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 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: ______________________
   ___________________________________________________________

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 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? 
   If yes, what methodology is used and how often does this occur? 
   Yes___ No ___ Unsure ___

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? 
   If yes, please explain: ____________________________________________
   Yes___ No ___ Unsure ___

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? 
    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. 
    Yes___ No ___ Unsure ___

12. Do the teaching staff have regular meetings in order to review program goals, objectives, and overall effectiveness of the program? 
    If yes, how often do they meet? ___________________________ 
    Are minutes available?       Yes___ No ___ Unsure ___ 
    Do interns/residents participate in these reviews?    Yes___ No ___ Unsure ___ 
    Yes___ No ___ Unsure ___

D. INSTITUTIONAL REQUIREMENTS

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

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