Basic Standards for Residency Training in
Neuromusculoskeletal Medicine and
Osteopathic Manipulative Medicine

American Osteopathic Association
and the
American Academy of Osteopathy

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I - INTRODUCTION
These are the Basic Standards for Residency Training in Neuromusculoskeletal Medicine and Osteopathic Manipulative Medicine as established by the American Academy of Osteopathy (AAO) and approved by the American Osteopathic Association (AOA). These standards are designed to provide the osteopathic resident with advanced and concentrated training in neuromusculoskeletal medicine and osteopathic manipulative medicine (NMM-OMM). This is also the foundation document for the basic standards of the “Plus-One” NMM-OMM Residency Program and the NMM-OMM component of integrated residency programs (e.g. FP/NMM, IM/NMM, and others).

II – MISSION
The mission of the osteopathic neuromusculoskeletal medicine and osteopathic manipulative medicine (NMM-OMM) training program is to provide residents 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 neuromusculoskeletal medicine and osteopathic manipulative medicine physicians.

III – EDUCATIONAL PROGRAM GOALS
The Neuromusculoskeletal Medicine and Osteopathic Manipulative Medicine Residency training program must document that the residents achieve all Core Competencies as outlined in the AOA Basic Documents. The educational goal is to train a skilled and competent osteopathic physician who remains dedicated to life-long learning, and to application of osteopathic principals & practice in neuromusculoskeletal medicine and osteopathic manipulative medicine.

3.1 Osteopathic Philosophy and Osteopathic Manipulative Medicine:
3.1.1 The program must provide training in osteopathic principals and practice (OPP) and osteopathic manipulative treatment (OMT) in both structured educational activities and clinical settings.
3.1.2 Residents must demonstrate, as documented in the medical record, integration of OPP and OMT in all sites of patient care.
3.1.3 Residents must demonstrate understanding of indications and contraindications to osteopathic manipulative treatment, and competent appropriate application, as documented in the medical record, of a broad variety of both direct and indirect osteopathic manipulative treatment techniques including, but not limited to, high-velocity/low-amplitude, articulatory, muscle energy, strain-counterstrain, myofascial release, and osteopathy in the cranial field.

3.2 Medical Knowledge:
3.2.1 The program must provide education in gross musculoskeletal anatomy and neuroanatomy, osteopathic philosophy, body mechanics, gait analysis, the interrelationship of body function and structure, interpretation of appropriate diagnostic studies, and common physical rehabilitation modalities.
3.2.2 The program must provide education in interpretation of both basic science and clinical research and literature, and the application of the information gathered from these sources.
3.2.3 Residents must demonstrate understanding and application of integrative knowledge of...
accepted standards of clinical medicine and OPP in neuromusculoskeletal medicine and osteopathic manipulative medicine.

3.2.4 Residents must know and apply the foundations of clinical and behavioral medicine appropriate to NMM-OMM, along with application of all appropriate osteopathic correlations, and remain current with new developments in medicine.

3.2.5 Residents must demonstrate an investigative and analytic approach to clinical situations, including their ability to develop and work through complex differential diagnoses.

3.2.6 Residents must demonstrate competence in identifying and addressing socioeconomic, ethnic, religious, and cultural aspects of illness and their impact on patient clinical presentation and subsequent medical decision making and patient care.

3.3 Patient Care:

3.3.1 The program must provide the opportunity for the resident to develop their patient education skills.

3.3.2 The program must validate the competence of each resident’s ability to perform the history and physical exam, order appropriate diagnostic studies, develop diagnoses, write prescriptions, perform osteopathic manipulative treatment, and other treatment and procedures as appropriate.

3.3.3 Residents must demonstrate competence in gathering accurate essential information from all sources, including medical interviews, osteopathic physical and structural examinations, medical records, diagnostic/therapeutic plans, allied health assessments, and other treatments.

3.3.4 Residents must provide health care services consistent with osteopathic philosophy, including preventative medicine and health promotion based on current scientific evidence in their practice of neuromusculoskeletal medicine and osteopathic manipulative medicine.

3.3.5 Residents must help patients make informed decisions about diagnostic and therapeutic interventions based on information from and preferences of the patient, evidence-based medicine, and clinical judgment.

3.4 Interpersonal and Communication Skills:

3.4.1 The program must provide the opportunity for the resident to develop their teaching skills in preparing and giving lectures as well as hands-on laboratory/technique instruction and table training, and hospital bedside training for medical students and other residents.

3.4.2 Residents must maintain well organized, succinct, and legible medical record entries.

3.4.3 Residents must demonstrate effectiveness in developing appropriate doctor-patient relationships, including the use of effective listening skills and attention to both verbal and non-verbal types of communication.

3.4.4 Residents must exhibit effective listening, written, and oral communication skills that enable them to maintain respectful and professional interactions with patients, families, and other health professionals across a diverse range of socioeconomic and cultural backgrounds.

3.5 Professionalism:

3.5.1 The program must provide the opportunity for residents to learn and practice
professionalism as manifested through adherence to ethical principles while carrying out their professional responsibilities.

3.5.2 Residents must participate in local, state, and/or national professional organizations.

3.5.3 Residents must demonstrate respect for their patients and families and advocate for the primacy of the patient’s welfare and autonomy.

3.5.4 Residents must demonstrate awareness of and proper attention to issues of culture, religion, age, gender, sexual orientation, and mental and physical disabilities.

3.5.5 Residents must demonstrate awareness of their own mental and physical health, and the role that this plays in their ability to provide effective osteopathic medical care.

3.5.6 Residents must demonstrate responsiveness to needs of patients and society that supersedes self-interest.

3.5.7 Residents must demonstrate commitment to ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent and business practices.

3.5.8 Residents must demonstrate dependability and commitment.

3.6 Practice Based Learning and Improvement:

3.6.1 Residents must be able to investigate and evaluate their neuromusculoskeletal medicine and osteopathic manipulative medicine patient care practices.

3.6.2 Residents must locate, appraise and assimilate evidence from scientific resources by utilizing medical libraries for text-based information and health information technology to access information such as drug databases, literature searches, and on-line information related to their patient’s health and to support their own education.

3.6.3 Residents must apply knowledge of study designs and statistical methods to the appraisal of clinical studies and other information on diagnostic and therapeutic effectiveness in settings such as journal clubs, didactic sessions, or patient care.

3.6.4 Residents must treat their patients in a manner consistent with the most up-to-date information on diagnostic and therapeutic effectiveness (both traditional and osteopathic).

3.6.5 Residents must participate in the education of patients and their families, students, residents and other health care professionals.

3.6.6 Residents must identify strengths, deficiencies and limitations in their individual knowledge and expertise.

3.6.7 Residents must set individual learning and improvement goals to guide their self-study and educational activities.

3.7 Systems Based Practice:

3.7.1 Residents must practice cost-effective healthcare and resource allocation that does not compromise quality of care.

3.7.2 Residents must demonstrate understanding of national and local health care delivery systems and medical societies and how they affect patient care, professional practice, and relate to advocacy.
3.7.3 Residents must demonstrate knowledge of local resources and community systems of care, and assist patients and their families in accessing care.

3.7.4 Residents must demonstrate the ability to work in various health care settings.

IV – INSTITUTIONAL REQUIREMENTS

4.1 The institution must have a minimum of one core faculty (as specified in Article VI 6.2.2) member for every four residents.

4.2 The institution must provide protected time for the non-clinical time associated with the administration of the residency program.

4.3 The institution or program must have a code of conduct for faculty and residents.

4.4 The institution must provide sufficient patient load to properly train a minimum of three (3) residents in Neuromusculoskeletal Medicine and Osteopathic Manipulative Medicine. The available patients must provide a broad spectrum of problems, as defined in this document, for adequate training of residents.

4.5 The institution must maintain and annually update a program description that includes, at minimum: the program description elements required in the AOA Basic Documents for Postdoctoral Training; and goals and objectives of the training program; curricular and rotational structure; description of ambulatory continuity experience; program director responsibilities; and resident qualifications and responsibilities.

4.6 The institution will provide space for a residency study area.

4.7 The institution must provide an opportunity for a supervised ambulatory site for continuity of care training that will suit the needs of the program. Institutional clinics, outpatient departments, or physician offices may be used.

4.8 The continuity of care clinic must have tables appropriate for osteopathic manipulative treatment, diagnostic equipment necessary for differential diagnosis, patient care rooms with space for the physician to move around the table, access to necessary equipment to review radiographic images and other diagnostic tests that may be ordered by the resident physicians, and space for residents to discuss patients with the preceptor and complete the required documentation for the patient’s medical record.

4.9 The institution must maintain institutional records for the graduates of the NMM-OMM residency program including: patient care logs (including outpatient continuity clinic and supervised procedures), composite evaluations of presentations given by the resident, monthly rotation evaluations, semi-annual reviews, in-service exam results, proof of the resident’s scholarly activity, and all reports to the AAO Postdoctoral Standards and Evaluation Committee.

4.10 The institution must provide the time and resources for each resident to attend the AAO annual convocation, where their in-service examination is administered, during each year of their training program.

4.11 The institution must provide the time and resources for each resident to attend one 40 hour basic course on osteopathy in the cranial field during the course of their residency.

4.12 The program must be represented every year by either the program director or one of the
program faculty at the AAO Program Directors Workshop.

V - PROGRAM REQUIREMENTS AND CONTENT

5.1 Duration of Training

5.1.1 The residency training program in neuromusculoskeletal medicine and osteopathic manipulative medicine (NMM-OMM) must be no less than twenty-four (24) months in duration which shall only commence following completion of the OGME-1P internship in NMM-OMM or the OGME-1T internship year. See appendix 1.

5.1.2 The resident must complete the training within forty-eight (48) months from the time they begin this residency program. The resident may participate in the residency program on a half-time basis. The program shall not be completed as a weekend-only rotation and it must be done in a continuous period.

5.1.3 The resident who is attempting to complete the training program over more than the typical twenty-four (24) months must be required by the PSE committee of the AAO to submit documentation of work hours and time on rotation, along with evaluations and logs as supporting evidence of the time they have spent in the residency program.

5.2 Curriculum

5.2.1 The residency program must provide training in research design, especially in an osteopathic manipulative medical setting.

5.2.2 The training program must provide education in health maintenance and preventive care.

5.2.3 The training program must provide instruction in the proper recording of all osteopathic diagnoses and treatment in all patient records, consultation and reports in such a manner that these documents reflect the osteopathic approach, treatment and physiological effect. The e-soap note format must be used for documentation during the continuity of care outpatient clinic.

5.2.4 The training program must provide educational programs intended to enhance the resident’s understanding of practice management, health care delivery systems, osteopathic continuous certification, and continuing medical education.

5.2.5 The resident must have training in the use of electronic health records.

5.2.6 The resident must have training in practice management, including documentation requirements, coding, and billing for services regularly provided within this specialty in accordance with CMS requirements and CPT guidelines.

5.2.7 The resident must spend an average of three half days per week at the continuity of care clinic during the two years of residency.

5.2.8 The resident to faculty ratio in the continuity clinic training site must not exceed 4:1.

5.2.9 The resident must participate in a monthly journal club.

5.2.10 The formal structure of educational activities must include an average of four hours per week, at least half of which must include faculty didactic participation and discussion of assigned reading.

5.2.11 Attendance at required educational activities must be documented.

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5.2.12 Osteopathic philosophy must be studied in depth by the resident in Neuromusculoskeletal Medicine and Osteopathic Manipulative Medicine. A minimum of two texts by A.T. Still, MD, DO must be read during the two-year residency period. This philosophy must be incorporated into the basic science and clinical study.

5.2.13 The residents must receive education in teaching skills regarding both lecturing and hands-on training. This aspect of training will include teaching experience in both large and small group settings.

5.2.14 Training must include but not be limited to: human development, social factors in health and disease, doctor/patient relationship, recognizing substance abuse, psychological, emotional, and cultural components of disease. The behavioral science component of the curriculum shall also include the promotion of the physician’s well-being and prevention of impairment.

5.2.15 In-patient care must be incorporated into the residency training program. Residents must participate at a level of neuromusculoskeletal medicine and osteopathic manipulative medicine specialist consultant. Follow up hospital care must be given to those patients on whom consultations are performed. In-patient osteopathic care must be given under the supervision of a physician board certified in Neuromusculoskeletal Medicine and Osteopathic Manipulative Medicine or its predecessor, the American Osteopathic Board of Special Proficiency in Osteopathic Manipulative Medicine (AOBSPOMM). The osteopathic manipulative treatment provided must be designed to produce a physiological change in the patient that will impact the course of the illness. It is insufficient to treat only the musculoskeletal complaints in hospitalized patients. The resident must participate in all phases of the consultation, including patient evaluation, management including the delivery of osteopathic manipulative treatment, and writing of the consultation and follow-up notes.

5.2.16 The residents must be trained to manage pain using current standards of traditional medical care as well as appropriate use of osteopathic manipulative treatment as an additional efficacious treatment modality.

5.2.17 The resident must have experience in the common diagnoses found in a neuromusculoskeletal medicine and osteopathic manipulative medicine practice.

5.2.18 The residents must have training in somatic referral patterns as in sclerotomal, myotomal, and dermatomal distributions as well as those specific to myofascial trigger points, ligamentous strains and discogenic injuries.

5.2.19 The resident must demonstrate the skills of physical diagnosis and the ability to develop a differential diagnosis in medical, surgical, obstetric, gynecologic, and pediatric patients.

5.2.20 The resident must have training in the dosage, drug interactions, indications, and contraindications of pharmacologic agents used in the management of acute and chronic pain, including but not limited to: anti-inflammatory medications, skeletal muscle relaxants, antidepressants, and analgesics.

5.2.21 By the completion of their training, the residents must be able to demonstrate competency in identifying diagnosing and providing appropriate treatment for the biomechanical component of disease processes (both medical and surgical) in all age groups and patient populations, in settings from ambulatory outpatient centers to critical care units. The treatment must demonstrate incorporation of their understanding of anatomy, physiology, pathophysiology and their interrelationship as it relates to optimizing the efficient
functioning of the patient’s self-healing and self-regulatory mechanisms.

5.3 Required Rotations of OGME Year 2 and OGME Year 3.

5.3.1 At the discretion of the program, rotation months may be calculated as four week blocks or calendar months.

5.3.2 The resident must complete one month each in at least three of the following: emergency medicine, family practice, internal medicine, or general pediatrics.

5.3.3 The resident must complete one month each in at least two of the following rotations: sports medicine, orthopedic surgery, occupational medicine, podiatric surgery, general surgery, one of the surgical subspecialties (vascular surgery, cardiothoracic surgery, surgical critical care, neurological surgery, plastic and reconstructive surgery, or urological surgery), or other appropriate surgical specialty.

5.3.4 The resident must complete one month each in at least two of the following rotations: rheumatology, neurology, or physiatry.

5.3.5 The resident must complete at least one month of rotations in obstetrics, gynecology, or women’s health.

5.3.6 The resident must complete at least one month of rotations in pain management, radiology, hospice, or palliative care.

5.3.7 If an inpatient NMM-OMM consultation service does not exist at the base institution, the program must make arrangements for at least two months each year (for a minimum total of four (4) months over the twenty-four (24) month program) to be spent at a site where the resident can participate in inpatient NMM-OMM consultation under the supervision of a physician certified by AOBNMM or its precedent.

5.3.8 Residents must participate in the structured educational activities and their continuity of care clinic throughout their training program.

5.4 Required Exposure

5.4.1 Each resident will be assigned a panel of designated patients. This panel must consist of a minimum of 250 patients over the twenty-four (24) month residency. The resident must be clearly identified as the osteopathic care provider for the panel. The resident will be responsible, under supervision, for the osteopathic care of the assigned designated panel. Patients assigned as part of the designated patient panel must have documented multiple visits to the facility and reflect a variety of diagnoses compatible with the educational objectives of the residency. Over the course of the continuity of care experience the resident must have a minimum of 1,000 patient visits.

5.4.2 Each resident must evaluate and provide osteopathic manipulative treatment to a minimum of 100 patients with a variety of medical diagnoses. The requirement can be met through longitudinal care, hospital care, or by rotations in internal medicine. The resident will be responsible for osteopathic evaluation and treatment of these patients which must be supervised by a specialist in neuromusculoskeletal medicine and osteopathic manipulative medicine.

5.4.3 Each resident must evaluate and provide osteopathic manipulative treatment to a minimum of 100 patients with a variety of surgical diagnoses. The requirement can be met through
longitudinal care, hospital care, or by rotations in surgery. The resident will be responsible for osteopathic evaluation and treatment of these patients which must be supervised by a specialist in neuromusculoskeletal medicine and osteopathic manipulative medicine.

5.4.4 Each resident must evaluate and provide osteopathic manipulative treatment to a minimum of 100 patients with a variety of pediatric diagnoses. The requirement can be met through longitudinal care, hospital care, or by rotations in pediatrics. The resident will be responsible for osteopathic evaluation and treatment of these patients which must be supervised by a specialist in neuromusculoskeletal medicine and osteopathic manipulative medicine.

5.4.5 Each resident must evaluate and provide osteopathic manipulative treatment to a minimum of 100 patients with a variety of obstetrical and gynecologic diagnoses. The requirement can be met through longitudinal care, hospital care, or by rotations in obstetrics and gynecology. The resident will be responsible for osteopathic evaluation and treatment of these patients which must be supervised by a specialist in neuromusculoskeletal medicine and osteopathic manipulative medicine.

5.4.6 Residents must have completed a minimum of one 40 hour basic course on osteopathy in the cranial field prior to completion of their residency training program.

5.5 Procedures

5.5.1 Emphasis must be placed on techniques (HV/LA), muscle energy techniques, articulatory techniques, myofascial release techniques, strain/counterstrain techniques, lymphatic drainage techniques, facilitated positional release techniques, still techniques, balanced ligamentous tension techniques, visceral manipulation, Osteopathy in the Cranial Field (OCF) and Chapman’s techniques.

5.5.2 The resident must have training in trigger point/tender point injections, peripheral nerve blocks, and joint aspiration/injection.

5.6 Exam Participation

5.6.1 At least eighty percent (80%) of the program’s graduates, averaged on a three year rolling basis, must take the American Osteopathic Board of Neuromusculoskeletal Medicine (AOBNMM) certifying exam within three years of completion of the program.

5.7 Advanced Standing

5.7.1 If a resident is accepted from another NMM/OMM residency training program, the program director of the accepting program has the authority to determine which, if any, rotations from previous programs will qualify for a request for advanced standing.

5.7.2 Postgraduate medical education training in programs other than NMM/OMM may be approved on a month by month basis as they meet the NMM/OMM basic standard. The accepting program director has the authority to approve up to three (3) months training on this basis.

5.7.3 A request from a resident for credit for previous training and/or experience, and advanced standing in the residency program may only be submitted during their first year in the program, but after the resident has successfully completed at least three (3) months of training in the program. Postgraduate medical education training of more than three (3) months will be considered on an individual basis for advanced credit in NMM/OMM residency programs. AOA board-certified physicians may apply for advanced standing.
based on prior AOA GME training and practice experience. Prior AOA GME training credit may not have been used toward completion of another residency. Credit may be considered for work and/or training performed within the four (4) years previous to entering the program, if the physician has worked in areas contained in the basic standard and has demonstrated enough evidence of meeting the basic standards. The resident’s request for advanced standing will be reviewed by the program director and the institution’s medical education committee. After their review, the resident’s request along with the program director’s and the DME’s recommendation shall be forwarded to the AAO Postdoctoral Standards and Evaluation committee (PS&E) which will take final action on the request. In no instance is the program director compelled to recommend advanced standing to the AAO PS&E committee. Advanced standing may under no circumstance exceed twelve (12) months.

VI – FACULTY AND ADMINISTRATION

6.1 Program Director

6.1.2 The program director must have a minimum of three years of both clinical practice and teaching experience in NMM-OMM immediately prior to their beginning in the position.

6.1.3 The program director must be certified by the American Osteopathic Board of Neuromusculoskeletal Medicine (AOBNMM). This certification must be maintained and the program director must recertify within the prescribed timeframe as required by AOBNMM and the current AOA policies regarding specialty board certification; individuals who hold a non-dated or lifetime certificate are not exempt from this requirement.

6.1.4 The program director shall submit written evaluations of each resident to the director of medical education of the institution at least semi-annually. Annual reports shall also be submitted to the Postdoctoral Standards and Evaluation (PSE) Committee of the AAO within 30 days of the end of the resident’s academic year or upon termination from the program.

6.1.5 The program director must provide a copy of the institutional certificate of completion of the residency program to the AAO’S PSE within 30 days of the resident’s completion of the program.

6.1.6 The program director or physician designee, whose name is listed as faculty of the same residency program must attend the AAO’S annual program director’s workshop. It shall be understood that if a designee is sent, the information learned must be shared with the program director.

Each program director must personally attend at least every two (2) years. Directors of new programs or new directors of on-going programs are required to attend the next available AAO program director’s workshop, not to exceed one year from their appointment.

6.1.7 The program director is responsible for submitting an updated list of their residents to the AAO by August 1st each year, or within thirty (30) days of a resident beginning their training.

6.1.8 The program director must maintain an active e-mail address and provide it to the AAO.

6.1.9 The program director must review the results of the annual in-service examination with
each resident by the end of the training year.

6.2 Faculty
6.2.1 The program director and all faculty members must be licensed to practice medicine in the state the training site is located.
6.2.2 Faculty members that precept NMM-OMM residents in the ambulatory continuity of care clinic or on the hospital NMM-OMM consult service shall be board certified, or be board eligible.

VII – RESIDENT REQUIREMENTS
7.1 All prospective residents must have completed the AOA approved OGME-1P year of training.
7.3 Residents must attend the American Academy of Osteopathy’s convocation annually and sit for the yearly in-service exam. If the resident is unable to attend convocation, the program director must approve the absence and document on the resident’s annual report the reason for the absence. In such a case, the resident will sit for the written portion of the in-service training exam and be proctored at the sponsoring institution.

Every attempt should be made to have the resident take the exam at the same time it is being given at convocation. For each resident unable to sit for the annual exam at convocation, the exam document must be requested from the AAO by the program director, in writing, no later than 2 weeks prior to the examination time.

7.4 The resident shall maintain formal records and logs of all activities related to the educational program. These records and logs shall be submitted monthly to the program director for review and verification. Copies of these records and logs shall be kept on permanent file by the administration at the base institution and shall be available at the time of the inspection. These records and logs shall document the fulfillment of the requirements of the program, describing the didactic and hands-on education sessions, assigned readings, journal clubs, volume variety and scope of patients seen, and procedures performed under supervision especially as they pertain to osteopathic manipulative treatment.

7.5 The residents must submit a resident annual report to the AAO by July 31 of each calendar year. Final reports of residents who complete the program in months other than June must be submitted within thirty (30) days of completion of the training year.

7.6 Residents must complete scholarly activity related to the specialty neuromusculoskeletal medicine and osteopathic manipulative medicine. Resident scholarly activity must be approved by the program director and can be accomplished by participation in or completion of any of the following: resident research project within the department of osteopathic manipulative medicine, institutional research programs in which the department of OMM faculty are actively involved, area-wide or multi-centered research projects involving the teaching institution, submitting an original paper on a health care topic pertaining to NMM-OMM, presentation at a state, regional or national meeting pertaining to NMM-OMM, authoring a grant application for a project related to NMM-OMM. Each resident shall have, at a minimum, a written abstract if he/she was involved in a shared project or an ongoing project. This abstract will be placed in the resident's file for future site-inspector review.
VIII – EVALUATION

8.1 The faculty and residents must evaluate the program and curriculum annually to ensure that it is consistent with the current goals of the program and further address, at minimum: performance on the AAO annual Resident In-Service Examination; pass rates on the AOBNMM certification examination; resident retention rates in the program; percent of graduates completing the program in twenty-four (24) months; placement of graduates and professional accomplishments of graduates.

8.2 The program director, with input from all core faculty, must meet with the resident to review their performance least quarterly to insure that educational objectives and core competencies are being met. This will be reported to the DME (and the medical education committee of the institution as necessary). Residents must be advanced to positions of higher responsibility only on the basis of evidence of their satisfactory progressive professional growth. The ambulatory clinic preceptors must also complete semiannual written evaluations of the resident’s performance.

8.3 Faculty performance must be reviewed on an annual basis by the program director. Information provided by residents must be included as part of the assessment of faculty performance. Residents’ identities in faculty evaluations must remain confidential.

8.4 The program must have a remediation policy for residents who are performing at an unsatisfactory level. The program director shall document residents requiring remediation, redirection, or counseling as a result of the evaluation process, and the residents must be given feedback and a corrective action plan in a timely manner.

There shall be documentation of follow-up evaluations of these residents. The program director shall review these with the core faculty, the DME, and the medical education committee of the institution.

8.5 All other requirements regarding evaluations, as detailed in the AOA Basic Documents for Postdoctoral Training - section VIII, must be followed.
Appendix 1:
Preliminary Internship Neuromusculoskeletal Medicine / Osteopathic Manipulative Medicine Required Rotations (OGME-1P)

1. One month Emergency Medicine
2. One month Family Medicine (may also be met in ½ day per week Family medicine continuity clinic for no less than 46 weeks)
3. One month General Surgery
4. Two months general Internal Medicine
5. One month Pediatrics
6. One month Obstetrics and Gynecology or ambulatory Gynecology
7. Three months electives (one month strongly recommended as OMM)
8. Two months at discretion of program

Osteopathic Principles and Practice are to be integrated across all rotations.