The following may be completed either in typewritten or word processed style. However, this format is recommended.

<table>
<thead>
<tr>
<th>Name of Program:</th>
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<tbody>
<tr>
<td>Scheduled date of review:</td>
<td></td>
</tr>
<tr>
<td>Date of most recent AOA review:</td>
<td></td>
</tr>
<tr>
<td>Date of most recent internal review:</td>
<td></td>
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</tbody>
</table>

**Review team members:**

- Chairing Program Director
- Program Director
- OPTI Representative
- Resident/Fellow
- Other

**Method:**

Must include interviews with a representative group of interns/residents, program faculty and program director.

**Materials Reviewed:**

The Medical Education Office will provide the most current program standards, the last AOA approval letter and the last internal review summary. Obtain from program director: curriculum, call schedules, program description, program policies and any other relevant materials.
Review Narrative:

Please begin with specific information on whether and how previous deficiency citations or concerns have been addressed.

Comment specifically on the presence and effectiveness of the following:

- Program policies for recruitment and selection
- Objectives for each program component
- Intern, resident or fellow involvement in the education program (curriculum planning, teaching, etc.)
- An adequate patient base (scope, volume, variety)
- Adequate faculty presence and involvement
- Balance between education and service
- Faculty supervision
- Duty hours, on call, etc.
- Intern, resident or fellow evaluation system and feedback
- Assessment of core competencies
- Availability of evaluation of faculty
- Intern, resident or fellow participation in QA activities
- Intern, resident or fellow exposure to ethics, medico-legal, managed care, cost-containment, socioeconomic issues
- Department education for trainees
- Compliance with specialty research requirements

Recommendations:

List your recommendations for corrective action, if any:

1. __________________________________________
2. __________________________________________
3. __________________________________________
4. __________________________________________
5. __________________________________________
Timetable:

When do you recommend the Medical Education Committee review progress on corrective action?

For completion by the Office of Medical Education:

Date of Medical Education Committee Review: ______________________

Date forwarded to OPTI: __________________________________________

Action taken: