



AMERICAN OSTEOPATHIC ASSOCIATION

Basic Standards for Fellowship Training in
Correctional Medicine

American Osteopathic Association
and
American College of Osteopathic Family Physicians,
American College of Osteopathic Internists,
and
American Osteopathic College of Occupational and Preventive Medicine

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Basic Standards for Fellowship Training in Correctional Medicine

ARTICLE I - INTRODUCTION

These are the basic standards for subspecialty training in correctional medicine, as established by the American College of Osteopathic Family Physicians (ACOFP), the American College of Osteopathic Internists (ACOI), and the American Osteopathic College of Occupational and Preventive Medicine (AOCOPM) as approved by the American Osteopathic Association (AOA). These standards are designed to provide osteopathic physicians with advanced and concentrated training in correctional medicine and to prepare the physician for an examination of Certificate of Added Qualifications in Osteopathic Correctional Medicine.

ARTICLE II - MISSION

The mission of the Osteopathic Correctional Medicine fellowship training program is to provide fellows with comprehensive structured education to prepare them to become Correctional Medicine specialists to meet the needs of the United States and the world, and to prepare osteopathic physicians to become eligible for certification in Correctional Medicine.

ARTICLE III- EDUCATIONAL PROGRAM GOALS

The goals of a correctional medicine training program are to:

- A. Prepare physicians for the practice of clinical correctional medicine. The program includes a broad-based, intense study of the legal basis for correctional medicine, the unique challenges of correctional environments, and clinical correctional medicine.
- B. Provide specialized training to select physicians in the discipline of Clinical and Administrative Correctional Medicine. This includes suicide prevention, drug use and recovery, recidivism, special populations, psychiatric diagnoses and associated psychosocial issues, infectious diseases with special impact in the correctional environment, issues impacting the care of females in the correctional environment, and the basic science of corrections.
- C. Provide fellows with the opportunity to manage wounds in a correctional environment.
- D. Provide opportunities for fellows to be involved in teaching and research in the field of correctional medicine.
- E. Provide in-depth knowledge of correctional medicine in a structured environment that includes reading requirements, outside clinic rotations, staff/fellow conferences, and

formal courses. Practical patient management skills are obtained through daily patient care, case presentations, new patient evaluations, and on-call duties.

ARTICLE IV - INSTITUTIONAL REQUIREMENTS

- 4.1 The institution must provide the time and resources for each fellow, based upon his or her primary specialty, to attend the annual convention and scientific sessions or another educational program sponsored by the ACOFP, ACOI, or AOCOPM at least once during their fellowship.

ARTICLE V - PROGRAM REQUIREMENTS AND CONTENT

- 5.1 The training program in correctional medicine must be 24 months in duration. The program shall include an MPH degree (or its equivalent). Candidates that have already earned an MPH degree (or its equivalent) may apply to the conjoint specialty college committee for up to one year of advanced standing.
- 5.2 The training program in correctional medicine must be supported by a correctional medicine trained and certified faculty.
- 5.3 Curriculum: The program curriculum must address, as a minimum, the content and skill areas found in appendix A.

ARTICLE VI - PROGRAM DIRECTOR/FACULTY

- 6.1 Qualifications of the Program Director
- a. The program director must be certified by the American Osteopathic Association, through the Conjoint Board of Correctional Medicine with a Certificate of Added Qualification in Correctional Medicine.
 - b. The program director must be actively involved in the delivery of correctional care, have sufficient training and experience in academic medicine and have administrative ability and expertise to direct and supervise a fellowship program.
 - c. The program director must be licensed to practice medicine in the state where the institution that sponsors the program is located. (Certain federal programs are exempted.)
 - d. The program director must be appointed in good standing to the medical staff of an institution participating in the program.
 - e. The program director must actively participate and serve as a mentor in scholarly professional activities such as research, presentations, publications, local, regional, and national specialty societies.
- 6.2 The program director shall provide the fellow with all documents pertaining to the training program as well as the requirements for satisfactory completion of the program.

- 6.3 The program director shall be required to submit quarterly program reports to the Director of Medical Education. Annual reports shall be submitted to the appropriate specialty colleges.

ARTICLE VII – FELLOW REQUIREMENTS

- 7.1. Applicants for training in correctional medicine must be AOA board certified/eligible in any participating conjoint specialty. (Family Practice, Internal Medicine, and Occupational and Preventive Medicine)
- 7.2. The fellow must submit an annual report to the Conjoint Evaluating Committee.
- 7.3. The fellow must submit a scientific paper and/or research paper, suitable for publication and pertaining to correctional medicine.
- 7.4. The fellow must keep a log, recording each case and procedures assigned for all treatment settings, identified by the institution number. This log shall be submitted each quarter to the program director and Director of Medical Education for review and evaluation.

ARTICLE VIII –EVALUATION

- 8.1. The program must maintain a file for each fellow containing, at minimum:
- a. Ambulatory logs
 - b. Procedure logs
 - c. Rotation evaluation forms
 - d. Quarterly program director evaluations
 - e. Semi-annual reviews
- 8.2. The program director must provide a written evaluation that documents the fellow's knowledge, skills and overall performance at regularly scheduled intervals throughout the training period and a final evaluation which documents satisfactory completion of all program requirements for each fellow at the end of training. The evaluation must include a review of the fellow's performance 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 fellow's permanent record maintained by the institution.

**Fellow is used in this document as follows:

Fellow implies that the two years of training is a "stand alone" year not linked to any other training requirements and can be used in conjunction with another Osteopathic board certification to be eligible for a certificate of added qualification in Correctional Medicine.

APPENDIX A

Basic Standards for Fellowship Training in Correctional Medicine

The following learning opportunities and curriculum components are required. Emphasis shall be placed upon the medico-legal aspects of providing care to incarcerated patients; emphasizing the unique aspects of these populations, the correctional environments and the various correctional healthcare systems.

- a. Fundamentals
 1. Corrections
 - i. Transportation
 - ii. Screening
 - iii. Sick Call
 - iv. Chronic Care Clinics
 - v. Urgent Care
 - vi. Hospital Care
 - vii. Infirmary
 - viii. Restraints
 2. Administration
 - i. Recruitment Retention
 - ii. Human Resource Management
 - iii. Training
 - iv. Evaluation
 3. Legal Issues in Correctional Health Care
- b. Infectious Diseases
 1. HIV
 2. Hepatitis
 3. Sexually Transmitted Diseases
 4. Infection Control in a Correctional Setting
 - i. Ectoparasites
 - ii. ii) Tuberculosis
- c. Psychiatric Issues
 1. Manipulative Behavior
 2. Bipolar Disorder
 3. Psychosis
 4. Schizophrenia
 5. Depression
 6. Suicide
 7. Personality Disorders
- d. Clinical Correctional Medicine
 1. Diabetes
 2. Hypertension

3. Skin Diseases
4. Blood Disorders
5. Coronary Artery Disease
6. Liver Diseases
7. Wounds
8. Congestive Heart Failure
9. Gastrointestinal Disorders
10. Lung Disorders
11. Kidney Disorders
12. Seizure Disorders
- e. Drug Use/Recovery
- f. Special Populations
 1. Females
 2. Juveniles
 3. Homosexuals
 4. Transgender Issues
- g. Research Methodologies Related to Correctional Medicine
 1. Biostatistics
 2. Epidemiology
 3. Medical Information Sciences
 4. Decision Analysis
 5. Quality Improvement
 6. Critical Literature Review
 7. Research Design