AMERICAN OSTEOPATHIC ASSOCIATION

THESE STANDARDS ARE DORMANT.

TO INQUIRE ABOUT AOBA PARTICIPATION IN THE CAQ FOR CRITICAL CARE MEDICINE FOR ANESTHESIOLOGY PLEASE CONTACT THE AOBA DIRECTLY AT (800) 842-2622

BASIC STANDARDS FOR SUBSPECIALTY TRAINING IN CRITICAL CARE MEDICINE FOR ANESTHESIOLOGY

American Osteopathic Association

and the

American Osteopathic College of Anesthesiologists

COPT/89

ARTICLE I - INTRODUCTION

These are the basic standards for subspecialty training in Critical Care Medicine for Anesthesiology as approved by the American Osteopathic Association and the American Osteopathic College of Anesthesiologists. These standards are designed to provide the osteopathic resident with advanced and concentrated training in Critical Care Medicine for Anesthesiology and to prepare the resident for examination for certification in the subspecialty.

ARTICLE II - DEFINITION AND PURPOSES

The subspecialty of Critical Care Medicine for Anesthesiology consists of the diagnosis and treatment of the critically ill patient in the intensive care unit. This is a multi-disciplinary approach of direct patient care by residents whose primary concern in the care of the patient is in the intensive care unit atmosphere. The purpose of an osteopathic critical care medicine for anesthesiology training program are:

A. Provide the resident with properly organized and, progressive responsibility in the care of the critically ill patient.

B. Provide continuity of didactic and clinical experience to adequately prepare the resident for the practice of Critical Care Medicine for Anesthesiology and to enable the resident to develop special expertise associated with improved care and patient survival.

C. Osteopathic principles and practice will be integrated throughout the residency training program.

1. Osteopathic principles as they relate to Critical Care Medicine for Anesthesiology:
   a. Body unity.
   b. Structure, function interrelationships.
   c. Self-regulations, homeostatic mechanisms.

2. Use of osteopathic palpatory assessment and manipulative treatment.

ARTICLE III - INSTITUTIONAL REQUIREMENTS

A. To be approved by the AOA for residency training Critical Care Medicine for Anesthesiology, an institution[1] must meet all the requirements as formulated in the Residency Training Requirements for the AOA.

1Hospital, college, organization or other training facility. (footnote)

B. The institution must provide sufficient patient load to properly train a minimum of two residents in Critical Care Medicine for Anesthesiology.

C. Fellows must have ready access to specialty-specific and other appropriate reference material in print or electronic format. Electronic medical literature databases with search capabilities should be available.

D. The institution must have an AOA-approved residency training program in anesthesiology or be affiliated with an anesthesia residency program.

E. The institution shall provide the resident with the opportunity to conduct consultations, under the supervision of qualified staff members, to prepare the resident for the role of consultant to other specialties.

F. The institution shall remain modern equipment for the treatment and monitoring of the critically ill patient.

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

H. 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(s).

ARTICLE IV - PROGRAM REQUIREMENTS

A. The residency training program shall only commence after it has received recommendation of the Committee on Postdoctoral Training and the approval of the AOA Board of Trustees.

B. The residency training program in Critical Care Medicine for Anesthesiology shall be **a minimum of** one (1) year in duration:

1. The program shall be primarily clinical in orientation and shall involve direct patient care.

2. The intensive care unit of the institution shall be the base of operation, with appropriate outside rotations arranged to meet specific educational goals.

3. The program shall provide the resident with teaching experience that correlates basic bio-medical knowledge with the clinical aspects of the subspecialty.

4. The resident shall work closely with residents in other specialty areas, such as radiology, pathology, surgical specialties, internal medicine and its subspecialties and pediatrics during the training program.

5. The resident shall have supervised training in the performance of procedures and in perfection of technical skills that are integral to critical care medicine for anesthesiology.

6. The program shall provide the resident with an understanding of common technical procedures used in the practice of critical care medicine and the judicious utilization of technical and fiscal resources.

7. The program content shall include training in the indications, contraindications and complications of the following:

    a. Cardiovascular physiology, pathology, pathophysiology and therapy.
    b. Respiratory physiology, pathology, pathophysiology, and
    c. Renal physiology, pathology, pathophysiology, and therapy.
    d. Central nervous system physiology, pathology, pathophysiology and therapy.
    e. Metabolic and endocrine effect of critical illness.
    f. Infectious disease physiology, pathology, pathophysiology and therapy.
    g. Hematological disorders secondary to acute illness.

h. Gastrointestinal, genito-urinary, obstetric and gynecologic acute disorders.
i. Immunology and transplantation.
j. Trauma, burns.

8. Upon completion of the program, the resident shall be knowledgeable in the administrative and management skills involved in critical care medicine for anesthesiology.

9. The program shall provide effective content with regard to behavioral characteristics involved in the interaction between the resident, the patient and the teaching staff. The program should enhance the ability of the resident to understand the contingencies of health and illness and the development of a mature concern regarding the quality of patient care, especially the psychosocial aspects of the critically ill patient.

C. If necessary, the program must provide suitable arrangements for outside rotations to ensure the complete education of the resident and for broadening the scope of training. All rotations must meet standards as formulated in the Residency Training Requirements of the AOA.

ARTICLE V - QUALIFICATION AND RESPONSIBILITIES OF PROGRAM DIRECTOR

A. Qualifications

1. The program director must be certified in Anesthesiology by the American Osteopathic Association through the American Osteopathic Board of Anesthesiology and must have had the appropriate training and have certificate of special qualifications for such as approved by the American Osteopathic College of Anesthesiologists and the American Osteopathic Association. ARTICLE V - QUALIFICATION AND RESPONSIBILITIES OF PROGRAM DIRECTOR (Cont.)

2. The program director must demonstrate a commitment to Critical Care Medicine for Anesthesiology by actively participating in appropriate national and regional scientific societies related to the subspecialty.

3. The program director must meet the standards of the position as formulated in the Residency Training Requirements of the AOA.

B. Responsibilities

1. The program director's authority in directing the residency training program must be defined in the program documents of the institution.

2. The program director shall establish procedures for the continued evaluation of the clinical competence of residents. Evaluation should include intellectual abilities, manual skills, attitudes and interpersonal relationships, as well as patient management and decision-making skills.

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

4. The program director shall, in cooperation with the AOA Department of Education, prepare required materials for inspections.

5. The program director shall provide the resident with all documents pertaining to the training program as well as the requirements for the satisfactory completion of the program.

6. The program director shall be required to submit quarterly program reports to the director of the medical education and administrator of the institution. Annual reports shall be submitted to the American Osteopathic College of Anesthesiologists.

ARTICLE VI - RESIDENT REQUIREMENTS

A. Applicants for residency training in Critical Care Medicine for Anesthesiology must:

1. Have graduate from an AOA accredited college of osteopathic medicine.

2. Have completed a one (1) year AOA-approved rotating internship.

3. Be and remain a member of the AOA during residency programs.

4. Have satisfactorily completed a minimum of three (3) years of an AOA-approved residency training in anesthesiology.

5. Be appropriately licenses in the state in which training is conducted.

B. During the training program the resident must:

1. Submit an annual report to the American Osteopathic College of Anesthesiologists.

2. Become experienced in teaching, which may include experience with undergraduate medical students, graduate medical staff and allied health personnel.

C. Upon completion of the training program the resident shall be required to achieve Advanced Cardiac Life Support (ACLS) and Advanced Trauma Life Support (ATLS) provider status and shall be encouraged to achieve instructor status in ACLS and ATLS.

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 cases 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 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.