



**BASIC STANDARDS  
FOR  
RESIDENCY TRAINING  
IN  
PUBLIC HEALTH AND PREVENTIVE MEDICINE**

**American Osteopathic Association  
and the  
American Osteopathic College of Occupational and Preventive Medicine**

**COPT/R-81**

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The establishment and maintenance of residency training programs in Public Health and Preventive Medicine is one of the stated purposes of the American Osteopathic Academy of Public Health and Preventive Medicine. The objectives of the Academy are as follows:

1. To promote Public Health and encourage the practice of Preventive Medicine.
2. To promote education and communication in Public Health and Preventive Medicine.
3. To encourage research in Public Health, Preventive Medicine, Occupational Medicine, and Community Medicine.

Public Health is the science and art of preventing disease, prolonging promoting physical and mental health. Preventive Medicine is a medical specialty that draws upon all the basic sciences of medicine for public health planning, implementation, and evaluation. Historically, medical input has been, over the years, largely responsible for improvements in Public Health. To a large extent, the relevance and effectiveness of public health programs depend upon the competency of public health and medical leadership. Therefore, it is essential that all public health departments have adequate public health medical input and leadership.

**ARTICLE I - INTRODUCTION**

The purpose of a public health residency program is to provide osteopathic physicians with advanced education and training in epidemiology preventive medicine, contagious disease control, environmental health, and medical care organization.

The educational experience should assure that the resident will possess mature judgement familiarity and interest in health care trends, and will develop his/her investigative skills.

Upon completion of the residency, it is anticipated the resident will be qualified to engage in the specialty practice of public health and preventive medicine.

## **ARTICLE II - EDUCATIONAL OBJECTIVES**

The objectives of the program are:

1. To introduce the resident to the area of general administration of a health department, the use of vital statistics, and the various services commonly provided by health departments to the community.
2. To introduce the resident to the epidemiological concepts involved in communicable diseases, including diagnosis, management, and available community methods of control. The resident will also study chronic diseases, the various methods of prevention, and reduction of risk factors.
3. To introduce the resident to the concepts involved in the relationship to man and his environment, the resident will study the problem of pollutants in water, food, and air, the problems of toxic chemicals and waste disposal.
4. To introduce the resident to the concepts of preventive medicine in a public health setting. The resident will study the preventive measures available to the public health physician to reduce morbidity, and their practical applications to populations at risk.

## **ARTICLE III - GENERAL INFORMATION AND REQUIREMENTS**

- A. Goals: Maximum utilization of the state-of-the-art and science in the prevention of disease and disability and the promotion of positive health, to meet the public health medical manpower needs of the United States, and to prepare osteopathic physicians to be eligible for certification in osteopathic preventive medicine.
- B. The duration of the residency shall be twelve (12) months.
- C. The residency will be based at an AOA-approved institution.
- D. The residency training program must meet the basic requirements of the AOA, the AOAPHPM, and the American Osteopathic Board of Public Health/Preventive Medicine.
- E. The faculty shall be composed of osteopathic physicians certified and board eligible in public health/preventive medicine, individuals with advanced training, education, and experience in public health/preventive medicine.

### **ARTICLE III - GENERAL INFORMATION AND REQUIREMENTS (cont'd)**

#### **F. Facilities and Equipment:**

1. Adequate library materials available to resident(s) containing literature relevant to public health/preventive medicine.
2. Functioning state health department with the appropriate laboratories and departments staffed by qualified people.
3. Local health department facilities for clinical care.

### **ARTICLE IV - PROGRAM DIRECTOR**

#### **A. The program director should:**

1. Provide a comprehensive training program.
2. Conduct an on-going evaluation of the program and of its resident(s).
3. Arrange affiliations when deemed necessary to supplement residency training.
4. Submit annual report as required.

### **ARTICLE V - TEACHING FACULTY**

- A. The teaching faculty must include osteopathic physicians certified or board eligible in public health/preventive medicine, or osteopathic physicians who by virtue of experience and service have expertise in the area of public health medicine.
- B. The faculty will have knowledge of current developments in the specialty.
- C. Non-physicians who hold advanced degrees in public health may serve as faculty, providing they:
  1. Show evidence of continuing education.
  2. Are able to supervise residents' activities.
  3. Are willing to conduct evaluations of the residents.

## **ARTICLE VI - RESIDENT SELECTION**

- A. Applications Procedures: The applicant must apply in writing to the Program Director and complete the necessary forms and request for documentation.
- B. The resident must be graduate of an AOA-approved college of osteopathic medicine.
- C. The resident must have completed an AOA-approved internship.
- D. The resident must have completed one (1) year of didactic education and obtained a Master of Public Health degree or its equivalent at an accredited institution.
- E. The resident must be licensed in the state in which the program is located.
- F. The resident must be a member in good standing with the AOA.
- G. The resident must meet the federal, state, and local rules and regulations regarding public health/preventive health medicine residents.

## **ARTICLE VI - TRAINING PROGRAM CONTENT**

The training program shall include, but not be limited to:

- 1. Administrative and Service Program
- 2. Diseases Control Program
- 3. Environmental Health Programs
- 4. Personal Health Services
- 5. Medical Care Program

## APPENDIX I

### 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 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.