Basic Standards for
Residency Training in
Proctologic Surgery

American Osteopathic Association
and
American Osteopathic College of Proctology
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STANDARD I – INTRODUCTION
A. 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.

STANDARD II – MISSION
A. The mission of residency training in Proctologic Surgery is to produce an osteopathic
proctologic surgeon who is skilled in the specialty of the proctology and who will provide
compassionate, quality care, continue lifelong learning, and display integrity and
professionalism, as an osteopathic proctologic surgeon. Training shall be accomplished
through meeting or exceeding educational goals and objectives outlined in this document.

STANDARD III – EDUCATIONAL PROGRAM GOALS
A. Seven core competencies of the osteopathic profession:

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:

1. Integration of osteopathic principles and osteopathic medical management.
   Residents must be able to demonstrate competency in the understanding and
   application of osteopathic principles and practices (OPP) in the care of proctology
   patients. Residents are expected to:
   a. Recognize and treat each patient as a whole person integrating body, mind, and
      spirit; and,
   b. Use the relationship between structure and function to help the body move toward
      wellness.

2. Patient Care.
   Patient care that is compassionate and effective for the treatment of health problems
   and the promotion of health.
   Residents must be able to provide patient care that is compassionate and effective for
   the treatment of health problems and the promotion of health. Residents are expected
to:
   a. Communicate effectively and demonstrate caring and respectful behaviors when
      interacting with patients and their families;
   b. Gather essential and accurate information about their patients;
   c. Make informed decisions about diagnostic and therapeutic interventions based on
      patient information and preferences, up-to-date scientific evidence, and clinical
      judgment;
   d. Develop and carry out patient management plans;
   e. Counsel and educate patients and their families;
f. Use information technology to support patient care decisions and patient education;
g. Competently perform all medical and invasive procedures considered essential for the area of practice in proctology;
h. Provide healthcare services aimed at preventing health problems or maintaining health; and,
i. Work with healthcare professionals, including those from other disciplines, to provide patient-focused care.

3. Medical knowledge

Medical knowledge is 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:

a. Demonstrate an investigator and analytic thinking approach to clinical situations; and,

b. Known and apply the basic and clinically supportive sciences

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:

a. Analyze practice experience and perform practice-based improvement activities using a systematic methodology;

b. Locate, appraise, and assimilate evidence from scientific studies related to their patients’ health problems;

c. Obtain and use information about their own population of patients and the larger population from which their patients are drawn;

d. Apply knowledge of study designs and statistical methods to the appraisal of clinical studies and other information on diagnostic and therapeutic effectiveness;

e. Use information technology to manage information, access on-line medical information, and support their own education; and,

f. 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:

a. Create and sustain a therapeutic and ethically sound relationship with patients;

b. Use effective listening skills and elicit and provide information using effective nonverbal, explanatory, questioning, and writing skills; and

c. 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:

a. 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;

b. Demonstrate a commitment to ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent, and business practices; and,

c. 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:

a. 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;

b. Know how types of medical practice and delivery systems differ from one another; including methods of controlling healthcare costs and allocating resources;

c. Practice cost-effective healthcare and resource allocation that does not compromise quality of care;

d. Advocate for quality patient care and assist patients in dealing with system complexities; and,

e. 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.

STANDARD IV - INSTITUTIONAL REQUIREMENTS

A. Institutional Support

1. The base institution must meet the following requirements.

a. Be in operation not less than twelve months immediately preceding the date of the application for approval of residency education.

b. Provide support for research endeavors, including Ph.D. consultation and access to research facilities.

c. Provide access to an animal laboratory or inanimate teaching laboratory.

2. The faculty must be composed of proctologic surgeons, general surgeons, surgical specialists, and other physicians engaged in the active practice of surgery.

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

1. Staff membership in participating institutions by the program director.
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.

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.

STANDARD V – PROGRAM REQUIREMENTS

A. Program Design

1. The length of the proctology residency program is three (3) years.
   a. The first year will include four months of Proctology and the remaining eight months will be as follows:
      i. 1 Month – ER
      ii. 1 Month – OB/Gyn
      iii. 2 Months – Nights (7pm to 7am shift)
      iv. 2 Months – Internal Medicine
      v. 2 Months – General Surgery
   b. The second and third years will be spent entirely within the Proctology Program. Up to six months of “out” time is allowed away from the base training institution and the last three months of the residency program are to be performed at the base site.

2. Clinical Components
   The program must provide 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.
   a. The clinical component must include education and exposure to the evolving diagnostic and therapeutic methods, including laser, ultrasound, and endoscopy.
   b. The operative experience for each resident must be documented in a surgical operative log which reflects all assignments during the program.
   c. Ambulatory training must be provided to each resident. This shall take place in either an outpatient clinic under the supervision of the department of surgery or in a surgical office.

3. Procedural Requirements
   The program must provide clinical learning and experience in the pre-operative, operative and post-operative performance of the following procedures:
   a. Sclerotherapy for internal hemorrhoids
   b. Rubberband ligation for internal hemorrhoids
   c. Infrared Coagulation for internal hemorrhoids
   d. Excision of thrombosed external hemorrhoids
   e. Cauterization of anal fissure
f. Incision and Drainage of perianal, ischiorectal and pilonidal abscesses

g. Electrocautery of perianal warts

h. Excision of perianal skin tags

i. Flexible sigmoidoscopy

j. Anoscopy

k. Colonoscopy with multiple procedures

l. Flexible sigmoidoscopy

m. Hemorrhoidectomy

n. Fissurectomy/Sphincterotomy

o. Excision of pilonidal cyst w/wo primary closure

p. Excision of and electrocautery of perianal and intra-anal warts

q. Excision of benign/malignant perianal lesions

r. Excision of benign/malignant anal canal lesions

s. Incision and drain of perianal/ischiorectal abscesses

B. Research and Scholarly Activities

1. All residents must demonstrate the ability to synthesize and apply medical research data by writing an original scientific research paper. Through this process, the resident must improve cognitive skills, and learn to manage and communicate medical information.

2. This requirement is met by any three of the following (one for each year of residency):

   a. Submission of a literature review, poster presentation, or a scientific paper.

   b. Presentation at one of the AOCPr’s yearly meetings.

   c. 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.

   d. Completion and submission of an original research paper approved by the program director.

3. All documents listed above must be submitted with the resident’s annual report to the AOCPr Board and shall relate to proctologic surgery.

C. Conferences

1. Academic conferences and lectures must include: formal didactic conferences, morbidity and mortality meetings, journal club, seminars, and workshops.

**STANDARD VI – PROGRAM DIRECTOR AND FACULTY**

A. Program Director

1. The qualifications for program director in proctologic surgery must include:

   a. Have completed an AOA-approved intern training program

   b. Membership in the American Osteopathic College of Proctology (AOCPr).

   c. Certification in proctology by the AOA through the American Osteopathic Board of Proctology (AOBPr)

   d. Have practiced proctology for a minimum of three (3) years.
e. Meet the Continuing Medical Education (CME) requirements the specialty college.

f. Must attend educational programs sponsored by the specialty college for the development of program directors.

g. Participation in community and professional organizations.

2. The general responsibilities of the program director must include, but are not limited to the following activities:

a. Participation and teaching in academic conferences

b. Participation in resident and program evaluation activities.

c. Ensure resident completion and submission of the resident annual reports to the AOCPr.

d. Attend the AOCPr Annual Meeting at least biannually.

B. Faculty

1. The program faculty must include at least one board certified proctologist for every two (2) proctology residents.

STANDARD VII – RESIDENT REQUIREMENTS

A. The resident is required to maintain and accurately complete records for their educational activities in the required surgical log form.

B. The logs must be submitted at the end of each rotation to the program director for review and verification.

C. 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.

STANDARD VIII - EVALUATION

A. Evaluation

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.

2. Segregated totals submitted by the resident must demonstrate scope, volume and variety of training.

3. 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. Residents must evaluate their program director by completing and signing the Resident’s Annual Evaluation Report of the Program Director.

5. The program director and the faculty must be peer evaluated annually with respect to their teaching abilities, commitment to the program, and scholarly activities.

6. The quality of the program must be evaluated at least annually by the program director, faculty, and residents, and the results shall be used for program improvement.

B. Resident Evaluation

1. 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.
a. The evaluations must be learner-centered, developmental, improvement-oriented, and based upon educational objectives for each assignment and program activity, and reflect the AOA core competencies.

b. The surgical competence of each resident must be evaluated based upon the number of surgeries performed gained through direct participation.

c. Residents requiring remediation or counseling must be evaluated more frequently.

2. The program director must submit the Program Director’s Annual Resident Evaluation Report for Proctologic Surgery with the resident annual reports.

3. Residents must review and sign the Program Director’s Annual Resident Evaluation Report for Proctologic Surgery.

4. 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.