



AMERICAN OSTEOPATHIC ASSOCIATION

**Common Basic Standards for
Osteopathic Fellowship Training in
Internal Medicine Subspecialties**

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

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I – INTRODUCTION

These are the common basic standards for fellowship training in internal medicine subspecialties as established by the American College of Osteopathic Internists (ACOI) and approved by the American Osteopathic Association (AOA). These standards are designed to provide the osteopathic fellow with advanced and concentrated training in the subspecialties of internal medicine and to prepare the fellow for examination for certification in those subspecialties. These common basic standards must be utilized together with the each of the specific internal medicine subspecialty basic standards.

II – MISSION

The mission of the osteopathic internal medicine subspecialty training program is to provide fellows 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 subspecialty internists.

III – EDUCATIONAL PROGRAM GOALS

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

- A. Osteopathic Philosophy and Osteopathic Manipulative Medicine: Integration and application of 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 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 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 must have an AOA-accredited or an ACGME-accredited residency in internal medicine.
- 4.2 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.

- 4.3 The institution or program must have a fellow service policy that includes, at minimum: how the program defines fellow workload; how the program ensures protected educational time for the fellows; and how the policy is monitored and enforced.
- 4.4 The institution or program must have a code of conduct for faculty and fellows.
- 4.5 The institution's department of internal medicine must have at least two (2) physicians certified in the applicable internal medicine subspecialty by the AOA or the American Board of Medical Specialties (ABMS).
- 4.6 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 fellow qualifications and responsibilities.
- 4.7 The program must maintain a list of learning objectives to indicate learning expectations at yearly training levels and provide it to the fellows annually.
- 4.8 The program must maintain a written curriculum and provide it to the fellows annually.
- 4.9 If applicable in the specific subspecialty, the institution must provide a supervised ambulatory site for continuity of care training. Institutional clinics or applicable subspecialists' offices may be used.
- 4.10 The program must maintain a file for each fellow containing, at minimum:
 - a. Ambulatory logs (if applicable);
 - b. Procedure logs;
 - c. Rotation evaluation forms;
 - d. Quarterly program director evaluations;
 - e. Semiannual ambulatory evaluations (if applicable);
 - f. Semi-annual reviews;
 - g. Certificate of completion of an AOA-approved or ACGME-approved internal medicine residency; AOA approval of ACGME training (if applicable)
- 4.11 The program must be represented every other year at the annual ACOI Congress on Medical Education for Resident Trainers.

V – PROGRAM REQUIREMENTS AND CONTENT

A. Program Duration

- 5.1 The last 12 months of training must occur in the program that issues the certificate of fellowship completion.
- 5.2 At least 80 percent of the graduates, averaged on a three-year rolling basis, must take the applicable American Osteopathic Board of Internal Medicine certifying examination within three years of completion of the program.

B. Transfers and Advanced Standing

- 5.3 The program must receive written verification of previous educational experiences and a statement regarding the performance evaluation of a transferring fellow prior to acceptance into the program.
- 5.4 The program is required to provide verification of fellow education for fellows who may leave the program prior to completion of their education.

5.5 Advanced standing for applicable ACGME-approved internal medicine subspecialty training must be approved by the ACOI Council on Education and Evaluation upon request of the program director and fellow. Approval will be granted on a case-by-case basis.

C. Osteopathic Principles and Practice and Osteopathic Manipulative Medicine

5.6 Training in osteopathic principles and practice must be provided in both structured educational activities and clinical formats.

D. Medical Knowledge

5.7 The formal structure of educational activities must include monthly journal clubs.

5.8 The formal structure of educational activities must include twice-weekly case conferences.

5.9 The formal structure of educational activities must include four hours per week of structured faculty didactic participation.

5.10 Attendance at required educational activities meetings must be documented.

5.11 Each fellow must participate in internal medicine subspecialty board review, either in the form of an ongoing program, or by the program sponsoring the fellow's attendance at an internal medicine subspecialty board review course.

E. Interpersonal and Communication Skills

5.12 The fellow 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.

F. Professionalism

5.13 The fellow must have training in health care disparities.

5.14 The fellow must have training in ethical conduct in interactions with patients, patient families and other members of the health care team.

5.15 The fellow must have training in health information protection policies

G. Practice-Based Learning and Improvement

5.16 The fellow must have training in teaching skills.

5.17 The fellow must participate in the training of students and/or residents.

5.18 The fellow must have training in the use of electronic health records.

5.19 The fellow must have learning activities and participation in quality improvement processes.

5.20 The fellow must have structured learning activities in medical research throughout the program including, at a minimum: research types and methodology, biostatistics, health services research and interpretation of medical literature.

H. Systems-Based Practice

5.21 The fellow must have training in practice management.

5.22 The fellow must have training in health policy and administration.

VI – FACULTY AND ADMINISTRATION

A. Program Director

- 6.1 The program director must be certified in the applicable internal medicine subspecialty by the AOA through the American Osteopathic Board of Internal Medicine.
- 6.2 The program director must have practiced in the applicable internal medicine subspecialty for a minimum of three (3) years.
- 6.3 The program director must be an active member of the ACOI.
- 6.4 The program director's authority in directing the fellowship training program must be defined in the program documents of the institution.
- 6.5 The program director must comply with the requests of the ACOI's Council on Education and Evaluation.
- 6.6 The program director must have compensated dedicated time to administer the training program.
- 6.7 The program director must prepare required material for on-site program review.
- 6.8 The program director must submit to the ACOI annual reports for all fellows by July 31 of each calendar year. Final reports for fellows 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 other year.
- 6.10 The program director must attend the annual ACOI Congress on Medical Education for resident Trainers in the first year of appointment.
- 6.11 The program director must notify the ACOI of the fellow's entry into the training program by submitting a fellow list annually on a form furnished by ACOI.
- 6.12 The program director must maintain an e-mail address and provide it to the ACOI.
- 6.13 The program director must provide fellows with information regarding the requirements for certification in the subspecialty.

B. Faculty

- 6.14 The faculty of the training program must be selected based on their commitment to teaching and the quality of the teaching provided.
- 6.15 The faculty must make available non-clinical time to provide instruction to fellows.
- 6.16 The faculty must participate in the program's learning activities such as didactic lectures, case conferences, journal clubs, book clubs and board review.
- 6.17 The faculty's credentials, including CVs, must be on file and available for inspection at the time of the AOA on-site program review.

VII - FELLOW REQUIREMENTS

- 7.1 The fellows must have completed either an AOA-approved or an ACGME-approved internal medicine residency.

- 7.2 Fellows who completed an ACGME-approved internal medicine residency must gain AOA approval of their training prior to completion of the first year of the fellowship and supply documentation of this to the program director.
- 7.3 The fellows must be members of the ACOI.
- 7.4 The fellows must submit a fellow annual report online to the ACOI by July 31 of each calendar year. Final reports of fellows 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.
- 7.5 The fellows must attend a minimum of 70 percent of all meetings as directed by the program director.
- 7.6 The fellows must participate in hospital committee meetings directed by the program director.
- 7.7 The fellow must describe the title and type of research project planned on the first-year Fellow Annual Report that is submitted to the ACOI.
- 7.8 The fellow must complete one research project and submit a research paper to the ACOI Council on Education & Evaluation during their subspecialty training. If the project is a case report, it must be submitted six months prior to the completion of the fellowship. If the project is a report of an original clinical research study, the report must be submitted by the completion of training. For fellowships that are only one-year in duration, case reports may be submitted at the completion of the fellowship. (Include clinical outcome studies)

VIII- EVALUATION

- 8.1 The faculty and fellows 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: pass rates on the applicable AOBIM certification examination; fellow retention rates in the program; percent of graduates completing the program in the minimum time; placement of graduates and professional accomplishments of graduates.
- 8.2 Faculty must evaluate the fellow after each rotational assignment.
- 8.3 The program director, with faculty input, will complete quarterly evaluations of each fellow's performance.
- 8.4 The ambulatory clinic director must complete semiannual written evaluations of the fellow's performance (if applicable).
- 8.5 Completed evaluations must be shared with the fellow to foster continuous improvement.
- 8.6 All evaluations must be signed by the person completing the evaluation, the program director and the fellow. Electronic signatures are acceptable.
- 8.7 The program director or a designee must meet with the fellow semiannually to review and document the fellow's progress.
- 8.8 At the end of each training year, the program director, with faculty input, must determine whether each fellow has the necessary qualifications to progress to the next training year, or be considered program complete.
- 8.9 Fellows must complete a monthly service evaluation of each rotation and the faculty who supervised their training.

- 8.10 Fellows' identities in faculty evaluations must remain confidential.
- 8.11 Faculty performance must be reviewed on an annual basis by the program director.
- 8.12 Information provided by fellows must be included as part of the assessment of faculty performance.
- 8.13 The program must have a remediation policy for fellows who are performing at an unsatisfactory level.