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AMERICAN OSTEOPATHIC ASSOCIATION

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**Basic Standards  
for  
Osteopathic Fellowship Training in  
Sleep Medicine**

**American Osteopathic Association  
and the  
American College of Osteopathic Neurologists and  
Psychiatrists  
and the  
American College of Osteopathic Internists**

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## **Program Requirements for Subspecialty Residency/ Fellowship Training in Sleep Medicine**

### **Article I - Introduction**

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.

### **Article II - Definition of the Subspecialty/ Fellowship**

Sleep Medicine is that area of medicine that focuses on the interdisciplinary approach to the study and care of patients with sleep disorders.

The purpose of a Sleep Medicine training program is to:

- A. Provide the fellow with extensive clinical training in the care of the patient, emphasizing management in the diagnosis and treatment of sleep disorders. Special emphasis shall be placed on osteopathic principles and practice in the care of patients.
- B. Provide the fellow with the opportunity to provide both primary and consultative care for patients in all settings and function as a member of an interdisciplinary team in the assessment and management of patients.
- C. Provide the fellow with additional training in the branches of osteopathic medicine and surgery that are of special concern to sleep specialist.

### **Article III - Institutional Requirements**

- A. To be approved by the AOA for training in osteopathic Sleep Medicine, an institution must meet all of the requirements as formulated in the *Policies and Procedures for Internship and Residency Training* Requirements of the AOA and must have an AOA approved residency program in a participating specialty.
- B. The institution must provide and have resources available:
  - a. 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.
  - b. The sleep medicine center must have a registered polysomnographic technologist.
  - c. 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.

- d. The equipment must be up-to-date and in good condition. A biomedical engineer must be available to provide maintenance for the equipment.
  
- C. The institution shall make available an adequate medical library containing carefully selected texts, the latest editions of medical journals and other appropriate publications, in various branches pertaining to training in Sleep Medicine. The library shall be in the charge of a qualified person who shall act as custodian of its contents and arrange for the proper cataloging and indexing that will facilitate investigative work by the fellow. The institution shall maintain electronic resources for real time gathering of educational material.
  
- D. The institution shall provide a documented yearly self-evaluation mechanism to assure sufficient appraisal of scope and volume, the educational curriculum, from the faculty, residents and surveys of the quality of patient care.
  
- E. The institution must provide a written policy and procedures for the selection of a fellow.
  
- F. The institution shall execute a contract with each fellow in accordance with the Policies and Procedures for Internship and Residency Training Requirements of the AOA. The institution must conform to the AOA work hours policy.
  
- G. Upon the satisfactory completion of the training program, the institution shall award the fellow an appropriate certificate. The certificate shall confirm the fulfillment of the program requirements, starting and completion dates of the program and the name(s) of the training institution(s) and the program director(s).

#### **Article IV - Program Requirements**

- A. The training program in Sleep Medicine must be at least 12 months in duration.
  
- B. The fellowship may not be completed at the same time as a fellowship in EEG, Epilepsy, EMG or Neuromuscular Disease. The twelve months can be provided 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 a minimum of 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.
  
- C. The fellowship may not be completed during the course of residency in a participating specialty. Successful completion of a primary residency is required for acceptance into the fellowship.

D. Clinical Requirements:

1. Each fellow must have a minimum of 200 new patient consultations and 200 continuity patients. All of these patients must have a primary sleep complaint and at least 30% of them 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. The patients seen in the primary training site should include a wide spectrum of conditions associated with sleep as outlined in the most current International Classification of Sleep Disorders with knowledge of the diagnostic criteria, differential diagnoses, and management options.

E. Technical Skills:

2. 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.

F. The fellow will be expected to 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:

1. A minimum of 200 overnight sleep studies, to include baseline PSG, CPAP titration or split night examinations.
2. A minimum of 25 multiple sleep latency tests and/or maintenance of wakefulness tests.

G. Clinical competency will be obtained in the following:

1. Appropriate use of the computerized technology and equipment commonly used in the sleep laboratory.
2. Calibration and operation of polysomnographic recording systems.
3. Interpretation of electrocardiographic data pertinent to polysomnography.
4. Be able to independently hook up the patient for monitoring.
5. Appropriate performance of multiple sleep latency testing.
6. Appropriate performance of maintenance of wakefulness testing.

7. Titration of continuous positive airway pressure, bilateral positive airway pressure, VPAP Adapt-SV and supplemental oxygen as required.
  8. Skilled interpretation of electroencephalographic monitoring to include routine as well as more complex montages.
- H. The fellow will be expected to know the indications, contraindications, and limitations of the following:
1. Polysomnography.
  2. CPAP, Bi-PAP and VPAP Adapt-SV titration.
  3. Multiple sleep latency testing.
  3. Maintenance of wakefulness testing.
  4. Actigraphy.
  5. Oral appliances.
  6. Common surgical interventions.
  7. Esophageal pH monitoring.
  8. Behavioral modification and psychotherapy.
- I. The fellow will develop the ability to interpret the following studies as they relate to the field of sleep medicine:
1. Oximetry.
  2. 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.
  3. Pulmonary function tests.
  4. Arterial blood gases.
- J. 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.
- K. Sleep medicine faculty must supervise the fellows throughout their training and the performance of their duties and provide documentation of proficiency to the fellowship director.
- L. Ambulatory Clinic Requirements:
1. The fellow must spend a minimum of 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.
  2. The fellow must be under the supervision of a sleep specialist. This physician may also be seeing patients concomitantly, however adequate time should be allotted so the supervisor is able to provide oversight to the fellow's work and engage them in academic dialogue. The fellow/faculty ratio in the continuity site cannot exceed 4:1. The fellow's training must include exposure to the full spectrum of sleep disorders presenting to the center.

3. A fellow should see an average of three new patients and average of three return patients during each half day period. A minimum of four patient encounters per session must occur.
4. The fellow will gain experience in the preparation of detailed consultative reports to the referring physician.

M. Additional Training:

1. The fellow may engage in clinical research for up to six months over the course of the fellowship training, however this may 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.
2. The fellow may take up to three months in sleep related electives to include otorhinolaryngology, neurology, psychiatry, pulmonary medicine, and pediatrics. These educational experiences should not take away time from the fellow's ambulatory care clinic except under special circumstances.
3. The 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. There must also be training in the business practices of a sleep center, accreditation processes and American Academy of Sleep Medicine (AASM) standards of practice.
4. The fellow will 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.
5. 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.
  6. Fellows shall be required to complete a formal research project regarding sleep medicine, which shall incorporate the elements of research design including development of a hypothesis, methods, statistical analysis of results and conclusions. The program shall encourage the incorporation of osteopathic principles and practice in the research effort.
  7. The program shall incorporate osteopathic principles and practices in the training program as it applies to sleep medicine.

#### **Article V - Program Director**

**A. Qualifications of the Program Director:**

The program director must have an AOA primary board certification in a participating specialty and AOA certification in Sleep Medicine. Alternatively, 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. Effective January 1, 2013 the program director must have an AOA certification in Sleep Medicine. The program director must meet the following requirements.

1. Licensed to practice medicine in the state where the institution that sponsors the program is located.
2. Appointed in good standing to the medical staff of an institution participating in the program.
3. Actively participate and serve as a mentor in scholarly professional activities such as research, presentations, publications, local, regional, and national specialty societies.
4. Meet all other requirements as indicated in the fellowship training requirements of the participating Specialty College and the AOA.

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

- C. Faculty members must also include to specialists in neurology, psychiatry, pulmonary medicine, cardiology, otorhinolaryngology.
- D. Program Director Responsibilities

The program director will be the person who has primary responsibility for directing program training. The program director role shall be outlined in program documents. Responsibilities will include:

1. Preparing 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.
2. Supervising 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.
3. Providing for the proper supervision and clinical teaching of fellows for all training assignments.
4. Monitoring the progress of each Sleep Medicine fellow, including the maintenance of a training record that documents completion of all required components of the program.
5. Providing written evaluation that documents the knowledge, skills and overall performance of the resident 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 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.
6. Monitoring 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.
7. Documenting that fellows are provided written descriptions of the departmental policies regarding academic, discipline, grievance, due process, sickness, vacation and other leaves, and at the time of appointment to the program.
8. The program director shall, in cooperation with the AOA Department of Education, prepare required materials for inspections.
9. 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 as required by

American Osteopathic Association (AOA).

10. 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 college.

#### **Article VI - Subspecialty Fellow Requirements**

- A. Applicants for training in Sleep Medicine must:
  1. Have graduated from a Commission on Osteopathic College Accreditation (COCA) approved college of osteopathic medicine
  2. Be and remain members of the AOA during residency training.
  3. Have satisfactorily completed an AOA approved residency training program and be AOA board certified or board eligible in a participating specialty.
  5. Be appropriately licensed in the state in which training is conducted.
- B. During the training program, the resident must:
  1. Submit an annual report to the appropriate specialty college.
  2. Submit a scientific paper and/or research project, suitable for publication by the AOA pertaining to Sleep Medicine. Established guidelines shall be used in preparation of the paper.