

THE AOA INTERNSHIP OVERVIEW

The internship shall be characterized by a broad range of supervised inpatient and outpatient clinical experiences in the management of patients with a wide spectrum of health problems. Therefore, sufficient opportunity for education in a broad range of medical/surgical experiences shall be provided. Education shall take place in both inpatient and outpatient settings and incorporate formal and informal methodology.

An institution may select any or all programs from the alternatives that follow. The rotation requirements for these internships are listed in the Appendices of this document. Any one of these intern schedules is acceptable. The DME must indicate which schedule is in effect for each intern entering the program.

- A. **TRADITIONAL ROTATING INTERNSHIP.** The traditional rotating internship is utilized by those graduates who have elected to delay selection of a specialty or those entering residencies, which require a broad-based general rotating internship as a preliminary entry requirement.
1. At least six months of training rotations in any or all basic core disciplines. These include general internal medicine, general surgery, family practice, pediatrics, obstetrics/gynecology (ambulatory gynecology) and emergency medicine.
 2. No less than two months of exposure in general internal medicine.
 3. One-month exposure in emergency medicine at the base or an affiliate training site is required.
 4. At least one month in family practice in a hospital or ambulatory site or one-half day per week for a minimum of 46 weeks of ambulatory exposure in a family practice continuity of care type practice site.
 5. No more than three months of elective exposure adequate to meet the individual needs of the interns and approved by the DME/internship program director.

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6. All remaining time may be scheduled at the discretion of the base institution.
7. No more than one month may be spent in non-clinical experience (research, scholarly pursuits, administration, etc.).
8. Exposure must occur to the support disciplines of pathology, radiology, and anesthesiology. This may occur directly by rotation or indirectly by formal didactic conferences and/or exposure while on medical and surgical services. This exposure must be verified on intern logs.

B. SPECIAL EMPHASIS INTERNSHIP.

1. A special emphasis internship is comprised of rotations with an emphasis in a specific specialty, as defined by the respective specialty college to provide preparatory exposure. These special emphasis internships provide exposure to core disciplines as well as a specialty emphasis. This internship does not grant residency credit in the specialty; but fulfills only internship requirements. The currently approved special emphasis internships are in anesthesiology, diagnostic radiology, emergency medicine, family practice, general surgery, pathology, and psychiatry. Schedules for each of the approved special emphasis internships appear in the Appendices of this document.
2. In special emphasis internship programs where family practice rotation opportunities are either at capacity with family practice residents or rotating interns or insufficient to accommodate special emphasis interns, a primary care elective may be substituted. This substitution may include geriatrics, adolescent medicine, hospice care, public health medicine, preventive medicine, nursing home, or ambulatory clinic. The DME and institution at the time of the site inspection must document the lack of family practice rotations.

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C. SPECIALTY TRACK INTERNSHIP

1. A specialty track internship is comprised of a majority of the rotations in a specific specialty, as defined by the respective specialty college to satisfy requirements for the first year of residency. This internship does grant joint credit for the internship and the first year of residency training. This internship provides exposure to required core disciplines as well as a specialty focus, and may only occur in an institution with an AOA-approved residency in the approved specialty. The currently approved specialty track internships are in combined internal medicine/pediatrics, internal medicine, obstetrics and gynecology, otolaryngology/facial plastic surgery, pediatrics, and urological surgery. Schedules for these internships appear in the Appendices of this document.
2. In Specialty Track Internship Programs where family practice rotation opportunities are either at capacity with family practice residents or rotating interns or insufficient to accommodate specialty track interns, a primary care elective may be substituted. This substitution may include geriatrics, adolescent medicine, hospice care, public health medicine, preventive medicine, nursing home, or ambulatory clinic. The unavailability of family practice rotations must be documented by the DME and institution at the time of the site inspection.

D. ADDITIONAL REQUIRED CURRICULUM COMPONENTS

1. Osteopathic principles and practice shall be incorporated throughout the program. This shall include structural and palpatory diagnosis and osteopathic manipulative treatment. Such diagnosis and treatment shall be documented on patient charts. AOA postdoctoral programs functioning within dual or jointly operated institutions, require the incorporation of osteopathic principles and practice only in the evaluation and care of patients by osteopathic attending physicians.

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- D 1. Continued** The osteopathic structural examination must be documented on patients of osteopathic attending physicians. The osteopathic principles and philosophy must be utilized in the care of all patients and must be evaluated by the Director of Medical Education and/or Program Director on quarterly intern and annual resident evaluations.
2. Bio-psycho-social behavioral knowledge and skills shall be taught in both formal and informal settings throughout the internship. These shall include such factors as medical sociology, doctor/patient/family communications, crisis recognition and intervention, the effects of psychosocial components of health status, interviewing skills, anxiety/depression recognition and management, and substance abuse care.
 3. Each intern shall receive exposure to anesthesiology, pathology, radiology and other disciplines related to the clinical practice of medicine.
 4. Educational goals and objectives shall be defined for each rotation and be included in the intern manual.
 5. The intern shall be expected to develop the skills to produce high-quality medical records. The intern shall:
 - a) Obtain and record the patient history.
 - b) Perform and record the results of the physical examination, including the use and application of osteopathic principles and therapeutics.
 - c) State the working diagnosis on each assigned patient.
 - d) Write daily progress notes that are dated, timed, signed and identifying intern status.

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6. Interns shall follow assigned hospital patients from admission to discharge or change of service, which is documented by the daily progress note. An appropriate faculty member shall review this note.
7. The institution and intern shall each keep a detailed record (log) of activities on each assigned rotation. The minimum information required in these logs is specified on forms provided by the AOA's Division of Postdoctoral Training.

This information shall be used by the institution in evaluating its training program and is of value to other institutions in determining initial privileges to be granted to a physician upon admission to their practice staff. These logs and the associated patient charts shall be subject to review by authorized AOA inspection teams. Interns shall be advised to keep copies of all logs permanently and institutions shall retain all original logs for a minimum of three (3) years.

8. In-hospital intern instruction shall consist of regular daily rounds with well-conducted bedside teaching. On in-hospital rotations, the intern shall make rounds with the attending and resident staffs at suitable intervals, preferably on a daily basis. There shall be systematic instruction of the intern by the attending physicians, with discussion of the history, physical and laboratory findings and diagnosis and treatment.
9. Under supervision of the faculty, the intern shall be given increasing responsibility to acquire confidence in clinical judgment. Those institutions conducting clinical clerkships, internships and residency programs must exercise care to ensure that no group is neglected in the training program. The duties and responsibilities of students, interns and residents should be clearly defined. It shall be the responsibility of the chief of each service to ensure that every member of the house staff is receiving the supervision required and is being given responsibility commensurate with ability and stage of training.

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10. The faculty must recognize its obligation, for teaching purposes, in permitting full utilization of all patients assigned to interns.
11. The number of patients assigned to an intern shall be sufficient for adequate volume and variety, but, at the same time, shall be appropriately limited to ensure that interns have adequate opportunity for thorough study and proper attention to assigned patients.
12. Ambulatory rotations shall be appropriately organized, administered and supervised to provide diversified learning opportunities.
13. Clinical conferences shall be scheduled regularly for the house staff. A record must be kept of conference topics and of interns in attendance.
14. Interns shall participate in appropriate staff activities that evaluate patient care, such as quality, medical audit, mortality, tissue, utilization review and tumor committee meetings. Intern attendance shall be documented.
15. Interns shall participate in a reading program. This may be demonstrated by reporting current medical opinions concerning types of cases similar to those on assigned service or by review of special topics at staff conferences or journal club meetings. A record shall be kept of such reading assignments on the intern log.
16. Continuity in the clinical teaching of pre-operative, intra-operative and post-operative services involved in various surgical procedures must be provided in the education of interns.