

**LEHIGH VALLEY HEALTH NETWORK
Graduate Medical Education (GME) Manual**

SPECIAL REVIEW

I. SCOPE:

Lehigh Valley Health Network (LVHN) adopts this policy for the following selected licensed entities:

- | | |
|--|---|
| <input checked="" type="checkbox"/> Lehigh Valley Hospital | <input type="checkbox"/> Pocono VNA / Hospice |
| <input type="checkbox"/> Lehigh Valley Hospital – Hazleton | <input type="checkbox"/> Lehigh Valley Home Care – Schuylkill |
| <input type="checkbox"/> Lehigh Valley Hospital – Pocono | <input type="checkbox"/> Lehigh Valley Home Care – Hazleton |
| <input type="checkbox"/> Lehigh Valley Hospital – Schuylkill | <input type="checkbox"/> Fairgrounds Surgical Center |
| <input type="checkbox"/> Transitional Skilled Unit | <input type="checkbox"/> LVHN Children’s Surgery Center |
| <input type="checkbox"/> Lehigh Valley Home Care | <input type="checkbox"/> LVHN Surgery Center – Tilghman |
| <input type="checkbox"/> Lehigh Valley Hospice | |

Medical and Dental Resident and Fellow Physicians

II. POLICY:

According to ACGME Institutional Requirement I.B.6. The GMEC must demonstrate effective oversight of underperforming program(s) through a Special Review process. I.B.6.a) The Special Review process must include a protocol that: 1) established criteria for identifying underperformance; and 2) results in a report that describes the quality improvement goals, the corrective actions, and the process for GMEC monitoring of outcomes.

This Special Review policy outlines Lehigh Valley Health Network’s (LVHN’s) Graduate Medical Education Committee’s (GMEC’s) procedure for meeting this requirement. This policy is intended to be a guide however, focused reviews using particular sections of this policy are permissible, at the discretion of the DIO.

All LVHN ACGME/AOA/CODA accredited – and non-accredited – medical and dental residency and fellowship programs.

III. DEFINITIONS:

- ACGME – Accreditation Council for Graduate Medical Education
- AOA – American Osteopathic Association
- CODA – Council on Dental Accreditation
- DOE – Department of Education
- GME – Graduate Medical Education
- GMEC – Graduate Medical Education Committee
- NAS – Next Accreditation System
- RRC – Residency Review Committee

Institutional Requirement – Essentials established by the ACGME/AOA Institutional Review Committee that assures the necessary educational, financial, and human resources to support graduate medical education; supports the residents and their work environment through well-established and documented policies and procedures; and provides strong oversight of the residency programs to ensure substantial compliance with the Program Requirements.

Special Review – The formal process conducted by a sponsoring institution to assess the educational effectiveness of its sponsored residency and fellowship programs.

Program Requirement – Essential educational content, instructional activities, responsibilities for patient care and supervision, and the necessary facilities of accredited programs in a particular specialty or subspecialty defined by its RRC.

Resident – A physician, M.D., D.O., D.D.S. or D.M.D, at any level of a GME program.

Sponsoring Institution – The institution that assumes the ultimate responsibility for a program of GME.

IV. PROCEDURE:

GME Office Responsibilities

- A. Special Reviews of programs should be conducted:
 1. at the request of the Program Director, the Chair of the Department, the Chair of GMEC or the DIO.
 2. in circumstances when the Annual Program Review identifies significant issues or in circumstances when there are major issues found by a particular program's Program Review Committee;
 3. when data or information submitted to the ACGME triggers a focused site visit, a Special Review should occur one year after the focused site visit to assess progress.
 4. for any program with Continued Accreditation with Warning or Probationary status.
 5. for any program that has a significant deviation from the national means with regard to ACGME resident or faculty surveys, or other surveys, OR with concerning survey trends over time, that are further confirmed by a review of the DIO.
 6. for any program with a citation related to Education and Service hours that is not remedied.
 7. for any program with less than 80% board passage rate over a 5 year rolling average, or similar seemingly isolated issue, either a Special Review or a focused review may be conducted.
- B. The DIO or Chair of the GMEC will name the Chair and members of the Special Review Committee. It is recommended that a Special Review Committee chair is a department chair or vice-chair. The Committee must consist of at least a program director, a faculty member, a resident from another program, and a coordinator from another program. Additionally, the Committee may optionally consist of a medical educator, and/or a representative from the GME Office. External reviewers may also be on the Special Review Committee as determined by the DIO or Chair of the GMEC.
- C. The GME Office will notify the Program Director of the Special Review completion date.
 1. Within one month of the receipt of the letter of notification from the OGME, the Program Director will submit all requested information for review. Documents may include:
 - a. Completed Review Questionnaire, including the required attachments as indicated. (See Attachments)
 - b. Appropriate documentation for preparation of the review Committee in all other cases. For example, the programs progress relative to start up plan for beginning programs and action plans for programs that have developed interval concerns from the accrediting body.
 2. The GME Office will schedule meetings and forward supporting documents to the Special Review Committee.
- D. The Final Report by the Special Review Committee is due in the GME Office thirty days after completion of the Special Review.
- E. After meeting with the program director to review findings, the Special Review Committee Chair presents the final report to the GMEC at the next scheduled meeting.

- F. Following GMEC approval of the Special Review report, an automatic six-month progress report will be scheduled for the program, unless the GMEC determines a different timeline is warranted.

Program Director Responsibilities

- A. The Program Director will provide the Special Review Committee with all information as requested. This may include:
1. Documented evidence of a curriculum with goals and objectives for the general competencies currently implemented.
 2. Documented evidence of the evaluation tools used that are listed in the Special Review checklist pertaining to the
General Competencies (See Attachments)
 1. The status of developing and using dependable measures to assess a resident's competence in those areas.
 2. The status of developing a process that links educational outcomes with program improvement.
 3. Letters of accreditation from previous ACGME/AOA Reviews and progress reports sent to the RRC.
 4. Reports from previous Special Reviews of the program.
 5. Other supporting documentation.
- B. Material and data to be used in the review process should include:
1. ACGME/AOA Institutional and common and specialty-specific Program Requirements for the specialty or sub- specialty being reviewed.
 2. Supporting documentation relevant to any accreditation issues.
 3. Reviews and progress reports sent to the RRC.
 4. Reports from previous Special Reviews of the program.
 5. Results from resident surveys
 6. Written report of all annual program evaluations, and resultant action plans, conducted since the last ACGME program survey, or since the last Special Review.
 7. Samples of evaluation tools used by the program.
 8. Sample of education and service hour monitoring process and most recent education and service hour summaries.

Special Review Committee Responsibilities

- A. The Special Review Committee will:
1. Review and discuss all documentation and meeting outcomes.
 2. Evaluate all data and material used in the Special Review.
 3. Provide input for, complete, and submit the Final Report.
- B. The Special Review Committee will assess the following:
1. Educational objectives of the program.
 2. Adequacy of available educational and financial resources to support the program.
 3. Effectiveness of the program in meeting its objectives.
 4. Program's compliance with each of the Program Requirements.
 5. Effectiveness of the program in addressing areas of non-compliance and concerns in previous ACGME/AOA accreditation letters and previous special reviews
 6. Effectiveness of the program in defining, in accordance with the Program and Institutional Requirements, the specific knowledge, skills, attitudes and educational

- experiences for the residents to achieve competency in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.,
7. The effectiveness of the program's use of evaluation tools developed to assess a resident's level of competence.
 8. The effectiveness of the program in using dependable outcome measures developed for each of the general competencies listed above.
 9. The effectiveness of the program in implementing a process that links educational outcomes with program improvement.
 10. The effectiveness of the program to conduct annual program improvement review. This review should include summative data on resident, faculty, graduate, and overall program performance and quality.
The annual program improvement process should include the following elements:
 - a. Residents and faculty must have the opportunity to evaluate the program confidentially and in writing at least annually.
 - b. The program must use results of residents' assessments of the program together with other program evaluation results to improve the program.
 - c. If deficiencies are found, the program should prepare a written plan of action to document initiatives to improve performance in those areas.
 - d. The action plan should be reviewed and approved by the teaching faculty and documented in the review meeting minutes.
 - e. The program must document formal systematic evaluations of the curriculum at least annually.
 11. The effectiveness of the program to comply with ACGME/AOA Institutional, Common and Specialty/Subspecialty- specific Program Requirements pertaining to the program.
 12. The effectiveness of the program to comply with resident education and service hour requirements, and of the program's use of an ongoing and effective monitoring system.
 13. Any other issues or concerns which may properly come before the Special Review Committee.
- C. The Special Review Final Report is due to the GME Office within 30 days of the conclusion of the Review. The report should contain:
1. The name of the specialty or subspecialty program reviewed and the date of the review.
 2. The names and titles of the Special Review Committee members including the residents.
 3. The materials collected and reviewed for the program.
 4. A brief description of how the Special Review was carried out, including the list of the groups/individuals who were interviewed.
 5. A list of the areas of noncompliance or any concerns or comments from the previous ACGME/AOA accreditation letter with a summary of how the program and/or institution addressed each one.
 6. Sufficient documentation or discussion of the specialty's or subspecialty's Program Requirements and the Institutional Requirements to demonstrate that a comprehensive review was conducted and based on the GMCC's special review policy.

7. Recommendations from the committee regarding any areas needing attention or improvement.

D. After reviewing report findings with the program director, the Special Review Committee Chair will present the final report at the next scheduled GMEC meeting. GMEC will discuss the report findings, make modifications if necessary, and approve the final report.

The GMEC monitors the areas of non-compliance and recommended actions through the use of written progress reports. The program director must provide a written progress report to the GMEC six months after the completion of the Special Review with follow-up on the recommendations, if any. The progress report is presented to GMEC every six months until the recommendations documented in the Special Review have met the institutional, common and program requirements. The DIO and GMEC continue to monitor program progress until all Special Review report recommendations have been addressed and resolved.

V. REFERENCES: N/A

VI. ATTACHMENTS / FORMS:

Attachment A – General Competency Overview

Attachment B – Special Review Checklist

Attachment C – Template for Committee Summary Report: Special Review Report

Attachment D – AOA Special Review Questionnaire

VII. DISCLAIMER:

This policy and the implementing procedures are intended to provide a description of recommended courses of action to comply with statutory or regulatory requirements and/or operational standards. It is recognized that there may be specific circumstances, not contemplated by laws or regulatory requirements that make compliance inappropriate. For advice in these circumstances, consult with the Departments of Risk Management and/or Legal Services and the Ethics Committee, as appropriate.

VIII. REVIEW:

Origination: 01 /2020

Review / Revision:

Approved by: Margaret Hadinger (Dir Grad Med Educ / Dio)	Approval Date: 01/14/2020
Version: 1	Publication Date: 01/14/2020
Original Creation Date: 12/09/2019	Next Review Date: 01/14/2023

ATTACHMENT A
Lehigh Valley Health Network
Special Review
General Competency Overview by Program Director

1. Present evidence of a curriculum, complete with goals and objectives used by the program for teaching the following six general competencies: patient care skills, medical knowledge, interpersonal and communication skills, professionalism, practice-based learning, and systems-based practice. You may also submit the same content categorized by the ACGME milestones for your specialty)
2. What tools are used to evaluate the six resident core competencies (or the more detailed ACGME milestones) based on the goals and objectives? Please provide a list of specific evaluation tools used for each of the six competencies and provide documented evidence of these tools to the Special Review Committee. (A grid with competencies and evaluation methods is appreciated)
3. Please provide evidence of use of dependable measures to assess the resident's competence in each of these areas.
4. Please provide evidence of a process developed to link educational outcomes with program improvement. This could include responses to surveys, plans developed by the Program Evaluation Committee, or other methods of acting on residency feedback

ATTACHMENT B

**Special Review
Checklist Pertaining to the General Competencies
(May substitute a grid of NAS competencies)**

To be completed by the Program Director.

List the evaluation tools used by the program for the following competencies.

General Competencies	List Evaluation Tools Used or In Development by the Program
Patient Care	
Medical Knowledge	
Interpersonal and Communication Skills	
Professionalism	
Practice-Based Learning	
Systems-Based Learning	
Osteopathic Philosophy and Manipulative Medicine	

ATTACHMENT C

**SPECIAL REVIEW REPORT
Lehigh Valley Health Network – Sponsoring Institution**

Submitted by:

PROGRAM BEING REVIEWED (Provide information in block below)

Date of Most Recent Site Visit:

Date of ACGME Accreditation Letter:

Date of Last Special Review:

Date of Next Site Visit per ACGME Letter: Date of Midway between site visits:

Most Recent Accreditation Status:

Date(s) of Special Review (Provide information in block below)

Letter initiating self study: Special Review conducted:

Special **Review Committee**: (identify chair, list faculty members, resident(s) administration, etc. – Include name, degree, department/program and title, i.e., faculty member, resident, etc.)

Provide information in table below

	Title	Dept
	Committee Chair	
	Faculty/DIO	
	Resident	

Materials Used and Reviewed

At a minimum, the Committee reviewed the following:

- ACGME/AOA/CODA Requirements
- Accreditation letters from previous site visit reviews and progress reports
- Reports from previous Special Reviews of the program
- Responses from program to citations/concerns from last review
- Program’s Curriculum (ensure the inclusion of the six general competencies)
- List/samples of the types of evaluation tools used
- Program’s list of dependable outcome measures
- Date on the program’s process used to link educational outcomes with program improvement

- Program’s policies and procedures
- Program’s policy and method of monitoring resident education and service hours
- Results from resident surveys.
- Written report of all Annual Program Reviews and resultant action plans conducted since the last Special Review or ACGME site visit.
- Sample of education and service hour monitoring process and most recent education and service hour summaries.

This Committee also reviewed the following: *(Provide information in block below)*

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Process – This Special Review follows the process described in the GME Special Review Policy and is conducted to assess the program’s compliance with the ACGME Institutional, Common and Program Requirements.

List individual interviewees:

Name	Title
	Program Director Program Coordinator Faculty Resident/Fellow (include PGY level)

Please give the Committee’s appraisal of the following:

<p>Description of program (included, but not limited to: number of residents/fellows in program, structure [inpatient/outpatient], training location [affiliations]):</p> <p>The educational objectives of the program:</p> <p>The effectiveness of the program in meeting its objectives;</p> <p>The program’s ability to correct all citations, concerns and comments received from the ACGME at its last site visit – address each separately</p> <ol style="list-style-type: none"> 1. 2. <p>The program’s ability to address all recommendations from its last Special Review:</p> <p>The adequacy of available educational and financial resources to support the program</p>

The effectiveness of each program in addressing areas of compliance with the Program and Institutional Requirements, the specific knowledge, skills, attitudes, and educational experiences required for the residents to achieve competence in the following:

Patient Care:

- Medical Knowledge:
- Practice-Based Learning and Improvement:
- Interpersonal and Communication Skills:
- Professionalism:
- Systems-Based Practice:

Effectiveness of the program in using evaluation tools developed to assess a resident's level of competence in each of the six general areas listed above:

The effectiveness of the program in using dependable outcome measures developed for each of the six general competencies listed above:

The effectiveness of the program in implementing a process that links educational outcomes with program improvement:

The effectiveness of the program to conduct annual program improvement reviews.

The effectiveness of the program to comply with ACGME/AOA/CODA Institutional, Common and Specialty/Subspecialty- specific Program Requirements pertaining to the program including: Professionalism, Personal Responsibility, and Patient Safety, Transitions of Care, Alertness Management/Fatigue Mitigation, Supervision of Residents, Clinical Responsibilities, Teamwork, and Resident Education and Service Hours

The effectiveness of the program to comply with resident education and service hour requirements, and of the program's use of an ongoing and effective monitoring system.

Strengths/Areas for Improvement (include all issues of NON-compliance with Institutional, Common and Program requirements) (Provide the information in block below)

RECOMMENDATIONS OF THE REVIEW COMMITTEE (include recommendation for future accreditation status):

DATE THIS SPECIAL REVIEW WAS PRESENTED TO THE GMEC (Provide information in block below)

GMEC ACTION (Provide information in block below)

FOLLOW-UP

ATTACHMENT D
SPECIAL REVIEW QUESTIONNAIRE PROGRAM:

DATE OF REVIEW: _

INDIVIDUAL COMPLETING SURVEY: _____

Role in program: _____

A. CURRICULUM/EVALUATION

1. Do written goals and objectives exist for each major rotation? Yes___ No_ Unsure _
2. Does the program provide interns/residents with a list of objectives that identify learning expectations at yearly training levels? Yes__ No__ Unsure __
3. Does the Program utilize an in-service examination? Yes___ No___ Unsure _

If not, is there another objective measure of the effectiveness of The of the program with regard to established goals and objectives? Yes __ No _ Unsure __

If applicable, please describe:

4. Are ethical, socioeconomic, medical/legal, health policy, health administration, managed care and cost-containment issues integrated into the program? Yes __ No _ Unsure __

Describe methods utilized:

5. Is instruction on communication skills and biopsychosocial medicine integrated into the program? Yes _ No __ Unsure ____
6. Is there appropriate exposure to medical research methodology an design, statistics, and critical review of the literature? Yes __ No __ Unsure __
7. Are advanced basic science courses integrated into the program? Yes __ No _ Unsure ____
If yes, please describe:

8. Is the utilization of osteopathic principles and practice integrated Into the program? Yes __ No __ Unsure__

If yes, please describe the method of integration:

9. Are interns/residents evaluated at least annually on their proficiency in the utilization of osteopathic principles and techniques? Yes ___ No __ Unsure __

If yes, please describe the method of evaluation:

- 10. Do residents assume responsibility for teaching and supervising other residents, interns and/or students? Yes ___ No ___ Unsure ___
- 11. Do interns/residents participate in educational programs regarding physician impairment, including substance abuse? Yes ___ No ___ Unsure ___
- 12. Is there a confidential written assessment and evaluation of the curriculum by the interns/residents?

(Evaluations of teaching staff only are not considered to meet this requirement)

If yes, how often is this done?

- 13. Are board review activities integrated into the program? Describe the method utilized: Yes ___ No ___ Unsure ___

B. EVALUATION OF INTERN/RESIDENT PERFORMANCE

- 1. Do teaching faculty complete an evaluation of intern/resident performance at the end of each rotation? Yes ___ No ___ Unsure ___

If not, how often are written evaluations completed, and who completes them? _____

- 2. Are intern/resident reviews conducted by the program director? Is an annual written summary of each intern/resident's overall performance and progression through the program developed? Yes ___ No ___ Unsure ___

Is the summary reviewed by the appropriate department/division and Medical Education Committee on a quarterly and annual basis? Yes ___ No ___ Unsure ___

If not, describe the method for assessment of intern/resident advancement through the program: _____

- 3. Is there a written assessment of intern/resident and performance in achieving competency in the seven required areas? Yes ___ No ___ Unsure ___

Is there a final evaluation of the competencies at the end of the training? Yes ___ No ___ Unsure ___

- 4. Have any intern/residents within the past 3 years entered into a remedial program? Yes ___ No ___ Unsure ___

If yes, please explain the type of remedial program (do not include the trainee(s) name(s): _____

- 5. Does the program monitor the stress and emotional health of interns/residents? Yes ___ No ___ Unsure ___

If yes, describe the methods utilized: _____

- 6. Have any rotations been modified within the past 3 years due to

undesirable stress?

Yes ___ No ___ Unsure ___

If yes, please describe: _____

C. ORGANIZATION OF TEACHING STAFF

1. Are all attending staff considered teaching staff?

Yes ___ No ___ Unsure ___

If not, what categories of attending staff exist in relationship to the program? _____

2. Are there written criteria defining the requirements of the teaching faculty? Are they available for review?

Yes ___ No ___ Unsure ___

3. Please attach a list of the core-teaching faculty below:

4. Do trainees have the opportunity to provide confidential written evaluations of the teaching staff?

Yes ___ No ___ Unsure ___

If yes, how often is this done? _____

5. Do these evaluations include all physicians with whom interns/residents have contact?

Yes ___ No ___ Unsure ___

6. Is this information shared with the members of the teaching faculty?

Yes ___ No ___ Unsure ___

If yes, describe the methodology: _____

7. Are the core-teaching staff reviewed and evaluated by the department chairman and program director?

Yes ___ No ___ Unsure ___

If yes, what methodology is used and how often does this occur?

8. Are the department chairman / program director evaluations of the Teaching staff available for review?

Yes ___ No ___ Unsure ___

9. Have any changes in teaching staff assignment been made within the past 3 years as a result of the evaluation process?

Yes ___ No ___ Unsure ___

If yes, please explain: _____

10. Do all members of the teaching staff demonstrate a strong interest in the education of interns/residents, sound clinical and teaching abilities, support of the goals and objectives of the program, and a commitment to their own continuing medical education?

Yes ___ No ___ Unsure ___

11. Do core-teaching faculty participate in scholarly activities?

Yes ___ No ___ Unsure ___

If yes, please attach a list of publications, editorial review activities,

presentations, or other scholarly activities conducted by core-faculty over the past academic year.

12. Do the teaching staff have regular meetings in order to review program goals, objectives, and overall effectiveness of the program? Yes ___ No ___ Unsure ___

If yes, how often do they meet? _____

Are minutes available? Yes ___ No ___ Unsure ___

Do interns/residents participate in these reviews? Yes ___ No ___ Unsure ___

D. INSTITUTIONAL REQUIREMENTS

1. Does the program utilize out rotations to provide a portion of the curriculum? Yes ___ No ___ Unsure ___

If yes, please explain _____

Are appropriate affiliation agreements in place for each portion of the program completed at an outside institution? Yes ___ No ___ Unsure ___

2. Who is responsible for the day-to-day activities of the program at outside institutions? _____

3. Are interns/residents integrated into the clinical review of quality of care, utilization and other staff review activities? Yes ___ No ___ Unsure ___

4. Do all interns/residents receive instruction in quality assurance performance improvement? Yes ___ No ___ Unsure ___

5. Are trainees scheduled for a minimum of one day in seven free of clinical work and required education (when averaged over four weeks). At-home call cannot be assigned on these free days or at least one 24-hour period off each weekend? Yes ___ No ___ Unsure ___

6. Are interns/residents assigned to call more often than every third night? Yes ___ No ___ Unsure ___

7. Are interns/residents ever assigned to work physically on clinical and educational work hours in excess of 80 hours per week? Yes ___ No ___ Unsure ___

If yes, please list rotations where this occurs: _____

8. Are interns/residents ever required to be physically present on duty in excess of 24-hours, with 4 additional hours allowed for patient continuity and educational sessions? At the conclusion of a 24-hour shift, do interns/residents have a minimum of 14 hours off duty before returning to work? Yes ___ No ___ Unsure ___

9. Are adequate services provided to minimize intern/resident work that is

extraneous to the educational program? Yes ___ No ___ Unsure ___

10. For AOA programs, are interns/residents freed from duties to attend conferences, including OPTI conferences? Yes ___ No ___ Unsure ___

List any rotations that may be exceptions: : _____

11. In the past three years, for AOA programs, have any residents failed to meet OPTI conference attendance requirements? Yes ___ No ___ Unsure ___

12. Does the program have a policy to certify interns/residents to perform procedures independent of direct supervision? Yes ___ No ___ Unsure ___

If yes, please attach a list of procedures that interns/residents may become certified to perform independently during training.

13. Are complications and deaths reviewed as part of the educational program? How often is this done? Yes ___ No ___ Unsure ___

14. Does the institution perform a sufficient number of autopsies representing an adequate diverse spectrum of diseases? Yes ___ No ___ Unsure ___

Are interns/residents notified when an autopsy of their patient is being performed? Yes ___ No ___ Unsure ___

Are interns/residents provided with a copy of the autopsy report? Yes ___ No ___ Unsure ___

15. Has the program developed specific criteria for intern/resident selection? Yes ___ No ___ Unsure ___

Is a personal interview required? Yes ___ No ___ Unsure ___

16. Do all appointed interns/residents meet AOA eligibility requirements? Yes ___ No ___ Unsure ___

PLEASE RETURN THIS QUESTIONNAIRE TO: _____

PLEASE ATTACH THE FOLLOWING:

- Written goals and objectives for each major rotation, at each level of training
- Written description of the supervisory lines of responsibility for the care of patients, and a current on-call schedule
- Written criteria and processes for the i) selection, ii) evaluation, iii) promotion and iv) dismissal of interns/residents
- Blank evaluation forms used in your intern/resident program
- Letter(s) of agreement if outside institutions provide training experience.
- Records of performance on Board examinations and In-Service Examinations since the previous AOA site visit.
- For surgical programs, a summary of senior resident operative experience indicating the ratio of cases as primary surgeon vs. surgical assistant, for major case types (do not submit actual operative logs)
- Documentation of the scholarly activity of teaching staff (publications, presentations, and research projects) for the previous year
- Minutes from the most recent meeting of department teaching staff, held to review program resources, program effectiveness and the goals and objectives
- The most recent PTRC approval letter
- The corrective action plan if any citations were noted on the PTRC letter.
- Intern/Resident schedules since the previous AOA site visit