

*THE INTERNAL MEDICINE
BASIC STANDARDS-2009*

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THE STANDARDS

- Standard I- Mission
- Standard II- Educational Program Goals
- Standard III- Institutional Requirements
- Standard IV- Program Requirements and Content
- Standard V- Faculty and Administration
- Standard VI- Resident Requirements
- Standard VII- Evaluation

STANDARD 1- MISSION

- The mission of the osteopathic internal medicine training program is to provide residents with comprehensive structured cognitive and procedural clinical education in both inpatient and outpatient settings that will enable them to become competent, proficient and professional osteopathic internists.

STANDARD II- EDUCATIONAL PROGRAM GOALS

- Summarizes the goals according to the core competencies:
 - Osteopathic Principles
 - Medical Knowledge
 - Patient Care
 - Interpersonal and Communication Skills
 - Professionalism
 - Practice-based Learning and Improvement
 - Systems-Based Practice

Standard III- Institutional Requirements

- In AOA standards: only referenced in IM standards:
 - Written statement of institutional commitment
 - Payment of on-site review costs
 - Notification of major changes to ACOI and AOA
 - Library resource requirements
 - Call room requirements
 - Resident policy and procedure manual requirements

Standard III- Institutional Requirements- cont.

- In AOA standards; referenced in IM:
 - Written resident selection policy
 - Resident contract requirements
 - Certificate requirements
 - Letter of completion for OGME-1 year
 - Work hours policy
 - Timely completion of program review materials
 - Affiliation agreements
 - Internal review requirements
 - * Program lapse with insufficient senior residents

STANDARD III-INSTITUTIONAL REQUIREMENTS

- **A. Must meet all AOA requirements;**
- **B. Must have quality resources, sufficient faculty and equitable balance between service and education**
- **C. Must have three approved slots; must have at least one AOA certified and one AOA or ABMS certified internist**
- **D. Must have one AOA certified internist and one other ABMS or AOA certified internist**
- **E. Must have a program description updated annually**

Standard III- Institutional Requirements

- **F. Must have a supervised continuity clinic**
- **G. Must maintain a resident file with all educational documents for at least five years.**
- **H. Must provide for a each resident to attend the ACOI convention once during residency.**
- **I. Must provide a proctor for the ACOI in-service exam. The exam must be kept in a secure place and administered within the institution.**

Standard IV- Program Requirements and Content

- **A. Must have approval of the AOA ECCOPT**
- **B. Must be 36 months in duration.**
- **C. * Last twelve months must be in the final institution**

Standard IV- Program Requirements and Content

- C. 80% of graduates averaged on a 3 year rolling basis must take the AOBIM.
- D. Advanced placement may be given for training in internal medicine on a month by month basis from AOA or ACGME programs with recommendation by the program director and approval by the Council. 6 months maximum allowed after traditional internship.

Advanced Placement- future changes

1. Mechanism to request:

- Request form with resident request and PD attestation
- Only ACOI can grant: PD's cannot promise
- Requests must occur minimum 6 months prior to completion

2. Clinic requirements

- Must complete 108 weeks prior to graduation.
- Cannot do more than 2 half days a week

3. Credit policies

- Month for month ACGME internal medicine residency
- Non internal medicine fields:

Maximum

Advanced Placement- Future Changes- cont.

- **Credit Policies**

- Month for month if ACGME internal medicine residency

- Non internal medicine fields:

- a. Maximum 6 months to include any IM month or any month currently allowed as a selective

- b. If greater than 6 months requested, there must be proof of ongoing participation in the internal medicine didactic programs

- Reminder: no greater than 6 months total of non-IM months during the whole training program. Non-IM months can only be one month per specialty.

Standard IV-

E. General Educational Content:

- **Must incorporate the core competencies**
- **Osteopathic Component**
- **ACOI OMM modules**
- **Comprehensive H&P's**
- **Bio-psychosocial skills**
- **Health policy issues**
- **Physiology and pathophysiology**
- **EKG's, CXR's, abd. films**
- **Board Review**
- **Learning objectives**
- **Written curriculum**

Standard IV- E. General Educational Content (cont.)

- Content to comply with the core competency requirements:
 - Training in appropriate patient communication
 - Training in ethics, cultural competence and patient privacy
 - Training in teaching skills
 - Training in information technology
 - Training in quality improvement services

Standard IV-E. General Educational Content

- Formal didactic structure with journal clubs, morning reports, case conferences. Attendance must be documented. *Didactics must occur throughout the training even in OGME-1
- Sufficient training and experience to ensure proficiency in the required procedures and required interpretations

Required Procedures

- **Central venous line placement**
- **Arterial puncture for ABG's**
- **Osteopathic manipulative treatments**
- **Endotracheal intubation**

Required Interpretations

- **Blood smears**
- **Holters**
- **Spirometry**
- **Sputum gram stains**
- **Vaginal wet mounts**
- **Lumbar puncture**
- **Stress tests**
- **Arthrocentesis**
- **Urinalysis**

Procedures (cont.)

- Must provide opportunity to receive exposure to other optional procedures that a resident may need in future practice
- Current ACLS certification
- Must keep procedure logs of required procedures
- Must have a credentialing method to verify competence

Standard IV- Program Requirements and Content

- F. No more than 6 months may be in non-internal medicine services and no more than 2 months may be in non-clinical rotations.
- G. Required research component is participation in the AOA Clinical Assessment Program (CAP)

Research- Future Changes

- Now called Scholarly Activity
- CAP not required
 - Can use to meet quality improvement project standard
- Adequate exposure to research skills
 - Examples:
 - Education program on research methods
 - Biostatistics
 - Health policy
 - How to read the medical literature
- Complete a scholarly project
 - Examples:
 - Original research project
 - Poster entry in an ACOI or other competition
 - Formal written critique journal club/lectures
 - Other projects as approved by the PD

Standard IV-

H. Ambulatory Clinic

- **The resident must be the primary care giver**
- **Supervising internist must be on-site with a resident/faculty ratio that does not exceed 4:1**
- **Must be 36 weeks a year; either a half day per week if traditional track or 2 half days per week if primary care track**
- **Ambulatory educational programs must exist but not necessarily in the clinic. Case discussion and chart review must occur in the clinic.**
- **There must be a broad spectrum of medical diagnoses**
- **Ambulatory logs must be kept.**

Standard IV-

H. Ambulatory Clinic

- **Resident must see approx 4-8 patients per half day.**
- **The resident must develop a continuity panel.**
- **Resident performance in the clinic must be evaluated at least semi-annually by the clinic supervisor.**
- **OMT, psychosocial issues, ethics, legal issues, and practice management must be included.**
- **The resident should participate in the in-hospital management of their clinic patients.**
- **The resident's ability to perform a comprehensive H&P including structural, pelvic, breast, rectal and male genital exams must be assessed semi-annually by the clinic supervisor**

Standard IV. I- Program Tracks

OGME-1:

- 16 weeks general IM
- 4 weeks cardiology
- 4 weeks ICU or documented ongoing exposure
- 4 weeks surgery as general surgery, perioperative medicine or surgical ICU
- 4 weeks women's health, at least half ambulatory
- 4 weeks emergency medicine
- 3 months of selectives.

Standard IV. I- Program Tracks

- Selective choices: only one month each except general IM can be for two more months.
- Any IM subspecialty, additional general IM; ICU; geriatrics; palliative medicine; radiology; anesthesia; neurology; psychiatry; OMM; dermatology; pediatrics; FP; any nonmedical surgical ambulatory subspecialty such as orthopedics, ENT, urology or ophtho.
- Block nights can be used for one month if there is 5 hours of structured education provided per week.

Standard IV-1. Program Tracks

- **OGME-1 residents must have at least 36 weeks of ambulatory clinic**
- **If the rotations are scheduled in weeks there will be an extra 4 week block that can be used for block nights without the educational requirements or that can be used for any other elective rotation. If the rotations are scheduled in months no extra time is available.**

Standard IV- I. Program Tracks

- **Residency years 2 and 3:**
- **Primary care track or traditional (hospitalist) track must be selected**
 - **Must have no less than 8 months and no more than 16 months general medicine**
 - **Must have one month of these subspecialties:**
 - Pulmonary
 - Endocrine
 - GI
 - Heme/onc
 - Infectious Disease
 - Nephrology
 - Rheumatology
 - Neurology
 - Ongoing exposure to critical care if one month of ICU not provided during the internship.

Standard IV- I. Program Tracks

- **Residency years 2 and 3: (cont.)**
 - **Continuity clinic half-day per week for traditional track; 2 half-days per week for primary care track.**
 - **Ambulatory rotations**
 - **Minimum 50%, maximum 65% for primary care track**
 - **Minimum 20%, maximum 40% for traditional track**
 - **Many acceptable rotations all listed in the standard**

Standard IV- I. Program Tracks

- Residency years 2 and 3 (cont.):
 - For traditional track residents training to be hospitalists, educational programs in these areas must also be provided:
 - Utilization review
 - Morbidity and mortality reporting
 - Managed care aspects of the hospitalized patient
 - Infection control

Standard IV- Program Tracks (cont.)

- Sample primary care and traditional track programs are provided on the ACOI website at:
www.acoi.org

Standard V- Faculty and Administration

- **A. 1. The program director must have the following qualifications:**
 - **AOBIM certified**
 - **In practice in IM or an IM subspecialty for at least 3 years and currently in practice.**
 - **Proper educational attitude**
 - **Comply with AOA/ACOI CME requirements**
 - **Understand and fulfill the basic training requirements of the program**

Standard V- B. Program Director

- **2. Must be approved by AOA after recommendation by ACOI Council and must be re-approved every 3 years based on compliance record.**
- **3. The program director's authority must be defined in the institutional documents.**
- **4. Must have sufficient dedicated time and be compensated**
- **5. Must verify that all residents are meeting the minimum requirements to the DME.**

Standard V- Program Director

- **6. Must evaluate the program, faculty and residents**
- **7. Must arrange all necessary rotations**
- **8. Must prepare all materials for on-site program review**

Standard V- B. Program Director

- **9. Must provide the resident with all required documents.**
- **10. Must submit ACOI on-line annual reports to ACOI and DME. (\$150 fine if late.) Resident annual schedule must be kept on file.**
- **11. Must approve and arrange supervision of research requirement.**
- **12. Must attend ACOI Congress yearly including the first year as director. Can send a designee only every other year.**

Standard V- B. Program Director

- **13. Must submit an annual resident's list to the ACOI.**
- **14. Must coordinate all educational sessions and document resident attendance.**
- **15. Must schedule Resident Patient Evaluation for all residents by the end of the second year.**
- **16. Must maintain an e-mail address.**
- **17. Must update the program description annually.**
- **18. Must comply with all ACOI Council actions.**
- **19. *Must review in-service exam scores**

Standard V- C. Faculty Qualifications

- **1. Must be a minimum of 2 certified faculty.**
- **2. Must be committed to teaching and participate in faculty development.**
- **3. Must make time to provide instruction and must participate in academic educational programs.**
- **4. Osteopathic faculty must teach OMM application.**

Standard V- C. Faculty Qualifications

- **5. Must provide adequate supervision of residents.**
- **6. Must complete monthly service evaluations and review with the residents.**
- **7. Must participate in annual program evaluation.**
- **8. Must function in an ethical and professional manner.**

Standard VI- Resident Requirements

- **A. Residency applicants must be COM graduates, have an AOA-approved internship, be a member of the AOA and have a state license.**
- **B. Residents must:**
 - 1. submit an annual report to the ACOI within 30 days or be subject to fines. (\$150 per delinquent year)
 - 2. attend at least 70% of all meetings required by the program director and participate in major committees.
 - 3. participate in the ACOI annual in-service exam.
 - 4. satisfactorily complete the Resident Patient Evaluation before the end of the second year.

Standard VI- B. Resident Requirements (cont)

- **Residents must:**

- **5. participate in the research component.**
- **6. complete a service evaluation after each rotation.**
- **7. maintain a log of procedures performed.**
- **8. participate in an annual evaluation of program goals and curriculum.**
- **9. maintain ambulatory clinic logs**
- **10. maintain a current e-mail address**
- **11. function in an ethical and professional manner**

Standard VII- Evaluation

- **A. The curriculum must be evaluated annually.**
- **B. The program director must complete written evaluations at least semiannually, review with the resident, and determine yearly if a resident will progress.**
- **C. The ambulatory clinic director must complete semiannual resident evaluations.**
- **D. All evaluations, including monthly rotational evaluations, must be reviewed with the resident and all must be signed by the resident and by the faculty member doing the review.**

Standard VII- Evaluation (cont.)

- **E. The resident who needs remediation based on evaluations must be given it in a timely manner and follow-up evaluation must be documented.**
- **F. Residents must complete monthly service evaluations. These evaluations must be included when assessing the faculty.**
- **G. Faculty performance must be reviewed annually by the program director.**

Standard VII- Evaluation (cont.)

- **H. Multiple measures should be used to assess program quality. Recommended measures:**
 - Resident performance on the ACOI in-service exam
 - AOBIM pass rates
 - Resident retention rates in the program
 - Percent finishing the program on time
 - Placement of graduates
 - Professional accomplishment of graduates

Appendices

- Appendix A: Requirements for research paper
- Appendix B: Forms required to complete the Resident Patient Evaluation
- Appendix C: AOA Work Hours Policy
- Appendix D: List of model forms, curriculum, documents and programs available on the ACOI website