AOA/ACOI INTERNAL MEDICINE PROGRAM REVIEW WORKBOOK
To: Internal Medicine Residency Program Directors

From: ACOI Council on Education and Evaluation

This Program Review Self-Study Workbook is intended to assist the residency program director and training institution in preparing for the scheduled on-site program review. The self-study format is utilized to assist in documenting compliance with the Basic Standards requirements. The Workbook requires explanations of processes by which standards are met, including documentation where requested.

It is anticipated that completion of the self-study begins early. The completed Workbook with all requested documentation must be forwarded to the assigned Program Surveyor no less than one month prior to the assigned inspection date. The on-site review occurs in order to validate documentation submitted in this Workbook.

INSTRUCTIONS

1. The entire Workbook must be completed with responses provided for all requested areas. All responses must be completed by computer/word processor. Answers can be added directly to the document.

2. Each numbered section within the Workbook corresponds to a similarly numbered Standard in the AOA and ACOI’s *Basic Standards for Residency Training in Internal Medicine*.

3. Some topics are addressed in multiple standards, such as evaluation.

   a. These instances are labeled “see section.” This refers the program to the section that must be completed for the given Standard.

   b. Sections that require use of multiple Standards for completion are labeled “see also Standard.”

   c. Each “see section” has a corresponding “see also Standard.” These are cross referenced to assist the programs in full self-study and minimize redundant answers.

4. All requested documentation must be attached in the order requested and labeled by Standard/Section.

5. This document must be accompanied by a fully completed copy of the American Osteopathic Association and American College of Osteopathic Internists Institutional Demographics and Statistical Report and the requisite attachments.
All survey items refer to the Basic Standards for Residency Training in Internal Medicine, available on the ACOI website (www.acoi.org).

Standard I. **Mission**

A. Please provide the Mission Statement for this program

Standard II. **Educational Program Goals**

A. Please state the general purpose and goals of this training program.
   1. Are the stated goals provided to the resident at the onset of training?

B. Please list the expected outcomes of the program.

C. Are the goals appropriate for the type and number of faculty, the number of trainees, and the facilities?

D. Describe in general whether this program is hospitalist oriented or ambulatory oriented.

Standard III. **Institutional Requirements**

A. Please attach a copy of the most recent program approval document from the AOA. (see also Standard IV., A.)

B. **Program Resources**
   1. What resources are available for:
      a. curriculum development?
      b. evaluation methodology?
      c. integration of osteopathic principles?
   2. Have essential educational and clinical resources been available of a daily basis?
   3. Please describe any faculty development programs that have occurred since the last AOA approval. These should include both medical knowledge as well as teaching methodology.
   4. Please describe the general workload of the residents on a daily basis.
   5. Are residents assigned to services based on clinical demands, educational programming or a combination? Please explain.
   6. How does the program ensure adequate supervision of the residents by faculty?
C. Resident Complement
   1. Are there a minimum of three residents in the program at present (including IM track interns)?
   2. Please provide a roster of all residents enrolled in the program for the current and prior two training years, including track interns. Please list by training year (Track Interns, OGME – 1, OGME -2, etc.) and program type (traditional and primary care track) (see also Standard IV., I.)
   3. Please identify the current chief resident.
      a. Is there a job description for the chief resident? If so, please attach.

D. Does the institution bear all of the direct and indirect costs AOA on-site program reviews and preparation? If not, please explain.

E. Program Director and Faculty included in the Institutional Demographics and Statistical Report (see section V., B. C and E)

F. Has there been a change in the program director since the last AOA program approval?

G. Library Facilities (included in the Institutional Demographics and Statistical Report)

H. Study and On-call Facilities (included in the Institutional Demographics and Statistical Report)

I. Program Description (included in the Institutional Demographics and Statistical Report)

J. Ambulatory Training (see section IV. H.)

K. Please provide a brief summary of the program policy on:
   1. academic and disciplinary dismissals
   2. vacation and leaves
   3. Please attach a copy of the written policy and procedures manual

L. Please provide a copy of the protocol for selection of residents.
   1. What are the criteria for admission?
   2. Does applicant interest and skill in osteopathic principles and osteopathic manipulative therapy play a role in selection?
   3. How does the program seek to enroll an appropriately diverse group of applicants with respect to the demographics and the mission of the program?
M. Does the institution execute a contract with each resident in accordance with the AOA *Basic Documents for Postdoctoral Training*? Please attach a copy of the contract.

N. Please provide a copy of the training certificate issued to residents upon successful completion of training.

O. Work Hours
   1. Does the institution maintain a work hour’s policy? Please attach a copy of this policy.
   2. How does the program and institution monitor compliance with this policy?
   3. Please attach call schedules for the residents for the past two years.

P. Resident files and information
   1. Where are resident files maintained and who is the custodian?
   2. How is the participation of residents in educational activities (logs, evaluations, resident patient evaluations, in-service exam scores and research requirements) documented?

Q. What is the process used to complete the required documentation for the program review? (see also Standard V., B., 7.)

R. A list of affiliated institutions is contained in the Institutional Demographics and Statistical Report. Please attach a copy of all agreements.

S. Please list senior residents that attended the annual convention of the ACOI in the last three years. How was the residents’ attendance funded?

T. In-service Exam
   1. Who serves as the proctor during the administration of the ACOI in-service exam?
   2. Please describe how the exam is kept secure and where it is administered.

U. When was the last internal review performed? Please attach the minutes from the medical education committee meeting documenting that this review occurred.
Standard IV. Program Requirements and Content

A. Program Approval (see section III. A.)

B. Program Duration (see curriculum in program description attached to the Institutional Demographics and Statistical Report)

C. What percentage of residents completing the program take the American Osteopathic Board of Internal Medicine certifying exam?

D. Please attach the approval documentation from the AOA Program and Trainee Review Committee (PTRC) and the ACOI for any trainees who have received advanced standing.

E. General Educational Content
   1. Osteopathic Principles and Practice
      a. How can the program document distinctive osteopathic concepts in evaluation MANAGEMENT OF patients?
      b. What are the clinical and didactic formats used to teach these concepts?
   2. Cognitive Skills
      a. Are there specific goals and objectives for cognitive skills in each area of study? Please attach documentation.
      b. What outcomes are expected in the development of cognitive skills and knowledge?
      c. How does the program measure outcomes?
      d. Is this outcome information used to make curricular changes?
   3. Please attach the written curriculum for the program.
   4. Structured Didactics (see also Standards V., B., 13. and VI., B., 2.)
      a. Please list the organized didactic/interactive activities which occur on a scheduled basis (journal club, book club, morning report, grand rounds and lectures). Lecture schedules for the past two years should be available for review at the time of the review.
      b. Who is responsible for creating and supervising the schedule?
      c. Provide the policy used to ensure resident attendance at these sessions?
      d. What is the minimum attendance required?
      e. Do residents evaluate these activities?
f. How is the feedback used?
g. Attendance sheets should be available at the time of the on-site review.

5. Bio-psychosocial skills
   a. Please describe the method of incorporation of bio-psychosocial skills into the program.
   b. Is the extent of incorporation of bio-psychosocial information and skills reviewed periodically?
   c. Is there evidence that curricular adjustments have been made as needed to meet the goals of incorporating these skills?

6. Board Review
   a. How is board review experience delivered in the program?
   b. Who organizes the experience and chooses topics?
   c. Does the program encourage and/or provide funding for a board review course?

7. Comprehensive Histories and Physicals
   a. How does the program ensure that adequate patient volume is provided to accomplish a high degree of proficiency in performing histories and physicals, including structural exams and male and female genital exams?
   b. How often are the residents evaluated in these skills and by whom?
   c. Does the evaluation of the residents’ performance lead to adjustments in the training program? Please elaborate.

8. Learning Objectives by Training Year
   a. Please attach the program’s learning objectives for each training year.
   b. Are the learning objectives provided to the resident either at the onset of training or at the beginning of each training year?

9. Interpretations
   a. How does the program ensure that adequate volume is provided to accomplish a high degree of proficiency in electrocardiograms, chest x-rays and abdominal films?
   b. How are the residents evaluated in these skills and by whom?

For questions 10 through 15, when describing each component, please include: how the program determines the nature of the exposure, who delivers the information and how, who evaluates the effectiveness of the experience, how this input is used and if there is feedback given to the trainee.
10. Patient Care
   a. Please describe the training in patient communication?
   b. Please describe assessment of actual patient-resident interactions?

11. Professionalism
   a. Please describe the training in cultural competence.
   b. Please describe the training in compliance with federal regulations regarding healthy information.
   c. Please describe the training in medical ethics.

12. Practice-based Learning – Teaching
   a. Please describe the training in teaching skills.
   b. Do the residents regularly teach other trainees, including residents of lesser training and students?
   c. How is this evaluated?

13. Practice-based Learning – Information Technology
   a. Please describe the residents’ exposure to and training in information technology.

14. Practice-based Learning – Quality Improvement
   a. Please describe the residents’ exposure to the quality improvement process.
   b. Do the residents actively participate in this process?

15. Systems-based Practice – Practice Management
   a. Please describe the residents’ exposure to health policy, managed care, medical ethics, medical liability and practice management.

16. Medical Procedures
   a. How does the program ensure that adequate patient volume is provided to accomplish skills in required procedures?
   b. Is there an outcome analysis of procedural skills including resident’s manual skill, interpretive skill and accuracy of logs?
   c. Is there a credentialing process for residents as they master procedures? Please describe.
   d. Does the outcome analysis lead to adjustments in the training program? Please describe.

F. Meaningful Patient Responsibility and Electives
1. How does the program ensure a broad scope of training?
2. How does the program ensure that the resident will have meaningful patient management experience, rather than simply observational experience?
3. Are electives offered only within the institution or consortium, or is the resident able to choose beyond the program?
4. Are elective rotations monitored and evaluated periodically by the program director?
G. Medical Research/Review Issues (see also Standard VI., B., 5.)
1. Please describe what the methods used to promote the resident’s participation in the CAP program.
2. Are there other opportunities available to provide residents with additional training in research methodology and completion of research projects?
3. What opportunities does the program provide for integrated electronic research?
4. How much active research is undertaken by faculty? Please document the research since the last AOA approval.
5. How are the critiques of resident presentations performed, and what is the feedback to the resident?
6. What are the standards for the critique of resident presentations? Are they written and distributed to the residents?
7. Have any residents presented posters at any local, regional or national meetings since the last program review? Please attach a list.
8. Have any resident articles been published in peer-reviewed journals since the last program review? Please attach a list.

H. Ambulatory Clinic (see also Standard III., J.)
1. Please describe the method used to ensure that residents are acting as primary caregivers for patients in the clinic and discuss the scheduling of patients in the clinic.
2. Ambulatory faculty
   a. A list of ambulatory faculty is included in the Institutional Demographics and Statistical Report.
   b. Does faculty see their own patients while they are supervising resident clinic?
   c. What is the resident to faculty ratio in the clinic?
3. Attach the schedules of the residents in the ambulatory care clinic
4. Clinic educational programs
   a. What educational programs are offered in the clinic?
   b. How are charts reviewed with the residents and how is resident performance evaluated based on chart review?
5. Describe the spectrum of diagnosis that the residents are exposed to in the clinic.
   a. How does the ambulatory care supervisor ensure exposure to a broad spectrum of diagnosis?
   b. How are the concepts of disease prevention and health maintenance taught?
6. Describe how logs are kept documenting patient seen and
procedures performed by residents.

a. How are the ambulatory logs reviewed for completeness and accuracy?
b. Ambulatory logs should be available at the time of the on-site review.

7. Clinic volume
a. What is the average number of patients a resident sees in a half day session?
b. Does the average number increase with increase experience and seniority?

8. Clinic panels
a. What is the average number of patients a resident has in their continuity care panel?
b. How is this panel developed?

9. Evaluations (see section VII., C.)
10. Describe how the requirement for exposure to osteopathic concepts, psychosocial issues, ethics, practice management and medical-legal issues is met in the ambulatory clinic.
11. Describe the opportunities the resident has to participate in the ongoing care of their continuity clinic patient who have been hospitalized.
12. Performance of comprehensive histories and physicals is addressed in section IV. E. 7.

I. Program tracks
1. Descriptions of program tracks, including curriculum and residents in each track is provided in the Program Description, the Institutional Demographics and Statistical Report and as requested in section III., C., 2. If there is a hospitalist track, please attach this curriculum as well.

Standard V. Faculty and Administration

A. Director of Medical Education
1. Please attach the curriculum vitae of the director of medical education.
2. What is the working relationship between the DME and the program director?
3. Is there cooperation in the structuring and supervision of the track internship?

B. Program Director (see also Standard III., E.)
1. Qualifications
   a. Please provide the updated curriculum vitae of the program director.
b. Please state the program director’s perspective on osteopathic internal medicine education and the motivation for functioning in this position.

2. Appointment
   a. How is the program director evaluated?
   b. How is the program director’s compliance with individual program requirements monitored?

3. How is the program director’s authority in directing the residency training program defined?

4. How does the program director report to the DME that the residents are meeting the minimum standards of the program?

5. Evaluation (see section VII., A., 1., D. and G.)

6. Arranging necessary training
   a. How does the program director arrange the necessary rotations to meet the program goals?
   b. How does the program director inform the institution that affiliation agreements are needed?

7. Completion of on-site review documents (see section III. Q.)

8. Training documents
   a. When does the program director provide the residents with the required documents pertaining to the training program?
   b. Are these documents personally reviewed with the residents and by whom?

9. Describe the program directors policy for submission of the on-line annual reports.

10. Medical research/review requirement (see section IV., G., 10.)

11. Has the program director attended the mandatory Program Director’s Congress on Medical Education for Resident Trainers held annually by the ACOI? Please provide documentation.

12. Describe the program director’s policy for notifying the ACOI of residents’ entry into the program.

13. Conferences administration and attendance (see section IV., E., 4.)

14. Resident patient evaluation (see also Standard VI., B., 4.)
   a. When are the Resident Patient Evaluations scheduled and by whom?
   b. Who observes the residents’ performance and how is this evaluation shared with the program director and the resident?

15. What is the program director’s email address?

16. What method does the program director use to annually update the program description?
17. Please describe any actions taken by the program director after receipt of a directive from the Council on Education and Evaluation.

C. Faculty Qualifications and Responsibilities (see also Standard III., E.)

1. Faculty roster (please refer to the Institutional Demographics and Statistical Report)

2. Faculty selection
   a. How is faculty recruitment and selection performed?
   b. What are the desired qualifications of potential faculty?
   c. What are the expectations for new faculty and continuing expectations of senior faculty?
   d. What awards or major accomplishments have been achieved by the teaching faculty since the last AOA approval?
   e. Have any faculty been successfully recruited to the program since the last AOA approval? Please list the names and fields of practice.
   f. Faculty curriculum vita should be available at the time of the on-site review.

3. Faculty participation
   a. How does faculty participate in the academic educational programs?
   b. Please describe which faculty participate in which programs and provide documentation.
   c. Have any new, innovative teaching formats been instituted?

4. Osteopathic principles and practice
   a. Please describe how faculty teaches the application of osteopathic principles to the residents.
   b. Are osteopathic techniques taught in the clinic, in private practices or in the hospital?
   c. Is there an osteopathic consulting service available in which residents participate?
   d. Are there formal lectures in osteopathic principles and are residents required to attend?

5. Please explain how faculty members supervise residents and how this supervision is adjusted according to the resident’s level and capabilities.

6. Evaluation (see section VII., D. and G.)

7. Annual program evaluation (see section VII., A.)

8. Please discuss whether ethical and professional guidelines are available for faculty and how adherence to these guidelines is monitored.
Standard VI. Resident Requirements

A. Resident Qualifications (see section III., K.)

B. Requirements
1. Describe how the program ensures timely submission of resident annual reports.
2. In what major committee meetings do the residents participate? (see also section IV., E., 4.)
3. Did all residents participate in the annual ACOI in-service exam since the last site review? If not, please explain.
4. Resident patient evaluation (see section V., B., 14.)
5. Medical research/review requirement (see section IV., G.)
6. Evaluation (see section VII., F.)
7. Annual program evaluation (see section VII., A., 3.)
8. Ambulatory logs (see section IV., H., 6.)
9. E-mail addresses
10. Please discuss whether ethical and professional guidelines are available for residents and how adherence to these guidelines is monitored.

Standard VII. Evaluation

A. Annual Program Evaluation
1. What methods does the program director/participated EMPLOY in the annual evaluation of the program? (see also Standard V., B., 5.)
2. Please describe how the faculty participates in the annual evaluation of the program goals and curriculum. (see also Standard V., C., 7.)
3. Please describe how the residents participate in the annual evaluation of the program goals and curriculum. (see also Standard VI., B., 7.)
4. How has the curriculum evolved in response to the rapidly changing and increasing knowledge base in internal medicine?

B. Program Director Semi-annual Evaluations
1. Does the program director meet at least twice annually with each resident?
2. What are the topics of discussion at these meetings?
3. What follow-up is performed when deficiencies are noted or problems are discovered?
4. Please have all the semi-annual evaluations available at the time of the on-site review.

C. Ambulatory Clinic Evaluations (see also Standard IV., H., 9.)
1. Describe how the twice annual continuity clinic evaluation of the resident by the ambulatory clinic supervisor is performed. Describe how this evaluation assesses the resident’s ability to perform a comprehensive history and physical, including genital and structural exams (Standard IV.H.12)

2. Evaluations should be available at the time of the on-site review.

D. Resident Evaluation (see also Standards V., B., 5. and V., C., 6.)
   1. What methods does the program director use in evaluating the residents?
   2. What is the nature of the evaluation review between the faculty and the resident at the end of each rotation?
   3. Is there a formal mechanism for faculty to assist the program director in determining whether a resident can progress in the program?
   4. How are evaluations used to foster continuous improvement in resident performance?
   5. What follow-up is performed when deficiencies are noted or problems are discovered?
   6. Please have all the rotational evaluations available at the time of the on-site review.

E. Remediation
   1. Have residents needed remediation?
   2. What is the policy for documentation of remediation?
   3. How are follow-up evaluations done when remediation is required?

F. Resident Service Evaluations (see also Standard VI., B., 6.)
   1. Are residents’ monthly evaluations of the service and faculty kept confidential?
   2. How is information from resident monthly service evaluations used to assess faculty performance?

G. Faculty Performance (see also Standard V., B., 5. and V., C., 6.)
   1. What methods does the program director use in evaluating faculty performance?
   2. Is any feedback given to the faculty regarding their performance?
   3. Is the role of a faculty member changed based on performance evaluations? Please elaborate.
H. Program Evaluation

1. How is the data regarding performance on the Resident In-Service Examination used to improve training or make adjustments in individual resident programs? Please provide documentation of the evaluations of the In-Service examination results with each resident.

2. What is the pass rate on the AOBIM for graduates of this program? Please attach the most recent three year report from the AOBIM.

3. What percent of residents starting the program complete the program?

4. What percent of graduates complete the program on time?

5. Does the program track outcomes with respect to success of graduates in practice or further study?
   a. If so, please provide a list of the past three years’ graduates and their current practice or educational activity.
   b. How is this information used in evaluating the program?

6. What awards or major accomplishments have been achieved by graduates?

Strengths and Challenges

A. Please identify the distinctive and significant strengths of the program overall.

B. Please identify new and ongoing challenges to the program and what initiatives have been undertaken or planned to address them.