



AMERICAN OSTEOPATHIC ASSOCIATION

TREATING OUR FAMILY AND YOURS

AODME

Association of Osteopathic Directors and Medical Educators

**SUMMARY MANUAL FOR
OSTEOPATHIC GRADUATE MEDICAL EDUCATION (OGME)
DIRECTORS OF MEDICAL EDUCATION
PROGRAM DIRECTORS
MEDICAL EDUCATION COORDINATORS**

Developed by

AOA Division of Postdoctoral Training

Association of Osteopathic Directors and Medical Educators

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Introduction

This manual was developed to support Directors of Medical Education, Program Directors, institutional Education Coordinators or other staff that support Osteopathic Medical Education (OGME). It provides a basic overview of OGME and the interactions between programs/training institutions and the American Osteopathic Association (AOA), including various reports and registrations.

On behalf of the AOA and Association of Osteopathic Directors and Medical Educators (AODME), we thank you for your willingness to support OGME in a leadership role. We look forward to working with you and providing quality support to your programs.

- Standards, forms, guidelines and general information regarding interaction with the AOA on postdoctoral training issues are posted to AOA's Postdoctoral Training main page at <http://www.osteopathic.org/inside-aoa/Education/postdoctoral-training/Pages/default.aspx>
- Information on Program Inspection and Accreditation is posted to Osteopathic.org at <http://www.osteopathic.org/inside-aoa/accreditation/postdoctoral-training-approval/Pages/default.aspx>
- Contacts and web links are attached to this handbook.

Institutional Requirements for Osteopathic Medical Education and AOA Policies

The types of institutions that may serve as a base institution, other institutional requirements and AOA policies pertaining to OGME are listed in the **AOA Basic Standards for Postdoctoral Training- Section IV,A and B.**

<http://www.osteopathic.org/inside-aoa/accreditation/postdoctoral-training-approval/postdoctoral-training-standards/Documents/aoa-basic-document-for-postdoctoral-training.pdf>

Osteopathic Postdoctoral Training Institutions (OPTIs)

OPTIs were established by the AOA in 1995 to provide a system to structure and accredit osteopathic graduate medical education. They are comprised of a minimum of one college of osteopathic medicine and one hospital. In July 2012 OPTIs became the academic sponsor for Osteopathic postgraduate training programs.

OPTI Clearing House

<http://www.osteopathic.org/inside-aoa/Education/opti-clearinghouse/Pages/default.aspx>

Standards for Accreditation of OPTIs

AOA Basic Standards for Postdoctoral Training- Section IX

<http://www.osteopathic.org/inside-aoa/accreditation/postdoctoral-training-approval/postdoctoral-training-standards/Documents/aoa-basic-document-for-postdoctoral-training.pdf>

Osteopathic Graduate Medical Education Leadership Requirements

All osteopathic base institutions must have an osteopathic Director of Medical Education (DME). In addition there shall be an Institutional Educational Officer (IEO) who may be the

DME or Administrative Director of Medical Education (ADME). An osteopathic program director shall be appointed for each approved OGME program.

There must be a fully functioning Medical Education Committee (MEC) at the base institution that meets at least 10 months of the year with meeting Minutes.

Postdoctoral leadership and MEC requirements- AOA Basic Standards for Postdoctoral Training- Section VI, E, 6.2

<http://www.osteopathic.org/inside-aoa/accreditation/postdoctoral-training-approval/postdoctoral-training-standards/Documents/aoa-basic-document-for-postdoctoral-training.pdf>

House Staff Manual

The manual is a document that includes all operational policies and guidelines that govern rules and conduct for all trainees that should be updated on a regular basis.

AOA Basic Standards for Postdoctoral Training- Section IV, J and Section VII

<http://www.osteopathic.org/inside-aoa/accreditation/postdoctoral-training-approval/postdoctoral-training-standards/Documents/aoa-basic-document-for-postdoctoral-training.pdf>

Internship Restructuring

As of July 1, 2008 the AOA has implemented a restructuring of the OGME 1 training year formerly known as the internship. An OGME 1-year is required for state licensure in four states: Michigan, Florida, Pennsylvania, and Oklahoma. Specialty colleges determined the structure of the OGME-1 year as follows:

OPTION 1 (OGME-1/R Resident)

This is the first year of training in specialties where the OGME-1 year is incorporated into the residency. Educational content is set by the respective specialty colleges and is supervised by the residency program director. On-site review is conducted with the residency review.

AOA Basic Standards for Specialties

<http://www.osteopathic.org/inside-aoa/accreditation/postdoctoral-training-approval/postdoctoral-training-standards/Pages/default.aspx>

OPTION 2 (OGME-1/P Preliminary)

This is an internship year and is the first year of training preliminary to residency in specialties requiring a preliminary tracked internship year (Radiology, NMM/OMT, Ophthalmology, PM&R, and Radiation Oncology). Educational content is set by the respective specialty college. Trainees are supervised by the intern program director and on-site review is conducted with the internship.

Curriculum for OGME 1-P

AOA Basic Standards for Postdoctoral Training- Appendices 2-7

<http://www.osteopathic.org/inside-aoa/accreditation/postdoctoral-training-approval/postdoctoral-training-standards/Documents/aoa-basic-document-for-postdoctoral-training.pdf>

OPTION 3 (OGME-1/T Traditional)

This is the first year of training preceding residency training in specialties requiring a traditional internship (Dermatology, Public Health/Preventive Medicine), or unrelated to a residency for trainees who have not yet decided on a specialty and/or who want the option of a traditional internship year. Educational content is set in this section of the *AOA Basic Documents for Postdoctoral Training*. Supervision is by the institutional intern program director, and on site review is conducted as an internship.

Curriculum for OGME 1-T

AOA Basic Standards Appendix 1

<http://www.osteopathic.org/inside-aoa/accreditation/postdoctoral-training-approval/postdoctoral-training-standards/Documents/aoa-basic-document-for-postdoctoral-training.pdf>

Residency/Fellowship

The number of years of training for residencies and fellowships differ. Some specialties require a preliminary training year. Subspecialties are also available.

Chart indicating the OGME years of training required for AOA specialty programs

[http://www.osteopathic.org/inside-aoa/accreditation/postdoctoral-training-approval/postdoctoral-training-standards/Documents/OGME%20Years%20to%20Completion\(2012-2013-%20by%20specialty\).pdf](http://www.osteopathic.org/inside-aoa/accreditation/postdoctoral-training-approval/postdoctoral-training-standards/Documents/OGME%20Years%20to%20Completion(2012-2013-%20by%20specialty).pdf)

Chart showing certifying board for subspecialties

<http://www.osteopathic.org/inside-aoa/development/aoa-board-certification/Pages/specialty-subspecialty-certification.aspx>

AOA Basic Standards for Specialties

<http://www.osteopathic.org/inside-aoa/accreditation/postdoctoral-training-approval/postdoctoral-training-standards/Pages/default.aspx>

Program Registration

In order to participate in the AOA Intern/Resident Registration Program (AOA Match) AOA approved Option 1 & 2 training programs must be registered with the Electronic Residency Application Service (ERAS) and the National Matching Service (NMS). Option 3 training programs must be registered with ERAS only. Effective as of 2014, all ACOI subspecialty programs will be required to be registered with ERAS only.

The osteopathic Director of Medical Education is responsible for registration with these services and has been provided with a username and password.

Electronic Residency Application Service (ERAS®)

On-Line transmittal of residency applications, letters of recommendation, Dean's Letters/MSPE, transcripts, and other supporting credentials from applicants and medical schools to residency programs.

Contact:

ERAS

Association of American Medical Colleges

2450 N Street, NW

Washington, DC 20037

(202) 828-0413

<https://www.aamc.org/services/eras/programs/>erashelp@aamc.org

Additional information (e.g. important dates and deadlines) can be found on the AOA and AODME websites.

<http://www.osteopathic.org/inside-aoa/Education/students/match-program/Pages/default.aspx>

Intern and Resident Matching Program – “AOA Match”

This process matches applicants and AOA approved OGME programs, and provides applicants and program directors with a mechanism for accepting and offering appointments to OGME programs. With a few exceptions**, AOA approved programs must participate in the “Match.” The Match Program is administered on behalf of the AOA by National Matching Services, Inc. (NMS). The result of the Match constitutes a binding agreement to contract between both the institution and student. The institution must send a complete institutional contract to each student who has matched to their institution within 10 working days after receipt of the Match results. The student must return the signed contract to the matched institution within 30 days of receiving the contract. For applicants who match into an Option 2 specialty residency program, the institution offering the OGME-1 training year must provide the contract to the student immediately following the Match. A separate contract for the OGME -2 training year must be provided to and signed by the applicant no later than March 1 of their OGME- 1 training year.

Match Results and Contracts

<https://www.natmatch.com/aoairp/aboutoverview.html>

AOA Basic Standards for Postdoctoral Training- Osteopathic Graduate Medical Education Calendar- February (located at the end of the document).

<http://www.osteopathic.org/inside-aoa/accreditation/postdoctoral-training-approval/postdoctoral-training-standards/Documents/aoa-basic-document-for-postdoctoral-training.pdf>

Contact: National Matching Services, Inc.

20 Holly Street, Suite 301

Toronto, Ontario

Canada, M4S 3B1

(416) 977-3431

<http://www.natmatch.com/aoairp/>aoairp@natmatch.com

AOA: Tennille Tenard-Stephens, (800) 621-1773, Ext. 8068.
ttenard@osteopathic.org

****Program exceptions include:**

- Trainees who graduate late from their colleges of osteopathic medicine and are “scrambling” for Post-Match open positions are not required to participate in the match for that year.
- Any approved rural track or Teaching Health Center (defined by the health resources & service administration), funded AOA residency, may be accepted into the program without entering into the “AOA Match” on a pilot basis for match years 2012, 2013 and 2014.
- Fellowships

The AOA has a Post-Match service for students who have not successfully matched in the main AOA Match. Programs are asked to post their open slots (free of charge) on the AOA website so students can view them. <http://cf.osteopathic.org/oaopostmatch/index.cfm>

The institution must send their Post-Match contract to the student within 10 working days upon attainment of a contractual agreement. The student must return the signed contract to the institution within 10 working days.

Reference: AOA COPT Minutes April 21-22, 2012

Post Match Procedure

<http://www.natmatch.com/oaairp/progresult.html>

Contracts

Programs are to issue single year training contracts. Information to include in the contract is in the

AOA Basic Standards for Postdoctoral Training- Section VII, A

<http://www.osteopathic.org/inside-aoa/accreditation/postdoctoral-training-approval/postdoctoral-training-standards/Documents/aoa-basic-document-for-postdoctoral-training.pdf>

Sample Intern/Resident Hospital Contract

AOA Basic Standards for Postdoctoral Training- Appendix 10

<http://www.osteopathic.org/inside-aoa/accreditation/postdoctoral-training-approval/postdoctoral-training-standards/Documents/aoa-basic-document-for-postdoctoral-training.pdf>

Opportunities and TIVRA

New Directors of Medical Education are provided with a login and password to complete the annual *Opportunities* and TIVRA surveys – both mandatory under AOA standards.

Please contact AOA staff at <mailto:opportunities@osteopathic.org> or <mailto:TIVRA@osteopathic.org> if you need assistance with your login and password.

Opportunities

This is the AOA on-line program directory, publicly available year-round. DMEs may update program information at any time but must do so during the annual survey which starts March 1. There is a penalty if the information is not updated by the **June 30th deadline**.* New programs are encouraged to complete the Opportunities survey as soon as possible. The Opportunities site serves as a directory for students to obtain information about available Osteopathic training programs. It is important that the information posted is accurate and up to date.

Resources:

Opportunities Website:

<http://www.opportunities.osteopathic.org/>

Opportunities Handbook 2013

http://www.opportunities.osteopathic.org/program/OPPORTUNITIES_HANDBOOK.pdf

Opportunities Webinar (on-line instruction):

<http://opportunities.osteopathic.org/search/Opportunities%20Program%20Search.wmv>

Help:

opportunities@osteopathic.org; (312) 202-8289

TIVRA

The Trainee Information, Verification, and Registration Audit (TIVRA) is the only AOA-approved method of registering osteopathic trainees in AOA-approved OGME programs. TIVRA is a web-based data entry system generally available for use each year in the fall. During this annual survey programs must **enter new trainees** into the system and **must verify** trainee contracts for the previous year. TIVRA registration opens on August 15th. There is a penalty if TIVRA is not completed by the **October 15th deadline**.*

Resources:

TIVRA Handbook 2013-2014

http://www.opportunities.osteopathic.org/program/TIVRA_2013_Handbook.pdf

TIVRA Internship Webinar

http://opportunities.osteopathic.org/program/TIVRA_Internship_Webinar.wmv

TIVRA Residency Webinar

http://opportunities.osteopathic.org/program/TIVRA_Residency_Webinar.wmv

Help:

tivra@osteopathic.org; (312) 202-8299

*The financial penalty for missed deadlines is the same for both Opportunities and TIVRA. It is \$1000 per program with a maximum of \$5000/ hospital.

AOA Basic Standards for Postdoctoral Training- Section IV B, 4.4 and 4.5

<http://www.osteopathic.org/inside-aoa/accreditation/postdoctoral-training-approval/postdoctoral-training-standards/Documents/aoa-basic-document-for-postdoctoral-training.pdf>

AOA Bureaus, Committees and Councils associated with Postdoctoral Education

Bureau of Osteopathic Education (BOE) – The Bureau receives reports from the several AOA educational councils and committees, and acts to assure the AOA Board, and the public, that actions of councils/committees are within the framework of AOA basic documents. The Bureau is the review body for policy documents, policy changes of the Council on Postdoctoral Training (COPT) and Council on Continuing Medical Education (CCME), and works with the Bureau of Osteopathic Medical Educators (BOME), the Bureau of Hospitals (BOH), the Bureau of Osteopathic Specialty Societies (BOSS), and Bureau on International Osteopathic Medical Education and Affairs (BIOMEA) on matters pertaining to OGME.

Council on Osteopathic Postdoctoral Training Institutions (COPTI) – The COPTI is the initial review body for OPTI review and accreditation, and is responsible for evaluating the educational effectiveness of the OPTIs. The council may recommend policy to its parent council, the COPT.

OPTI Accreditation Handbook

<http://www.osteopathic.org/inside-aoa/accreditation/postdoctoral-training-approval/Documents/opti-accreditation-handbook.pdf>

Council on Postdoctoral Training (COPT) – The COPT recommends policies for OGME to the BOE for review and recommendation to the AOA Board of Trustees for their final action. The COPT receives informational reports from its subordinated Program and Trainee Review Council (PTRC) and its subordinated Council on Osteopathic Postdoctoral Training Institutions (COPTI). The COPT is the primary review body for OGME standards for both general requirements and for specialty residency or fellowship standards.

Handbook of the Council on Osteopathic Postdoctoral Training Institution

<http://www.osteopathic.org/inside-aoa/accreditation/postdoctoral-training-approval/Documents/handbook-of-the-council-on-postdoctoral-training.pdf>

Internship and Institutional Evaluating Committee (IIEC) – An evaluation committee of the AODME responsible for review of: new internship programs applications, increases, and ongoing accreditation compliance with standards reports for both institutions and internships. The IIEC recommends program actions to the PTRC and reviews DME and Intern PD appointments. It makes recommendations regarding the revision of internship program and institutional standards to COPT.

Program and Trainee Review Council (PTRC) – The primary responsibilities of the PTRC are to serve as the decision making body for AOA-approved internship, residency, fellowship and subspecialty training programs and for individual training approvals. The council also serves as an advisory body on policy to the COPT.

Handbook of the Program and Trainee Review Council

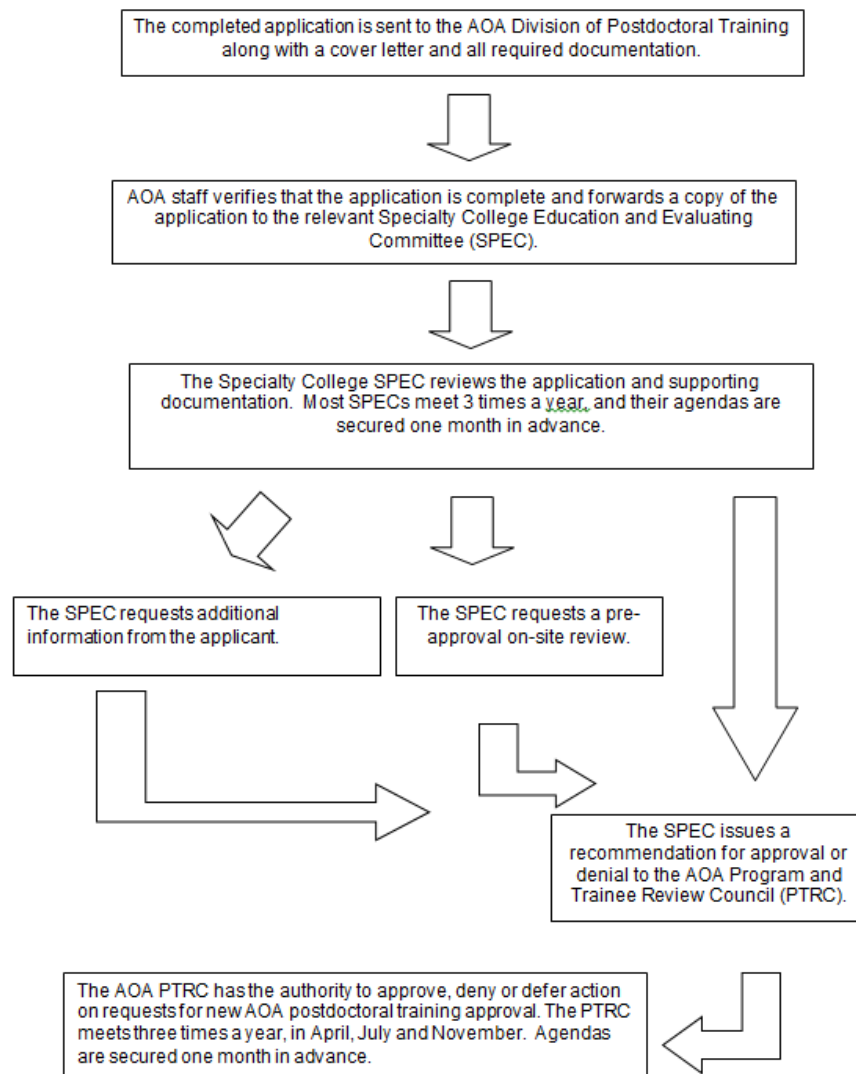
<http://www.osteopathic.org/inside-aoa/accreditation/postdoctoral-training-approval/Documents/handbook-of-the-program-and-trainee-review-council.pdf>

Request to Start or Increase the Number of Positions in Programs

When starting the application process, please refer to the AOA specialty standards, specialty segregated total forms, AOA Basic Standards for Postdoctoral Training and AOA application form. Please note that the completion of additional forms may be required by some specialty colleges. It would be best to check with your OPTI, which is the academic sponsor of your programs, or the specialty college concerning any additional required application forms.

Please refer to the flow chart on the next page as to the AOA approval process for new programs. Process is similar for requests to increase number of positions in programs.

Approval Process for a New AOA-Approved Osteopathic Residency Training Program



AOA Approval Flow Chart-New Program Application-Section D

<https://www.osteopathic.org/inside-aoa/Education/postdoctoral-training/Documents/application-new-program-residency.pdf>

AOA Postdoctoral Specialty Training Standards and Crosswalks

<http://www.osteopathic.org/inside-aoa/accreditation/postdoctoral-training-approval/postdoctoral-training-standards/Pages/default.aspx>

AOA Basic Standards for Postdoctoral Training

<http://www.osteopathic.org/inside-aoa/accreditation/postdoctoral-training-approval/postdoctoral-training-standards/Documents/aoa-basic-document-for-postdoctoral-training.pdf>

Common Institutional and Program Requirements

<https://www.osteopathic.org/inside-aoa/accreditation/postdoctoral-training-approval/postdoctoral-training-standards/Documents/summary-of-common-institutional-and-program-requirements.pdf>

Program Forms and Applications

<http://www.osteopathic.org/inside-aoa/Education/postdoctoral-training/Pages/program-forms-and-applications.aspx>

Affiliated Institutions

An affiliate institution is a hospital or other approved site that offers basic, supplemental, or replacement training. Selected portions of the OGME program may be conducted at an affiliate institution. Affiliate institutions may be used for training as required by the base institution for completion of requirements for an OGME program.

Sample AOA Affiliation Agreement in the AOA Basic Standards for Postdoctoral Training - Appendix 9

<http://www.osteopathic.org/inside-aoa/accreditation/postdoctoral-training-approval/postdoctoral-training-standards/Documents/aoa-basic-document-for-postdoctoral-training.pdf>

Osteopathic Consortium

The consortium is comprised of a group of hospitals that are engaged in AOA-approved postgraduate training in a single or multiple specialties. There are several consortium models described in the

AOA Basic Standards for Postdoctoral Training- Appendix 11

<http://www.osteopathic.org/inside-aoa/accreditation/postdoctoral-training-approval/postdoctoral-training-standards/Documents/aoa-basic-document-for-postdoctoral-training.pdf>

Consortium Application

<http://www.osteopathic.org/inside-aoa/Education/postdoctoral-training/Pages/program-forms-and-applications.aspx>

Substantive Change in OGME Programs – What to Report and How

Approved and prospective training programs shall immediately report any substantive changes to the AOA Division of Postdoctoral Training, with copies to the OPTI and appropriate specialty college. Substantive changes include:

- a. Change in program leadership (DME, program director – forms are posted to AOA Website/Education); The AOA Division of Postdoctoral Education must be informed by the base institution within 30 days of any change in appointment of the DME.
- b. Change in sponsorship
- c. Changes in major affiliate institutions (for other than short term rotations)
- d. Significant changes in scope, volume and/or variety available to the training program, including new use of patient population by other training programs
- e. Change in OPTI academic sponsorship
- f. Change in institution location

- g. Institutional merger
- h. Anticipated program or institution closure
- i. A change in the training site name, without other organizational changes is not considered a significant change in the organization structure. However, the institution is required to notify the AOA Division of Postdoctoral Training of such a name change, with copy to the OPTI.

AOA Basic Standards for Postdoctoral Training- Section V, A, 5

<http://www.osteopathic.org/inside-aoa/accreditation/postdoctoral-training-approval/postdoctoral-training-standards/Documents/aoa-basic-document-for-postdoctoral-training.pdf>

Program Forms

<http://www.osteopathic.org/inside-aoa/Education/postdoctoral-training/Pages/program-forms-and-applications.aspx>

Program and Institutional Review

All Osteopathic Postdoctoral programs are accredited by the American Osteopathic Association. New programs may require a site visit prior to receiving approval. All new programs should undergo the inspection process within one year of having trainees in the program. Institutions also undergo an inspection process.

- Regularly scheduled reviews are determined by the Program and Trainee Review Council (PTRC) during the Continuing Approval process and only the PTRC has the authority to require a review of an AOA approved program or institution. The new Division of Postdoctoral Training Program Review Services (TPRS) is the AOA's in-house review service. As of January 1, 2013, all program and institutional reviews will be completed by this division. The various types of reviews are defined in the ***PTRC Handbook- Section III,E***

<http://www.osteopathic.org/inside-aoa/accreditation/postdoctoral-training-approval/Documents/handbook-of-the-program-and-trainee-review-council.pdf>

- Specialty college committee requests for review, outside of the PTRC cycle, to investigate or monitor developing concerns about program quality, must be pre-approved by the PTRC and the Off-Cycle Review Protocol will be applied. These reviews will also be managed by the TPRS.

PTRC Handbook- Appendix 1

<http://www.osteopathic.org/inside-aoa/accreditation/postdoctoral-training-approval/Documents/handbook-of-the-program-and-trainee-review-council.pdf>

- The AOA notifies the program or institution of its scheduled review date via e-mail memorandum and U.S. postal correspondence (with copies to the DME and the OPTI) a minimum of four (4) months prior to the review.
- Program Directors and DMEs will receive a "Memorandum on Documents" and a "Review Preparation Guide" with their review notification. (Also, available on the AOA website: <http://www.osteopathic.org/inside-aoa/accreditation/postdoctoral-training-approval/program-site-reviews/Pages/default.aspx>) These documents outline

the pre-review materials that need to be submitted to the AOA four (4) weeks prior to the scheduled review date, as well as assist the program or institution in preparing for the review day. The AOA staff is also available to assist programs and institutions through this process.

- All on-site reviews will be completed by a TPRS reviewer in one day. During their review, they will review the program's or institution's on-site documentation, complete the Specialty College- or IIEC- approved crosswalk, and write a narrative report based on the review.
- The TPRS reviewer will forward their completed crosswalk and narrative report to the AOA coordinators. These documents will then be forwarded to the appropriate Specialty College or Institutional and Internship Evaluating Committee. That committee will then make recommendations regarding a term of continuing approval, to be considered by the PTRC at their next regularly scheduled meeting. (The PTRC meets three times a year; generally April, July and November). As of July 2013, the term of continuing approval is one (1) OR five (5) years. The PTRC will also determine whether programs receiving one (1) year of continuing approval would be allowed to recruit during the next Match cycle.

PTRC Handbook- Sections II D.1, III,B.1 and E.6

<http://www.osteopathic.org/inside-aoa/accreditation/postdoctoral-training-approval/Documents/handbook-of-the-program-and-trainee-review-council.pdf>

- PTRC Accreditation Session - PTRC agendas are confidential by specialty college and by OPTI. The OPTI has the opportunity to review recommendations to the PTRC prior to the meeting date and may contact the Program Director or DME, especially if there are questions regarding citations on the agenda. Program representatives may appear before the Council, by request, to offer testimony on program approval items. Programs will always be notified of any pending adverse action (e.g. involuntary closure or probationary approval) and can appear before the Council to address that action.
- PTRC Action Letters are distributed to programs (with copies to DMEs and OPTIs) within 15 business days of the meeting date. If the program believes there is an Error in Fact related to citations of deficiencies, the program may request Reconsideration by contacting the PTRC Secretary. The written request must be received by the AOA Division of Postdoctoral Education within 40 days of the date of the notification. PTRC actions on program approvals are final, but with provisions for appeal to the AOA Bureau of Education (BOE) Appeal Committee.

PTRC Handbook-Section VI

<http://www.osteopathic.org/inside-aoa/accreditation/postdoctoral-training-approval/Documents/handbook-of-the-program-and-trainee-review-council.pdf>

Corrective Actions

If PTRC action cites deficiencies (non-compliance with specific standards), programs are required to file a Corrective Action Plan to their OPTI within 45 days upon receipt of the AOA letter. The OPTI will review and forward the plan to the AOA. Six to nine months

after the plan has been accepted by the specialty college, the program must show evidence of implementation of the plan to their OPTI. The OPTI will inform the AOA if the plan has been implemented. A Corrective Actions memo is included with every PTRC action letter in which deficiencies are cited.

Additional information:

<http://www.osteopathic.org/inside-aoa/Education/postdoctoral-training/Documents/Corrective%20Action%20Plans%20Memo%202013.doc>

Internal Review

Each program is required to conduct a self-assessment with the institutional Medical Education Committee (MEC) at the median point in the continuing approval cycle (half-way between previous and next inspection dates). New programs with initial one (1) year approvals are not required to conduct an internal review. Guidelines are sent with each PTRC action letter. The internal review committee consists of faculty, residents/fellows from within the institution but from programs other than the one that is being reviewed and a representative from the OPTI. It is recommended that the specialty college crosswalk be used for the internal review. In addition, the institutional crosswalk should also be completed. On-site reviewers for regular program inspections can only verify that the review process took place and will not review the internal document.* For example, Site reviewer may request to see the GMEC Minutes where it states that the review was discussed but may not see the review report.

Internal Review Policy

<http://www.osteopathic.org/inside-aoa/Education/postdoctoral-training/Pages/general-requirements-and-policy.aspx>

AOA Specialty College Crosswalks:

<http://www.osteopathic.org/inside-aoa/accreditation/postdoctoral-training-approval/postdoctoral-training-standards/Pages/default.aspx>

AOA Institutional Review Crosswalk:

<http://www.osteopathic.org/inside-aoa/accreditation/postdoctoral-training-approval/postdoctoral-training-standards/Documents/Institutional-Crosswalk%28FINAL%29.pdf>

***AOA Basic Standards for Postdoctoral Training- Section IV, E. 4.4**

<http://www.osteopathic.org/inside-aoa/accreditation/postdoctoral-training-approval/postdoctoral-training-standards/Documents/aoa-basic-document-for-postdoctoral-training.pdf>

Dual Programs

A dual program is a residency that is accredited by both the AOA and Accreditation Council for Graduate Medical Education (ACGME). The osteopathic trainee will receive AOA credit and may receive ACGME credit at the discretion of the ACGME program. ACGME-approved osteopathic trainees who complete dual programs have the option to become board certified by either or both the AOA and the American Board of Medical Specialties (ABMS).

Program Directors of dually-accredited programs need to be aware of the minimum percentages required from their osteopathic specialty college and Residency Review Committee (RRC) for taking the examination and first-time passage of the board exams. The requirements are often not the same between the osteopathic specialty colleges and RRC and both need to be met to maintain accreditation of the programs or to avoid a citation on inspection.

AOA Specialty Colleges Basic Standards

<http://www.osteopathic.org/inside-aoa/accreditation/postdoctoral-training-approval/postdoctoral-training-standards/Pages/default.aspx>

Credit for DOs Training in ACGME Programs that Become Dually Accredited

When an ACGME-approved program is accredited by AOA, osteopathic trainees will receive AOA credit for the entire training period. Upon AOA approval of the program, the program director should submit a letter to the AOA Trainee Services listing all osteopathic trainees with start dates and anticipated end dates.

AOA Basic Standards for Postdoctoral Training- Section VIII A

<http://www.osteopathic.org/inside-aoa/accreditation/postdoctoral-training-approval/postdoctoral-training-standards/Documents/aoa-basic-document-for-postdoctoral-training.pdf>

Off Cycle Trainees, Transfers

Programs may accept trainees outside of the regularly scheduled academic year (July 1 to June 30). Any trainee that enters a program in an off-cycle must be reported to the AOA through an official letter with the dates of training. In addition, they must be registered in TIVRA. When trainees are accepted after TIVRA closes, AOA Trainee Services must be notified by the program in writing of the beginning and projected end date for all such trainees.

If a trainee transfers from one AOA program to another AOA program, both programs should report the change by letter to AOA Trainee Services. The program the trainee is leaving needs to report the official end of training at that institution by mailed letter, with verification entered in TIVRA. The program that the trainee is transferring to must report the new trainee by letter to AOA Trainee Services. In addition, they must update TIVRA.

If the trainee transfers into another institution's training program of the same specialty, the receiving program director has the authority to determine which, if any, satisfactorily completed rotations from previous AOA-approved program(s) will be accepted. Additionally, the transfer shall be in accordance with the respective specialty college's basic standards and approval.

AOA Basic Documents for Postdoctoral Training- Section VIII, G, 8.7

<http://www.osteopathic.org/inside-aoa/accreditation/postdoctoral-training-approval/postdoctoral-training-standards/Documents/aoa-basic-document-for-postdoctoral-training.pdf>

AOA Specialty College Postdoctoral Training Standards

<http://www.osteopathic.org/inside-aoa/accreditation/postdoctoral-training-approval/postdoctoral-training-standards/Pages/default.aspx>

AOA Recognition for ACGME Training

If an osteopathic trainee is transferring from an ACGME program or Federal/Military PGY 1 year to an AOA residency program, they must have an approved OGME1 year before entering the program. AOA recognition of ACGME training is not advanced standing. Trainees are still required to apply to specialty colleges for advanced standing.

Criteria and application materials for AOA recognition of PGY1 and PGY2 and beyond years of training

<http://www.osteopathic.org/inside-aoa/Education/postdoctoral-training/Pages/aoa-recognition-of-acgme-training.aspx>

Advanced Standing Requests

A resident may, with the approval of the program director, petition the specialty college any time during the first residency year only for advanced standing credit in his/her current residency program for previous training taken in the same specialty or a different specialty in an approved osteopathic or ACGME training program. Decisions on advanced standing must be made by the specialty college evaluating committee within 60 days of receipt and are the sole purview of the specialty college evaluating committee (SPEC) and may not be appealed. Procedures shall be defined by the specialty college. All advanced standing awards granted by SPECs must be reported within 15 days of action to the AOA for dissemination to the OPTI, trainee, program director and base institution DME.

AOA Basic Standards for Postdoctoral Training- Section. V, F, 5.7

<http://www.osteopathic.org/inside-aoa/accreditation/postdoctoral-training-approval/postdoctoral-training-standards/Documents/aoa-basic-document-for-postdoctoral-training.pdf>

AOA Specialty College Postdoctoral Training Standards

<http://www.osteopathic.org/inside-aoa/accreditation/postdoctoral-training-approval/postdoctoral-training-standards/Pages/default.aspx>

If the trainee transfers into another institution's training program of the same specialty, the receiving program director has the authority to determine which, if any, satisfactorily completed rotations from previous AOA-approved program(s) will be accepted. Additionally, the transfer shall be in accordance with the respective specialty college's basic standards and approval.

AOA Basic Documents for Postdoctoral Training- Section VIII, G, 8.7

<http://www.osteopathic.org/inside-aoa/accreditation/postdoctoral-training-approval/postdoctoral-training-standards/Documents/aoa-basic-document-for-postdoctoral-training.pdf>

OGME-1P/OGME-1T interns may be granted up to three (3) months of credit for previously, satisfactorily completed ACGME-approved training. The three (3) months shall be verified by the DME through contact with the prior program director and documented in

writing. This credit, approved by the DME of the base institution, shall be reported immediately to the AOA Division of Postdoctoral Education, Trainee Services, and to their OPTI. Any OGME-1P/OGME-1T internship year completed in an AOA-approved program is transferable to another OGME-1P/OGME-1T AOA-approved program.

AOA Basic Documents for Postdoctoral Training- Section V, B, 5.9

<http://www.osteopathic.org/inside-aoa/accreditation/postdoctoral-training-approval/postdoctoral-training-standards/Documents/aoa-basic-document-for-postdoctoral-training.pdf>

Leave of Absence and Vacation Time

The AOA Division of Postdoctoral Training/Trainee Services must be notified in writing of training period extensions, with copies to the OPTI and specialty college. All AOA-approved programs must offer a minimum of 10 business days (Monday through Friday) per contract year of vacation time and provide a maximum of 20 business days (Monday through Friday) per contract year of vacation, professional, sick or other leave as granted by the DME, unless such leave is designated by federal, state, or union regulations.

AOA Basic Standards for Postdoctoral Training- Section VII, C

<http://www.osteopathic.org/inside-aoa/accreditation/postdoctoral-training-approval/postdoctoral-training-standards/Documents/aoa-basic-document-for-postdoctoral-training.pdf>

AOA Core Competencies

The American Osteopathic Association requires DME's and Program Directors to implement, and Program Evaluators to assess, training the AOA Core Competencies in all AOA residency training programs.

Competency 1: Osteopathic Philosophy Principles and Manipulative Treatment:

Residents are expected to demonstrate and apply knowledge of accepted standards in OPP/OMT (Osteopathic Principles and Practice / Osteopathic Manipulative Treatment) appropriate to their specialty. The educational goal is to train a skilled and competent osteopathic practitioner who remains dedicated to life-long learning and to practice habits in osteopathic philosophy and manipulative medicine.

This competency is not to be evaluated separately but its teaching and evaluation in the training program shall occur through Competencies 2-7 into which this competency has been fully integrated.

Competency 2: Medical Knowledge and Its Application Into Osteopathic Medical Practice:

Residents must demonstrate and apply integrative knowledge of accepted standards of clinical medicine and OPP in their respective osteopathic specialty area, remain current with new developments in medicine, and participate in lifelong learning activities, including research.

Competency 3: Osteopathic Patient Care:

Osteopathic residents must demonstrate the ability to effectively treat patients, and provide medical care that incorporates the osteopathic philosophy, patient empathy, awareness of behavioral issues, the incorporation of preventive medicine, and health promotion.

Competency 4: Interpersonal and Communication Skills in Osteopathic Medical Practice:

Residents are expected to demonstrate interpersonal and communication skills that enable them to establish and maintain professional relationships with patients, families, and other members of health care teams.

Competency 5: Professionalism in Osteopathic Medical Practice:

Residents are expected to uphold the Osteopathic Oath in the conduct of their professional activities that promote advocacy of patient welfare, adherence to ethical principles, collaboration with health professionals, life-long learning, and sensitivity to a diverse patient population. Residents should be cognizant of their own physical and mental health in order to care effectively for patients.

Competency 6: Osteopathic Medical Practice-Based Learning and Improvement:

Residents must demonstrate the ability to critically evaluate their methods of clinical practice, integrate evidence-based traditional and osteopathic medical principles into patient care, show an understanding of research methods, and improve patient care practices.

Competency 7: System-Based Osteopathic Medical Practice:

Residents are expected to demonstrate an understanding of health care delivery systems, provide effective and qualitative osteopathic patient care within the system, and practice cost-effective medicine.

*Please refer to the link below under annual resident report for examples of teaching and assessing the AOA Core Competencies.

Institutional Core Competency Plan (ICCP)

In order to assess effectiveness in the integration of core competencies, the AOA is requiring the development and implementation of an Institutional Core Competency Plan. Its purpose is to create an internal process that outlines the methods chosen by the institution to achieve compliance and evaluation activities. The DME is the institutional official recognized by the AOA as responsible for overseeing all aspects of osteopathic medical education within his/her respective facility, including the Institutional Core Competency Plan.

Core Competency Compliance Program (CCCP)

<https://www.osteopathic.org/inside-aoa/accreditation/postdoctoral-training-approval/Documents/core-competency-compliance-program-part-1.pdf>

Evaluations

The evaluation process includes the assessment of the program, faculty and trainees. Program Directors shall evaluate Interns on a quarterly basis and Residents on a semi-

annual basis unless stated otherwise by the specialty college. At the completion of the rotation, the trainee shall evaluate the educational experience and faculty.

AOA Basic Standards for Postdoctoral Training- Section VIII G and H

<http://www.osteopathic.org/inside-aoa/accreditation/postdoctoral-training-approval/postdoctoral-training-standards/Documents/aoa-basic-document-for-postdoctoral-training.pdf>

AOA Basic Standards for Specialty Colleges

<http://www.osteopathic.org/inside-aoa/accreditation/postdoctoral-training-approval/postdoctoral-training-standards/Pages/default.aspx>

Program Director's Annual Resident Reports

Reports are submitted to and reviewed by the specialty colleges and become part of the resident's permanent file. Completion of a residency program requires an annual report from the resident and the program director for each year of training. All Program Directors should check with their specialty colleges to see if there is a report format specific for their specialty. As of July 1, 2013, the following specialty colleges have COPT-approval for use of their own forms: ACOI, ACOS, ACOFP, ACOEP, ACOP, and AOA. The AOA form should be used if a specialty-specific form has not been approved by COPT. Evaluation of the resident's performance should be completed within thirty (30) day of completion of the training year.

Upon completion of a training program, each resident should have a Final Resident Assessment form completed by their Program Director in addition to the Annual Resident Report. **It is advisable that the forms are reviewed by the DME.** The Final Resident Assessment form is maintained in the resident's file with a copy forwarded to the OPTI. Please check with the specialty colleges to determine whether or not to use the AOA form or if the specialty college has their own form. As of July 2013, ACOI, ACOP and ACOEP use their COPT-approved annual report form which has a section for graduating residents. AOA, ACOS and ACOFP use the AOA Final Resident Assessment forms.

Evaluation of Trainees – AOA Basic Standards for Postdoctoral Training- Section VIII, G

<http://www.osteopathic.org/inside-aoa/accreditation/postdoctoral-training-approval/postdoctoral-training-standards/Documents/aoa-basic-document-for-postdoctoral-training.pdf>

AOA Annual Resident Report

<http://www.osteopathic.org/inside-aoa/accreditation/postdoctoral-training-approval/Documents/core-competency-compliance-program-part-3-program-director-report.pdf>

AOA Final Resident Assessment Form (Not for Interns)

<http://www.osteopathic.org/inside-aoa/accreditation/postdoctoral-training-approval/Documents/core-competency-compliance-program-part-3-final-resident-assessment.pdf>

Training Certificates of Completion

Upon satisfactory completion of an OGME-1P/ OGME-1T year or satisfactory completion of a residency/fellowship, the institution and OPTI shall jointly award the intern certificate or residency/fellowship certificate. The certificate shall confirm the successful fulfillment of the program requirements, completion date of the program, the name(s) of the base institution, program director(s), the OPTI, and the AOA institution number and program number. A copy of the certificate must be kept in the trainee's file.

Upon satisfactory completion of the OGME-1R year the institution shall issue a letter of completion to each trainee in the appropriate specialty, for licensing purposes, and with a copy to the OPTI. The letter will be on the training institution's letterhead.

Sample letter - AOA Basic Standards for Postdoctoral Training- Section VII, L

<http://www.osteopathic.org/inside-aoa/accreditation/postdoctoral-training-approval/postdoctoral-training-standards/Documents/aoa-basic-document-for-postdoctoral-training.pdf>

Glossary

(Source: *AOA Basic Standards for Postdoctoral Training, July 2013*)

Accreditation - To recognize a hospital or educational institution as maintaining standards that qualify their OGME trainees for professional practice as a physician.

Accreditation Council for Graduate Medical Education (ACGME) - The independent council, approving all allopathic residencies based on compliance with standards, is composed of members of five separate organizations (American Medical Association (AMA), American Hospital Association (AHA), Association of American Medical Colleges (AAMC), American Board of Medical Specialties (ABMS), Council of Medical Specialty Societies (CMS) and charged with on-site review of all approved GME programs, development of institutional training policies.

Administrative Director of Medical Education (ADME) - An individual appointed by the institution to provide administrative support for OGME programs. The ADME reports to the DME of the base institution.

Affiliate Institution - An institution where selected portions of the OGME training program are conducted. The base (contracting) institution must have a written agreement with the affiliate institution.

Affiliation Agreement – An agreement between two or more entities which allows a base training institution to enhance its OGME programs by utilizing other institutions for the purposes of creating and expanding training opportunities.

Aggregation Agreement – "aggregation of FTE limits," "Medicare affiliated group, and "Medicare affiliation agreement" - These agreements allow qualifying hospitals that share in resident training to apply their FTE resident limits on an aggregate basis and structure resident rotations within a combined "cap". In order to enter into a Medicare affiliation agreement,

- The hospitals must be located in the same urban or rural area or in a contiguous area and share in resident rotations;
- If they are not located in such areas, in addition to sharing in resident rotations, they must be jointly listed as the sponsor or be listed under "affiliations and outside rotations" for one or more programs on the Opportunities website.

Or

- The hospitals are under common ownership and share in resident rotations.
- A Medicare affiliation agreement is a signed agreement entered into by hospitals seeking to aggregate their FTE resident caps and filed with CMS and the fiscal intermediaries of each of the hospitals.
- Hospitals seeking to affiliate for cap aggregation purposes must send a written request and a signed, original agreement to their fiscal intermediary and to CMS by July 1 for the contemporaneous (or subsequent) residency training year.
- The request must list all hospitals in the group and indicate that each meets regulation requirements.
- The agreement must be signed and dated by a qualified representative of each hospital and specify the planned adjustments to each individual hospital's IME and

DGME counts within the aggregate cap. Adjustments to the IME and DGME counts must be stated separately because hospitals are subject to different FTE counts for each respective cap.

- A Medicare agreement must be for a minimum of one year and may specify adjustments to each individual hospital cap during the times the agreement is in effect. When the agreement ends, each hospital's FTE cap will revert to the number of FTEs before the agreement.
- Each agreement must be structured so that any positive adjustment for one hospital in the group is offset by a negative adjustment for the other hospital(s) of at least the same amount.
- Hospitals in the group may adjust the FTE counts specified in the agreement at any time up to June 30 of each training year if actual FTE counts are different than those projected in the original agreement.

American Association of Colleges of Osteopathic Medicine (AACOM) - Lends support and assistance to the nation's osteopathic medical schools. The organization today represents the administration, faculty and students of its member colleges in the United States. AACOM's Office of Government Relations keeps Congress and federal policy makers regularly informed of developments in the profession and seeks to sensitize policy makers to the needs of students and osteopathic medical educators. AACOM works in concert with various national coalitions to influence both the legislative and regulatory processes on issues relevant to medical education, and to extend AACOM's presence in Washington.

American Board of Medical Specialties (ABMS) - The ABMS oversees the work of the 24 certifying allopathic medical boards, with its main purpose to coordinate information regarding medical specialties and certification in medicine, and to disseminate such information to the public, government and the medical profession.

American Osteopathic Association (AOA) - The AOA is the national organization for the advancement of osteopathic medicine in the United States, and the professional association for osteopathic physicians. The AOA accredits the osteopathic internship and residency programs, and healthcare facilities.

AOA Match (Intern and Resident Registration Program – IRRP) – Matches OGME programs and applicants to various training programs. This system was developed to provide both the applicants and program directors an opportunity to consider their options for accepting and offering appointments to postdoctoral training programs and to have their training decisions announced at a specific time. All AOA approved programs must participate in the Match.

Approval – Official recognition by PTRC of an OGME program as meeting required general and specialty standards for training of osteopathic physicians.

Association of Osteopathic Directors and Medical Educators (AODME) - AODME is a professional association that represents the interests of the entire continuum of osteopathic medical education. Its mission is to foster leadership and professional development.

Base Institution – The institution that has been granted PTRC approval to conduct OGME programs, and which assumes primary responsibility for program administration and oversight.

Basic Documents for Postdoctoral Training – The documentation of policies, procedures and general requirements which all AOA –approved OGME programs and OPTIs must meet in order to maintain program training approval.

Bio-psychosocial/behavioral - The interrelationship of physical, emotional, environmental and behavioral factors as they affect the well-being of the patient.

Board Certification - A process by which agency or association grants recognition by examination to an individual who has met certain predetermined qualifications specified by that agency or association.

Board Eligibility - Those candidates have successfully completed an approved training program and evaluation process assessing their ability to provide quality patient care in a specific specialty. This creates eligibility status to participate in the specific certification board examination.

Bureau of Healthcare Facilities Accreditation (BHFA) – The Bureau is the governing body for HFAP. (See Healthcare Facilities Accreditation Program.)

Bureau of Hospitals (BOH) – This Bureau helps hospitals that are accredited by the Healthcare Facilities Accreditation Program (HFAP). It also helps osteopathic graduate medical education (OGME) programs become involved in policy making and advocacy efforts.

Bureau of International Osteopathic Medicine (BIOM) – This Bureau promotes the highest standards of osteopathic medical education and practice throughout the world. The Bureau’s vision is acceptance of osteopathic medicine as a complete system of medical care throughout the world.

Bureau of OGME Development (BOGMED) – This Bureau provides advice and counsel to the AOA and the OGME Development Initiative. It generates additional interest and support for the initiative; assists in recruiting members for the initiative’s corps of consultants, who counsel and meet with prospective teaching hospitals that have requested AOA assistance; facilitates the development and collection of useful materials for the consultants to use with potential OGME hospitals; identifies potential problem areas or unanticipated needs; and assist the AOA in publicizing the initiative throughout the profession. The initiative is designed to work collaboratively with the OPTIs to provide one-on-one assistance and helpful information to hospitals interested in developing new osteopathic graduate medical education programs. Assistance from the initiative also is available to existing teaching hospitals with programs that are struggling.

Bureau of Osteopathic Education (BOE) - The Bureau receives reports from the several AOA educational councils and committees, and acts to assure the AOA Board, and the public, that actions of councils/committees are within the framework of AOA basic documents. The Bureau is the review body for policy documents, policy changes of the

COPT and CCME, and works with the BOME, the BOH, the BOSS, and BIOM on matters pertaining to OGME.

Bureau of Osteopathic Medical Educators (BOME) – The Bureau’s purpose is to provide medical educators with an enhanced role in AOA educational policy and advocacy and to facilitate interaction between the AOA and medical educators throughout the continuum of osteopathic medical education. It serves as a policy advisor to the AOA on issues affecting osteopathic medical education.

Bureau of Osteopathic Specialty Societies (BOSS) – This Bureau provides the AOA specialty affiliates with a direct link and structured opportunities to participate in the AOA’s policy development process. It also provides the affiliates with a forum to exchange information. The Bureau of Osteopathic Specialty Societies is designed for the specialty affiliates to advise the AOA on pertinent issues; to gather and disseminate relevant information; to review and provide input into the AOA House of Delegates’ resolutions; and to educate and mentor each other.

Business Associate Agreement – An agreement between AOA and base institutions for purposes of HIPAA compliance. A BAA is also on file with the AOA for every inspector of AOA programs.

Centers for Medicare and Medicaid Services (CMS) – Formerly Health Care Financing Administration (HCFA) – Entity within the Department of Health and Human Services (HHS) responsible for administering the Medicare program.

Certification – A voluntary process intended to assure the public that a certified medical specialist has successfully completed an approved educational program and an evaluation including an examination process to assess the knowledge, experience, and skill requisite to the provision of high-quality patient care in a specialty. Certification boards determine whether candidates have received appropriate preparation in approval residency training programs in accordance with established educational standards, evaluate candidates with comprehensive examinations, and certify those who have satisfied the board requirements.

Certification of Added Qualifications (CAQ) – Additional training of at least one year in length incorporating an identifiable body of knowledge within the broader practice of the general specialty. With completion of a certifying examination in that field, the CAQ requires maintenance of general or special qualification’s certification; certificates read, “Certified in (general field), with Added Qualification in (added field).”

Certification of Special Qualifications (CSQ) – CSQ designates additional abilities in limited areas of a general specialty field represented by that Specialty Certifying Board; a CSQ does not require maintenance of the primary certification. Certificates read, "Certified in (subspecialty field)" , indicate subspecialty/fellowship, and requires prior attainment of general specialty. CSQ indicates the possession of knowledge, skill, training and successful examination in a subspecialty/fellowship field over and above that required for general certification.

COM(s) (College(s) of Osteopathic Medicine) – A college or school of osteopathic medicine offering the professional degree, Doctor of Osteopathic Medicine (DO) or Doctor of Osteopathy (DO), and having pre-accreditation, provisional accreditation or accreditation from the AOA on Osteopathic College Accreditation (COCA).

COCA (Commission on Osteopathic College Accreditation) – The COCA is an accrediting agency of the American Osteopathic Association. The COCA functions as a “programmatically / specialized” accreditor of education programs leading to the first professional degree, Doctor of Osteopathic Medicine (DO) or Doctor of Osteopathy (DO). The COCA functions as an “institutional” accreditor of those COMs that are free-standing and offer only degree programs leading to the DO degree, thereby enabling such institutions to qualify to participate in student financial aid programs of the United States Department of Education under Title IV of the Higher Education Act of 1965 as most recently amended. The COCA is the final approval body for COM accreditation standards and procedures as well as the policies and procedures of the COCA itself. In this capacity, the COCA reviews, evaluates, and takes final action on college accreditation status, and communicates such action to appropriate state and federal education regulatory bodies. The COCA reviews policy directions on predoctoral osteopathic medical education, and monitors and maintains high-quality osteopathic predoctoral education through the college accreditation process. The COCA provides reports to the AOA Board of Trustees and the AOA House of Delegates on an informational basis.

Community Medicine Model – The format of graduate medical education training in an approved AOA or ACGME program which occurs in a community (usually private practice) institution rather than academic medical school affiliated institution.

COMLEX (Comprehensive Osteopathic Medical Licensing Examination) - NBOME administers a three-level Comprehensive Osteopathic Medical Licensing Examination (COMLEX) to candidates and graduates. The first and second parts of the examination are administered before the candidate receives the DO degree. Part three of the examination is administered after the postdoctoral candidate has completed at least six months of a one year AOA approved postdoctoral training program. Only residents who have passed COMLEX-USA level 3 may enter a third year of OGME Training.

Conjoint Programs – A conjoint specialty is under the joint sponsorship of two or more specialty colleges. Trainees from any participating specialty college may enter a conjoint program. Conjoint Evaluating Committees are responsible for making recommendations to the PTRC and COPT regarding Basic Standards revisions, program accreditation, and program complete status for trainees. Currently, there are 10 osteopathic conjoint specialties: Addiction Medicine, Adult and Pediatric Allergy/Immunology, Correctional Medicine, Dermatopathology, Hospice and Palliative Care, Undersea and Hyperbaric Medicine, Pain Medicine, Pediatric Emergency Medicine, Sleep Medicine, and Sports Medicine.

Consortium – An AOA approved entity utilizing multiple institutions for OGME training. Training hospitals will be related in the same health system, and each program in the consortium must function as a single program in compliance with AOA standards.

Continuing Medical Education (CME) – The continuance of medical education striving for growth of knowledge, refinement of skills, and the deepening of understanding for the osteopathic profession. The ultimate goals of CME are continued excellence of patient care and improving the health and well-being of the individual patient and the public.

Continuity of Care – The ongoing care and management of the same patients by the same trainee in the same setting over the entire course of the training program.

Contract – A binding agreement between a hospital and a trainee. The contract describes the length and terms of the agreement. All AOA trainee must sign an institutional contract in order for their training to be approved.

Core Competencies (Osteopathic Medical) – provide a multi-level approach whereby students/physicians are expected to show proficiency in a subject, in addition to test scores, through their text knowledge, application of knowledge, level of professionalism, interpersonal and communication skills and continued medical education, each of which is integrated with osteopathic philosophy, principles, and practice.

Core Competency Compliance Program Document (CCCP) – Describes in detail the elements of the required plan as well as methods and options for teaching and evaluation reporting on AOA Annual Report Forms. Introduction and Guidelines (Part 1), Core Competency Map (Part 2) and Program Director’s Annual Evaluation Report (Part 3) were developed to assist DMEs in the design of an Institutional Core Competency Plan. Program Directors must complete the Program Director’s Annual Evaluation Report for each resident as well as Program Complete Summary – Final Resident Assessment (CCCP Part 3), which measures proficiency in each AOA Core Competency. Specialty specific yearly reports and documents should be attached to this instrument. These are found at the AOA website.

Core Curriculum – A foundational course of study that combines a variety of specialized rotations aiming to provide a common background for all osteopathic trainees.

Council on Continuing Medical Education (CCME) – This Council is responsible for accrediting AOA Category 1 CME Sponsors and recommending policy positions on AOA’s CME program. The CCME directs the continuing medical education program, coordinates the activities for continuing educational programs, recommends CME policy to the Bureau of Osteopathic Education, establishes guidelines for the evaluation of CME programs, and approves Category 1 CME Sponsors.

Council on Osteopathic Postdoctoral Training Institutions (COPTI) – The COPTI is the initial review body for OPTI review and accreditation, and is responsible for evaluating the educational effectiveness of the OPTIs. The council may recommend policy to its parent council, the COPT.

Council on Postdoctoral Training (COPT) – The COPT recommends policies for OGME to the BOE for review and recommendation to the AOA Board of Trustees for their final action. The COPT receives informational reports from its subordinated Program and Trainee Review Council (PTRC) and its subordinated Council on Osteopathic Postdoctoral

Training Institutions (COPTI). The COPT is the primary review body for OGME standards for both general requirements and for specialty residency or fellowship standards.

Crosswalk – Companion document to each AOA specialty basic standards. The crosswalk includes a program director self-study and is utilized at program on-site reviews for determination of compliance with required training standards.

Curriculum – The planning, structure, guidelines, known expectations, measures of achievement, training, coaching, didactics, and other elements applicable to the total OGME learning experience.

Didactics - Didactics convey instruction, information and observations.

Direct Graduate Medical Education (DGME) – Payment for Medicare’s share of the direct costs of training physicians, including intern and resident salaries and fringe benefits, compensation for supervisory physicians, and program administration and overhead costs.

Director of Medical Education (DME) - An osteopathic physician at an institution who has the authority and responsibility for the oversight and administration of OGME programs.

Dormant Status – Temporary inactive status of AOA-approved specialty or subspecialty standards. Reactivation requires application to the AOA by the specialty board (exam) or specialty college (standards).

Dual Program – An AOA program in which an osteopathic trainee is registered in a residency program that is accredited by both the AOA and ACGME. The osteopathic trainee receives both AOA and ACGME credit. Trainees who complete dual programs have the option to become board certified by either or both the AOA and the American Board of Medical Specialties (ABMS).

Due Process – Due process is a mechanism by which institutional policies and procedures are outlined for discipline or the adjudication of trainee complaints and grievances relevant to the OGME program.

ERAS® (Electronic Residency Application Service) – A service that transmits residency applications, letters of recommendation, Dean's Letters/MSPE, transcripts, and other supporting credentials from applicants and medical schools to residency programs using the Internet.

Evaluation – A process of gathering and using various pieces of information and data to determine by careful appraisal and study the strengths and weaknesses of individual trainees, teaching physicians, programs etc.

- Formative Evaluation – improves, modifies, and refines courses or programs while they occur.
- Summative Evaluation – is concerned with informing decisions about overall achievements.

- Qualitative Evaluation – uses observation, open-ended interviews and case histories.
- Quantitative Evaluation – uses tests, close- ended interviews, surveys and frequency counts.

Advancement within the training-program is based on evaluation processes.

Faculty – An individual who has received formal assignment to teach OGME trainee physicians. Appointment to the medical staff of the hospital may constitute appointment to the teaching staff. Specialty standards will list minimum requirements.

Fellowship - An AOA approved program that is beyond the requirements for eligibility for first board certification in a base specialty.

Full Time Equivalent (FTE) – For graduate medical education (GME) payment purposes, the Balanced Budget Act of 1997 capped the number of FTE residents for which a teaching hospital could be paid at the number of residents in its most recent cost reporting period ending on or before December 31, 1996. In calculating direct GME payment, residents are counted as full (1.0) or half (0.5) FTEs depending on the minimum number of years required for board eligibility in their specialty/subspecialty.

Graduate Year – In conjunction with OGME trainee, indicates their year in training. For example, OGME-1 or PGY-1. OGME-1 (AOA Resident) or PGY-1 (ACGME Resident).

Grievance Procedure – Policies and procedures established by training institutions to address procedures for discipline and the adjudication of trainee complaints, grievances and academic performance issues.

Healthcare Facilities Accreditation Program (HFAP) – It is one of only three voluntary accreditation programs in the United States authorized by the Centers for Medicare & Medicaid Services (CMS), formerly HCFA, to survey hospitals under Medicare. In addition, the program is a user-friendly, cost effective, and educationally focused way to validate the quality of care provided by a facility. (See Bureau of Healthcare Facilities Accreditation.) The Joint Commission and National Integrated Accreditation for Healthcare Organizations also accredits hospitals. www.hfap.org.

Health Insurance Portability and Accountability Act of 1996 (HIPAA) – A federal law that allows persons to qualify immediately for comparable health insurance coverage when they change their employment relationships. Title II, Subtitle F of HIPAA gives the Department of Health and Human Services (HHS) the authority to mandate the use of standards for the electronic exchange of healthcare data; to specify what medical and administrative code sets should be used within those standards; to require the use of national identification systems for healthcare patients, providers, payers (or plans), and employers (or sponsors); and to specify the types of measures required to protect the security and privacy of personally identifiable healthcare information. See BAA

House Staff Manual – Operational policies and guidelines developed by the hospital that govern rules and conduct for all interns and residents. This manual should include, but not be limited to, policies regarding work hours, content of educational program(s), patient care and safety, leave policy, due process for disciplinary actions, intern and/or resident

orientation program responsibilities, financial arrangements, including housing allowance, meals, uniforms, etc. as per the AOA contract and hospital's internal policy, rules and regulations regarding coverage of interns and residents duties and responsibilities, including floor procedures, general orders and moonlighting policies - or the prohibition thereof in the event of an intern, counseling and support services, evaluation and promotion, probation and dismissal, file retention, intern/resident supervision, etc.

Indirect Medical Education – Through the IME adjustment. Medicare pays hospitals for higher patient care costs incurred in operating teaching programs, including the costs of treating sicker patients, offering more services and technology, ordering more tests, and utilizing interns and residents in providing patient care.

Intern – A DO engaged in the first postdoctoral year of AOA approved training.

Intern and Resident Information System (IRIS) - A report submitted by each institution to Center for Medicare and Medicaid Services (CMS) each year which gives information on each intern or resident in the institution.

Internship and Institutional Evaluating Committee (IIEC) – An evaluating committee of the AODME responsible for review of: new internship programs applications, increases, and program on-site review reports. The IIEC recommends program actions to the PTRC and reviews DME appointments. AOA staff provides staffing assistance to the IIEC.

In-training Examination/In-service Examinations – Examinations to gauge residents' progress toward meeting a residency program's educational objectives.

Joint Commission – The Joint Commission evaluates the quality and safety of care for more than 16,000 health care organizations. To maintain and earn accreditation, organizations must have an extensive on-site review by a team of Joint Commission health care professionals at least once every three years. The purpose of the review is to evaluate the organization's performance in areas that affect care. Accreditation may then be awarded based on how well the organizations met Joint Commission standards.

Journal Club – Brief informal meetings whereby faculty and trainees discuss a variety of presentations on designated topics. Presenters give concise recapitulations of the topic and author's conclusions.

Licensure –The process by which an agency of the government grants permission 1) to persons meeting predetermined qualifications to engage in a given occupation and/or use of a particular title, or 2) to institutions to perform specified functions. The process by which state or jurisdiction of the United States admits physicians to the practice of medicine.

Logs – Constitute a record of a specified number of procedures, cases, patients, diagnosis, etc. Logs are to be utilized for documentation of experience, and for future use in application for hospital clinical privileges.

Medical Education Committee (MEC) – A hospital committee made up of program directors of each respective internship and/or residency program, representation of the hospital CEO, and a medical education manager/staff person. This committee is chaired

by the director of medical education and is usually held on a monthly basis. This committee discusses program curriculum, trainees, and all OGME matters.

Medical Informatics – Discipline that focuses on use of electronics in medical research, clinical practice and education.

Moonlighting – Any professional clinical activity for pay performed outside the scope of the approved residency training program.

National Board of Osteopathic Medical Examiners (NBOME) – The NBOME is a not-for-profit corporation dedicated to serving the public and state licensing agencies by administering examinations that test the medical knowledge of aspiring osteopathic physicians.

National Matching Service (NMS) - The Intern/Resident Registration Program is sponsored and supervised by the AOA and administered on behalf of the AOA by National Matching Services.

National Resident Matching Program (NRMP) - The National Resident Matching Program (NRMP) is a private, not-for-profit corporation established to provide a uniform date of appointment to positions in graduate medical education (GME) in the United States.

OERAS – See “ERAS”

On-site Program Review – A review of an AOA program at regular intervals to verify continuing compliance with training standards. At regularly scheduled intervals, postdoctoral training programs participate in a program review, including an on site survey, to validate program compliance with the standards for accreditation in all aspects of the educational program. The degree of compliance impacts the term of continuing approval granted to the program. Each program also completes a self-study prior to the on site review.

On-site Program Reviewer – An individual assigned to conduct a program review for approval or re-approval at the program site. Reviewers are appointed by the IEC/specialty colleges and are approved by the AOA. They validate program compliance with basic standards through review of specified documentation, self study reports from the program, meetings with program staff and trainees, and through the on-site review.

Opportunities – A searchable database containing internship and residency information for AOA-approved programs. Data entry for Opportunities is the responsibility of each medical education division.

Osteopathic.org - The official AOA website for the osteopathic professional family. In addition to links to all AOA administrative departments, Osteopathic.org is an OGME resource for students, trainees, program leadership, specialty colleges, and program and OGME institutional leadership. All approved policies and training standards, as well as other OGME resources, are posted to Osteopathic.org

Osteopathic Graduate Medical Education (OGME) – The period of medical training that follows graduation from a college of osteopathic medicine or medical school. Includes all postgraduate years: internship, residency fellowship. OGME prepares osteopathic physicians for the independent practice of medicine in a medical specialty. OGME programs are based in hospitals or other healthcare institutions and utilize both inpatient and ambulatory settings.

OGME - 1R – The first year of residency training in specialties utilizing the Option 1 structure. Educational content is set and supervised by the respective specialty colleges as approved by the AOA.

OGME - 1P – The first year of training preceding residency training in specialties utilizing the Option 2 structure. Educational content is set by the respective specialty colleges as approved by the AOA, and supervised by the institutional intern program director.

OGME - 1T – The first year of training preceding residency training in specialties utilizing the Option 3 structure, or utilized by trainees who have not yet chosen a specialty area. Educational content is set by the AOA Basic Document for Postdoctoral Training, and is supervised by the institutional intern program director.

Osteopathic Medicine – Osteopathic medicine has a strong emphasis on the inter-relationship of the body's nerves, muscles, bones and organs. Doctors of Osteopathic Medicine apply the philosophy of treating the whole person to the prevention, diagnosis and treatment of illness, disease and injury. Osteopathic medicine was developed 130 years ago by physician Andrew Taylor Still and is one of the fastest growing healthcare professions in the U.S.

Osteopathic Postdoctoral Training Institution (OPTI) – An OPTI is a community-based training consortium comprised of at least one COCA-accredited college of osteopathic medicine and one accredited hospital. All AOA approved programs must be academically sponsored by an OPTI.

Parallel Program – An AOA approved program conducted side-by-side with an ACGME program in the same specialty and institution where programs and trainees in each are separately approved and registered by the AOA or ACGME; Osteopathic trainees are only eligible for AOA credit.

Percentage of Time – A mathematical calculation based on the intern/resident workweek being divided into ten (10) half-day periods, each being equivalent to 10%.

Program – The unit of OGME internship or residency/specialty training, comprising a series of learning experiences, which is evaluated for AOA approval.

Program Director – An osteopathic physician who is responsible for maintaining the quality of an OGME program so that it meets approval criteria. Requirements and responsibilities are listed in Section VI, C.

Program Director Annual Report – A report completed by the program director on an annual basis. A resident in training submits this report to a respective specialty college to attest to the level of achievement and progress.

Program and Trainee Review Council (PTRC) – The primary responsibilities of the PTRC are to serve as the decision making body for AOA-approved internship, residency, fellowship and subspecialty training programs and for individual training approvals. The council also serves as an advisory body on policy to the COPT. This Council is responsible for the approval (accreditation) and continuing approval of training programs.

Protected Health Information (PHI) – With few exceptions, includes individually identifiable health information held or disclosed by a practice regardless of how it is communicated (electronically, orally or written).

Provisional Accreditation: An accreditation status that is recommended to newly formed OPTIs after the first accreditation site visit, allowing an OPTI to develop its functions and operations prior to full accreditation status date.

Reappointment – Reappointment to a position within an intern/residency training program is typically based on the trainee's performance. A well-defined and functional evaluation system is essential to determine whether a trainee qualifies for reappointment. In the context of OGME, contractual reappointment is equated with academic promotion.

Remediation – Remediation is an academic tool, used when the evaluation system identifies performance deficiencies that cause concern about a trainee's continuation within the program.

Residency – A residency is defined as a formal, full-time training period in a designated specialty of not less than one year. The program shall be planned and conducted for the purpose of providing advanced and concentrated training in a designated specialty leading to AOA specialty board eligibility for certification.

Resident – An individual enrolled in an AOA-approved residency.

Resident Annual Report – A report completed on an annual basis by each resident at the conclusion of each training year. This report responds to questions regarding experience and exposure, and is submitted to their respective specialty college.

Rotation Agreement – A written agreement between two clinical sites participating in training of interns/residents. This agreement describes the responsibilities of each respective site.

Segregated Totals – Such totals are descriptors of medical records, department scope and volume, and/or other data of cases, which are highly specific as to disease, intervention and procedural categories and are used to document opportunities for OGME training in a program.

Specialty College Basic Standards – AOA-approved document of specialty requirements for new or continuing approval of a training program.

Specialty College Evaluating Committee (SPEC) – An evaluating committee within the specialty college that meets regularly to review training standards, new programs, training requirements, trainee completion status and program on-site review reports. Committees make recommendations to the PTRC for final action.

Sponsoring OPTI – An AOA-accredited OPTI, recognized as the accountable institution for assurance of AOA OGME quality and compliance.

Suspension – Removal of an intern or resident from program activities without prior notice. These activities are limited to those instances in which a trainee’s activities jeopardize patient safety or significantly disrupt hospital operations.

Traditional Rotating Internship – See OGME-1T.

Trainee Information, Verification and Registration Audit (TIVRA) – TIVRA is a mandatory method for registering intern and resident contract information, along with updating program information to the AOA. By completing electronic on-line data forms, AOA-approved training institutions ensure that individual trainees are registered and that program contact information is current and up-to-date.

Training Program Review Services (TPRS) – This Division oversees the program review process. It supervises and trains review teams. It also recommends policy to the COPT. In addition, it replaces specialty college inspections.

Osteopathic Graduate Medical Education Calendar

(Source: AOA Basic Standards for Postdoctoral Training, July 2013)

JULY

- New Housestaff Arrive
- New Housestaff Orientation
- Manuals are handed out and signed for by new trainees
- ACLS/BLS Training
- HIPAA Training
- House Staff Physicals/Fit Testing, I.D. Badges, Parking Stickers, Meal Tickets, Lab Coats, Pagers, etc.
- Medical Students begin submitting Intern/Resident applications to ERAS
- ERAS opens to all AOA programs
- Begin downloading ERAS.
- Monthly I/R Evaluations
- Monthly OMEC meeting

AUGUST

- Listing of information on program(s) offered in the Match by each institution is sent to the institution's Director of Medical Education (DME) by National Matching Services Inc. DME's must confirm or correct the information and return the form to National Matching Services Inc.
- Monthly I/R Evaluations
- Monthly OMEC meeting
- TIVRA registration opens to all programs August 15th
- Programs begin reviewing applications for next years candidates

SEPTEMBER

- Begin AOA's Trainee Information, Verification and Registration Audit (TIVRA) entry – TIVRA is mandatory
- Begin gathering IRIS data
- Monthly I/R Evaluations
- Monthly OMEC meeting
- Quarterly OPTI OGMEC Meeting
- Recruitment/Interviewing Season Begins
- Applications are downloaded and reviewed by designated officials
- Program directors select interview candidates

OCTOBER

- OPTI Annual Report Due October 1st
- Completion of TIVRA due by October 15th
- Review IRIS data with Department of Finance
- Continue Interviewing Process
- Recommended date by which students must return their Agreements and registration fees to National Matching Services Inc.

- October 31st a Listing of Programs participating in the Match will be available on the National Matching Service web site.
- Monthly I/R Evaluations
- Monthly OMEC meeting
- Quarterly Intern/Resident evaluation and report to OMEC

NOVEMBER

- Instructions for submitting Rank Order Lists and obtaining Match results will be provided to registered students and programs.
- Continue Interviewing Process
- Submit IRIS disk to CMS
- Monthly I/R Evaluations
- Monthly OMEC meeting
- AOCD In-training (service) examination
- ACOFP In-training (service) examination

DECEMBER

- Finalize the Interview and selection process
- Monthly I/R Evaluations
- Monthly OMEC meeting
- Quarterly OPTI OGMEC Meeting

JANUARY

- Submission of student and program Rank Order Lists to the Match
- Register for the new cycle of ERAS
- Quarterly Intern/Resident evaluation and report to OMEC
- Monthly I/R Evaluations
- Monthly OMEC meeting
- ACOS In-training (service) Examination
- ACOOG In-training (service) Examination
- AOA Annual Program Fee Invoices are received by DME for payment by the institution

FEBRUARY

- Results of the Match are released to all participants in the Match (students and institutions), as well as to the colleges of osteopathic medicine.
- Students who have not matched will scramble for open positions.
- Institutions must complete a standard AOA contract for each matched student, and send it within 10 working days after receipt of the Match results to the student for signature. Each matched student must sign and return the contract to the institution within 30 days after receiving the contract from the institution.
- Institutions must prepare a packet of information for licensure in accordance with State policies and procedures and send to matched trainees
- Monthly I/R Evaluations
- Monthly OMEC meeting
- AOCC In-training (service) Examination

MARCH

- Begin updating opportunities website data (Deadline June 30)
- Begin review and update of Housestaff Manual for arrival of new trainees.
- Begin planning didactic and rotation schedules for new trainees.
- OMEC to review and approve curriculum for entering class.
- Monthly I/R Evaluations
- Monthly OMEC meeting
- Quarterly OPTI OGMEC Meeting
- ACOI In-training (service) Examination
- AAO In-training (service) Examination
- Begin implementing graduation plans
- March 31st last day for payment of AOA Annual Program Fees prior to program(s) termination.

APRIL

- Quarterly Intern/Resident evaluation and report to OMEC
- Monthly I/R Evaluations
- Monthly OMEC meeting
- AOCEP In-training (service) Examination

MAY

- Monthly I/R Evaluations
- Monthly OMEC meeting
- Begin program director's annual report to the specialty colleges
- Review housestaff files for completeness and notify the designated individual of deficiencies, i.e. evaluations, logs, papers, etc.
- Remind residents that the residents logs and reports are due to their respective specialty college
- Pay ERAS fees.

JUNE

- Monthly I/R Evaluations
- Quarterly Resident evaluation and report to OMEC
- "Exit" Evaluations and report to OMEC
- Monthly OMEC meeting
- Residency Graduation
- Plan residency graduation for next year
- Send training license back to the state if applicable
- Interns and Residents begin to leave the institution
- Pagers, library books, parking stickers, I.D. Badges are returned to institution
- Check out list is completed and signed by those trainees who are leaving.
- Agreement forms for participation in the AOA Intern/Resident Registration Program (the "Match") are distributed via the osteopathic medical schools, to students.
- Students begin applying to programs independently of the Match.
- Develop call schedule for new trainees
- Quarterly OPTI OGMEC Meeting
- Complete updating Opportunities website data (Deadline June 30)

AOA Division of Postdoctoral Training Contacts

Postdoc@osteopathic.org

Andrea DeRosier, MUPP, Director Division of Postdoctoral Training

Secretary to the COPT (Council of Postdoctoral Training)

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Focus: Direct the activities of the division including Trainee Services, OPTI Services and Program Services. Oversight of AOA Basic Document for Postdoctoral Training, specialty standards, and AOA postdoctoral training policy.

Cyreka Jacobs, Internship, Institutions, and Program Services Specialist

Secretary to the IIEC (Institutional and Internship Evaluating Committee)

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Focus: Residencies in Anesthesiology, Dermatology, Neurology/Psychiatry, Obstetrics and Gynecology, Ophthalmology/Otolaryngology, Occupational/Preventive Medicine, PM&R, Pediatrics, Surgery

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Focus: Manages OPTI standards and inspections, COPTI Secretary, PTRC Secretary

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Focus: Coordinates the daily operation of Trainee Services within the Division of Postdoctoral Training. Assists with special reports and administrative services, manages OME Leadership Conference

Barbara Coleman, Senior Coordinator

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Focus: Implements policies and procedures related to the intern training approvals, including military training. Works with Interns and Directors of Medical Education to facilitate the administrative aspects of training.

Maria Santiago, Coordinator

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Focus: Assists individuals seeking allopathic residency approval. Acts as a liaison to specialty colleges regarding allopathic residency equivalencies.

Division of Training Program Review Services

Stephan Trent, DO

Director

Oversees the program review process; develops and recommends policy for inspection services to the Council on Postdoctoral Training (COPT); acts as a liaison to the COPT and Program and Trainee Review Council (PTRC). Plans and conducts site review protocols and reviews programs. Supervises, trains and coaches review specialists.

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Joy McNairy**Administrative Assistant**

Assists with the daily operations of Program Review Services; handles review schedules and paper/electronic correspondence with training programs and specialty colleges. Maintains records and reports for the PTRC and Division based on specialty college submissions and PTRC decisions. Handles calendar and travel plans for Director and Review Specialists including reimbursements and billing on an annual basis.

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Savita Misra**Review Specialist**

Serves on a team to conduct AOA program reviews that do not require physician reviewers; recommends policy to the COPT to enhance program quality; participates in PTRC meetings to assist council in approval decisions. Develops curriculum and serves as a presenter for workshops to specialty colleges.

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