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AMERICAN OSTEOPATHIC ASSOCIATION

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

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

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## **I - INTRODUCTION**

- A. These are the Basic Standards for Residency Training in Combined Emergency Medicine and Internal Medicine as established by the American College of Osteopathic Emergency Physicians (ACOEP) and 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 emergency medicine and internal medicine and to prepare the resident for examination for certification in emergency medicine and internal medicine.

## **II – MISSION**

- A. The mission of the combined osteopathic emergency medicine/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 emergency medicine and internal medicine physicians.

## **III – EDUCATIONAL PROGRAM GOALS**

The goals of the osteopathic emergency medicine/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 emergency medicine and 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 emergency settings as well as the inpatient and outpatient settings and to 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 emergency medicine and 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 must have an emergency medicine department with a minimum volume of 30,000 patient visits annually and a secondary site with a minimum volume of 15,000 that will have patient acuity that will supplement the education program to complement the educational experience at the main training site.
- 4.3 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.
- 4.4 The institution or program must have a code of conduct for faculty and residents.
- 4.5 The institution must have both functioning emergency medicine and internal medicine residency programs.
- 4.6 The institution must provide an integrated interaction between the emergency medicine and internal medicine training experiences.
- 4.7 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).
- 4.8 The institution's Department of Emergency Medicine must have at least four (4) physicians certified in emergency medicine by the AOA or the American Board of Medical Specialties (ABMS), who shall act as emergency medicine core faculty for the program. This role shall be clearly defined requiring a minimum of four (4) hours of compensated, non-clinical time per week. At least 50% of whom shall be DO's.
- 4.9 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.
- 4.10 The program must maintain a list of learning objectives to indicate learning expectations at yearly training levels and provide it to the residents annually.
- 4.11 The program must maintain a written curriculum and provide it to the residents annually.
- 4.12 The institution must provide a supervised ambulatory site for continuity of care training. Institutional clinics or internists' offices may be used.
- 4.13 The institution must ensure that all physicians clinically supervising residents are certified or in the process of being certified in either emergency medicine or internal medicine, or the appropriate specialty, by AOA or ABMS. This supervision must be provided on a daily, 24-hour basis.
- 4.14 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 for internal medicine;
  - f. Quarterly reviews for emergency medicine;
  - g. In-service exam scores.

- 4.15 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.
- 4.16 The institution must provide a proctor and secure site for the administration of the resident in-service examinations administered by both the ACOEP and ACOI annually.
- 4.17 The program must be represented each year at the annual ACOI Congress on Medical Education for Resident Trainers.
- 4.18 The program must be represented each year at the annual ACOEP Program Directors Faculty Development Workshop.

## **V - PROGRAM REQUIREMENTS AND CONTENT**

### **A. Program Duration**

- 5.1 The residency training program in emergency medicine/internal medicine must be sixty (60) months in duration during which the rotations for both emergency medicine and internal medicine are integrated through the entire program with a minimum of four months of each discipline during each of the training years.
- 5.2 The residency training program in emergency medicine/internal medicine must include twenty (24) months of training in internal medicine and its subspecialties as recognized by the AOA.
- 5.3 The residency training program in emergency medicine/internal medicine must include twenty (24) months of training in emergency medicine as recognized by the AOA.
- 5.4 At least fifty-four (54) 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 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 ACOEP 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 journal clubs.
- 5.13 The formal structure of internal medicine educational activities must include twice-weekly case conferences or two (2) hours of case conferences weekly.
- 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 emergency medicine structured educational activities while they are on emergency medicine rotations.
- 5.18 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.
- 5.19 Each resident will be required to complete both emergency medicine and internal medicine curricula during the combined residency.

**E. Patient Care**

- 5.20 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.
- 5.21 The resident must have training and experience in arterial puncture for arterial blood gases, rapid sequence intubation, osteopathic manipulative treatment and in adult patients to include, at minimum: indications; contraindications; complications; limitations and evidence of competent performance.
- 5.22 The resident must have training and experience in arthrocentesis, peripheral blood smears, exercise stress tests, ambulatory ECG monitors, spirometry, sputum gram stain, urine microscopy, vaginal wet mounts, thoracentesis and arthrocentesis to include, at minimum: indications; contraindications; complications; limitations and interpretation.
- 5.23 The resident must have training and experience in the interpretation of electrocardiograms, chest x-rays, and flat and upright abdominal films.
- 5.24 The resident must have training and experience in cardioversion/defibrillation to include, at minimum: indications; contraindications; complications; limitations and evidence of competent performance ten (10) procedures.

- 5.25 The resident must have training and experience in chest tube insertion to include, at minimum: indications; contraindications; complications; limitations and evidence of competent performance ten (10) procedures.
- 5.26 The resident must have training and experience in central venous line placement to include, at minimum: indications; contraindications; complications; limitations and evidence of competent performance twenty (20) procedures.
- 5.27 The resident must have training and experience in closed fracture reduction to include, at minimum: indications; contraindications; complications; limitations and evidence of competent performance twenty (20) procedures.
- 5.28 The resident must have training and experience in dislocation reduction to include, at minimum: indications; contraindications; complications; limitations and evidence of competent performance ten (10) procedures.
- 5.29 The resident must have training and experience in splinting to include, at minimum: indications; contraindications; complications; limitations and evidence of competent performance twenty (20) procedures.
- 5.30 The resident must have training and experience in procedural sedation to include, at minimum: indications; contraindications; complications; limitations and evidence of competent performance fifteen (15) procedures.
- 5.31 The resident must have training and experience in cricothyroidotomy to include, at minimum: indications; contraindications; complications; limitations and evidence of competent performance three (3) procedures.
- 5.32 The resident must have training and experience in intraosseous line to include, at minimum: indications; contraindications; complications; limitations and evidence of competent performance three (3) procedures.
- 5.33 The resident must have training and experience in pericardiocentesis to include, at minimum: indications; contraindications; complications; limitations and evidence of competent performance three (3) procedures.
- 5.34 The resident must have training and experience in transvenous pacing to include, at minimum: indications; contraindications; complications; limitations and evidence of competent performance two (2) procedures.
- 5.35 The resident must have training and experience in thoracotomy to include, at minimum: indications; contraindications; complications; limitations and evidence of competent performance one (1) procedures.
- 5.36 The resident must have training and experience in endotracheal intubation to include, at minimum: indications; contraindications; complications; limitations and evidence of competent performance thirty-five (35) procedures.
- 5.37 The resident must have training and experience in laceration repair to include, at minimum: indications; contraindications; complications; limitations and evidence of competent performance fifty (50) procedures.
- 5.38 The resident must have training and experience in lumbar puncture to include, at minimum: indications; contraindications; complications; limitations and evidence of competent performance fifteen (15) procedures.

5.39 The resident must have training and experience in bedside ultrasound to include, at minimum: indications; contraindications; complications; limitations and evidence of competent performance forty (40) procedures.

5.40 The resident must have training and experience in vaginal deliveries to include, at minimum: indications; contraindications; complications; limitations and evidence of competent performance ten (10) procedures.

At the discretion of the program director the above emergency procedures may be completed in clinical scenarios or in simulation laboratory settings.

## **F. Interpersonal and Communication Skills**

5.41 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**

5.42 The resident must have training in health care disparities.

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

5.44 The resident must have training in health information protection policies.

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

5.45 The resident must have training in teaching skills.

5.46 The resident must participate in the training of students and/or other residents.

5.47 The resident must have training in the use of electronic health records.

5.48 The resident must have learning activities and participation in quality improvement processes.

5.49 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**

5.50 The resident must have training in practice management.

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

## **J. Ambulatory Clinic**

5.52 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.



- 5.53 The resident's internal medicine continuity clinic training must be under the supervision of an internal medicine specialist.
- 5.54 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.
- 5.55 The resident to faculty ratio in the continuity clinic training site must not exceed 4:1.
- 5.56 The ambulatory experience must take place a minimum of one-half days a week, 28 weeks per year.
- 5.57 An educational program on ambulatory issues must exist. It does not need to be held at the clinic site.
- 5.58 The resident must have experience in the common medical diagnoses found in a general internal medicine practice.
- 5.59 The resident must be taught to apply the concepts of disease prevention and health maintenance.
- 5.60 Specific ambulatory clinic logs must be maintained and contain, at minimum: patient identification; diagnosis and the activity and/or procedures performed on each visit.
- 5.61 The resident must be scheduled to see at minimum, four patients, on average, per half-day period.
- 5.62 The resident must develop a continuity panel of patients in the ambulatory clinic.
- 5.63 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**

- 5.64 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.
- 5.65 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.
- 5.66 During the OGME-1 training year, the resident must complete one month or four (4) weeks of hospital-based cardiology.
- 5.67 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.
- 5.68 During the OGME-1 training year, the resident must complete four (4) months or sixteen (16) weeks of emergency medicine.

- 5.69 During EACH OF the OGME-2, OGME-3, OGME 4 and OGME-5 training years the resident must spend an equal amount of months in emergency medicine and internal medicine.
- 5.70 During the OGME-2, OGME-3, OGME 4 and OGME-5 training years, the resident must complete no fewer than three (2) months of general internal medicine on a yearly basis.
- 5.71 During the OGME-2, OGME-3, OGME 4 and OGME-5 training years, the resident must complete a minimum of one month experience with each of the 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.
- 5.72 During the OGME-2, OGME-3, OGME 4 and OGME-5 training years, the resident must complete no fewer than two (2) months and no more than four (4) months in the critical care unit.
- 5.73 During the training years, the resident must complete no fewer than one (1) month of emergency medicine administration/research.
- 5.74 During the training years, the resident must complete no fewer than one (1) month of trauma.
- 5.75 During the training years, the resident must complete no fewer than one (1) month pediatrics or pediatric emergency medicine.
- 5.76 During the ~~training~~ years, the resident must complete no less than one (1) month of orthopedics.
- 5.77 During the training years, the resident must complete no less than one (1) month of emergency medicine services.
- 5.78 During the training years, the resident must complete no less than one (1) month of women's health, 50% of this time must be spent in obstetrics and 50% of the time must be ambulatory.
- 5.79 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.
- 5.80 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 emergency medicine by the AOA through the American Osteopathic Board of Emergency Medicine. 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 emergency medicine program director must be an active member of the ACOEP.
- 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 ACOEP's Committee on Graduate Medical Education.
- 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 ACOEP 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 notify the ACOI and the ACOEP of the resident's entry into the training program by submitting a resident list annually on a form furnished by ACOI and ACOEP.
- 6.10 The program director must maintain an e-mail address and provide it to the ACOI and ACOEP.
- 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 CORE faculty must make available non-clinical time to provide instruction to residents.
- 6.13 There must be a minimum of four (4) core emergency medicine faculty and one (1) additional core faculty for each eight (8) residents in the combined program.
- 6.14 Emergency medicine core faculty must practice a minimum of 30 hours per week at the base institution.
- 6.15 Emergency medicine core faculty must be certified in emergency medicine by the AOBEM or ABEM.
- 6.16 Emergency medicine core faculty must demonstrate scholarly activity prior to and throughout the duration of their appointment. Scholarly activity is the academic pursuits that serves either the specialty or profession and/or involves creative, intellectual work that is peer-reviewed and publicly disseminated. Scholarly activity shall occur within a four-year period. Acceptable activities include a minimum of 2 major or 1 major and 2 minor scholarly activity (as defined in the Basic Standards for Training in Emergency Medicine) within this time frame for each core faculty member.

## **VII – RESIDENT REQUIREMENTS**

- 7.1 The residents must be members of the ACOI and the ACOEP.
- 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 INTERNAL MEDICINE 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 participate each year in the annual Resident In-Service Examination sponsored by the ACOEP.
- 7.7 The residents must maintain certification in Advanced Cardiac Life Support (ACLS) throughout the residency.
- 7.8 The residents must maintain certification in Advanced Trauma Life Support (ATLS) throughout the residency.
- 7.9 The residents must maintain certification in Pediatric Advanced Life Support (PALS) throughout the residency.
- 7.10 The residents must attend the ACOI Annual Convention and Scientific Sessions or another ACOI continuing education program once during the training program.
- 7.11 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.

- 7.13 The resident must complete a research project that meets the criteria set forth in the *Basic Standards for Residency Training in Emergency Medicine.*

## **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 AOBEM certification examination; resident retention rates in the program; percent of graduates completing the program in 48 60 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 for internal medicine and quarterly for emergency medicine 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 Confidential 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.