



AMERICAN OSTEOPATHIC ASSOCIATION

**BASIC STANDARDS FOR RESIDENCY TRAINING
IN
COMBINED OSTEOPATHIC EMERGENCY MEDICINE AND
OSTEOPATHIC FAMILY PRACTICE AND MANIPULATIVE TREATMENT**

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I. INTRODUCTION

A. Definition

- ~~1.1 — These are the Basic Standards for Residency Training in Osteopathic Emergency Medicine and Osteopathic Family Medicine and Manipulative Treatment as approved by the American Osteopathic Association (AOA), the American College of Osteopathic Emergency Physicians (ACOEP) and the American College of Osteopathic Family Physicians (ACOFP). The standards are designed to provide the osteopathic resident with advanced and concentrated training in both Emergency Medicine and Family Practice and Manipulative Treatment. Upon successful completion, the resident will be eligible for certification in both osteopathic emergency medicine and osteopathic family practice and manipulative treatment.~~
- ~~1.2 — The integrated program must meet the “specific program requirements” for Emergency Medicine/Family Practice as listed in this document. Other requirements will be in accordance with the AOA Basic Standards for Residency Training in Osteopathic Emergency Medicine and Osteopathic Family Practice and Manipulative Treatment.~~
- ~~1.3 — This integrated standard addresses only those elements that must be modified in order to make the Osteopathic Emergency Medicine and Osteopathic Family Practice and Manipulative Medicine program as an integrated, overlapping experience in both disciplines.~~

II. MISSION

- ~~2.1 — The mission of the combined Osteopathic Emergency Medicine and Osteopathic Family Practice and Manipulative Treatment residency program is to provide residents with a comprehensive and structured cognitive and procedural clinical education in a variety of clinical environments, including inpatient, emergency department, and family practice outpatient settings. The comprehensive training will enable residents to become competent, proficient and professional osteopathic emergency and family medicine physicians skilled in the practice of both specialties.~~

III. EDUCATIONAL PROGRAM GOALS

- 3.1 All osteopathic emergency medicine/family practice programs must formulate goals that will allow the resident to master the following core competencies as specified in the basic standards of both disciplines:
- a. Osteopathic Philosophy and Osteopathic Manipulative Medicine.
 - b. Medical Knowledge.
 - c. Patient Care.
 - d. Interpersonal & Communication Skills.
 - e. Professionalism.
 - f. Practice-Based Learning and Improvement.
 - g. Systems-Based Practice.

IV. INSTITUTIONAL REQUIREMENTS

- 4.1 ~~The institution must have both functioning osteopathic emergency medicine and family practice residency programs.~~
- 4.2 The institution must provide a patient load to train a minimum (on average) of two (2) residents in osteopathic emergency medicine/family practice per year as defined in the individual specialty basic standards.
- 4.3 The institution must maintain a program description that describes all the elements of the integrated program.
- 4.4 This program description must be updated and reviewed annually.

V. SPECIFIC PROGRAM REQUIREMENTS

Recognizing the unique and integrated nature of the combined residency training, the following requirements are specific to the Emergency Medicine/Family Practice residency program:

- 5.1 The integrated residency program in osteopathic emergency medicine/family practice medicine is five (5) years in duration.
- a. The first year (OGME-1) must include four weeks of elective rotation.
 - b. A minimum of eight weeks of rotations must occur within the Emergency Medicine Department during the first year (OGME-1).
 - c. A minimum of 72 weeks (18 months) of rotations must occur within the Emergency Medicine Department during the five year curriculum. These shall consist of four-week (or one month) blocks with a minimum of thirty-six hours of scheduled shifts per week.
 - d. There must be a minimum of four weeks surgical rotation (trauma or general surgery) during the first year (OGME-1).
 - e. There must be a minimum of four weeks critical care medicine during the first year (OGME-1).
 - f. The EM/FP residents' weekly ambulatory continuity of care family practice office/clinic experience shall include a minimum of 2,500 patient visits during the five year curriculum. The continuity of care location may occur at one (preferably) or two family practice training sites.

- 5.2 All other rotation requirements as specified in the basic standards for both osteopathic emergency medicine and osteopathic family practice must be met by the completion of training in the integrated program.

VI. FACULTY QUALIFICATIONS AND RESPONSIBILITIES

A. Program Director

- 6.1 The program must have either: a program director that is AOA-certified in both osteopathic emergency medicine and osteopathic family practice, or

There must be a co-director certified by the AOA in osteopathic emergency medicine and a co-director certified by the AOA in osteopathic family practice, or an AOA certified director in either specialty along with an AOA certified co-director in the other specialty. Additionally:

- a. The program director and/or co-directors must work jointly in supervising and directing the training program.
 - b. The program director and/or co-directors may be the program directors of existing programs in their respective disciplines.
 - c. The program director and/or co-directors must meet on a quarterly basis to evaluate the program, residents and teaching faculty.
- 6.2 The program director(s) must meet all other requirements that are specified in the basic standards for each of the two specialties.

VII. RESIDENT REQUIREMENTS

- 7.1 Residents in the combined program must attend the educational portions required by the basic standards of each discipline, as described below:
- a. The resident must be a full participant in the educational programs provided by the department (EM or FP) in which the resident rotation is linked (EM or FP) at the particular time in the rotational schedule. Additionally, there must be a minimum of four (4) dedicated educational program hours per week
- 7.2 Residents in the combined program must otherwise meet all the didactic requirements (conferences, etc.) as specified in the basic standards of each discipline.

VIII. EVALUATION OF PROGRAM

- 8.1 The program must meet all of the evaluation requirements of the primary specialties as defined in the AOA Basic Standards for Residency Training in Osteopathic Emergency Medicine and the AOA Basic Standards for Osteopathic Family Practice and Manipulative Treatment.