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AMERICAN OSTEOPATHIC ASSOCIATION

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**Basic Standards for Residency Training in  
Combined Osteopathic Emergency Medicine/  
Internal Medicine**

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

1 **INTRODUCTION**

2 These are the Basic Standards for Residency Training in Combined Emergency  
3 Medicine/Internal Medicine as approved by the American Osteopathic Association (AOA ),  
4 the American College of Osteopathic Emergency Physicians (ACOEP) and the American  
5 College of Osteopathic Internists (ACOI). These standards are designed to provide the  
6 osteopathic resident with advanced and concentrated training in both internal medicine and  
7 emergency medicine and to prepare the resident for certification examination in both  
8 disciplines. The combined program must meet all the requirements for each discipline as  
9 defined in the AOA Basic Standards for Residency Training in Emergency Medicine and in  
10 the Basic Standards for Residency Training in Internal Medicine. This combined standard  
11 addresses only those elements that need to be modified in order to make the emergency  
12 medicine/internal medicine program an integrated, overlapping experience in both  
13 disciplines.

14 **STANDARD I- MISSION**

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

19 **STANDARD II- EDUCATIONAL PROGRAM GOALS**

20 All osteopathic emergency medicine/internal medicine programs must formulate goals that  
21 will allow the resident to master the following core competencies as specified in the basic  
22 standards of both disciplines:

- 23 A. Osteopathic Philosophy and Osteopathic Manipulative Medicine
- 24 B. Medical Knowledge
- 25 C. Patient Care
- 26 D. Interpersonal and Communication Skills
- 27 E. Professionalism
- 28 F. Practice-Based Learning and Improvement
- 29 G. Systems-Based Practice

30 **STANDARD III- INSTITUTIONAL REQUIREMENTS**

31 A. The institution must have both functioning internal medicine and emergency  
32 medicine programs.

33 B. The institution must provide a sufficient patient load to properly train a minimum of  
34 two (2) residents in emergency medicine/internal medicine. There must be a  
35 minimum of three full-time equivalents in internal medicine and four full-time  
36 equivalents in emergency medicine for continued approval of the program. Residents  
37 in the combined program and in the straight internal medicine and emergency

1 medicine programs can be included when calculating full-time equivalent status.  
2 There shall be a minimum of 25,000 patient visits to the emergency department  
3 annually in the base hospital.

4 C. The institution must maintain a program description that includes, at a minimum,  
5 goals and objectives of the training program, curricular and rotational structure,  
6 program director responsibilities, and resident qualifications and responsibilities.  
7 This program description must be updated and reviewed annually.

#### 8 **STANDARD IV- PROGRAM REQUIREMENTS AND CONTENT**

9 A. The combined residency program in emergency medicine/internal medicine is five  
10 years in duration, the first year of which is described in IV.B. below. The remaining  
11 time consists of 24 months of training in internal medicine and 24 months of training  
12 in emergency medicine. The internal medicine and emergency medicine rotations  
13 must be integrated throughout the entire training and there must be a minimum of  
14 four months of each discipline during each of the last four training years.

15 B. The first year of training includes six months of emergency medicine and six months  
16 of internal medicine integrated throughout the year. In internal medicine, the  
17 following rotations are required in the first year: general internal medicine- three  
18 months; cardiology- one month; women's health- one month; critical care- one  
19 month. For the subsequent four years of the training program, there must be 24  
20 months of internal medicine that must incorporate approximately 50 percent of the  
21 time in general internal medicine services or experience; however, no less than eight  
22 months and no more than 18 months of the 24 months should be in general internal  
23 medicine. Rotations in the critical care unit (CCU/ICU) will count toward the  
24 internal medicine requirement; however, no more than a total of five months in the  
25 critical care unit may be taken during the five year program.

26 C. All rotation requirements as specified in the basic standards for both internal  
27 medicine and emergency medicine must be met by the completion of training in the  
28 combined program.

29 The general structure of the program should be as follows: During the first two  
30 years, there should be major emphasis on inpatient general internal medicine and  
31 general emergency medicine. The resident should progressively acquire more  
32 responsibilities in patient care as the years of training progress. By the end of the  
33 second year, the resident should have completed subspecialty rotations in cardiology,  
34 pulmonary, critical care and gastroenterology. The third through fifth years should  
35 gradually de-emphasize inpatient experiences and provide the residents with elective  
36 rotations. Residents in their fourth and fifth years of training should have the same  
37 level of responsibilities as third year residents in traditional internal medicine or  
38 emergency medicine programs.

39 D. Residents must have a continuity internal medicine ambulatory clinic experience for

1 at least 18 weeks a year while doing internal medicine rotations and must be  
2 scheduled for a half-day per week. The internal medicine ambulatory clinic  
3 experience must meet all the other requirements as specified in the AOA Basic  
4 Standards for Residency Training in Internal Medicine.

## 5 **STANDARD V- FACULTY AND ADMINISTRATION**

### 6 A. Program Director

- 7 1. The program must have a program director who is AOA-certified in both  
8 emergency medicine and internal medicine. If there is no dually-certified  
9 director available, then the program must have an AOA-certified internist and an  
10 AOA-certified emergency medicine physician to act as program co-directors.  
11 The program directors must meet all other requirements that are specified in the  
12 basic standards for each of the two specialties. The program co-directors must  
13 work jointly in supervising and directing the training program. The program co-  
14 directors may be the program directors of existing programs in their respective  
15 disciplines.
- 16 2. The program co-directors must meet on a quarterly basis to evaluate the  
17 program, residents and teaching faculty.

### 18 B. Faculty Qualifications and Responsibilities

- 19 1. There must be at least two AOBIM- or ACGME-certified internal medicine  
20 faculty participating in the combined program, including the internal medicine  
21 program co-director. There must be a minimum of three AOBEM- or  
22 ACGME-certified emergency medicine core faculty members for every three  
23 residents. There must be a minimum of four emergency medicine core faculty  
24 members, however, regardless of the size of the program. Faculty otherwise  
25 must meet all the requirements for faculty as specified in the basic standards of  
26 each discipline.

## 27 **STANDARD VI- RESIDENT REQUIREMENTS**

- 28 A. Residents in the combined program must attend the educational activities required by  
29 the basic standards of each discipline. Since there may be conflicts in attending  
30 concurrent meetings of the internal medicine and emergency medicine programs,  
31 however, the resident must be a full participant in the education programs provided  
32 by the department in which the resident is rotating at that particular time. Residents  
33 in the combined program otherwise must meet all the requirements as specified in  
34 the basic standards of each discipline.