Basic Standards for
Fellowship Training in
Sleep Medicine

American Osteopathic Association
and
American College of Osteopathic Neurologists and Psychiatrists
and
American College of Osteopathic Internists
and
American College of Osteopathic Family Physicians
and
American Osteopathic Colleges of Ophthalmology and Otolaryngology

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Table of Contents

I - Introduction .................................................................................................................................................. 2
II – Mission......................................................................................................................................................... 2
III – Educational Program Goals ............................................................................................................... 2
IV - Institutional Requirements .................................................................................................................. 2
V - Program Requirements and Content .................................................................................................. 3  
   A. Program Duration & Clinical Requirements ...................................................................................... 3  
   C. Medical Knowledge ................................................................................................................................. 4  
   D. Patient Care and Procedural Skills: ...................................................................................................... 4  
   E. Interpersonal and Communication Skills ............................................................................................ 6  
   F. Practice-based Learning: ....................................................................................................................... 6  
   G. Systems-based Practice ........................................................................................................................... 6  
   H. Ambulatory Clinic Requirements: ...................................................................................................... 6  
VI – Faculty and Administration ................................................................................................................. 6  
   A. Program Director ...................................................................................................................................... 6  
   B. Faculty ........................................................................................................................................................ 7  
VII - Fellow Requirements ........................................................................................................................... 8  
VIII – Evaluation ............................................................................................................................................. 8
Program Requirements for Fellowship Training in Sleep Medicine

I - Introduction
A. These are the basic standards for subspecialty training in osteopathic Sleep Medicine as approved by the American Osteopathic Association (AOA) and the Participating Specialty Colleges. These standards are designed to provide concentrated training in Sleep Medicine and to prepare the candidate for a certification exam in osteopathic Sleep Medicine.

II – Mission
A. Focusing upon an interdisciplinary approach to the study and care of patients with sleep disorders, the mission of an osteopathic fellowship program in sleep medicine is to provide qualified trainees with the clinical experience necessary for them to become competent and professional osteopathic sleep specialists.

III – Educational Program Goals
The goals of the osteopathic sleep medicine program are to train fellows in the following core competencies:
A. Osteopathic Philosophy and Osteopathic Manipulative Medicine: Integration and application of osteopathic principles into the diagnosis and management of patient clinical presentations.
B. Medical Knowledge: A thorough knowledge of the differential diagnoses and treatment options in sleep medicine and the ability to integrate the applicable sciences with clinical experiences.
C. Patient Care: The ability to evaluate, initiate and provide appropriate treatment for patients with sleep-related conditions.
D. Interpersonal and Communication Skills: Use of clear, sensitive and respectful communication with patients, patients’ families and members of the health care team.
E. Professionalism: Adherence to principles of ethical conduct and integrity in dealing with patients, patients’ families and members of the health care team.
F. Practice-Based Learning and Improvement: Commitment to lifelong learning and scholarly pursuit in sleep medicine for the betterment of patient care.
G. Systems-Based Practice: Skills to lead health-care teams in the delivery of quality patient care using all available resources.

IV - Institutional Requirements
4.1 The institution must have an AOA approved residency program in a participating specialty (Internal Medicine, Family Medicine, Neurology, Psychiatry, Ophthalmology, or Otolaryngology).
4.2 The program must maintain and annually update a program description that includes, at minimum: the program description elements required in the AOA Basic Documents for Postdoctoral Training.
4.3 The program must maintain a list of learning objectives, including osteopathic principles and practices as it applies to sleep medicine, to indicate learning expectations 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 program must maintain a file for each fellow containing, at minimum:
   a. Ambulatory logs;
   b. Procedure logs;
   c. Rotation evaluation forms;
   d. Program director evaluations

4.6 The primary training site must have a sleep disorders center accredited by the American Academy of Sleep Medicine (AASM), the American Osteopathic Association or any accrediting body approved by the evaluating committees of the participating specialty colleges.

4.7 The sleep medicine center must have a registered polysomnographic technologist.

4.8 The sleep medicine center must have an average of ten studies per week per fellow as well as thirty multiple sleep latency tests per year per fellow. Up to fifty percent of these requirements may be met by formal affiliations with other accredited sleep centers.

4.9 The sleep medicine center equipment must be up-to-date and in good condition. A biomedical engineer must be available to provide maintenance for the equipment.

4.10 An annual Program self-evaluation must be completed and documented to assure adequate scope and volume, adherence to the educational curriculum, the performance of the faculty and residents, and the quality of patient care.

V - Program Requirements and Content

A. Program Duration & Clinical Requirements

5.1 The training program in Sleep Medicine must be 12 months in duration.

5.2 Successful completion of a primary residency is required for acceptance into the fellowship. The fellowship may not be completed during the course of residency in a participating specialty.

5.3 The fellowship may not be completed at the same time as a fellowship in EEG, Epilepsy, EMG or Neuromuscular Disease.

5.4 The twelve months of sleep medicine training can be completed either as a continuous one-year program or as a combined program with a pulmonary fellowship. If a combined program with pulmonary is offered, the program must be three years in duration and all of the requirements for both fellowships must be met. The sleep requirements may be integrated throughout the pulmonary program in separate one-month blocks.

5.5 A maximum of three months can be scheduled for sleep related electives, including otorhinolaryngology, neurology, psychiatry, pulmonary medicine, and pediatrics. These educational experiences must not take away time from the fellow’s ambulatory care clinic.

5.6 Each fellow must have a minimum of 200 new patient consultations and 200 continuity patients.

5.7 All of patients must have a primary sleep complaint and at least 30% must have a sleep disorder other than a sleep related breathing disorder. This primary complaint can be present in association with a sleep related breathing disorder.
5.8 The primary training site must include a wide scope of exposure in terms of conditions associated with sleep as outlined in the most current *International Classification of Sleep Disorders*.

**B. Osteopathic Philosophy & Manipulative Medicine**

5.9 Training in osteopathic principles and practice must be provided in both structured educational activities and clinical formats.

**C. Medical Knowledge**

5.10 A fellow must complete a curriculum of basic science and clinical training appropriate to the specialty including the following areas:

a. Anatomy and physiology of normal sleep.

b. Sleep and its impact on the pulmonary, cardiovascular, endocrine, renal, gastrointestinal, psychiatric and neurological systems.

c. Developmental aspects of sleep.

d. Circadian rhythm disorders.

e. Physiology and Pathophysiology of sleep disorders.

f. Physiologic effects of pharmacology on sleep.

g. Classification of sleep disorders utilizing the diagnostic criteria set in the most current *International Classification of Sleep Disorders* with knowledge of the diagnostic criteria, differential diagnoses, and management options.

h. American Academy of Sleep Medicine Practice Parameters.

i. Therapeutic options to include pharmacologic therapeutics, positive airway pressure, oral appliances, behavioral therapy and surgical intervention.

j. Osteopathic principles and practice as it applies to sleep disorder medicine.

k. Ethics and public policy and sleep disorders.

**D. Patient Care and Procedural Skills:**

5.11 A fellow must become competent with regard to specialized examination skills in the field of sleep medicine to include cardio-pulmonary evaluation, the neurological examination, evaluation of the oropharynx, ENT assessment, as well as basic psychiatric evaluation.

5.12 The fellow must be skilled in the technical aspects of clinical polysomnography in order to adequately manage a sleep disorders center and perform the requisite duties of a medical director. Upon completion of the program, the fellow must be able to:

a. Score polysomnographic studies with a minimum correlation of 0.7 for inter-scorer agreement with experienced scorers for sleep stage scoring.

b. Score MSLT's with a minimum correlation of 0.7 for inter-scorer agreement, specifically in regard to sleep onset and staging.

c. Proficiently perform the technical setup and monitoring of patients for polysomnography.
5.13 The fellow must accurately interpret polysomnograms, CPAP titration studies, multiple sleep latency tests, and maintenance of wakefulness tests. The minimum requirements upon completion of the fellowship will be:

a. 200 overnight sleep studies, to include baseline PSG, CPAP titration or split night examinations.

b. 25 multiple sleep latency tests and/or maintenance of wakefulness tests.

5.14 Clinical competence must be obtained in the following:

a. Appropriate use of the computerized technology and equipment commonly used in the sleep laboratory.

b. Calibration and operation of polysomnographic recording systems.

c. Interpretation of electrocardiographic data pertinent to polysomnography.

d. Independent hook up the patient for monitoring.

e. Appropriate performance of multiple sleep latency testing.

f. Appropriate performance of maintenance of wakefulness testing.

g. Titration of continuous positive airway pressure, bilateral positive airway pressure, VPAP Adapt-SV and supplemental oxygen.

h. Skilled interpretation of electroencephalographic monitoring to include routine as well as more complex montages.

5.15 The fellow will be expected to know the indications, contraindications, and limitations of the following:

a. Polysomnography.

b. CPAP, Bi-PAP and VPAP Adapt-SV titration.

c. Multiple sleep latency testing.

d. Maintenance of wakefulness testing.

e. Actigraphy.


g. Common surgical interventions.

h. Esophageal pH monitoring.

i. Behavioral modification and psychotherapy.

5.16 A fellow must develop the ability to interpret the following studies as they relate to the field of sleep medicine:

a. Oximetry.

b. Radiographic imaging to include plain radiographs of the head and paranasal sinuses as well as CT and MRI scans of the head and upper airway.

c. Pulmonary function tests.

d. Arterial blood gases.
E. Interpersonal and Communication Skills

5.17 A fellow will learn to prepare detailed consultative reports to referring physicians.

F. Practice-based Learning:

5.18 A fellow must complete a formal research project regarding sleep medicine.

5.19 The project will incorporate elements of research design including development of a hypothesis, methods, statistical analysis of results and conclusions. The program must encourage the incorporation of osteopathic principles and practice in the research effort.

5.20 A fellow may engage in clinical research for up to six months over the course of fellowship training. This research must not take away from the requisite ambulatory clinical and technical aspects of the specialty. Research may be in any area of sleep medicine that contributes to the educational experience of the fellow. The mentor must have expertise in sleep medicine.

5.21 The fellow must submit a scientific paper and/or research project, suitable for publication by the AOA pertaining to Sleep Medicine. Established guidelines must be used in preparation of the paper.

G. Systems-based Practice

5.22 A fellow must receive training in all the skills required to be a medical director of a sleep disorders center. This includes training in the regulations (i.e. OSHA) regarding the protection of health care workers, universal precautions, and other regulatory requirements pertinent to the operations of a sleep disorders center. This includes the processes involved in the reuse of equipment, handling of contaminated materials, sharing of information (HIPAA), handling of hazardous materials, and maintenance of equipment.

5.23 A fellow must receive training in the business practices of a sleep center, accreditation processes and American Academy of Sleep Medicine (AASM) standards of practice.

H. Ambulatory Clinic Requirements:

5.24 A fellow must spend at least two half-days (8 hours) per week in the sleep disorders center or one of its affiliate labs providing consultative and follow-up care to their patient populations. A fellow’s training must include exposure to the full spectrum of sleep disorders presenting to the center.

5.25 A fellow must be under the supervision of a sleep specialist. This physician may see patients concomitantly, however time must be allotted so the supervisor is able to provide oversight to the fellow’s work and engage them in academic dialogue.

5.26 The fellow/faculty ratio in the continuity site cannot exceed 4:1.

5.27 A fellow must see an average of three new patients and an average of three return patients during each half-day clinic. A minimum of four patient encounters per session must occur.

VI – Faculty and Administration

A. Program Director

6.1 The program director must have an AOA primary board certification in a participating specialty and AOA certification in Sleep Medicine.

6.2 Alternatively, until January 1, 2013, a program director can be certified by the American Board of Sleep Medicine or qualify with three years experience in sleep medicine or be a
medical director of a sleep medicine center.

6.3 The program director must meet the following requirements.

a. Licensed to practice medicine in the state where the institution that sponsors the program is located.

b. Appointed in good standing to the medical staff of an institution participating in the program.

c. Actively participate and serve as a mentor in scholarly professional activities such as research, presentations, publications, local, regional, and national specialty societies.

d. Meet all other requirements as indicated in the fellowship training requirements of the participating Specialty College and the AOA.

6.4 The program director will be the person who has primary responsibility for directing fellow training. The program director role must be outlined in program documents.

6.5 The program director must prepare a written statement outlining the educational goals of the program with respect to knowledge, skills, and other attributes of fellows at each level of training and for each major rotation or other program assignment.

6.6 The program director must supervise the recruitment and appointment process for all applicants. This will include written communication with the applicant’s prior program director to verify satisfactory completion of all educational requirements for graduation.

6.7 The program director must provide for the proper supervision and clinical teaching of fellows for all training assignments.

6.8 The program director must monitor the progress of each Sleep Medicine fellow, including the maintenance of a training record that documents completion of all required components of the program.

6.9 The program director must monitor the quality of all didactic and clinical experiences, including the collection and review of periodic written evaluation by the fellow of all such experiences and supervision.

6.10 The program director must document that fellows are provided written descriptions of the departmental policies regarding academic, discipline, grievance, due process, sickness, vacation and other leaves, at the time of appointment to the program.

6.11 The program director must, in cooperation with the AOA Department of Education, prepare required materials for inspections.

6.12 The program director must provide the fellow with all documents pertaining to the training program as well as the requirements for satisfactory completion of the program as required by American Osteopathic Association (AOA).

6.13 The program director must submit quarterly program reports to the Director of Medical Education. Annual reports must be submitted to the appropriate specialty college.

B. Faculty

6.14 There must be one faculty member, in addition to the program director, who is board certified or board eligible in sleep medicine as outlined above.

6.15 Faculty members must also include specialists in neurology, psychiatry, pulmonary medicine, cardiology, and otorhinolaryngology.
6.16 Sleep medicine faculty must supervise the fellows throughout their training and the performance of their duties and provide documentation of competency to the fellowship director.

VII - Fellow Requirements

7.1 Must be AOA board certified or board eligible in a participating specialty.
7.2 Must submit an annual report to the appropriate specialty college.
7.3 Accurate records must be kept of all required procedures and patient diagnoses to be transferred to the annual reporting forms for the appropriate specialty college.

VIII – Evaluation

8.1 The program director must provide written evaluations to document the knowledge, skills and overall performance of the fellows at regularly scheduled intervals throughout the training period and a final evaluation that documents satisfactory completion of all program requirements for each fellow at the end of training.
8.2 The evaluation must include a review of the performance of the fellow during the final period of training and should verify that the fellow has demonstrated sufficient professional ability to practice competently and independently. This final evaluation should be part of the permanent record of the fellow maintained by the institution.