

LEHIGH VALLEY HEALTH NETWORK
GRADUATE MEDICAL EDUCATION POLICY

INTERNAL REVIEW

GME POLICY NO: 2005.8
EFFECTIVE DATE: 10/14/2013
REVISION DATE: 10/14/2013
GMEC APPROVAL: 10/14/2013

POLICY

It is an ACGME/AOA Institutional Requirement that the Sponsoring Institution's GMEC develop, implement and oversee an internal review process to review each ACGME/AOA-accredited program. The internal review is designed to assess program and GMEC compliance with both Institutional and Program Requirements (common and specialty specific) of the relevant ACGME/AOA Residency Review Committees. The internal review serves as a fact-finding evaluation, designed to improve the educational programs of the institution and to promote constructive feedback. Although the ADA and non-accredited programs do not require that the sponsoring institution perform an internal review, it is the institution's GMEC policy to provide internal review to all residency and fellowship programs.

SCOPE

It is the Graduate Medical Education Committee's responsibility to designate an Internal Review Committee, whose structure and function is in accordance with ACGME and AOA standards. The office of Graduate Medical Education maintains an internal review schedule and coordinates program reviews to take place at defined points in the accreditation cycle.

DEFINITIONS

ACGME – Accreditation Council for Graduate Medical Education

ADA – American Dental Association

AOA – American Osteopathic Association

DOE – Division of Education

GME – Graduate Medical Education

GMEC – Graduate Medical Education Committee

OPTI – Osteopathic Postdoctoral Training Institution

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.

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

PROCEDURE

GME Office Responsibilities

- A. GME Office will maintain a schedule for both internal and external reviews of all residency training programs to be reviewed at all GMEC meetings. Internal reviews should occur for ACGME accredited programs 1) for a new program at approximately six months prior to their initial site visit; 2) approximately two years prior to the ten year site visit under the Next Accreditation System (NAS); 3) 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; and 4) when data or information submitted to the ACGME triggers a focused site visit a review would occur one year after the focused site visit to assess progress. Internal reviews must occur approximately at the midpoint between AOA accreditation cycles. For dually accredited programs, if the ACGME review period exceeds the time of the AOA required mid-cycle review by more than 12 months, a complete and separate AOA program internal review is required.
- B. The Chair of the GMEC will name the Chair and members of the Internal Review Committee. It is recommended that an internal review committee chair is a department chair or vice-chair. The Committee must consist of at least a program director, faculty member, a resident from another program, a coordinator from another program, a medical educator, and a representative from the GME Office or the GME Specialist. AOA accredited programs are required to include a member of the OPTI on the committee. External reviewers may also be on the review committee as determined by the GMEC.
- C. The GME Office will notify the Program Director of the internal review three months prior to the scheduled completion date.
 1. Within two months of the receipt of the letter of notification from the OGME, the Program Director will submit:
 - a. A draft of a self-study document required by the NAS in the case when the internal review is pre-ACGME self-study.
 - b. For AOA reviews, the program director will submit a completed copy of the AOA Internal Review Questionnaire, including the required attachments as indicated. (Form attached)
 - c. 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. GME Office will schedule the four required meetings and forward supporting documents to the Internal Review Committee.
 - a. Separate meetings will be scheduled with the residents, the program director, the faculty and the final committee meeting.

GME Office supplies the committee with resident survey data with the meeting material. Survey data may include the ACGME Resident Survey, Annual Resident Satisfaction Survey, Duty Hour Reports, etc.

3. The Internal Review Committee will complete the review within two months of the receipt of the PIF and supporting documentation.
4. The Final Report by the Internal Review Committee is due in the GME Office thirty days after completion of the internal review.
5. After meeting with the program director to review findings, the internal review committee Chair presents the Final Report to the GMEC at the next scheduled meeting.
6. Following GMEC approval of the internal review report, an automatic six month progress report is scheduled for the program, unless the GMEC determines a different timeline is warranted.

Program Director Responsibilities

- A. The Program Director will provide the Internal Review Committee with:
 1. Supporting documentation.
 2. Documented evidence of a curriculum with goals and objectives for the general competencies currently implemented.
 3. Documented evidence of the evaluation tools used that are listed in the Internal Review checklist pertaining to the General Competencies (Attachment B).

4. The status of developing and using dependable measures to assess a resident's competence in those areas.
5. The status of developing a process that links educational outcomes with program improvement.
6. Letters of accreditation from previous ACGME/AOA Reviews and progress reports sent to the RRC.
7. Reports from previous internal reviews of the program.

B. Material and data to be used in the review process must include:

1. ACGME/AOA Institutional and common and specialty-specific Program Requirements for the specialty or subspecialty being reviewed.
2. Supporting documentation relevant to any accreditation issues.
3. Reviews and progress reports sent to the RRC.
4. Reports from previous internal 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.
7. Samples of all evaluation tools used by the program.
8. Sample of duty hour monitoring process and most recent duty hour summaries.

Internal Review Committee Responsibilities

A. The Internal Review Committee will:

1. Review and discuss all documentation and meeting outcomes.
2. Evaluate all data and material used in the internal review.
3. Provide input for the Final Report.

B. Members of the Internal Review Committee must conduct separate meetings with the program director, faculty and peer selected residents from all levels of the program and other individuals as deemed appropriate by the committee,

1. The resident meeting shall provide:
 - a. Review of most recent resident survey results.
 - b. Verification of the existence of a curriculum with goals and objectives for teaching the competencies, their involvement in the curriculum and the kinds of tools used by the program to evaluate them.
 - c. Verification of compliance to the specialty or subspecialty Program Requirements.
2. The faculty meeting with the members of the committee should include at least two or three faculty members from the program reviewed, unless there are less than three residents in the program. In this case, only one faculty member's attendance is required.

C. The Internal 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 internal reviews.
6. Effectiveness of the program in defining, in accordance with the Program and Institutional Requirements (including AOA ICCP), 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 in each of the six general areas listed above.
8. The effectiveness of the program in using dependable outcome measures developed for each of the general competencies listed above, as well as OMM for AOA programs
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.
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; including:
 - a. Professionalism, Personal Responsibility, and Patient Safety
 - b. Transitions of Care
 - c. Alertness Management/Fatigue Mitigation
 - d. Supervision of Residents
 - e. Clinical Responsibilities
 - f. Teamwork
 - g. Resident Duty Hours
12. The effectiveness of the program to comply with resident duty 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 internal review committee.

- D. The Internal 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 Internal Review Committee members including the residents and an OPTI representative (for AOA programs).
 3. The materials collected and reviewed for the program.
 4. A brief description of how the internal 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 GMEC's internal review policy.
 7. Sufficient documentation or discussion of the assessment of the program's curriculum to ensure the inclusion of the six general competencies.
 8. Sufficient documentation or discussion of the types of evaluation tools used by the program to assess a resident's competency in the six areas or the specialty specific NAS competencies.
 9. Sufficient documentation or discussion of the use of dependable outcome measures developed by the program.
 10. Sufficient documentation or discussion of the process used to link educational outcomes with program improvement.
 11. Recommendations from the committee regarding any areas needing attention or improvement.
- E. After reviewing report findings with the program director, the Internal Review Committee Chair presents the final report at the next scheduled GMEC meeting. GMEC discusses report findings, modifies if necessary, and approves the

report. For AOA accredited programs, a copy of the final approved must be forwarded to the OPTI for their record.

- F. 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 Internal 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 internal review have met the institutional, common and program requirements. In cases of AOA programs, the institution's accredited OPTI must receive a copy of the written report. The DIO and GMEC continue to monitor program progress until all internal review report recommendations have been addressed and resolved.

ATTACHMENTS

- General Competency Overview - Attachment A
- Internal Review Checklist – Attachment B
- Template for Committee Summary Report: Internal Review Report – Attachment C
- AOA Internal Review Questionnaire – Attachment D

APPROVAL

Graduate Medical Education Committee: 10/14/2013

_____	_____
Designated Institutional Official	Date
_____	_____
Chief Medical Officer	Date
_____	_____
Associate Dean and Chief, Division of Education	Date

ATTACHMENT A

Lehigh Valley Health Network Internal Review

General Competency Overview by Program Director

1. Present adequate 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 Internal 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

**Lehigh Valley Health Network
Internal 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

INTERNAL 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 Internal Review:	Date of Next Site Visit per ACGME Letter:
Date of Midway between site visits:	Most Recent Accreditation Status:

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

Letter initiating self study:
Internal Review conducted:

Internal Review Panel: (identify chair, list faculty members, resident(s) administration, etc. – Include name, degree, department/program and their panel title, i.e., faculty member, resident, etc.)

Provide information in table below

	Title	Dept
	Panel Chair	
	Faculty/DIO	
	Resident	

Materials Used and Reviewed

At a minimum, each panel reviews the following:

- ACGME/AOA/ADA Requirements
- Accreditation letters from previous site visit reviews and progress reports
- Reports from previous internal 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 duty hours
- Results from resident surveys.
- Written report of all annual program reviews and resultant action plans conducted since the last program survey.
- Sample of duty hour monitoring process and most recent duty hour summaries.

This panel also used the following: *(Provide information in block below)*

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Process – This internal review follows the process described in the GME Internal 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 (PGY level)

Please give the panel’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 each program:</p> <p>The effectiveness of each 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 Internal 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 each 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 each program in using dependable outcome measures developed for each of the six general competencies listed above:

The effectiveness of each 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/ADA 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 Duty Hours

The effectiveness of the program to comply with resident duty 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 PANEL (include recommendation for future accreditation status):

DATE THIS INTERNAL REVIEW WAS PRESENTED TO THE GMEC

(Provide information in block below)

GMEC ACTION

(Provide information in block below)

FOLLOW-UP

ATTACHMENT D

INTERNAL 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 ___

Does the program provide interns/residents with a list of objectives that identify learning expectations at yearly training levels? Yes___ No___ Unsure ___

2. 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:

3. 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:

4. Is instruction on communication skills and biopsychosocial medicine integrated into the program? Yes___ No ___ Unsure ___

5. Is there appropriate exposure to medical research methodology and design, statistics, and critical review of the literature? Yes___ No ___ Unsure ___

Do residents meet the AOA research requirements?

Yes ___ No ___ Unsure ___

If yes, what method is used to meet the research requirement?

6. Are advanced basic science courses integrated into the program?

Yes ___ No ___ Unsure ___

If yes, please describe:

7. Is the utilization of osteopathic principles and practice integrated into the program?

Yes ___ No ___ Unsure ___

If yes, describe the method of integration: _____

8. 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:

9. Do residents assume responsibility for teaching and supervising other residents, interns and/or students?

Yes ___ No ___ Unsure ___

10. Do interns/residents participate in educational programs regarding physician impairment, including substance abuse?

Yes ___ No ___ Unsure ___

11. Is there a confidential written assessment and evaluation of the curriculum by the interns/residents?

Yes ___ No ___ Unsure ___

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

If yes, how often is this done? _____

12. Are board review activities integrated into the program? Yes ___ No ___ Unsure ___

Describe the method utilized:

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 quarterly intern/resident reviews conducted by the program director? Yes ___ No ___ Unsure ___

3. 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?

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

4. 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 ___

5. 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): _____

6. Does the program monitor the stress and emotional health of interns/residents?

Yes ___ No ___ Unsure ___

If yes, describe the methods utilized: _____

7. Have any rotations been modified within the past 3 years due to undesirable stress? If yes, please describe: _____

Yes ___ No ___ Unsure ___

C. ORGANIZATION OF TEACHIING 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 or write the names of the core-teaching faculty below:

4. Do interns/residents 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. Do interns/residents have alternate 48-hour weekends off duty, 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 duty 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

Yes ___ No ___ Unsure ___

excess of 24-hours, with 6 additional hours allowed for patient continuity and educational sessions? At the conclusion of a 24-hour shift, do interns/residents have a minimum of 12 hours off duty before returning to work?

9. Are adequate services provided to minimize intern/resident work that is extraneous to the educational program? Yes ___ No ___ Unsure ___

10. 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, 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? Yes ___ No ___ Unsure ___

How often is this done? _____

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