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AMERICAN OSTEOPATHIC ASSOCIATION

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**Site Visit Manual and Workbook  
for  
Osteopathic Surgical Residency Training  
Programs: Neurological Surgery**

**American Osteopathic Association  
and the  
American College of Osteopathic Surgeons**

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# **SITE VISIT MANUAL**

## **INTRODUCTION**

This manual has been developed by the American College of Osteopathic Surgeons (ACOS) Residency Evaluation and Standards Committee (RESC). The RESC is responsible for developing and maintaining residency training standards as well as making recommendations to the American Osteopathic Association (AOA) Program and Trainee Review Council (PTRC) on whether training programs meet the established standards for program approval. Residency training standards for all surgical specialties are posted on the AOA website, [www.aoa-net.org](http://www.aoa-net.org).

This manual is designed to:

- Describe the process for assessing the compliance of osteopathic surgical residencies with the AOA/ACOS standards;
- Clarify the expectations of the ACOS regarding the responsibilities of site visitors, program directors, directors of medical education, and the training institution;
- Enhance the reliability, consistency, and validity of the decisions regarding the compliance of training programs;
- Assist the program director to describe how the program complies with the residency training standards; and,
- Prepare the program director, director of medical education, and institution for a site visit.

Questions? Contact the ACOS at (800) 888-1312 or visit the ACOS web site, [www.facos.org](http://www.facos.org).

### **ACOS Mission Statement:**

The American College of Osteopathic Surgeons is committed to assuring excellence in osteopathic surgical care through education, advocacy, leadership development, and the fostering of professional and personal relationships.

# AOA RESIDENCY PROGRAM APPROVAL

## Recognition

The AOA is the only organization recognized by federal and state authorities to establish and maintain standards for osteopathic postdoctoral medical education. The AOA has assigned this responsibility to the ACOS and the AOA Council on Postdoctoral Training (COPT), a component of the AOA Bureau of Osteopathic Education.

## Benefits of AOA and ACOS Program Approval

Approval by the ACOS and AOA assures that an osteopathic surgical residency program has demonstrated sufficient evidence of the capability to successfully educate osteopathic surgeons, and that the program should continue to do so in the future.

The ACOS RESC serves as an advisory body to the AOA's Program and Trainee Review Council (PTRC) for the approval of individual residents' training and of surgical training programs. The RESC's primary functions are to develop and maintain residency training standards and to assure that residency programs and individual physicians seeking AOA approval comply with the training standards. Program approval signifies that the residency program meets or exceeds the AOA residency training standards.

Successful completion of a residency training program approved by the ACOS and AOA is a prerequisite for a physician to be certified by the AOA through the American Osteopathic Board of Surgery (AOBS).

## Approval Process

Prerequisites for AOA program approval and the process of approval for **new programs** are explained in the residency training standards. In summary, the institution obtains application materials from the Department of Education, Division of Postdoctoral Training, Inspection Services of the AOA. The institution must submit a new program application along with a program description, information on scope, volume and variety of patients, the qualifications of the program director and faculty, copies of affiliation agreements, and fees. This information is reviewed by the AOA staff and forwarded to the ACOS RESC.

The ACOS RESC may decide to take action on a request based on the information provided, or may request that a consultant, identified from a list of experienced site visitors, review the submitted materials (*requesting additional materials if necessary*), conduct a site visit, and report their findings to the AOA and ACOS.

The ACOS RESC reviews the application. If a site visit was required, the site visitor's report is included in this review. The Committee makes a recommendation regarding program approval to the AOA's PTRC. Recommendations for denial are accompanied by an explanation of program deficiencies that are cross-referenced to the residency training standards.

All new programs must be re-visited within one (1) year of residents enrolling in the residency program. If no resident is recruited within three (3) years, the program lapses, and must begin the approval process as a new program.

Procedures for continuing approval of **established programs** are described in the residency training standards. When a residency program is due for a site visit, the ACOS assigns site visitors to visit specific programs. The ACOS informs the AOA of the selected site visitor. The AOA confirms the name of the site visitor with the program director and director of medical education (DME).

The site visitor arranges a visitation date with the program, conducts the site visit to validate compliance with the training standards, and submits a completed site visit workbook with appropriate documentation, to the ACOS RESC for review. The ACOS RESC makes a recommendation to the PTRC.

## Criteria for Continuing Approval RESC Recommendations

ACOS RESC recommendations for continuing program approval always specify the number of years before another site visit is necessary. Excellent programs may be approved by the PTRC for up to five (5) years before the next site visit. **(New programs recognized by ACOS are approved for NO more than three years. Programs with multiple sites, i.e. consortiums, will not normally be approved for more than four years.)** Programs that meet most standards but have some deficiencies or appear to be in transition are recommended for approval with a re-visit within two (2) to five (5) years.

The RESC adheres to the following criteria for continuing approval recommendations to the AOA:

- Approval with re-evaluation in five (5) years: The program is exemplary and has no deficiencies; the program meets or exceeds all AOA/ACOS standards.
- Approval with re-evaluation in four (4) years: The program is exemplary with no more than minor deficiencies.
- Approval with re-evaluation in three (3) years: The program is good with minor deficiencies and no more than one major deficiency.
- Approval with re-evaluation in two (2) years: The program is weak, however, with remediation the program could become a good program.

NOTE: The two-year recommendation is to be used for programs which have correctable deficiencies or document in a transition which may affect the quality of training, but require an early re-visit to evaluate the correction of deficiencies (*AOA/ACOS Basic Standards for Residency Training in Surgery and the Surgical Specialties, Section IV, 5.4.1.2*)

- Approval with re-evaluation in one (1) year: The program has major deficiencies and is recommended for probationary status.

A program with major deficiencies fails to address one or more of the following standards:

1. Qualified active program director and sufficient faculty who teach, evaluate, and support the program
2. Institution's support to run the program effectively
3. Sufficient operative experience for the residents that are enrolled
4. An effective planned curriculum that covers the scope of the specialty
5. An effective and comprehensive evaluation system for the residents and the faculty
6. An internal evaluation system for the program that focuses on improvement
7. A good balance of service and education – i.e. good education and good clinical experience
8. Evidence of osteopathic application

Deficiencies considered minor are administrative in nature and unrelated to the basic structure and quality of the training.

NOTE: In deliberation of deficiencies, the RESC will determine the significance of deficiencies in relation to the program.

## One-Year Approval/Denial of Program Approval

Programs that meet most standards but are not in compliance with one (1) or more major standard may be approved with a re-visit within one (1) year, with a requirement that the program immediately correct any deficiencies. Such programs are informed of the specific deficiencies, referenced to the specific residency training standards. Any established residency program which has received AOA approval for one (1) year because of deficiencies will not be permitted to contract with a new resident until such time as the program receives AOA approval of two (2) or more years although such programs may continue to contract with residents already in training. After appropriate review and recommendation from a specialty college, the PTRC may waive this requirement. All one (1) year continuing program approvals shall be considered probationary status, unless deemed otherwise by the RESC. Furthermore, failure to correct deficiencies will result in denial of program approval. Institutions that are unable to correct deficiencies may choose to voluntarily terminate their programs.

If programs are recommended for denial of continuing approval or for approval with a re-visit within one (1) year, the program may appeal the decision by entering the AOA PTRC appeal process.

## SITE VISITORS

### Eligibility and Selection of the Site Visitor

A potential site visitor must submit a letter of interest and current curriculum vitae (CV) to the ACOS Residency Evaluation and Standards Committee (RESC). To be eligible for consideration by the RESC, the potential site visitor should be:

- AOA or ABMS Board Certified
- Be a member of the ACOS and the AOA
- Have at least two (2) years of surgical practice experience; and have
- Experience in the training of surgical residents in AOA-Approved or ACGME accredited surgical residency programs.

Site visitors must be approved by the RESC and AOA. The ACOS staff selects site visitors from the list of site visitors approved by the RESC and AOA. AOA-Approved site visitors must attend the ACOS site review educational program offered during the annual clinical assembly prior to conducting their first site review. To maintain eligibility as a site visitor, approved site visitors must complete the ACOS site review educational program at least once every three (3) years. Site visitors not meeting this requirement must submit an updated CV and letter of interest to the RESC for Re-Approval.

In an effort to reduce the cost of a site visit, a site visitor may be asked to conduct two (2) or three (3) site visits in the same geographic area, to avoid additional airfare. However, cost considerations are secondary to those of specialty expertise and conflict of interest. NOTE: Any qualified site visitor may inspect any surgical residency program.

The term “consultants” refers to experienced site visitors who are capable of recommending program improvements in addition to providing the reports required by the AOA and the ACOS. The AOA uses the term “consultation” both for site visits to new programs which have not previously been approved, and for site visits to programs which have been identified as having at least one (1) major deficiency and therefore have been recommended for approval with a re-visit within one (1) year.

Efforts are made to avoid a **conflict of interest** in assignment of site visitors. Site visitors may not practice in the same geographic area as the program being inspected. Site visitors also should not agree to visit a program for which they have a personal conflict of interest – for example, if the program director is a relative; if the site visitor’s employment/staff privileges were ever terminated by the institution being inspected; if the site visitor is a candidate for employment/staff privileges at the institution or if there are any other personal or professional relationships, either positive or negative, which might influence or might appear to influence the site visitor’s judgment regarding the program. It also is preferable that site visitors not visit programs at institutions where they trained or practiced. If the potential site visitor or program being visited has questions about a possible conflict of interest, he or she should contact the ACOS for clarification regarding the site visit assignment.

An RESC member should not evaluate a program in which there is a real or perceived conflict of interest, such as reviewing a program in the region in which they practice. RESC members will absent themselves from the RESC meeting room when their program is reviewed by the RESC or when they serve as a site visitor or educational consultant for a program being reviewed by the RESC.

## **Site Visitor Responsibilities**

The site visitor's primary responsibility is to confirm the training program's adherence to the AOA/ACOS training standards and to collect supporting data for the RESC to review and evaluate.

The site visitor is representing both the AOA and the ACOS. The site visitor must remain professional and objective at all times. The site visitor is acting as an advocate for educational improvement. Derogatory comments are unacceptable and will not be tolerated. The site visitor also should avoid social activities with institution representatives that might be perceived as creating a conflict of interest (i.e. - accepting expensive dinners or entertainment).

While the ACOS welcomes suggestions for improvement of standards and site visit procedures from all members of the profession, the site visit is not an appropriate time to voice objections to AOA or ACOS policy or procedures. During a site visit, site visitors are expected to be supportive of the AOA, the ACOS, the standards developed by these professional organizations, and site visit procedures.

Site visitors must assist in defusing any hostility towards the site visit process and work in a collegial, fair and impartial manner. This is particularly important for assignments with programs that have been cited for previous deficiencies, or that feel they were unfairly treated in the past. The site visitor must maintain and communicate the need for adherence to educational standards, and exhibit behavior which is beyond reproach and fully professional.

## **PREPARING FOR THE SITE VISIT**

### **Responsibilities of the Program Prior to the Visit**

The program director is required to send one (1) copy of the following materials to the site visitor approximately 30 days prior to the site visit:

- A current program description (includes mission statement, goals and objectives, curriculum, summary of academic and clinical experience, resident-patient care responsibilities, rules and regulations)
- Departmental segregated totals of patient scope and volume on ACOS approved forms for the last full year (NOTE: The patient load of the residency program must be sufficient to train a minimum of three (3) residents.);
- Current curriculum vitae of the program director;
- A list of department members and their current certification status;
- Current affiliation agreements for all outside rotations, and,
- Completed standards worksheet (Part C.i and C.ii of the workbook) by the institution/training program. (NOTE: All deficiencies must be explained.)

### **Responsibilities of the Site Visitor Prior to the Visit**

After a site visitor has agreed to conduct the site visit, the ACOS confirms the site visit in writing to the site visitor with copies to the AOA and the program director. The AOA staff sends a letter to the site visitor and to the residency program director at the institution to confirm the name of the site visitor, the due date for completion of the site visit, and preparations to be completed in advance of the site visit. The letter to the site visitor should include the AOA travel policies that must be followed by the site visitor in order to be reimbursed for their site visit expenses. The AOA forwards copies of all correspondence to the ACOS, DME, and OPTI administrative staff. The letter from the AOA to the residency program director should

instruct the residency program director of the materials to be available at the time of the visit (see Appendix, Part B).

If the site visitor has not received the required materials listed above at least two (2) weeks before the date of the site visit, this may be interpreted as non-compliance with the standards and may jeopardize the approval status of the program.

As soon as the site visitor receives a formal confirmation letter from the AOA, the site visitor should contact the program director to arrange a specific date for the visit. The site visit should be conducted on a weekday which is not a holiday, on a date when the institution's DME and program faculty will be available to meet with the site visitor, and when the program residents are on-site and available for interview. Other schedules (such as a weekend day) may be negotiated if mutually agreeable to the site visitor and program director, if necessary personnel are available. The site visitor must inform the AOA or ACOS of the date of the site visit.

NOTE: The program director is responsible for arranging a date suitable for the DME and faculty. The site visit must be completed within a 30-day time frame before or after the due date identified by the AOA in the confirmation letter.

In preliminary telephone conversations with the program director, the following should be discussed:

- Specific date of the site visit;
- Expected arrival time of the site visitor;
- Materials to be sent in advance, including a map to the institution and name and phone number of a local hotel and airport, if necessary; and,
- Characteristics of the room in which the site visitor will be working (a board room or private conference room is most desirable), the room should be able to accommodate all required materials and allow privacy for interviews;
- Materials to be available at the institution at the time of the site visit (see Appendix, Part B);
- The agenda for the site visit (see page 10);
- Specific individuals whom the site visitor wishes to interview, including the DME, administration, and residents; and,
- Individuals to be available for the final meeting, including the DME and program director.

***The site visitor must be completely familiar with the site visit manual and completed workbook prior to the site visit.*** The site visitor must read the workbook completed by the program director as well as any supplemental documents. The site visitor also should read the site visit materials provided by the AOA, including the report of the last site visit of the program. If the site visitor has other reasonable requests for materials or if there appear to be inconsistencies or inaccuracies in the submitted materials, the site visitor should ask the residency program director to send corrected or additional documentation.

### **Travel Arrangements**

The site visitor is expected to make his or her own travel arrangements. If all policies of the AOA are followed, full reimbursement can be obtained from the AOA for travel expenses. The site visitor should carefully follow the policies regarding reimbursement which accompany the AOA letter confirming the appointment as site visitor for a particular program. ***(These policies are subject to change, and therefore not included in this manual.)*** If the AOA does not provide a copy of the travel policies, the

policies should be requested from the AOA Division of Postdoctoral Training Inspection Services. Questions about travel expenses should be directed to the AOA at (800) 621-1773.

## **Policies**

### Timeline for Site Visits

Written correspondence from the AOA will notify both the site visitor and the program director of the timeline for the site visit. This correspondence will state the due date for the site visit. A copy of the correspondence also will be forwarded to the DME of the institution. NOTE: Inspections should be arranged four months prior to the due date determined by the AOA. Inspections must occur within a 30-day timeframe before or after the AOA due date.

If the site visit is not performed within the time frame for completion of the site visit because of an unreasonable deferral by the program director, the ACOS staff will notify the program director in writing that the RESC may take action to administratively withdraw the program's approval at the next scheduled RESC meeting for failure to follow the policies and procedures of the RESC and AOA. This correspondence will be copied to the DME and OPTI.

### Administrative Withdrawal of Accreditation for Non-compliance with Approval Actions and Procedures

A program director may be deemed to have withdrawn from the voluntary process of approval and the RESC may take appropriate action to withdraw approval if a program director does not comply with the following actions and procedures:

To adequately prepare for or undergo a site visit as required within the required time period;

- To follow policies, procedures or recommendations for corrective actions(s) associated with an approval action;
- To supply the RESC with requested information.

Administrative withdrawal of approval for non-compliance with approval actions and procedures is not subject to the ACOS/AOA appeals process.

## **COLLECTING INFORMATION DURING THE SITE VISIT**

### **Site Visit Agenda**

The specific agenda of a site visit should be confirmed in advance by the site visitor and the program director. Generally, the visit should be designed to collect the most information possible in the time available, with minimum disruption to the day-to-day activities of the institution being visited. The following general schedule may be helpful in planning the agenda (although this schedule may be altered, including expansion to two (2) days, if necessary).

### **SAMPLE AGENDA**

*Activities for each time period are discussed in detail in the sections below.*

- |           |   |
|-----------|---|
| 8:00 a.m. | Site visitor arrives; preliminary meeting with program director   |
| 8:30 a.m. | Review with the program director to be sure all required documents are available/selection of charts to be pulled |
| 8:40 a.m. | Review standards worksheet (Part C of the workbook) completed by the program with the program director            |
| 8:50 a.m. | Review affiliation agreements and discuss out-rotation scheduling with the program director                       |

- 8:55 a.m. Review written curriculum and discuss how it is implemented with the program director
- 9:00 a.m. Review resident logs, with identification of charts needed from medical records, operating log book, mortality book, and records of adherence to duty work hour requirements
- 10:00 a.m. Review of clinical, educational, and departmental facilities
- 11:00 a.m. Start chart review, examine scientific papers, review other documents provided or requested
- Noon Working lunch/interviews with residents
- 1:30 p.m. Interviews with department faculty, DME, institution administration
- 2:30 p.m. Complete chart review, complete site visitor's workbook (complete Parts A and B, and verify Part C); meet again with program director if necessary
- 4:30 p.m. Conduct final meeting.

## PRELIMINARY MEETING WITH PROGRAM DIRECTOR (8:00 – 8:30 A.M.)

**Review of Day's Schedule.** The first item of business should be clarification regarding the day's schedule, and when individuals will be interviewed. (If residents are on out-rotations, the site visitor may obtain telephone numbers so that telephone interviews can be arranged). The site visitor should be flexible regarding reasonable changes in the scheduling of agenda items, while continuing to insure that adequate time is available with the necessary individuals to obtain needed information. The site visitor also should know whom to contact for additional information, if needed during the day (i.e., the telephone number for the program director's secretary, who would know how to respond to any requests).

**Review of Final Meeting.** The site visitor also should clarify expectations regarding the final meeting (see page 16), to be sure that the program director understands the format of that meeting and knows whom to have in attendance.

**Overview Discussion of the Residency Program.** Finally, the site visitor should ask the program director to provide an overview of the residency program – its history, current status, administrative support, out-rotations, affiliation agreements, curriculum, and what the director regards as the program's strengths and weaknesses.

## REVIEW OF DOCUMENTS (8:30 – 10:00 a.m.)

At the beginning of the visit, the site visitor should verify that all requested documents are available. (*Detailed review of the content is done later in the day.*) When the site visit was scheduled, the AOA advised the program director that the following documents were to be available in the room at the time of the site visit. (For a new program, the list must be modified, i.e., expect a list of **proposed** lectures rather than lectures given.)

If any documents are missing, request them so they will be available for review. Documents include:

1. Resident logs, annual reports, and scientific papers for each resident for their current and previous year(s)
2. Surgery department/division minutes for the current and previous year
3. Current surgery department/division rules and regulations
4. List of lectures for current and previous year
5. Journal Club minutes for current and previous year(s)
6. Evaluations of each resident for in-hospital and outside rotations for current and previous year
7. List of journals and books available in the hospital library and/or via online services in this specialty
8. Each resident's evaluations of the program since last inspection
9. Completed standards worksheet (see Appendix, Part C)
10. Operating room log book for current/previous year
11. Mortality book for current/previous year
12. Tissue committee meeting minutes for current/previous year
13. Tumor board meeting minutes for current/previous year

## Review of Documents (Cont'd)

14. Quality assurance board meeting minutes for current/previous year
15. Current resident manual, including resident dismissal/grievance process, and resident duty hour policies and procedures
16. Current program description (includes a mission statement, goals and objectives, curriculum, summary of academic and clinical experience, resident-patient care responsibilities, rules and regulations)
17. Current CVs of program director and department members participating in the training program
18. Current affiliation agreements for all out-rotations
19. Program segregated totals for the last year or last complete training year
20. Resident duty work hour logs for the last 12 months
21. Current contracts for each resident
22. Documentation attesting to each resident's professional qualifications to include:
  - Official graduation transcript from the college of osteopathic medicine;
  - Certificate and letter of recommendation from the DME of the internship program of graduation;
  - Current licensure as a physician in the state where the training program and clinical training site(s) are located; and,
  - Membership in the AOA.

## Explanation of Documents

***Surgical specialty-specific curriculum*** provides an outline of the actual residency training program. The review will determine if the curriculum is current and relevant and if the AOA core competencies have been integrated into the curriculum.

***Meeting minutes*** and or log are reviewed primarily to assess resident participation in these activities. Review of minutes should document participation by residents in all professional staff activities involving patient care. **MEETING MINUTES SHOULD REFLECT DISCUSSION OF MID-CYCLE REVIEW.**

***Affiliation agreements*** are required by the AOA for all out-rotations. The documents are reviewed to determine if they are current and to ensure adherence to the standards and program curriculum.

***Lecture schedules*** are reviewed to assess the adequacy of the didactic program. Lecture topics should encompass the entire gamut of general surgery over the years of the program. Teaching should be conducted by faculty of the institution, outside consultants, and residents.

***Evaluations of resident performance*** are reviewed to monitor the timeliness and quality of feedback given to residents. These evaluations, in combination with the ***resident logs***, provide information regarding the nature of clinical rotations, particularly for out-rotations that may be a critical part of the resident's experience.

***Resident evaluations of their rotations*** should be reviewed before the interviews with residents, so that the site visitor can discuss with residents whether the issues they raised in their evaluations were adequately resolved by the program director and hospital administration.

**Resident contracts** are reviewed to ensure that the number of contracts do not exceed the number of AOA-approved resident positions.

**Segregated totals** are reviewed to determine if the program provides adequate scope and volume in the procedures afforded to the residents.

**Resident duty work hour logs** are reviewed to ensure compliance with AOA standards.

### **Selection of Charts from Medical Records**

During most surgery program site visits, the next item is selection of charts to be pulled by medical records, so that these charts will be available for review later that morning. Resident logs are reviewed to evaluate the volume and mix of patients being seen, and the resident's level of participation. At least twenty (20) charts total should be pulled, to review residents' participation in care provided. Charts requested should include some principle surgical mortalities and some cases of a heavy or complicated nature, as well as charts representing the range of cases in the surgery discipline. The site reviewer at his or her discretion may request additional charts. **All patient identifiable information must remain at the training site.**

During the review and evaluation of health care facilities' postdoctoral training programs, health care facilities may disclose or otherwise provide to the site visitor certain Protected Health Information ("PHI") as defined in 45 C.F.R. 164.501, that may be subject to protection under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and/or regulations promulgated thereunder. AOA has entered into business associate agreements with the healthcare facilities to which it provides review and evaluations of postdoctoral training programs and the terms of such business associate agreements require AOA and ACOS to ensure that any site visitor that receives, uses, or has access to such health care facility's PHI, comply with the same restrictions, conditions and requirements regarding the use and/or disclosure of PHI and safeguards for PHI that apply to AOA/the ACOS, and/or are required by law. In addition, the ACOS has entered into a business associate agreement with the AOA that requires that site visitors shall not remove or take any PHI from the healthcare facilities that the site visitor reviews and evaluates for AOA and ACOS.

### **REVIEW OF CLINICAL, EDUCATIONAL, & DEPARTMENTAL FACILITIES (10:00 – 11:00 a.m.)**

The **library** is a critical area, which should contain adequate facilities and references to allow independent learning. Note the availability of audio-visual resources and computer access to the Internet for residents. The site visitor has the responsibility for determining if the resources are current and adequate in number to fully train residents. The site visitor must also determine if the resources are available to residents a reasonable number of hours each day and that adequate access to references is provided for emergency use.

In the **operating room**, the site visitor should note patient flow, number of rooms, and whether equipment is up-to-date. The capability for immediate frozen sections and radiographs should be noted. The site visitor should look at the operating room schedule for the day, and note resident participation in current cases.

On the **surgical floor**, the site visitor should look at current charts to see the level of resident participation. In the **outpatient surgery** area, the site visitor should look at charges to evaluate resident participation in pre-operative and post-operative care.

The walk-through of clinical facilities also should include review of the following: radiology, ultrasound; CT scan; nuclear medicine; blood bank; and blood chemistry lab.

### CHART REVIEW (11:00 a.m. – 12:00 noon)

The major purpose of the chart review is to evaluate whether residents are getting progressive responsibility consistent with the level of training. Chart review also assesses resident involvement in the pre-operative and post-operative management of cases. AOA standards require that residents be given progressively increasing responsibility for patient care. **All patient identifiable information must remain at the training site.**

The site reviewer is to give a narrative assessment of the program (see page 16). The narrative must include an assessment of the charts reviewed addressing the following chart review elements:

1. Number of records reviewed
2. Categories
3. Completeness – (H and P's, consults discharge summaries, progress notes cancer staging)
4. Evidence of resident participation
5. Diagnosis, appropriate surgical management
6. Evidence of osteopathic principles and application
7. Pathology reports and operative reports

### INTERVIEWS WITH RESIDENTS (12:00 noon - 1:30 p.m.)

If possible, **all** residents in the program should be interviewed either in person or by telephone, rather than allowing the program director to select only a small proportion to meet with the site visitor. Residents may be interviewed either as a group or one-to-one. The residents should be advised that the site visitor is seeking information for program approval and program improvement, and that while the general results of the interview will be included as part of the report, the identity of any individual resident will not be revealed. Interviews with residents should focus on two (2) major issues:

1. The degree to which the program teaches, rather than just using residents for clinical service; and,
2. The extent to which residents are actually allowed appropriate, progressive, and increasing responsibility, rather than only being allowed to watch or assist.

The interviews also should serve to verify the written information provided, or “fill the gaps” in the documentation. Interviews should solicit resident reactions to learning activities. Specific questions to consider include:

1. What is the balance between education and service?
2. Is there a current written curriculum for the residency training program? Does it fulfill or follow the ACOS model curriculum?
3. Do you have adequate time to study?
4. What are your out-rotations like?
5. Are there areas where you should have out-rotations but don't?
6. Do you have opportunities for pre-op and post-op experience?
7. To what extent are residents allowed to perform surgery?
  - Do you ever follow-up with patients in the doctor's offices?

## Interviews with Residents (Cont'd)

8. What is your relationship with the DME office?
9. Do you get enough feedback on your performance?
  - What is the time frame for evaluations?
  - How often are you evaluated?
  - Are strengths and weaknesses identified? Are the evaluations constructive?
  - Do you receive suggestions for improvement? Is remediation offered?
  - Is the in-service exam important to you? Is the in-service exam used effectively?
10. What is the didactic program like?
  - Are lectures given as scheduled?
  - What are the department/committee meetings like? Are they good learning experiences?
11. Are residents working on scientific research papers, and do they understand the AOA/ACOS requirements for the paper?
12. Does the program adhere to AOA resident work hour limits?

## **INTERVIEWS WITH DEPARTMENT FACULTY, DME, INSTITUTION ADMINISTRATION (1:30 - 2:30 p.m.)**

Interviews with department faculty and hospital administration also focus on the relationship between education and service, and the extent to which residents are given progressive responsibility consistent with their level of training. The site visitor should ask about work time/time off for residents; moonlighting; time and funding for lecture; philosophy regarding out-rotations; the selection process (*specifically, determine whether procedures followed match written selection policies*); and how the program handles weak residents, the kinds of remediation used, and how dismissals of residents are handled (*whether faculty are aware of written policies, and whether these policies are followed*).

Questions to learn more about the quality of the faculty are:

1. How is faculty recruitment and selection performed?
2. Have any faculty been successfully recruited to the program since the last AOA approval?
3. What are the desired qualifications of potential faculty?
4. What are expectations for new faculty and continuing expectations of senior faculty? How are they evaluated?
5. Do you have a formal program for faculty development?
  - Are time and funds provided for faculty development training opportunities?
  - Has the program offered you an opportunity to develop teaching skills?
6. Describe the relationship between the training institution's administration and the program.
7. Is there an in-hospital evaluation of the residency program to determine if the program is meeting stated goals? **IS A MID-CYCLE REVIEW CONDUCTED BY THE OPTI?**

## COMPLETION OF SITE VISIT REPORTS (2:30 – 4:30 p.m.)

During the site visit, the site visitor will collect all necessary information and complete Parts A and B and verify part C of the *Site Visit Workbook* (see Appendix). The *Site Visit Workbook* helps summarize data the site visitor has obtained from charts, audits, review of documents, interviews with all parties, and other information collected during the site visit. The *Site Visit Workbook* should be completed before the final meeting. Non-compliance with a standard **must** be supported with a written explanation of the deficiency.

At the end of the visit, the site visitor will meet with departmental faculty, DME, and institutional administration in a final meeting. Within two (2) weeks of the site visit, the site visitor is required to forward the completed *Site Visit Workbook* and required documents (see Appendix, Part A) to the AOA. The completed *Site Visit Workbook* submitted to the AOA by the site reviewer must include the program director's assessment as well as the site reviewer's assessment (see Appendix, Part C).

## FINAL MEETING (4:30 p.m.)

A final meeting will be held as an opportunity for the site visitor to thank the participants involved in the site visit. The program director and director of medical education are expected to attend this session, and they determine whom else they wish to invite to the final meeting. Other program faculty and the chief executive officer or other hospital administrators, and residents may participate.

Prior to departure, the site visitor should confirm that the program has provided the information necessary for the review. **The site visitor must not make recommendations for improvements.** If it becomes apparent from the site visit that the program director is in need of program development assistance, the ACOS will provide a consultation service.

## REPORTING FINDINGS OF THE SITE VISIT

### Submitting the Site Visit Report

The completed workbook, required documents (see Appendix, Part A), and a written summary narrative must be submitted to the AOA within two (2) weeks of the site visit. The site visitor must not delay the report to wait for receipt of additional information from the institution. The site visit is completed when the visitor leaves the institution, and the report must be based on the information available at that time. Any further information provided by the institution goes directly to the ACOS and AOA, not to the site visitor. NOTE: One complete workbook must be submitted to the AOA by the site reviewer that includes the program director's assessment and the site reviewer's assessment of the program.

The written summary narrative completed by the site visitor should be an overall assessment of the residency program. It must include:

- the date of the visit;
- names of participants;
- program strengths;
- program weaknesses and deficiencies;
- assessment of charts reviewed addressing the following chart review elements:
  - number of records reviewed
  - categories
  - completeness
  - evidence of resident participation
  - diagnosis, appropriate surgical management

- evidence of osteopathic principles and application
- pathology reports and operative reports
- how the program develops resident core competencies in the following areas:
  - osteopathic principles and practices,
  - patient care,
  - medical knowledge,
  - practice-based learning and improvement,
  - interpersonal and communication skills,
  - professionalism, systems-based practice.

## ACOS GLOSSARY and ACRONYMS

### GLOSSARY

**Affiliation:** An accredited healthcare facility that provides a required educational experience for resident training. A current institutional agreement is required for all affiliations.

**Affiliated training site:** The hospital or other medical facility providing clinical experiences in a residency program.

**Base Institution:** The institution that has been granted approval to offer osteopathic graduate medical education.

**Board eligibility:** A physician who has successfully completed an AOA-approved training program and who has been found eligible for the AOA certification process by an AOA certifying board, as a time-limited designation.

**Chief resident:** A resident who is in the final year of training and who has been assigned senior responsibility/ies.

**Compliance:** A term that connotes a program that has demonstrated conformance with published AOA/ACOS standards. (The opposite term is non-compliant.)

**Curriculum:** The sum total of learning activities for a subject or discipline which should include the cognitive, psychomotor, and affective components; recommended learning activities for the resident; goals and objectives; measurement parameters; and recommended educational resources.

**Desirable, highly desirable, encourage/d:** Terminology used to describe aspects of a training program that may be suggested or recommended, but are not mandatory for program approval.

**Faculty:** Physicians and other healthcare professionals who provide didactic or clinical education for resident training.

**Must, shall or essential:** Approval terms used to describe a standard or criterion that is mandatory or required.

**OPTI:** Osteopathic Postdoctoral Training Institution

**Osteopathic institution:** An AOA-accredited college of osteopathic medicine or healthcare institution.

**Primary training institution:** The primary clinical training site responsible for, and providing the majority of, required clinical experience for an approved training program.

**Program director:** The AOBS or ABS certified physician who is responsible for the administration of a residency program.

**Should:** An approval term used to describe a standard or criterion that is so important that its absence must be justified by a program. The use of this term provides programs with the opportunity to develop alternative methods to demonstrate compliance with the referenced standard. It should not be interpreted as permissive.

**Sponsoring institution:** The legal entity responsible for the support and conduct of training programs, i.e., generally defined as an AOA-accredited College of Osteopathic Medicine or hospital, or a consortium of healthcare facilities (OPTI).

**Sufficient or adequate:** A term which connotes that an approval standard or criterion meets compliance as judged by their peers, e.g., sufficient operative experience.

## ACRONYMS

|                 |  |
|-----------------|--|
| <b>AOA</b>      | American Osteopathic Association                         |
| <b>AOBS</b>     | American Osteopathic Board of Surgery                    |
| <b>ACOS</b>     | American College of Osteopathic Surgeons                 |
| <b>ABS</b>      | American Board of Surgery                                |
| <b>Board</b>    | Board of Trustees of the AOA                             |
| <b>BOE</b>      | Bureau of Osteopathic Education of the AOA               |
| <b>COPT</b>     | Council on Postdoctoral Training of the AOA              |
| <b>Division</b> | Division of Postdoctoral Training of the AOA             |
| <b>DME</b>      | Director of Medical Education                            |
| <b>PTRC</b>     | Program and Trainee Review Council                       |
| <b>RESC</b>     | Residency Evaluation and Standards Committee of the ACOS |

## **New Program Application Timeline**

The expected completion time for approval and implementation of a new surgical residency training program is approximately 18 months. Failure to submit the required documentation will result in the delay of action by the RESC. This timeline is just for planning purposes. Every attempt is made to accommodate the time constraints of the prospective new program.

- All new program applications must be postmarked by November 15<sup>th</sup> to be reviewed by the RESC in January for consideration of implementation of a new program in July the following year.
- The RESC will review new program applications in January.
- The ACOS staff notifies the applicant of the RESC action – the application will be deemed satisfactory or unsatisfactory/incomplete.
- If the application is deemed unsatisfactory/incomplete by the RESC, the applicant will have 30 days to submit the required material to the ACOS. Following receipt of the material, the RESC Administrative Committee will act upon the application using a mail ballot the first week of March.
- If the application is deemed satisfactory by the RESC in January, ACOS will notify the applicant that a satisfactory focused site visit is required for consideration of approval by the RESC.
- The applicant must confirm an available site visit date with ACOS staff within two weeks receipt of notification of the required focused site visit.
- The ACOS confirms a site visitor within ten business days of the applicant's notification of the preferred site visit date. The site visitor should be given approximately a 30-45 day notice of the site visit. Confirmation of the date is forwarded in writing to the site visitor, applicant, and the AOA.
- The AOA forwards a application packet, travel information, and AOA policies to the applicant and site visitor.
- The ACOS receives the application packet and site visit report within two weeks of the completed site visit.
- The completed application packet and site visit report is forwarded to the RESC and reviewed in August. If approval is deferred by the RESC, the applicant is notified and given 30 days to submit the required material. If the RESC action is for approval, a recommendation is forwarded to the AOA PTRC for its October/November meeting.

# APPENDIX

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**Site Visit Workbook for  
Osteopathic Surgical  
Residency Training Programs:  
General Vascular Surgery**

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American Osteopathic Association  
and the  
American College of Osteopathic Surgeons

## Introduction and Instructions

The *Site Visit Workbook for Osteopathic Surgical Residency Training Programs* is designed to assess compliance with the *AOA/ACOS Basic Standards for Residency Training and the Surgical Specialties*. The program director is required to complete Part C: Program Information Form and Standards Worksheet with appropriate documentation (see Part A) and send one copy to the site visitor approximately 30 days prior to the inspection date. During the site visit, the site visitor verifies the program's adherence to the standards by reviewing the program director's completion of Part C and the appropriate documentation. In addition, the site visitor must complete Parts A and B of the workbook and submit the appropriate documentation to the American Osteopathic Association at least two weeks after the site visit date.

This workbook includes the following forms:

|        |   |
|--------|---|
| Part A | Program Identification Data (Completed by Site Visitor)         |
| Part B | Required Documents Checklist and Signature Sheet (Site Visitor) |
| Part C | Guidelines For programs Preparing for a Site Visit              |
|        | i. Program Information Form (Completed by Program)              |
|        | ii. Standards Worksheet (Completed by Program)                  |

Questions about this workbook or reports should be forwarded to:

American College of Osteopathic Surgeons  
Director of Postdoctoral Training Standards and Evaluation  
123 North Henry Street  
Alexandria, Virginia 22314  
Phone: (800) 888-1312  
E-mail: [dkaveny@facos.org](mailto:dkaveny@facos.org)  
and  
American Osteopathic Association  
Division of Postdoctoral Training, Inspection Services  
142 East Ontario Street  
Chicago, Illinois 60611  
Phone: (800) 621-1773

Members of the ACOS Residency Evaluation and Standards Committee are available to serve as advisors to site reviewers, as necessary.

**Part A: Program Identification Data**

(The site visitor is required to complete all information below. Information may be copied from Part C: i after verification.)

Date of Current Site Visit: \_\_\_\_\_

Training Site/Base Institution: \_\_\_\_\_

City/State: \_\_\_\_\_

OPTI Name/Affiliation: \_\_\_\_\_

Surgical Specialty: \_\_\_\_\_

Name of designated Program Director: \_\_\_\_\_

Name of Director of Medical Education: \_\_\_\_\_

Number of participating trainers in the department: \_\_\_\_\_

Number of these trainers who are ABS or AOA Board certified: \_\_\_\_\_

Total number of AOA-approved resident positions for this program: \_\_\_\_\_

Actual number of residents in training, by year:

|        |       |        |       |        |       |
|--------|-------|--------|-------|--------|-------|
| OGME 2 | _____ | OGME 4 | _____ | OGME 6 | _____ |
| OGME 3 | _____ | OGME 5 | _____ | OGME 7 | _____ |

Date of last site visit: \_\_\_\_\_

**DATE OF MID-CYCLE INSPECTION BY OPTI:** \_\_\_\_\_

Deficiencies cited at last site visit:

|  |
|--|
|  |
|  |
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|  |
|  |

*(Part A continued.)*

The following materials must be submitted by the site visitor to the AOA to be forwarded to the ACOS RESC within two weeks of the site visit.

- AOA application & Part A: Program Identification Data (for new programs only)
- Departmental segregated totals
- Program description (includes a mission statement, goals and objectives, curriculum, summary of academic and clinical experience, resident-patient care responsibilities, rules and regulations.)
- Current affiliation agreements for all outside rotations
- Curriculum vitae of the program director
- List of departmental faculty with current certification status
- Completed *Site Visit Workbook* (Part C)
- Summary narrative of visit

|                                    |             |
|------------------------------------|-------------|
| <hr/>                              |             |
| <b>Site Visitor's Name (print)</b> |             |
| <hr/>                              |             |
| <b>Site Visitor's Signature</b>    | <b>Date</b> |
| <hr/>                              | <hr/>       |

## Part B: Required Documents Checklist and Signature Sheet

(To indicate compliance with the site review process, the site visitor is required to read and sign Part B.)

**Institution:** \_\_\_\_\_

**Program Specialty:** \_\_\_\_\_

This checklist serves as confirmation that the following documents were provided by the training site during the site visit to support specific standards of the *AOA/ACOS Basic Standards for Residency Training and the Surgical Specialties*:

| YES/NO | DOCUMENTS  | STANDARDS   |
|--------|--|---|
|        | Resident logs, annual reports, and scientific papers for each resident for the current and previous year.  | 1.1.2.4, 1.4.6, 2.0.1.2, 2.0.2.3, 3.2.5, 4.2.3, 4.2.4   |
|        | Surgery department/division minutes for the current and previous year.                                     | 1.4.5, 1.4.5.2  |
|        | List of lectures presented to residents for the current and previous year.                                 | 2.0.1.1   |
|        | Journal Club minutes for the current and previous year.  | 2.0.1.1   |
|        | Evaluations of each resident for base institution and outside rotations for the current and previous year. | 1.5.3, 2.0.2.4, 5.0   |
|        | Aggregate resident evaluations of the program.   | 3.2.1, 3.2.8, 5.1, 5.2, 5.2.1   |
|        | Operating room log book for the current and previous year.   | II-D-7 ( <i>AOA Basic Documents for Postdoctoral Training, Policies and Procedures for Residency Training</i> ) |
|        | Mortality book for the current and previous year.  | 4.1.3.1, 2.0.1.1  |
|        | Tissue committee meeting minutes for the current and previous year.  | 1.0.1.1, 1.4.6.2  |
|        | Tumor board meeting minutes.   | 1.0.1.1, 1.4.6.2  |
|        | Quality assurance board meeting minutes for the current and previous year.                                 | 1.0.1.1, 1.4.6.2  |

|  |   |   |
|--|---|---|
|  |   |   |
|  | Program segregated totals for the last complete training year.  | II-D-7 ( <i>AOA Basic Documents for Postdoctoral Training, Policies and Procedures for Residency Training</i> ), 1.4.6, 2.0.2, 2.0.2.2, 3.2.4 |
|  | Current surgery department/division rules and regulations.  | Standard III  |
|  | List of journals and books available in the hospital library and/or via online services for this specialty.   | 1.1.2.2   |
|  | Current resident manual, including resident dismissal/grievance process and work hour policy.   | 1.6, 2.1, 2.1.3, Standard III, 4.1  |
|  | Duty work hours for each resident for the last 12 months.   | 2.1, 2.1.1.1-2.1.1.9  |
|  | Current program description (includes a mission statement, goals and objectives, curriculum, summary of academic and clinical experience, resident-patient care responsibilities, rules and regulations.  | 1.0.1.2, 1.0.2, 1.3.3, 2.0.1, 2.0.2.1, 4.1.8  |
|  | Current CVs of department members participating in the training program.  | 1.1.2.5, 1.4.3, 1.4.3.1, 1.4.4.1, 3.0.2, 3.0.3  |
|  | Current affiliation agreements for all rotations.   | 1.4.6, 1.4.6.2, 1.5, 1.5.1, 1.5.2, 3.2.2  |
|  | Current resident contracts for all residents.   | 1.3.1, 4.0.1.5  |
|  | Documentation attesting to each resident's professional qualifications to include: <ul style="list-style-type: none"> <li>▪ Official graduation transcript from the college of osteopathic medicine;</li> <li>▪ Certificate and letter of recommendation from the DME of the internship program of graduation;</li> <li>▪ Current licensure as a physician in the state where the training program and clinical training site(s) are located; and,</li> <li>▪ Membership in the AOA.</li> </ul> | 4.0   |

**NOTE: ALL PATIENT IDENTIFIABLE INFORMATION MUST REMAIN AT THE TRAINING SITE.**

**Program Evaluation Summary**  
(To be completed by Site Visitor)

| <b>Recommendations</b>                |                       |
|---------------------------------------|-----------------------|
| <b>Basic Standard (if applicable)</b> | <b>Recommendation</b> |
|                                       |                       |
|                                       |                       |
|                                       |                       |
|                                       |                       |
| <b>Minor Deficiencies</b>             |                       |
| <b>Basic Standard (if applicable)</b> | <b>Explanation</b>    |
|                                       |                       |
|                                       |                       |
| <b>Minor Deficiencies</b>             |                       |
| <b>Basic Standard (if applicable)</b> | <b>Explanation</b>    |
|                                       |                       |
|                                       |                       |
|                                       |                       |
| <b>Major Deficiencies</b>             |                       |
| <b>Basic Standard (if applicable)</b> | <b>Explanation</b>    |
|                                       |                       |
|                                       |                       |
|                                       |                       |

Within two weeks of the site review, the program is encouraged to submit a report to the ACOS and the AOA Department of Education addressing the program's correction of any noted deficiencies. Duplicate copies of this report should be submitted to the ACOS, 123 North Henry Street, Alexandria, VA 22314, and to the American Osteopathic Association, Department of Education, Program and Trainee Review Council (PTRC), 142 East Ontario Street, Chicago, Illinois 60611. If the report is received prior to the meeting of the RESC, the corrections will be considered in the review when the site visitor's report is reviewed.

The findings of the site visit represent the site visitor's best judgement and are to assess the program's compliance with the residency training standards. **The site visitor does not make a recommendation to the ACOS RESC regarding continuing approval of the program.** The RESC will make a recommendation to the AOA PTRC for continuing approval or denial based upon the site visit report. The recommendation does not become final until reviewed and acted upon by the AOA PTRC.

|                                    |             |
|------------------------------------|-------------|
| <hr/>                              |             |
| <b>Site Visitor's Name (print)</b> |             |
| <hr/>                              |             |
| <b>Site Visitor's Signature</b>    | <b>Date</b> |
| <hr/>                              | <hr/>       |

## **Part C: Guidelines for Programs Preparing for a Site Visit**

### **Items to be provided to site visitor by program prior to the site visit**

The program director is required to send one (1) copy of the following materials to the site visitor approximately 30 days prior to the site visit:\*

- A current program description (includes mission statement, goals and objectives, curriculum, summary of academic and clinical experience, resident-patient care responsibilities, rules and regulations)
- Departmental segregated totals of patient scope and volume on ACOS approved forms for the last full year (NOTE: The patient load of the residency program must be sufficient to train a minimum of three (3) residents.);
- Current curriculum vitae of the program director;
- A list of department members and their current certification status;
- Current affiliation agreements for all outside rotations, and,
- Completed standards worksheet (Part C of the workbook) by the institution/training program. (NOTE: All deficiencies must be explained.)

\*These documents will become part of the packet which the site visitor will forward to the AOA and the specialty college for review.

### **The following is a list of documents which the program will have available for review by the site visitor at the time of the visit:**

1. Resident logs, annual reports, and scientific papers for each resident for their current and previous year(s)
2. Surgery department/division minutes for the current and previous year
3. Current surgery department/division rules and regulations
4. List of lectures for current and previous year
5. Journal Club minutes for current and previous year(s)
6. Evaluations of each resident for in-hospital and outside rotations for current and previous year
7. List of journals and books available in the hospital library and/or via online services in this specialty
8. Each resident's evaluations of the program since last inspection
9. Completed standards worksheet (see Appendix, Part C)
10. Operating room log book for current/previous year
11. Mortality book for current/previous year

12. Tissue committee meeting minutes for current/previous year
14. Tumor board meeting minutes for current/previous year
15. Quality assurance board meeting minutes for current/previous year
16. Current resident manual, including resident dismissal/grievance process, and resident duty hour policies and procedures
17. Current program description (includes a mission statement, goals and objectives, curriculum, summary of academic and clinical experience, resident-patient care responsibilities, rules and regulations)
18. Current CVs of program director and department members participating in the training program
19. Current affiliation agreements for all out-rotations
20. Program segregated totals for the last year or last complete training year
21. Resident duty work hour logs for the last 12 months
21. Current contracts for each resident
22. Documentation attesting to each resident's professional qualifications to include:
  - Official graduation transcript from the college of osteopathic medicine;
  - Certificate and letter of recommendation from the DME of the internship program of graduation;
  - Current licensure as a physician in the state where the training program and clinical training site(s) are located; and,
  - Membership in the AOA.

### **Explanation of Documents**

***Surgical specialty-specific curriculum*** provides an outline of the actual residency training program. The review will determine if the curriculum is current and relevant and if the AOA core competencies have been integrated into the curriculum.

***Meeting minutes*** and or log are reviewed primarily to assess resident participation in these activities. Review of minutes should document participation by residents in all professional staff activities involving patient care. **MEETING MINUTES SHOULD REFLECT DISCUSSION OF MID-CYCLE REVIEW.**

***Affiliation agreements*** are required by the AOA for all out-rotations. The documents are reviewed to determine if they are current and to ensure adherence to the standards and program curriculum.

***Lecture schedules*** are reviewed to assess the adequacy of the didactic program. Lecture topics should encompass the entire gamut of general surgery over the years of the program. Teaching should be conducted by faculty of the institution, outside consultants, and residents.

***Evaluations of resident performance*** are reviewed to monitor the timeliness and quality of feedback given to residents. These evaluations, in combination with the ***resident logs***, provide information regarding the nature of clinical rotations, particularly for out-rotations that may be a critical part of the resident's experience.

**Resident evaluations of their rotations** should be reviewed before the interviews with residents, so that the site visitor can discuss with residents whether the issues they raised in their evaluations were adequately resolved by the program director and hospital administration.

**Resident contracts** are reviewed to ensure that the number of contracts do not exceed the number of AOA-approved resident positions.

**Segregated totals** are reviewed to determine if the program provides adequate scope and volume in the procedures afforded to the residents.

**Resident duty work hour logs** are reviewed to ensure compliance with AOA standards.

**Part C.i.: Program Identification Data**  
(To be completed by program)

Date: \_\_\_/\_\_\_/20\_\_\_

**Institution Information**

|                          |
|--------------------------|
| Institution Name:        |
| Institution Address:     |
| Institution Telephone #: |
| Institution Fax #:       |

**Program & Program Director Information**

|   |                     |
|---|---------------------|
| Program Name and Specialty:                       | AOA Program Number: |
| Director of Osteopathic Medical Education:        |                     |
| Program Director:                                 |                     |
| Program Director Address:                         |                     |
| Program Director Telephone #:                     |                     |
| Program Director Fax #:                           |                     |
| Program Director Email:                           |                     |
| Date of program director's first appointment:     |                     |
| Principle activity devoted to resident education: |                     |

**Additional Program Contact Information**

|  |
|--|
| Name of current Department Chair (if applicable):    |
| SME/Resident Coordinator / Contact Person Name:      |
| SME/Resident Coordinator / Contact Person Telephone: |
| SME/Resident Coordinator / Contact Person Fax:       |
| SME/Resident Coordinator / Contact Person Email:     |

### OPTI Information

|                               |
|-------------------------------|
| OPTI Sponsorship:             |
| OPTI Coordinator Name:        |
| OPTI Coordinator Address:     |
| OPTI Coordinator Telephone #: |
| OPTI Coordinator Fax #:       |
| OPTI Coordinator Email:       |

### Program Description

- **Instructions:** Provide a brief narrative describing the training which a surgical resident undergoes during the program (overview of entire program including mission statement, goals and objectives, curriculum, summary of academic and clinical experience, resident-patient care responsibilities, rules and regulations). (Add page if necessary.)

**Instructions:** Please complete the following for each institution utilized in the training of surgical residents. List the base institution first, followed by the institution at which surgical rotations are performed, followed by institutions at which other rotations are performed. You may copy these pages as needed.

| Base Institution                           |          |          |          |          |          |          |
|--|----------|----------|----------|----------|----------|----------|
| Name:                                      |          |          |          |          |          |          |
| Address:                                   |          |          |          |          |          |          |
| Percent of time spent at this institution: |          |          |          |          |          |          |
| Resident rotation (in months):             | OGME – 1 | OGME – 2 | OGME – 3 | OGME – 4 | OGME – 5 | OGME – 6 |

| Participating Institution # 1  |          |          |                              |          |                             |          |
|--------------------------------|----------|----------|------------------------------|----------|-----------------------------|----------|
| Name:                          |          |          |                              |          |                             |          |
| Address:                       |          |          |                              |          |                             |          |
| Affiliation Agreement:         |          |          | Yes <input type="checkbox"/> |          | No <input type="checkbox"/> |          |
| Resident rotation (in months): | OGME – 1 | OGME – 2 | OGME – 3                     | OGME – 4 | OGME – 5                    | OGME – 6 |

| Participating Institution # 2  |          |          |                              |          |                             |          |
|--------------------------------|----------|----------|------------------------------|----------|-----------------------------|----------|
| Name:                          |          |          |                              |          |                             |          |
| Address:                       |          |          |                              |          |                             |          |
| Affiliation Agreement:         |          |          | Yes <input type="checkbox"/> |          | No <input type="checkbox"/> |          |
| Resident rotation (in months): | OGME – 1 | OGME – 2 | OGME – 3                     | OGME – 4 | OGME – 5                    | OGME – 6 |

| Participating Institution # 3  |          |          |                              |          |                             |          |
|--------------------------------|----------|----------|------------------------------|----------|-----------------------------|----------|
| Name:                          |          |          |                              |          |                             |          |
| Address:                       |          |          |                              |          |                             |          |
| Affiliation Agreement:         |          |          | Yes <input type="checkbox"/> |          | No <input type="checkbox"/> |          |
| Resident rotation (in months): | OGME – 1 | OGME – 2 | OGME – 3                     | OGME – 4 | OGME – 5                    | OGME – 6 |

| Last Site Visit Information Date of Last Visit:        |
|--|
| Deficiencies cited at last visit (add Page if needed): |

### Program Changes

**Instructions:** If applicable, describe changes, other than those included in the response to previous citations and/or concerns (above) that have been implemented since the last evaluation survey and review. Include changes in sponsoring institutions, organizations, hospitals, required rotations, resident complement, etc.

|                   |
|-------------------|
|                   |
| <b>Additions:</b> |
| <b>Deletions:</b> |

### Residents

**Instructions:** List the number of positions filled for the years designated below.

| Training Year                  | OGME – 1 | OGME – 2 | OGME – 3 | OGME – 4 | OGME - 5 | OGME - 6 |
|--------------------------------|----------|----------|----------|----------|----------|----------|
| <b># of approved positions</b> |          |          |          |          |          |          |
| <b># of filled positions</b>   |          |          |          |          |          |          |





### Rotation Schedule

**Instructions:** Complete the annual schedule for the residents in each OGME year (either 13 blocks of using 4 weeks or 12 blocks per year if using monthly schedules). If this is a new program, please list a proposed schedule. Indicate the hospital that will be hosting the rotation if other than the base institution. (Attach schedule of rotations for OGME-1R training year.)

| OGME - 1                      | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 |
|-------------------------------|---|---|---|---|---|---|---|---|---|----|----|----|----|
| Rotations at Primary Site     |   |   |   |   |   |   |   |   |   |    |    |    |    |
| Rotations not at Primary Site |   |   |   |   |   |   |   |   |   |    |    |    |    |

| OGME - 2                      | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 |
|-------------------------------|---|---|---|---|---|---|---|---|---|----|----|----|----|
| Rotations at Primary Site     |   |   |   |   |   |   |   |   |   |    |    |    |    |
| Rotations not at Primary Site |   |   |   |   |   |   |   |   |   |    |    |    |    |

| OGME - 3                      | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 |
|-------------------------------|---|---|---|---|---|---|---|---|---|----|----|----|----|
| Rotations at Primary Site     |   |   |   |   |   |   |   |   |   |    |    |    |    |
| Rotations not at Primary Site |   |   |   |   |   |   |   |   |   |    |    |    |    |

| OGME - 4                      | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 |
|-------------------------------|---|---|---|---|---|---|---|---|---|----|----|----|----|
| Rotations at Primary Site     |   |   |   |   |   |   |   |   |   |    |    |    |    |
| Rotations not at Primary Site |   |   |   |   |   |   |   |   |   |    |    |    |    |

| OGME - 5                      | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 |
|-------------------------------|---|---|---|---|---|---|---|---|---|----|----|----|----|
| Rotations at Primary Site     |   |   |   |   |   |   |   |   |   |    |    |    |    |
| Rotations not at Primary Site |   |   |   |   |   |   |   |   |   |    |    |    |    |

| OGME - 6                      | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 |
|-------------------------------|---|---|---|---|---|---|---|---|---|----|----|----|----|
| Rotations at Primary Site     |   |   |   |   |   |   |   |   |   |    |    |    |    |
| Rotations not at Primary Site |   |   |   |   |   |   |   |   |   |    |    |    |    |

| OGME - 7                      | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 |
|-------------------------------|---|---|---|---|---|---|---|---|---|----|----|----|----|
| Rotations at Primary Site     |   |   |   |   |   |   |   |   |   |    |    |    |    |
| Rotations not at Primary Site |   |   |   |   |   |   |   |   |   |    |    |    |    |

**How are/will the residents be evaluated based on the Core Competencies**

**How will the residents assume increased responsibilities through their training in the Department of Surgery?**

**How are research projects/scholarly activities determined and evaluated?**

**Due Process**

|   |                              |                             |
|---|------------------------------|-----------------------------|
| Are there due process procedures applicable to residents and faculty evaluation and grievances? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Are due process procedures included in the resident manual?                                     | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

**Resident Performance on the AOBS Certifying Examination (during the past 3 years)**

**Instructions:** Attach a copy of the report of the surgical residents' performance on Parts I, II, and III of the certifying examination provided to the program by the **American Osteopathic Board of Surgery**.

**Standards for Curriculum, Instruction, and Evaluation**

**Instructions:** Please list the last 12 months of your conference schedule, including presenting faculty. New programs should complete a proposed 12-month schedule, including proposed faculty.

|   |                              |                             |
|---|------------------------------|-----------------------------|
| Does the program offer its residents an average of at least 4-hours each week of planned educational experiences developed by the surgical residency program? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| <b>What percentages of formal didactic conferences are presented by the following individuals:</b>  |                              |                             |
| Surgical Faculty  | _____ %                      |                             |
| Non-Surgical Faculty  | _____ %                      |                             |
| Surgical Residents  | _____ %                      |                             |
| Other (please specify)  | _____ %                      |                             |
| <b>Total</b>  | <b>100%</b>                  |                             |
| What percent of planned conferences does the average resident attend?   | _____ %                      |                             |

|  |                        |   |
|--|------------------------|---|
| <p>_____</p> <p>Program Director (print)</p><br><br><p>_____</p> <p>Program Director Signature</p> | <p>/ /</p> <p>Date</p> | <p>_____</p> <p>Director of Osteopathic Medical Education (print)</p><br><br><p>_____</p> <p>Director of Osteopathic Medical Date Education</p> |
|--|------------------------|---|

## Part C.ii.: Standards Worksheet – Guidelines for Programs in Preparation for Site Visit

### Instructions

The Standards Worksheet is used to assess a program’s compliance with the *AOA/ACOS Basic Standards for Residency Training in Surgery and the Surgical Specialties*. Program directors are required to complete a self-assessment of program compliance with the standards and submit the self-assessment to the site visitor approximately 30 days prior to the site visit date. During the site visit, the site visitor must validate program compliance with each standard by checking “Yes” or “No”. Program directors and site visitors indicating non-compliance must provide written comments in the section provided next to the standard explaining how/why the program is not in compliance with the standard. An additional sheet may be attached if necessary for the explanation. In addition, the site visitor must indicate if the required documentation validates compliance with the standard. The completed workbook forwarded to the ACOS must include both the program director’s assessment of compliance and the site reviewer’s validation of compliance of the program.

Within two weeks of the site review, the program is encouraged to submit a report to the ACOS and the AOA Department of Education addressing the program’s correction of any noted deficiencies. Duplicate copies of this report should be submitted to the ACOS, 123 North Henry Street, Alexandria, VA 22314, and to the American Osteopathic Association, Department of Education, Program and Trainee Review Council (PTRC), 142 East Ontario Street, Chicago, Illinois 60611. If the report is received prior to the meeting of the RESC, the corrections will be considered in the review when the site visitor’s report is reviewed.

---

**Training Institution:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_

**OPTI Affiliation:** \_\_\_\_\_

---

\_\_\_\_\_  
**Program Director’s Name (print)**

\_\_\_\_\_  
**Program Director’s Signature**

\_\_\_\_\_  
**Completion Date of Self-assessment**

\_\_\_\_\_  
**Site Visitor’s Name (print)**

\_\_\_\_\_  
**Site Visitor’s Signature**

\_\_\_\_\_  
**Date of Site Review (Validation of Compliance)**

| Program's Response to Standards<br>(to be completed by the program director)   |   |   |
|--|---|---|
| 1.0 The sponsoring institution must meet the following organizational requirements to be considered for approval to conduct a general surgery or surgical specialty residency program:   |   |   |
| 1.0.1 Approval by the American Osteopathic Association.  |   |   |
| 1.0.1.1 Be in operation not less than twelve months immediately preceding the date of the application for approval of residency education.   |   |   |
| <b>Program's Response</b>  | <b>Compliant</b> <input type="checkbox"/>                   | <b>Non-Compliant</b> <input type="checkbox"/> |
| 1.0.1.2 Confirm that education, in combination with quality patient care, will be the primary goal of the educational program.   |   |   |
| <b>Program's Response</b>  | <b>Compliant</b> <input type="checkbox"/>                   | <b>Non-Compliant</b> <input type="checkbox"/> |
| 1.0.1.3 Ensure that osteopathic principles and practices and their application to surgery are emphasized.  |   |   |
| <b>Program's Response</b>  | <b>Compliant</b> <input type="checkbox"/>                   | <b>Non-Compliant</b> <input type="checkbox"/> |
| <b>Sources of Evidence:</b> Tissue committee meeting minutes; tumor board meeting minutes; quality assurance board meeting minutes; current program description (includes a mission statement, goals and objectives, curriculum, summary of academic and clinical experience, resident-patient care responsibilities, rules and regulations); interviews with residents. |   |   |
| <b>Program Comments Required:</b>  |   |   |
|  |   |   |
| Site Visitor Remarks<br>(to be completed by the site visitor)  |   |   |
| <b>Compliant</b> <input type="checkbox"/>  | <b>Compliant with Commendation</b> <input type="checkbox"/> | <b>Non-Compliant</b> <input type="checkbox"/> |
| <b>Program Comments:</b>   |   |   |
|  |   |   |

| Program's Response to Standards<br>(to be completed by the program director)  |   |   |
|---|---|---|
| 1.1 Provide the administrative, financial, educational, and support services for each educational program, such as:   |   |   |
| 1.1.1. The capability to provide residents with an education that demonstrates compliance with the AOA and ACOS standards   |   |   |
| <b>Program's Response</b>   | <b>Compliant</b> <input type="checkbox"/> | <b>Non-Compliant</b> <input type="checkbox"/> |
| 1.1.2. Institutional facilities to accomplish the program's educational goals should include but not be limited to:   |   |   |
| 1.1.2.1 Classroom and office facilities for faculty and residents; sleeping, lounge, and food facilities accessible to residents on duty.   |   |   |
| <b>Program's Response</b>   | <b>Compliant</b> <input type="checkbox"/> | <b>Non-Compliant</b> <input type="checkbox"/> |
| 1.1.2.2 A medical library containing standard reference texts and journals and provision for electronic literature search capabilities and retrieval of information.                    |   |   |
| <b>Program's Response</b>   | <b>Compliant</b> <input type="checkbox"/> | <b>Non-Compliant</b> <input type="checkbox"/> |
| 1.1.2.3. Support for research endeavors, including Ph.D. consultation and access to research facilities. Access to an animal laboratory or inanimate teaching laboratory is encouraged. |   |   |

|   |   |   |
|---|---|---|
| <b>Program's Response</b>   | <b>Compliant</b> <input type="checkbox"/>                   | <b>Non-Compliant</b> <input type="checkbox"/> |
| 1.1.2.4 The maintenance of permanent educational records for the graduates of AOA-approved programs, to include resident annual reports.  |   |   |
| <b>Program's Response</b>   | <b>Compliant</b> <input type="checkbox"/>                   | <b>Non-Compliant</b> <input type="checkbox"/> |
| 1.1.2.5 The appointment of a director of medical education (DME) who is an osteopathic physician. (Reference - Section V, Appendix 1.)  |   |   |
| <b>Program's Response</b>   | <b>Compliant</b> <input type="checkbox"/>                   | <b>Non-Compliant</b> <input type="checkbox"/> |
| <b>Sources of Evidence:</b> Resident logs, annual reports, including scientific papers for each resident for the current and previous year. List of journals and books available in the hospital library and/or via online services for this specialty. Current CVs of department members participating in the training program. Observations of site inspector; tour of facility; interviews with residents; resident files; interviews with administrative personnel. |   |   |
| <b>Program Comments:</b>  |   |   |
| <b>Site Visitor Remarks</b><br>(to be completed by the site visitor)  |   |   |
| <b>Compliant</b> <input type="checkbox"/>   | <b>Compliant with Commendation</b> <input type="checkbox"/> | <b>Non-Compliant</b> <input type="checkbox"/> |
| <b>Comments:</b>  |   |   |

|  |   |   |
|--|---|---|
| <b>Program's Response to Standards</b><br>(to be completed by the program director)        |   |   |
| 1.2 Participation in an AOA-approved Osteopathic Postdoctoral Training Institution (OPTI). |   |   |
| <b>Program's Response</b>  | <b>Compliant</b> <input type="checkbox"/>                   | <b>Non-Compliant</b> <input type="checkbox"/> |
| <b>Sources of Evidence:</b> AOA cover sheet; AOA Website, Meeting minutes, Files, etc.     |   |   |
| <b>Program Comments:</b>   |   |   |
| <b>Site Visitor Remarks</b><br>(to be completed by the site visitor)                       |   |   |
| <b>Compliant</b> <input type="checkbox"/>  | <b>Compliant with Commendation</b> <input type="checkbox"/> | <b>Non-Compliant</b> <input type="checkbox"/> |
| <b>Comments:</b>   |   |   |

|   |  |  |
|---|--|--|
| <b>Program's Response to Standards</b><br>(to be completed by the program director)   |  |  |
| 1.3 Implementation of written policy(ies) regarding the process and criteria to select residents. The policies must contain the following minimums: |  |  |

|  |   |   |
|--|---|---|
| 1.3.1 The specifics of contract renewal for residents who demonstrate competence and potential during each year of training.   |   |   |
| <b>Program's Response</b>  | <b>Compliant</b> <input type="checkbox"/>                   | <b>Non-Compliant</b> <input type="checkbox"/> |
| 1.3.2 The number of positions funded for each year.  |   |   |
| <b>Program's Response</b>  | <b>Compliant</b> <input type="checkbox"/>                   | <b>Non-Compliant</b> <input type="checkbox"/> |
| 1.3.3 A statement that admission to a residency program shall not be influenced by race, color, sex, religion, creed, national origin, age or handicap as defined by law and regulations.  |   |   |
| <b>Program's Response</b>  | <b>Compliant</b> <input type="checkbox"/>                   | <b>Non-Compliant</b> <input type="checkbox"/> |
| <b>Sources of Evidence:</b> Current program description (includes a mission statement, goals and objectives, curriculum, summary of academic and clinical experience, resident-patient care responsibilities, rules and regulations; current resident contracts for all residents); resident manual. |   |   |
| <b>Program Comments:</b>   |   |   |
| <b>Site Visitor Remarks</b><br>(to be completed by the site visitor)   |   |   |
| <b>Compliant</b> <input type="checkbox"/>  | <b>Compliant with Commendation</b> <input type="checkbox"/> | <b>Non-Compliant</b> <input type="checkbox"/> |
| <b>Comments:</b>   |   |   |

|   |   |   |
|---|---|---|
| <b>Program's Response to Standards</b><br>(to be completed by the program director)   |   |   |
| 1.4 To qualify for approval, the primary training institution must document the following minimum components.   |   |   |
| 1.4.1 An AOA-approved internship program and an AOA-approved training program.  |   |   |
| <b>Program's Response</b>   | <b>Compliant</b> <input type="checkbox"/> | <b>Non-Compliant</b> <input type="checkbox"/> |
| 1.4.2 Three organized clinical departments, including family practice, internal medicine, and surgery; an organized pathologic and radiologic service with full-time certified pathology and radiology physician staff.   |   |   |
| <b>Program's Response</b>   | <b>Compliant</b> <input type="checkbox"/> | <b>Non-Compliant</b> <input type="checkbox"/> |
| 1.4.3 A sufficient number of qualified faculty to provide quality patient care as well as resident supervision and instruction.   |   |   |
| <b>Program's Response</b>   | <b>Compliant</b> <input type="checkbox"/> | <b>Non-Compliant</b> <input type="checkbox"/> |
| 1.4.3.1 The faculty should be composed of general surgeons, surgical specialists, and other physicians engaged in the active practice of surgery.   |   |   |
| <b>Program's Response</b>   | <b>Compliant</b> <input type="checkbox"/> | <b>Non-Compliant</b> <input type="checkbox"/> |
| 1.4.4 Qualifications of the departmental chair, program director, and faculty:  |   |   |
| <b>Program's Response</b>   | <b>Compliant</b> <input type="checkbox"/> | <b>Non-Compliant</b> <input type="checkbox"/> |
| 1.4.4.1 The chair of the department of surgery must be certified in general surgery by the AOA through the American Osteopathic Board of Surgery (AOBS) or the American Board of Surgery (ABS) and must document at least two years of experience in general surgery. |   |   |
| <b>Program's Response</b>   | <b>Compliant</b> <input type="checkbox"/> | <b>Non-Compliant</b> <input type="checkbox"/> |
| 1.4.4.2 Reference Standards VI - XII for additional specific qualifications for each specialty.   |   |   |
| 1.4.5 An osteopathic postdoctoral education committee must be constituted and active.   |   |   |
| <b>Program's Response</b>   | <b>Compliant</b> <input type="checkbox"/> | <b>Non-Compliant</b> <input type="checkbox"/> |

|   |   |   |
|---|---|---|
| 1.4.5.1 The Committee should be composed of the director of medical education, all program directors, and representatives of training faculty.  |   |   |
| <b>Program's Response</b>   | <b>Compliant</b> <input type="checkbox"/>                   | <b>Non-Compliant</b> <input type="checkbox"/> |
| 1.4.5.2 The Committee should meet at least monthly and minutes must be documented. (Reference Section V, Appendix 2.)   |   |   |
| <b>Program's Response</b>   | <b>Compliant</b> <input type="checkbox"/>                   | <b>Non-Compliant</b> <input type="checkbox"/> |
| 1.4.6 The surgical facilities at the primary training institution and affiliated sites should provide a sufficient scope, volume, and variety of operative experience to ensure that residents are provided with the necessary knowledge, technical skills, and judgement required for clinical practice.   |   |   |
| <b>Program's Response</b>   | <b>Compliant</b> <input type="checkbox"/>                   | <b>Non-Compliant</b> <input type="checkbox"/> |
| 1.4.6.1 The balance of education to service should be strictly monitored for all clinical assignments.  |   |   |
| <b>Program's Response</b>   | <b>Compliant</b> <input type="checkbox"/>                   | <b>Non-Compliant</b> <input type="checkbox"/> |
| 1.4.6.2 A sufficient experience with the continuity of patient care, i.e., pre-operative, intra-operative, and post-operative patient care, must be provided at both the primary training institution and at affiliated sites.  |   |   |
| <b>Program's Response</b>   | <b>Compliant</b> <input type="checkbox"/>                   | <b>Non-Compliant</b> <input type="checkbox"/> |
| <b>Sources of Evidence:</b> Program Description; Resident Manual; Organization Chart; Resident Logs, annual reports, including scientific papers for each resident for the current and previous year. Surgery department/division minutes for the current and previous year. List and current CVs of department members participating in the training program. Program segregated totals for the last complete training year. Tissue committee meeting minutes for the current and previous year. Tumor board meeting minutes. Quality assurance board meeting minutes for the current and previous year. Current affiliation agreements for all rotations. |   |   |
| <b>Program Comments:</b>  |   |   |
| <b>Site Visitor Remarks</b><br><small>(to be completed by the site visitor)</small>   |   |   |
| <b>Compliant</b> <input type="checkbox"/>   | <b>Compliant with Commendation</b> <input type="checkbox"/> | <b>Non-Compliant</b> <input type="checkbox"/> |
| <b>Comments:</b>  |   |   |

|   |   |   |
|---|---|---|
| <b>Program's Response to Standards</b><br><small>(to be completed by the program director)</small>  |   |   |
| 1.5 Affiliated training sites may be developed either to fulfill basic requirements or for elective experiences.  |   |   |
| 1.5.1 Affiliated training sites should offer educational experiences otherwise not available at the sponsoring institution and should be justified with an appropriate educational rationale. |   |   |
| <b>Program's Response</b>   | <b>Compliant</b> <input type="checkbox"/> | <b>Non-Compliant</b> <input type="checkbox"/> |
| 1.5.2 Agreements with affiliated training sites must be current and documented.   |   |   |
| <b>Program's Response</b>   | <b>Compliant</b> <input type="checkbox"/> | <b>Non-Compliant</b> <input type="checkbox"/> |
| 1.5.3 Written evaluations of the resident, while assigned to affiliated training sites, must comply with the standards.   |   |   |
| <b>Program's Response</b>   | <b>Compliant</b> <input type="checkbox"/> | <b>Non-Compliant</b> <input type="checkbox"/> |
| <b>Sources of Evidence:</b> Evaluations of each resident for base institution and outside rotations for the current and previous year; Current affiliation agreements for all rotations.      |   |   |

|   |   |   |
|---|---|---|
| <b>Program Comments Required:</b>   |   |   |
| <b>Site Visitor Remarks</b><br><small>(to be completed by the site visitor)</small> |   |   |
| <b>Compliant</b> <input type="checkbox"/>   | <b>Compliant with Commendation</b> <input type="checkbox"/> | <b>Non-Compliant</b> <input type="checkbox"/> |
| <b>Program Comments:</b>  |   |   |

|   |   |   |
|---|---|---|
| <b>Program's Response to Standards</b><br><small>(to be completed by the program director)</small>  |   |   |
| 1.6 The sponsoring institution and the primary training site are responsible for implementing and documenting formal policies and procedures for the conduct of the residency (ies). These policies must be distributed to each resident at the time of admission. (Reference Standard IV.) |   |   |
| <b>Program's Response</b>   | <b>Compliant</b> <input type="checkbox"/>                   | <b>Non-Compliant</b> <input type="checkbox"/> |
| <b>Sources of Evidence:</b> Resident Manual   |   |   |
| <b>Program Comments:</b>  |   |   |
| <b>Site Visitor Remarks</b><br><small>(to be completed by the site visitor)</small>   |   |   |
| <b>Compliant</b> <input type="checkbox"/>   | <b>Compliant with Commendation</b> <input type="checkbox"/> | <b>Non-Compliant</b> <input type="checkbox"/> |
| <b>Comments:</b>  |   |   |

|   |   |   |
|---|---|---|
| <b>Program's Response to Standards</b><br><small>(to be completed by the program director)</small>  |   |   |
| 2.0 The following components of the educational program should be well-documented and based upon the ACOS model curriculum:   |   |   |
| 2.0.1 The didactic program must include contemporary surgical knowledge with special emphasis on surgical science. Instruction in medial ethics, interpersonal skills, and practice management must be included in the curriculum.  |   |   |
| <b>Program's Response</b>   | <b>Compliant</b> <input type="checkbox"/> | <b>Non-Compliant</b> <input type="checkbox"/> |
| 2.01.1 A variety of academic conferences and lectures should be documented, to include, for example, formal didactic conferences, morbidity and mortality meetings, and journal club, as well as seminars, workshops, and conferences that may be provided outside the program. |   |   |
| <b>Program's Response</b>   | <b>Compliant</b> <input type="checkbox"/> | <b>Non-Compliant</b> <input type="checkbox"/> |
| 2.0.1.2 Each resident must complete the resident scientific and research component (Reference Appendix 3.)  |   |   |
| <b>Program's Response</b>   | <b>Compliant</b> <input type="checkbox"/> | <b>Non-Compliant</b> <input type="checkbox"/> |

|   |   |   |
|---|---|---|
| 2.0.2 The clinical component must include a sufficient scope, volume, and variety of operative experience complemented by sufficient pre-operative, intra-operative, and post-operative care of patients to ensure that residents are provided with the necessary knowledge, technical skills, and judgement required for clinical practice.  |   |   |
| <b>Program's Response</b>   | <b>Compliant</b> <input type="checkbox"/>                   | <b>Non-Compliant</b> <input type="checkbox"/> |
| 2.0.2.1 Written objectives for each clinical assignment and for each level in the program must be developed and implemented. Both the residents and the faculty should receive copies of the goals and objectives prior to each assignment.   |   |   |
| <b>Program's Response</b>   | <b>Compliant</b> <input type="checkbox"/>                   | <b>Non-Compliant</b> <input type="checkbox"/> |
| 2.0.2.2 The clinical component must include education and exposure to the evolving diagnostic and therapeutic methods, such as, laser, ultrasound, endoscopic and laparoscopic techniques and other applicable leading-edge technology.   |   |   |
| <b>Program's Response</b>   | <b>Compliant</b> <input type="checkbox"/>                   | <b>Non-Compliant</b> <input type="checkbox"/> |
| 2.0.2.3 The operative experience for each resident must be documented in a surgical operative log which reflects all assignments during the surgery or surgical specialty program. The AOA-approved form must be used. The adequacy of each resident's experience will be evaluated based upon the information submitted in these logs. (Reference the required minimum numbers for each surgical specialty in Standards VI - XII.)   |   |   |
| <b>Program's Response</b>   | <b>Compliant</b> <input type="checkbox"/>                   | <b>Non-Compliant</b> <input type="checkbox"/> |
| 2.0.2.4 The surgical competence of each resident must be evaluated based upon the number of surgeries performed gained through direct participation.  |   |   |
| <b>Program's Response</b>   | <b>Compliant</b> <input type="checkbox"/>                   | <b>Non-Compliant</b> <input type="checkbox"/> |
| 2.0.2.5 The program director and the faculty must ensure that each resident is provided with direct and progressively responsible patient management that will result in the demonstration of competence in technical skills and clinical decision-making upon successful completion of the program.  |   |   |
| <b>Program's Response</b>   | <b>Compliant</b> <input type="checkbox"/>                   | <b>Non-Compliant</b> <input type="checkbox"/> |
| 2.0.2.6 Outpatient clinics under supervision of the department of surgery, should be available for resident education. Alternatively, this activity may be accomplished by pre-operative and post-operative care in surgeon offices.  |   |   |
| <b>Program's Response</b>   | <b>Compliant</b> <input type="checkbox"/>                   | <b>Non-Compliant</b> <input type="checkbox"/> |
| <b>Sources of Evidence:</b> Evaluations of each resident for base institution and outside rotations for the current and previous year; Resident logs, annual reports, including scientific papers for each resident for the current and previous year; List of lectures presented to residents for the current and previous year; Journal Club minutes for the current and previous year; Mortality book for the current and previous year; Program segregated totals for the last complete training year; Current program description (includes a mission statement, goals and objectives, curriculum, summary of academic and clinical experience, resident-patient care responsibilities, rules and regulations. |   |   |
| <b>Program Comments:</b>  |   |   |
| <b>Site Visitor Remarks</b><br>(to be completed by the site visitor)  |   |   |
| <b>Compliant</b> <input type="checkbox"/>   | <b>Compliant with Commendation</b> <input type="checkbox"/> | <b>Non-Compliant</b> <input type="checkbox"/> |
| <b>Comments:</b>  |   |   |

## Program's Response to Standards

(to be completed by the program director)

### 2.1 Resident work hours and supervision policies:

It is recognized that excessive numbers of hours worked by resident physicians can lead to errors in judgment and clinical decision-making. These can impact on patient safety through medical errors, as well as the safety of the physician trainees through increased motor vehicle accidents, stress, depression and illness related complications. The training institution, director of medical education (DME) and residency program director must maintain a high degree of sensitivity to the physical and mental well-being of residents and make every attempt to avoid scheduling excessive work hours leading to sleep deprivation, fatigue or inability to conduct personal activities.

2.1.1 Work hours: The following work hours policy will apply to all residents in all specialties.

| <b>Program's Response</b>  | <b>Compliant</b> <input type="checkbox"/> | <b>Non-Compliant</b> <input type="checkbox"/> |
|--|---|---|
| 2.1.1.1 The resident shall not be assigned to work physically on duty in excess of eighty hours (80) per week averaged over a four (4) week period, inclusive of in-house night call.  |   |   |
| <b>Program's Response</b>  | <b>Compliant</b> <input type="checkbox"/> | <b>Non-Compliant</b> <input type="checkbox"/> |
| 2.1.1.2 The resident shall not work in excess of twenty-four (24) consecutive hours exclusive of morning and noon educational programs. Allowance for, but not to exceed up to six (6) hours for inpatient and outpatient continuity, transfer of care, educational debriefing and formal didactic activities may occur. Residents may not assume responsibility for a new patient after twenty-four (24) hours. |   |   |
| <b>Program's Response</b>  | <b>Compliant</b> <input type="checkbox"/> | <b>Non-Compliant</b> <input type="checkbox"/> |
| 2.1.1.3 If moonlighting is permitted, all moonlighting will be inclusive of the eighty (80) hour per week maximum work limit and must be reported. (See Moonlighting Policy.)  |   |   |
| <b>Program's Response</b>  | <b>Compliant</b> <input type="checkbox"/> | <b>Non-Compliant</b> <input type="checkbox"/> |
| 2.1.1.4 The resident shall have alternate week forty-eight (48) hour periods off or at least one (1) twenty-four (24) hour period off each week.   |   |   |
| <b>Program's Response</b>  | <b>Compliant</b> <input type="checkbox"/> | <b>Non-Compliant</b> <input type="checkbox"/> |
| 2.1.1.5 Upon conclusion of a twenty-four (24) hour duty shift, residents shall have a minimum of twelve (12) hours off before being required to be on duty again. Upon completing a lesser hour duty period, adequate time for rest and personal activity must be provided.  |   |   |
| <b>Program's Response</b>  | <b>Compliant</b> <input type="checkbox"/> | <b>Non-Compliant</b> <input type="checkbox"/> |
| 2.1.1.6 All off-duty time must be totally free from assignment to clinical or educational activity.  |   |   |
| <b>Program's Response</b>  | <b>Compliant</b> <input type="checkbox"/> | <b>Non-Compliant</b> <input type="checkbox"/> |
| 2.1.1.7 Those rotations requiring the resident to be assigned to Emergency Department duty shall not be assigned longer than twelve (12) hour shifts.  |   |   |
| <b>Program's Response</b>  | <b>Compliant</b> <input type="checkbox"/> | <b>Non-Compliant</b> <input type="checkbox"/> |
| 2.1.1.8 The resident and training institution must always remember the patient care responsibility is not precluded by this policy. In the case where a resident is engaged in patient responsibility which cannot be interrupted, additional coverage should be provided to relieve the resident involved as soon as possible.  |   |   |
| <b>Program's Response</b>  | <b>Compliant</b> <input type="checkbox"/> | <b>Non-Compliant</b> <input type="checkbox"/> |
| 2.1.1.9 The resident may not be assigned to call more often than every third night averaged over any consecutive four (4) week period.   |   |   |
| <b>Program's Response</b>  | <b>Compliant</b> <input type="checkbox"/> | <b>Non-Compliant</b> <input type="checkbox"/> |

**Sources of Evidence:** Current resident manual, including resident dismissal/grievance process and work hour policy; Ops logs; patient charts; resident manual; work schedules; and interviews with residents.

**Program Comments:**

**Site Visitor Remarks**

(to be completed by the site visitor)

**Compliant**

**Compliant with Commendation**

**Non-Compliant**

**Comments:**

**Program's Response to Standards**

(to be completed by the program director)

2.1.2 The training institution shall provide an on-call room for residents, which is clean, quiet, safe and comfortable, so to permit rest during call. A telephone shall be present in the on-call room. Toilet and shower facilities should be present in or convenient to the room. Nourishment shall be available during the on-call hours of the night.

**Program's Response**

**Compliant**

**Non-Compliant**

**Sources of Evidence:** Tour of facility; interviews with residents.

**Program Comments:**

**Site Visitor Remarks**

(to be completed by the site visitor)

**Compliant**

**Compliant with Commendation**

**Non-Compliant**

**Comments:**

**Program's Response to Standards**

(to be completed by the program director)

2.1.3 Moonlighting Policy:

Any professional clinical activity (moonlighting) performed outside of the official residency program may only be conducted with the permission of the program administration (DME/Program Director). A written request by the resident must be approved or disapproved by the Program Director and DME and be filed in the institution's resident file. All approved hours are included in the total allowed work hours under AOA policy and are monitored by the institution's graduate medical education committee. This policy must be published in the institution's housestaff manual. Failure to report and receive approval by the program may be grounds for terminating a resident's contract.

**Program's Response**

**Compliant**

**Non-Compliant**

|  |   |   |
|--|---|---|
| <b>Sources of Evidence:</b> Current resident manual, including resident dismissal/grievance process and work hour policy; interviews with residents. |   |   |
| <b>Program Comments:</b>   |   |   |
| <b>Site Visitor Remarks</b><br>(to be completed by the site visitor)   |   |   |
| <b>Compliant</b> <input type="checkbox"/>  | <b>Compliant with Commendation</b> <input type="checkbox"/> | <b>Non-Compliant</b> <input type="checkbox"/> |
| <b>Comments:</b>   |   |   |

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| <b>Program's Response to Standards</b><br>(to be completed by the program director)  |   |   |
| 2.1.4 Supervision of residents:<br>The residency is an educational experience and must be designed by the institution to offer structured and supervised exposure to promote learning rather than service. An opportunity must exist for residents to be supervised and evaluated throughout their training with availability of teaching staff scheduled within the program. During daytime hours, residents will be responsible to attending physicians for assignment, of responsibility. |   |   |
| <b>Program's Response</b>  | <b>Compliant</b> <input type="checkbox"/>                   | <b>Non-Compliant</b> <input type="checkbox"/> |
| <b>Sources of Evidence:</b> Meeting with program director; Resident Manual; Interviews with residents; educational session attendance rosters.   |   |   |
| <b>Program Comments:</b>   |   |   |
| <b>Site Visitor Remarks</b><br>(to be completed by the site visitor)   |   |   |
| <b>Compliant</b> <input type="checkbox"/>  | <b>Compliant with Commendation</b> <input type="checkbox"/> | <b>Non-Compliant</b> <input type="checkbox"/> |
| <b>Comments:</b>   |   |   |

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|--|---|---|
| <b>Program's Response to Standards</b><br>(to be completed by the program director)  |   |   |
| 2.2 AOA competencies: The residency program must require its residents to obtain competencies in the following areas to the level expected of a new practitioner. Toward this end, programs must define the specific knowledge, skills, and attitudes required and provide educational experiences as needed for their residents to demonstrate:<br>2.2.1 Patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health. |   |   |
| <b>Program's Response</b>  | <b>Compliant</b> <input type="checkbox"/> | <b>Non-Compliant</b> <input type="checkbox"/> |

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|---|---|---|
| 2.2.2 Medical knowledge about established and evolving biomedical, clinical, and cognate (e.g. epidemiological and social-behavioral) sciences and the application of this knowledge to patient care.   |   |   |
| <b>Program's Response</b>   | <b>Compliant</b> <input type="checkbox"/>                   | <b>Non-Compliant</b> <input type="checkbox"/> |
| 2.2.3 Practice-based learning and improvement that involves investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care.  |   |   |
| <b>Program's Response</b>   | <b>Compliant</b> <input type="checkbox"/>                   | <b>Non-Compliant</b> <input type="checkbox"/> |
| 2.2.4 Interpersonal and communication skills that result in effective information exchange and teaming with patients, their families, and other health professionals.   |   |   |
| <b>Program's Response</b>   | <b>Compliant</b> <input type="checkbox"/>                   | <b>Non-Compliant</b> <input type="checkbox"/> |
| 2.2.5 Professionalism, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.  |   |   |
| <b>Program's Response</b>   | <b>Compliant</b> <input type="checkbox"/>                   | <b>Non-Compliant</b> <input type="checkbox"/> |
| 2.2.6 Systems-based practice, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of healthcare and the ability to effectively call on system resources to provide care that is of optimal value. |   |   |
| 2.2.7 Integration of osteopathic principles and osteopathic medical management.   |   |   |
| <b>Program's Response</b>   | <b>Compliant</b> <input type="checkbox"/>                   | <b>Non-Compliant</b> <input type="checkbox"/> |
| <b>Sources of Evidence:</b> Curriculum; Resident Evaluations; Interviews with residents.  |   |   |
| <b>Program Comments:</b>  |   |   |
| <b>Site Visitor Remarks</b><br>(to be completed by the site visitor)  |   |   |
| <b>Compliant</b> <input type="checkbox"/>   | <b>Compliant with Commendation</b> <input type="checkbox"/> | <b>Non-Compliant</b> <input type="checkbox"/> |
| <b>Comments:</b>  |   |   |

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| <b>Program's Response to Standards</b><br>(to be completed by the program director)  |   |   |
| 3.0 The program director and the physician faculty must be academically and professionally qualified and should maintain professional expertise appropriate to their educational and clinical responsibilities.  |   |   |
| 3.0.1 Both the program director and the faculty should affirm their commitment to the residency program by providing a quality education in all areas of the curriculum and by demonstrating active participation in the following educational activities: |   |   |
| <b>Program's Response</b>  | <b>Compliant</b> <input type="checkbox"/> | <b>Non-Compliant</b> <input type="checkbox"/> |
| 3.0.1.1 Appropriate resident supervision and instruction in the operating room, at the bedside, and in ambulatory settings.  |   |   |
| <b>Program's Response</b>  | <b>Compliant</b> <input type="checkbox"/> | <b>Non-Compliant</b> <input type="checkbox"/> |
| 3.0.1.2 Participation and teaching in academic conferences.  |   |   |
| <b>Program's Response</b>  | <b>Compliant</b> <input type="checkbox"/> | <b>Non-Compliant</b> <input type="checkbox"/> |
| 3.0.1.3 Participation in resident and program evaluation activities.   |   |   |
| <b>Program's Response</b>  | <b>Compliant</b> <input type="checkbox"/> | <b>Non-Compliant</b> <input type="checkbox"/> |
| 3.0.2 Non-physician faculty must be qualified in their area of expertise.  |   |   |
| <b>Program's Response</b>  | <b>Compliant</b> <input type="checkbox"/> | <b>Non-Compliant</b> <input type="checkbox"/> |
| 3.0.3 The general qualifications for a general surgery or surgical specialty program director must include:  |   |   |

|   |   |   |
|---|---|---|
| <b>Program's Response</b>   | <b>Compliant</b> <input type="checkbox"/>                   | <b>Non-Compliant</b> <input type="checkbox"/> |
| 3.0.3.1 Membership in the American College of Osteopathic Surgeons.   |   |   |
| <b>Program's Response</b>   | <b>Compliant</b> <input type="checkbox"/>                   | <b>Non-Compliant</b> <input type="checkbox"/> |
| 3.0.3.2 An active staff member in the department of surgery of the sponsoring institution or the primary training institution.  |   |   |
| <b>Program's Response</b>   | <b>Compliant</b> <input type="checkbox"/>                   | <b>Non-Compliant</b> <input type="checkbox"/> |
| 3.0.3.3 Demonstrated clinical, educational, teaching, administrative, and leadership skills.  |   |   |
| <b>Program's Response</b>   | <b>Compliant</b> <input type="checkbox"/>                   | <b>Non-Compliant</b> <input type="checkbox"/> |
| 3.0.3.4 Fulfillment of continuing medical education, such as appropriate State Board, AOA, and other professional society activities, including continuing education in medical and surgical teaching skills and faculty development activities.  |   |   |
| <b>Program's Response</b>   | <b>Compliant</b> <input type="checkbox"/>                   | <b>Non-Compliant</b> <input type="checkbox"/> |
| 3.0.3.5 Participation in community and professional organizations.  |   |   |
| <b>Program's Response</b>   | <b>Compliant</b> <input type="checkbox"/>                   | <b>Non-Compliant</b> <input type="checkbox"/> |
| 3.0.3.6 Certification criteria. (Reference Standards VI – XII for specialty-specific certification criteria.)   |   |   |
| <b>Program's Response</b>   | <b>Compliant</b> <input type="checkbox"/>                   | <b>Non-Compliant</b> <input type="checkbox"/> |
| 3.0.4 Exceptions to the qualifications, such as the special circumstances of non-AOA certification, must be submitted to the ACOS RESC for review and approval.   |   |   |
| <b>Program's Response</b>   | <b>Compliant</b> <input type="checkbox"/>                   | <b>Non-Compliant</b> <input type="checkbox"/> |
| 3.0.5 Interim program directors may be approved by the ACOS RESC for a maximum of two (2) years. Failure of the Program to fill the program director vacancy may lead to a recommendation by the RESC for a site visit. An individual can be appointed as an interim program director of a program in transition when the individual is in compliance with the requirements in Section III, 3.0.3 |   |   |
| <b>Program's Response</b>   | <b>Compliant</b> <input type="checkbox"/>                   | <b>Non-Compliant</b> <input type="checkbox"/> |
| <b>Sources of Evidence:</b> Interviews with residents; Resident files; Program files; Current resident manual, including resident dismissal/grievance process and work hour policy; Current surgery department/division rules and regulations; Current CVs of department members participating in the training program.   |   |   |
| <b>Program Comments:</b>  |   |   |
| <b>Site Visitor Remarks</b><br>(to be completed by the site visitor)  |   |   |
| <b>Compliant</b> <input type="checkbox"/>   | <b>Compliant with Commendation</b> <input type="checkbox"/> | <b>Non-Compliant</b> <input type="checkbox"/> |
| <b>Comments:</b>  |   |   |

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|--|---|---|
| <b>Program's Response to Standards</b><br>(to be completed by the program director)  |   |   |
| 3.1 A program director may serve as the director of medical education, but may not serve as program director of more than one residency program. |   |   |
| <b>Program's Response</b>  | <b>Compliant</b> <input type="checkbox"/> | <b>Non-Compliant</b> <input type="checkbox"/> |

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|---|---|---|
| <b>Sources of Evidence:</b> Organization Chart; cv of Program Director; Job Description |   |   |
| <b>Program Comments:</b>  |   |   |
| <b>Site Visitor Remarks</b><br>(to be completed by the site visitor)                    |   |   |
| <b>Compliant</b> <input type="checkbox"/>   | <b>Compliant with Commendation</b> <input type="checkbox"/> | <b>Non-Compliant</b> <input type="checkbox"/> |
| <b>Comments:</b>  |   |   |

| <b>Program's Response to Standards</b><br>(to be completed by the program director)  |   |   |
|--|---|---|
| 3.2 The general responsibilities of the program director must include, but are not limited to the following activities:  |   |   |
| 3.2.1 Administrative and educational responsibility for the conduct of the program consistent with the model AOA curriculum.   |   |   |
| <b>Program's Response</b>  | <b>Compliant</b> <input type="checkbox"/> | <b>Non-Compliant</b> <input type="checkbox"/> |
| 3.2.2 Arranging for affiliated training sites and electives to meet program objectives, consistent with approval of the DME.   |   |   |
| <b>Program's Response</b>  | <b>Compliant</b> <input type="checkbox"/> | <b>Non-Compliant</b> <input type="checkbox"/> |
| 3.2.3 Documenting compliance with the standards, policies, and procedures of the AOA.  |   |   |
| <b>Program's Response</b>  | <b>Compliant</b> <input type="checkbox"/> | <b>Non-Compliant</b> <input type="checkbox"/> |
| 3.2.4 Submitting reports as required by the AOA Approval Procedures. (Reference Section IV.)   |   |   |
| <b>Program's Response</b>  | <b>Compliant</b> <input type="checkbox"/> | <b>Non-Compliant</b> <input type="checkbox"/> |
| 3.2.5 Ensuring resident completion and submission of the resident annual reports to the ACOS.  |   |   |
| <b>Program's Response</b>  | <b>Compliant</b> <input type="checkbox"/> | <b>Non-Compliant</b> <input type="checkbox"/> |
| 3.2.6 Preparing the required documentation for, and participation in, the AOA site visit process.  |   |   |
| <b>Program's Response</b>  | <b>Compliant</b> <input type="checkbox"/> | <b>Non-Compliant</b> <input type="checkbox"/> |
| 3.2.7 Coordinating educational administrative activities of the training program to include resident schedules and resident assignments for educational activities.  |   |   |
| <b>Program's Response</b>  | <b>Compliant</b> <input type="checkbox"/> | <b>Non-Compliant</b> <input type="checkbox"/> |
| 3.2.8 Ensuring that all components of the training program are evaluated as required. (Reference Standard V.)  |   |   |
| <b>Program's Response</b>  | <b>Compliant</b> <input type="checkbox"/> | <b>Non-Compliant</b> <input type="checkbox"/> |
| 3.2.9 Encouraging residents to apply for ACOS resident membership status.  |   |   |
| <b>Program's Response</b>  | <b>Compliant</b> <input type="checkbox"/> | <b>Non-Compliant</b> <input type="checkbox"/> |
| 3.2.10 Attending the ACOS Osteopathic Surgical Educators' Seminar at least once every three years.   |   |   |
| <b>Program's Response</b>  | <b>Compliant</b> <input type="checkbox"/> | <b>Non-Compliant</b> <input type="checkbox"/> |
| 3.2.11 Registering program residents to utilize the ACOS electronic data collection/log system. Residents in general surgery, plastic and reconstructive surgery, neurological surgery, urological surgery, and general vascular surgery must utilize the ACOS electronic data collection/log system to document and submit logs of procedures for the annual resident report. (Reference Section IV, 12.1.3.) |   |   |
| <b>Program's Response</b>  | <b>Compliant</b> <input type="checkbox"/> | <b>Non-Compliant</b> <input type="checkbox"/> |

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| <b>Sources of Evidence:</b> Program Director Position Description; Affiliation Agreements; Program Files; Interviews with program coordinator; Site Inspector experience in organizing the visit; Resident Interviews; OPTI Mid-cycle Inspection; ACA Attendance; Ops logs; Resident files; Segregated Totals; Resident logs, annual reports, and scientific papers for each resident for the current and previous year; Aggregate resident evaluations of the program. |   |   |
| <b>Program Comments:</b>  |   |   |
| <b>Site Visitor Remarks</b><br>(to be completed by the site visitor)  |   |   |
| <b>Compliant</b> <input type="checkbox"/>   | <b>Compliant with Commendation</b> <input type="checkbox"/> | <b>Non-Compliant</b> <input type="checkbox"/> |
| <b>Comments:</b>  |   |   |

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|---|---|---|
| <b>Program's Response to Standards</b><br>(to be completed by the program director)   |   |   |
| 3.3 Procedural Requirements:  |   |   |
| 3.3.1 Program director appointments must be approved by the ACOS RESC with subsequent registry by the AOA. (Reference Section IV, 9.5.)                             |   |   |
| <b>Program's Response</b>   | <b>Compliant</b> <input type="checkbox"/>                   | <b>Non-Compliant</b> <input type="checkbox"/> |
| 3.3.2 Program directors may be dismissed for non-adherence to the AOA/ACOS Residency training standards. (Reference AOA Basic Documents for Postdoctoral Training.) |   |   |
| <b>Program's Response</b>   | <b>Compliant</b> <input type="checkbox"/>                   | <b>Non-Compliant</b> <input type="checkbox"/> |
| <b>Sources of Evidence:</b> Program Files, Institutional/Program Policies and Procedures  |   |   |
| <b>Program Comments:</b>  |   |   |
| <b>Site Visitor Remarks</b><br>(to be completed by the site visitor)  |   |   |
| <b>Compliant</b> <input type="checkbox"/>   | <b>Compliant with Commendation</b> <input type="checkbox"/> | <b>Non-Compliant</b> <input type="checkbox"/> |
| <b>Comments:</b>  |   |   |

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|--|---|---|
| <b>Program's Response to Standards</b><br>(to be completed by the program director)  |   |   |
| 4.0 The following documentation must be available for review at the time of the site visit:  |   |   |
| 4.0.1 Each resident file must contain the following documentation attesting to their professional qualifications to matriculate for full-time study:               |   |   |
| <b>Program's Response</b>  | <b>Compliant</b> <input type="checkbox"/> | <b>Non-Compliant</b> <input type="checkbox"/> |
| 4.0.1.1 Graduation from an AOA-approved college of osteopathic medicine, documented by an official graduation transcript from the college of osteopathic medicine. |   |   |

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| <b>Program's Response</b>  | <b>Compliant</b> <input type="checkbox"/>                   | <b>Non-Compliant</b> <input type="checkbox"/> |
| 4.0.1.2 Completion of an AOA-approved internship, documented by a certificate and letter of recommendation from the director of medical education (DME) of the internship program of graduation.   |   |   |
| <b>Program's Response</b>  | <b>Compliant</b> <input type="checkbox"/>                   | <b>Non-Compliant</b> <input type="checkbox"/> |
| 4.0.1.3 Current licensure as a physician in the state(s) where the training program and clinical training site(s) are located.   |   |   |
| <b>Program's Response</b>  | <b>Compliant</b> <input type="checkbox"/>                   | <b>Non-Compliant</b> <input type="checkbox"/> |
| 4.0.1.4 Membership in the AOA, which must be maintained throughout the residency program.  |   |   |
| <b>Program's Response</b>  | <b>Compliant</b> <input type="checkbox"/>                   | <b>Non-Compliant</b> <input type="checkbox"/> |
| 4.0.1.5 A current, signed, contract between the resident and the sponsoring institution. (Reference Section IV,10.)  |   |   |
| <b>Program's Response</b>  | <b>Compliant</b> <input type="checkbox"/>                   | <b>Non-Compliant</b> <input type="checkbox"/> |
| <b>Sources of Evidence:</b> Resident Files containing documentation attesting to each resident's professional qualifications to include: <ul style="list-style-type: none"> <li>▪ Official graduation transcript from the college of osteopathic medicine;</li> <li>▪ Certificate and letter of recommendation from the DME of the internship program of graduation;</li> <li>▪ Current licensure as a physician in the state where the training program and clinical training site(s) are located; and Membership in the AOA; Resident Interviews.</li> </ul> |   |   |
| <b>Program Comments:</b>   |   |   |
| <b>Site Visitor Remarks</b><br><small>(to be completed by the site visitor)</small>  |   |   |
| <b>Compliant</b> <input type="checkbox"/>  | <b>Compliant with Commendation</b> <input type="checkbox"/> | <b>Non-Compliant</b> <input type="checkbox"/> |
| <b>Comments:</b>   |   |   |

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|--|---|---|
| <b>Program's Response to Standards</b><br><small>(to be completed by the program director)</small>   |   |   |
| 4.1 Each resident must be provided with a handbook, which should include, but is not limited to, the following policies and procedures:  |   |   |
| 4.1.1 Moonlighting and other extra-program activities: The resident must engage only in program director-approved outside activities which do not interfere with the resident performance in the training program. |   |   |
| <b>Program's Response</b>  | <b>Compliant</b> <input type="checkbox"/> | <b>Non-Compliant</b> <input type="checkbox"/> |
| 4.1.2 Policies prohibiting the resident from acting as a consultant, engaging in a private specialty practice, or maintaining attending status during the residency program.                                       |   |   |
| <b>Program's Response</b>  | <b>Compliant</b> <input type="checkbox"/> | <b>Non-Compliant</b> <input type="checkbox"/> |
| 4.1.3 Resident-maintained educational records.   |   |   |
| <b>Program's Response</b>  | <b>Compliant</b> <input type="checkbox"/> | <b>Non-Compliant</b> <input type="checkbox"/> |
| 4.1.3.1 The resident is required to maintain and accurately complete records for their educational activities in the required surgical log form.   |   |   |
| <b>Program's Response</b>  | <b>Compliant</b> <input type="checkbox"/> | <b>Non-Compliant</b> <input type="checkbox"/> |

|   |   |   |
|---|---|---|
| 4.1.3.1.2 The logs must be submitted at the end of each rotation to the program director for review and verification.   |   |   |
| <b>Program's Response</b>   | <b>Compliant</b> <input type="checkbox"/>                   | <b>Non-Compliant</b> <input type="checkbox"/> |
| 4.1.3.1.3 The logs should document the fulfillment of the requirements of the program, describing the scope, volume, and variety, progressive responsibility by the resident.   |   |   |
| <b>Program's Response</b>   | <b>Compliant</b> <input type="checkbox"/>                   | <b>Non-Compliant</b> <input type="checkbox"/> |
| 4.1.3.2 The resident is required to complete and submit the annual resident report to the ACOS RESC within 30 days of completion of each contract year. (Reference Section IV, 12.)<br>The ACOS does not review annual resident reports that are three or more years delinquent.  |   |   |
| <b>Program's Response</b>   | <b>Compliant</b> <input type="checkbox"/>                   | <b>Non-Compliant</b> <input type="checkbox"/> |
| 4.1.4 Resident duties and responsibilities: for example, clinical procedures and general orders; resident responsibilities for teaching and instruction of other residents, medical students, and other professional personnel.   |   |   |
| <b>Program's Response</b>   | <b>Compliant</b> <input type="checkbox"/>                   | <b>Non-Compliant</b> <input type="checkbox"/> |
| 4.1.5 Resident participation in professional staff activities: for example, patient care, department meetings, mortality and morbidity meetings.  |   |   |
| <b>Program's Response</b>   | <b>Compliant</b> <input type="checkbox"/>                   | <b>Non-Compliant</b> <input type="checkbox"/> |
| 4.1.6 Required participation of each general surgery resident in the annual ACOS general surgery in-service examination. General surgery emphasis interns may take the examination at the discretion of the program director.   |   |   |
| <b>Program's Response</b>   | <b>Compliant</b> <input type="checkbox"/>                   | <b>Non-Compliant</b> <input type="checkbox"/> |
| 4.1.7 Required completion of the scientific and research component of the curriculum. (Reference Section V, Appendix 3.)  |   |   |
| <b>Program's Response</b>   | <b>Compliant</b> <input type="checkbox"/>                   | <b>Non-Compliant</b> <input type="checkbox"/> |
| 4.1.8 The model ACOS Curriculum for Surgery and Surgical Specialties, including the program goals and objectives for the general surgery and the applicable surgical specialty training program for each assignment and for each level in the program.  |   |   |
| <b>Program's Response</b>   | <b>Compliant</b> <input type="checkbox"/>                   | <b>Non-Compliant</b> <input type="checkbox"/> |
| 4.1.9 All applicable policies and procedures of the sponsoring institution and the primary training institution, such as, work hours, call, and leave policies; financial arrangements, including housing, meals, and benefits; resident supervision and evaluation; specifics of contract renewal; and disciplinary, due process, and appeal policies.   |   |   |
| <b>Program's Response</b>   | <b>Compliant</b> <input type="checkbox"/>                   | <b>Non-Compliant</b> <input type="checkbox"/> |
| <b>Sources of Evidence:</b> Resident Interviews; Resident Files; Resident Evaluations; Journal Club Minutes; In-Service Exam Reports; Model Curriculum; Current resident manual, including resident dismissal/grievance process and work hour policy; Mortality book for the current and previous year; Current program description (includes a mission statement, goals and objectives, curriculum, summary of academic and clinical experience, resident-patient care responsibilities, rules and regulations). |   |   |
| <b>Program Comments:</b>  |   |   |
| <b>Site Visitor Remarks</b><br>(to be completed by the site visitor)  |   |   |
| <b>Compliant</b> <input type="checkbox"/>   | <b>Compliant with Commendation</b> <input type="checkbox"/> | <b>Non-Compliant</b> <input type="checkbox"/> |

**Comments:**

| <b>Program's Response to Standards</b><br>(to be completed by the program director)  |   |   |
|--|---|---|
| 4.2 Residency Training Evaluation  |   |   |
| 4.2.1 The RESC evaluates each year of a resident's training. Each year of training must be approved by the RESC before a resident will be considered to have successfully completed a residency training program approved by the ACOS and AOA. Successful completion is a prerequisite for eligibility for certification by the AOA through the American Osteopathic Board of Surgery (AOBS).  |   |   |
| <b>Program's Response</b>  | <b>Compliant</b> <input type="checkbox"/> | <b>Non-Compliant</b> <input type="checkbox"/> |
| 4.2.2 Annual resident reports must be received by the ACOS within 30 days of the completion of the resident's contract year. Incomplete annual resident reports submitted to the ACOS will not be reviewed by the RESC. (Reference Section IV, 12.)  |   |   |
| <b>Program's Response</b>  | <b>Compliant</b> <input type="checkbox"/> | <b>Non-Compliant</b> <input type="checkbox"/> |
| 4.2.3 Segregated totals submitted by the resident must demonstrate adequate scope, volume and variety. Residents must complete a minimum volume of cases:  |   |   |
| General Surgery (See Section III, Standard VI, 6.3)  |   |   |
| General Vascular Surgery (See Section III, Standard VII, 7.3)  |   |   |
| Cardiothoracic Surgery - (See Section III, Standard VIII, 8.3)   |   |   |
| Surgical Critical Care - (See Section III, Standard IX, 9.4)   |   |   |
| Neurological Surgery - (See Section III, Standard X, 10.3 & 10.4.1)  |   |   |
| Plastic & Reconstructive Surgery (See Section III, Standard XI, 11.4)  |   |   |
| Urological Surgery (See Section III, Standard XII, 12.3)   |   |   |
| <b>Program's Response</b>  | <b>Compliant</b> <input type="checkbox"/> | <b>Non-Compliant</b> <input type="checkbox"/> |
| 4.2.4 Residents must meet the applicable requirements for scientific research for their specialty. The scientific research paper or other research project submitted for credit towards the annual resident report must be approved by the program director and adhere to The ACOS Trainer's Evaluation Format for the Resident Original Scientific Research Paper. Only one resident may receive credit for a paper or poster session submitted for the research project. |   |   |
| <b>Program's Response</b>  | <b>Compliant</b> <input type="checkbox"/> | <b>Non-Compliant</b> <input type="checkbox"/> |
| 4.2.5 Residents must review and sign the Program Director's Annual Resident Evaluation Report for Surgery.   |   |   |
| <b>Program's Response</b>  | <b>Compliant</b> <input type="checkbox"/> | <b>Non-Compliant</b> <input type="checkbox"/> |
| 4.2.6 Residents must submit a satisfactory evaluation signed by their program director that recommends that the resident be advanced to the next year of training, or if applicable, for program completion.   |   |   |
| <b>Program's Response</b>  | <b>Compliant</b> <input type="checkbox"/> | <b>Non-Compliant</b> <input type="checkbox"/> |
| 4.2.7 Residents must evaluate their program director by completing and signing the Resident's Annual Evaluation Report of the Program Director.  |   |   |
| <b>Program's Response</b>  | <b>Compliant</b> <input type="checkbox"/> | <b>Non-Compliant</b> <input type="checkbox"/> |
| 4.2.8 Residents in general surgery training programs shall have completed the annual ACOS in-service examination.  |   |   |
| <b>Program's Response</b>  | <b>Compliant</b> <input type="checkbox"/> | <b>Non-Compliant</b> <input type="checkbox"/> |
| <b>Sources of Evidence:</b> Resident Files; Resident logs, annual reports, and scientific papers for each resident for the current and previous year; In-Service Exam Results.   |   |   |

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| <b>Program Comments:</b>  |   |   |
| <b>Site Visitor Remarks</b><br><small>(to be completed by the site visitor)</small> |   |   |
| <b>Compliant</b> <input type="checkbox"/>   | <b>Compliant with Commendation</b> <input type="checkbox"/> | <b>Non-Compliant</b> <input type="checkbox"/> |
| <b>Comments:</b>  |   |   |

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| <b>Program's Response to Standards</b><br><small>(to be completed by the program director)</small>   |   |   |
| 5.0 The program director, with faculty input, must complete written evaluations of resident performance at least quarterly. This must include evaluations from all affiliated training sites and elective assignments. |   |   |
| <b>Program's Response</b>  | <b>Compliant</b> <input type="checkbox"/>                   | <b>Non-Compliant</b> <input type="checkbox"/> |
| 5.0.1 The evaluations should be learner-centered, developmental, improvement-oriented, and based upon educational objectives for each assignment and program activity, and reflect the AOA core competencies.          |   |   |
| <b>Program's Response</b>  | <b>Compliant</b> <input type="checkbox"/>                   | <b>Non-Compliant</b> <input type="checkbox"/> |
| 5.0.2 Completed evaluations must be signed by the program director and the resident as documentation that evaluation and counseling have occurred quarterly as required.   |   |   |
| <b>Program's Response</b>  | <b>Compliant</b> <input type="checkbox"/>                   | <b>Non-Compliant</b> <input type="checkbox"/> |
| 5.0.3 Copies of the quarterly evaluations should be filed, made available to the resident upon request, and submitted to the RESC as necessary or requested (Reference Section IV, 12.1.1.)                            |   |   |
| <b>Program's Response</b>  | <b>Compliant</b> <input type="checkbox"/>                   | <b>Non-Compliant</b> <input type="checkbox"/> |
| 5.0.4 Residents requiring remediation or counseling should be evaluated more frequently.   |   |   |
| <b>Program's Response</b>  | <b>Compliant</b> <input type="checkbox"/>                   | <b>Non-Compliant</b> <input type="checkbox"/> |
| 5.0.5 A final evaluation of each resident's general and technical abilities which attests to their competence at graduation from the program, must be completed and filed with their permanent record.                 |   |   |
| <b>Program's Response</b>  | <b>Compliant</b> <input type="checkbox"/>                   | <b>Non-Compliant</b> <input type="checkbox"/> |
| Sources of Evidence: Resident Files; Resident Interviews, Annual Reports; Evaluations of each resident for base institution and outside rotations for the current and previous year                                    |   |   |
| <b>Program Comments:</b>   |   |   |
| <b>Site Visitor Remarks</b><br><small>(to be completed by the site visitor)</small>  |   |   |
| <b>Compliant</b> <input type="checkbox"/>  | <b>Compliant with Commendation</b> <input type="checkbox"/> | <b>Non-Compliant</b> <input type="checkbox"/> |
| <b>Comments:</b>   |   |   |

| Program's Response to Standards<br><small>(to be completed by the program director)</small>   |   |   |
|---|---|---|
| 5.1 The program director and the faculty should be peer evaluated annually with respect to their teaching abilities, commitment to the program, and scholarly activities. |   |   |
| <b>Program's Response</b>   | <b>Compliant</b> <input type="checkbox"/>                   | <b>Non-Compliant</b> <input type="checkbox"/> |
| Sources of Evidence: Resident Interviews; Annual Reports; Aggregate resident evaluations of the program   |   |   |
| <b>Program Comments:</b>  |   |   |
| Site Visitor Remarks<br><small>(to be completed by the site visitor)</small>  |   |   |
| <b>Compliant</b> <input type="checkbox"/>   | <b>Compliant with Commendation</b> <input type="checkbox"/> | <b>Non-Compliant</b> <input type="checkbox"/> |
| <b>Comments:</b>  |   |   |

| Program's Response to Standards<br><small>(to be completed by the program director)</small>  |   |   |
|--|---|---|
| 5.2 The quality of the program should be evaluated at least annually by the program director, faculty, and residents, and the results should be used for program improvement.  |   |   |
| 5.2.1 Recommended methods include: program improvement and outcome results such as resident in-service examination scores and graduate performance on the certifying examination; postgraduate professional performance satisfaction surveys and records of the professional accomplishments of the program graduates; the resident attrition rate from the program and the percent of graduates completing the program on time. |   |   |
| <b>Program's Response</b>  | <b>Compliant</b> <input type="checkbox"/>                   | <b>Non-Compliant</b> <input type="checkbox"/> |
| <b>Sources of Evidence:</b> Resident Interviews; Departmental Meeting Minutes; Aggregate resident evaluations of the program.  |   |   |
| <b>Program Comments:</b>   |   |   |
| Site Visitor Remarks<br><small>(to be completed by the site visitor)</small>   |   |   |
| <b>Compliant</b> <input type="checkbox"/>  | <b>Compliant with Commendation</b> <input type="checkbox"/> | <b>Non-Compliant</b> <input type="checkbox"/> |
| <b>Comments:</b>   |   |   |

| Program's Response to Standards<br><small>(to be completed by the program director)</small>  |   |   |
|--|---|---|
| 5.3 Annual evaluation of the resident<br>The program director must submit the <i>Program Director's Annual Resident Evaluation Report for Surgery</i> with the resident annual reports (Reference Section IV, 12.1.1.) |   |   |
| <b>Program's Response</b>  | <b>Compliant</b> <input type="checkbox"/>                   | <b>Non-Compliant</b> <input type="checkbox"/> |
| Sources of Evidence: Resident Files; Annual Reports  |   |   |
| Program Comments:  |   |   |
| Site Visitor Remarks<br><small>(to be completed by the site visitor)</small>   |   |   |
| <b>Compliant</b> <input type="checkbox"/>  | <b>Compliant with Commendation</b> <input type="checkbox"/> | <b>Non-Compliant</b> <input type="checkbox"/> |
| Comments:  |   |   |

| Program's Response to Standards<br><small>(to be completed by the program director)</small>  |   |   |
|--|---|---|
| Standard X. Neurological Surgery<br>Neurological surgery is the surgical specialty that provides operative and non-operative care to patients of all ages with the management of disorders of the central, peripheral, and autonomic nervous systems, including their support structures and vascular supply.<br>10.0 The neurological surgery program should provide a meaningful education that prepares the resident upon graduation to demonstrate these competencies:<br>10.0.1 Cognitive<br>10.0.1.1 Demonstrate the ability to integrate the sciences applicable to neurological surgery with clinical experiences in a progressive manner. |   |   |
| <b>Program's Response</b>  | <b>Compliant</b> <input type="checkbox"/>                   | <b>Non-Compliant</b> <input type="checkbox"/> |
| 10.0.1.2 Demonstrate critical thinking and problem-solving skills.   |   |   |
| <b>Program's Response</b>  | <b>Compliant</b> <input type="checkbox"/>                   | <b>Non-Compliant</b> <input type="checkbox"/> |
| 10.0.1.3 Demonstrate the ability to interpret and participate in clinical research.  |   |   |
| <b>Program's Response</b>  | <b>Compliant</b> <input type="checkbox"/>                   | <b>Non-Compliant</b> <input type="checkbox"/> |
| Sources of Evidence: Curriculum, Resident Evaluation   |   |   |
| Program Comments:  |   |   |
| Site Visitor Remarks<br><small>(to be completed by the site visitor)</small>   |   |   |
| <b>Compliant</b> <input type="checkbox"/>  | <b>Compliant with Commendation</b> <input type="checkbox"/> | <b>Non-Compliant</b> <input type="checkbox"/> |

**Comments:**

**Program's Response to Standards**  
(to be completed by the program director)

10.0.2 Psychomotor and technical skills  
10.0.2.1 Demonstrate osteopathic diagnoses and manipulative therapy, as appropriate, in the care of patients.

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|---------------------------|---|---|
| <b>Program's Response</b> | <b>Compliant</b> <input type="checkbox"/> | <b>Non-Compliant</b> <input type="checkbox"/> |
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10.0.2.2 Demonstrate competent clinical patient care in a progressive manner which results in the ability to provide complete patient management.

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| <b>Program's Response</b> | <b>Compliant</b> <input type="checkbox"/> | <b>Non-Compliant</b> <input type="checkbox"/> |
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10.0.2.3 Demonstrate proficient psychomotor skills required of a competent neurological surgeon.

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| <b>Program's Response</b> | <b>Compliant</b> <input type="checkbox"/> | <b>Non-Compliant</b> <input type="checkbox"/> |
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10.0.3 Communication skills

10.0.3.1 Collaborate effectively, and share knowledge with colleagues and allied health professionals.

|                           |   |   |
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| <b>Program's Response</b> | <b>Compliant</b> <input type="checkbox"/> | <b>Non-Compliant</b> <input type="checkbox"/> |
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10.0.3.2 Educate patients and their families concerning healthcare needs.

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| <b>Program's Response</b> | <b>Compliant</b> <input type="checkbox"/> | <b>Non-Compliant</b> <input type="checkbox"/> |
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**Sources of Evidence:** Curriculum, Resident Evaluation

**Program Comments:**

**Site Visitor Remarks**  
(to be completed by the site visitor)

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| <b>Compliant</b> <input type="checkbox"/> | <b>Compliant with Commendation</b> <input type="checkbox"/> | <b>Non-Compliant</b> <input type="checkbox"/> |
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**Comments:**

**Program's Response to Standards**  
(to be completed by the program director)

10.0.4 Practice Management  
10.0.4.1 Make sound, ethical, and legal judgments in the practice of neurological surgery.

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| <b>Program's Response</b> | <b>Compliant</b> <input type="checkbox"/> | <b>Non-Compliant</b> <input type="checkbox"/> |
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10.0.4.2 Provide cost-effective care to neurological surgery patients.

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| <b>Program's Response</b> | <b>Compliant</b> <input type="checkbox"/> | <b>Non-Compliant</b> <input type="checkbox"/> |
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10.0.5 Professional attitudes and abilities

10.0.5.1 Promote a broad understanding of the role of neurological surgery as it relates to other medical disciplines.

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| <b>Program's Response</b> | <b>Compliant</b> <input type="checkbox"/> | <b>Non-Compliant</b> <input type="checkbox"/> |
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10.0.5.2 Develop professional leadership and management skills.

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| <b>Program's Response</b> | <b>Compliant</b> <input type="checkbox"/> | <b>Non-Compliant</b> <input type="checkbox"/> |
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10.0.5.3 Foster lifelong learning in medical education which results in personal and professional growth.

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| <b>Program's Response</b>  | <b>Compliant</b> <input type="checkbox"/>                   | <b>Non-Compliant</b> <input type="checkbox"/> |
| 10.0.5.4 Develop interest in and understanding of research in the specialty.   |   |   |
| <b>Program's Response</b>  | <b>Compliant</b> <input type="checkbox"/>                   | <b>Non-Compliant</b> <input type="checkbox"/> |
| 10.0.5.5 Provide residents with the knowledge, skills, and abilities to meet certification requirements of the AOA through the American Osteopathic Board of Surgery (AOBS)          |   |   |
| <b>Program's Response</b>  | <b>Compliant</b> <input type="checkbox"/>                   | <b>Non-Compliant</b> <input type="checkbox"/> |
| 10.0.5.6 Participate in community and professional organizations   |   |   |
| <b>Program's Response</b>  | <b>Compliant</b> <input type="checkbox"/>                   | <b>Non-Compliant</b> <input type="checkbox"/> |
| 10.0.5.7 Upon successful completion of the program, the graduate should be prepared to meet certification requirements of the AOA through the American Osteopathic Board of Surgery. |   |   |
| <b>Program's Response</b>  | <b>Compliant</b> <input type="checkbox"/>                   | <b>Non-Compliant</b> <input type="checkbox"/> |
| <b>Sources of Evidence:</b> Curriculum, Resident Evaluation  |   |   |
| <b>Program Comments:</b>   |   |   |
| <b>Site Visitor Remarks</b><br>(to be completed by the site visitor)   |   |   |
| <b>Compliant</b> <input type="checkbox"/>  | <b>Compliant with Commendation</b> <input type="checkbox"/> | <b>Non-Compliant</b> <input type="checkbox"/> |
| <b>Comments:</b>   |   |   |

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| <b>Program's Response to Standards</b><br>(to be completed by the program director)  |   |   |
| 10.1 The length of the neurological surgery residency program is SIX years WHICH INCLUDES AN AOA-APPROVED COMMON SURGERY OGME-1R YEAR.   |   |   |
| 10.1.1 The neurological surgery program must include:  |   |   |
| 10.1.2.1 Three months of general surgery to be completed in the first year.  |   |   |
| <b>Program's Response</b>  | <b>Compliant</b> <input type="checkbox"/> | <b>Non-Compliant</b> <input type="checkbox"/> |
| 10.1.2.2 Three months of neurology, unless one year of neurology training was completed in the formal residency program.   |   |   |
| <b>Program's Response</b>  | <b>Compliant</b> <input type="checkbox"/> | <b>Non-Compliant</b> <input type="checkbox"/> |
| 10.1.2.3 Six months of assignments selected from: neurological surgery, critical care medicine, neurology, neuroradiology, neuropathology, neuroophthalmology.   |   |   |
| <b>Program's Response</b>  | <b>Compliant</b> <input type="checkbox"/> | <b>Non-Compliant</b> <input type="checkbox"/> |
| 10.1.2.4 Twelve months of electives which may be spent in clinical neurosurgery including the neurosurgery subspecialty areas arranged through affiliated training sites, or research (basic or clinical) as determined to be appropriate by the program director; and |   |   |
| <b>Program's Response</b>  | <b>Compliant</b> <input type="checkbox"/> | <b>Non-Compliant</b> <input type="checkbox"/> |
| 10.1.2.5 Thirty-six months of clinical neurological surgery.   |   |   |
| <b>Program's Response</b>  | <b>Compliant</b> <input type="checkbox"/> | <b>Non-Compliant</b> <input type="checkbox"/> |

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| <b>Sources of Evidence:</b> Curriculum, Program Description, Resident Manual, Rotation Schedule |   |   |
| <b>Program Comments:</b>  |   |   |
| <b>Site Visitor Remarks</b><br>(to be completed by the site visitor)                            |   |   |
| <b>Compliant</b> <input type="checkbox"/>   | <b>Compliant with Commendation</b> <input type="checkbox"/> | <b>Non-Compliant</b> <input type="checkbox"/> |
| <b>Comments:</b>  |   |   |

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| <b>Program's Response to Standards</b><br>(to be completed by the program director)   |   |   |
| 10.1.3 The final twelve months of the program should be spent as chief resident in the primary training institution, under appropriate supervision, and demonstrating advanced-level responsibilities.  |   |   |
| <b>Program's Response</b>   | <b>Compliant</b> <input type="checkbox"/>                   | <b>Non-Compliant</b> <input type="checkbox"/> |
| 10.1.4 The resident must be assigned periodically, and preferably during the chief year, to neurosurgeon offices for orientation to office practice.  |   |   |
| <b>Program's Response</b>   | <b>Compliant</b> <input type="checkbox"/>                   | <b>Non-Compliant</b> <input type="checkbox"/> |
| 10.1.5 Affiliated training sites are not permitted during the first neurosurgery year and may not exceed a total of fifteen months during the four-year period. Short courses of two weeks or less will not apply to the fifteen-month limit. |   |   |
| <b>Program's Response</b>   | <b>Compliant</b> <input type="checkbox"/>                   | <b>Non-Compliant</b> <input type="checkbox"/> |
| <b>Sources of Evidence:</b> Curriculum, Program Description, Resident Manual, Resident Evaluation   |   |   |
| <b>Program Comments:</b>  |   |   |
| <b>Site Visitor Remarks</b><br>(to be completed by the site visitor)  |   |   |
| <b>Compliant</b> <input type="checkbox"/>   | <b>Compliant with Commendation</b> <input type="checkbox"/> | <b>Non-Compliant</b> <input type="checkbox"/> |
| <b>Comments:</b>  |   |   |

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| <b>Program's Response to Standards</b><br>(to be completed by the program director)  |   |   |
| 10.2 The program curriculum should meet or exceed the ACOS model curriculum and should include the following:  |   |   |
| 10.2.1 Medical and surgical neurology; pathology of the nervous system; surgical anatomy of the nervous system; neurological surgery, special procedures, and trauma; pediatric neurosurgery; and functional disease and pain related to neurosurgery. |   |   |
| <b>Program's Response</b>  | <b>Compliant</b> <input type="checkbox"/> | <b>Non-Compliant</b> <input type="checkbox"/> |
| 10.2.2 Resident participation in all autopsies for the service. Additional experience in other autopsies is highly desirable.  |   |   |

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| <b>Program's Response</b>  | <b>Compliant</b> <input type="checkbox"/>                   | <b>Non-Compliant</b> <input type="checkbox"/> |
| 10.2.3 Residents must be familiarized with the macroscopic and microscopic appearance of nervous system tissues. |   |   |
| <b>Program's Response</b>  | <b>Compliant</b> <input type="checkbox"/>                   | <b>Non-Compliant</b> <input type="checkbox"/> |
| <b>Sources of Evidence:</b> Curriculum, Resident Evaluation, Resident Files                                      |   |   |
| <b>Program Comments:</b>   |   |   |
| <b>Site Visitor Remarks</b><br>(to be completed by the site visitor)   |   |   |
| <b>Compliant</b> <input type="checkbox"/>  | <b>Compliant with Commendation</b> <input type="checkbox"/> | <b>Non-Compliant</b> <input type="checkbox"/> |
| <b>Comments:</b>   |   |   |

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| <b>Program's Response to Standards</b><br>(to be completed by the program director)  |   |   |
| 10.3 The program should provide each resident with a sufficient volume, variety, and scope of clinical experience in neurological surgery.<br>10.3.1 Each resident must document by program completion, participation, under appropriate supervision, of a minimum of 400 major surgical procedures, 200 of which must be major neurological surgery procedures with an appropriate distribution of cranial, extracranial, peripheral nerve and spine cases. |   |   |
| <b>Program's Response</b>  | <b>Compliant</b> <input type="checkbox"/>                   | <b>Non-Compliant</b> <input type="checkbox"/> |
| <b>Sources of Evidence:</b> Curriculum, Ops Logs   |   |   |
| <b>Program Comments:</b>   |   |   |
| <b>Site Visitor Remarks</b><br>(to be completed by the site visitor)   |   |   |
| <b>Compliant</b> <input type="checkbox"/>  | <b>Compliant with Commendation</b> <input type="checkbox"/> | <b>Non-Compliant</b> <input type="checkbox"/> |
| <b>Comments:</b>   |   |   |

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| <b>Program's Response to Standards</b><br>(to be completed by the program director)  |   |   |
| 10.4 The primary training institution should document the following educational support to provide the resident with the necessary progressive operative experience in the specialty.<br>10.4.1 Within the total clinical facilities available to the training program, there should be a minimum of 400 major neurological surgery procedures per year per finishing resident. It must be understood that achievement of this minimum number of clinical procedures will not ensure approval of a training program. |   |   |
| <b>Program's Response</b>  | <b>Compliant</b> <input type="checkbox"/> | <b>Non-Compliant</b> <input type="checkbox"/> |

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|---|---|---|
| 10.4.2 A minimum of 100 adult clinical beds.  |   |   |
| <b>Program's Response</b>   | <b>Compliant</b> <input type="checkbox"/>                   | <b>Non-Compliant</b> <input type="checkbox"/> |
| 10.4.3 A minimum of 100 neurosurgical admissions per resident per year.                                     |   |   |
| <b>Program's Response</b>   | <b>Compliant</b> <input type="checkbox"/>                   | <b>Non-Compliant</b> <input type="checkbox"/> |
| 10.4.4 Sufficient institutional resources, including patient volume, to train at least three (3) residents. |   |   |
| <b>Program's Response</b>   | <b>Compliant</b> <input type="checkbox"/>                   | <b>Non-Compliant</b> <input type="checkbox"/> |
| <b>Sources of Evidence:</b> Department Segregated Totals, Ops Logs  |   |   |
| <b>Program Comments:</b>  |   |   |
| <b>Site Visitor Remarks</b><br><small>(to be completed by the site visitor)</small>                         |   |   |
| <b>Compliant</b> <input type="checkbox"/>   | <b>Compliant with Commendation</b> <input type="checkbox"/> | <b>Non-Compliant</b> <input type="checkbox"/> |
| <b>Comments:</b>  |   |   |

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| <b>Program's Response to Standards</b><br><small>(to be completed by the program director)</small>   |   |   |
| 10.5 Qualifications of the program director and the faculty  |   |   |
| 10.5.1 The program director must be certified in neurological surgery by the AOA through the AOBS or ABNS.   |   |   |
| <b>Program's Response</b>  | <b>Compliant</b> <input type="checkbox"/>                   | <b>Non-Compliant</b> <input type="checkbox"/> |
| 10.5.2 There must be a minimum of two neurosurgery faculty, one of whom may be the program director. One faculty member must be AOA-certified or eligible in neurological surgery, the other faculty member must be at least board-eligible in neurological surgery. |   |   |
| <b>Program's Response</b>  | <b>Compliant</b> <input type="checkbox"/>                   | <b>Non-Compliant</b> <input type="checkbox"/> |
| 10.5.3 Each neurological surgery faculty member must perform a minimum of 50 major neurological surgery procedures per year in the teaching institution.   |   |   |
| <b>Program's Response</b>  | <b>Compliant</b> <input type="checkbox"/>                   | <b>Non-Compliant</b> <input type="checkbox"/> |
| <b>Sources of Evidence:</b> Position Description, Faculty List   |   |   |
| <b>Program Comments:</b>   |   |   |
| <b>Site Visitor Remarks</b><br><small>(to be completed by the site visitor)</small>  |   |   |
| <b>Compliant</b> <input type="checkbox"/>  | <b>Compliant with Commendation</b> <input type="checkbox"/> | <b>Non-Compliant</b> <input type="checkbox"/> |
| <b>Comments:</b>   |   |   |