



AMERICAN OSTEOPATHIC ASSOCIATION

**BASIC STANDARDS FOR FELLOWSHIP TRAINING
IN INTERNAL MEDICINE
SUBSPECIALTIES**

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

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**Subspecialty Basic Standards for Fellowship Training
In Internal Medicine**

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INTRODUCTION

These are the basic standards for fellowship training in subspecialty 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 fellow with advanced and concentrated training in the subspecialties of internal medicine and to prepare the fellow for examination for certification in those subspecialties.

STANDARD I – MISSION

The mission of the subspecialty osteopathic internal medicine training program is to provide fellows 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 subspecialty internists.

STANDARD II – EDUCATIONAL PROGRAM GOALS

All subspecialty osteopathic internal medicine programs must formulate goals that will allow the fellows to apply the following core competencies:

- A. Osteopathic Philosophy and Osteopathic Manipulative Medicine;
- B. Medical Knowledge;
- C. Patient Care;
- D. Interpersonal and Communication Skills;
- E. Professionalism;
- F. Practice-Based Learning and Improvement;
- G. Systems-Based Practice.

STANDARD III- INSTITUTIONAL REQUIREMENTS

- A. In order to provide an osteopathic subspecialty training program, an institution must meet all the requirements of the AOA as formulated in the *Basic Documents for Postdoctoral Training* and must have an AOA approved and functioning program in internal medicine and the subspecialty. The number of fellows in the subspecialty training program may not exceed the number approved by the AOA.
- B. The institution must provide a sufficient patient load to properly train a minimum of two (2) fellows in the subspecialty. New programs must have a minimum of one approved position per training year to begin. Any program without functioning subspecialty fellows for three (3) consecutive years shall be considered lapsed in accordance with AOA policy.
- C. The institution's department of internal medicine shall have at least one (1) physician certified in the appropriate subspecialty of internal medicine by the AOA and one other physician certified in that subspecialty by the AOA or the American Board of Medical Specialties. One of the AOA-certified physicians shall be designated as the program

director. Other qualified physicians participating in the training of fellows must submit their curricula vitae and must be approved by the program director. The program director shall be appointed for an appropriate period of time to assure program continuity.

- D. The institution must bear all direct and indirect costs of AOA on-site reviews and their preparation.
- E. The institution must comply with all the institutional requirements stipulated in the *Basic Standards for Residency Training in Internal Medicine* of the AOA and ACOI, including all of the following areas:
 - 1. Sufficient resources for a quality training program;
 - 2. Notification of the AOA and ACOI of any major change in leadership or governance;
 - 3. Library resources;
 - 4. Study and on-call facilities;
 - 5. Supervised ambulatory site for continuity of care training;
 - 6. Program description;
 - 7. Written policy and procedures manual;
 - 8. Fellow contracts;
 - 9. Fellow certificates;
 - 10. Work hours policy;
 - 11. Fellow files;
 - 12. Timely submission of required materials;
 - 13. Affiliation agreements.

STANDARD IV- PROGRAM REQUIREMENTS AND CONTENT

- A. The general educational content of the program must include:
 - 1. The neuromuscular component of disease processes in the subspecialty. This component shall be provided in both clinical and didactic formats.
 - 2. Development of basic cognitive skills and knowledge as pertaining to normal physiology and pathophysiology of body systems relevant to the subspecialty and the correlating clinical applications of medical diagnosis and management.
 - 3. Opportunity throughout for exposure to issues the fellow will face as a practicing clinician, including health policy, managed care, health administration, medical ethics, medical liability and practice management.
 - 4. A list of learning objectives to determine learning expectations at yearly training levels.
 - 5. A formal didactic structure including journal clubs, morning reports, case conferences and other programs. Attendance at these meetings must be

documented and faculty must participate in these meetings. This documentation must be made available during an on-site program review.

6. A written curriculum must be provided for all fellows.
 7. The program shall provide adequate exposure to medical research/review skills and methods of presentation, including information related to changes in the health care delivery system. Documentation of research activities must be kept on file. Requirements for preparation and submission of medical manuscripts are listed in Appendix A. All fellows must complete one research project and submit an appropriate research paper during their subspecialty training. A fellow must describe the name and type of project planned on the first year resident annual report that is submitted to the ACOI. For all fellowships except those that are only one year in duration, if the planned project is a case report, it must be submitted to the ACOI six months prior to completion of the fellowship so the Council on Education and Evaluation can ensure that the quality of the report is acceptable according to the guidelines outlined in Appendix A. For fellowships that are only one year in duration, the case report may be submitted at the completion of the fellowship. If the planned project is a report of an original clinical research study, then fellows must submit this report by the completion of their training.
- B. The specific educational content and program requirements for each subspecialty are attached and organized as follows:
1. Educational Program Duration.
 2. Facilities and Resources.
 - a. Description of specific resources required for the subspecialty.
 3. Specific Program Content.
 - a. Clinical requirements.
 - b. Technical skills requirements.
 - c. Ambulatory requirements.
 - d. Specific program content for knowledge areas.
 4. Specific Faculty Requirements
- C. At least 80% of the graduates of each AOA-approved subspecialty internal medicine fellowship program, averaged on a three year rolling basis, must take the subspecialty certifying examination of the American Osteopathic Board of Internal Medicine.

STANDARD V- FACULTY AND ADMINISTRATION

A. Director of Medical Education

1. The director of medical education shall have the qualifications and responsibilities as described in the AOA *Basic Documents for Postdoctoral Training*.

B. Program Director

1. The program director of the subspecialty fellowship programs shall possess the following qualifications:
 - a. have practiced in the subspecialty for a minimum of three (3) years;
 - b. be in active practice in the subspecialty.
2. The program director must attend the Annual ACOI Congress on Medical Education for Resident Trainers a minimum of every other year. Attendance must occur during the first year of appointment. It is also recommended that any physician anticipating appointment to the position of program director of a fellowship program attend the Congress prior to assuming the position.
3. The program director must comply with all the other requirements for program directors as described in the *Basic Standards for Residency Training in Internal Medicine* of the AOA and the ACOI. (Standard V.B.)

C. Faculty Qualifications and Responsibilities

1. There must be at least two faculty members of the subspecialty participating in the training program, including the program director. Faculty must be either AOA- or ABIM-certified, or in the process of being certified. Faculty must be recertified in the subspecialty within the period specified by the certifying body.
2. Osteopathic faculty must teach the application of osteopathic principles and practice in the subspecialty.
3. Faculty must meet all the other requirements as listed in the *Basic Standards for Residency Training* of the AOA and ACOI. (Standard V.C.)

STANDARD VI - FELLOW REQUIREMENTS

A. Applicants for fellowship training in subspecialty internal medicine must:

1. Have graduated from an AOA-accredited college of osteopathic medicine.
2. Have completed an AOA-approved internal medicine residency program or an ACGME approved internal medicine program for which AOA approval has been granted.
3. Be, and remain, a member of the AOA during fellowship training.
4. Be appropriately licensed in the state in which the training is conducted.

B. During the training program all fellows must:

1. Submit a fellow annual report to the ACOI by July 31 of each calendar year. Final reports of fellows who complete the program in months other

than June must be submitted within thirty (30) days of completion of the training year. Failure to submit the annual report to the American College of Osteopathic Internists:

- within sixty (60) days of the required date will result in the assessment of a \$100 late fee for review of the training year;
 - within one (1) year of the required date will result in the assessment of a \$500 late fee for review of the training year; and
 - there will be a \$250 late fee for review of each additional fellowship year that is delinquent for one or more years. If, by completion of the program, all of the annual reports are incomplete, the ACOI Council on Education and Evaluation may require that the fellow repeat training.
2. Attend a minimum of 70% of all educational meetings as directed by the program director. Fellows must also participate in appropriate professional staff activities such as tumor boards, mortality review, quality assurance, critical care committees, pharmacy and therapeutics, infection control and clinical pathologic conferences, and they must participate in institutional resident/intern/student education.
 3. Participate in a research component as indicated in Standard IV.A.7.
 4. Complete a service evaluation after each rotational assignment.
 5. Maintain a procedures log of all required procedures with a copy to be kept in the Department of Medical Education. Although not required by the ACOI, it is strongly recommended that in addition to the file copy of the procedures log, each fellow maintain a permanent copy of all logs and annual reports for use in future privilege requests.
 6. Participate in an annual evaluation of program goals and curriculum.
 7. Maintain ambulatory continuity logs.
 8. Maintain a current e-mail address and provide it to the ACOI upon entering the program.
 9. Function in an ethical and professional manner.

STANDARD VII- EVALUATION

- A. Each subspecialty internal medicine fellowship program must conform to the standards for evaluation as described in the *Basic Standards for Residency Training in Internal Medicine* of the AOA and the ACOI.

APPENDIX A

Requirements for Preparation and Submission of Medical Manuscripts, Research Papers and Progress Reports

- A. All manuscripts must be typed and submitted in an appropriate format acceptable for publication in a standard scientific refereed journal.
- B. An abstract must accompany each manuscript. The cover sheet must list the program for which credit is to be applied and a statement that the fellow is the primary author, or performed substantive participation in the study and that the paper has been reviewed and approved. This must be signed and attested to by the program director. Manuscripts shall be submitted in one of the following formats only:
 - 1. A case presentation of a first reported case or other unusual manifestations of a disease which will add to the medical literature, which should include a review of the literature and discussion (acceptable only if submitted for publication).
 - 2. A report of an original clinical research study approved by the program director and the institutional review board.
 - 3. A case presentation and discussion which challenges existing concepts of diagnosis or treatment and thus recommends further investigation.

Initially, the fellow should submit a written proposal to the program director for review and approval as fulfilling the writing requirement. All projects must be performed and prepared under the supervision of the program director or another physician approved by the program director. Completed manuscripts must be submitted to the ACOI as described in Standard IV.A.7.

MEDICAL WRITING AND RESEARCH COVER SHEET

This medical writing and research paper entitled:

is being submitted/in progress by:

_____,
DO
(Name of fellow)

(Training institution)

for the _____ program, training dates _____ to _____
(Program type, e.g. cardiology, GI, etc.)

_____, DO _____
(Signature of fellow) (date)

_____, DO/MD _____
(Signature of program director) (date)

The above signatures attest to the fact that the attached work has been performed by the fellow noted, and has been reviewed and approved by the program director.