



ACGME International

**Advanced Specialty Program Requirements for
Graduate Medical Education in Internal Medicine**

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Int. Introduction

Background and Intent: Programs must achieve and maintain Foundational Accreditation according to the ACGME-I Foundational Requirements prior to receiving Advanced Specialty Accreditation. The Advanced Specialty Requirements noted below complement the ACGME-I Foundational Requirements. For each section, the Advanced Specialty Requirements should be considered together with the Foundational Requirements.

Int. I. Definition and Scope of the Specialty

Internal medicine encompasses the study and practice of health promotion, disease prevention, diagnosis, care, and treatment of all genders from adolescence to old age, during health and all stages of illness. Intrinsic to the discipline are scientific knowledge, the scientific method of problem solving, evidence-based decision making, a commitment to lifelong learning, and an attitude of caring derived from humanistic and professional values.

Int. II. Duration of Education

Int. II.A. The educational program in internal medicine must be 36 or 48 months in length.

I. Institution

See International Foundational Requirements, Section I.

II. Program Personnel and Resources

II.A. Program Director

II.A.1. The program director must have a reporting relationship with program directors in internal medicine subspecialty programs to ensure compliance with all applicable ACGME-I requirements.

II.B. Faculty

II.B.1. The program must have associate program directors who are:

II.B.1.a) faculty members who assist the program director in the administrative and clinical oversight of the educational program; and,

II.B.1.b) clinicians with broad knowledge of, experience with, and commitment to internal medicine as a discipline, patient-centered care, and to the generalist education and training of residents.

II.B.1.b).(1) Associate program directors must:

- II.B.1.b).(1).(a) dedicate on average at least 20 hours per week to the administrative and educational aspects of the program, as delegated by the program director, and receive institutional support for this time;
- II.B.1.b).(1).(b) report directly to the program director; and,
- II.B.1.b).(1).(c) participate in academic societies and educational programs designed to enhance their professional development

II.B.2. In conjunction with division chiefs, the program director must identify qualified individuals as Subspecialty Education Coordinators (SECs).

II.B.2.a) SECs must be identified for each of the following subspecialties of internal medicine: cardiology; critical care; endocrinology; hematology; gastroenterology; geriatric medicine; infectious diseases; nephrology; oncology; pulmonary disease; and rheumatology.

II.B.2.b) SECs must be accountable to the program director for coordination of the residents' subspecialty educational experiences to meet the goals and objectives of education in the subspecialty.

II.C. Other Program Personnel

See International Foundational Requirements, Section II.C.

II.D. Resources

II.D.1. There must be services for: cardiac catheterization; bronchoscopy; gastrointestinal endoscopy; non-invasive cardiology studies; pulmonary function studies; hemodialysis; and imaging studies, including radionuclide, ultrasound, fluoroscopy, angiography, computerized tomography, and magnetic resonance imaging.

III. Resident Appointments

III.A. Eligibility Criteria

See International Foundational Requirements, Section III.A.

III.B. Number of Residents

III.B.1. There must be a minimum of 12 residents enrolled and participating in the educational program at all times.

III.B.2. Residency positions must be allocated to either categorical or preliminary positions.

- III.B.2.a) A resident who has satisfactorily completed a preliminary year must not be appointed to additional years as a preliminary resident.
- III.B.2.b) The number of preliminary positions must not exceed the total number of approved Post-Graduate Year One (PGY-1) categorical positions.
- III.B.2.c) Documentation of continuation in graduate medical education for preliminary residents must be provided at the time of an accreditation site visit.
- III.B.2.d) The program director must counsel and assist preliminary residents in obtaining future positions.

III.C. Resident Transfers

See International Foundational Requirements, Section III.C.

III.D. Appointment of Fellows and Other Learners

See International Foundational Requirements, Section III.D.

IV. Specialty-Specific Educational Program

IV.A. ACGME-I Competencies

IV.A.1. The program must integrate the following ACGME-I Competencies into the curriculum:

IV.A.1.a) Professionalism

IV.A.1.a).(1) Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles. Residents must demonstrate:

IV.A.1.a).(1).(a) compassion, integrity, and respect for others;

IV.A.1.a).(1).(b) responsiveness to patient needs that supersedes self-interest;

IV.A.1.a).(1).(c) respect for patient privacy and autonomy;

IV.A.1.a).(1).(d) accountability to patients, society, and the profession;

IV.A.1.a).(1).(e) sensitivity and responsiveness to a diverse patient population, including to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation; and,

- IV.A.1.a).(1).(f) ability to recognize and develop a plan for one's own personal and professional well-being.
- IV.A.1.b) Patient Care and Procedural Skills
- IV.A.1.b).(1) Residents must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health. Residents must demonstrate competence in:
- IV.A.1.b).(1).(a) a variety of roles within a health system with progressive responsibility, including serving as the direct provider, the leader or member of an interprofessional or multi-disciplinary team of providers, as a consultant to other physicians, and as a teacher to the patient, the patient's family, and other health care workers;
- IV.A.1.b).(1).(b) the prevention, counseling, detection, and diagnosis and treatment of adult diseases;
- IV.A.1.b).(1).(c) managing patients in a variety of health care settings, including the inpatient ward, the critical care units, and various ambulatory settings, including the emergency setting;
- IV.A.1.b).(1).(d) managing patients across the spectrum of clinical disorders as seen in the practice of general internal medicine, including the subspecialties of internal medicine;
- IV.A.1.b).(1).(e) using clinical skills of interviewing and physical examination;
- IV.A.1.b).(1).(f) using the laboratory and imaging techniques appropriately;
- IV.A.1.b).(1).(g) providing care for a sufficient number of undifferentiated acutely and severely ill patients;
- IV.A.1.b).(1).(h) providing care for patients with whom they have limited or no physical contact, through the use of telemedicine;
- IV.A.1.b).(1).(i) using population-based data; and,
- IV.A.1.b).(1).(j) using critical thinking and evidence-based tools.

- IV.A.1.b).(2) Residents must be able to perform all medical, diagnostic, and surgical procedures considered essential for the area of practice. Residents must demonstrate competence in their ability to:
- IV.A.1.b).(2).(a) use and/or perform point-of-care laboratory, diagnostic, and/or imaging studies relevant to the care of a patient;
- IV.A.1.b).(2).(b) perform diagnostic and therapeutic procedures relevant to their specific career paths; and,
- IV.A.1.b).(2).(c) treat their patients' conditions with practices that are patient-centered, safe, scientifically based, effective, timely, and cost-effective.

IV.A.1.c) Medical Knowledge

- IV.A.1.c).(1) Residents must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences, as well as the application of this knowledge to patient care. Residents must demonstrate knowledge of:
- IV.A.1.c).(1).(a) appropriately using and performing diagnostic and therapeutic procedures;
- IV.A.1.c).(1).(b) evaluating patients with an undiagnosed and undifferentiated presentation;
- IV.A.1.c).(1).(c) interpreting basic clinical tests and images;
- IV.A.1.c).(1).(d) providing basic preventive care;
- IV.A.1.c).(1).(e) recognizing and providing initial management of emergency medical problems;
- IV.A.1.c).(1).(f) treating medical conditions commonly managed by internists; and,
- IV.A.1.c).(1).(g) using common pharmacotherapy.

IV.A.1.d) Practice-based Learning and Improvement

- IV.A.1.d).(1) Residents must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on continuous self-evaluation and life-long learning. Residents are expected to develop skills and habits to be able to meet the following goals:

- IV.A.1.d).(1).(a) identify strengths, deficiencies, and limits in one's knowledge and expertise;
- IV.A.1.d).(1).(b) identify and perform appropriate learning activities;
- IV.A.1.d).(1).(c) incorporate feedback and formative evaluation into daily practice;
- IV.A.1.d).(1).(d) locate, appraise, and assimilate evidence from scientific studies related to their patients' health problems;
- IV.A.1.d).(1).(e) set learning and improvement goals;
- IV.A.1.d).(1).(f) systematically analyze practice using quality improvement methods, and implement changes with the goal of practice improvement; and,
- IV.A.1.d).(1).(g) use information technology to optimize learning.

IV.A.1.e) Interpersonal and Communication Skills

- IV.A.1.e).(1) Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals. Residents must:
- IV.A.1.e).(1).(a) communicate effectively with patients, patients' families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds;
 - IV.A.1.e).(1).(b) communicate effectively with physicians, other health professionals, and health-related agencies;
 - IV.A.1.e).(1).(c) work effectively as a member or leader of a health care team or other professional group;
 - IV.A.1.e).(1).(d) educate patients, patients' families, students, other residents, and other health professionals;
 - IV.A.1.e).(1).(e) act in a consultative role to other physicians and health professionals;
 - IV.A.1.e).(1).(f) maintain comprehensive, timely, and legible medical records; and,
 - IV.A.1.e).(1).(g) communicate with patients and patients' families to partner with them to assess their care goals, including, when appropriate, end-of-life goals.

IV.A.1.f) **Systems-based Practice**

IV.A.1.f).(1) Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care. Residents must:

IV.A.1.f).(1).(a) work effectively in various health care delivery settings and systems relevant to their clinical specialty;

IV.A.1.f).(1).(b) coordinate patient care across the health care continuum as relevant to their clinical specialty;

IV.A.1.f).(1).(c) incorporate considerations of value, cost awareness, and risk-benefit analysis in patient and/or population-based care as appropriate;

IV.A.1.f).(1).(d) understand health care finances and their impact on individual patients' health decisions;

IV.A.1.f).(1).(e) advocate for quality patient care and optimal patient care systems;

IV.A.1.f).(1).(f) work in inter-professional teams to enhance patient safety and improve patient care quality; and,

IV.A.1.f).(1).(g) participate in identifying system errors and implementing potential systems solutions.

IV.B. Regularly Scheduled Educational Activities

IV.B.1. The core curriculum must include a didactic program based on the core knowledge content of internal medicine.

IV.B.2. The program must provide opportunities for residents to interact with other residents and faculty members in educational sessions at a frequency sufficient for peer-peer and peer-faculty member interaction.

IV.B.3. Patient-based teaching must include direct interaction between residents and attending physicians, bedside teaching, discussion of pathophysiology, and the use of current evidence in diagnostic and therapeutic decisions. Teaching must be:

IV.B.3.a) formally conducted on all inpatient and consultative services; and,

IV.B.3.b) conducted with a frequency and duration sufficient to ensure a meaningful and continuous teaching relationship between the assigned teaching attending and resident.

IV.C. Clinical Experiences

- IV.C.1. The program must include educational experiences in both the inpatient and outpatient settings that reflect the practice of internal medicine in the country or jurisdiction.
- IV.C.1.a) At least six months of clinical experiences must be in the ambulatory/outpatient setting.
- IV.C.1.a).(1) Residents must have a longitudinal continuity experience in an ambulatory/outpatient setting through which they develop a long-term therapeutic relationship with a panel of patients.
- IV.C.1.b) Rotations must be structured to minimize conflicting inpatient and outpatient responsibilities.
- IV.C.2. Residents' clinical experiences must include:
- IV.C.2.a) critical care rotations (e.g., medical or respiratory intensive care units, cardiac care units) of at least three months and no more than six months;
- IV.C.2.b) exposure to each of the internal medicine subspecialties, dermatology, end-of-life care, geriatric medicine, and neurology; and,
- IV.C.2.c) at least six months of individualized educational experiences to participate in opportunities relevant to their future practice or to further skill/competence development in the foundational areas.
- IV.C.3. Inpatient Rotations
- IV.C.3.a) The number of admissions for a PGY-1 resident must not preclude meaningful reflections on the learning issues (e.g., developing a differential diagnosis and treatment plan).
- IV.C.3.b) A PGY-1 resident must not provide ongoing care for more than 15 inpatients.
- IV.C.3.c) Residents must write all orders for inpatients under their care, with appropriate supervision by the attending physician.
- IV.C.3.c).(1) In those unusual circumstances when an attending physician or subspecialty resident writes an order on a resident's patient, the attending or subspecialty resident must communicate this action to the resident in a timely manner.

IV.C.3.d) Each physician of record must make management rounds on that physician's patients and communicate effectively with the residents participating in the care of these patients at a frequency appropriate to the changing care needs of the patients.

IV.C.4. Emergency Medicine Rotations

IV.C.4.a) Residents must be assigned to a minimum of four weeks of direct experience in emergency medicine in blocks of not less than two weeks.

IV.C.4.b) Residents must have first-contact responsibility for a sufficient number of unselected emergency medicine patients to meet their educational needs.

IV.C.4.b).(1) Other physicians must not triage such patients prior to this contact.

IV.C.4.c) Total required emergency medicine experience must not exceed three months in three years of the educational program.

IV.C.5. Residents should not be required to relate to an excessive number of physicians of record.

IV.D. Scholarly Activity

See International Foundational Requirements, Section IV.D.

V. Evaluation

See International Foundational Requirements, Section V.

VI. The Learning and Working Environment

VI.A. Principles

See International Foundational Requirements, Section VI.A.

VI.B. Patient Safety

See International Foundational Requirements, Section VI.B.

VI.C. Quality Improvement

See International Foundational Requirements, Section VI.C.

VI.D. Supervision and Accountability

VI.D.1. When supervising more than one PGY-1 resident, a supervising resident must not be responsible for the ongoing care of more than 30 patients.

- VI.D.2. Second- or third-year internal medicine residents or other appropriate supervisory physicians (e.g., subspecialty residents or attending physicians) with documented experience appropriate to the acuity, complexity, and severity of patient illness must be available on-site at all times to supervise PGY-1 residents.
- VI.D.3. Residents from other specialties must not supervise internal medicine residents on any internal medicine inpatient rotation.
- VI.E. Professionalism**
- See International Foundational Requirements, Section VI.E.
- VI.F. Well-Being**
- See International Foundational Requirements, Section VI.F.
- VI.G. Fatigue**
- See International Foundational Requirements, Section VI.G.
- VI.H. Transitions of Care**
- See International Foundational Requirements, Section VI.H.
- VI.I. Clinical Experience and Education**
- See International Foundational Requirements, Section VI.I.
- VI.J. On-Call Activities**
- VI.J.1. Residents must not be assigned more than two months of night float during any year of the educational program, or more than four months of night float over three years of the educational program.
- VI.J.2. Residents must not be assigned to more than one month of consecutive night float rotation.