



**Basic Standards for
Subspecialty Residency Training in
Acute and Chronic Pain Management in
Anesthesiology**

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

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ARTICLE I - INTRODUCTION

These are the basic standards for subspecialty residency training in Acute and Chronic Pain Management in Anesthesiology as approved by the American Osteopathic Association and the American Osteopathic College of Anesthesiologists (AOCA). These standards are designed to provide the osteopathic resident with advanced and concentrated training in this field of study, and to prepare the resident for examination for subspecialty certification in Acute and Chronic Pain Management in Anesthesiology.

ARTICLE II - DEFINITION AND PURPOSES

The subspecialty of Acute and Chronic Pain Management in Anesthesiology consists of the diagnosis and treatment of the pain patient. This is a multi-disciplinary approach of direct patient care by residents whose primary concerns are the care of the patients in the hospital, clinic and office atmosphere. The purposes of an Acute and Chronic Pain Management in Anesthesiology training program are:

- A. Provide the resident with properly organized and, progressive responsibility in the care of the acute and chronic pain patient.
- B. Provide continuity of didactic and clinical experience to adequately prepare the resident for the practice of Acute and Chronic Pain Management for Anesthesiology and to enable the resident to develop special expertise associated with improved care and reduction of pain symptoms.
- C. To integrate osteopathic principles and practice throughout the subspecialty residency program. Osteopathic principles and practice as related to this subspecialty include:
 - 1. Body unity, structure and function relationships, and self-regulation mechanisms such as homeostasis.
 - 2. Osteopathic palpatory assessment and manipulative treatment appropriate to this subspecialty.

ARTICLE III - INSTITUTIONAL REQUIREMENTS

- A. An institution (i.e. hospital, college of osteopathic medicine, organization or other training facility) with AOA and AOCA approval for subspecialty residency program must meet all of the

requirements as formulated in the current document “Residency Training Requirements of the AOA”.

- B. The institution must provide sufficient patient load to properly train a minimum of two (2) residents in Acute and Chronic Pain Management for Anesthesiology
- C. The institution shall maintain an adequate medical library containing carefully selected texts, the latest editions of medical journals and other appropriate publications, in the various branches pertaining to the subspecialty of Acute and Chronic Pain Management. The library shall be in the charge of a qualified person, who shall act as custodian of its contents and arrange for the proper cataloging and indexing that will facilitate investigative work by residents.
- D. The institution must have an AOA approved residency training program in anesthesiology.
- E. The program director for the subspecialty residency training program in Acute and Chronic Pain Management must be certified in this field.
- F. The institution shall provide the resident with the opportunity to conduct consultations under the supervision of qualified staff members, to prepare for the role of consultant to other specialties.
- G. The institution shall execute a contract with each resident in accordance with the **Residency Training Requirements of the AOA**.
- H. The institution shall maintain modern equipment and material for the treatment of Acute and Chronic Pain.
- I. Upon satisfactory completion of the training program, the institution shall award the resident with an appropriate certificate. The certificate shall confirm the fulfillment of the program requirements, starting and completion dates of the program, and the name(s) of the training institution(s) and the program director(s).

ARTICLE IV - PROGRAM REQUIREMENTS

- A. The residency training program shall only commence after it has received approval by the Executive Committee of the Council on Postdoctoral Training.
- B. The subspecialty residency training program in Acute and Chronic Pain Management for Anesthesiology shall be one (1) year in duration:
 - 1. The program shall be primarily clinical in orientation and shall involve direct patient care.
 - 2. The approved hospital, clinic, and/or office shall be the base of operation, with appropriate outside rotations arranged to meet specific educational goals.
 - 3. The program shall provide the resident with teaching experience that correlates basic biomedical knowledge with the clinical aspects of the subspecialty.

4. The resident shall work closely with the residents in pediatrics, and other specialty areas and subspecialties during the training program.
 5. The resident shall have supervised training in the performance of procedures and in the perfection of technical skills that are integral to Acute and Chronic Pain Management for Anesthesiology.
 6. The program shall provide the resident with an understanding of common technical procedures used in the practice of Acute and Chronic Pain Management and the judicious utilization of technical and fiscal resources.
 7. The program content shall include training in the basic knowledge associated with Pain Management as follows:
 - a. Anatomy and Physiology as related to pain.
 - b. Pain measurement in man.
 - c. Psychological aspects of pain.
 - d. General principles of pain evaluation and management.
 - e. Drug treatment.
 - f. Physical therapy and Rehabilitation.
 - g. Nonsurgical techniques.
 - h. Nerve blocks.
 - i. Psychiatric and Psychological treatment.
 - j. Behavioral interventions.
 - k. Multi-disciplinary pain management.
 - l. Osteopathic techniques.
 8. Upon completion of the program, the resident shall be knowledgeable in the administrative and management skills involved in Acute and Chronic Pain Management for Anesthesiology.
 9. The program shall provide effective content with regard to behavioral characteristics involved in the interaction between the resident, the patient and the teaching staff. The program will enhance the ability of the resident to understand the contingencies of health and illness and the development of a mature concern regarding the quality of patient care, especially the psychological aspects of pain management.
- C. If necessary, the program must provide suitable arrangements for outside rotations to ensure the complete education of the resident and for broadening the scope of training. All rotations must meet standards as formulated in the *Residency Training Requirements of the AOA*.

ARTICLE V - QUALIFICATION AND REQUIREMENTS OF PROGRAM DIRECTOR

- A. Qualifications:
 1. The program director must be certified in anesthesiology by the American Osteopathic Association through the American Osteopathic Board of Anesthesiology (AOBA) and must have certification in the subspecialty of Acute and Chronic Pain Management.

2. The program director must demonstrate a commitment to Acute and Chronic Pain Management for Anesthesiology by actively participating in appropriate national and regional scientific societies and continuing medical education related to this subspecialty.
3. The program director must meet the standards of the position as formulated in the *Residency Training Requirements of the AOA*.

B. Responsibilities:

1. The program director's authority in directing the subspecialty residency training program must be defined in the program documents of the sponsoring institution.
2. The program director shall establish procedures for the continued evaluation of the clinical competence of residents. Evaluation should include intellectual abilities, manual skills, attitudes and interpersonal relationships, as well as patient management and decision making skills.
3. The program director shall arrange affiliations and/or outside rotations necessary to meet the program objectives.
4. The program director shall, in cooperation with the affiliated Osteopathic Postdoctoral Training Institution (OPTI) and the AOA Department of Education, prepare required materials for inspection.
5. The program director shall provide the resident with all documents pertaining to the training program as well as the requirements for the satisfactory completion of the program.
6. The program director shall be required to submit quarterly program reports to the director of medical education and administrator of the institution. Annual reports shall be submitted to the American Osteopathic College of Anesthesiologists.

ARTICLE VI - RESIDENT REQUIREMENTS

- A. Applicants for residency training in the subspecialty of Acute and Chronic Pain Management for Anesthesiology must meet the following:
1. Have graduated from an AOA accredited college of osteopathic medicine.
 2. Have completed a one (1) year AOA-approved rotating internship.
 3. Be and remain a member of the AOA during residency programs.
 4. Have satisfactorily completed a minimum of three (3) years of an AOA-approved residency training in anesthesiology.

5. Be appropriately licensed in the state which training is conducted.
- B. During the training program, the resident must:
1. Satisfactorily complete the one-year subspecialty training program to receive a certificate of completion.
 2. Submit an annual report to the American Osteopathic College of Anesthesiologists.
 3. Become experienced in teaching, which may include experience with undergraduate medical students, graduate medical staff, and allied health personnel.

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 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 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.