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AMERICAN OSTEOPATHIC ASSOCIATION

**Basic Standards for  
Residency Training in  
Internal Medicine**

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

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## **I - INTRODUCTION**

- A. These are the Basic Standards for Residency Training in Internal Medicine 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 resident with advanced and concentrated training in internal medicine and to prepare the resident for examination for certification in internal medicine.

## **II – MISSION**

- A. 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.

## **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 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 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 or program must have a resident service policy that includes, at minimum: how the program defines resident workload; how the program ensures protected educational time for the residents and how the policy is monitored and enforced.
- 4.3 The institution or program must have a code of conduct for faculty and residents.

- 4.4 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).
- 4.5 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 a proctor and secure site for the administration of the ACOI in-service exam.
- 4.12 The program must be represented each year at the annual ACOI Congress on Medical Education for Resident Trainers.
- 4.13 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 must be thirty-six (36) months in duration.
- 5.2 At least thirty-four (34) months of training must include supervised management of patients (clinical rotations).
- 5.3 At least thirty (30) months of training must be in internal medicine and its subspecialties as recognized by the AOA.
- 5.4 The last 12 months of training must occur in the program that issues the certificate of residency completion.
- 5.5 At least 80 percent of the graduates, averaged on a three-year rolling basis, must take the American Osteopathic Board of Internal Medicine certifying examination within three years of completion of the program.

**B. Transfers and Advanced Standing**

- 5.6 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.
- 5.7 The program is required to provide verification of residency education for residents who may leave the program prior to completion of their education.
- 5.8 Advanced standing for non-AOA approved internal medicine training or for non-internal medicine training must be approved by the ACOI's Council on Education and Evaluation upon request of the program director and resident. Approval will be granted on a case-by-case basis using the guidelines in Appendix A.

**C. Osteopathic Philosophy & Manipulative Medicine**

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

**D. Medical Knowledge**

- 5.11 The formal structure of educational activities must include monthly journal clubs.
- 5.12 The formal structure of educational activities must include twice-weekly case conferences.
- 5.13 The formal structure of educational activities must include four hours per week of structured faculty didactic participation.
- 5.14 Attendance at required educational activities must be documented.
- 5.15 Residents must participate in the internal medicine structured educational activities throughout their training program, including during the OGME-1 Year and while doing base-site selectives or non-internal medicine months.
- 5.16 Each resident must participate in internal medicine 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**

- 5.17 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.
- 5.18 The resident must have training and experience in central venous line placement, arterial puncture for arterial blood gases, osteopathic manipulative treatment and endotracheal intubation to include, at minimum: indications; contraindications; complications; limitations and evidence of competent performance.
- 5.19 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 and thoracentesis to include, at minimum: indications; contraindications; complications; limitations and interpretation.
- 5.20 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**

- 5.21 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**

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

**H. Practice-Based Learning and Improvement**

- 5.25 The resident must have training in teaching skills.
- 5.26 The resident must participate in the training of students and/or other residents.
- 5.27 The resident must have training in the use of electronic health records.
- 5.28 The resident must have learning activities and participation in quality improvement processes.
- 5.29 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**

- 5.30 The resident must have training in practice management.
- 5.31 The resident must have training in health policy and administration.

**J. Ambulatory Clinic**

- 5.32 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.
- 5.33 The resident's continuity clinic training must be under the supervision of an internal medicine specialist.
- 5.34 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.
- 5.35 The resident to faculty ratio in the continuity clinic training site must not exceed 4:1.
- 5.36 The ambulatory experience must take place a minimum of one-half day a week, 36 weeks per year.
- 5.37 An educational program on ambulatory issues must exist. It does not need to be held at the clinic site.
- 5.38 The resident must have experience in the common medical diagnoses found in a general internal medicine practice.
- 5.39 The resident must be taught to apply the concepts of disease prevention and health maintenance.

- 5.40 Specific ambulatory clinic logs must be maintained and contain, at minimum: patient identification; diagnosis and the activity and/or procedures performed on each visit.
- 5.41 The resident must be scheduled to see at minimum, four patients, on average, per half-day period.
- 5.42 The resident must develop a continuity panel of patients in the ambulatory clinic.
- 5.43 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**

- 5.44 During the OGME-1 training year, the resident must complete four (4) months or sixteen (16) weeks of general internal medicine. This requirement must be met using rotations with general internists, or using rotations with internal medicine subspecialists whose practices include an emphasis on internal medicine. Documentation of the subspecialists' general internal medicine practice must be available at the time of on-site program review.
- 5.45 During the OGME-1 training year, the resident must complete one month or four (4) weeks of critical care (ICU/CCU). This requirement may be satisfied by ongoing supervised exposure to critical care throughout the training program.
- 5.46 During the OGME-1 training year, the resident must complete one month or four (4) weeks of cardiology.
- 5.47 During the OGME-1 training year, the resident must complete one month or four (4) weeks of care of the 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 and exclusively provide perioperative co-management of surgical patients.
- 5.48 During the OGME-1 training year, the resident must complete one month or four (4) weeks of emergency medicine.
- 5.49 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.
- 5.50 During the OGME-1 training year, the resident must complete three months of selectives that are chosen by the program director. Each of the selectives can be for a maximum of one month, except additional general medicine, which may be for two months.
- 5.51 During the OGME-2 and OGME-3 training years, the resident must complete no fewer than eight (8) months and no more than 16 months of general internal medicine. This requirement must be met using rotations with general internists, or using rotations with internal medicine subspecialists whose practices include an emphasis on internal medicine. Documentation of the subspecialists' general internal medicine practice must be available at the time of on-site program review.
- 5.52 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 more than four months of night float over the three years of residency training. Residents must not be assigned to more than one month of consecutive night float rotation.

- 5.53 During the OGME-2 and OGME-3 training years, the resident must complete a minimum of one month experience with each of the following 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.
- 5.54 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 The program director must be certified in internal medicine or an internal medicine subspecialty by the AOA through the American Osteopathic Board of Internal Medicine.
- 6.2 The program director must have practiced in internal medicine or an 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 residency 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 submit to the ACOI annual reports for all residents by July 31 of each calendar year. 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.
- 6.8 The program director must attend the annual ACOI Congress on Medical Education for Resident Trainers every year.
- 6.9 The program director must notify the ACOI of the resident's entry into the training program by submitting a resident list annually on a form furnished by ACOI.
- 6.10 The program director must maintain an e-mail address and provide it to the ACOI.
- 6.11 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**

- 6.12 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.
- 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 throughout the residency.
- 7.7 The residents must attend the ACOI Annual Convention and Scientific Sessions or another ACOI continuing education program once during the training program.
- 7.8 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; resident retention rates in the program; percent of graduates completing the program in 36 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.

## Appendix A

### Advanced Placement

Mechanism to request advanced placement. A request for advanced placement must be received from both the resident and the program director at the advanced placement institution (see Advanced Placement Application Form). This request must include the program director's assessment of the resident's academic status/equivalency and the resident's academic level in comparison to other residents at the training level if advanced placement were to occur. Determination of advanced placement within these guidelines shall be made by the Council on Education and Evaluation of the ACOI and reported to the AOA. No advanced placement credit will be promised, guaranteed, or granted by any person or entity other than the ACOI. All requests for advanced placement must be received by the ACOI at least six (6) months before the resident's anticipated graduation date. Credit for advanced placement does not supersede any other requirement in the Basic Standards.

Ambulatory clinic requirements for residents receiving advanced placement. Residents granted advanced placement must complete a minimum of 108 half-days of continuity ambulatory experiences before graduation. These experiences must be in compliance with Standard V.H. and equivalent in scope and quality to the experiences of other residents in the program. The internal medicine resident may not exceed two-half days of clinic per week to fulfill this requirement.

Advanced placement may be requested for training satisfactorily completed in the following categories, as verified by the accepting program director:

- a. Advanced placement from ACGME-approved internal medicine programs. Month-for-month credit may be granted for each month of postgraduate training satisfactorily completed in an ACGME-approved internal medicine residency program.
- b. Advanced placement from non-internal medicine fields. One (1) month of credit may be awarded for each month of AOA or ACGME approved training in internal medicine or a medical subspecialty taken under the supervision of an internist. A maximum of one (1) month of credit may be granted for each month of AOA or ACGME approved postgraduate training satisfactorily completed in the following disciplines: surgery (general surgery, perioperative medicine, surgical ICU), women's health, emergency medicine, or a program selective that is currently required by the accepting program as defined by Standard I.5.1.g. If more than six (6) months of credit is requested under this category, the resident must have participated in internal medicine residency didactic education, proof of which must be supplied by the resident and accepting program director.