

N.A.S.H. FOUNDATION

N.A.S.H Foundation Subspecialty Training /Fellowship Program

Guidelines:

- 1. Program will be 12 months in length. Other subspecialty resident programs may be offered for either 3 or 6 months.**

The graduate medical education programs for orthopedic and neurological services will be accredited for only 12 months of education. Although 3 & 6-month periods for subspecialty resident training are available in some programs, these will not be recognized or approved for accreditation by the AOA, AMA and/or AAOS.

- 2. Subspecialty Residents may only apply after the completion of an accredited neuro-musculoskeletal residency program, as recognized by the AOA, AMA, AAOS, or comparable certifying body.**

Post-Graduate Fellowship Education in Orthopedic and Neurologic Medicine is a component of the educational process and such a program will only be accredited after completion of an accredited neuro-musculoskeletal residency program. An accredited residency program includes accreditation by the AOA and/or the AMA/AAOS.

- 3. There will be a minimum of two (2) OrthoNeuro Physicians, consisting of a board certified orthopedic surgeon, neurosurgeon, physical medicine and rehabilitation provider, neurologist, and/or pain management provider serving as your Faculty Advisors.**

Two faculty members will have documented qualifications to instruct and supervise adequately all of the residents in the program. The program will be affiliated with a residency program and will have approved facilities for surgical care. In addition, the trainers including the director of the subspecialty program will be in good standing with their academies and have the appropriate qualifications. These qualifications are as follows:

- (a) An active license to practice medicine in the state.
- (b) Certification by their appropriate board or suitable equivalent qualifications.
- (c) Appointment of good standing in the medical staff of an institution participating in the program.

4. The majority of the Subspecialty Resident's time will be spent in the active Clinical setting with the subspecialty resident following continuity of care.

A sufficient number of new and follow-up patients will be available to insure adequate inpatient and outpatient experience for each fellow without adversely diluting the educational experience of residents in other specialties.

5. Program will have regularly scheduled lecture series, conferences, and academic schedule.

Each program will have a lecture series and also involvement from the attending(s) such as journal clubs and case presentations. In addition, each subspecialty resident must complete a major and a minor research project during their time as a subspecialty resident. The educational program will be conducted in a setting that will allow interaction with the disciplines of radiology, physical therapy, internal medicine, and such other specialties ordinarily encountered in orthopedic and neurologic medicine. The program will provide sufficiently advanced education to allow the fellow to acquire the expertise of a specialist in orthopedic and neurologic medicine. This education will consist of academic and technical components.

- (a) The academic component will emphasize a scholarly approach to clinical problem solving, self-directed study, teaching, development of analytic skills and surgical judgment and research.
- (b) The technical component will ensure the ability of the fellow to perform skillfully the procedures required for practice of the subspecialty.

The program will offer supervised training in the operative and other technical skill integral to orthopedic and neurologic medicine. The instruction and experience will be sufficient for the fellow to understand the indications, risks, and limitations of the commonly performed procedures in the subspecialty.

6. Clinical experience will include surgical experience, office experience and ancillary experience.

Any hospitals and surgery centers or any place where the subspecialty resident will perform any surgery or treat patients will be approved and in good standing with the local state boards as well as OSHA.

Facilities to accomplish the clinical and educational objectives of the specialty will be available and functioning for both inpatients and outpatients.

The program will provide sufficient opportunity for the fellow to gain knowledge and skill in a number of areas that include but are not limited to:

- (a) Taking a history and performing an appropriate physical examination for orthopedic and neurologic injuries:

- (b) Exposure to patients with typical histories and physical findings of chronic orthopedic and neurologic injuries and the management of those injuries.
- (c) Differentiating between those orthopedic and neurologic injuries that require immediate surgical treatment and those that can be treated nonoperatively.
- (d) Recognizing between those orthopedic and neurologic injuries for which a minor delay in treatment would not be deleterious to the patient.
- (e) Acute care of orthopedic and neurologic injuries that may occur during activities of daily living, work life and recreational activities and how to deal with those injuries in the course of normal day activities.
- (f) How to order and interpret radiologic examinations that are used for diagnosis of orthopedic and neurologic , including specific views, tomograms, bone scan, computerized axial tomography scans and magnetic resonance imaging.
- (g) Therapeutic modalities offered in the department of physical therapy, how to use them and how to judge the appropriateness and efficacy of a treatment plan.
- (h) Diagnostic and operative procedures. (volume minimum 250 cases in 12 month - adult reconstructive/sports medicine, 150 cases in 12 months – orthopedic/neurosurgical spine).
- (i) Nonorthopedic and neurosurgical problems that occur in daily life and recreational activities sand how to deal with those problems or how to refer them appropriately.
- (j) The psychological effect of injuries on patients and how to deal with them or how to select consultants to assist in their management.
- (k) Durable medical equipment, particularly protective devices intended to allow the patient to continue to function in daily life activities , including helmets, protective pads, knee braces, foot orthotics, biomechanisms of lifting, bracing, postural mechanisms, and others not specifically named.
- (l) Durable medical equipment and their effects on the treatment, rehabilitation and prevention of orthopedic and neurologic injuires.

7. Subspecialty Residents, if working in a orthopedic or neurologic environment program, will have direct involvement in the coordination of care within an organized programs, i.e. high school, collegiate and professional sports programs as well as trauma, degenerative and deformative clinical programs.

The orthopedic subspecialty resident will get exposed to caring for teams and individuals in organized programs.. This will include participation in the care of a local high school, junior college, college, semi-pro or professional team. He/She may have assignments to handle this as the lead physician with one of the attending(s) as a back up or he may be involved as an assistant to the attending. The experience of taking care of teams is an integral part of sports medicine and will be included in the program.

The physical therapy and the athletic training departments will be completely equipped with the modern therapeutic modalities used in the treatment of the injured athlete. The operating room facilities will contain modern equipment, including arthroscopies, adjunctive equipment for arthroscopy and necessary radiologic equipment.

The Neurologic subspecialty resident will get exposed to all clinical aspects of orthopedic and neurologic spine care, including trauma programs and the ability to manage complex degenerative and deformative cases.

8. There will be a formal evaluation of the subspecialty resident and progress on a 3, 6, 9 and 12-month interval.

Physician program directors will have a clearly defined method for regular periodic assessment of the performance of the fellow. The assessment will include cognitive, motor and interpersonal skills; attitudinal traits; and surgical judgment. There will be at least semiannual communication of this information to the fellow and to the administrative director of the sub-specialty residency/fellowship program in orthopedic and neurologic medicine.

The educational effectiveness of a program will be evaluated in a systematic manner. The quality of the curriculum and the extent to which residents have met the educational goals will be assessed. Written evaluations by residents will be utilized in this process.

9. Subspecialty Resident will have direct involvement in one major and one minor research study to be either published, presented at a major annual conference or result in a product directly enhancing patient care and/or education.

Through the assistance of the program director, the N.A.S.H. Foundation and the faculty, the fellow will be responsible for the development and presentation of a major adult reconstructive and orthopedic medicine project at a major conference and/or this completion of or until published in a well respected journal. The fellow will present all studies and research procedures to all physicians of OrthoNeuro and to the Orthopedic and Neurologic Resident Manager program.

The fellow will also complete a minor research and/or patient education project to be present to all physicians, residents and fellows of the program.

Research requirements will be monitored and set at the following intervals:

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| 1 Month: | Concept and Abstract Presentation and Approval |
| 3 Month: | Data Logarithms, Literature Search and Preliminary Data Collection |
| 6, 9 Month: | Interim draft analysis of information and review by Attending and rough draft of project approved by Attending and Program Manager |
| 12 Month: | Presentation/Article Publication |