BASIC STANDARDS FOR SUBSPECIALTY RESIDENCY TRAINING IN IMMUNOPATHOLOGY

THESE STANDARDS ARE DORMANT

American Osteopathic Association
and the
American Osteopathic College of Pathologists

BOT, July 1995
BASIC STANDARDS
FOR
SUBSPECIALTY RESIDENCY TRAINING
IN
IMMUNOPATHOLOGY

ARTICLE I - INTRODUCTION

These are the Basic Standards for Residency Training in Immunopathology as approved by the American Osteopathic Association (AOA) and the American Osteopathic College of Pathologists (AOCP). These standards are designed to provide the osteopathic pathologist with advanced and concentrated training in Immunopathology and to prepare for examination leading to certification of added qualifications in Immunopathology.

ARTICLE II - DEFINITION AND PURPOSE

Immunopathology is the subspecialty of pathology that involves the clinical laboratory identification of abnormal immune states and neoplasms of the immune system. Specialized immunologic techniques are used by immunopathologists to resolve differential diagnostic problems in both anatomic and clinical pathology.

The purpose of the Immunopathology program is to:

A. Provide extensive training in clinical laboratory immunology techniques such as enzyme linked immunoadsorbent assay, serum protein electrophoresis, immuno-electrophoresis, immunofixation, nephelometry, Ouchterlony immunodiffusion, immunocytology, immunohistology, and flow cytometry.

B. Provide the opportunity for experience and development of expertise in molecular immunologic diagnostic techniques.

ARTICLE III - INSTITUTIONAL REQUIREMENTS

A. To be approved by the AOA for training in Immunopathology, an institution must meet all the requirements as formulated by the AOA in its document, Residency Training Requirements of the AOA.

B. The institution must have a sufficient case load to provide wide and appropriate experience in all aspects of Immunopathology.

C. The institution shall maintain and have access to an adequate medical library containing carefully selected and appropriate texts, latest editions of medical journals and other publications pertinent to the training of Immunopathology.
ARTICLE III - INSTITUTIONAL REQUIREMENTS (cont'd)

D. The institution shall provide the equipment, physical facilities and teaching faculty required to meet the objectives of a Immunopathology training program.

E. The institution must provide a written policy and procedure for selection of a resident.

F. The institution shall execute a contract with each resident in accordance with the Residency Training Requirements of the AOA.

G. Upon satisfactory completion of the program, the institution shall award the resident an appropriate certificate or equivalent document. The certificate shall confirm the fulfillment of the program requirements, starting and completion dates of the program and the name(s) of the training institution(s) and the program director(s).

ARTICLE IV - PROGRAM REQUIREMENTS

A. The residency program in Immunopathology shall be for a minimum of one (1) year's duration and shall only commence after formal application to, and approval by the AOA's Council on Postdoctoral Training.

B. Approximately 1000 cases should be reviewed in an approved program per year. Of these, 300 or more should be cases in which immunopathologic techniques are used in the differential diagnosis of tissue specimens, and 700 of which should represent clinical laboratory immunopathologic techniques, such as flow cytometry, serum protein electrophoresis, enzyme immunoassay, immunoelectrophoresis, and immunofixation.

C. The program shall provide for a structured work week. Except under extenuating circumstances the work week shall not exceed eighty (80) hours and shall allow one (1) twenty-four (24) hour day free of routine duties every week.

D. Each resident should perform twenty (20) clinical laboratory or tissue-based immunopathologic techniques in a given year of approved training and have experience in examination of both body fluids and tissue specimens using immunopathologic techniques.

E. The resident should have the responsibility for performance and interpretation of multiple immunopathologic techniques at the discretion of the program institution's program director.

F. Residents should have the opportunity to participate in follow-up of cases in which they have participated.

G. Residents should have the opportunity to pursue clinical, molecular pathology diagnosis through the use of Southern blotting, RFLP detection of polymorphisms, PCR and RT-PCR, and in situ hybridization. If these specialized molecular pathology techniques are not available at the primary site of training, the Immunopathology trainee will be granted the opportunity to obtain additional, supplemental training at another institution, not to exceed one (1) month of the twelve (12) months of Immunopathology at the primary institution.
ARTICLE IV - PROGRAM REQUIREMENTS (cont’d)

H. Residents shall integrate osteopathic principles and practice where ever applicable and appropriate in the study of Immunopathology.

I. Specific blocks of time should be allocated for the conduct of ELISA, protein electrophoresis, immunoelectrophoresis, immunofixation, immunohistology and flow cytometry, and other areas necessary to ensure complete knowledge of immunopathologic methods.

J. Those areas of Immunopathology not available in the primary training institution should be made available and accessible to the resident in other suitable laboratories or institutions. Such training must be adequately supervised by qualified personnel.

ARTICLE V - FACULTY REQUIREMENTS

A. Qualifications:
   1. The program director must be certified in Immunopathology by the AOA through the American Osteopathic Board of Pathology.
   2. The program director should meet and follow criteria incorporated in the Residency Training Requirements of the AOA.

B. Responsibilities:
   1. The program director's authority in directing the training program must be defined in the program documents of the institution.
   2. The program director shall provide supervision and teaching of all training assignments and is responsible for the evaluation of each resident's progress, verifying that they demonstrate proficiency in meeting or exceeding minimum standard of training.
   3. The program director shall arrange affiliations and/or outside rotations necessary to meet the program objectives.
   4. The program director shall, in cooperation with the AOA Department of Education, Division of Postdoctoral Training, prepare required materials for inspection of the program.
   5. The program director shall provide the resident with all documents pertaining to the training program as well as the requirements for the satisfactory completion of the program as established by the AOA and the AOCP.
   6. The program director shall be required to submit quarterly program reports to the director of medical education if appropriate. Annual reports shall be submitted to the AOCP.
ARTICLE VI - RESIDENT REQUIREMENTS

A. Applicants for residency training in Immunopathology must:

1. Have graduated from an AOA-accredited college of osteopathic medicine.
2. Have satisfactorily completed an AOA-approved internship.
3. Be and remain members of the AOA during residency training.
4. Have satisfactorily completed a residency in anatomic pathology and laboratory medicine and possess either board certification/eligibility in one or both.
5. Be appropriately licensed in the state in which training is conducted.

B. During the training program, the resident must:

1. Submit an annual report to the AOCP.
2. Submit a scientific paper and/or research project suitable for publication and pertaining to Immunopathology. Established guidelines shall be used in preparation of the paper.
3. Maintain a log recording each patient and procedure assigned, identified by the institution number. The log shall be submitted each quarter to the program director of medical education if appropriate.

ARTICLE VII - CERTIFICATION/ELIGIBILITY IN IMMUNOPATHOLOGY

A. Satisfactory completion of the Immunopathology program shall lead to eligibility for examination by the American Osteopathic Board of Pathology. Candidates must follow the criteria for applications established by the individual certification boards.
APPENDIX I

MODEL HOSPITAL POLICY ON
ACADEMIC AND DISCIPLINARY DISMISSALS

In July, 1993, the Board of Trustees of the American Osteopathic Association adopted the following policy:

The hospital and department have clearly defined procedures for academic and disciplinary action. Academic dismissals result from a failure to attain a proper level of scholarship or non-cognitive skills, including clinical abilities, interpersonal relations, and/or personal and professional characteristics. Institutional standards of conduct include such issues as cheating, plagiarism, falsifying records, stealing, alcohol and/or substance abuse, or any other inappropriate actions or activities.

In cases of academic dismissal, the hospital and department will inform trainees, orally and in writing, of inadequacies and their effects on academic standing. The trainee will be provided a specified period in which to implement specified actions required to resolve academic deficiencies. Following this period, if academic deficiencies persist, the trainee may be placed on probation for a period of three (3) to six (6) months. The trainee may be dismissed following this period, if deficiencies remain and are judged to be unremediable. In accordance with institutional policy, the trainee will be provided an opportunity to meet with evaluators to appeal decisions regarding probation or dismissal. Legal counsel at hearings concerning academic issues will not be allowed.

In cases of disciplinary infractions that are judged unremediable, the hospital and department will provide the trainee with adequate notice, in writing, of specific ground(s) and the nature of the evidence on which the disciplinary action is based. The trainee will be given an opportunity for a hearing in which the disciplinary authority will provide a fair opportunity for the trainee's position, explanations and evidence. Finally, no disciplinary action will be taken on grounds which are not supported by substantial evidence. The department and/or hospital intern training committee, or house staff education committee, or other appropriate committees will act as the disciplinary authority. Trainees may be allowed counsel at hearings concerning disciplinary issues. Pending proceedings on such disciplinary action, the hospital in its sole discretion may suspend the trainee, when it is believed that such suspension is in the best interests of the hospital or of patient care.