These standards are designed to provide the osteopathic resident with advanced and concentrated training in Otolaryngic Allergy and to prepare the resident to provide quality care to his/her patients and to obtain certification in Otolaryngic Allergy. These standards are to be used in conjunction with the AOA *Basic Documents for Postdoctoral Training*.

II – MISSION

- A. The mission of residency training in Otolaryngic Allergy is to provide residents with comprehensive structured cognitive and procedural clinical education in order to produce an osteopathic physician who is skilled in the subspecialty of the Otolaryngic Allergy and who will provide compassionate, quality care, continue lifelong learning, and display integrity and professionalism, as an osteopathic Otolaryngic Allergist.

III – EDUCATIONAL PROGRAM GOALS

The goals of the osteopathic Otolaryngic Allergy program is to train residents to become proficient in the following core competencies:

- A. Medical Knowledge: A thorough knowledge of the complex differential diagnoses and treatment options for the patient with Otolaryngic Allergy and the ability to integrate the applicable sciences with clinical experiences.
- B. Patient Care: The ability to rapidly evaluate, initiate and provide appropriate treatment for patients with acute and chronic Otolaryngic Allergy in both the inpatient and outpatient settings as well as promote health maintenance and disease prevention.

IV – INSTITUTIONAL REQUIREMENTS

- A. The institution or program must have a supervision policy that includes, at minimum: how the faculty provides supervision (direct, indirect and informal) at all times; how supervision is graded with regard to level of training; how the program assesses competence (both procedural and non-procedural) with regard to the need for supervision; and how the policy is monitored and enforced.
- B. The institution or program must have a resident service policy that includes, at minimum: how the program defines resident workload; how the program ensures protected educational time for the residents and how the policy is monitored and enforced.
- C. There must be a minimum volume of two hundred and fifty (250) otolaryngic allergy procedures per year for each resident in training.
- D. The institution's department/section of Otolaryngic Allergy shall have at least one (1) physician who currently holds a Certificate of Added Qualifications in Otolaryngic Allergy from the AOA through the American Osteopathic Board of Ophthalmology and Otolaryngology-Head and Neck Surgery (AOBOO-HNS).
- E. The institution or program must have a code of conduct for faculty and residents.
- F. The program must maintain and annually update a program description that includes, at minimum: the program description elements required in the AOA Basic Documents for

Postdoctoral Training; goals and objectives of the training program; curricular and rotational structure; description of ambulatory continuity experience; program director responsibilities; and resident qualifications and responsibilities.

- G. The program must maintain a list of learning objectives to indicate learning expectations at yearly training levels and provide it to the residents annually.
- H. The program must maintain a written curriculum and provide it to the residents annually.
- I. The institution must provide a supervised ambulatory site for continuity of care training. Institutional clinics or Otolaryngic Allergist's offices may be used.
- J. The institution/program must maintain a file for each resident containing, at minimum:
 - 1. Ambulatory logs;
 - 2. Procedure logs;
 - 3. Monthly rotation evaluation forms;
 - 4. Quarterly program director evaluations;
 - 5. Semiannual ambulatory evaluations;
- K. The program must be represented each year at the annual AOCOO-HNS Program Directors Work Shop and annual College sponsored Faculty Development Course.
- L. The institution must bear all direct and indirect costs of AOA on-site reviews and their preparation.
- M. The institution must provide an otolaryngic allergy laboratory.

V - PROGRAM REQUIREMENTS AND CONTENT

A. Program Requirements

The training program in Otolaryngic Allergy may be completed utilizing one of the following options.

- a. One (1) year of uninterrupted studies with participation in a minimum of 250 documented cases.
- b. 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.
- c. 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. The residency training program in Otolaryngic Allergy must be thirty-six (36) months in duration.

All newly approved residency training programs will be given a maximum of thirty six (36) months continuing approval following the first inspection which occurs twelve (12) months after the first resident begins the program.

B. Transfers and Advanced Standing

- 5.1 The program must receive documentation from previous program director confirming that the resident has achieved a specific level of training, and receive an endorsement

from the new program director recommending advanced standing for a specific block of time.

- 5.2 The program is required to provide verification of residency education for residents who may leave the program prior to completion of their education.
- 5.3 Requests for advanced standing and time allotted for such requests will be considered on a case-by-case basis. The AOCOO-HNS Council of Medical Education will review all applications and make appropriate recommendations. Advanced standing credit is applicable only for training received at the institution immediately prior to the program to which the resident is requesting transfer.

C. Program Content

5.1 Medical Knowledge

- a. Residents must participate in structured Otolaryngic Allergy educational activities throughout their training program.
- b. Each resident must attend a minimum of one hundred (100) credit hours of AOCOO-HNS sponsored/approved courses, thirty (30) of which must be from an otolaryngic allergy basic course (AAOA/AOCOO-HNS) and seventy (70) hours of advanced courses.
- c. By the completion of the Otolaryngic Allergy residency program, each resident must
 1. Take an appropriate allergy history and assess the likelihood of allergy
 2. Understand basic pathophysiology of inhalant allergy
 3. Diagnose allergy using either skin endpoint titration or an in-vitro specific IgE testing
 4. Manage allergy symptoms using avoidance, pharmacology and immunotherapy
 5. Initiate, escalate, and adjust inhalant allergy immunotherapy.
 6. Understand safety precautions and management of emergencies.
 7. Understand pathophysiology of food allergy.
 8. Understand pathophysiology of chemical allergy.
 9. Understand nutritional needs of allergy patients.
 10. Recognize most common presentations of allergy.
 11. Formulate diagnostic plans.
 12. Interpret diagnostic allergy tests.
 13. Initiate appropriate therapy.

5.2 Patient Care

- a. The resident must have training and experience in comprehensive histories and physicals, including structural examinations, with emphasis on the immunologic and related systems.
- b. The resident must have training and experience in the 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.
- c. The resident must have training and experience in the 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.

- d. The resident must have training and experience with state-of-the-art advances and emerging technology that may be needed in future practice settings.

D. Ambulatory Clinic

- 5.1 The resident's continuity clinic training must be under the supervision of an Otolaryngic Allergy specialist.
- 5.2 There must be participation between the supervisor and the resident including, at minimum, evidence that all cases are discussed.
- 5.3 The resident must be exposed to the medical diagnoses found in a general Otolaryngic Allergy practice.
- 5.4 The resident must be taught to apply the concepts of disease prevention and health maintenance.
- 5.5 Specific ambulatory clinic logs must be maintained and contain, at minimum: patient identification; diagnosis and the activity and/or procedures performed on each visit.
- 5.6 The resident must develop a continuity panel of patients in the ambulatory clinic.
- 5.7 An opportunity must exist for the resident to participate in the ongoing care of his/her clinic patients when they are hospitalized at the base hospital facility and through all phases of their care.

VI – FACULTY AND ADMINISTRATION

A. Program Director

- 6.1 The program director must be certified in Otolaryngic Allergy by the AOA through the American Osteopathic Boards of Ophthalmology and Otolaryngology-Head and Neck Surgery.
- 6.2 The program director must have a minimum of three (3) years of clinical experience in Otolaryngic Allergy following certification by the AOA or request special consideration by the AOCOO-HNS Council of Medical Education;
- 6.3 The program director must be an active member of the AOCOO-HNS.
- 6.4 The program director's authority in directing the residency training program must be defined in the program documents of the institution.
- 6.5 The program director must comply with procedures and requests of the Council on Medical Education.
- 6.6 The program director must have compensated dedicated time to administer the training program.
- 6.7 The program director must complete an annual report for each resident and review it with the resident. Final reports must be submitted within 30 days of training completion. Delinquent annual reports will not be reviewed until a delinquency fee is paid as determined by the AOCOO-HNS administrative policies.

- 6.8 The program director must attend the annual AOCCO-HNS Program Director Workshop, at a minimum of once every other year, held during the ACA. In the intervening years, the program director will assign a designee who is actively involved in the training program, to attend.
- 6.9 The program director will attend the annual AOCCO-HNS sponsored Faculty Development Course as follows; the program director must attend one (1) out of three (3) programs, and assign other faculty involved in the training program to attend one (1) out of five (5) annual faculty development programs.
- 6.10 The program director must notify the AOCCO - HNS of the resident's entry into the training program and the names of all residents in the program by submitting a resident list annually on a form furnished by AOCCO - HNS..
- 6.11 The program director must maintain an e-mail address and provide it to the AOCCO – HNS.

B. Faculty

Faculty must make available sufficient non-clinical time to provide instruction to residents.

VII – RESIDENT REQUIREMENTS

- 7.1 The resident must have satisfactorily completed an AOA approved residency in otolaryngology.
- 7.2 The resident must be members of the AOCCO-HNS.
- 7.3 The residents must submit an annual resident report to the AOCCO-HNS within thirty (30) days of completion of each training year. The annual report consists of: the resident segregated totals (Logs), the program directors report, the professional paper, and verification of required courses. Delinquent annual reports will not be reviewed until a delinquency fee is paid as determined by the AOCCO-HNS 's administrative policies.
- 7.4 The resident must attend a minimum of 70 percent of all meetings as directed by the program director.
- 7.5 The resident must maintain certification in advanced cardiac life support throughout the residency.
- 7.6 The resident must attend the AOCCO-HNS Annual Clinical Assembly or another AOCCO-HNS continuing education program once during the training program.
- 7.7 The resident must maintain a current e-mail address and provide it to the AOCCO - HNS upon entering the program.

VIII – EVALUATION

- 8.1 The faculty and residents must evaluate the program and curriculum annually to ensure that it is consistent with the current goals of the program and further address, at minimum: pass rates on the AOBOO- HNS certification examination; resident retention rates in the program; percent of graduates completing the program using one of the required plans; placement of graduates and professional accomplishments of graduates.

- 8.2 The ambulatory clinic director must complete semiannual written evaluations of the resident's performance.
- 8.3 All evaluations must be signed by the person completing the evaluation, the program director and the resident.
- 8.4 The program director or a designee must meet with the resident semiannually to review and document the resident's progress.
- 8.5 At the end of each training year, the program director, with faculty input, must determine whether each resident has the necessary qualifications to progress to the next training year or be considered training/program complete.
- 8.6 Residents' identities in faculty evaluations must remain confidential.
- 8.7 Program Director and Faculty performance must be reviewed on an annual basis.
- 8.8 Information provided by residents must be included as part of the assessment of faculty performance.
- 8.9 The program must have a remediation policy for residents who are performing at an unsatisfactory level.
- 8.10 All newly approved residency training programs will be given a maximum of thirty six (36) months continuing approval following the first inspection which occurs twelve (12) months after the first resident begins the program.
- 8.11 At the end of each training year, the program director and the resident must complete and send an Annual Report to the AOCCO-HNS within thirty (30) days of completion of each training year. The annual report consists of: the resident segregated totals (Logs), the program directors report. Delinquent annual reports will not be reviewed until a delinquency fee is paid as determined by the AOCCO-HNS 's administrative policies.