Basic Standards for
Residency Training in
Occupational and Environmental Medicine

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

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ARTICLE I – Introduction

These are the Basic Standards for Residency Training in Occupational/Environmental Medicine (OEM) as established by the American Osteopathic College of Occupational and Preventive Medicine (AOCOPM) and approved by the American Osteopathic Association (AOA). These standards are designed to provide the osteopathic resident with advanced and concentrated training in occupational/environmental medicine and to prepare the resident for examination and certification in Occupational/Environmental Medicine.

ARTICLE II – Mission

The mission of the osteopathic Occupational/Environmental Medicine (OEM) residency training program is to provide residents with comprehensive structured education to prepare them to become Occupational and Environmental Medicine specialists to meet the needs of the United States and the world, and to prepare osteopathic physicians to become eligible for certification in Preventive and Occupational Medicine.

ARTICLE III – Education Program Goals

The objective of an OEM training program is to develop the OEM resident’s competency in the following core Competencies:

1. Osteopathic Philosophy and Osteopathic Manual Medicine: Demonstrated in the application of knowledge of accepted standards in Osteopathic Manipulative Treatment (OMT) appropriate to specialty. The practitioner will remain dedicated to lifelong learning and to practice habits in osteopathic philosophy and manipulative medicine. Integration and application of osteopathic principles into the diagnosis and management of patient clinical presentations.

2. Patient Care: That is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health in OEM patients.

3. Medical Knowledge
   - Clinical Occupational and Environmental Medicine
     - OEM Related Law and Regulations: The physician has the knowledge and skills necessary to comply with regulations important to occupational and environmental health. This most often includes those regulations essential to workers’ compensation, accommodation of disabilities, public health, worker safety, and environmental health and safety.
     - Environmental Health: The physician has the knowledge and skills necessary to recognize potential environmental causes of concern to the individual as well as to community health. Environmental issues most often include air, water, or ground contamination by natural or artificial pollutants. The physician has knowledge of the health effects of the broad physical and social environment, which includes housing, urban development, land-use and transportation, industry, and agriculture.
     - Work Fitness and Disability Integration: The physician has the knowledge and skills to determine if a worker can safely be at work and complete required job tasks. The physician has the knowledge and skills necessary to provide guidance to the employee.
and employer when there is a need for integration of an employee with a disability into the workplace.

d. **Toxicology:** The physician has the knowledge and skills to recognize, evaluate, and treat exposures to toxins at work or in the general environment. This most often includes interpretation of laboratory or environmental monitoring test results as well as applying toxic kinetic data.

e. **Hazard Recognition, Evaluation, and Control:** The physician has the knowledge and skills necessary to assess if there is risk of an adverse event from exposure to physical, chemical, or biological hazards in the workplace or environment. If there is a risk with exposure, then that risk can be characterized with recommendations for control measures.

f. **Disaster Preparedness and Emergency Management:** The physician has the knowledge and skills to plan for mitigation of, response to, and recovery from disasters at specific worksite as well as for the community at large. Emergency management most often includes resource mobilization, risk communication, and collaboration with local, state, or federal agencies.

g. **Health and Productivity:** A physician will be able to identify and address individual and organizational factors in the workplace in order to optimize the health of the worker and enhance productivity. These issues most often include absenteeism, presenteeism, health enhancement, and population health management.

b. **Public Health, Surveillance, and Disease Prevention:** The physician has the knowledge and skills to develop, evaluate, and manage medical surveillance programs for the workplace as well as the general public. The physician has the knowledge and skills to apply primary, secondary, and tertiary preventive methods.

i. **OEM Related Management and Administration:** The physician has the administrative and management knowledge and skills to plan, design, implement, manage, and evaluate comprehensive occupational and Environmental Health Services.

4. Systems Based Practice: As manifested by actions that 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.

5. 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.

6. Professionalism: As manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles and sensitivity to a diverse patient population.

7. Interpersonal Skills and Communication: That result in effective information exchange and teaming with patients, their families, and other health professionals.

**ARTICLE IV – Institutional Requirements**

4.1 The institution must provide the time and resources for each resident to attend the annual convention and scientific sessions or another educational program sponsored by the AOCOPM at least once during their residency.
4.2 The institution must participate in, PROVIDE A PROCTOR, and secure site for the administration of an annual in-service exam. When available and required by the specialty (AOCOPM).

ARTICLE V – Program Requirements and Content

5.1. An Occupational and Environmental Medicine residency shall be 24 months in duration, to be completed within 4 years. Residents who have completed other residency training and are board-certified or board-eligible in another specialty and have completed the required graduate coursework will be considered for a shorter training period, but in no case may this be less than 12 months.

5.2 Graduate level training in the following areas, which must include the earning of a Master of Public Health or an equivalent graduate degree:
   a. Epidemiology, to develop an understanding of the study of disease and injury.
   b. Statistical methods and their application to the study of disease, injury or environmental exposure, and for the evaluation of control procedures.
   c. The principles of health care administration and management.
   d. The concepts of preventive medicine and the health promotion.

5.3 An Osteopathic Occupational and Environmental Medicine residency training program must have at least 2 full-time physician faculty board certified in Occupational and Environmental Medicine. The faculty shall provide the residents with experiences across the breadth of Occupational and Environmental Medicine.

5.4. Subject to appropriate agreements, physicians in other settings (i.e. industry, corporate, and research, etc.) shall be used to supplement the faculty to provide residents with a breadth of experiences in Occupational and Environmental Medicine.

5.5. Non-physicians who hold advanced degrees pertinent to Occupational and Environmental Medicine may serve as faculty and supervise residents within their disciplines.

5.6. These clinical experiences shall include an occupational medicine ambulatory clinic with a continuity of care experience. Additionally, residents must have experience in any of the following: corporate medicine, and outpatient orthopedics/sports medicine, urgent care, dermatology, pulmonary medicine, pain clinic, on-site industrial medicine, radiology, worker’s compensation medical department, poison control center, and city, county, or state public health departments. Subject to appropriate agreements and supervision, other care sites, such as industrial clinics, on-site examinations, and government agencies shall be used to expand the clinical and patient care skills of the resident.

5.7. The resident must participate in direct clinical patient care a minimum of 80 days per academic year. Other units of measure may be used, provided the total is at least 80 full days per year. Resident training shall include Occupational and Environmental patient evaluations of varying complexity.

5.8. Clinical experiences shall include fitness for duty evaluations, injury care, and disability and
impairment evaluations.

5.9. Residents shall be required to complete a research project in Occupational and Environmental Medicine.

5.10. The program must maintain a file for each resident containing at minimum:
- Ambulatory logs;
- Procedure logs;
- Rotation evaluation logs;
- Quarterly program director evaluations;
- Semi-annual reviews

ARTICLE VI – Program Director / Faculty

6.1. The qualifications and duties of the program director will include:

a. Certification in Occupational and Environmental Medicine by the American Osteopathic Association, through the American Osteopathic Board of Preventive Medicine (AOBPM), or be an Osteopathic physician certified in Occupational and Environmental Medicine by the American Board of Preventive Medicine (ABPM).

b. Demonstrated evidence of continuing medical education in the fields of preventive medicine, including Occupational and Environmental Medicine, General Preventive Medicine, or Aerospace Medicine.

c. Involvement in the delivery of Occupational and Environmental Medical care, have training and experience in academic medicine and have administrative ability and expertise to direct and supervise a residency program.

d. Licensure to practice osteopathic medicine in the state or territory where the institution that sponsors the program is located, or another jurisdiction satisfactory to the sponsoring institution.

e. Appointment in good standing to the medical staff of an institution participating in the program.

6.2. Program Director Responsibilities include, but are not limited to the following:

a. Prepare required materials for inspections in cooperation with the AOA Department of Education.

b. Submit quarterly program reports to the Director of Medical Education.

c. Prepare an annual report to the AOCOPM.

d. Monitor resident stress, including mental or emotional conditions inhibiting performance or learning. Program directors and teaching staff should be sensitive to the need for timely provision of confidential counseling and psychological support services to residents. Training situations that consistently produce undesirable stress on residents must be evaluated and modified.

e. Oversee the work hours of program residents to ensure that work hours are in accord with limitations imposed by the host institution and the AOA.
f. Monitor the quality of all didactic and clinical experiences, including the collection and review of periodic written or electronic evaluation by the resident of all such experiences and supervision.

g. The program director shall meet with each resident and the resident shall receive a written performance review at least every 6 months during their program.

h. In cases of early termination of a resident contract, the program director shall provide the resident with documentation regarding which rotations, if any, were completed satisfactorily. The AOA postdoctoral division must be promptly notified and the terminated contract submitted to the AOA. A copy of this documentation shall be forwarded to and kept on file at the central office of the AOCOPM.

ARTICLE VII – Resident Requirements

7.1. Applicants for training in Occupational Medicine must:
   a. Have completed an AOA, ACGME, or US Government Internship

7.2. During the training program, the resident must:
   a. Submit an annual report to the American Osteopathic College of Occupational and Preventive Medicine (AOCOPM)
   b. Submit a scientific paper and/or research paper, suitable for publication and pertaining to Occupational and Environmental Medicine.
   c. Keep a log, recording each case and procedures assigned for all treatment settings, identified by the institution number. This log shall be submitted each quarter to the program director and Director of Medical Education for review and evaluation.
   d. Participate in an inservice exam when it is available and required by the AOCOPM.

ARTICLE VIII – Evaluation

A. The residency program shall maintain a system of programmatic reviews, as follows:

8.1. Monitor the progress of each Occupational and Environmental Medicine resident, including the maintenance of a training record that documents completion of all required components of the program. This record shall include a patient log, which shall document that each resident has completed all clinical experiences required by the program.

8.2. Provide written evaluation that documents the resident’s knowledge, skills and overall performance at regularly scheduled intervals throughout the training period and a final evaluation, which documents satisfactory completion of all program requirements for each resident at the end of training. The evaluation must include a review of the resident’s performance during the final period of training and should verify that the resident has demonstrated an ability to practice competently and independently. This final evaluation should be part of the resident’s permanent record maintained by the institution.

8.3. In cases of early termination of a resident contract, the Program Director shall provide the resident with documentation regarding which rotations, if any, were completed satisfactorily. The AOA Postdoctoral Division must be promptly notified and the terminated contract submitted to the AOA. A copy of this documentation shall be forwarded to and kept on file at the central office of the AOCOPM.
8.4. The program must maintain a permanent record of evaluation for each resident. This must be available to the resident, the AOCOPM Committee on Education & Evaluation, the assigned inspector, and other authorized personnel.

8.5. At the completion of each rotation the appropriate faculty shall complete an evaluation. For longitudinal experiences, the program shall have the faculty conduct regular reviews of the residents with whom they are working.

8.6. The program shall have a mechanism for the residents to provide feedback on the program operations and faculty, with attention to maintaining the anonymity of the residents.

8.7. All reviews are for the purpose of monitoring performance and program improvement. There must be clear evidence that reviews of residents are used for formative and corrective purposes. Reviews of faculty and the program are to be used for improvement of the program.