



AMERICAN OSTEOPATHIC ASSOCIATION

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**Basic Standards for  
Residency Training in  
Orthopedic Surgery**

**American Osteopathic Association  
and**

**American Osteopathic Academy of Orthopedics**

**EFFECTIVE 7/1/2020**

BOT 2/2006  
BOT 9/2007  
BOT 7/2008  
BOT 7/2011  
BOT 7/2013  
BOT 3/2014  
BOT 6/2014  
BOT 3/2015  
BOT 2/2017  
BOT 3/2019  
BOT 7/2020

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1 **SECTION I - INTRODUCTION**

2 These are the Basic Standards for Residency Training in Orthopedic Surgery as established by the  
3 American Osteopathic Academy of Orthopedics (AOAO) and approved by the American  
4 Osteopathic Association (AOA). These standards are designed to provide the osteopathic resident  
5 with advanced and concentrated training in orthopedic surgery and to prepare the resident for  
6 examination for certification in Orthopedic Surgery by American Osteopathic Board of Orthopedic  
7 Surgery (AOBOS).

8 **SECTION II- MISSION**

9 The mission of the osteopathic orthopedic surgery training program is to provide residents with  
10 comprehensive structured cognitive and clinical education that will enable them to become  
11 competent, proficient and professional osteopathic orthopedic surgeons.

12 **SECTION III – EDUCATIONAL PROGRAM GOALS**

13 3.1 The Orthopedic Surgery Residency training program must document that the residents  
14 achieve all Core Competencies as outlined in the AOA Basic Documents.

15 Residents Must:

16 3.1.1 Demonstrate correlation between osteopathic musculoskeletal examination and the  
17 orthopedic physical examination.

18 3.1.2 Demonstrate the application of osteopathic principles and practice to their  
19 orthopedic patients.

20 3.2 Patient Care: Residents must be able to provide compassionate care in the treatment of  
21 health care problems and the promotion of health in orthopedic surgery.

22 Residents Must:

23 3.2.1 Demonstrate competence in all phases of care (preadmission, hospital, operative,  
24 palliative, follow up and rehabilitation) of patients

25 Residents must demonstrate competence in their ability to:

26 3.2.2 gather essential and accurate information about patients;

27 3.2.3 make informed decisions about diagnostic and therapeutic interventions based on  
28 patient information and preferences, evidence-based medicine and clinical judgment;

29 3.2.4 develop and carry out patient management plans;

30 3.2.5 provide care aimed at preventing complications and maintaining health;

31 3.3 Medical Knowledge: Residents must demonstrate knowledge concerning established and  
32 evolving biomedical, clinical, cognate (epidemiological and social behavioral) sciences and  
33 the application of this knowledge to patient care.

34 3.3.1 Residents must demonstrate expertise in their knowledge of those areas appropriate  
35 for an orthopedic surgeon

36 3.3.2 Residents must demonstrate an investigating and analytic thinking approach to  
37 clinical situations.

38 3.4 Interpersonal and Communication Skills: Residents must demonstrate interpersonal and  
39 communication skills that result in information exchange and teaming with patients, the  
40 patient’s families and professional associates.

- 1 Residents Must:
- 2 3.4.1 create and sustain a therapeutic and ethical relationship with their patients;
- 3 3.4.2 use listening skills and elicit and provide information using non-verbal, explanatory
- 4 questioning and writing skills;
- 5 3.4.3 communicate and work with others as a member or leader of a health care team or
- 6 other professional group;
- 7 3.4.4 communicate with patients, families, and the public across all ranges of
- 8 socioeconomic and cultural backgrounds;
- 9 3.4.5 maintain comprehensive, timely, and legible medical records.
- 10 3.5 Professionalism: Residents must demonstrate a commitment to carrying out professional
- 11 responsibilities and adherence to ethical principles
- 12 Residents Must:
- 13 3.5.1 demonstrate respect, compassion, and integrity for others;
- 14 3.5.2 demonstrate responsiveness to needs of patients and society that supersedes self-
- 15 interest;
- 16 3.5.3 demonstrate accountability to patients, society and the profession;
- 17 3.5.4 demonstrate commitment to ethical principles pertaining to provision or withholding
- 18 of clinical care, confidentiality of patient information, informed consent and business
- 19 practices;
- 20 3.5.5 exhibit commitment to excellence and ongoing self-development;
- 21 3.5.6 demonstrate sensitivity and responsiveness to diverse patients' culture, age, gender,
- 22 race, religion, disabilities, and sexual orientation.
- 23 3.6 Systems Based Practice: Resident must demonstrate an awareness of and responsiveness to
- 24 the larger context and system of health care as well as the ability to call on system resources
- 25 to provide care that is of optimal value to the orthopedic patient.
- 26 Residents Must:
- 27 3.6.1 practice cost-effective healthcare and resource allocation that does not compromise
- 28 quality of care;
- 29 3.6.2 advocate for quality patient care and assist patients in dealing with system
- 30 complexities;
- 31 3.6.3 work with healthcare managers and other providers to assess, coordinate, and
- 32 improve healthcare
- 33 3.6.4 participate in identifying system errors and implementing potential system solutions.
- 34 3.7 Practice Based Learning and Improvement: Resident must be able to investigate and
- 35 evaluate their orthopedic patient care practices, appraise and assimilate scientific evidence to
- 36 improve their patient care practices.
- 37 Residents Must:
- 38 3.7.1 systematically analyze practice outcomes using quality improvement methods;

- 1 3.7.2 locate, appraise and assimilate evidence from scientific studies related to their  
2 patient's health;
- 3 3.7.3 use health information technology to manage information and to access on-line  
4 medical information and to support one's own education;
- 5 3.7.4 participate in the education of patient families, students, residents and health care  
6 professionals;
- 7 3.7.5 set learning and improvement goals and perform learning activities;
- 8 3.7.6 identify strength, efficiencies and limitations in ones knowledge and expertise.

9 **SECTION IV – INSTITUTIONAL REQUIREMENTS**

- 10 4.1 The institution shall maintain permanent institutional records for the graduates of the  
11 orthopedic residency program, including the resident annual report, quarterly reports, and  
12 written evaluations of residents while they are at affiliate sites and all communications with  
13 the AOA Evaluating Committee.
- 14 4.2 The institution shall arrange for departmental cooperation in training of orthopedic residents  
15 in general surgery, pathology, radiology, internal medicine, osteopathic principles and  
16 practice, and physical therapy.
- 17 4.3 Signed affiliation agreements with training sites must be submitted annually to the AOA.
- 18 4.4 Written evaluations of the residents while assigned to affiliated training sites, must comply  
19 with the AOA Basic Standards for Residency Training.

20 **SECTION V – PROGRAM REQUIREMENTS AND CONTENT**

21 **5.1 General Program Requirements:**

- 22 5.1.1 The orthopedic surgery residency training program shall be a five year continuum.
- 23 5.1.2 The program shall provide a minimum of two hundred and fifty (250) major  
24 orthopedic surgical cases yearly for years OGME-R2 through OGME-R5 for each  
25 resident.
- 26 5.1.3 Cases logged by a resident at an affiliated institution shall be included in the total  
27 procedures only if: there is a signed affiliation agreement on file with the AOA.
- 28 5.1.4 The program shall maintain a ratio of not more than three (3) residents per AOA  
29 board certified orthopedic surgeon.
- 30 5.1.5 The surgeons necessary to maintain the 3:1 ratio:
  - 31 5.1.5.1 Shall be active, courtesy or equivalent staff members as determined by the  
32 AOA Evaluating Committee or
  - 33 5.1.5.2 Shall be active, courtesy or equivalent staff members as determined by the  
34 AOA Evaluating Committee of an affiliate institution that has a scheduled  
35 rotation for all residents in the program for a minimum of 8 weeks.
- 36 5.1.6 The residents shall be permitted to complete the current year in training in the event  
37 that the minimum ratio is not maintained.
- 38 5.1.7 All residents must participate in an annual orthopedic in training examination.
- 39 5.1.8 The resident will spend six (6) months of their last twelve (12) months of residency  
40 at the primary institution.

- 1    **5.2    Didactics**
- 2           5.2.1    Conferences and Didactic sessions shall be scheduled to permit residents attendance.
- 3           5.2.2    Faculty and residents shall attend and participate in regularly scheduled and held
- 4                    teaching rounds, lectures and conferences.
- 5           5.2.3    There shall be a minimum of five hours of published, scheduled and held didactic
- 6                    sessions per week during which then the resident is excused from clinical duties.
- 7           5.2.4    Didactic Curriculum shall include:
- 8                    5.2.4.1    Basic Sciences, including pathology, physiology, immunology, pharmacology
- 9                            and microbiology.
- 10                  5.2.4.2    Anatomy, including study and/or dissection of anatomic specimens, lectures
- 11                            or other formed sessions.
- 12                  5.2.4.3    Biomechanics, emphasizing principles, terminology and application to
- 13                            orthopedics.
- 14                  5.2.4.4    Use and interpretation of radiographic and other imaging techniques.
- 15                  5.2.4.5    Rehabilitation of neurologic injury, orthotics and prosthetics.
- 16                  5.2.4.6    Basic motor skills, including proper and safe use of surgical instruments and
- 17                            operative techniques.
- 18                  5.2.4.7    Integration of basic medical sciences into daily clinical activities.
- 19    **5.3    Specific requirements for training years OGME-R2 through OGME-R5:** All cases
- 20           shall be supervised by an Orthopedic Surgeon specifically trained in the specialty by
- 21           fellowship or experience.
- 22           **Minimum rotation length or minimum number of logged cases:**
- 23           5.3.1    The resident shall log two hundred (200) Arthroscopy cases
- 24           5.3.2    The resident shall serve a three month rotation in hand surgery or log one hundred
- 25                    (100) hand cases
- 26           5.3.3    The resident shall serve a three month rotation in foot and ankle surgery or log one
- 27                    hundred (100) foot and ankle cases
- 28           5.3.4    The resident shall serve a three month rotation in pediatric orthopedic surgery or log
- 29                    one hundred (100) pediatric cases
- 30           5.3.5    The resident shall serve a three month rotation in orthopedic trauma or log one
- 31                    hundred (100) trauma cases
- 32           5.3.6    The resident shall serve a three month rotation in orthopedic spine or log fifty (50)
- 33                    spine cases.
- 34    **5.4    Mandatory Courses:** The following courses shall be provided to each resident by the
- 35           institution.
- 36           5.4.1    The resident shall complete a orthopedic pathology course of at least twenty (20)
- 37                    academic hours.
- 38           5.4.2    The resident shall complete a basic fracture course prior to the start of their OGME-
- 39                    R4 year.

1 5.4.3 The resident shall complete an advanced trauma life support course ATLS prior to  
2 the start of OGME-R4 year.

3 5.4.4 The resident shall attend one Annual Meeting or one Post Graduate Seminar of the  
4 AOA prior to starting OGME-R5 year.

## 5 **SECTION VI – PROGRAM DIRECTOR / FACULTY QUALIFICATIONS AND** 6 **RESPONSIBILITIES**

### 7 **Program Director Eligibility, Requirements, and Responsibilities:**

#### 8 6.1 Eligibility

9 6.1.1 The Program Director shall be certified in orthopedic surgery by the AOA, through  
10 the AOBOS for a minimum of two (2) years immediately prior to assuming the  
11 position and maintain certification at all times as Program Director.

12 6.1.2 The Program Director shall have been a member of the Core Faculty for a minimum  
13 of four (4) years. (Except in New Programs)

14 6.1.3 The Program Director shall be a practicing orthopedic surgeon.

15 6.1.4 The Program Director shall have a minimum of five (5) years of clinical experience  
16 in orthopedic surgery following training.

17 6.1.5 The Program Director shall be licensed to practice medicine in the state where the  
18 institution is located.

19 6.1.6 The Program Director shall have an active, courtesy or equivalent staff designation  
20 as determined by the AOA Evaluating Committee.

#### 21 6.2 Requirements

22 6.2.1 The Program Director shall attend a conference designed to promote excellence in  
23 orthopedic graduate medical education and approved by the AOA at least once  
24 every three (3) years.

25 6.2.2 A new Program Director must attend a conference designed to promote excellence  
26 in orthopedic graduate medical education and approved by the AOA during the  
27 first full year of his/her tenure as Program Director.

#### 28 6.3 Responsibilities

29 6.3.1 The Program Director's authority in directing the residency training program shall be  
30 defined in the program documents of the institution.

31 6.3.2 The Program Director shall submit quarterly, annual and OGME-R5 mid-year  
32 program reports to the AOA on the case log system.

33 6.3.3 The Program Director shall provide a list of Core Faculty to the office of the AOA  
34 within 30 days of each new program year.

35 6.3.4 The Program Director shall approve the residents' annual scientific paper or poster.

36 6.3.5 The Program Director shall have access of the AOA resident database system for  
37 each resident in his/her program, which must include electronic signing privileges.

### 38 **Assistant Program Director Eligibility, Requirements, and Responsibility:**

#### 39 6.4 Eligibility

- 1 6.4.1 The Assistant Program Director shall be certified in orthopedic surgery by the AOA,  
2 through the AOBOS for a minimum of two (2) years immediately prior to assuming  
3 the position and maintain certification at all time as Assistant Program Director.
- 4 6.4.2 The Assistant Program Director shall have been a member of the Core Faculty for a  
5 minimum of two (2) years except in new programs.
- 6 6.4.3 The Assistant Program Director shall be a practicing orthopedic surgeon,  
7 educationally and philosophically qualified to conduct the training program.
- 8 6.4.4 The Assistant Program Director shall have a minimum of five (5) years of clinical  
9 experience in orthopedic surgery following training.
- 10 6.4.5 The Assistant Program Director shall be licensed to practice medicine in the state  
11 where the institution is located.
- 12 6.4.6 The Assistant Program Director shall have an active, courtesy or equivalent staff  
13 designation as determined by the AOAO Evaluating Committee.
- 14 6.4.7 The Assistant Program Director shall continue to meet CME requirements of the  
15 AOA.

16 6.5 Requirements

- 17 6.5.1 The Assistant Program Director shall attend a conference designed to promote  
18 excellence in orthopedic graduate medical education and approved by the AOAO at  
19 least once every three (3) years.
- 20 6.5.2 A new Assistant Program Director shall attend a conference designed to promote  
21 excellence in orthopedic graduate medical education and approved by the AOAO  
22 during the first full year of his/her tenure as Assistant Program Director

23 6.6 Responsibilities

- 24 6.6.1 The Assistant Program Director shall assist and complement the Program Director  
25 in all phases of the training program.
- 26 6.6.2 The Assistant Program Director shall have print and view only access of the AOAO  
27 resident database system for each of the residents' in the program.

28 **Core Faculty Eligibility, Requirements, and Responsibilities:** Core faculty are those required to  
29 meet the 3:1 resident to faculty ration.

30 6.7 Eligibility:

- 31 6.7.1 The Core Faculty Members must be certified in orthopedic surgery by the AOA,  
32 through the AOBOS and maintain certification at all times as a Core Faculty  
33 Member.
- 34 6.7.2 The Core Faculty Member shall be a practicing orthopedic surgeon, educationally  
35 and philosophically qualified to conduct training program and shall have a minimum  
36 of three (3) years of clinical experience in orthopedic surgery.
- 37 6.7.3 The Core Faculty must be licensed in the state where the institution that sponsors  
38 the program is located.
- 39 6.7.4 Must have an active, courtesy or equivalent designated staff as determined by the  
40 AOAO Evaluating Committee.
- 41 6.7.5 The Core Faculty Member shall continue to meet CME requirements of the AOA.



- 1 6.8 Requirements:
- 2 6.8.1 The Core Trainers shall attend a conference designed to promote excellence in  
3 orthopedic graduate medical education and approved by the AOA at least once  
4 every five (5) years.
- 5 6.8.2 A new Core Faculty member must attend a conference designed to promote  
6 excellence in orthopedic graduate medical education and approved by the AOA  
7 during the first full year of his/her tenure.
- 8 6.8.3 Core Faculty Members shall be responsible to provide at least fifty (50) percent of  
9 the clinical and didactic educational experience to the residents.

10 **Faculty Eligibility, Requirements and Responsibilities:**

- 11 6.9 Eligibility:
- 12 6.9.1 All Faculty Members shall be practicing orthopedic surgeons, educationally and  
13 philosophically qualified to conduct the training program of clinical experience in  
14 orthopedic surgery.
- 15 6.9.2 All Faculty Member must be licensed in the state where the institution that sponsors  
16 the program is located and must have an active, courtesy, or equivalent staff  
17 designation as determined by the AOA Evaluating Committee.
- 18 6.9.3 The Faculty members shall continue to meet the CME requirements of the AOA.
- 19 6.10 Responsibilities:
- 20 6.10.1 Faculty Trainers shall be responsible to provide the Program Director written  
21 assessments of residents under their supervision.

22 **Medical Education Staff**

- 23 6.11 Eligibility, Requirements and Responsibilities:
- 24 6.11.1 Medical Education Staff shall consist of administrative/support program staff.
- 25 6.11.2 Medical Education Staff shall be responsible to assist the Program Director in  
26 maintaining educational records of the residents.
- 27 6.11.3 Medical Education Staff shall have print and view only access of the AOA  
28 resident database system.

29 **Remote Site Supervisor:** Remote site supervisor is an orthopedic surgeon designated to be the  
30 supervisor of training and accountable for the education and performance of residents who are on  
31 rotations at sites other than the base training institution.

- 32 6.12 Eligibility:
- 33 6.12.1 The remote site supervisor must be certified in orthopedic surgery by the AOA  
34 through the AOBOS or the ABMS and maintain certification at all times as a remote  
35 site supervisor.
- 36 6.12.2 The remote site supervisor must be a practicing orthopedic surgeon, and  
37 educationally and philosophically qualified to conduct and administer an orthopedic  
38 training program.
- 39 6.12.3 The remote site supervisor must have a minimum of three (3) years clinical  
40 experience in orthopedic surgery following their residency.

1 6.12.4 The remote site supervisor must be licensed in the state where the remote site  
2 institution is located.

3 6.12.5 The remote site supervisor must have an active, courtesy or equivalent staff  
4 designation at the remote site as determined by the AOA evaluating committee.

5 6.12.6 The remote site supervisor must continue to meet the CME requirements of the  
6 AOA or the AMA.

7 6.13 Requirements:

8 6.13.1 The remote site supervisor must attend a conference designed to promote excellence  
9 in orthopedic graduate medical education and approved by the AOA at least every  
10 five (5) years.

11 6.13.2 The remote site supervisor must attend a conference designed to promote excellence  
12 in orthopedic graduate medical education and approved by the AOA during the  
13 first full year of his/her tenure.

14 6.14 Responsibilities:

15 6.14.1 The remote site supervisor must be responsible to provide the program director  
16 written assessment of the residents under their supervision within fifteen (15) days of  
17 the end of the rotation.

18 6.14.2 The remote site supervisor must actively assist and complement the activities of the  
19 program director in all required phases of the training program.

20  
21 **SECTION VII – RESIDENT REQUIREMENTS**

22 7.1 During the training program for training years OGME-R3 – OGME-R5, the resident must:

23 7.1.1 Submit a scientific paper, following AOA paper guidelines at the close of each  
24 training year with the exception of the first and second year of training.

25 7.1.2 Submit a scientific paper by January 1<sup>st</sup> OF THE OGME-R5 YEAR.

26 7.1.3 As an alternative, a scientific poster exhibit may be substituted for one of the  
27 required scientific papers during the residency program.

28 7.1.3.1 The poster must be approved by the Program Director in writing.

29 7.1.3.2 Poster presentations shall only be credited to one presenter.

30 7.1.3.3 The lead author (only) shall be credited for the poster.

31 7.1.3.4 Poster must follow published AOA guidelines.

32 7.2 Duties shall include:

33 7.2.1 Make admission notes on each patient as well as progress notes, in addition to any  
34 notes entered by the attending physician.

35 7.2.2 Making daily rounds, keeping informed on the status of all assigned patients on the  
36 orthopedic service.

37 7.2.3 If post mortem examinations are performed at the training institution, the resident  
38 must attend all post mortem examinations on orthopedic patients.

- 1 7.2.4 Shall attend all meetings of the department/division of orthopedic surgery, general  
2 staff meetings, and any other assigned meetings in the hospital.
- 3 7.2.5 Resident will serve as assistant under the supervision of the Orthopedic attending in  
4 all operative orthopedic cases.
- 5 7.2.6 Maintain monthly logs on all assists as well as non-surgical cases attended,  
6 examinations performed, minor surgical procedures, professional papers written,  
7 meetings attended, postgraduate work, and outside rotations, using the AOA case  
8 log system.
- 9 7.2.7 If students are assigned to the orthopedic rotation, the residents shall assist in their  
10 instruction.
- 11 7.2.8 Shall document a preoperative patient evaluation with surgical indications and  
12 rational.
- 13 7.2.9 Shall participate in professional staff activities including patient care, department  
14 meetings, mortality and morbidity meetings.
- 15 7.2.10 Must adhere to all applicable policies, procedures and regulations of the institution,  
16 and the AOA.
- 17 7.2.11 The resident must attend a minimum of one (1) AOA Postgraduate Seminar or  
18 one (1) Annual Meeting prior to the beginning of the fifth (5) year of the residency  
19 program.

## 20 **SECTION VIII – EVALUATION**

- 21 8.1 Each program with the support of the sponsoring institution must have in place an ongoing  
22 written evaluation process to continually monitor and improve the quality of the residency  
23 program.
- 24 8.2 Objective assessment of core competencies shall include these methods in all reports:  
25 Medical Knowledge:
- 26 8.2.1 Monthly written evaluations of the resident by the faculty
- 27 8.2.2 Critique of journal club presentations by the faculty
- 28 8.2.3 Score on OITE
- 29 8.3 Patient Care:
- 30 8.3.1 Monthly written evaluations of the resident by the faculty
- 31 8.4 Interpersonal and Communications Skills:
- 32 8.4.1 Critique of lectures, journal club and M & M presentations by faculty
- 33 8.4.2 Monthly written evaluations of resident by faculty
- 34 8.5 Professionalism:
- 35 8.5.1 Critique of M & M and tumor board presentations by faculty
- 36 8.5.2 Monthly written evaluations of resident by faculty
- 37 8.5.3 Patient satisfaction letters and/or concern data
- 38 8.6 Practice-Based Learning and Improvement:

- 1 8.6.1 Written critique of the resident scientific paper
- 2 8.6.2 Monthly written evaluation of the resident by the faculty
- 3 8.7 System-Based Practice:
- 4 8.7.1 Case management feedback regarding outliers
- 5 8.7.2 Documentation and coding feedback from clinical staff
- 6 8.7.3 Monthly written evaluations by the faculty
- 7 8.8 Resident Formative and Summative Evaluations:
- 8 8.8.1 Logs must document the fulfillment of the requirements of the program, describing
- 9 the scope, volume, variety, and progressive responsibility by the resident.
- 10 8.8.2 Logs must be completed on a monthly basis and recorded in the AOA O
- 11 computerized residency log system for OGME-R2 through OGME-R5.
- 12 8.8.3 Quarterly Reports: shall be completed for the first three quarters of the academic
- 13 training year by the Program Director using the AOA O computerized residency log
- 14 system and electronically signed with thirty (30) days of the completion of the
- 15 quarter.
- 16 8.8.4 Quarterly reports shall include faculty input as well as evaluations from all
- 17 consortium training sites.
- 18 8.8.5 The evaluation must be based upon the educational objectives for each assignment
- 19 and program activity and include detailed information pertaining to the resident's
- 20 development and information regarding improvement in any areas necessary.
- 21 8.8.6 Residents requiring remediation or counseling must be evaluated monthly.
- 22 8.8.7 The AOA O must be notified in writing 60 days prior to the completion of the
- 23 academic year of any resident in danger of being ineligible for advancing of the next
- 24 year.
- 25 8.8.8 Failure to submit timely reports shall result in probation of the program and review
- 26 by the AOA O Evaluating Committee.
- 27 8.9 Annual Reports:
- 28 8.9.1 The resident shall complete, and electronically submit an annual resident report
- 29 found on the AOA O computerized residency log system to the AOA O within
- 30 fifteen (15) days of the completion of each academic year.
- 31 8.9.2 A resident who fails to submit a completed signed report within fifteen (15) days
- 32 shall be suspended from the program.
- 33 8.9.3 The Program Director shall complete and electronically sign and submit the annual
- 34 program directors report found on the AOA O computerized residency log system to
- 35 the AOA O within fifteen (15) days of the completion of each academic year.
- 36 8.9.4 Residents must submit a satisfactory program evaluation signed by their Program
- 37 Director.
- 38 8.10 OGME-R5 Mid-Year Report:
- 39 8.10.1 OGME-R5 residents shall submit a mid-year report no later than fifteen (15) days of
- 40 the completion of the sixth (6<sup>th</sup>) month of the fifth (5<sup>th</sup>) year.

- 1 8.10.2 A resident who fails to submit a completed signed report within fifteen (15) days  
2 shall be suspended from the program.
- 3 8.10.3 The Program Director shall complete electronically, sign and submit the annual  
4 program directors report found on the AOA O computerized residency log system to  
5 the AOA O within fifteen (15) days of the completion of the first six months of the  
6 OGME-R5 year.
- 7 8.10.4 This report must be electronically signed by the resident.
- 8 8.10.5 A resident who fails to submit a completed signed report within fifteen (15) days  
9 shall not be eligible to take the AOBOS Board Certification Examination prior to  
10 completion of the residency program.
- 11 8.11 Faculty:
- 12 8.11.1 Residents must evaluate their Program Director and the program by completing and  
13 electronically signing the resident's annual evaluation report of the Program Director  
14 and the program within fifteen (15) days of the completion of each academic year.
- 15 8.11.2 Annually the program must evaluate teaching faculty performance as it relates to the  
16 educational program.
- 17 8.12 Site Evaluation:
- 18 8.12.1 Shall be evaluated as prescribed by the AOA O Inspection Workbook.
- 19 8.12.2 All on site accreditation site visits for ongoing approval of the Orthopedic Surgery  
20 residency programs must have an Osteopathic orthopedic surgeon as part of the  
21 team as an observer at the AOA O'S expense.
- 22

1 **Appendix I - Requirements for a focused site visit or Consultation by the AOA O Evaluating**  
2 **Committee**

3 The Evaluator will require the following documentation:

- 4 1. Institution must provide a patient load to train a minimum of four residents in Orthopedic  
5 surgery as outlined below: there must be a minimum of 250 orthopedic surgical cases yearly per  
6 resident that provide clinical experience of both a surgical and nonsurgical orthopedic nature,  
7 details must be available if the specified number of cases occurs in a consortia arrangement of  
8 institutions, contracts for such consortia must be available for review.
- 9 2. Documentary evidence that substantiates the administrative, financial, educational, and support  
10 services must be available to the consultant at the time of the visit.
- 11 3. Listing of participating orthopedic surgeons in the program must be available including board  
12 certification status and medical licensure at the time of the visit.
- 13 4. All residents in the program must be available at the time of the visit for interview by the  
14 consultant along with up to date AOA O logs.
- 15 5. Documentary evidence of academic program with signed roll sheets and listing of topics must be  
16 available for the consultant.
- 17 6. The consultant must interview the Program Director, separate from the Residents, and review  
18 their credentials.
- 19 7. Teaching faculty must be available for interview by the consultant.

20  
21 **Appendix II**

22 The American Association of Orthopedic Surgery (AAOS) Orthopedic in Training Examination  
23 (OITE) is mandated to be a confidential resident teaching tool and not a test of achievement, and by  
24 virtue of the rules of the AAOS and the AOA O is not permitted to release scores of this test.  
25

26 **Appendix III – Remote Site Definition**

27 Remote site: a geographically distant entity from the base training institution that provides medical  
28 and surgical care to patients. Such entities include, but are not limited to, orthopedic specialty  
29 hospitals, outpatient clinics or hospitals/medical centers  
30

31 **Appendix IV – Subspecialty Rotation Site Definition**

32 Subspecialty rotation site: an entity that provides specialty orthopedic education and clinical  
33 experience to orthopedic residents.  
34

35 **Appendix V - Affiliation Agreement or Program Letter Agreement Definition**

36 Affiliation agreement or program letter of agreement: a signed document between the base  
37 institution and any entity where orthopedic training takes place that concisely describes the nature of  
38 the clinical and didactic training that will be experienced by the residents as well as a precise  
39 description of the trainee obligations and responsibilities.