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AMERICAN OSTEOPATHIC ASSOCIATION

**BASIC STANDARDS  
FOR  
RESIDENCY TRAINING  
IN  
PROCTOLOGIC SURGERY**

**American Osteopathic Association  
and the  
American Osteopathic College of Proctology**

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## **ARTICLE I – INTRODUCTION**

These are the basic standards for residency training in Proctologic Surgery as approved by the American Osteopathic Association (AOA) and the American Osteopathic College of Proctology (AOCPr). These standards are designed to provide the osteopathic resident with advanced and concentrated training in Proctologic Surgery and to prepare the resident for certification in Proctologic Surgery.

## **ARTICLE II –AUTHORITY AND PURPOSE**

The American Osteopathic Association (AOA) Bureau of Professional Education is recognized by federal and state authorities as the only agency for osteopathic medical education approval in the United States. Postdoctoral training is approved by the AOA through its Council on Postdoctoral Training (COPT), a component of the Bureau of Professional Education.

Residency program approval means action taken by the AOA assures that such programs have appropriately identified their mission, secured the resources necessary to accomplish that mission, accomplished their mission, and demonstrated that they may continue to accomplish their mission in the future. Approval signifies that a residency program has met or exceeded the AOA residency training standards for educational quality with respect to organization and administration; faculty; curriculum; instruction and evaluation; resident relations; and facilities.

## **ARTICLE III – DEFINITION AND PURPOSES**

The specialty of Proctologic Surgery consists of and includes the study and treatment of diseases and conditions originating within or affecting the anus, rectum, and colon; perianal and perirectal areas and related or complicating conditions. The purposes are to advance the standards of practice and quality of service in the field of proctologic surgery; to promote the osteopathic concept as related to the specialty, and to prepare the resident to fulfill the highest moral and ethical standards possible in the training program.

## **ARTICLE IV – STANDARDS FOR PROGRAM APPROVAL**

### **Standard I. Institutional Support**

The sponsoring institution must provide sufficient leadership and resources necessary to support and maintain an environment conducive for surgical education and to enable the programs to demonstrate compliance with approval criteria.

1.0 The sponsoring institution must meet the following organizational requirements to be considered for approval to conduct a proctologic surgery residency program:

#### 1.0.1 Approval by the American Osteopathic Association

- 1.0.1.1 Be in operation not less than twelve months immediately preceding the date of the application for approval of residency education.
- 1.0.1.2 Confirm that education, in combination with quality patient care, will be the primary goal of the educational program.
- 1.0.1.3 Ensure that osteopathic principles and practices and their application to proctologic surgery are emphasized.

- 1.1 Provide the administrative, financial, educational, and support services for each educational program, such as:
  - 1.1.1 The capability to provide residents with an education that demonstrates compliance with the AOA and AOCPr standards.
  - 1.1.2 Institutional facilities to accomplish the program's educational goals should include but not be limited to:
    - 1.1.2.1 Classroom and office facilities for faculty and residents; sleeping, lounge, and food facilities accessible to residents on duty.
    - 1.1.2.2 A medical library containing standard reference texts and journals and provision for electronic literature search capabilities and retrieval of information.
    - 1.1.2.3 Support for research endeavors, including Ph.D. consultation and access to research facilities. Access to an animal laboratory or inanimate teaching laboratory is encouraged.
    - 1.1.2.4 The maintenance of permanent educational records for the graduates of AOA-approved programs, to include resident annual reports.
    - 1.1.2.5 The appointment of a director of medical education (DME) who is an osteopathic physician. (Reference Appendix 1)
- 1.2 Participation in an AOA-approved Osteopathic Postdoctoral Training Institution (OPTI). See the AOA's *Basic Document for Postdoctoral Training Programs* and *Accreditation Document for OPTIs* for OPTI requirements and standards.
- 1.3 Implementation of written policy(ies) regarding the process and criteria to select residents. The policies must contain the following minimums:
  - 1.3.1 The specifics of contract renewal for residents who demonstrate competence and potential during each year of training.
  - 1.3.2 The number of positions funded for each year.
  - 1.3.3 A statement that admission to a residency program shall not be influenced by race, color, sex, religion, creed, national origin, age or handicap as defined by law and regulations.
- 1.4 To qualify for approval, the primary training institution must document the following minimum components:
  - 1.4.1 The resident must complete an OGME-1 T (traditional) internship.
  - 1.4.2 Three organized clinical departments, including family practice, internal medicine, and surgery; an organized pathologic and radiologic service with full-time certified pathology and radiology physician staff.
  - 1.4.3 A sufficient number of qualified faculty to provide quality patient care as well as resident supervision and instruction.
    - 1.4.3.1 The faculty should be composed of proctologic surgeons, general surgeons, surgical specialists, and other physicians engaged in the active practice of surgery.
  - 1.4.4 An osteopathic postdoctoral education committee must be constituted and active.

- 1.4.4.1 The Committee should be composed of the director of medical education, all program directors, and representatives of training faculty.
- 1.4.4.2 The Committee should meet at least monthly and minutes must be documented.
- 1.4.5 The surgical facilities at the primary training institution and affiliated sites should provide a sufficient scope, volume, and variety of operative experience to ensure that proctology residents are provided with the necessary knowledge, technical skills, and judgment required for clinical practice. (See 2.0.2)
  - 1.4.5.1 The balance of education to service should be strictly monitored for all clinical assignments.
  - 1.4.5.2 A sufficient experience with the continuity of patient care, i.e., pre-operative, intra-operative, and post-operative patient care, must be provided at both the primary training institution and at affiliated sites.
- 1.5 Affiliated training sites may be developed either to fulfill basic requirements or for Elective experiences.
  - 1.5.1 Affiliated training sites should offer educational experiences otherwise not available at the sponsoring institution and should be justified with an appropriate educational rationale.
  - 1.5.2 Agreements with affiliated training sites must be current and documented.
  - 1.5.3 Written evaluations of the resident, while assigned to affiliated training sites, must comply with the standards.
- 1.6 The sponsoring institution and the primary training site are responsible for implementing and documenting formal policies and procedures for the conduct of the residency. These policies must be distributed to each resident at the time of admission.

## **Standard II. The Educational Program**

The training program in Proctologic Surgery shall be two (2) full years in duration, following the completion of an AOA approved internship.

An organized, comprehensive, and effective curriculum must be documented and implemented based upon a philosophy of competence in practice and excellence in patient care.

2.0 The following components of the educational program should be well documented.

- 2.0.1 The didactic program must include contemporary surgical knowledge with special emphasis on proctology. Instruction in medial ethics, interpersonal skills, and practice management must be included in the curriculum.
  - 2.0.1.1 A variety of academic conferences and lectures should be documented, to include, for example, formal didactic conferences, morbidity and mortality meetings, and journal club, as well as seminars, workshops, and conferences that may be provided outside the program.
  - 2.0.1.2 Each resident must complete the resident scientific and research component (Reference Appendix 2).

- 2.0.2 The clinical component must include a sufficient scope, volume, and variety of operative experience complemented by sufficient pre-operative, intra-operative, and post-operative care of patients to ensure that residents are provided with the necessary knowledge, technical skills, and judgment required for clinical practice. This would include a minimum of 500 cases per resident per year of which at least 200 shall be of a surgical nature and at least 200 cases of documented endoscopy, including flexible sigmoidoscopy and colonoscopy.
- 2.0.2.1 Written objectives for each clinical assignment and for each level in the program must be developed and implemented. Both the residents and the faculty should receive copies of the goals and objectives prior to each assignment.
- 2.0.2.2 The clinical component must include education and exposure to the evolving diagnostic and therapeutic methods, such as, laser, ultrasound, endoscopic, and other applicable leading-edge technology.
- 2.0.2.3 The operative experience for each resident must be documented in a surgical operative log which reflects all assignments during the surgery or surgical specialty program. The adequacy of each resident's experience will be evaluated based upon the information submitted in these logs.
- 2.0.2.4 The surgical competence of each resident must be evaluated based upon the number of surgeries performed gained through direct participation.
- 2.0.2.5 The program director and the faculty must ensure that each resident is provided with direct and progressively responsible patient management that will result in the demonstration of competence in technical skills and clinical decision-making upon successful completion of the program.
- 2.0.2.6 Outpatient clinics under supervision of the department of surgery, should be available for resident education. Alternatively, this activity may be accomplished by pre-operative and post-operative care in surgeon offices.

## 2.1 Resident work hours and supervision policies:

It is recognized that excessive numbers of hours worked by 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, director of medical education (DME) and residency 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.

### 2.1.1 Work hours: The following work hours policy will apply to all proctology residents.

- 2.1.1.1 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.
- 2.1.1.2 The resident shall not work in excess of twenty-four (24) consecutive hours exclusive 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.

- 2.1.1.3 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, Standard 2.1.3).
- 2.1.1.4 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.
- 2.1.1.5 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.
- 2.1.1.6 All off-duty time must be totally free from assignment to clinical or educational activity.
- 2.1.1.7 Those rotations requiring the resident to be assigned to Emergency Department duty shall not be assigned longer than twelve (12) hour shifts.
- 2.1.1.8 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.
- 2.1.1.9 The resident may not be assigned to call more often than every third night averaged over any consecutive four (4) week period.
- 2.1.2 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.
- 2.1.3 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 housestaff manual. Failure to report and receive approval by the program may be grounds for terminating a resident's contract.
- 2.1.4 Supervision of residents: The residency is an educational experience and must be designed by the institution to offer structured and supervised exposure 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.
- 2.2 AOA competencies: The residency program must require its residents to obtain competencies in the following areas to the level expected of a new practitioner. Toward this end, programs must define the specific knowledge, skills, and attitudes required and provide educational experiences as needed for their residents to demonstrate:

- 2.2.1 Patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.
- 2.2.2 Medical knowledge about established and evolving biomedical, clinical, and cognate (e.g. epidemiological and social-behavioral) sciences and the application of this knowledge to patient care.
- 2.2.3 Practice-based learning and improvement that involves investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care.
- 2.2.4 Interpersonal and communication skills that result in effective information exchange and teaming with patients, their families, and other health professionals.
- 2.2.5 Professionalism, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.
- 2.2.6 Systems-based practice, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of healthcare and the ability to effectively call on system resources to provide care that is of optimal value.
- 2.2.7 Integration of osteopathic principles and osteopathic medical management.

### **Standard III. Faculty**

The educational program must demonstrate a sufficient number of qualified faculty and support personnel to accomplish its stated purposes, to provide day-to-day continuity of leadership, and to fulfill all educational responsibilities inherent in meeting the goals of the program.

- 3.0 The program director and the physician faculty must be academically and professionally qualified and should maintain professional expertise appropriate to their educational and clinical responsibilities.
  - 3.0.1 Both the program director and the faculty should affirm their commitment to the residency program by providing a quality education in all areas of the curriculum and by demonstrating active participation in the following educational activities:
    - 3.0.1.1 Appropriate resident supervision and instruction in the operating room, at the bedside, and in ambulatory settings.
    - 3.0.1.2 Participation and teaching in academic conferences.
    - 3.0.1.3 Participation in resident and program evaluation activities.
  - 3.0.2 Non-physician faculty must be qualified in their area of expertise.
  - 3.0.3 The general qualifications for program director in proctologic surgery must include:
    - 3.0.3.1 Be a graduate of an AOA-approved college of osteopathic medicine.
    - 3.0.3.2 Have completed an AOA-approved intern training program, or its equivalent, as approved by the AOA.
    - 3.0.3.3 Membership in the American Osteopathic College of Proctology (AOCPr).
    - 3.0.3.4 Must be AOCPr board certified.
    - 3.0.3.5 Have practiced proctology for a minimum of three (3) years.

- 3.0.3.6 Be a full time practicing proctologist.
  - 3.0.3.7 Be educationally and philosophically suited to conduct a training program.
  - 3.0.3.8 Demonstrated clinical educational, teaching, administrative and leadership skills.
  - 3.0.3.9 Meet the Continuing Medical Education (CME) requirements of the AOA and the specialty college.
  - 3.0.3.10 Must attend such educational program sponsored by the specialty college for the development of program directors.
  - 3.0.3.11 Participation in community and professional organizations.
- 3.1 A program director may serve as the director of medical education, but may not serve as program director of more than one residency program.
- 3.2 The general responsibilities of the program director must include, but are not limited to the following activities:
- 3.2.1 Administrative and educational responsibility for the conduct of the program.
  - 3.2.2 consistent with approval of the DME.
  - 3.2.3 Documenting compliance with the standards, policies, and procedures of the AOA.
  - 3.2.4 submitting reports as required by the AOA Approval Procedures.
  - 3.2.5 Ensuring resident completion and submission of the resident annual reports to the AOCPr.
  - 3.2.6 Preparing the required documentation for, and participation in, the AOA site visit process.
  - 3.2.7 Coordinating educational administrative activities of the training program to include resident schedules and resident assignments for educational activities.
  - 3.2.7 Ensuring that all components of the training program are evaluated as required.
  - 3.2.8 Encouraging residents to apply for AOCPr resident membership status.
  - 3.2.9 Attending the AOCPr Annual Meeting at least biannually.
- 3.3 Procedural requirements
- 3.3.1 Program director appointments must be approved by the AOCPr Board with subsequent registry by the AOA.

#### **Standard IV. Residents**

The following minimum resident-specific policies must be implemented and provided, as applicable, to residents admitted to the AOA-approved programs.

- 4.0 The following documentation must be available for review at the time of the site visit:
- 4.0.1 Each resident file must contain the following documentation attesting to their professional qualifications to matriculate for full-time study:
    - 4.0.1.1 Graduation from an AOA-approved college of osteopathic medicine,

documented by an official graduation transcript from the college of osteopathic medicine.

- 4.0.1.2 Completion of an AOA-approved internship, documented by a certificate and letter of recommendation from the director of medical education (DME) of the internship program of graduation.
  - 4.0.1.3 Current licensure as a physician in the state(s) where the training program and clinical training site(s) are located.
  - 4.0.1.4 Membership in the AOA, which must be maintained throughout the residency program.
  - 4.0.1.5 A current, signed, contract between the resident and the sponsoring institution in accordance with the AOA's *Basic Document for Postdoctoral Training Programs*.
- 4.1 Each resident must be provided with a residency training manual, which should include, but is not limited to, the following policies and procedures:
- 4.1.1 Moonlighting and other extra-program activities: The resident must engage only in program director-approved outside activities which do not interfere with the resident performance in the training program.
  - 4.1.2 Policies prohibiting the resident from acting as a consultant, engaging in a private specialty practice, or maintaining attending status during the residency program.
  - 4.1.3 Resident-maintained educational records.
    - 4.1.3.1 The resident is required to maintain and accurately complete records for their educational activities in the required surgical log form.
    - 4.1.3.2 The logs must be submitted at the end of each rotation to the program director for review and verification.
    - 4.1.3.3 The logs should document the fulfillment of the requirements of the program, describing the scope, volume, and variety, progressive responsibility by the resident.
    - 4.1.3.4 The resident is required to complete and submit the annual resident report to the AOCPr Board within 30 days of completion of each contract year.
  - 4.1.4 Resident duties and responsibilities: for example, clinical procedures and general orders; resident responsibilities for teaching and instruction of other residents, medical students, and other professional personnel.
  - 4.1.5 Resident participation in professional staff activities: for example, patient care, department meetings, mortality and morbidity meetings.
  - 4.1.6 Required completion of the scientific and research component of the curriculum. (Reference Appendix 2).
  - 4.1.7 The model proctology curriculum including the program goals and objectives for proctologic surgery.
  - 4.1.8 All applicable policies and procedures of the sponsoring institution and the primary training institution, such as, work hours, call, and leave policies; financial arrangements, including housing, meals, and benefits; resident supervision and evaluation; specifics of contract renewal; and disciplinary, due process, and appeal policies.

## 4.2 Residency Training Evaluation

- 4.2.1 The AOCPr Board evaluates each year of a resident's training. Each year of training must be approved by the AOCPr Board before a resident will be considered to have successfully completed a residency training program approved by the AOCPr and AOA. Successful completion is a prerequisite for eligibility for certification by the AOA through the American Osteopathic Board of Proctology (AOBPr).
- 4.2.2 Annual resident reports must be received by the AOCPr within 30 days of the completion of the resident's contract year. Incomplete annual resident reports will not be reviewed.
- 4.2.3 Segregated totals submitted by the resident must demonstrate adequate scope, volume and variety. This would include a minimum of 500 cases per resident per year of which at least 200 shall be of a surgical nature and at least 200 cases of documented endoscopy, including flexible sigmoidoscopy and colonoscopy.
- 4.2.4 Residents must meet the applicable requirements for scientific research for their specialty. The scientific research paper or other research project submitted for credit towards the annual resident report must be approved by the program director.
- 4.2.5 Residents must review and sign the Program Director's Annual Resident Evaluation Report for Proctologic Surgery.
- 4.2.6 Residents must submit a satisfactory evaluation signed by their program director that recommends that the resident be advanced to the next year of training, or if applicable, for program completion.
- 4.2.7 Residents must evaluate their program director by completing and signing the Resident's Annual Evaluation Report of the Program Director.

### **Standard V. Evaluation**

The program, with the support of the sponsoring institution, must document and implement an ongoing evaluation process that focuses upon improving the quality of osteopathic surgical education provided to their residents.

- 5.0 The program director, with faculty input, must complete written evaluations of resident performance at least quarterly. This must include evaluations from all affiliated training sites and elective assignments.
  - 5.0.1 The evaluations should be learner-centered, developmental, improvement-oriented, and based upon educational objectives for each assignment and program activity, and reflect the AOA core competencies.
  - 5.0.2 Completed evaluations must be signed by the program director and the resident as documentation that evaluation and counseling have occurred quarterly as required.
  - 5.0.3 Copies of the quarterly evaluations should be filed, made available to the resident upon request.
  - 5.0.4 Residents requiring remediation or counseling should be evaluated more frequently.
  - 5.0.5 A final evaluation of each resident's general and technical abilities which attests to their competence at graduation from the program, must be completed and filed with their permanent record.

- 5.1 The program director and the faculty should be peer evaluated annually with respect to their teaching abilities, commitment to the program, and scholarly activities.
- 5.2 The quality of the program should be evaluated at least annually by the program director, faculty, and residents, and the results should be used for program improvement.
  - 5.2.1 Recommended methods include: program improvement and outcome results such as scores and graduate performance on the certifying examination; postgraduate professional performance satisfaction surveys and records of the professional accomplishments of the program graduates; the resident attrition rate from the program and the percent of graduates completing the program on time.
- 5.3 Annual evaluation of the resident The program director must submit the Program Director's Annual Resident Evaluation Report for Proctology with the resident annual reports

## **Standard VI. Proctology Specific Criteria**

Education in the specialty of proctology reflects a core education in the basic sciences and cognitive and technical skills, as well as the development of mature surgical judgment in the diagnosis and management of proctology patients.

- 6.0 The proctology residency program should provide a meaningful education that will provide residents with the opportunity to demonstrate the following competencies:
  - 6.0.1 Cognitive
    - 6.0.1.1 Integrate the sciences applicable to proctology with clinical experiences in a progressive manner.
    - 6.0.1.2 Develop critical thinking skills which result in making effective decisions for patient management.
    - 6.0.1.3 Understand the relevance of research to the practice of proctology.
    - 6.0.1.4 Read, interpret, and participate in clinical research as appropriate.
  - 6.0.2 Psychomotor and technical skills
    - 6.0.2.1 Demonstrate osteopathic diagnoses and manipulative therapy, as appropriate, in the care of patients.
    - 6.0.2.2 Demonstrate proficiency with the necessary technical skills required for the practice of proctology.
    - 6.0.2.3 Demonstrate the ability to provide progressive patient management responsibilities based upon knowledge of the basic and clinical sciences.
  - 6.0.3 Communication skills
    - 6.0.3.1 Demonstrate the ability to collaborate effectively with colleagues and allied healthcare professionals.
    - 6.0.3.2 Educate patients and their families concerning healthcare needs.
    - 6.0.3.3 Demonstrate the ability to teach medical students, interns, other residents, and allied healthcare staff within the context of residency education.
  - 6.0.4 Practice management
    - 6.0.4.1 Demonstrate leadership and management skills.

6.0.4.2 Provide cost-effective care to patients.

6.0.5 Professional attitudes and abilities

6.0.5.1 Demonstrate a broad understanding of the role of proctology as it relates to other medical disciplines.

6.0.5.2 Appreciate the value of lifelong learning in medical education and as related to a professional career in the field.

6.0.5.3 Demonstrate the ability to provide sound ethical and legal judgments.

6.0.5.4 Participate in continuing education to promote personal and professional growth.

6.0.5.5 Participate in community and professional organizations.

6.0.5.6 Apply the principles of evidence-based medicine to their professional practice.

6.0.5.7 Upon successful completion of the program, the graduate should be prepared to meet certification requirements of the American Osteopathic Board of Proctology (AOBPr).

6.1 The length of the proctology residency program is two (2) years following completion of an AOA-approved internship year.

6.1.1 No more than a total of six (6) months of the two-year program may be scheduled away from the primary training institution.

6.1.2 The final four months of the two-year program must be spent in the primary training institution, under appropriate supervision, demonstrating advanced-level responsibilities in patient care (exception may be granted by the program director).

6.1.3 No more than a total of two months of the two-year program may be allocated to non-surgical disciplines such as internal medicine, radiology, pathology and dermatology.

6.2 The program should provide each resident with a sufficient scope, volume, and variety of surgical experience in proctology.

6.2.1 Each resident must document by program completion, participation, under appropriate supervision, a minimum of 500 major proctologic procedures, as surgeon or first assistant per year (Reference Standard 2.0.2).

6.3 The program must provide clinical learning and experience in the pre-operative, operative and post-operative learning and surgical experience for patients with all diseases which fall within the scope of practice of proctology, to include:

OFFICE

- Sclerotherapy for internal hemorrhoids
- Rubberband ligation for internal hemorrhoids
- Infrared Coagulation for internal hemorrhoids
- Excision of thrombosed external hemorrhoids
- Cauterization of anal fissure
- Incision and Drainage of perianal, ischiorectal and pilonidal abscesses
- Electrocautry of perianal warts
- Excision of perianal skin tags

- Flexible sigmoidoscopy
- Anoscopy

#### HOSPITAL

- Colonoscopy with multiple procedures
- Flexible sigmoidoscopy
- Hemorrhoidectomy
- Fissurectomy/Sphincterotomy
- Excision of pilonidal cyst w/wo primary closure
- Excision of and electrocautery of perianal and intra-anal warts
- Excision of benign/malignant perianal lesions
- Excision of benign/malignant anal canal lesions
- Incision and drainage of perianal/ischiorectal abscesses

#### 6.4 Qualifications of the program director and the faculty

- 6.4.1 The program director must be certified in proctology by the AOA through the American Osteopathic Board of Proctology (AOBPr)
- 6.4.2 The program faculty must include at least one board certified proctologist for every two (2) proctology residents.

### **ARTICLE V – RESIDENCY PROGRAM APPROVAL PROCEDURES**

Please refer to the AOA's *Basic Document for Postdoctoral Training Programs*.

### **ARTICLE VI – COMMUNICATION PROCEDURES**

- 7.0 The AOA must be notified, in writing, of any recommendations or actions of the AOCPr which impact approved and/or proposed proctology residency programs.
- 7.1 Program directors are required to submit reports in a timely manner.
- 7.2 The institution must respond to AOA requests for program information and submit all contracts and other required materials by established deadlines.
- 7.3 The institution must notify the AOA and the AOCPr within thirty (30) days of any requested change in program director. Such notification must be in writing, from the appropriate administrator of the sponsoring institution, and be accompanied by the curriculum vitae of the new program director, verifying that the new program director is certified by the AOA in proctology and otherwise meets the requirements of a program director in this specialty.
  - 7.3.1 The AOCPr Board will review and approve all program director appointments for educational qualifications and may request additional documentation regarding the credentials of the new program director, and advise the institution of any apparent deficiencies in credentials. The specialty college may also direct that an immediate re-inspection be conducted of the program.

7.3.2 Results of site visits resulting from changes in program directors may receive expedited action by the AOCPr Board and/or the AOA ECCOPT.

7.4 Institutions shall immediately notify the AOA of any change in faculty of the proctology residency program.

7.5 Any decision for termination of a resident must be reported to the AOA and AOCPr. Upon request, the institution shall provide supporting documentation regarding the termination and attempts at remediation.

7.6 The American Osteopathic Board of Proctology (AOBPr) will be notified by the AOCPr Board of actions relating to individual residency training permitting the resident to take the AOBPr certification examination.

## **ARTICLE VII – OTHER OPERATING PROCEDURES**

8.0 Leave policies: Institutions should comply with each calendar year for sick leave, vacation and military leave. If additional maternity leave, sick leave, or other personal or professional leave is granted, the program must be extended to meet all time and rotation requirements of the program. A training year shall consist of a minimum of 48 weeks of documented training, irrespective of the length of the leave time.

8.1 Advanced Standing: Residents entering osteopathic proctology residency programs who have taken previous residency training in accredited osteopathic or allopathic residency programs may request advanced placement of the Program Director for a maximum of four (4) months credit. In all instances, the request for advanced standing will be reviewed by the Program Director, who shall forward requests to the AOCPr Board. The Board shall report to the AOA COPT all approvals for advanced placement. In no instance is the Program Director compelled to recommend advanced standing to the AOCPr Board. Recommendations will be forwarded to the Program and Trainee Review Committee (PTRC) of the AOA Council on Postdoctoral Training.

8.1.1 Evaluations and verification by the director of the previous program that the training was successfully completed;

8.1.2 A resident report, on the appropriate report form, documenting procedures performed;

8.1.3 A written description of the program, and a schedule of rotations completed.

8.2 Affiliations: To be considered as part of the basic institutional program, any affiliation must meet the following guidelines:

8.2.1 Staff membership in participating institutions by the program director.

8.2.2 Actual participation by the resident and the program director on all educational committees and programs such as mortality review, quality review, tissue committee and journal club.

8.2.3 Under these circumstances, the institutional segregated totals from the affiliation/consortium may be used in the formula to determine the number of resident slots. Such affiliation/consortium must be formally documented and must be part of the program description to be inspected and approved by the AOA. Out-

rotations for any other purpose do not qualify except for the specific experience, and the institution's statistics cannot be used in calculation of meeting program requirements.

8.3 Outside rotations: Outside rotations are permissible when included in the basic residency program as approved by the Council on Postdoctoral Training. The purpose of such rotations is for the enhancement of the basic program. The parent institution or organization is responsible for the outside rotations.

8.3.1 The resident shall remain under contract or agreement to the parent institution or organization throughout the outside rotation.

8.3.2 The resident's training log at the training site shall be included in the resident's log at the parent institution or organization.

8.3.3 Written evaluation of the resident's performance must be submitted by the onsite program director to the parent institution or organization.

8.3.4 The parent institution or organization may arrange for up to a total of six (6) months of training as an outside rotation to supplement the residency program. Such training must meet the approved requirements for that specialty. Outside rotations in excess of six (6) months must receive prior approval.

**• APPENDIX ONE  
POSITION DESCRIPTION AND DUTIES  
OF THE DIRECTOR OF MEDICAL EDUCATION (DME)**

The duties of the DME should include, but not be limited to:

- Monitoring the quality of the residency program (s) to ensure that the program meets the standards of the AOA and of the sponsoring institution.
- Providing programs with effective administrative and educational support services to include assistance with evaluations and program self-study.
- Executing affiliation agreements for all educational assignments.
- Assisting the program director (s) with resident recruitment, faculty development, and faculty recruitment.
- Assisting the program director with the implementation of policies and procedures, such as, resident disciplinary actions, academic probation, or dismissal.
- Ensuring that the AOA and AOCP<sub>r</sub> reports are submitted by required deadlines and in accordance with AOCP<sub>r</sub> procedures.
- Ensuring, along with the sponsoring institution and the program director, retention of permanent resident records to include operative logs and resident evaluations in the office of the DME at the primary training institution.
- Reviewing inspection reports of proctologic surgery program.

**APPENDIX TWO**  
**GUIDELINES FOR THE PROCTOLOGY RESIDENT**  
**SCIENTIFIC RESEARCH PAPER**

The AOCP Board requires all residents to demonstrate the ability to synthesize and apply medical research data by writing an original scientific research paper. Through this process, the resident should improve cognitive skills, and learn to manage and communicate medical information.

This requirement is met by any two of the following (one each year of residency):

- Submission of a literature review, poster presentation, or a scientific paper.
- Presentation at one of the AOCP's yearly meetings.
- Evidence of original research and data collection, and a progress report prepared in the format of a scientific paper by completion of OGME 2, approved by the program director, on an original research topic.
- Additional evidence of original research and data collection, and completion and submission of an original research paper approved by the program director.

All documents listed above must be submitted with the resident's annual report to the AOCP Board and should relate to proctologic surgery.

## **APPENDIX THREE**

### **COMPETENCIES FOR OSTEOPATHIC MEDICINE**

The residency program must require and document that its residents develop the competencies in the seven areas below to the level expected of a new proctologist beginning practice after completion of training. Toward this end, programs must define the specific knowledge, skill, and attitudes required and provide educational experiences as needed for residents to demonstrate the competencies.

#### **1) Osteopathic Principles and Practices (OPP)**

Residents should be able to demonstrate competency in the understanding and application of osteopathic principles and practices (OPP) appropriate to the care of proctology patients. Residents are expected to:

- Recognize and treat each patient as a whole person integrating body, mind, and spirit; and,
- Use the relationship between structure and function to help the body move toward wellness.

#### **Suggested Methodologies to Achieve Compliance**

- Encourage opportunities for active participation of proctology residents in clinical rounds with OPP practitioners at training sites.
- Teach residents to perform a critical appraisal of medical literature related to OPP.
- Encourage computer hosted educational modules.
- Encourage opportunities for residents to participate in OPP continuing medical education programs.

#### **Suggested Methods for Evaluation**

- Encourage performance of OPP with patients.
- Observation of application of Osteopathic Principles.
- Written examinations to demonstrate knowledge.

#### **2) Patient Care**

Residents must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.

Residents are expected to:

- Communicate effectively and demonstrate caring and respectful behaviors when interacting with patients and their families;
- Gather essential and accurate information about their patients;
- Make informed decisions about diagnostic and therapeutic interventions based on patient information and preferences, up-to-date scientific evidence, and clinical judgment;
- Develop and carry out patient management plans;
- Counsel and educate patients and their families;
- Use information technology to support patient care decisions and patient education;
- Competently perform all medical and invasive procedures considered essential for the area of practice in proctology;
- Provide healthcare services aimed at preventing health problems or maintaining health; and,
- Work with healthcare professionals, including those from other disciplines, to provide patient-focused care.

### **3) Medical Knowledge**

Residents must demonstrate knowledge about established and evolving biomedical, clinical, and cognate (e.g. epidemiological and social-behavioral) sciences and the application of this knowledge to patient care. Residents are expected to:

- demonstrate an investigator and analytic thinking approach to clinical situations; and,
- know and apply the basic and clinically supportive sciences which are appropriate to their discipline.

#### **Suggested Methodologies to Achieve Compliance**

- Provide a formal didactic program.
- Design opportunity to provide education for critical appraisal of literature.
- Provide for resident participation in continuing medical education courses.
- Provide for resident participation in clinical activities (Patient Care) of the proctology department.
- Simulations and models.

#### **Suggested Methods for Evaluation**

- Simulations and models
- Monthly service rotation evaluations
- Evaluations completed by faculty
- Written examinations

### **4) Practice-Based Learning and Improvement**

Residents must be able to investigate and evaluate their patient care practices, appraise and assimilate scientific evidence, and improve their patient care practices. Residents are expected to:

- analyze practice experience and perform practice-based improvement activities using a systematic methodology;
- locate, appraise, and assimilate evidence from scientific studies related to their patients' health problems;
- obtain and use information about their own population of patients and the larger population from which their patients are drawn;
- apply knowledge of study designs and statistical methods to the appraisal of clinical studies and other information on diagnostic and therapeutic effectiveness;
- use information technology to manage information, access on-line medical information, and support their own education; and,
- facilitate the learning of students and other healthcare professionals.

### **5) Interpersonal and Communication Skills**

Residents must be able to demonstrate interpersonal and communication skills that result in effective information exchange and teaming with patients, their patients families, and professional associates. Residents are expected to:

- create and sustain a therapeutic and ethically sound relationship with patients;
- use effective listening skills and elicit and provide information using effective nonverbal, explanatory, questioning, and writing skills; and

- work effectively with others as a member or leader of a healthcare team or other professional group.

## **6) Professionalism**

Residents must demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population. Residents are expected to:

- demonstrate respect, compassion, and integrity; a responsiveness to the needs of patients and society that supercedes self-interest; accountability to patients, society, and the profession; and a commitment to excellence and on-going professional development;
- demonstrate a commitment to ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent, and business practices; and,
- demonstrate sensitivity and responsiveness to patients' culture, age, gender, and disabilities.

## **7) Systems-Based Practice**

Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value. Residents are expected to:

- Understand how their patient care and other professional practices affect other healthcare professionals, the healthcare organization, and the larger society and how these elements of the system affect their own practice;
- know how types of medical practice and delivery systems differ from one another; including methods of controlling healthcare costs and allocating resources;
- practice cost-effective healthcare and resource allocation that does not compromise quality of care;
- advocate for quality patient care and assist patients in dealing with system complexities; and,
- know how to partner with healthcare managers and healthcare providers to assess, coordinate, and improve healthcare and know how these activities can affect system performance.

**APPENDIX FOUR**  
**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 be irremediable. 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 irremediable, 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 that 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.