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AMERICAN OSTEOPATHIC ASSOCIATION

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2                                    **Basic Standards for**  
3                                    **Rural Track Residency Training in**  
4                                    **Pediatrics**

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American Osteopathic Association  
and the  
American College of Osteopathic Pediatricians

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**ARTICLE I - Introduction**

2 These are the basic standards for rural track residency training in pediatrics as approved by the  
3 American Osteopathic Association (AOA) and the American College of Osteopathic Pediatricians  
4 (ACOP). These standards are designed to provide the osteopathic resident with advanced and  
5 concentrated training focused on rural practice in pediatrics and to prepare the resident for the  
6 examination for certification in pediatrics.

7

**ARTICLE II - Mission**

8 The specialty of pediatrics consists of the study and management of care of newborns, infants,  
9 children and adolescents, as well as the diagnosis and treatment of their diseases. The purposes of a  
10 rural osteopathic pediatric training program are to:

- 11 A. Provide training and experience to enable the resident to care for the whole patient,  
12 incorporating the osteopathic concept of the integrated function between the  
13 musculoskeletal and nervous systems in the practice of pediatrics.
- 14 B. Provide continuity of advanced educational experience and increased patient care  
15 responsibilities to prepare the resident for the complete medical care of the pediatric patient,  
16 and to broaden his/her understanding of the fundamentals of pediatric medicine, behavioral  
17 sciences and basic sciences related to the specialty.
- 18 C. Provide a structured educational program that will enable the resident, upon completion of  
19 training, to demonstrate expertise in clinical proficiency and in the technical skills required to  
20 perform at a level expected by a peer group of qualified pediatricians.
- 21 D. Provide training and experience to prepare residents for the expanded scope of pediatric  
22 practice required in a rural setting.
- 23 E. Promote and increase the number of osteopathic pediatricians practicing in rural places.

24

**ARTICLE III- Educational Program Goals**

25 The goals of the educational programs of rural track pediatric residencies are based on the core  
26 competencies as outlined by the American Osteopathic Association. Each core competency is  
27 outlined below and is adapted by the program to reflect the specific needs of the pediatric  
28 profession in a rural context. The core competencies will be adapted by the college on its GME  
29 website and will serve as the annual program directors report.

30 **Competency 1:** Osteopathic Philosophy Principles and Manipulative Treatment:

31 Pediatric residents shall demonstrate and apply knowledge of accepted standards in OPP/OMT  
32 appropriate to pediatrics. The educational goal is to train a skilled and competent osteopathic  
33 pediatrician who remains dedicated to life-long learning and to practice habits in osteopathic  
34 philosophy and manipulative medicine.

35 This competency is not to be evaluated separately but its teaching and evaluation in the training  
36 program shall occur through Competencies 2-7 into which this competency has been fully  
37 integrated.

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2 **Competency 2:** Pediatric Knowledge and Its Application into Osteopathic Medical Practice:

3 Pediatric residents must demonstrate and apply integrative knowledge of accepted standards of  
4 clinical pediatrics and OPP, remain current with new developments in pediatrics, and participate in  
5 life-long learning activities, including research

6 **Competency 3:** Osteopathic Patient Care:

7 Osteopathic pediatric residents must demonstrate the ability to effectively treat patients, provide  
8 pediatric care that incorporates the osteopathic philosophy, patient empathy, awareness of  
9 behavioral issues, the incorporation of preventive medicine, and health promotion.

10 **Competency 4:** Interpersonal and Communication Skills in Osteopathic Pediatric Practice:

11 Residents must demonstrate interpersonal and communication skills that enable them to establish  
12 and maintain professional relationships with patients, families, and other members of health care  
13 teams.

14 **Competency 5:** Professionalism in Osteopathic Medical Practice:

15 Residents must uphold the Osteopathic Oath in the conduct of their professional activities that  
16 promote advocacy of patient welfare, adherence to ethical principles, collaboration with health  
17 professionals, life-long learning, and sensitivity to a diverse patient population. Residents shall be  
18 cognizant of their own physical and mental health in order to care effectively for patients.

19 **Competency 6:** Osteopathic Medical Practice-Based Learning and Improvement:

20 Residents must demonstrate the ability to critically evaluate their methods of clinical practice,  
21 integrate evidence-based traditional and osteopathic medical principles into patient care, show an  
22 understanding of research methods, and improve patient care practices.

23 **Competency 7:** System-Based Osteopathic Medical Practice:

24 Residents must demonstrate an understanding of health care delivery systems, provide effective and  
25 qualitative osteopathic patient care within the system, and practice cost-effective medicine.

26

#### **ARTICLE IV - Institutional Requirements**

27 A. The institution must provide patient care experience to train a minimum of three (3)  
28 residents in pediatrics. No program may accept a new resident unless at least two (2) other  
29 residents are also in the program. A new program will have three (3) years to enact this  
30 requirement.

31 B. The institution shall provide for the interaction between the pediatric service and other  
32 departments including, but not limited to, obstetrics, medicine, pathology, radiology,  
33 emergency medicine, and surgery.

34 C. The teaching staff shall be composed of qualified physicians with diversified experience in  
35 clinical pediatrics, basic and behavioral sciences and allied health fields.

36 D. The institution must provide an opportunity for exposure in a supervised ambulatory site for  
37 continuity of care training that will suit the needs of the tracks offered. Institutional clinics  
38 or pediatricians' offices may be used. The residents must function as the patients' primary  
39 care provider.

- 1 E. The institution shall provide additional learning experiences to prepare the rural osteopathic  
2 pediatric residents for the expanded scope of practice anticipated in a rural setting.  
3

#### 4 **ARTICLE V – Program Requirements and Content**

- 5 5.1.1. The residency training program in pediatrics shall be three (3) years (thirty-six (36)  
6 months) in general pediatric medicine.
- 7 5.1.2. The first postdoctoral year will be the first year of residency. This position will be  
8 known as osteopathic graduate medical education (OGME-1) resident. Subsequent  
9 years will be known as OGME 2, 3.
- 10 or
- 11 5.1.3. The first postdoctoral year may be a traditional rotating internship (OGME-1  
12 traditional) followed by, three (3) years (thirty-six (36) months) of general pediatric  
13 medicine. These three (3) years will be known as OGME 2, 3 and 4.
- 14 5.1.4. At least twenty-four (24) months of the required thirty-six (36) months must be  
15 served IN the same program unless an exemption is granted by the ACOP.
- 16 5.1.5. The general educational content of the residency training program must include:
- 17 5.1.6. The neuromuscular component of disease and the osteopathic concept of evaluating  
18 and treating the whole patient in inpatient care and ambulatory care settings.
- 19 5.1.7. Development of basic cognitive skills and knowledge pertaining to normal  
20 physiology and pathophysiology of the body systems and the correlating clinical  
21 applications of medical diagnosis and management.
- 22 5.1.8. Experience and training in the following procedures and development of respective  
23 interpretation skills. Verification by the program director of experience and  
24 competency in required procedures is necessary.

#### 25 Required:

- 26 • developmental screening,
- 27 • tympanometry,
- 28 • intradermal subcutaneous and intramuscular injections,
- 29 • lumbar puncture,
- 30 • intravenous access,
- 31 • endotracheal intubation,
- 32 • umbilical artery lines,
- 33 • umbilical venous lines,
- 34 • circumcision,
- 35 • foreign body removal from ears and nose,
- 36 • frenotomy,
- 37 • arterial blood gas sampling,
- 38 • suturing of lacerations,
- 39 • bladder catheterization,
- 40 • suprapubic bladder taps,
- 41 • NG tube placement,
- 42 • phlebotomy,
- 43 • newborn resuscitation,

- 1 • intraosseous access,
- 2 • chest tube insertion,
- 3 • fracture care,
- 4 • basic pediatric ultrasound,
- 5 • procedural sedation,
- 6 • pelvic examinations,
- 7 • Basic Life Support (BLS), Pediatric Advanced Life Support (PALS) and
- 8 Neonatal Resuscitation Program (NRP), and
- 9 • stabilization and transport of both newborn and pediatric patients of all ages,
- 10 including victims of trauma.
- 11
- 12 5.1.9. Bio-psychosocial knowledge and skills shall be taught in both formal and informal
- 13 settings throughout the residency. These shall include such factors as medical
- 14 sociology, doctor/patient/parent/guardian/family communication, crisis recognition
- 15 and intervention, the effects of psychological components of health states,
- 16 interviewing skills, recognition and management of uncomplicated behavioral
- 17 disorders, substance abuse care, and death and dying.
- 18 5.1.10. All elective training must be approved by the program director.
- 19 5.1.11. Ambulatory Care: To include the traditional care of the well child and also the child
- 20 with acute illness, trauma, poisoning and chronic disorders. Training must enable
- 21 the resident to develop skills in counseling and guidance, developmental appraisal,
- 22 referral, consultation, health maintenance assessment and the management of a
- 23 practice as well as to prepare the resident to assist in the continuing care of the
- 24 developmentally disabled child. Participation in the activities of the outpatient
- 25 department and the emergency medicine department are important, as they pertain
- 26 to the pediatric patient including child abuse evaluations, treatment and reporting.
- 27 5.1.12. Inpatient Care: To include the management and understanding of functional and
- 28 organic diseases of newborns, infants, children and adolescents. Training shall
- 29 enable the resident to appraise and react to the rapidly changing clinical status of the
- 30 patient as well as to handle multiple or conflicting consultations and coordinate
- 31 services for individual patients requiring multidisciplinary care.
- 32 5.1.13. Experience in the delivery room with newborn care and resuscitation, enabling the
- 33 resident to become skilled in the process of infant stabilization when specialized
- 34 facilities are not available prior to transfer. The resident must be capable of
- 35 stabilizing the seriously ill newborn.
- 36 5.1.14. Experience in the newborn nursery to enable the resident to become proficient in
- 37 the management of such conditions as asphyxia, hypoglycemia, jaundice, respiratory
- 38 distress syndrome, sepsis and other conditions inherent in the management of a
- 39 neonate. The resident shall demonstrate knowledge of the normal growth and
- 40 development of the fetus and the effects of drugs, infection and malnutrition.
- 41 5.1.15. The training program shall make available pediatric board review opportunities to
- 42 each resident, either in the form of weekly programs (such as Nelson's Club or
- 43 Journal Club), or by sponsoring the resident's attendance at a pediatric board review
- 44 course.

1 5.1.16. Residents must attend at least one ACOP meeting prior to completing their  
2 residency.

3 5.1.17. Training in both the inpatient and ambulatory practice of pediatrics shall be provided  
4 to enable the resident to do complete histories and physicals, plan comprehensive  
5 care.

6 5.1.18. Provide training to make sound medical judgments with an understanding of ethical  
7 and legal considerations as well as cultural diversities and the care of the patient.

8 5.1.19. Training in the assessment development, and mobilization of community resources  
9 for the benefit of both individual pediatric patient and community health.

## 10 5.2. Advanced Placement

11 5.2.1. Advanced placement into osteopathic pediatric medicine from non-pediatric  
12 medicine fields or after OGME-1 Traditional.

13 a. One (1) month of credit may be awarded for each month of training in general  
14 pediatrics or its subspecialties taken under the direction of a pediatrician in an  
15 AOA- or ACGME-approved program.

16 b. Credit may be granted in non-pediatric medicine specialties to include radiology,  
17 pathology, emergency medicine and ambulatory surgical specialties (gynecology,  
18 orthopedics, ENT) up to a maximum of two (2) months credit towards a total  
19 program.

20 c. Total advance placement cannot exceed twelve (12) months towards the entire  
21 program.

22 5.2.2. Mechanism to request advanced placement. A request for advanced placement must  
23 be received from both the resident and the current pediatric program director and  
24 must include:

25 a. A letter requesting advanced placement standing from the resident

26 b. A letter requesting advanced placement standing from program director

27 c. ACOP resident annual report for previous training.

28 d. AOA program director report for previous training.

29 e. Determination of advanced placement within these guidelines shall be made by  
30 the ACOP GME Committee based on the concept of equivalency.

31 5.3. In order to preserve important pediatric training experience, and also accommodate the  
32 specialty services actually available in a rural community, at least twenty-four (24) months  
33 of training must include actual clinical pediatric patient responsibility, and no more than  
34 nine (9) months of the thirty-six (36) months of training can be assigned in non-pediatric  
35 services.

36 5.4. The program shall provide exposure to medical research/review skills and methods of  
37 presentation including:

- 38 • How to read and understand the medical literature,
- 39 • Research types, methodology and statistics,

- 1           • Evidence based medicine,
- 2           • Quality, performance improvement and patient safety initiatives,
- 3           • Health services research, policies, administration (i.e., access of population groups to
- 4           healthcare, compliance issues, public policies, managed care, etc.), and
- 5           • Scholarly practice, including participation in practice-based research networks.

6           5.5. Each resident must participate in scholarly activity as determined by the program director.  
7           Options for meeting this requirement shall be determined by the program director.

## 8           5.6. General Pediatric Training

### 9           5.6.1. Ambulatory

10           The curriculum must include at least six (6) months in general ambulatory settings (at  
11           least two (2) of which must be rural), including general pediatric clinic, acute illness  
12           clinic, emergency department, private practice settings, adolescent clinics and  
13           behavioral-developmental clinics, in addition to the required time spent in the  
14           continuity clinic.

15           The following requirements pertain to ambulatory general pediatric care:

#### 16           5.6.1.1. Continuity Clinic

17                       Continuing care of a group of patients in a rural community throughout the  
18                       three (3) years of training is required.

#### 19           5.6.1.2. Rural office-based assignments

20                       Office electives or assignments may not exceed six (6) months in the  
21                       pediatric residency. Assignments may be solid blocks of time or may run  
22                       concurrently with other assignments on a part-time basis. Verification of all  
23                       patients seen must be kept by residents. Residents must be involved in  
24                       decision-making processes and not function merely as observers. Curricular  
25                       content must include small business principles, practice, finance and delivery  
26                       models. In addition, the curriculum shall include one (1) month or 200 hours  
27                       of OPP/OMM.

#### 28           5.6.1.3. Emergency and acute illness experiences

29                       In addition to their experience in the continuity clinics, residents must have  
30                       at least three (3) months of experience managing pediatric patients with acute  
31                       problems, including respiratory infections, dehydration, coma, seizures,  
32                       poisoning, trauma, lacerations, burns, shock, and status asthmaticus. At least  
33                       one of these months must be a block rotation in an emergency department  
34                       that serves as the receiving point for EMS transport and ambulance traffic  
35                       and which is the access point for seriously ill and acutely ill pediatric patients.  
36                       The residents must have the opportunity to function as the physician of first  
37                       contact for pediatric patients with the problems mentioned above.

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#### 5.8.1.4. Transport experiences

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2 Residents must have at least one (1) month or 200 hours of experience in  
3 the transport of newborns and other pediatric patients via both ground and  
4 air.

#### 5 5.8.1.5 Adolescent Medicine

6 There must be a structured experience in adolescent medicine involving  
7 didactic and components and ambulatory experience. It must be under the  
8 direction of a teaching staff member with expertise in adolescent medicine.  
9 Residents must have one (1) month of patient care experiences in the  
10 following: health maintenance examinations, family planning, sexually  
11 transmitted diseases and gynecology.

12 Experiences in chemical dependency, sports medicine, health needs of  
13 incarcerated youth, and college health issues are strongly recommended. A  
14 separate clinic for adolescent patients is desirable. Also recommended is  
15 experience with healthcare for adolescents provided in schools, group  
16 homes, family planning clinics, and inpatient psychiatric facilities.

#### 17 5.8.1.6. Behavioral/ Developmental Pediatrics

18 Residents must participate in a structured experience in normal and abnormal  
19 behavior and development involving didactic and clinical components.  
20 Experience must include the care of patients from newborn through young  
21 adulthood.

22 Residents must learn how to serve as care managers for patients with chronic  
23 diseases and multiple problems. Subspecialty consultants and ancillary  
24 personnel must be available to the residents as they care for these patients.

#### 25 5.6.2. General Hospitalist Inpatient Care

26 General hospitalist inpatient pediatric rotations must be a minimum of five (5)  
27 months.

28 The list of diagnoses and patient data requested in the program information forms  
29 must show evidence of a sufficient number and variety of complex and diverse  
30 pathologic conditions to ensure that the residents have experience with patients who  
31 have acute and chronic illnesses as well as those with life-threatening conditions in  
32 the pediatric age groups. Residents at more than one level of training must interact  
33 in the care of inpatients.

#### 34 5.6.3. Newborn Nursery Care

35 There must be the equivalent of at least two (2) months that include care of  
36 newborns in the routine nursery setting. This experience must include routine  
37 physical examination of the newborns (at least 50 normal newborn examines),  
38 attendance at routine, high risk deliveries and C-sections, and counseling of the  
39 parents on the care, and comprehensive issues of the neonatal period. This  
40 requirement may be combined or included with other rotations that have a normal  
41 newborn service.

#### 42 5.6.4. Critical Care

1 5.6.4.1. There must be a rotation in neonatal critical care (Levels II and III) for a  
2 minimum of three (3) months, exclusive of experience with the normal  
3 newborn. At least two (2) of the three (3) months must occur in a setting  
4 where residents have the opportunity to regularly participate in the  
5 resuscitation of newborns in the delivery room.

6 5.6.4.2. There must be a rotation in the pediatric intensive care unit for a minimum  
7 of one (1) months.

8 5.6.4.3. The maximum number of required rotations in both critical care areas  
9 combined must not exceed six months.

10 5.6.4.4. Hospital Procedures

11 There must be one (1) month rotation dedicated to intravenous access,  
12 intubation and other hospital procedures.

13 5.7. Electives

14 5.7.1. Subspecialty Electives

15 The total amount of time committed to all subspecialty elective rotations must be no  
16 more than eight (8) months. No more than six (6) months may be spent on any one  
17 subspecialty during the three (3)-year residency. The subspecialty rotations must  
18 occur primarily in the second and third years of training.

19 5.7.2. Subspecialty rotations shall include any of the following: allergy/immunology,  
20 cardiology, child psychiatry, critical care, dermatology, endocrinology/metabolism,  
21 gastroenterology, genetics, hematology/oncology, infectious disease, nephrology,  
22 neurology, pediatric radiology, pediatric rheumatology, pediatric surgery,  
23 pulmonology, school health and international health, anesthesia, ophthalmology,  
24 orthopedics, sports medicine, otolaryngology, physical medicine & rehab.

25 5.7.3. Subspecialty Supervision

26 Subspecialty experience must be supervised by pediatricians who have been certified  
27 in their pediatric subspecialty areas by the appropriate sub-boards of the American  
28 Osteopathic Board of Pediatrics (AOBP) or by another specialty board or who  
29 possess suitable equivalent qualifications. The acceptability of equivalent  
30 qualifications shall be determined by the program director. These individuals must  
31 be directly involved in the supervision of residents during their training in the  
32 subspecialties.

33 5.7.4. Content of Required and Elective Subspecialty Experiences

34 All subspecialty rotations must have an adequate number and variety of patients to  
35 provide each resident with an appropriately broad experience in the subspecialty.  
36 These experiences also must include attending subspecialty conferences, appropriate  
37 reading assignments, and acquainting the residents with techniques used by  
38 subspecialists.

39 Each resident must have patient care responsibilities as a supervised consultant on  
40 the inpatient and outpatient services in each of his or her subspecialty experiences.  
41 As a supervised consultant the resident must have the opportunity to evaluate and to

1 formulate management plans for subspecialty patients. Instances in which a resident  
2 functions solely as an observer shall not fulfill this requirement.

3 5.10 Rural Requirements

4 In addition to meeting all of the above requirements the program must include  
5 four (4) months in a rural setting including a rural public and community health  
6 experience.

7 **ARTICLE VI – Program Director/Faculty**

8 6.1. Qualifications: The program director of a residency program shall possess the following  
9 qualifications:

10 6.1.1. Be certified and maintain recertification in pediatrics by the AOA through the  
11 AOBP;

12 6.1.2. Have practiced in pediatrics or a pediatric subspecialty for a minimum of three (3)  
13 years;

14 6.1.3. Be a practicing specialist in pediatrics or a pediatric subspecialty;

15 6.1.4. Be a member in good standing of the ACOP

16 6.1.5. Attend an ACOP chairman's/program director's meeting at least once every three  
17 years.

18 6.2. Responsibilities

19 6.2.1. The program director must provide the ACOP with yearly electronic evaluation  
20 reports of the residents in the training program within thirty (30) days of completion  
21 of the contract year at [www.acopedcs.org](http://www.acopedcs.org).

22 6.2.2. The program director shall require the resident to apply for Candidate-in-Training  
23 status with the ACOP during the training program.

24 **ARTICLE VII - Resident Requirements**

25 7.1. Applicants for residency training in pediatrics must:

26 7.1.1. Be and remain member of the ACOP during residency training

27 7.2. During the training program the resident must:

28 7.2.1. Electronically submit Residents Annual Report to the ACOP within thirty (30) days  
29 of completion of each contract year at ([www.acopedcs.org](http://www.acopedcs.org)).

30 7.2.2. Complete one scientific scholarly writing project with the oversight and approval of  
31 the program director;

32 7.2.3. Attend all meetings as directed by the program director, including the educational  
33 portion of the department/division of pediatric medicine, and participate in major  
34 committee meetings.

35 7.2.4. Complete a comprehensive reading program as assigned by the program director,  
36 including participation in a journal club;



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**APPENDIX A – Three-Year Required Rural Pediatric Curriculum**

	<b>OGME 1</b>	<b>OGME 2</b>	<b>OGME 3</b>
SURGERY	1		
INTERNAL MEDICINE	1		
WOMEN'S HEALTH	1		
EMERGENCY MEDICINE	1	1	1
AMBULATORY PEDIATRICS	2	4	2
NEWBORN NURSERY	1	1	
GENERAL IN-PATIENT PEDIATRICS	2	2	2
HOSPITAL PROCEDURES		1	1
PICU	0	0	1
NICU	1	1	1
PEDIATRIC SPECIALTY ELECTIVES	2	2	4
<b>TOTAL</b>	<b>12</b>	<b>12</b>	<b>12</b>

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**APPENDIX B – Model Pediatric OGME 1 Curriculum**

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1. Four (4) weeks or one (1) month of general internal medicine or a medical specialty selected from the following: general internal medicine, internal medicine subspecialties, allergy, neurology, rehabilitation medicine, addiction medicine, family medicine, hospital night float, adolescent medicine, dermatology, anesthesiology, osteopathic manipulative medicine (OMM).
2. Twenty-four (24) weeks or six (6) months of pediatrics with a minimum of eight (8) weeks or two (2) months in ambulatory pediatrics. This may include newborn nursery, inpatient care, NICU or PICU OR pediatric night float.
3. Four (4) weeks or one (1) month of surgical experience selected from the following: general or pediatric surgery, perioperative medicine, surgical intensive care, pain management.
4. One (1) month or four (4) weeks in ED or pediatric ED or at the base or an affiliate training center site.
5. Four (4) weeks or one (1) month of training in women's health, selected from the following: perinatal medicine, female reproductive medicine, ambulatory gynecology or ambulatory pediatrics/adolescent medicine, family planning and sexually transmitted infections (STI) clinics.
6. Eight (8) weeks or two (2) months of additional training which will be spent in pediatric subspecialty areas.
7. Newborn nursery may be combined with other rotations that include a normal newborn service.

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**APPENDIX C – Outline for Continuity Ambulatory Training Sites for Residents in  
Osteopathic Pediatric Medicine**

3

- 4 1. The ambulatory site must provide for comprehensive continuous general pediatric patient  
5 care where residents can function as the primary care giver for the patient. The site may be  
6 in a clinic (free-standing or in-hospital) or in a private practice setting.
- 7 2. The training site must have the presence of an attending pediatrician for supervision of  
8 residents. The supervisor should not supervise more than four (4) residents per clinic.
- 9 3. Residents must be scheduled a minimum of one half (1/2)-day per week throughout the training  
10 program.
- 11 4. An educational program must be scheduled in the clinic with active participation between  
12 the supervisor and the resident. Cases must be discussed and all charts should be reviewed  
13 and signed by the supervising pediatrician.
- 14 5. The resident should be exposed to the broad spectrum of medical diagnoses in pediatric and  
15 adolescent patients, as well as to demonstrate the ability to integrate the concepts of disease  
16 prevention and health maintenance.
- 17 6. An emphasis on the development of a resident panel of patients must occur during all of the  
18 training years.
- 19 7. Separate resident performance evaluations must be conducted by the ambulatory supervisor  
20 at least quarterly and reviewed between the resident, ambulatory supervisor and program  
21 director.
- 22 8. In addition to clinical exposure in the ambulatory training site, the resident must also be  
23 exposed to osteopathic concepts, behavioral and psycho-social aspects of medical care,  
24 medical ethics, medical-legal implications and practice management.
- 25 9. An opportunity must exist for the resident to be involved and participate in the ongoing care  
26 of his/her clinic patients when they are hospitalized at the base hospital facility and through  
27 all phases of their care (under supervision).
- 28 10. A resident in a teaching ambulatory setting must see a minimum of OGME-1 three (3)  
29 patients, OGME-2 four (4) patients and OGME-3 five (5) patients per half (1/2)-day  
30 session.

31