

AOSNA FELLOWSHIP PROGRAM GUIDELINES

GENERAL INFORMATION

1. Deadline for Application: December 1, 2018
2. Duration of Funding: Two (2) consecutive one (1) year awards based on a 12-month academic year of August 1st to July 31st (2019/2020 and 2020/2021)
3. The Fellowship Award is intended to provide funding to an Institution to support its post-graduate fellowship program including such direct costs as stipends and benefits, research expenses, educational expenses, etc. The fellowship award may not be used for indirect costs.
4. A limited number of Fellowship Awards are available. The number of awards granted will be determined based on the allocation of funds determined by the AOSpine North America (“AOSNA”) Board of Directors.
5. The amount of funding will not exceed \$65,000 per award. Lesser amounts may be awarded at the discretion of the AOSNA Fellowship Committee (“AOSNAFC”).

SELECTION PROCESS

1. Applications will be reviewed and scored based on established criteria set by the AOSNAFC.
2. AOSpine membership/engagement of the Fellowship Director and all Faculty Members will be evaluated and taken into consideration as part of the selection process.
3. Applications will only be accepted from applying Institutions that are not “disqualified persons” with respect to AOSNA, as that term is defined in Internal Revenue Code Section 4946(a).

INTRODUCTION

1. Purpose
 - a. The purpose of the AOSNA Fellowship Program is to provide funding to Institutions; that offer intensive learning opportunities for fully trained orthopedic and neurosurgeons interested in spine surgery.
2. Definition and Scope of the Specialty
 - a. Spinal surgery is that subspecialty of neurosurgery and orthopedic surgery that deals with the evaluation and medical and surgical treatment of diseases of the spine. It includes the in-depth study, prevention, diagnosis, and treatment of the spinal cord and spinal column disease, disorders and injuries by medical, physical, and surgical methods.
 - b. Post-graduate fellowship programs in the subspecialty of spinal surgery may be accredited in an institution that sponsors accredited residency programs in neurological surgery and/or orthopedic surgery; that is affiliated with an institution where an Accreditation Council for Graduate Medical Education (“ACGME”) accredited neurological surgery and orthopedic surgery program is conducted; or which has a training program in neurosurgery or orthopedic surgery which is recognized by the Royal College of Physicians and Surgeons of Canada. Requests for exceptions to this policy will be reviewed on a case-by-case basis.
3. Duration of Training
 - a. Prior to beginning a fellowship in spinal surgery, each fellowship candidates should have satisfactorily completed a residency training program in neurological surgery or orthopedic surgery that is accredited by a body recognized in the home country (e.g. RRC in the USA; Royal College of Physicians and Surgeons in Canada).

- b. Funding is for twelve-month academic year for a qualifying Institution and is for two (2) one-(1)- year awards.
 - c. The training program shall be spent in a clinical setting under the direction of clinical faculty. This period of time must provide the fellows with an organized, comprehensive, supervised, full-time educational experience in the field of spinal surgery. This should include the management of patients, the performance of surgical procedures and the integration of surgical therapies and diagnostic modalities into the clinical management of the spinal patient.
4. Broad Description of the Objectives/Goals of Education in the Fellowship Specialty
- a. Programs must provide broad educational experience in spine surgery, which will prepare the fellow to function as a sub-specialist capable of providing comprehensive patient care.
 - b. Each fellowship should provide a broad exposure to clinical evaluation, radiographic analysis and non-operative management of spinal disorders. An ability to select appropriate patients for operative management should be developed.
 - c. Each fellow should actively participate in the operative management of a wide range of spinal disorders including traumatic degenerative, neoplastic and congenital conditions. Progressive responsibility during operative management should be provided. A broad exposure to modern spinal instrumentation techniques is an essential part of spine surgery.
 - d. Clinical and/or basic science research is an integral component of the educational experience and provision should be made for the successful completion of research projects.

INSTITUTIONAL ORGANIZATION

1. The Sponsoring Institutions
 - a. The sponsoring Institution must provide sufficient faculty, infrastructural resources, clinical research, and library facilities to meet the educational needs of the fellowship trainee and to enable the program to comply with the requirements of accreditation (as described below). The major spine surgery facility of the fellowship program should offer spine surgery clinical facilities and faculty in neurology, neurosurgery, orthopedics, rehabilitation medicine, intensive care and neuroradiology. Regular program reviews of an AOSNA Fellowship Award site will be conducted.
 - b. If your institution has multiple departments applying for fellowship funding (i.e. orthopedic and neurosurgical departments from the same institution), please note that faculty cannot be listed on more than one application.
 - c. If your fellowship program is a combined orthopedic and neurosurgical fellowship, then only one application may be submitted.
2. Participating Institutions
 - a. Participating Institutions shall be limited to those Institutions with a spine surgery clinical caseload in excess of 300 operative cases per year. There should be a minimum of 100 spinal instrumentation cases performed each year at the Institution.
 - b. The primary teaching staff will be located at the sponsoring Institution.
3. Appointment of Fellows
 - a. Successful applicants for a fellowship position will be chosen solely by the relevant Institution on the basis of criteria determined by said Institution. The program Director must adhere to the criteria for fellowship eligibility, which are specified in institutional requirements. A high rate of fellowship attrition from a program may subsequently affect program approval. Notwithstanding anything to the contrary, the following persons are not eligible to be fellows:

- (i) “disqualified persons” with respect to AOSNA, as that term is defined in Internal Revenue Code Section 4946(a), (ii) members of AOSNAFC (“AOSNAFC Members”), (iii) members of the family of an AOSNAFC Member (as defined in Internal Revenue Code Section 4946(d), and (iv) any persons over whom AOSNAFC Members have substantial influence and/or control (i.e. via employer-employee relationship).

FACULTY QUALIFICATION AND RESPONSIBILITIES

The Program Director, Fellowship Director, and teaching staff are responsible for the general administration of the program, including activities related to the recruitment, selection, instruction, supervision, counseling, evaluation and advancement of fellows and the maintenance of records related to program performance.

1. Fellowship Director

- a. Qualifications of the Fellowship Director
 - i. The Director of the Spine Surgery Fellowship Training Program (Fellowship Director) must be appointed by and responsible to the sponsoring department or program in the home hospital or university. The Fellowship Director must have special expertise in the evaluation and surgical/medical management of spine surgery problems.
 - ii. The Fellowship Director should be licensed to practice medicine in the state or province where the Institution that sponsors the program is located.
 - iii. The Fellowship Director should be certified by the American Board of Neurological Surgery (“ABNS”), the American Board of Orthopedic Surgery (“ABOS”), or the Royal College of Physicians and Surgeons of Canada.
 - iv. The Fellowship Director must be appointed in good standing to the medical staff of the participating Institution.
 - v. The Fellowship Program Director must be a subscribing member of AOSpine.
- b. Responsibilities of the Fellowship Director
 - i. Preparation of a written curriculum outlining the educational goals of the program with respect to knowledge, skills, and other attributes to be attained throughout the fellowship period. This statement must be distributed to the fellow and members of the teaching staff and must be available for review at all times.
 - ii. Selection of fellowship for appointment in accordance with institutional and departmental policies and procedures.
 - iii. Selection and supervision of the teaching staff and other program personnel at the Institution(s) participating in the program.
 - iv. The supervision of the fellow through explicit written descriptions of supervisory lines of responsibility for the care of patients. Such guidelines must be communicated to all members of the program staff. Fellows must be provided with prompt, reliable systems for communication and interaction with supervisory physicians.
 - v. Regular evaluation of the fellow’s knowledge, skills, and overall performance, including development of professional attitudes consistent with being a caring physician.
 - vi. The Program Director, with participation of members of the teaching staff shall:
 - 1. Evaluate the knowledge, skills, and professional growth of the fellow using appropriate criteria and procedures.
 - 2. Communicated each evaluation to the fellow in a timely manner.

- a. Program design. All educational components of a fellowship program should be related to its program goals and not interfere with the training of residents who are participating in the institutional training program.
2. Clinical Components
 - a. A minimum of twelve months of fellowship training must be spent in clinical and research activities in spine surgery.
 - b. The responsibility or independence given to fellows regarding patient care should depend upon the fellow's knowledge, manual skill, experience and the complexity of the patient's illness, as well as the degree of risk in surgery.
 - c. A portion of the fellowship program should be allocated to experience related to continuity of patient care in an outpatient clinic or office setting.
3. Didactic Components
 - a. The fellowship program should provide opportunities for the fellow to engage in research.
 - b. The fellow should actively participate in scholarly activities and should have a well-defined role in the education of residents and medical students.
 - c. The fellowship program should have a defined, published teaching conference schedule.

ACCOUNTABILITY TO AOSNA

1. Summary Evaluations
 - a. The Fellowship Director must provide a written mid-year and final evaluation for the fellow(s) to AOSNA. This evaluation must include a review of the fellow's performance during the period of training and should verify that the fellow has demonstrated sufficient professional ability to practice competently and independently. This report is due on Jan. 1st and within 30 days after the fellowship ends (August 30).
 - b. Fellows will be required to submit a written mid-year and final evaluation to AOSNA describing his/her experience at the Institution. This report is due Jan. 1st and within 30 days after the fellowship ends (August 30).
 - c. A financial report is required within 30 days after the fellowship ends (August 30).

FUNDING AND PAYMENT POLICY TO THE INSTITUTION

1. Fellowship grant payments will be made according to the following schedule:
 - a. 50% at the start of Fellowship (August 1)
 - b. 40% upon receipt of mid-year reports (January 1)
 - c. 10% upon receipt of final reports.
2. Retention of Funding
 - a. 10% of the fellowship grant will be withheld until all requested reports have been filed with AOSNA. Upon receipt of all requested reports, withheld funds will be provided to the Institution.
3. Delinquent Reports
 - a. AOSNA reserves the right to deny future fellowship grants to any Institution which, after proper notification, has not submitted required reports from the Fellowship Director and/or the Fellow, including financial reports.

INTERACTION WITH AOSNA

1. Introductory Fellowship Course

- a. At least one fellow from the Institution will be required to attend an Introductory Fellowship Course to be held in late summer/early fall of the fellowship year. This educational program is designed to provide early interaction between the fellow(s), their peers, and AOSpine members and faculty.
2. Annual Fellows Forum
 - a. At least one fellow from the Institution and his/her associated Program Director or faculty sponsor will be required to attend an annual AOSNA Fellows Forum held in the spring of the fellowship year. The fellow(s) will be asked to report on their research activities and also give a presentation on their research projects.
3. AOSNA Continuing Medical Education
 - a. AOSNA fellows are encouraged to attend one additional AOSNA educational course during his/her fellowship (not including the Introductory Fellowship Course or the Annual Fellows Forum). AOSNA will fund the course tuition, travel, and accommodations for one course of the fellow's choice during their fellowship period.
4. AOSpine Membership
 - a. Each fellow(s) at the Institution will receive a complimentary one-year membership to AOSpine at the start of fellowship. He/she will receive another complimentary year upon completion of year-end evaluations.

If you have any questions, please contact:

Chi Lam
AOSpine North America
435 Devon Park Dr., Building 800, Suite 820
Wayne, PA 19087
Mo: (303) 250-3395
E-mail: clam@aospine.org