



**BASIC STANDARDS FOR
RESIDENCY TRAINING
IN COMBINED
INTERNAL MEDICINE/PEDIATRICS**

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

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TABLE OF CONTENTS

	Page
Article I - Introduction.....	1
Article II - Definition and Purposes	1
Article III - Institutional Requirements	1
Article IV - Program Requirements	2
Article V - Program Content and Design	4
Article VI - Qualifications and Responsibilities of the Program Co-Directors.....	7
Article VII - Resident Requirements.....	8

ARTICLE I - INTRODUCTION

These are the basic standards for residency training in combined internal medicine/pediatrics as approved by the American Osteopathic Association (AOA), the American College of Osteopathic Internists (ACOI), and the American College of Osteopathic Pediatrics (ACOP). These standards are designed to provide the osteopathic resident with advanced and concentrated training in both internal medicine and pediatrics and to prepare the resident for examination for certification in internal medicine and/or pediatrics.

ARTICLE II - DEFINITION AND PURPOSES

- A. The specialty of internal medicine/pediatrics consists of the diagnosis, treatment and prevention of all diseases of the body with emphasis on internal organs of the body in a sophisticated manner, excluding surgery or obstetrics, but including the subspecialties of internal medicine and pediatrics. The purposes of an osteopathic internal medicine/pediatrics training program are to:
1. Provide a wide spectrum of educational experiences to enable the resident, upon completion of the program, to be fully competent to practice internal medicine and pediatrics in either the hospital or ambulatory setting. Integration of osteopathic principles and practice shall be an integral part of the program. Progressive responsibilities of patient care must occur in each successive year of training.
 2. Develop in-depth skills in the diagnosis and medical management of the ambulatory patient with associated skills in routine continuity management of the hospitalized patient. The program will incorporate primary continuity of care experience in an ambulatory setting, providing the resident with increasing responsibility in patient care. Continuity clinics in each specialty must be provided throughout the four years of training.
 3. Provide a structured educational program that will enable the resident, upon completion of training, to demonstrate expertise in clinical proficiency and in the technical skills required to perform at a level expected by a peer group of qualified internists and pediatricians.

ARTICLE III - INSTITUTIONAL REQUIREMENTS

- A. To be approved by the AOA for residency training in internal medicine/pediatrics, an institution¹ must meet all the requirements as formulated in the *Residency Training Requirements of the AOA*.
- B. The institution must provide sufficient patient load to properly train a minimum of three (3) residents in internal medicine/pediatrics.

¹Hospital, college, organization or other training facility.

- C. The institution shall maintain an adequate medical library containing carefully selected texts, the latest editions of medical journals and other appropriate publications, in various branches pertaining to training in internal medicine and pediatrics. The library shall be in the charge of a qualified person who shall act as the custodian of its contents and arrange for the proper cataloging and indexing that will facilitate investigative work by the residents.
- D. A physician, AOA Board Certified in the combined specialties, may serve as a single program director.
- E. The institution shall develop and maintain an evaluation mechanism for rating residents, program co-directors and the training program, to ensure ongoing quality. The evaluation mechanisms must be shared by the co-directors of the program.
- F. The institution must provide an opportunity for exposure in a supervised ambulatory site for continuity of care training which will suit the needs of the program. Institutional clinics, outpatient departments or offices may be used.
- G. The institution must provide a written policy and procedure for the selection of residents, which shall be included in the institutional training protocol for internal medicine/pediatrics. The institution must have a separate selection process for the internal medicine/pediatrics program that is distinct from the internal medicine and pediatrics programs.
- H. The institution shall provide for an integrated interaction between the internal medicine and pediatrics services. The institution shall also provide of the interaction between the internal medicine/pediatrics department and other departments including, but not limited to, obstetrics, pathology, radiology and surgery.
- I. The teaching staff shall be composed of qualified physicians with diversified experience in clinical internal medicine and pediatrics, basic and behavioral sciences and allied health fields. The competence and availability of the teaching staff must provide supervision of daily clinical care and teaching experiences.
- J. The institution shall execute a contract with each resident in accordance with the *Residency Training Requirements of the AOA*.
- K. Upon satisfactory completion of the training program, the institution shall award the resident an appropriate certificate. The certificate shall confirm the fulfillment of the program requirements, starting and completion dates of the program, and the name(s) of the training institution(s) and the program co-director(s) or director.

ARTICLE IV - PROGRAM REQUIREMENTS

- A. The residency training program shall only commence after it has received the recommendations of

the AOA Committee on Postdoctoral Training and the approval of the AOA Board of Trustees.

- B. The residency training program in internal medicine/pediatrics shall be four (4) years in duration, including the combined specialty track internship, or four (4) years in duration after any other AOA internship format. The training shall consist of a minimum of twenty-four (24) months of internal medicine and twenty-four (24) months of pediatrics. Since adolescent medicine focuses on an area that bridges both specialties, this rotation may satisfy the time requirements in either pediatrics or internal medicine (double credit cannot be used however for both specialties) whether the attending is a pediatrician or an internist. The general educational content of the program shall include:
1. The neuromuscular component of disease and the osteopathic concept of the evaluating and treating the whole patient in inpatient care and ambulatory care settings.
 2. Development of basic cognitive skills as pertaining to normal and pathophysiology of the body systems and the correlating clinical applications of medical diagnosis and management.
 3. Sufficient experience in training in the following procedures and the development of respective interpretive skills. In order to assure exposure to the required procedures and interpretations, the ACOI Council on Education and Evaluation recommends minimum numbers, which appear in parenthesis with the procedures and interpretations listed below. These numbers are a guideline and do not imply competency. Verification by the program co-directors, of experience and competency in required procedures is necessary.
 - a. Required Procedures:
Comprehensive histories and physicals, including structural examination for somatic dysfunction (50), pelvic (15) and rectal (10) examinations; breast (10); male genital exam (10); arterial puncture for ABGS (10); central venous line insertion (10); peripheral venous line insertion (5); endotracheal intubation (10); flexible sigmoidoscopy (10); lumbar puncture (8); nasogastric tube insertion (5); osteopathic manipulative treatment (20); urinary bladder catheterization (5); venipuncture (5); arthrocentesis/joint injection (6); exercise stress testing – supervision and analysis (10); pediatric exchange transfusion; pediatric bone marrow biopsy; pediatric venous cut-down; pediatric laryngoscopy; umbilical catheterization; omt; newborn resuscitation; intraosseous access; conscious sedation; basic and advanced cardiac life support.
 - b. Required Interpretations:
Blood smear (10); chest roentgenograms (50); electrocardiograms (100); holter monitor (10); flat and upright abdominal films (20); spirometry (10); sputum gram stain (10); urine microscopic (20); vaginal wet mounts (6).
 - c. Recommended Procedures:
Arterial line insertion; paracentesis, Swan-Ganz catheterization; thoracentesis; skin biopsy (punch); skin lesion removal; laceration repair.
 4. Affective content should exist with regard to behavioral aspects involved in the interaction of the patient and related health problems. The program should encourage the resident to understand the contingencies of health and illness and the development of a mature concern regarding the quality of patient care. The resident should be encouraged to develop community and intraprofessional

relationships.

5. Training in both the inpatient and ambulatory practice of internal medicine and pediatrics to enable the resident to develop the ability to coordinate services, plan comprehensive care and mobilize available community resources in the care of the patient.
 - a. Ambulatory care should include the traditional care of the well child as well as the child with acute illness, trauma, poisoning and chronic disorders. Training must enable the resident to develop skills in counseling and guidance, developmental appraisal, referral, consultation, health maintenance assessment and the management of a practice as well as to prepare the resident to assist in the continuing care of the developmentally disabled child.
 - b. Inpatient care should include the management and understanding of functional and organic diseases of newborns, infants, children, and adolescents. Training should enable the resident to appraise and react to rapidly changing clinical status of the patient as well as to handle multiple or conflicting consultations and coordinate services for individual patients requiring multidisciplinary care.
 6. Study of the effects that pathological events have on the fetus and newborn in the processes of pregnancy, labor and delivery including:
 - a. Experience in the delivery room with newborn care and resuscitation, enabling the resident to become skilled in the process of infant stabilization when specialized facilities are not available prior to transfer. The resident must be capable of managing the seriously ill newborn.
 - b. Experience in the newborn nursery to enable the resident to become proficient in the management of such conditions as sphyxia, hypoglycemia, jaundice, respiratory distress syndrome, sepsis and other conditions inherent in the management of a neonate. The resident shall demonstrate knowledge of the normal growth and development of the fetus and the effects of drugs, infection and malnutrition.
 7. Elective training may be offered as inpatient or ambulatory experience in general internal medicine or pediatrics, medical subspecialties of internal medicine and pediatrics or certain non-medical or non-pediatric specialties in accordance with the requirements for content (IV-D). All elective training must be approved by the program co-directors.
- C. The program must provide suitable arrangements as needed for outside rotations to insure the complete education of the resident and for broadening the scope of training. All rotations must meet standards as formulated in the *Residency Training Requirements of the AOA*.
- D. After completion of the specialty track internship, at least thirty (30) months of training must include meaningful patient responsibility.

ARTICLE V - PROGRAM CONTENT AND DESIGN

- A. Program Content

1. Combined internal medicine/pediatrics specialty track internship year or first year of residency following any other AOA internship format. The specialty track internship in combined internal medicine/pediatrics may occur only in an institution with an AOA-approved combined internal medicine/pediatrics residency program.

Twelve (12) weeks or three (3) months of general internal medicine. Eight (8) weeks or two (2) months must be hospital-based. Four (4) weeks or one (1) month may be ambulatory-based and may be internal medicine only, or a combined medicine/pediatrics clinic.

Four (4) weeks or one (1) month of critical care of the adult patient, either CCU or ICU.

Four (4) weeks or one (1) month of either cardiology or pulmonary medicine; must be hospital-based.

Twelve (12) weeks or three (3) months of general pediatrics. Eight weeks (8) or two (2) months must be hospital-based. Four (4) weeks or one (1) month may be ambulatory based and may be pediatrics only, or a combined medicine/pediatric clinic.

Four (4) weeks or one (1) month of newborn nursery.

Four (4) weeks or one (1) month of pediatric critical care, either NICU or PICU.

Four weeks or one (1) month of general surgery of the adult and pediatric patient. A rotation specializing in perioperative care may satisfy this requirement.

Four weeks or one (1) month of ambulatory gynecology, obstetrics and perinatology, STD clinic or planned parenthood clinic.

Note: When combined medicine/pediatric clinics are used to meet the internal medicine and pediatric block ambulatory requirements, only four (4) weeks or one (1) month of general ambulatory medicine is required.

The remaining four (4) weeks or one (1) month may be in any pediatric or medicine subspecialty.

Continuity ambulatory experiences are preferred in a combined medicine/pediatrics setting and must be one half-day per week.

If continuity experiences are separate for adults and pediatrics, the half-day per week must be provided in each specialty area, i.e., one half-day per week of pediatrics and one half-day per week of internal medicine.

Interns may be exempt from continuity experiences for a maximum of 6 weeks annually – 46 weeks per year required continuity experience.

In the event that the residency is begun after completion of a traditional rotating internship, the residency duration will be four years. The first training year shall be composed of the requirements listed above with the surgery and ambulatory gynecology requirements replaced by one (1) month each of medical subspecialties and pediatric subspecialties.

2. Second Training Year. During the second year of residency, the resident must spend a minimum of three (3) months in general internal medicine and three (3) months in general pediatrics. The

remaining six months should be divided equally between adult and pediatric medicine and may include subspecialty service rotations in internal medicine and/or pediatrics. During this period of time the resident should function in the same capacity as a first-year resident in internal medicine or pediatrics, emphasizing direct patient contact under the supervision of attending physicians and senior residents. Responsibilities (night-call) should be similar to residents in straight internal medicine or pediatric programs.

3. Third Training Year. The third year of residency shall consist of two (2) six-month periods in both internal medicine and pediatrics. The six (6) months of internal medicine shall consist of three (3) months of general internal medicine and three (3) months of medical subspecialties. The resident functions in a supervisory capacity and rotates on subspecialty services in both disciplines. The responsibility level should be similar to a second-year resident in internal medicine or pediatrics.
4. Fourth Training Year. During the fourth year of training the resident will spend six (6) months in each discipline and continue subspecialty rotations. The six (6) months of internal medicine shall include a minimum of three (3) months of general internal medicine. During this period of time the resident should serve in the responsibility capacity of a third-year internal medicine resident or a third-year pediatric resident.

B. Ambulatory Experience

1. Ambulatory experience is provided through the incorporation of continuity of care clinics in general internal medicine and general pediatrics. When possible, the resident should be provided with combined general internal medicine and pediatric clinics. The resident must attend a continuity clinic for two (2) half-days per week during all of the forty-eight (48) months of training for a minimum of forty-six (46) weeks of each of the four (4) years. Continuity clinics are supervised by attending physicians in both internal medicine and pediatrics or physicians certified in internal medicine/pediatrics.
2. The resident should develop his/her own panel of patients for the entire period of training, increasing the number of patients in their panel progressively and allow the patients to recognize the resident as their primary physician through ambulatory phases of care. The resident must spend a minimum of twenty percent (20%) of his/her time in an ambulatory experience during each of the first two (2) years and a minimum of thirty percent (30%) of his/her time each of the last two (2) years. This includes both continuity and non-continuity experience combined.

- C. During the four (4) year program, including the combined specialty track internship, the resident should have at least one (1) month of experience on each of the following subspecialty services in both pediatric and adult medicine:

- Cardiology
- Gastroenterology
- Hematology/oncology (Combined or Separate)
- Neurology
- Endocrinology
- Infectious Disease
- Nephrology
- Pulmonary Disease
- Rheumatology

If possible, joint subspecialty electives in certain disciplines (such as infectious disease, rheumatology, endocrinology) should be encourage as this would facilitate the acquisition of subspecialty principles and optimize the learning experience for the resident.

D. Elective ambulatory rotations in the following areas are encouraged:

- Office gynecology
- Office orthopedics
- Office ENT
- Disease prevention/wellness
- Dermatology
- Allergy
- Psychiatry/psychology

E. A minimum of two (2) months shall be spent in the medical intensive care/coronary care units (ICU/CCU). A minimum of two (2) months shall be spent in the neonatal ICU and one (1) month in a pediatric ICU. There should be no more than four (4) months of medical ICU rotations and four (4) of neonatal/pediatric ICU rotations. This time may be included as block time or diffusely integrated into the entire program and counted toward the general internal medicine and general pediatrics rotations requirements.

F. In order for a resident to receive approval for a combined internal medicine/pediatrics program he/she must be in a combined program approved by the AOA. Credit from previous training in an internal medicine or pediatrics program will not be applied towards the four (4) year requirement. All four (4) years of training should be completed in the same combined training program.

ARTICLE VI - QUALIFICATIONS AND RESPONSIBILITIES OF THE PROGRAM CO-DIRECTORS

A. Qualifications

1. The program co-directors must be certified in internal medicine by the AOA through the American Osteopathic Board of Internal Medicine (AOBIM) and in pediatrics by the AOA through the American Osteopathic Board of Pediatrics (AOBP). The program may have a single program director if he/she is certified in both internal medicine and pediatrics (through AOBIM and AOBP) and is a member of both departments.
2. It is recommended that the program co-directors be certified for at least three (3) years prior to appointment to the position.
3. The program co-directors must meet the standards of the position as formulated in the *Residency Training Requirements of the AOA*.

B. Responsibilities

1. The program co-directors authority in directing the residency training program must be defined in the program documents of the institution.
2. Program co-directors shall be directly responsible to the director of medical education to verify that

each resident is meeting or exceeding the minimum standards of the program.

3. The program co-directors shall evaluate the residents in the program by documenting the observance of the residents habits, methods and techniques used in the bedside teaching rounds and his/her participation in departmental and inter-departmental conferences. This evaluation by the program directors must occur at least every six (6) months.
4. The program co-directors shall arrange affiliations and/or rotations necessary to meet the program objectives.
5. The program co-directors shall, in cooperation with the AOA Division of Postgraduate Education, prepare required materials for inspections.
6. The program co-directors shall provide the resident with all documents pertaining to the training program as well as the requirements for the satisfactory completion of the program.
7. The program co-directors shall be required to submit regular Program Director Reports to the Director of Medical Education and the administrator of the institution. Annual Reports shall be submitted to both the AOCI and the ACOP.
8. The program co-directors shall approve and supervise the resident's preparation of required medical manuscripts/research.
9. The internal medicine co-program director must oversee the assignment and completion of the ACOI resident clinical evaluation for each resident prior to completion of the second residency year.

ARTICLE VII - RESIDENT REQUIREMENTS

- A. Applicants for residency training in internal medicine/pediatrics must:
 1. have graduated from an AOA accredited college of osteopathic medicine.
 2. have completed a one (1) year AOA approved internship. A specialty track internship in either specialty will not reduce the residency by one (1) year.
 3. be and remain a member of the AOA during the residency training.
 4. be appropriately licensed in the state where the training is conducted.
- B. During the training program the resident must:
 1. Submit an Annual Report to the ACOI and the ACOP within thirty (30) days of completion of the training year. Documents not received within twelve (12) months following completion of each year of training shall not satisfy the requirements and the resident's training may not be approved.

2. Prepare two (2) medical manuscripts suitable for publication by the criteria of a referred journal once during the entire residency. One publication must be submitted to the ACOI and one (1) to the ACOP and each must be in conformance with guidelines established by both the ACOI and the ACOP.
3. Attend all meetings as directed by the program co-directors, including the educational portion of the departments of internal medicine and pediatrics and participate in major committee meetings, such as Tumor Committee, Mortality Review Committee and clinicopathologic conferences, in addition to participation in institution intern/student education programs. Since there may be a conflict in attending concurrent meetings of the internal medicine and pediatrics programs, the resident will be a full participant in all the education programs provided by the department in which the resident is rotating at that particular time.
4. Participate in all autopsies performed on pediatric patients and be involved in obtaining permission. Records shall be maintained on all autopsies and shall include dates, case numbers and causes of death.

Presentations of abstracted cases on deaths shall include:
 - a. demonstrations of gross and pathological findings;
 - b. correlation of clinical and pathological findings;
 - c. comparison of reports in literature; and
 - d. summary of findings and conclusions.
5. Assist in the instruction of externs, interns and allied health professionals in the care of adult and pediatric patients as well as participate with other residents in the care of patients.
6. Participate in the Annual Residents Evaluation Examination sponsored by the ACOI and ACOP.
7. Participate in and complete, in a satisfactory manner, the ACOI Resident Clinical Evaluation and submit to the ACOI prior to the completion of the second residency year.