

MEDICAL EDUCATION – GLOSSARY OF TERMS

Accreditation - To recognize a hospital or educational institution as maintaining standards that qualify their interns/residents for professional practice as a physician.

Accreditation Council for Graduate Medical Education (ACGME) - The independent Council is composed of members of five separate organizations (American Medical Association (AMA), American Hospital Association (AHA), Association of American Medical Colleges (AAMC), American Board of Medical Specialties (ABMS), Council of Medical Specialty Societies (CMS) and charged with on-site review of all approved residency programs, development of institutional training policies and approving all allopathic residencies based on compliance with standards.

Administrative/Associate Director of Medical Education (ADME) - An individual who may or may not be a physician and who is the institutional representative responsible for coordination of the internship. This person shall report to the ODME of the sponsoring institution (college or hospital).

Affiliate Institution - An institution where selected portions of the intern and/or residency training program may be conducted. The sponsoring institution must have a written agreement with the affiliate institution.

Affiliation Agreement – An agreement between two or more entities which allows the base training institution to enhance its osteopathic graduate medical education programs by utilizing other institutions for the purposes of creating and expanding training opportunities.

Aggregation Agreement – *"aggregation of FTE limits", "affiliated group", and "affiliation agreement"* - These agreements allow hospitals that share in resident training to apply their FTE resident limits on an aggregate basis and structure resident rotations within a combined "cap".

- An affiliation agreement is a signed agreement entered into by hospitals seeking to aggregate their FTE resident caps and filed with CMS and the fiscal intermediaries of each of the hospitals.
- Hospitals seeking to affiliate for cap aggregation purposes must send a written request and a signed, original agreement to their fiscal intermediary and to CMS by July 1 for the contemporaneous (or subsequent) residency training year.
- The request must list all hospitals in the group and indicate that each meets regulation requirements.
- The agreement must be signed and dated by a qualified representative of each hospital and specify the planned adjustments to each individual hospital's IME and DGME counts within the aggregate cap. Adjustments to the IME and DGME counts

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- must be stated separately because hospitals are subject to two different FTE counts for each respective cap.
- An agreement must be for a minimum of one year and may specify adjustments to each individual hospital cap within the aggregate cap in the event the agreement terminates, dissolves, or ends. When the agreement ends, each hospital's FTE cap will be its IME and DGME counts as defined by the BBA.
- Each agreement must be structured so that any positive adjustment for one hospital in the group is offset by a negative adjustment for the other hospital(s) of at least the same amount.
- Hospitals in the group may adjust initial FTE counts at any time up to June 30 of each training year if actual FTE counts are different than those projected in the original agreement.

American Association of Colleges of Osteopathic Medicine (AACOM) - Lends support and assistance to the nation's 20 osteopathic medical schools. The organization today represents the administration, faculty and students of its [member colleges](#) in the United States.

AACOM's Office of Government Relations keeps Congress and federal policy makers regularly informed of developments in the profession and seeks to sensitize policy makers to the needs of students and osteopathic medical educators. AACOM works in concert with various national coalitions to influence both the legislative and regulatory processes on issues relevant to medical education, and to extend AACOM's presence in Washington.

American Osteopathic Association (AOA) - The AOA is the national organization for the advancement of osteopathic medicine in the United States, and the professional association for over 48,000 physicians. The AOA accredits the Colleges of Osteopathic Medicine, osteopathic internship and residency programs, and healthcare facilities.

Association of Osteopathic Directors and Medical Educators (AODME) - AODME is a professional association that represents the interests of the entire continuum of osteopathic medical education. Their mission is to foster leadership and professional development.

Approval – Recognition of a hospital or educational institution as maintaining standards that qualify their interns/residents for professional practice as a physician.

Base Institution – The institution that has been granted approval to offer osteopathic graduate medical education.

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Basic Document for Postdoctoral Training – The handbook of policies, procedures and training standards which all AOA internship and residency programs must uphold in order to gain and maintain program approval. A copy of this document can be found on the AOA website at www.DO-Online.org in the **Accreditation & Program Approval** – Postdoctoral section of the website.

Bio-psychosocial/behavioral - The interrelationship of organic, emotional, environmental and behavioral factors as they affect the well being of the patient.

Board Certification - A process by which agency or association grants recognition by examination to an individual who has met certain predetermined qualifications specified by that agency or association.

Board Eligibility - Those candidates have successfully completed an approved training program and evaluation process assessing their ability to provide quality patient care in a specific specialty. This creates eligibility status to participate in the specific certification board examination.

Bureau of Osteopathic Education (BOE) - Reviews the actions and policies of the COPT and its subordinated committees and subcommittees, as well as the CCME and the CIOMEA. For example, proposed new or revised policies of each of these three councils are reviewed by the BOE before recommending approval by the AOA Board of Trustees. The BOE also receives advisory reports from the councils that are proposed – Council on Osteopathic Medical Education (COME), Council on Osteopathic Teaching Hospitals (COTH), and Council on Osteopathic Specialty Societies (COSS). The BOE reports its actions to the AOA Board of Trustees.

Business Associate Agreement – An agreement or contract between two or more entities.

Centers for Medicare and Medicaid Services (CMS) Formerly Health Care Financing Administration (HCFA) – Entity within the Department of Health and Human Services (HHS) responsible for administering the Medicare program. On June 14, 2001 the HHS secretary announced that the agency's name had been changed from HCFA to CMS.

Certification – A voluntary process intended to assure the public that a certified medical specialist has successfully completed an approved educational program and an evaluation including an examination process to assess the knowledge, experience, and skill requisite to the provision of high-quality patient care in a specialty. Certification boards determine whether candidates have received appropriate preparation in approval residency training programs in accordance with established educational standards, evaluate candidates with comprehensive examinations, and certify those who have satisfied the board requirements.

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Chief Intern – an individual who represent interns' interests and concerns to the medical education committee and represents the larger intern group.

Chief Resident – An individual who is in his/her final year of residency; this individual has been appointed by the program director to take on significant administrative functions or a teaching role in guiding all residents within a given residency program.

Committee on Postdoctoral Training Institutions (COPTI) – Reviews the effectiveness and functionality of OPTI as an OGME mechanism. This would also include recommendations for OPTI accreditation standards, policies and procedures, and any administrative guidelines. In addition, COPTI has the initial review body function for the OPTI accreditation program. The BOE would make final actions on OPTI accreditation matters.

Community Medicine Model – The format of graduate medical education training in an approved AOA or ACGME program which occurs in a community (usually private practice) institution rather than academic medical school affiliated institution.

Comprehensive Osteopathic Medical Licensing Examination (COMLEX) - NBOME administers a three-level Comprehensive Osteopathic Medical Licensing Examination (COMLEX) to DO candidates and graduates. The first and second parts of the examination are administered before the candidate receives the DO degree. Part three of the examination is administered after the postdoctoral candidate has completed at least six (6) months of a one year AOA approved postdoctoral training program.

Consortium – A group of health care organizations joined together to pursue joint objectives in patient care, research, or other healthcare related areas. It may provide AOA sponsorship if it functions as an institution with accountability for GME educational quality.

Continuing Medical Education – The continuance of medical education striving for growth of knowledge, refinement of skills, and the deepening of understanding for the osteopathic profession. The ultimate goals of CME are continued excellence of patient care and improving the health and well-being of the individual patient and the public

Continuity of Care - The ongoing care and management of the same patients by the same trainee in the same setting over the entire course of the training program.

Contract - A binding agreement between the hospital and a trainee it describes the length and terms of the agreement. All AOA interns and residents must sign an AOA contract in order for their training to be approved.

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Core Competencies - New learning concepts that have been developed which provide a multi-level approach whereby students/physicians are expected to show proficiency in a subject, in addition to test scores, through their text knowledge, application of knowledge, level of professionalism, interpersonal and communication skills and continued medical education.

Core Curriculum – An arrangement or a foundation of a course of study that combines a variety of specialized rotations aiming to provide a common background for all osteopathic intern/residents.

Council on Postdoctoral Training (COPT) – The COPT recommends GME policies for OGME programs to the BOE for review and recommendation to the AOA Board of Trustees for their final action. The COPT receives informational reports from its subordinated Program and Trainee Review Committee (PTRC) and its subordinated Committee on Osteopathic Postdoctoral Training Institutions (COPTI). For example, recommendations on revisions of specialty residency standards documents are reviewed by the COPT.

Curriculum – “ To lay out a course of study”. Curriculum speaks to planning, structure, guidelines, known expectations, measures of achievement, training, coaching, didactics, and other elements applicable to intern and resident learning experiences.

Didactics - Didactics convey instruction and information as well as make observations.

Direct Graduate Medical Education (DGME) – Payment for Medicare’s share of the direct costs of training physicians, including intern and resident salaries and fringe benefits, compensation for supervisory physicians, and program administration and overhead costs.

Director of Medical Education (DME) - An osteopathic physician at an institution that has the authority and responsibility for the oversight and administration of internship and residency programs.

Dual Accreditation - Any program seeking or holding accreditation from more than one accrediting body recognized by the United States Department of Education must describe itself in identical terms to each recognized accrediting body with regard to purpose, governance, programs, certificates, personnel, finances, and constituents, and must keep each accrediting body apprised of any change in its status with one or another accrediting body. These represent separate accreditation processes without relationships.

Due Process – Due process is a mechanism by which institutional policies and procedures are outlined for the discipline and the adjudication of interns and residents complaints and grievances relevant to the GME program.

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Electronic Residency Application Service (ERAS®) – A service that transmits residency applications, letters of recommendation, Dean's Letters/MSPE, transcripts, and other supporting credentials from applicants and medical schools to residency programs using the Internet.

Evaluation – A process of gathering and using various pieces of information/data to determine by careful appraisal and study the strengths and weaknesses of individual trainees, teaching physicians, programs etc.

Formative Evaluation – improves, modifies, and refines courses or programs while they occur.

Summative Evaluation – is concerned with informing decisions about overall achievements.

Qualitative Evaluation – uses observation, open-ended interviews and case histories.

Quantitative Evaluation – uses tests, close-ended interviews, surveys and frequency counts.

Advancement within the training-program is based on evaluation processes.

Faculty – Any individual who has received formal assignment to teach intern/resident physicians. In some institutions appointment to the medical staff of the hospital constitutes appointment to the teaching staff.

Fellowship - A physician in an AOA approved subspecialty residency program that is beyond the requirements for eligibility for first board certification in the discipline.

Full Time Equivalent (FTE) – For graduate medical education (GME) payment purposes, the Balanced Budget Act of 1997 capped the number of FTE residents for which a teaching hospital could be paid at the number of residents in its most recent cost reporting period ending on or before December 31, 1996. In calculating direct GME payment, residents are counted as full (1.0) or half (0.5) FTEs depending on the minimum number of years required for board eligibility in their specialty/subspecialty.

Graduate Medical Education (GME) – The period of medical training that follows graduation from a college of osteopathic medicine or medical school. Includes all postgraduate years; internship, residency fellowship.

Graduate Year – A term used in conjunction with interns and residents to indicate their year in training. For example, OGME-1 or PGY-1 or GY-1.

Grievance Procedure - Policies and procedures established by the hospital's OGME committee to address procedures for discipline and the adjudication of interns and residents' complaints, grievances and academic performance issues.

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Healthcare Facilities Accreditation Program (HFAP) - It is one of only two voluntary accreditation programs in the United States authorized by the Centers for Medicare & Medicaid Services (CMS), formerly HCFA, to survey hospitals under Medicare. In addition, the program is a cost effective, user-friendly means to validate the quality of care provided by a facility.

Health Insurance Portability and accountability Act of 1996 (HIPAA) – A federal law that allows persons to qualify immediately for comparable health insurance coverage when they change their employment relationships. Title II, Subtitle F of HIPAA gives the Department of Health and Human Services (HHS) the authority to mandate the use of standards for the electronic exchange of healthcare data; to specify what medical and administrative code sets should be used within those standards; to require the use of national identification systems for healthcare patients, providers, payers (or plans), and employers (or sponsors); and to specify the types of measures required to protect the security and privacy of personally identifiable healthcare information.

Host Institution – An institution participating in the clinical training of residents for various experiences in agreement with a sponsoring or contracting institution.

Housestaff Manual - operational policies and guidelines developed by the hospital that govern rules and conduct for all interns and residents. This manual should include, but not be limited to, policies regarding work hours, content of educational program(s), patient care and safety, leave policy, due process for disciplinary actions, intern and/or resident orientation program responsibilities, financial arrangements, including housing allowance, meals, uniforms, etc. as per the AOA contract and hospital's internal policy, rules and regulations regarding coverage of interns and residents duties and responsibilities, including floor procedures and general orders moonlighting policies - or the prohibition thereof in the event of an intern, counseling and support services, evaluation and promotion, probation and dismissal, file retention, intern/resident supervision, etc.

Indirect Medical Education – Through the IME adjustment. Medicare pays hospitals for higher patient care costs incurred in operating teaching programs, including the costs of treating sicker patients, offering more services and technology, ordering more tests, and utilizing interns and residents in providing patient care.

Institution - An organization providing educational and/or healthcare services such as an AOA accredited OPTI, AOA accredited hospital, or AOA College of Osteopathic Medicine, or approved educational foundation which sponsors AOA approved internships, and residencies.

Intern – A DO engaged in the first postdoctoral year of AOA approved training.

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Intern and Resident Information System (IRIS) - A report submitted by each institution to Center for Medicare and Medicaid Services (CMS) each year which gives information on each intern or resident in the institution.

Intern and Resident Matching Program (the Match) – This process matches OGME programs and applicants to various training programs. This system was developed to provide both the applicants and program directors an opportunity to consider their options for accepting and offering appointments to internship training programs, respectively, and to have their training decisions announced at a specific time. All AOA approved programs must participate in the “Match”

Internship Evaluating Committee (IEC) – An evaluating committee within AODME that meets on a quarterly basis to review new internship programs and program on-site review reports, the IEC recommends final action to the PTRC.

In-training Examination/In-service Examinations – Examinations to gauge residents’ progress toward meeting a residency program’s educational objectives.

Joint Commission on Accreditation of Healthcare Organizations (JCAHO) - JCAHO evaluates the quality and safety of care for more than 16,000 health care organizations. To maintain and earn accreditation, organizations must have an extensive on-site review by a team of JCAHO health care professionals, at least once every three years. The purpose of the review is to evaluate the organization's performance in areas that affect your care. Accreditation may then be awarded based on how well the organizations met JCAHO standards.

Journal Club – Brief informal meetings whereby faculty and trainees discuss a variety of presentations on designated topics. Presenters will give concise recapitulations of the topic and round out the author’s conclusions.

Licensure –The process by which an agency of the government grants permission 1) to persons meeting predetermined qualifications to engage in a given occupation and/or use of a particular title, or 2) to institutions to perform specified functions. The process by which state or jurisdiction of the United States admits physicians to the practice of medicine.

Logs – To have to one’s credit an indicated record of a specified number of procedures, cases, patients, diagnosis, etc. Logs are to be utilized for documentation of experience, and for future use in application for hospital clinical priviledges.

Medical Education Committee (MEC) – A hospital committee made up of program directors of each respective internship and/or residency program, representation of the hospital CEO, and a medical education manager/staff person. This committee is chaired by the director of medical

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education and is usually held on a monthly basis. This committee discusses program curriculum, trainees, and all OGME matters.

Medical Informatics – Medical Informatics is the nascent discipline that focuses on computing's role in medical research, clinical practice and education.

Moonlighting – Any professional clinical activity for pay performed outside the scope of the approved residency training program.

National Board of Osteopathic Medical Examiners (NBOME) – The NBOME is a not-for-profit corporation dedicated to serving the public and state licensing agencies by administering examinations that test the medical knowledge of aspiring osteopathic physicians.

National Institute of Health (NIH) – Part of the U.S. Public Health Service (PHS), NIH is a federal focal point of the nation's medical research. It conducts and supports research, assists in the training of research investigators, and fosters communication of medical information.

On-site Program Review – A review of an AOA program at periodic intervals to determine compliance with training standards. At regularly scheduled intervals, postdoctoral training programs participate in a program review, including an on site survey, to validate program compliance with the standards for accreditation in all aspects of the educational program. The degree of compliance impacts the term of continuing approval granted to the program. Each program also completes a self study prior to the on site review.

On-site Program Reviewer – An individual assigned to conduct a program review for approval or re-approval at the program site. Reviewers are nominated by the IEC/specialty colleges and are approved by the AOA. They validate program compliance with basic standards through review of specified documentation, self study reports from the program, meetings with program staff and trainees, and the on-site visit.

Opportunities - is a searchable database containing internship and residency information for AOA-approved programs. Data entry for *opportunities* is the responsibility of each medical education division.

Osteopathic Graduate Medical Education (OGME) – Osteopathic graduate medical education prepares osteopathic physicians for the independent practice of medicine in a medical specialty. OGME programs are based in hospitals or other healthcare institutions and utilize both inpatient and ambulatory settings.

Osteopathic Medical Education Committee (OMEC) - *See Medical Education Committee (MEC)*

AODME

Resource Manual For Osteopathic Graduate Medical Education

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Osteopathic Medicine - Osteopathic medicine has a strong emphasis on the inter-relationship of the body's nerves, muscles, bones and organs, doctors of osteopathic medicine, or D.O.s, apply the philosophy of treating the whole person to the prevention, diagnosis and treatment of illness, disease and injury. Osteopathic medicine was developed 130 years ago by physician A.T. Still, osteopathic medicine is emerging as one of the fastest growing healthcare professions in the U.S.

Osteopathic Postdoctoral Training Institutions (OPTI) – An OPTI is a community-based training consortium comprised of at least one AOA accredited College of Osteopathic Medicine and one AOA accredited hospital. All AOA approved programs must be affiliated with an OPTI.

Percentage of Time - A mathematical calculation based on the intern/resident workweek being divided into ten (10) half-day periods, each being equivalent to 10%.

Program Information Form (PIF) – A form to review program’s compliance with program requirements.

Program – The unit of OGME internship or specialty training, comprising a series of learning experiences, which is evaluated for AOA approval.

Program Director - An osteopathic physician who is responsible for maintaining the quality of an OGME program so that it meets approval criteria. Other duties may include preparing a written statement outlining the program curricula, educational goals and objectives. In addition to providing quarterly reports to the DME, and providing for the selection, supervision and evaluation of interns/residents for appointment to and completion of the program.

Program Director Annual Report – A report completed by the program director on an annual basis. This report is submitted to a respective specialty college to attest to the level of achievement and progress by a resident in training.

Program and Trainee Review Committee (PTRC) - Reviews recommendations for internship/residency program approvals, denials, and increases or decreases in size. This committee would receive reports from the education evaluation committees of the specialty practice affiliates and review their recommendations for residency program approvals, denials, and increases or decreases in size. The committee would also approve requests for approval of individual trainees internships or residencies.

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Protected Health Information (“PHI”) – With few exceptions, includes individually identifiable health information held or disclosed by a practice regardless of how it is communicated (electronically, verbally or written).

Reappointment – Reappointment to a position within an intern/residency training program is typically based on the trainee’s performance. A well-defined and functional evaluation system is essential to determine whether a trainee qualifies for reappointment. In the context of OGME, contractual reappointment is equated with academic promotion.

Remediation – Remediation is an academic tool, used when the evaluation system identifies performance deficiencies that cause concern about an intern/resident’s continuation within the program.

Resident – An individual engaged in postdoctoral training in an AOA approved specialty beyond the internship-training year.

Resident Annual Report – A report completed on an annual basis by each resident at the conclusion of each training year. This report responds to questions regarding experience and exposure, and is submitted to their respective specialty college.

Residency Evaluating Committee (REC) – An evaluating committee within the specialty college that meets on a quarterly basis to review new programs, training requirements, trainee completion status and program on-site review reports, the REC recommends final action to the PTRC and/or the COPT.

Rotation Agreement – A written agreement between two clinical sites participating in training of interns/residents. This agreement shall describe the responsibilities of each respective site.

Segregated Totals – Such totals are descriptors of medical records, department scope and volume, and/or other data of cases, which are highly specific as to disease, intervention and procedural categories used for a documentation of opportunities for resident exposure.

Self Study Workbook – A document completed by a Program Director prior to a scheduled site review describing methods of compliance with each of the required standards. The workbook process guides the DME or Program Director in preparing for the on site visit as well as for developing an internal review process. Each program director, and/or DME, will complete a self study of their program at least one month prior to their on site review and will forward the workbook, along with specific supporting documents, to the on site reviewer.

Special Emphasis Internship - The focus of the internship is within a particular specialty, but the internship DOES NOT reduce the total number of years of postdoctoral training required for

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specialty training. Special emphasis internships can be offered in anesthesiology, emergency medicine, family medicine, general surgery, psychiatry and diagnostic radiology.

Specialty College Basic Standards – Specialty requirements written into an approved AOA document, which must be complied with to maintain continuing approval of a training program. These documents serve as a guide for the development and maintenance of osteopathic residency training programs. They contain requirements for program eligibility; faculty and administrative staff; administration of the educational program; clinical and educational resources; curriculum and instruction; evaluation of residents; evaluation of the program and recruitment.

Specialty Track Internship - The internship may reduce the total number of years of postdoctoral training. Specialty track internships can be offered in internal medicine, internal medicine/pediatrics, obstetrics/gynecology, otolaryngology/facial plastic surgery, pathology, pediatrics, and urological surgery. Institutions can only offer such programs with existing AOA-approved osteopathic residencies in these specialties

Sponsoring Institution – An AOA accredited hospital, college of osteopathic medicine, consortium, OPTI, or educational foundation recognized and designated as the accountable institution for assurance of AOA GME quality and compliance.

Suspension – Removal of an intern or resident from program activities without prior notice and is limited to those instances in which a trainee’s activities jeopardize patient safety or significantly disrupt hospital operations.

Traditional Rotating Internship – An intern training program is an extensive educational program requiring considerable participation in patient care. It is an opportunity for the osteopathic medical student to become involved in the first postgraduate clinical experience, which emphasizes the osteopathic concept in total health care. The internship serves as the link between predoctoral and postdoctoral clinical training and provides a year of maturation and transition from application of predoctoral knowledge to clinical decision-making and skills.

Exposure to core disciplines is essential for all interns, whether the ultimate training goal is to practice as a generalist or specialist. The core disciplines include internal medicine, family practice, general surgery, obstetrics/gynecology (female reproductive medicine), pediatrics and emergency medicine.

Trainee Information, Verification and Registration Audit (TIVRA) - TIVRA is a mandatory method for registering intern and resident’s contract information, along with updating program information to the AOA.

By completing electronic on-line data forms, AOA-approved training institutions ensure that individual trainees are registered and that program contact information is current and up-to-date.

AODME