A. INTRODUCTION:

A1. Definition:

Occupational disease or injury is contracted as a result of prolonged exposure to unsafe substances or conditions in the natural course of one's employment, where the risk of such a condition or injury is greater than that of the general population. Occupational Medicine therefore, is the medical subspecialty which focuses on the relationships among the health of workers, the arrangements of work, the physical, chemical and social environments in the workplace, and the health outcomes of environmental exposures. The University of South Florida (USF) Occupational Medicine Residency (OMR) is accredited by the Accreditation Council for Graduate Medical Education (ACGME) to provide a 2 year training program in Occupational Medicine. As part of the ACGME Next Accreditation System, the USF OMR self-study date is scheduled to be approximately March 1, 2017.

A.2. Duration:

1. The resident will receive two years of supervised clinical graduate education.
   
   a. There will be a minimum of 4 months of direct patient care experience in an occupational setting during each year of the program.

2. The resident will complete two years of graduate level coursework (46 credit hours) prior to the completion of the program leading to a Master's of Science in Public Health (MSPH).

   a. The course work will consist of classes in epidemiology, biostatistics, health services management and administration, environmental health, behavioral aspects of health. Additional training in toxicology, occupational epidemiology, industrial hygiene, safety and ergonomics, commercial driver examinations, and risk hazard communication are also required.

   b. Research training and conducting research is another aspect of the MSPH degree and helps the development of critical intelligence and independent problem solving. The MSPH degree culminates with an independent thesis requirement. The resident will identify a topic during the first six months of their program and will utilize the 2 months reserved exclusively for research work over the two years of residency, and also participate in the weekly research meeting where progress is evaluated. The research takes places at several of our participating sites and is closely supervised by our research director Dr. Mbah and the program director Dr. Truncale.

3. A minimum of 1/3 of the clinical training time each year will be spent in real world of work experiences at Occupational/Preventive Medicine sites including, the USHealthworks clinic, Lakeside Occupational Medicine Clinic, Jet Medical, Bay
UNIVERSITY OF SOUTH FLORIDA
COLLEGE OF PUBLIC HEALTH • ENVIRONMENTAL AND OCCUPATIONAL HEALTH

Occupational Medicine Residency Program Scope of Practice

Pines and James A. Haley Veterans Hospital Occupational Health Clinics.

In addition, residents will rotate at Occupational Safety and Health Administration office, NASA, CSX Industries and may rotate at FOX News and/or Tampa Electric providing the opportunity to interact with assorted important components and personnel indigenous to the practice of OM in the 21st century: nurses, administrators, insurance personnel, safety and industrial hygienist professionals, union representative, human resources and governmental agencies. These clinical experiences will broaden the medical knowledge base, increase interdisciplinary teaching and expose resident to health, safety, legal, ethical and social issue involved in the OM practice.

POSTGRADUATE YEAR 2

B. INTRODUCTION:

B1. Definition:

Preventive medicine is the medical specialty which focuses on the promotion, protection, and maintenance of health and well-being, the prevention of disease and disability, and the premature death of individuals in defined populations. Occupational Medicine (OM) is one of three identified areas in the field of Preventive medicine which focuses on the relationships among the health of workers, the arrangements of work, the physical, chemical and social environments in the workplace, and the health outcomes of environmental exposures.

B2. Clinical education:

Residents will be directly observed and supervised by all clinical faculty so that the assumption of responsibilities is appropriately monitored and progressive. Training experiences, at least 1/3 of the time each year include rotations at the Occupational Health rotations listed above. Additional rotations, at least 1/4 of the time in subspecialty areas important to the practice of OM include Allergy, Emergency medicine, Pulmonary, Radiology, Neurology, Pain Psychiatry, Orthopedics, Cardiology, Dermatology and Audiology. Residents can tailor their training focusing on areas of interest.

B2a. Objectives including the following ACGME OM milestones: PC-8, PC-14, SBP-1, SBP-2, SBP-3, PBL-1, PR0-1, PR0-2, ICS-1, ICS-2.

1. Begin to obtain, brief, as well as comprehensive, patient histories, with an emphasis on occupation and exposure
2. Learn to identify, the potential relationship between patient symptoms and occupational/environmental exposures
3. Diagnose and begin to manage occupational/environmental illnesses and injuries with the use of consultants in related disciplines when indicated.
4. Learn to identify non-occupational/environmental factors that may contribute to occupational/environmental disease or injury

5. Learn to refer, follow up or manage patients with serious occupational or environmental injuries and illnesses.

6. Begin to elicit patients' concerns about exposures and establish a therapeutic alliance incorporating risk communication.

7. Report all findings to affected individuals and pertinent information to organizations and employers as appropriate (considering medical confidentiality issues).

8. Begin to apply clinical practice guidelines in one's practice of medicine

9. Diagnose injuries associated with physical hazards including heat (e.g., heat stress, heat stroke, heat syncope, heat exhaustion, and heat cramps), cold (e.g., hypothermia, frostbite, chilblains, and immersion foot), radiation, lasers, and vibration.

B2h. Evaluations:

1. Residents are evaluated under direct supervision by faculty during all rotations. The supervising physician will provide an immediate review of the procedures/encounters with feedback provided after care is delivered. PC-8

2. Preceptor evaluations of the resident will be completed on a monthly basis utilizing the New Innovations evaluation system. Resident evaluations by the program director will be completed during the semi-annual evaluation. Residents will also obtain at least one 360 evaluation every month on a random patient encounter or by administrative or other staff member selected by the supervising faculty member. ICS-1

3. The program director will evaluate and discuss the resident's portfolio semi-annually.

4. THE 6 Core ACGME Competencies will be evaluated on all evaluations completed through New Innovations as well as the ABPM tracking forms and internal GME evaluation forms. All ACGME required documentation will be completed and updated through the ACGME web site.

5. ACGME Milestones in Occupational Medicine: The milestones provide the program director the ability to assess the development of each resident in the key dimensions of the elements of physician competency in OM. Milestones are tracked on the preceptor evaluations, initial skill evaluation, during course work, IPM module's and in the didactic sessions.

6. Introduction to the Practice of Medicine (IPM) Modules (All ACGME Milestones)

   B3. Occupational medicine ACGME milestones and ACOEM skill sets:

In addition to specific Occupational Medicine competencies, there are important skills that those practicing OEM may obtain but which are not an aspect of the basic foundation of Occupational or Environmental Medicine.
B3a. Objectives

1. OEM Related Law and Regulations: Begin to develop knowledge and skills necessary to comply with regulations important to occupational and environmental health. This most often includes those regulations essential to workers' compensation, accommodation of disabilities, public health, worker safety, and environmental health and safety. PC-9, MK-2

2. Environmental Health: Begin to develop the knowledge and skills necessary to recognize potential environmental causes of concern to the individual as well as to community health. Environmental issues most often include air, water, or ground contamination by natural or artificial pollutants. Learn to identify the health effects of the broad physical and social environment, which includes housing, urban development, land-use and transportation, industry, and agriculture. PC-5, MK-2

3. Work Fitness and Disability Integration: Develop the knowledge and skills to determine if a worker can safely be at work and complete required job tasks. The physician has the knowledge and skills necessary to provide guidance to the employee and employer when there is a need for integration of an employee with a disability into the workplace. PC-10

4. Toxicology: Begin to recognize, evaluate, and treat exposures to toxins at work or in the general environment. This most often includes interpretation of laboratory or environmental monitoring test results as well as applying toxicokinetic data. PC-1, PC-2

5. Hazard Recognition, Evaluation, and Control: Begin to investigate the risk of an adverse event from exposure to physical, chemical, or biological hazards in the workplace or environment. If there is a risk with exposure, then that risk can be characterized with recommendations for control measures. PC-2

6. Disaster Preparedness and Emergency Management: Learn to develop a plan for mitigation of, response to, and recovery from disasters at specific worksite as well as for the community at large. Emergency management most often includes resource mobilization, risk communication, and collaboration with local, state, or federal agencies. PC-3

7. Health and Productivity: Learn to identify and address individual and organizational factors in the workplace in order to optimize the health of the worker and enhance productivity. These issues most often include absenteeism, presenteeism, health enhancement, and population health management. PC-8, PC-11, MK-1

8. Public Health, Surveillance, and Disease Prevention: Begin to cultivate the knowledge and skill to develop, evaluate, and manage medical surveillance programs for the workplace as well as the general public. Learn to apply primary, secondary, and tertiary preventive methods. PC-4, PC-12

9. OEM Related Management and Administration: Learn to plan, design, implement, manage, and evaluate comprehensive occupational and environmental health programs and projects. PC-6, PC-7, PC-13

B3b. Evaluations:

1. Residents will be evaluated in these areas by their academic instructors during course work. Evaluation methods include, in class assignments, homework, exams, presentations, and written reports.
Occupational Medicine Residency Program Scope of Practice

2. Residents are required to maintain a minimum of a 3.0 GPA at all times.
3. The resident's performance on the ABPM in-service exam will be used as a measure in these areas.
4. The monthly board review course covers many of these topics. The resident's performance in these areas will be measured and progressive improvement is expected to be demonstrated.
5. IPM Modules
6. Clinical and non-clinical preceptor and 360 evaluations
7. Semi-annual review by the Clinical Competency Committee
8. Semi-annual resident review with the program director

B4. Research and Education:

The practice of Occupational Medicine requires ongoing scholarly inquiry, lifelong learning, and the ability to teach others. If an OEM physician participates in research or education, the techniques and methodologies of research and education are required to be competent. Any OEM physician would benefit from practicing these skills in order to expand the knowledge of occupational and environmental hazards, to stay current and competent, and to communicate this knowledge in proper perspective to others.

B4a. Objectives:

1. Each semester, the resident will enroll in the Seminar in Occupational and Environmental Research class. MK-2, MK-3, MK-4
2. Design and conduct a scientific investigation.
3. Formulate a hypothesis.
4. Perform a literature review.
5. Select and apply research design methods.
6. Seek and secure human or animal subjects review panel approval when indicated.
7. Identify and secure necessary resources.
8. Collect and prepare data for analysis.
9. Complete one month of thesis training
10. Register and complete the Collaborative Institutional Training Initiative (CIT!) course.
11. Identify members of their thesis committee.

B4b. Evaluations:

1. Residents will be evaluated by in-class participation, case presentation and exams and are expected to receive a passing grade in the Seminar in Occupational and Environmental Medicine course. MK-2, MK-3, MK-4
2. The resident will be evaluated in New Innovations by Dr. Hanna during their thesis month.
3. The resident will be evaluated by their research committee.
4. IPM Modules
5. CIPI Certification

POSTGRADUATE YEAR 3

C. INTRODUCTION:

Cl. Definition:
Preventive medicine is the medical specialty which focuses on the promotion, protection, and Maintenance of health and well-being, the prevention of disease and disability, and the premature death of individuals in defined populations. Occupational Medicine (OM) is one of three identified areas in the field of Preventive medicine which focuses on the relationships among the health of workers, the arrangements of work, the physical, chemical and social environments in the workplace, and the health outcomes of environmental exposures.

C2. Clinical Education:
Residents will be directly observed and supervised by all clinical faculty so that the assumption of responsibilities is appropriately monitored and progressive. Training experiences remain the same; at least 1/3 of the time each year includes rotations at the Occupational Health rotations listed above. Additional rotations, at least 1/4 of the time in subspecialty areas important to the practice of OM include Allergy, Emergency medicine, Pulmonary, Radiology, Neurology, Pain Psychiatry, Orthopedics, Cardiology, Dermatology and Audiology. Residents can tailor their training focusing on areas of interest.

C2a. Objectives including the following ACGME milestones: PC-8, PC-14, SBP-1, SBP-2, SBP-3, PBL-1, PR0-1, PR0-2, ICS-1, ICS-2):

1. Obtain, brief, as well as comprehensive, patient histories, with an emphasis on occupation and exposure.
2. Recognize and identify, the potential relationship between patient symptoms and occupational/environmental exposures
3. Diagnose and manage occupational/environmental illnesses and injuries with the use of consultants in related disciplines when indicated.
4. Identify non-occupational/environmental factors that may contribute to occupational/environmental disease or injury
5. Refer, follow up and manage patients with serious occupational or environmental injuries and illnesses.
6. Elicit patients’ concerns about exposures and establish a therapeutic alliance incorporating risk communication.
7. Report all findings to affected individuals and pertinent information to organizations and employers as appropriate (considering medical confidentiality issues), advocating for the health and safety of patients and employees.
8. Apply clinical practice guidelines in one's practice of medicine
9. Diagnose and manage injuries associated with physical hazards including heat (e.g., heat stress, heat stroke, heat syncope, heat exhaustion, and heat cramps), cold (e.g., hypothermia, frostbite, chilblains, and immersion foot), radiation, lasers, and vibration.

10. Serve in a supervisory role for junior residents

11. Achieve proficiency in the identified procedures within the OM scope of practice

12. Identifies strength's weaknesses in one's knowledge and sets learning goals for improvement

C2b. Evaluation of competence:

1. Residents are evaluated under direct supervision by faculty during all rotations. The supervising physician will provide an immediate review of the procedures/encounters with feedback provided after care is delivered. PC-8

2. Preceptor evaluations of the resident will be completed on a monthly basis utilizing the New Innovations evaluation system. Resident evaluations will also be done during the semi-annual and final evaluation by the program director. Residents will also obtain at least one 360 evaluation every month on a random patient encounter or by administrative or other staff member selected by the supervising faculty member. ICS-1

3. The program director will evaluate and discuss the resident's portfolio semi-annually.

4. THE 6 Core ACGME Competencies will be evaluated on all evaluations completed through New Innovations as well as the ABPM tracking forms and internal GME evaluation forms. All ACGME required documentation will be completed and updated through the ACGME website.

5. Introduction to the Practice of Medicine (IPM) Modules (All ACGME milestones).

C3. Occupational medicine ACGME milestones and ACOEM skill sets:

In addition to specific Occupational Medicine competencies, there are important milestones and skills that those practicing OEM may obtain but which are not an aspect of the basic foundation of Occupational or Environmental Medicine.

C3a. Objectives

2. OEM Related Law and Regulations: Attain the knowledge and skills necessary to comply with regulations important to occupational and environmental health. This most often includes those regulations essential to workers' compensation, accommodation of disabilities, public health, worker safety, and environmental health and safety. PC-9, MK-2

2. Environmental Health: Attain the knowledge and skills necessary to recognize potential environmental causes of concern to the individual as well as to community health. Environmental issues most often include air, water, or ground contamination by natural or artificial pollutants.
Occupational Medicine Residency Program Scope of Practice

Learn to identify the health effects of the broad physical and social environment, which includes housing, urban development, land-use and transportation, industry, and agriculture. PC-5, MK-2

3. Work Fitness and Disability Integration: Attain the knowledge and skills to determine if a worker can safely be at work and complete required job tasks. The physician has the knowledge and skills necessary to provide guidance to the employee and employer when there is a need for integration of an employee with a disability into the workplace. PC-I

4. Toxicology: Attain the knowledge to recognize, evaluate, and treat exposures to toxins at work or in the general environment. This most often includes interpretation of laboratory or environmental monitoring test results as well as applying toxicokinetic data. PC-I, PC-2

5. Hazard Recognition, Evaluation, and Control: Investigate the risk of an adverse event from exposure to physical, chemical, or biological hazards in the workplace or environment. If there is a risk with exposure, then that risk can be characterized with recommendations for control measures. PC-2

6. Disaster Preparedness and Emergency Management: Develop a plan for mitigation of, response to, and recovery from disasters at specific worksite as well as for the community at large. Emergency management most often includes resource mobilization, risk communication, and collaboration with local, state, or federal agencies. PC-3

7. Health and Productivity: Identify and address individual and organizational factors in the workplace in order to optimize the health of the worker and enhance productivity. These issues most often include absenteeism, presenteeism, health enhancement, and population health management. PC-8, PC-11, MK-1

8. Public Health, Surveillance, and Disease Prevention: Attain the knowledge and skill to develop, evaluate, and manage medical surveillance programs for the work place as well as the general public. Learn to apply primary, secondary, and tertiary preventive methods. PC-4, PC-12

9. OEM Related Management and Administration: Plan, design, implement, manage, and evaluate comprehensive occupational and environmental health programs and projects. PC-6, PC-7, PC-13

C3b. Evaluation of competence:

1. Residents will be evaluated in these areas by their academic instructors during course work. Evaluations methods include, in class assignments, homework, exams, and presentations.
2. Residents are required to maintain a minimum of a 3.0 GPA at all times.
3. The resident's performance on the ABPM in-service exam will be used as a measure in these areas
4. The monthly board review course covers many of these topics. The resident's performance in these areas will be measured and progressive improvement is expected to be demonstrated.
5. IPM Modules
6. Clinical and non-clinical preceptor and 360 evaluations
7. Semi-annual review by the Clinical Competency Committee
8. Semi-annual resident review with the program director
9. The resident will take the comprehensive final exam in the core preventive medicine topics as well the occupational medicine specialty. A minimum passing score of 70% is required to graduate.
C4. Research and education:

The practice of Occupational Medicine requires ongoing scholarly inquiry, lifelong learning, and the ability to teach others. If an OEM physician participates in research or education, the techniques and methodologies of research and education are required to be competent. Any OEM physician would benefit from practicing these skills in order to expand the knowledge of occupational and environmental hazards, to stay current and competent, and to communicate this knowledge in proper perspective to others.

C4a. Objectives:

1. Each semester, the resident will enroll in the "Seminar in Occupational and Environmental Research" class. MK-2, MK-3, MK-4
2. Analyze and interpret thesis research data.
3. Present data at the National Occupational Research Agenda (NORA) conference.
4. Defend conclusions and recommendations, using appropriate data and logical reasoning
5. Write a report suitable for publication
6. Submit your abstract to ACOEM annual OM resident research initiative for presentation at their annual meeting or comparable organization/meeting.
7. Finalize and submit manuscript for publication
8. Complete one month of thesis training

C4b. Evaluation of competence:

1. Residents will be evaluated by in-class participation, case presentation and exams and are expected to receive a passing grade in the Seminar in Occupational and Environmental Medicine course. MK-3, MK-4
2. The resident will be evaluated in New Innovations by Dr. Mbah during their thesis month.
3. The resident will be critiqued at the NORA conference and is expected to answer questions and modify project under supervisor of the program director and faculty.
4. The resident will be evaluated by their thesis committee.
5. The resident will successfully defend their thesis and submit it in proper form to the COPH following approved revisions prior to completing the program.

D. PROCEDURES PGY 2-3:

There are procedural skills necessary for the practice of occupational medicine. It is anticipated that you will attain proficiency in the following procedures during the two year training program:

1. Joint injection/aspiration
Occupational Medicine Residency Program Scope of Practice

2. Foreign body of the eye removal
3. Uncomplicated laceration repair

All procedures are to be completed under direct supervision of the faculty member and recorded in their profile at the New Innovations website. Residents will receive immediate feedback by the preceptor who will also complete an evaluation in the New Innovations system.

___________________________  __________________
Thomas Truncale DO, MPH  Date
OM Program Director