

**Hand Surgery/Pediatric Orthopaedics/Otolaryngology****Training Programs in  
Hand Surgery****1. EDUCATIONAL PROGRAM**

Surgery of the hand includes the investigation, preservation, and restoration by medical, surgical or physical methods of all structures of the upper extremity which directly affect the form and function of the limb, wrist and hand.

Subspecialty education in hand surgery must be organized to provide experience of a sufficient level for the fellow to acquire the competency of a specialist; it must not be less than one continuous year and should ordinarily follow completion of full training in one of the parent disciplines: orthopaedic surgery, plastic surgery, or general surgery.

Clinical experience must include opportunities to observe and manage patients of all ages with a wide variety of disorders of the upper extremity as well as to learn the effectiveness of therapeutic programs. The program must be structured to permit the fellow to develop diagnostic, procedural and technical skills essential to the performance of hand surgery. It must provide for basic and advanced training and education as well as personal operative experience to ensure the production of qualified surgeons within this specialized field.

**2. FACILITIES AND RESOURCES**

Modern facilities to accomplish the overall educational program must be available and functioning. These include inpatient, ambulatory care and laboratory resources for adult and pediatric patients and specifically, support services in the diagnostic field of pathology, radiology, physical and occupational therapy, orthotics and prosthetics. There must be opportunity for continuing personal post-hospital follow-up of patients cared for by the fellows.

It is desirable that the educational program be affiliated with a facility in which there are additional accredited programs in surgery, plastic surgery, and orthopaedic surgery as well as other medical and surgical specialties and subspecialties.

**3. SPECIFIC KNOWLEDGE AND SKILLS**

The educational program must provide opportunities for fellows to develop clinical competence in the field of hand surgery. Examples of opportunities that are desirable for the development of knowledge and skills specific to hand surgery include, but are not limited to, trauma and its sequelae, congenital and developmental disorders, infectious and metabolic disorders, neoplasia, vascular disorders, and degenerative and rheumatologic diseases. There must be experience in the development and execution of a treatment plan (including the appropriate technical skills) to manage patients with the above disorders. This opportunity must include experience in the clinical diagnosis and interpretation of laboratory data relative to the above disorders. Experience in microsurgery and other special technology relative to the management of hand problems must be provided as well as experience in the special diagnostic skills such as electrodiagnosis and radiology relative to treating problems of the hand.

The spectrum of education shall extend from the initial management of the patient, through follow-up care, rehabilitation and the final evaluation.

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**Training Programs in  
Pediatric Orthopaedics****1. EDUCATIONAL PROGRAM**

A subspecialty education program in pediatric orthopaedics must provide experience at a sufficiently advanced level for the fellow to acquire the competence of a specialist in the field. Clinical experience should include observation and treatment of both inpatients and outpatients with a wide variety of orthopaedic disorders. The fellows must have the opportunity to assume continuous responsibility for both

acutely and chronically ill patients so as to learn the natural history of pediatric orthopaedic disorders as well as the effectiveness of treatment programs and the impact of growth on these disorders.

The program should emphasize normal physiological mechanisms and the pathogenesis and complications of pediatric orthopaedic disorders. Utilization of appropriate laboratory procedures and allied medical personnel should be stressed.

**2. FACILITIES AND RESOURCES**

Modern inpatient, ambulatory care and laboratory facilities must be available and functioning. The educational program must be conducted in a setting in which comprehensive surgical, medical, and pediatric consultation services are available.

**3. SPECIAL KNOWLEDGE AND SKILLS**

The knowledge and skills the education program must provide include, but are not limited to, the following:

- a. Prudent and judicious use of diagnostic tests.
- b. Use of data resources and the need for and interpretation of data.
- c. Interpretation of radiologic examination of the musculoskeletal system including vascular studies and the modalities of nuclear medicine (and other advanced techniques) with an appreciation of the risk and expected yield of the procedures.
- d. Understanding of the role of physical and occupational therapists, and of orthotists and prosthetists in the rehabilitation and on-going management of pediatric orthopaedic disorders.
- e. Performance of pediatric orthopaedic surgical procedures.

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**15. Special Requirements for Residency  
Training in Otolaryngology**

**DURATION OF TRAINING:** Residency training programs in otolaryngology are designed to meet the requirements of the Council on Medical Education of the American Medical Association, the American College of Surgeons, and the American Board of Otolaryngology. The training must be of at least five years duration, which should include one year of general surgery training, three years of progressive training in otolaryngology, and one additional year in otolaryngology, general surgery or in other residency programs accredited by ACGME. The final year of training must be a senior experience in otolaryngology.

This senior year must be spent within the institutions which are approved as part of the program, unless prior approval of an outside rotation has been obtained from the Residency Review Committee. Rotations of six months or more in any year of training, to institutions which are not approved as part of the program, require prior approval of the RRC.

**SCOPE OF TRAINING:** It is not essential or even desirable that all programs should adopt exactly the same program, or that they should offer a rigidly uniform sequence of experience. It is essential, however, that all institutions participating in graduate training in otolaryngology should be able to meet the fundamental requirements for an accredited program and, either alone or in collaboration, should obtain comparable results in the quality of training and in the experience obtained.

Residencies in otolaryngology should offer broad training and should preferably include some experience in closely related fields of surgery. Adequate educational content and overall clinical and operative experience should be provided to enable the resident on completion of his training to begin the practice of his specialty in a scientific and competent manner. Residencies in otolaryngology must provide in-depth training and experience in medicine and regional surgery. It is essential that the training program have a well-organized, comprehensive, and effective educational curriculum. The curriculum content should reflect careful planning, with evidence that the cyclical presentation of core specialty