



**BASIC STANDARDS FOR
OSTEOPATHIC SUBSPECIALTY
RESIDENCY TRAINING
IN HAND SURGERY**

**American Osteopathic Association
and the
American Osteopathic Academy of Orthopedics**

Adopted, BOT 1/2001

**Basic Standards for Osteopathic Subspecialty
Residency Training in Hand Surgery**

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ARTICLE I - INTRODUCTION

The following document outlines the training standards for subspecialty training in the field of hand surgery as approved by the American Osteopathic Association and the American Osteopathic Academy of Orthopedics. These standards are designed to provide the osteopathic resident with advanced and concentrated training in hand surgery in preparation of competent and expert patient care in this field.

A. Definition of the Specialty

Hand surgery is a surgical subspecialty that deals with congenital and acquired defects of the hand, wrist and upper extremity that compromise the function of the hand. A hand surgery training program is designed to educate physicians in the art of science of hand surgery and to develop a competent hand surgeon who is capable of independent function. The educational program should provide experience in the repair, resection, and reconstruction of defects of form and function of all aspects of the hand; and includes training in the management of problems involving bone and joints, tendons, ligaments, muscles, nerves, blood vessels and skin. Hand surgery includes acute problems and trauma, as well as congenital and chronic deformities such as arthritis and contractures. Post-operative and other rehabilitative training should also be included.

B. Scope of Education

The applicant must have completed an AOA or ACGME residency program in Orthopedic Surgery, General Surgery or Plastic Surgery, which had been approved by the American Osteopathic Association and must be certified or board eligible by the corresponding AOA certifying board.

1. The length of the educational program is 1 year.

ARTICLE II - RESIDENT REQUIREMENTS

A. The resident in hand surgery training must:

1. Have graduated from an AOA accredited college of osteopathic medicine.
2. Have completed a one (1) year AOA approved internship.
3. Completed a prerequisite residency program in orthopedic surgery, general surgery, or plastic surgery approved by the AOA.
4. Be and remain a member of the AOA during his/her residency training.
5. Be appropriately licensed in the state where the training is conducted.
6. Adhere to the code of ethics of the AOA
7. Be certified or board eligible by the appropriate AOA certification board for his/her basic specialty.
8. Must submit a resident annual report to the specialty college.

9. Maintain:
 - a. Log of reading and educational programs
 - b. Log of participation in educational programs of students, interns and residents.
 - c. log of all surgical cases in which he/she participated and in what capacity.
10. Complete all research requirements of the specialty college.

ARTICLE III - EDUCATIONAL REQUIREMENTS

A. Clinical

Residents must be provided a broad spectrum of exposure in all areas of hand surgery. This requires a sufficient number and variety of cases in both adult and pediatric hand surgery, with training in repair and reconstruction in bone and joint problems, and all extremity soft tissue structures including skin (all types of grafts and coverage), tendons, ligaments, muscle, nerves and blood vessels. The minimum volume of cases is 250 per resident.

Patient management responsibility must be monitored and be progressive in order to allow the resident to attain the skills necessary for independent patient care.

B. Didactic

Residents must have a comprehensive and organized course of study to include reading, research and conference attendance. All sciences related to hand surgery should be covered including anatomy, physiology, pathology, genetics and congenital problems, microbiology and pharmacology.

The resident shall maintain a list of conferences attended and have available for review at the time of program review site visits.

Presentations at conferences and national meetings, as well as publication of scientific research, are strongly encouraged.

C. Work Schedules

Hand surgery training is considered a full time responsibility. The requirements for hours worked shall be determined by the individual training institution consistent with institutional and AOA policy unless precluded by state regulations. Time spent should be in a productive manner, with adequate supervision, and adequate time for reading and research.

The hand surgery training program must comply with the AOA work hours policy.

ARTICLE IV - INSTITUTIONAL REQUIREMENTS

The educational institution may be one or several, but should be organized into a cohesive manner, with appropriate agreements, under a single sponsoring program.

Adequate inpatient, outpatient and library facilities must be available to provide the necessary resources for comprehensive and complete hand surgery training.

The total number of residents in training shall be based on the size of the faculty, the institutional resources, and volume and scope of the patient population available for educational purposes. There must be a minimum of 250 hand cases for each resident.

The scope of clinical material available shall include, but not be limited to, management of fractures and dislocations, nerve repairs, tendon transfers, skin repair and grafts (including flaps), tendon repairs, and fingertip injuries.

A certificate of successful completion of the training program must be provided to the resident after all criteria and responsibilities have been fulfilled.

ARTICLE V - FACULTY REQUIREMENTS

A program director must be AOA certified in orthopedic surgery and have a certificate of added qualification or be ACGME trained in hand surgery, with the requisite clinical, educational and administrative abilities and experience and must be responsible for the hand surgery training program.

The program director shall regularly evaluate the residents' knowledge, skills and overall performance, and along with the faculty periodically communicate this status to the resident. The resident shall be apprised of his/her progress, in writing and by personal interview, at least every 4 months. These reports shall be made available to the AOA at the completion of each year, or sooner upon request.

The hand surgery training faculty should have a strong interest in education with a commitment to teaching, possess sound clinical skills, and be certified in hand surgery or possess equivalent qualifications. The faculty must be able to devote adequate time to the training program to meet their supervisory and teaching responsibilities.