Basic Standards for Fellowship Training in Otolaryngic Allergy

American Osteopathic Association
and
American Osteopathic Colleges of Ophthalmology
and Otolaryngology Head and Neck Surgery

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In Otolaryngic Allergy

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I - INTRODUCTION

These are the Basic Standards for Fellowship Training in Otolaryngic Allergy as established by the American Osteopathic Colleges of Ophthalmology and Otolaryngology Head and Neck Surgery (AOCOO-HNS) and approved by the American Osteopathic Association (AOA). These standards are designed to provide the osteopathic fellow with advanced and concentrated training in otolaryngic allergy and to prepare the fellow for examination for certification in Otolaryngic Allergy by American Osteopathic Boards of Ophthalmology and Otolaryngology-Head and Neck Surgery (AOBOO-HNS).

II- MISSION

The mission of the Osteopathic Otolaryngic Allergy training program is to provide fellows with comprehensive structured cognitive and clinical education that will enable them to become competent, proficient and professional osteopathic otolaryngic allergists.

III – EDUCATIONAL PROGRAM GOALS

The goals of the Osteopathic Otolaryngic Allergy program are to train fellows to become proficient in the following core competencies:

A. Medical Knowledge: A thorough knowledge of the complex differential diagnoses and treatment options for the patient with Otolaryngeal Allergy and the ability to integrate the applicable sciences with clinical experiences.

B. Patient Care: The ability to rapidly evaluate, initiate and provide treatment for patients with acute and chronic Otolaryngic Allergy in both the inpatient and outpatient settings as well as promote health maintenance and disease prevention.

IV – INSTITUTIONAL REQUIREMENTS

4.1 There must be a minimum volume of two hundred and fifty (250) otolaryngic allergy procedures per year for each fellow in training.

4.2 The institution’s department/section of Otolaryngic Allergy shall have at least one (1) physician who currently holds a Certificate of Added Qualifications in Otolaryngic Allergy from the AOA through the American Osteopathic Board of Ophthalmology and Otolaryngology-Head and Neck Surgery (AOBOO-HNS).

4.3 The program must maintain a list of learning objectives to indicate learning expectations at yearly training levels and provide it to the fellows annually.

4.4 The program must maintain a written curriculum and provide it to the fellows annually.

4.5 The institution must provide a supervised ambulatory site for continuity of care training. Institutional clinics or otolaryngic Allergist’s offices may be used.

4.6 The institution/program must maintain a file for each fellow containing, at minimum:

1. Ambulatory logs;
2. Procedure logs;
3. Monthly rotation evaluation forms;
4. Quarterly program director evaluations;
5. Semiannual ambulatory evaluations;

4.7 The program must be represented each year at the annual AOCOO-HNS Program Directors Work Shop and annual College sponsored Faculty Development Course.

4.8 The institution must provide an otolaryngic allergy laboratory.
V - PROGRAM REQUIREMENTS AND CONTENT

A. Program Requirements

5.1 The training program in Otolaryngic Allergy must be completed utilizing one of the following options.
   a. One (1) year of uninterrupted studies with participation in a minimum of 250 documented cases; or
   b. Two (2) years of interrupted studies and training in Otolaryngic Allergy with participation in a minimum of 500 documented cases including academic experience equivalent to at least (1) year of formal concentrated study; or
   c. Three (3) years of interrupted studies and training in Otolaryngic Allergy with participation in a minimum of 750 documented cases including academic experience equivalent to at least one (1) year of formal concentrated study.

B. Transfers and Advanced Standing

5.1 The program must receive documentation from previous program director confirming that the fellow has achieved a specific level of training, and receive an endorsement from the new program director recommending advanced standing for a specific block of time.

5.2 The program is required to provide verification of residency education for fellows who may leave the program prior to completion of their education.

5.3 Requests for advanced standing and time allotted for such requests shall be considered on a case-by-case basis. The AOCOO-HNS Council of Medical Education shall review all applications and make recommendations. Advanced standing credit is applicable only for training received at the institution immediately prior to the program to which the fellow is requesting transfer.

C. Program Content

5.1 Medical Knowledge
   a. Fellows must participate in structured Otolaryngic Allergy educational activities throughout their training program.
   b. Each fellow must attend a minimum of one hundred (100) credit hours of AOCOO-HNS sponsored/approved courses, thirty (30) of which must be from an otolaryngic allergy basic course (AAOA/AOCOO-HNS) and seventy (70) hours of advanced courses.
   c. By the completion of the Otolaryngic Allergy fellowship program, each fellow must have training and experience so the resident has the ability to:
      1. Take an allergy history and assess the likelihood of allergy
      2. Understand basic pathophysiology of inhalant allergy
      3. Diagnose allergy using either skin endpoint titration or an in-vitro specific IgE testing
      4. Manage allergy symptoms using avoidance, pharmacology and immunotherapy
      5. Initiate, escalate, and adjust inhalant allergy immunotherapy.
      6. Understand safety precautions and management of emergencies.
      7. Understand pathophysiology of food allergy.
      8. Understand pathophysiology of chemical allergy.
9. Understand nutritional needs of allergy patients.
10. Recognize most common presentations of allergy.
11. Formulate diagnostic plans.
12. Interpret diagnostic allergy tests.
13. Initiate therapy.

5.2 Patient Care

a. The fellow must have training and experience in comprehensive histories and physicals, including structural examinations, with emphasis on the immunologic and related systems.

b. The fellow must have training and experience in the Diagnosis, Pathophysiology, and Treatment of Inhalant Allergy, food and fungal hypersensitivity. Application of skin wheals, mix vials, and the making of five-fold serial dilutions, as well as how to interpret skin endpoints, perform dosage calculations, and plan treatment vials.

c. The fellow must have training and experience in the pathophysiology Evaluation, and Treatment of Food Allergy and Chemical Sensitivity, Principles of Clinical Nutrition, Supplementary Allergy Treatment Techniques, such as the use of Histamine and Heparin, and Evaluation and Management of Difficult Clinical Problems such as Urticaria, Drug Allergy, Inner Ear Allergy, and Immunodeficiency.

d. The fellow must have training and experience with state-of-the-art advances and emerging technology that may be needed in future practice settings.

D. Ambulatory Clinic

5.1 The fellow’s continuity clinic training must be under the supervision of an Otolaryngic Allergy specialist.

5.2 There must be participation between the supervisor and the fellow including, at minimum, evidence that all cases are discussed.

5.3 The fellow must be exposed to the medical diagnoses found in a general Otolaryngic Allergy practice.

5.4 The fellow must be taught to apply the concepts of disease prevention and health maintenance.

5.5 Specific ambulatory clinic logs must be maintained and contain, at minimum: patient identification; diagnosis and the activity and/or procedures performed on each visit.

5.6 The fellow must develop a continuity panel of patients in the ambulatory clinic.

5.7 An opportunity must exist for the fellow to participate in the ongoing care of his/her clinic patients.

VI – PROGRAM DIRECTOR AND FACULTY

A. Program Director

6.1 The program director must be certified in Otolaryngic Allergy by the AOA through the American Osteopathic Boards of Ophthalmology and Otolaryngology-Head and Neck Surgery.

6.2 The program director must have a minimum of three (3) years of clinical experience in Otolaryngic Allergy following certification by the AOA or request special consideration by the AOCOO-HNS Council of Medical Education;
6.3 The program director's authority in directing the residency training program must be defined in the program documents of the institution.

6.4 The program director must comply with procedures and requests of the Council on Medical Education.

6.6 The program director must have compensated dedicated time to administer the training program.

6.7 The program director must complete an annual report for each fellow and review it with the fellow. Final reports must be submitted within 30 days of training completion. Delinquent annual reports will not be reviewed until a delinquency fee is paid as determined by the AOCOO-HNS administrative policies.

6.8 The program director must attend the annual AOCOO-HNS Program Director Workshop, held during the ACA, at a minimum of once every other year. In the intervening years, the program director must assign a designee who is actively involved in the training program, to attend the workshop in his or her place.

6.9 The program director must attend the annual AOCOO-HNS-sponsored Faculty Development Course as follows: the program director must attend two (2) out of three (3) programs and assign other faculty involved in the training program to attend one (1) out of five (5) annual faculty development programs.

6.10 The program director must notify the AOCOO - HNS of the fellow’s entry into the training program and the names of all fellows in the program by submitting a fellow list annually on a form furnished by AOCOO - HNS.

6.11 The program director must maintain an e-mail address and provide it to the AOCOO – HNS.

B. Faculty

6.1 Faculty must make available non-clinical time to provide instruction to fellows.

VII – FELLOW REQUIREMENTS

7.1 The fellow must have satisfactorily completed an AOA approved residency in otolaryngology.

7.2 The fellow must submit an annual resident report to the AOCOO-HNS within thirty (30) days of completion of each training year. The annual report consists of: the segregated totals (Logs), the program directors report, the professional paper, and verification of required courses. Delinquent annual reports will not be reviewed until a delinquency fee is paid as determined by the AOCOO-HNS’s administrative policies.

7.3 The fellow must attend a minimum of 70 percent of all meetings as directed by the program director.

7.4 The fellow must maintain certification in advanced cardiac life support throughout the residency.

7.5 The fellow must attend the AOCOO-HNS Annual Clinical Assembly or another AOCOO-HNS continuing education program once during the training program.

7.6 The fellow must maintain a current e-mail address and provide it to the AOCOO - HNS upon entering the program.

VIII – EVALUATION

8.1 The faculty and fellows must evaluate the program and curriculum annually to ensure that it is consistent with the current goals of the program and further address, at minimum: pass rates on
the AOBOO-HNS certification examination; fellow retention rates in the program; percent of graduates completing the program using one of the required plans; placement of graduates and professional accomplishments of graduates.

8.2 The ambulatory clinic director must complete semiannual written evaluations of the fellow’s performance.

8.3 All evaluations must be signed by the person completing the evaluation, the program director and the fellow.

8.4 The program director or a designee must meet with the fellow semiannually to review and document the fellow’s progress.

8.5 At the end of each training year, the program director, with faculty input, must determine whether each fellow has the necessary qualifications to progress to the next training year or be considered training/program complete.

8.6 Fellows’ identities in faculty evaluations must remain confidential.

8.7 Program Director and Faculty performance must be reviewed on an annual basis.

8.8 Information provided by fellows must be included as part of the assessment of faculty performance.

8.9 The program must have a remediation policy for fellows who are performing at an unsatisfactory level.

8.10 All newly approved residency training programs will be given a maximum of thirty six (36) months continuing approval following the first inspection which occurs twelve (12) months after the first fellow begins the program.

8.11 At the end of each training year, the program director and the fellow must complete and send an Annual Report to the AOBOO-HNS within thirty (30) days of completion of each training year. The annual report consists of: the segregated totals (Logs), the program directors report. Delinquent annual reports will not be reviewed until a delinquency fee is paid as determined by the AOBOO-HNS’s administrative policies.