

SAMPLE
INTERNAL REVIEW REPORTING FORM

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

Box to be completed by the Office of Medical Education

Name of Program: _____

Scheduled date of review: _____

Date of most recent AOA review: _____

Date of most recent internal review: _____

Review team members:

_____ *Chairing Program Director*

_____ *Program Director*

_____ *OPTI Representative (Optional)*

_____ *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: