



AMERICAN OSTEOPATHIC ASSOCIATION

**Basic Standards for
Residency Training in
Combined Internal Medicine/Pediatrics**

**American Osteopathic Association
and
American College of Osteopathic Internists
and
American College of Osteopathic Pediatricians**

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I - INTRODUCTION

- A. These are the Basic Standards for Residency Training in Internal Medicine and Pediatrics as established by the American College of Osteopathic Internists (ACOI) and the American College of Osteopathic Pediatricians (ACOP) and approved by the American Osteopathic Association (AOA). These standards are designed to provide the osteopathic resident with advanced and concentrated training in internal medicine and pediatrics and to prepare the resident for examination for certification in internal medicine and pediatrics.

II – MISSION

- A. The mission of the combined osteopathic internal medicine/pediatrics 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 and pediatricians.

III – EDUCATIONAL PROGRAM GOALS

The goals of the osteopathic internal medicine/pediatrics program are to train residents to become proficient in the following core competencies:

- A. Osteopathic Philosophy and Osteopathic Manipulative Medicine: Integration and application osteopathic principles into the diagnosis and management of patient clinical presentations.
- B. Medical Knowledge: A thorough knowledge of the complex differential diagnoses and treatment options in internal medicine and pediatrics and the ability to integrate the applicable sciences with clinical experiences.
- C. Patient Care: The ability to rapidly evaluate, initiate and provide appropriate treatment for patients with acute and chronic conditions in both the inpatient and outpatient settings as well as promote health maintenance and disease prevention.
- D. Interpersonal and Communication Skills: Use of clear, sensitive and respectful communication with patients, patients' families and members of the health care team.
- E. Professionalism: Adherence to principles of ethical conduct and integrity in dealing with patients, patients' families and members of the health care team.
- F. Practice-Based Learning and Improvement: Commitment to lifelong learning and scholarly pursuit in internal medicine and pediatrics for the betterment of patient care.
- G. Systems-Based Practice: Skills to lead health-care teams in the delivery of quality patient care using all available resources.

IV – INSTITUTIONAL REQUIREMENTS

- 4.1 The institution or program must have a supervision policy that includes, at minimum: how the faculty provides supervision (direct, indirect and informal) at all times; how supervision is graded with regard to level of training; how the program assesses competence (both procedural and non-procedural) with regard to the need for supervision; and how the policy is monitored and enforced.
- 4.2 The institution must provide an integrated interaction between the internal medicine and pediatrics training experiences.

- 4.3 The institution's department of internal medicine must have at least two (2) physicians certified in internal medicine by the AOA or the American Board of Medical Specialties (ABMS).
- 4.4 The institution's department of pediatrics must have at least two (2) physicians certified in pediatrics by the AOA or the American Board of Medical Specialties (ABMS).
- 4.5 The program must maintain and annually update a program description that includes, at minimum: the program description elements required in the AOA Basic Documents for Postdoctoral Training; and goals and objectives of the training program; curricular and rotational structure; description of ambulatory continuity experience; program director responsibilities; and resident qualifications and responsibilities.
- 4.6 The program must maintain a list of learning objectives to indicate learning expectations at yearly training levels and provide it to the residents annually.
- 4.7 The program must maintain a written curriculum and provide it to the residents annually.
- 4.8 The institution must provide a supervised ambulatory site for continuity of care training. Institutional clinics or internists' offices may be used.
- 4.9 The program must maintain a file for each resident containing, at minimum:
 - a. Ambulatory logs;
 - b. Procedure logs;
 - c. Monthly rotation evaluation forms;
 - d. Semiannual ambulatory evaluations;
 - e. Semi-annual reviews
 - f. In-service exam scores
- 4.10 The institution must provide the time and resources for each resident to attend the annual convention and scientific sessions or another educational program sponsored by the ACOI at least once during their residency.
- 4.11 The institution must provide the time and resources for each resident to attend the annual convention and scientific sessions or another educational program sponsored by the ACOP at least once during their residency.
- 4.12 The institution must provide a proctor and secure site for the administration of the ACOI in-service exam.
- 4.13 The program must be represented each year at the annual ACOI Congress on Medical Education for Resident Trainers.
- 4.14 The institution must bear all direct and indirect costs of AOA on-site reviews and their preparation.

V - PROGRAM REQUIREMENTS AND CONTENT

A. Program Duration

- 5.1 The residency training program in internal medicine/pediatrics must be forty-eight (48) months in duration.
- 5.2 The residency training program in internal medicine/pediatrics must include twenty (20) months of training must be in internal medicine and its subspecialties as recognized by the AOA.

- 5.3 The residency training program in internal medicine/pediatrics must include twenty (20) months of training must be in pediatrics and its subspecialties as recognized by the AOA.
- 5.4 At least forty-four (44) months of training must include supervised management of patients (clinical rotations).
- 5.5 The last 12 months of training must occur in the program that issues the certificate of residency completion.
- 5.6 At least 80 percent of the graduates, averaged on a three-year rolling basis, must take the American Osteopathic Board of Internal Medicine and the American Osteopathic Board of Pediatrics certifying examinations within three years of completion of the program.

B. Transfers and Advanced Standing

- 5.7 The program must receive written verification of previous educational experiences and a statement regarding the performance evaluation of a transferring resident prior to acceptance into the program.
- 5.8 The program is required to provide verification of residency education for residents who may leave the program prior to completion of their education.
- 5.9 Advanced standing for non-AOA approved internal medicine training or for non-internal medicine training must be approved by the residency evaluation committees of both the ACOI and the ACOP upon request of the program director and resident. Approval will be granted on a case-by-case basis.

C. Osteopathic Philosophy & Manipulative Medicine

- 5.10 Training in osteopathic principles and practice must be provided in both structured educational activities and clinical formats.
- 5.11 Residents must complete an OPP/OMM curriculum.

D. Medical Knowledge

- 5.12 The formal structure of educational activities must include monthly internal medicine and pediatrics journal clubs.
- 5.13 The formal structure of educational activities must include twice-weekly case conferences.
- 5.14 The formal structure of educational activities must include four hours per week of structured faculty didactic participation.
- 5.15 Attendance at required educational activities must be documented.
- 5.16 Residents must participate in the internal medicine structured educational activities while they are on internal medicine rotations.
- 5.17 Residents must participate in the pediatric structured educational activities while they are on internal medicine rotations.
- 5.18 Each resident must participate in both internal medicine and pediatrics board review, either in the form of an ongoing program, or by the program sponsoring the resident's attendance at an internal medicine board review course.

E. Patient Care

- 5.19 The resident must have training and experience in comprehensive histories and physicals, including structural examinations, pelvic exams, rectal exams, breast exams and male genital exams.
- 5.20 The resident must have training and experience in developmental screening.
- 5.21 The resident must have training and experience in the delivery room with newborn care and resuscitation.
- 5.22 The resident must have training and experience in central venous line placement, arterial puncture for arterial blood gases, osteopathic manipulative treatment and endotracheal intubation in adult patients to include, at minimum: indications; contraindications; complications; limitations and evidence of competent performance.
- 5.23 The resident must have training and experience in central venous line placement, intradermal subcutaneous injections, intramuscular injections, umbilical artery lines, umbilical venous lines, suturing of lacerations, bladder catheterization, intraosseous access, procedural sedation, arterial puncture for arterial blood gases, osteopathic manipulative treatment and endotracheal intubation in pediatric patients to include, at minimum: indications; contraindications; complications; limitations and evidence of competent performance.
- 5.24 The resident must have training and experience in arthrocentesis, peripheral blood smears, exercise stress tests, ambulatory ECG monitors, lumbar puncture, spirometry, sputum gram stain, urine microscopy, vaginal wet mounts, thoracentesis and arthrocentesis to include, at minimum: indications; contraindications; complications; limitations and interpretation.
- 5.25 The resident must have training and experience in the interpretation of electrocardiograms, chest x-rays, and flat and upright abdominal films.

F. Interpersonal and Communication Skills

- 5.26 The resident must have training in communication skills with patients, patient families and other members of the health care team, including patients with communication barriers, such as sensory impairments, dementia and language differences.

G. Professionalism

- 5.27 The resident must have training in health care disparities.
- 5.28 The resident must have training in ethical conduct in interactions with patients, patient families and other members of the health care team.
- 5.29 The resident must have training in health information protection policies.

H. Practice-Based Learning and Improvement

- 5.30 The resident must have training in teaching skills.
- 5.31 The resident must participate in the training of students and/or other residents.
- 5.32 The resident must have training in the use of electronic health records.
- 5.33 The resident must have learning activities and participation in quality improvement processes.

5.34 The resident must have learning activities in medical research throughout the program including, at minimum: research types and methodology; biostatistics; health services research and interpretation of medical literature.

I. Systems-Based Practice

5.35 The resident must have training in practice management.

5.36 The resident must have training in health policy and administration.

J. Ambulatory Clinic

5.37 The training site must provide for general internal medicine patient care where residents can function as the primary caregiver for patients on an ongoing basis (Continuity Clinic). The site may be in a clinic (free-standing or in-hospital) or in a private practice setting.

5.38 The resident's internal medicine continuity clinic training must be under the supervision of an internal medicine specialist.

5.39 The training site must provide for pediatric patient care where residents can function as the primary caregiver for patients on an ongoing basis (Continuity Clinic). The site may be in a clinic (free-standing or in-hospital) or in a private practice setting.

5.40 The resident's pediatric continuity clinic training must be under the supervision of a pediatric specialist.

5.41 The continuity clinic sites may be combined under a internal medicine/pediatric specialist.

5.42 There must be participation between the supervisor and the resident including, at minimum, evidence that all cases are discussed and that all charts are reviewed and signed by the supervisor.

5.43 The resident to faculty ratio in the continuity clinic training site must not exceed 4:1.

5.44 The ambulatory experience must take place a minimum of two-half days a week, 36 weeks per year. This must be split evenly between internal medicine and pediatrics.

5.45 An educational program on ambulatory issues must exist. It does not need to be held at the clinic site.

5.46 The resident must have experience in the common medical diagnoses found in a general internal medicine practice.

5.47 The resident must have experience in the common medical diagnoses found in a general pediatrics practice.

5.48 The resident must be taught to apply the concepts of disease prevention and health maintenance.

5.49 Specific ambulatory clinic logs must be maintained and contain, at minimum: patient identification; diagnosis and the activity and/or procedures performed on each visit.

5.50 The resident must be scheduled to see at minimum, four patients, on average, per half-day period.

5.51 The resident must develop a continuity panel of patients in the ambulatory clinic.

5.52 An opportunity must exist for the resident to participate in the ongoing care of his/her clinic patients when they are hospitalized at the base hospital facility and through all phases of their care.

K. Program Rotational Requirements

- 5.53 During the OGME-1 training year, the resident must complete three (3) months or twelve (12) weeks of general internal medicine. Two (2) months or eight (8) weeks must be hospital based and one (1) month or four (4) weeks must be ambulatory.
- 5.54 During the OGME-1 training year, the resident must complete three (3) months or twelve (12) weeks of pediatrics. Two (2) months or eight (8) weeks must be hospital based and one (1) month or four (4) weeks must be ambulatory.
- 5.55 During the OGME-1 training year, the resident must complete one month or four (4) weeks of adult critical care (ICU/CCU). This requirement may be satisfied by ongoing supervised exposure to critical care throughout the training program.
- 5.56 During the OGME-1 training year, the resident must complete one month or four (4) weeks of pediatric critical care, either NICU or PICU.
- 5.57 During the OGME-1 training year, the resident must complete one month or four (4) weeks of newborn nursery.
- 5.58 During the OGME-1 training year, the resident must complete one month or four (4) weeks of either hospital-based adult cardiology or pulmonary medicine.
- 5.59 During the OGME-1 training year, the resident must complete one month or four (4) weeks of care of the adult and pediatric surgical patient. This requirement must be satisfied by one of the following: general surgery; perioperative medicine; surgical ICU. The perioperative medicine rotation must be supervised by an internist or pediatrician and exclusively provide perioperative co-management of surgical patients.
- 5.60 During the OGME-1 training year, the resident must complete one month or four (4) weeks of women's health. At least half of the exposure must be ambulatory gynecology.
- 5.61 During the OGME-2, OGME-3 and OGME-4 training years, the resident must complete no fewer than three (3) months of general internal medicine.
- 5.62 During the OGME-2, OGME-3 and OGME-4 training years, the resident must complete no fewer than six (6) months of ambulatory general pediatrics. This must include experience in acute care and emergency illness, adolescent medicine and behavioral developmental pediatrics.
- 5.63 During the OGME-2, OGME-3 and OGME-4 training years, the resident must complete no fewer than five (5) months of hospital-based general pediatrics.
- 5.64 During the OGME-2, OGME-3 and OGME-4 training years, the resident must complete no fewer than two (2) months of newborn nursery. This requirement may be combined with other rotational experiences.
- 5.65 During the OGME-2, OGME-3 and OGME-4 training years, the resident must complete no fewer than three (3) months of neonatal intensive care (NICU).
- 5.66 During the OGME-2, OGME-3 and OGME-4 training years, the resident must complete no fewer than one (1) months of pediatric intensive care (PICU).

- 5.67 During the OGME-2, OGME-3 and OGME-4 training years, the resident must complete no more than six (6) months of pediatric intensive care (NICU and/or PICU).
- 5.68 Internal medicine night float may be considered general internal medicine experience if the rotation is directly supervised by a general internist or an internal medicine subspecialist, and includes five hours per week of structured learning. Residents must not be assigned more than two months of night float during any year of training. Residents must not be assigned to more than one month of consecutive night float rotation.
- 5.69 During the OGME-2, OGME-3 and OGME-4 training years, the resident must complete a minimum of one month experience with each of the following adult and pediatric subspecialties: pulmonology; endocrinology; gastroenterology; hematology/oncology (combined or separate); infectious disease; nephrology; rheumatology; neurology. The subspecialty experiences may be in either an inpatient or an outpatient setting and may be combined internal medicine and pediatrics.
- 5.70 Residents must spend a minimum of 20 percent and a maximum of 65 percent of their time in ambulatory training.

VI – FACULTY AND ADMINISTRATION

A. Program Director

- 6.1 A co-program director must be certified in internal medicine or an internal medicine subspecialty by the AOA through the American Osteopathic Board of Internal Medicine. A co-program director must be certified in pediatrics or a pediatric subspecialty by the AOA through the American Osteopathic Board of Pediatrics. There may be a single program director that is certified by both boards.
- 6.2 The program director must have practiced for a minimum of three (3) years.
- 6.3 The internal medicine program director must be an active member of the ACOI.
- 6.4 The pediatrics program director must be an active member of the ACOP.
- 6.5 The program director's authority in directing the residency training program must be defined in the program documents of the institution.
- 6.6 The program director must comply with the requests of the ACOI's Council on Education and Evaluation and the ACOP Education Committee.
- 6.7 The program director must have compensated dedicated time to administer the training program.
- 6.8 The program director must submit annual reports for all residents by July 31 of each calendar year to both the ACOP and the ACOI. Final reports for residents who complete the program in months other than June must be submitted within 30 days of training completion. Delinquent annual reports will not be reviewed until a delinquency fee is paid as determined by the ACOI's administrative policies.
- 6.9 The program director must attend the annual ACOI Congress on Medical Education for Resident Trainers every year.
- 6.10 The program director must notify the ACOI and the ACOP of the resident's entry into the training program by submitting a resident list annually on a form furnished by ACOI and ACOP.

- 6.11 The program director must maintain an e-mail address and provide it to the ACOI and ACOP.
- 6.12 The program director must review the results of the annual in-service examination with each resident by the end of the training year.

B. Faculty

- 6.13 The faculty must make available non-clinical time to provide instruction to residents.

VII – RESIDENT REQUIREMENTS

- 7.1 The residents must be members of the ACOI and the ACOP.
- 7.2 The residents must submit a resident annual report online to the ACOI by July 31 of each calendar year. Final reports of residents who complete the program in months other than June must be submitted within thirty (30) days of completion of the training year. Delinquent annual reports will not be reviewed until a delinquency fee is paid as determined by the ACOI’s administrative policies.
- 7.3 The residents must attend a minimum of 70 percent of all meetings as directed by the program director.
- 7.4 The residents must participate in hospital committee meetings as directed by the program director.
- 7.5 The residents must participate each year in the annual Resident In-Service Examination sponsored by the ACOI.
- 7.6 The residents must maintain certification in Advanced Cardiac Life Support (ACLS) throughout the residency.
- 7.7 The resident must maintain certification in Pediatric Advanced Life Support (PALS) and Neonatal Resuscitation Program (NRP).
- 7.8 The residents must attend the ACOI Annual Convention and Scientific Sessions or another ACOI continuing education program once during the training program.
- 7.9 The residents must attend the ACOP Annual Convention or another ACOP continuing education program once during the training program.
- 7.10 The resident must complete a scholarly project that is approved by the program director and submitted for publication or presented at a scientific meeting, or participate in two critiqued evidenced-based presentations.

VIII – EVALUATION

- 8.1 The faculty and residents must evaluate the program and curriculum annually to ensure that it is consistent with the current goals of the program and further address, at minimum: performance on the ACOI annual Resident In-Service Examination; pass rates on the AOBIM certification examination; pass rates on the AOBP certification examination; resident retention rates in the program; percent of graduates completing the program in 48 months; placement of graduates and professional accomplishments of graduates.

- 8.2 The ambulatory clinic director must complete semiannual written evaluations of the resident's performance.
- 8.3 All evaluations must be signed by the person completing the evaluation, the program director and the resident. Electronic signatures are acceptable.
- 8.4 The program director or a designee must meet with the resident semiannually to review and document the resident's progress.
- 8.5 At the end of each training year, the program director, with faculty input, must determine whether each resident has the necessary qualifications to progress to the next training year or be considered program complete.
- 8.6 Residents' identities in faculty evaluations must remain confidential.
- 8.7 Faculty performance must be reviewed on an annual basis by the program director.
- 8.8 Information provided by residents must be included as part of the assessment of faculty performance.
- 8.9 The program must have a remediation policy for residents who are performing at an unsatisfactory level.