

THE AOA RESIDENCY PROGRAM

http://www.osteopathic.org/pdf/sir_opplist.pdf

A. DEFINITION OF RESIDENCY

A residency is defined as a formal, full-time training period in a designated specialty of not less than one (1) year in an osteopathic facility approved to conduct such a program. This program shall be planned and conducted for the purpose of providing advanced and concentrated training in a designated specialty.

B. CONCEPT OF RESIDENCY TRAINING

1. Postdoctoral training, leading to possible AOA specialty board certification or certification of added qualifications an osteopathic specialty differs qualitatively from osteopathic undergraduate and intern medical education. The latter are intended to create broad exposure, whereas residency training is intended to produce competence in a specific field of practice.
2. The nature of specialty practice assumes that the resident has successfully completed a broad-based undergraduate program and an AOA-approved internship. With this foundation, the resident may pursue specialty training for the acquisition of knowledge and skills requisite to certification and specialty practice.
3. Residency training in an osteopathic specialty or subspecialty must include:
 - a) Advanced training in appropriate basic sciences.
 - b) Clinical application of basic science knowledge.
 - c) The inculcation of a philosophy of specialty practice directed toward delivering the best possible patient care.

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- d) Growing competence on the part of the resident in the clinical techniques of the specialty.
 - e) Utilization of osteopathic principles and practice relating to the specialty.
 - f) AOA postdoctoral programs functioning within dual or jointly operated institutions, require the incorporation of osteopathic principles and practice only in the evaluation and care of patients by osteopathic attending physicians. The osteopathic structural examination must be documented on patients of osteopathic attending physicians. The osteopathic principles and philosophy must be utilized in the care of all patients and must be evaluated by the Director of Medical Education and/or Program Director on quarterly intern and annual resident evaluations.
4. Advanced education in the basic sciences appropriate to specialty training must not be merely a refresher course in undergraduate basic sciences.
- a) The resident's need for basic science knowledge differs in kind from the need of the osteopathic medical student.
 - b) At the postdoctoral level, the teaching of appropriate basic sciences should acquaint the resident with the scope, content, and direction of research in the pertinent fields of the appropriate basic sciences.
 - c) The resident should be given thorough instruction in the basic science skills and techniques employed in the clinical practice of the specialty.
 - d) The resident should be well versed in acceptable clinical applications of basic science knowledge and techniques in the field of specialization.

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5. The clinical application of such knowledge must involve the clinical setting with the resident both observing and actively participating, under supervision, according to his/her skill and competence. These are not acquired didactically, but through active participation in clinical diagnosis and treatment.
6. An essential part of the resident's training is the inculcation of proper attitudes towards patients, the professional staff, and the administration of the institution.
 - a) The teaching staff should emphasize that the profession and the hospital exist for the patient.
 - b) It must also be emphasized that the hospital is not merely the physician's workshop.
 - c) Today's hospital facility is provided by the community for the welfare of its citizens.
7. The resident should be assisted in formulating a sound philosophy of specialty training to support future specialty practice. Physicians supervising and participating in specialty training should remember that a resident is likely to formulate a particular philosophy on the basis of informal contacts and observation of the habits of the attending staff rather than during any formal presentation.
8. The resident should be instructed in the necessity for clinical review of the work of the professional staff; this is the foundation of osteopathic medicine.
 - a) Although the governing board has the ultimate responsibility for the quality of care in the hospital, the self-governing staff controls the quality of care delivered in the hospital and its ambulatory facilities.

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- b) The staff must be prepared to evaluate its work and to discipline itself in order to provide the best possible patient care.
 - c) The resident should be introduced to the importance of staff participation in review functions through compulsory attendance at staff meetings, clinico-pathologic conferences, autopsies, and other educational methodologies including quality, utilization and other staff review activities.
9. An effective residency program will give a resident increasing competence in specialty procedures and techniques and in the use of its diagnostic and therapeutic modalities.
- a) The resident should be given the opportunity to progress through observation, assistance, and supervised participation leading towards greater responsibility for diagnosis, care, and treatment of patients.
 - b) The resident's professional growth should include an opportunity to attend or participate in teaching and training outside the parent institution.
 - c) Such opportunities are available through seminars, divisional society meetings, workshops in other hospitals, programs provided by universities, and clinical activities in affiliated outpatient clinics or specialty institutions.
 - d) These opportunities should be properly controlled, and each should contribute to the resident's training in the base hospital.