



**AOA AND ACOI ANNUAL REPORT
OF THE FELLOW IN AN
INTERNAL MEDICINE SUBSPECIALTY
Part I - Cover Sheet**



I. FELLOW

Name: _____ AOA# _____

Mailing Address: _____

E-Mail Address: _____

Home Telephone: () _____

II. TRAINING INSTITUTION

Name: _____

Mailing Address: _____

Telephone: () _____

Report Period Dates: From _____ To: _____

III. YEAR OF TRAINING (check appropriate space)

Type of subspecialty _____

_____ Subspecialty Year One

_____ Subspecialty Year Two

_____ Subspecialty Year Three

_____ Other _____

IV. PROGRAM DIRECTOR

Name: _____

Mailing Address: _____

Office Telephone: () _____

V. SIGNATURE OF FELLOW

The resident's signature attests that the information provided in responses, statistics, progress notes or papers submitted in this annual report reflects his/her individual educational and clinical experiences and activities to the best of his/her knowledge.

Signature

Date

PART I
QUESTIONNAIRE

NOTE: All questions pertain to the specified time period of this report. To preserve the confidentiality of responses, **the Fellow must submit Part I directly to the ACOI.** Failure to complete Part I will prevent eligibility for board certification. All "No" answers must include an explanation. Typewritten responses are required.

1. Are you provided with a yearly schedule of clinical rotations?
Yes_____ No_____ (If no, please comment)
Comment: _____

2. Do you receive written or verbal evaluations by the attending physician?
Yes_____ No_____ (If no, please comment)
Comment: _____

3. Are you requested to review your evaluations with the Program Director at least on a yearly basis?
Yes_____ No_____ (If no, please comment)
Comment: _____

4. Are you given the opportunity to evaluate your clinical rotations or the attending physicians?
Yes_____ No_____ (If no, please comment)
Comment: _____

5. Does the Program Director give the subspecialty trainees an opportunity to provide input or discuss various aspects of the program? Yes_____ No_____ (If no, please comment)
Comment: _____

6. Are you provided with a list of responsibilities and/or expectations for clinical rotations?
Yes_____ No_____ (If no, please comment)
Comment: _____

7. Please rate the overall instruction and direct supervision you have received from the attendings.
_____minimal to none
_____barely adequate
_____adequate
_____more than adequate
8. Please rank (1 to 10) the training program balance between service and education that is provided to you (1 being heavily toward service and 10 being heavily toward education)_____
9. Approximately how many lectures or didactic conferences are given by the attending physicians each month: _____
Comment: _____

10. Do you maintain a procedure log? Yes_____ No_____ (If no, please comment)
Comment: _____

11. After performing a subspecialty consultation or report, were your histories, physical findings, impressions and recommendations reviewed, evaluated and countersigned by the attending physician?
Always_____ Usually_____ Sometimes_____ Seldom_____ Never_____

Comment:_____

12. Please list the major weaknesses of your program:

13. Please list the major strengths of your program:

14. Please let ACOI know your plans for next year (select one):

1) Will continue in same program _____

2) Will enter new subspecialty program _____

Please list subspecialty _____

And provide name/location of program

3) Will enter practice (please provide location and new address)

4) Other (please describe) _____

The signed Part I-Cover Sheet and Questionnaire must be returned within 30 days of the completion of the training year to the ACOI at the following address:

**American College of Osteopathic Internists
Postdoctoral Training Department
3 Bethesda Metro Center, Suite 508
Bethesda, MD 20814**



**ANNUAL REPORT OF THE FELLOW
IN AN INTERNAL MEDICINE SUBSPECIALTY
Part II Cover Sheet
Summary of Procedures and Interpretations**



To be completed by the Fellow and verified by the program director. This report must be submitted to ACOI within 30 days of completion of the training year. Please note that the information provided in Part II, Summary of Supervised Procedures and Interpretations, must be completed cumulatively, so that data for all training years completed appear on each year's form. **Please be aware, you are required to complete only the section for your specific subspecialty. If you are in a combined fellowship please complete both sections.**

Fellow Name _____ AOA# _____

E-Mail Address _____

Training Institution _____

Program Director _____

Year of Training _____

Date of Report _____

My medical writing and research paper is in progress and is entitled:

It is in one of the following categories: (Check the appropriate box)

- I. A case presentation of the first reported case or other unusual manifestation of a disease which will add to the medical literature, which should include a review of literature and discussion (acceptable only if submitted for publication).
- II. A report of an original clinical research study approved by the program director and the institutional review authorities.
- III. A case presentation and discussion which challenges existing concepts of diagnosis and treatment and thus recommends further investigations.

The signatures below verify that the information provided is accurate.

Signature of Fellow

Date

Signature of Program Director

Date

**ANNUAL REPORT OF THE FELLOW IN
AN INTERNAL MEDICINE SUBSPECIALTY**

PART II

SUMMARY OF SUPERVISED PROCEDURES AND INTERPRETATIONS

TOTALS

	YEAR ONE		YEAR TWO		YEAR THREE		CUMMULATIVE TOTALS
PROCEDURES	O	P	O	P	O	P	
	B	E	B	E	B	E	
	S	R	S	R	S	R	
	E	F	E	F	E	F	
	R	O	R	O	R	O	
	V	R	V	R	V	R	
	E	M	E	M	E	M	
	D	E	D	E	D	E	
		D		D		D	

Cardiology & Interventional Cardiology							
Right heart catheterization							
Left heart catheterization							
Intraaortic balloon pump insertion							
Exercise stress test interpretation							
ECG interpretation							
Transesophageal echocardiography intubation							
Transesophageal echocardiography performance							
Stress/dobutamine echo interpretations							
Temporary tranvenous pacer insertion							
Permanent pacemaker insertion							
Pacemaker follow-up interpretations							
Coronary Interventions							

PROCEDURES	YEAR ONE		YEAR TWO		YEAR THREE		CUMMULATIVE TOTALS
	O B S E R V E D	P E R F O R M E D	O B S E R V E D	P E R F O R M E D	O B S E R V E D	P E R F O R M E D	

Clinical Electrophysiology							
Catheter an intra-operative mapping							
Catheter and surgical ablations							
Insertion of pacemakers and defibrillators							
External cardioversion and defibrillation							
Diagnostic electrophysiology studies							
Cardiopulmonary resuscitation							

Gastroenterology							
Esophageal dilation							
Esophagogastroduodenoscopy							
Small bowel endoscopy							
Colonoscopy							
Polypectomy							
Paracentesis							
Liver Biopsy							
Endoscopic gastrostomy							
Variceal hemostasis							
Nonvariceal hemostasis							
Biopsies – stomach							
Biopsies – esophagus							

Biopsies – small intestine							
Biopsies – colon							

	YEAR ONE		YEAR TWO		YEAR THREE		CUMMULATIVE TOTALS
PROCEDURES	O	P	O	P	O	P	
	B	E	B	E	B	E	
	S	R	S	R	S	R	
	E	F	E	F	E	F	
	R	O	R	O	R	O	
	V	R	V	R	V	R	
	E	M	E	M	E	M	
	D	D	D	D	D	D	
Critical Care Medicine							
Airway intubation							
Ventilator management							
Oxygen delivery hardware management							
Needle insertion pneumothorax management							
Arterial line insertion							
Central venous line insertion							
Pulmonary artery catheter insertion							
Cardiopulmonary resuscitation							
Cardioversion							
Thoracentesis							
Transducer use and calibration							
Cardiac output determinations							

Pulmonary Medicine							
Pulmonary function tests							
Calibration of hemodynamic monitoring systems							
Fiberoptic bronchoscopy							
Thoracentesis							
Arterial puncture with cannulation							
Central venous catheter placement							
Pulmonary artery catheterization							

Ventilator management							
Pneumothorax Management with needle insertion							
	YEAR ONE		YEAR TWO		YEAR THREE		CUMMULATIVE TOTALS
PROCEDURES	O B S E R V E D	P E R F O R M E D	O B S E R V E D	P E R F O R M E D	O B S E R V E D	P E R F O R M E D	
Pulmonary Medicine cont.							
Exam/interpretation of sputum, fluids and tissues							
Sleep study interpretations							
Inhalation challenge study interpretations							

Endocrinology							
Fine needle thyroid aspiration							
Observation of radioactive iodine therapy							

Geriatric Medicine							
Use of geriatric assessment tools							

Hematology/Oncology							
Bone marrow aspiration and biopsy							
Automated or manual techniques of CBC							
Chemotherapy administration							
Management of indwelling venous catheters							
Diagnostic and therapeutic paracentesis							
Pelvic examination							
Lumbar puncture							
Intrathecal and other port injections							
Fine needle aspiration and biopsy of tumors							

	YEAR ONE		YEAR TWO		YEAR THREE		CUMMULATIVE TOTALS
PROCEDURES	O	P	O	P	O	P	
	B	E	B	E	B	E	
	S	R	S	R	S	R	
	E	F	E	F	E	F	
	R	O	R	O	R	O	
	V	R	V	R	V	R	
	E	M	E	M	E	M	
	D	E	D	E	D	E	
		D		D		D	

Infectious Diseases							
Collection and isolation of pathogenic microbes							
Gram stain interpretation							

Nephrology							
Urinalysis interpretation							
Kidney biopsy							
Placement of temporary hemodialysis access catheter							
Peritoneal dialysis management							
Hemodialysis management							
Continuous renal replacement therapy							

Palliative Care							
Number of new patients per year							

Rheumatology							
Joint aspiration with fluid interpretation							
Bone densitometry interpretation							
Musculoskeletal radiograph interpretation							
Joint injections							
Trigger point injections							

	YEAR ONE		YEAR TWO		YEAR THREE		CUMMULATIVE TOTALS
PROCEDURES	O	P	O	P	O	P	
	B	E	B	E	B	E	
	S	R	S	R	S	R	
	E	F	E	F	E	F	
	R	O	R	O	R	O	
	V	R	V	R	V	R	
	E	M	E	M	E	M	
	D	E	D	E	D	E	
	D	D					
Sleep Medicine							
Patient set-ups and initiation of sleep studies							
Formal patient reviews of sleep related testing							
Overnight polysomnographic interpretations							
Performance of sleep latency tests							
Performance of maintenance of wakefulness tests							
Troubleshooting sleep lab equipment							
Application of CPAP and bi-PAP							
Calibration of polysomnographic recording systems							
ECG interpretation							
Arterial puncture							