



AMERICAN OSTEOPATHIC ASSOCIATION

**Basic Standards for Residency Training
in Internal Medicine**

REVIEW CROSSWALK

Review Crosswalk

Instructions

Program:	
Program Number:	
Review Date:	
Site Reviewer:	

STANDARD	SUGGESTED DOCUMENTATION / INTERVIEWS FOR VERIFYING COMPLIANCE	Point Value	Pre-Site Visit (Program Director Self Study)		Current Review (Site Reviewer)		Prior Review
		1, 2 or 3	Not Met	Met	Not Met	Met	Met

IV. PROGRAM REQUIREMENTS							
4.1	The institution or program must have a supervision policy that includes, at minimum: how the faculty provides supervision (direct, indirect and informal) at all times; how supervision is graded with regard to level of training; how the program assesses competence (both procedural and non-procedural) with regard to the need for supervision; and how the policy is monitored and enforced.	Supervision policy. It must address all areas for the standard to be met. ACOI annual resident report (supervision question) provided by ACOI	3				
4.2	The institution or program must have a resident service policy that includes, at minimum: how the program defines resident workload; how the program ensures protected educational time for the residents and how the policy is monitored and enforced.	Resident evaluations of rotations Review resident service policy. It must address all areas for the standard to be met.	3				
4.3	The institution or program must have a code of conduct for faculty and residents.	Code of conduct. Evidence that the faculty and residents receive the policy (signature page and email or other electronic audit trail) Interview faculty and residents as to knowledge of policy.	1				
4.4	The institution's department of internal medicine must have at least two (2) physicians certified in internal medicine by the AOA or the American Board of Medical Specialties (ABMS).	Faculty roster. This should show board certification. Faculty CVs should be available as well.	1				

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4.5	The program must maintain and annually update a program description that includes, at minimum: the program description elements required in the AOA Basic Documents for Postdoctoral Training; and goals and objectives of the training program; curricular and rotational structure; description of ambulatory continuity experience; program director responsibilities; and resident qualifications and responsibilities.	Program description. It must meet both this standard and the AOA Basic Documents for Postdoctoral Training for program description.	3					
4.6	The program must maintain a list of learning objectives to indicate learning expectations at yearly training levels and provide it to the residents annually.	Written learning objectives. They must be segregated into yearly goals. Evidence that residents received the objectives (signature page and email or other electronic audit trail) ACOI annual resident report provided by ACOI Interview residents on knowledge of objectives	1					
4.7	The program must maintain a written curriculum and provide it to the residents annually.	Written curriculum Curriculum available from www.acoi.org is satisfactory. Evidence that residents received the objectives (signature page and email or other electronic audit trail) Data from ACOI annual resident report provided by ACOI Interview residents on knowledge of curriculum	1					

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4.8	The program's learning activities must incorporate the outcomes defined by the active elements of "The Path To Mastery Curriculum." (website www.acoi.org)	Learning log Lecture/Learning Activity schedule PD interview Trainee interview	2					
4.9	The program must demonstrate that its trainees are achieving the outcomes defined by the active elements of "The Path To Mastery Curriculum." (website www.acoi.org)	Semi-annual/End of year evaluations PD path to mastery learning plan PD interview Trainee interview	2					
4.10	The institution or program must provide a supervised ambulatory site for continuity of care training. Institutional clinics or internists' offices may be used.	Tour ambulatory site(s) Program description for description of ambulatory site(s)	3/DD					
4.11	The program must maintain a file for each resident containing, at minimum: <ul style="list-style-type: none"> a. Ambulatory logs; b. Procedure logs; c. Monthly rotation evaluation forms; d. Quarterly program director evaluations; e. Semiannual ambulatory evaluations; f. Semi-annual reviews g. In-service exam scores 	Residents' files. At least one file (paper or electronic) per training year should be reviewed, including residents who have graduated since the last review. The files must contain all applicable components.	3					
4.12	The institution or program must provide the time and resources for each resident to attend the annual convention and scientific sessions or another educational program sponsored by the ACOI at least once during their residency.	Data provided by ACOI Written policy on attendance of ACOI meeting Interview program director	1					
4.13	The institution or program must provide a proctor and secure site for the administration of the ACOI in-service exam.	Interview residents Written policy regarding in-service exam Interview program coordinator	1					

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4.14	The program must be represented each year at the annual ACOI Congress on Medical Education for Resident Trainers.	Data provided by ACOI	2					
4.15	The institution or program must bear all direct and indirect costs of AOA on-site reviews and their preparation.		1					

Program Director Comments (REQUIRED):

Site Reviewer Comments (describe not met or any commendations):

Total points for Section IV: _____ out of 28

STANDARD	SUGGESTED DOCUMENTATION / INTERVIEWS FOR VERIFYING COMPLIANCE	Point Value	Pre-Site Visit (Program Director Self Study)		Current Review (Site Reviewer)		Prior Review
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V. PROGRAM CONTENT							
A. Program Duration							
5.1	The residency training program in internal medicine must be thirty-six (36) months in duration.	Program description for rotational curriculum. Residents schedules Program description for rotational curriculum. Interview program director and residents to ascertain non-clinical opportunities and experience	3/DD				
5.2	At least thirty-four (34) months of training must include supervised management of patients (clinical rotations).		3				
5.3	At least thirty (30) months of training must be in internal medicine and its subspecialties as recognized by the AOA.		3				
5.4	The last 12 months of training must occur in the program that issues the certificate of residency completion.	Resident files for any resident who transferred into the program since the last review. If this does not apply please note this as met.	1				
5.5	At least 80 percent of the graduates, averaged on a three-year rolling basis, must take the American Osteopathic Board of Internal Medicine certifying examination within three years of completion of the program.	Data provided by the ACOI via the AOBIM. Data that programs keep regarding board pass rate.	1				
B. Transfers and Advanced Standing							
5.6	The program must receive written verification of previous educational experiences and a statement regarding the performance evaluation of a transferring resident prior to acceptance into the program.	Resident files for any resident who transferred into the program since the last review to confirm verification. If this does not apply, please note this as met.	1				

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5.7	The program is required to provide verification of residency education for residents who may leave the program prior to completion of their education.	Resident files for residents who have left the program. If this does not apply, please note this as met.	1					
5.8	Advanced standing for non-AOA approved internal medicine training or for non-internal medicine training must be approved by the ACOI's Council on Education and Evaluation upon request of the program director and resident. Approval will be granted on a case-by-case basis using the guidelines in Appendix A.	Resident files for any resident who transferred into the program and requested advanced standing since the last review and verify that advanced standing was granted. ACOI will supply the names of those residents currently in the program who have been granted advanced standing. If this does not apply please note this as met.	1					
C. Osteopathic Philosophy and Osteopathic Manipulative Medicine								
5.9	Training in osteopathic principles and practice must be provided in both structured educational activities and clinical formats.	Lecture schedules, journal club and/or book club topics. Chart review of both inpatient and clinic charts looking for evidence of documentation of osteopathic assessment and treatment. Program description Interviews with program director and residents.	3					
5.10	Residents must complete an OPP/OMM curriculum.	Evidence of completion of commercially available curriculum. Evidence of institutional curriculum and resident completion of same.	3					

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Program Director Comments (REQUIRED):

Site Reviewer Comments (describe not met or any commendations):

D. Medical Knowledge								
5.11	The formal structure of educational activities must include monthly journal clubs.	Lecture schedules Program description Attendance documentation (paper or electronic) for resident and faculty participation Curriculum	1					
5.12	The formal structure of educational activities must include twice-weekly case conferences.		1					
5.13	The formal structure of educational activities must include four hours per week of structured faculty didactic participation.		3					
5.14	Attendance at required educational activities must be documented		1					
5.15	Residents must participate in the internal medicine structured educational activities throughout their training program, including during the OGME-1 Year and while doing BASE-SITE selectives or non-internal medicine months.		1					

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5.16	Each resident must participate in internal medicine board review, either in the form of an ongoing program, or by the program sponsoring the resident's attendance at an internal medicine board review course.	Lecture schedule Program description Attendance documentation (paper or electronic) for internal board review ACOI will supply names of residents who have attended the ACOI board review course Documentation of attendance of board review course in residents' files	1					
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Program Director Comments (REQUIRED):

Site Reviewer Comments (describe not met or any commendations):

E. Patient Care

5.17	The resident must have training and experience in comprehensive histories and physicals, including structural examinations, pelvic exams, rectal exams, breast exams and male genital exams.	Semi-annual evaluations Ambulatory clinic evaluations Chart review with attention to supervision of notes Competency documentation Credentialing process	1					
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5.18	The resident must have training and experience in central venous line placement, arterial puncture for arterial blood gases, osteopathic manipulative treatment and endotracheal intubation to include, at minimum: indications; contraindications; complications; limitations and evidence of competent performance.	Learning activity schedule Competency documentation Credentialing process Procedure logs Simulation center or standardized patient curriculum Lecture schedule	2					
5.19	The resident must have training and experience in peripheral blood smears, exercise stress tests, ambulatory ECG monitors, lumbar puncture, spirometry, sputum gram stain, urine microscopy, vaginal wet mounts, thoracentesis and arthrocentesis to include, at minimum: indications; contraindications; complications; limitations and interpretation.		2					
5.20	The resident must have training and experience in the interpretation of electrocardiograms, chest x-rays, and flat and upright abdominal films.		1					

Program Director Comments (REQUIRED):

Site Reviewer Comments (describe not met or any commendations):

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F. Interpersonal and Communication Skills								
5.21	The resident must have training in communication skills with patients, patient families and other members of the health care team, including patients with communication barriers, such as sensory impairments, dementia and language differences.	Lecture schedules Collaborative rounding process Communication training modules Methods for language interpretation Simulation center or standardized patient curriculum	1					
G. Professionalism								
5.22	The resident must have training in health care disparities.	Lecture schedules Cultural competence training modules Community service experience or expectations for residents Training module completion	1					
5.23	The resident must have training in ethical conduct in interactions with patients, patient families and other members of the health care team.		1					
5.24	The resident must have training in health information protection policies.		1					
Program Director Comments (REQUIRED):								
Site Reviewer Comments (describe not met or any commendations):								
H. Practice-Based Learning and Improvement								
5.25	The resident must have training in teaching skills.	Lecture schedules Training module completion	1					

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5.26	The resident must participate in the training of students and/or other residents.	Chart review of students notes Student lecture schedules	1					
5.27	The resident must have training in the use of electronic health records.	Lecture schedules Training module completion Program description Demonstration of EHR	1					
5.28	The resident must have learning activities and participation in quality improvement processes.	Evidence of CAP participation and review of data Description of quality improvement projects Evidence of dissemination of quality improvement projects (abstracts and/or posters) Participation in quality or performance improvement committees or processes. Morbidity & Mortality conference.	1					
5.29	The resident must have learning activities in medical research throughout the program including, at minimum: research types and methodology; biostatistics; health services research and interpretation of medical literature.	Lecture schedules Training modules Program description	1					

Program Director Comments (REQUIRED):

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Site Reviewer Comments (describe not met or any commendations):							
I. Systems-Based Practice							
5.30	The resident must have training in practice management.	Lecture schedules Training modules Program description	1				
5.31	The resident must have training in health policy and administration.	Chart audits of coding accuracy Participation in utilization review committees TIPS program participation	1				
J. Ambulatory Clinic							
5.32	The training site must provide for general internal medicine patient care where residents can function as the primary caregiver for patients on an ongoing basis (Continuity Clinic). The site may be in a clinic (free-standing or in-hospital) or in a private practice setting.	Tour of ambulatory clinic site(s) Ambulatory appointment schedules Segregated totals from ambulatory clinic (visit numbers and type, diagnosis) Ambulatory clinic logs	3				
5.33	The resident's continuity clinic training must be under the supervision of an internal medicine specialist.	Ambulatory clinic faculty list and credentials	1				
5.34	There must be participation between the supervisor and the resident including, at minimum, evidence that all cases are discussed and that all charts are reviewed and signed by the supervisor.	Ambulatory clinic charts Resident interviews	1				
5.35	The resident to faculty ratio in the continuity clinic training site must not exceed 4:1.	Ambulatory clinic faculty schedules Program director interview Resident interviews	3				

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5.36	The ambulatory experience must take place a minimum of one-half day a week, 36 weeks per year.	Ambulatory appointment schedules Segregated totals from ambulatory clinic (visit numbers and type, diagnosis) Ambulatory clinic logs	1					
5.37	An educational program on ambulatory issues must exist. It does not need to be held at the clinic site.	Lecture schedules Attendance documentation (paper or electronic)	1					
5.38	The resident must have experience in the common medical diagnoses found in a general internal medicine practice.	Segregated totals from ambulatory clinic (visit numbers and type, diagnosis) Ambulatory clinic logs Should not be predominately acute care	1					
5.39	The resident must be taught to apply the concepts of disease prevention and health maintenance.	Lecture schedules Attendance documentation (paper or electronic) Faculty documentation in ambulatory charts Resident interviews	1					
5.40	Specific ambulatory clinic logs must be maintained and contain, at minimum: patient identification; diagnosis and the activity and/or procedures performed on each visit.	Segregated totals from ambulatory clinic (visit numbers and type, diagnosis) Ambulatory clinic logs	1					
5.41	The resident must be scheduled to see at minimum, four patients, on average, per half-day period.		1					
5.42	The resident must develop a continuity panel of patients in the ambulatory clinic.		1					

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5.43	An opportunity must exist for the resident to participate in the ongoing care of his/her clinic patients when they are hospitalized at the base hospital facility and through all phases of their care.	Chart review Program director interview Resident interviews	1					
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Program Director Comments (REQUIRED):

Site Reviewer Comments (describe not met or any commendations):

K. Program Rotational Requirements

5.44	During the OGME-1 training year, the resident must complete four (4) months or sixteen (16) weeks of general internal medicine. This requirement must be met using rotations with general internists, or using rotations with internal medicine subspecialists whose practices include an emphasis on internal medicine. Documentation of the subspecialists' general internal medicine practice must be available at the time of on-site program review.	Rotational curriculum Resident schedule Program description ACOI resident annual reports Program director interview	1					
5.45	During the OGME-1 training year, the resident must complete one month or four (4) weeks of critical care (ICU/CCU). This requirement may be satisfied by ongoing supervised exposure to critical care throughout the training program.	Resident interviews	1					

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5.46	During the OGME-1 training year, the resident must complete one month or four (4) weeks of cardiology.	Rotational curriculum Resident schedule Program description ACOI resident annual reports Program director interview Resident interviews	1					
5.47	During the OGME-1 training year, the resident must complete one month or four (4) weeks of care of the surgical patient. This requirement must be satisfied by one of the following: general surgery; perioperative medicine; surgical ICU. The perioperative medicine rotation must be supervised by an internist and exclusively provide perioperative co-management of surgical patients.		1					
5.48	During the OGME-1 training year, the resident must complete one month or four (4) weeks of emergency medicine.		1					
5.49	During the OGME-1 training year, the resident must complete one month or four (4) weeks of women's health. At least half of the exposure must be ambulatory gynecology.		1					
5.50	During the OGME-1 training year, the resident must complete three months of selectives that are chosen by the program director. Each of the selectives can be for a maximum of one month, except additional general medicine, which may be for two months.		1					
5.51	During the OGME-2 and OGME-3 training years, the resident must complete no fewer than eight (8) months and no more than 16 months of general internal medicine. This requirement must be met using rotations with general internists, or using rotations with internal medicine subspecialists whose practices include an emphasis on internal medicine. Documentation of the subspecialists' general internal medicine practice must be available at the time of on-site program review.		1					

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5.52	Internal medicine night float may be considered general internal medicine experience if the rotation is directly supervised by a general internist or an internal medicine subspecialist, and includes five hours per week of structured learning. Residents must not be assigned more than two months of night float during any year of training. Residents must not be assigned more than four months of night float over the three years of residency training. Residents must not be assigned to more than one month of consecutive night float rotation.	Rotational curriculum Resident schedule Program description ACOI resident annual reports	1					
5.53	During the OGME-2 and OGME-3 training years, the resident must complete a minimum of one month experience with each of the following subspecialties: pulmonology; endocrinology; gastroenterology; hematology/oncology (combined or separate); infectious disease; nephrology; rheumatology; neurology. The subspecialty experiences may be in either an inpatient or an outpatient setting.	Program director interview Resident interviews Application of ambulatory calculator	3					
5.54	Residents must spend a minimum of 20 percent and a maximum of 65 percent of their time in ambulatory training.		1					

Program Director Comments (REQUIRED):

Site Reviewer Comments (describe not met or any commendations):

Total points for Section V: _____ out of 74

STANDARD	SUGGESTED DOCUMENTATION / INTERVIEWS FOR VERIFYING COMPLIANCE	Point Value	Pre-Site Visit (Program Director Self Study)		Current Review (Site Reviewer)		Prior Review
		1, 2 or 3	Not Met	Met	Not Met	Met	Met

VI. FACULTY AND ADMINISTRATION							
A. Program Director							
6.1	The program director must be certified in internal medicine or an internal medicine subspecialty by the AOA through the American Osteopathic Board of Internal Medicine.	Program director CV Program director job description OGME committee minutes or by-laws Organizational chart for OGME Program description DME interview Program director interview Verified by the ACOI Evidence of completion (web based or print-out) Evidence of attendance	3				
6.2	The program director must have practiced in internal medicine or an internal medicine subspecialty for a minimum of three (3) years.		1				
6.3	The program director must be an active member of the ACOI.		1				
6.4	The program director's authority in directing the residency training program must be defined in the program documents of the institution.		1				
6.5	The program director must comply with the requests of the ACOI's Council on Education and Evaluation.		1				
6.6	The program director must have compensated dedicated time to administer the training program.		1				
6.7	The program director must submit to the ACOI annual reports for all residents by July 31 of each calendar year. Final reports for residents who complete the program in months other than June must be submitted within 30 days of training completion. Delinquent annual reports will not be reviewed until a delinquency fee is paid as determined by the ACOI's administrative policies.		1				
6.8	The program director must attend the annual ACOI Congress on Medical Education for Resident Trainers every year.		1				
6.9	The program director must notify the ACOI of the resident's entry into the training program by submitting a resident list annually on a form furnished by ACOI.		1				
6.10	The program director must maintain an e-mail address and provide it to the ACOI.		1				

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6.11	The program director must review the results of the annual in-service examination with each resident by the end of the training year.	Evidence of resident receipt and review of score (paper or electronic) Program director interview Resident interview ACOI Resident annual report Verified by the ACOI	1					
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B. Faculty

6.12	The faculty must make available non-clinical time to provide instruction to residents.	Program director interview Faculty interviews Resident interviews	1					
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Program Director Comments (REQUIRED):

Site Reviewer Comments (describe not met or any commendations):

Total points for Section VI: _____ out of 14

STANDARD	SUGGESTED DOCUMENTATION / INTERVIEWS FOR VERIFYING COMPLIANCE	Point Value	Pre-Site Visit (Program Director Self Study)		Current Review (Site Reviewer)		Prior Review
		1, 2 or 3	Not Met	Met	Not Met	Met	Met

VII. RESIDENT REQUIREMENTS							
7.1	The residents must be members of the ACOI.	Resident files	1				
7.2	The residents must submit a resident annual report online to the ACOI by July 31 of each calendar year. Final reports of residents who complete the program in months other than June must be submitted within thirty (30) days of completion of the training year. Delinquent annual reports will not be reviewed until a delinquency fee is paid as determined by the ACOI's administrative policies.	Evidence of resident receipt and review of score (paper or electronic) Program director interview Resident interview ACOI Resident annual report Verified by the ACOI	1				
7.3	The residents must attend a minimum of 70 percent of all meetings as directed by the program director.	Lecture schedules Attendance documentation (paper or electronic) Program director interview	1				
7.4	The residents must participate in hospital committee meetings as directed by the program director.	Resident interviews Hospital committee rosters and attendance Faculty interviews	1				
7.5	The residents must participate each year in the annual Resident In-Service Examination sponsored by the ACOI.	Evidence of scores provided by ACOI to program annually	1				
7.6	The residents must maintain certification in advanced cardiac life support throughout the residency.	Resident files Program director interview	1				
7.7	The residents must attend the ACOI Annual Convention and Scientific Sessions or another ACOI continuing education program once during the training program.	Resident interview ACOI Resident annual report Verified by the ACOI Evidence of completion of ACLS Evidence of attendance	1				

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7.8	The resident must complete a scholarly project that is approved by the program director and submitted for publication, or presented at a scientific meeting, or participate in two critiqued evidenced-based presentations.	Resident files Confirmation of presentation acceptance from ACOI Program director interview Resident interviews	1					
Program Director Comments (REQUIRED):								
Site Reviewer Comments (describe not met or any commendations):								
Total points for Section VII: _____ out of 8								

STANDARD	SUGGESTED DOCUMENTATION / INTERVIEWS FOR VERIFYING COMPLIANCE	Point Value	Pre-Site Visit (Program Director Self Study)		Current Review (Site Reviewer)		Prior Review
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VIII. EVALUATION							
8.1	The faculty and residents must evaluate the program and curriculum annually to ensure that it is consistent with the current goals of the program and further address, at minimum: performance on the ACOI annual Resident In-Service Examination; pass rates on the AOBIM certification examination; resident retention rates in the program; percent of graduates completing the program in 36 months; placement of graduates and professional accomplishments of graduates.	Minutes from annual meeting or other evidence of program and curriculum review GMEC committee minutes Program director interview Faculty interviews Resident interviews Evaluations (paper or electronic) Documentation of advancement (promotion letter, etc.) Faculty recruitment and retention policy	1				
8.2	The ambulatory clinic director must complete semiannual written evaluations of the resident's performance.		1				
8.3	All evaluations must be signed by the person completing the evaluation, the program director and the resident. Electronic signatures are acceptable.		1				
8.4	The program director or a designee must meet with the resident semiannually to review and document the resident's progress.		1				
8.5	At the end of each training year, the program director, with faculty input, must determine whether each resident has the necessary qualifications to progress to the next training year or be considered program complete.		1				
8.6	Residents' identities in faculty evaluations must remain confidential		1				
8.7	Faculty performance must be reviewed on an annual basis by the program director.		1				
8.8	Information provided by residents must be included as part of the assessment of faculty performance.		1				

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8.9	The program must have a remediation policy for residents who are performing at an unsatisfactory level.	Remediation policy Program director interview Faculty interviews Resident interviews	1					
Program Director Comments (REQUIRED):								
Site Reviewer Comments (describe not met or any commendations):								
Total points for Section VIII: _____ out of 9								

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Site Reviewer Grid

Section Number	Total Met	Total Not Met	Maximum Points Possible
IV.			28
V.			74
VI.			14
VII.			8
VIII.			9
Total			133

Additional Comments: