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**INSPECTION WORKBOOK FOR  
RESIDENCY TRAINING IN OSTEOPATHIC  
FAMILY PRACTICE AND MANIPULATIVE  
TREATMENT - PROGRAM DIRECTORS**

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## **PART ONE: INTRODUCTION**

The mission of the American College of Osteopathic Family Physicians (ACOFP) is to promote excellence in osteopathic family medicine through quality education, visionary leadership and responsible advocacy. To accomplish this mission ACOFP establishes and maintains the highest possible educational standards in its family practice training program.

The Committee on Education & Evaluation (CEE) is the ACOFP committee responsible for dealing with education issues. The mission of the CEE is to ensure the quality and guide the development of osteopathic family practice residency training programs through its AOA/ACOFP Basic Standards for Residency Training in Osteopathic Family Practice and Manipulative Treatment, Program Director Training, In-Service Exam, and Program Reviews.

Suggestions for modification to this document, the standards, or the inspection process can be directed to the ACOFP Committee on Education & Evaluation at 330 E. Algonquin Road, Arlington Heights, Illinois 60005.

## **PART TWO: PREPARING FOR THE SITE VISIT**

Please complete the following prior to the inspection:

- A. Organization of documents to be available at time of the visit, (Part I-A: On-Site Review of Documents), and
- B. A set of self-study questions to be answered prior to the visit, (Part I-B: Self-Study Questions). The program director is required to send the responses to the questions to the AOA at least thirty days prior to the inspection. AOA staff then forwards the responses to the site inspector. If the materials are not received in advance, this may be interpreted as non-compliance and could put the program in jeopardy. If the site inspector has not received required materials by two weeks before the date of the inspection, the site inspector should contact the program director directly to discuss.
- C. Communication with the Site Inspector
  1. Responsibilities of Site Inspector before the Visit

When a potential site inspector is asked to inspect a program, his or her first responsibility is to determine whether there is a conflict of interest in conducting this inspection, as discussed previously. The site inspector must be prepared to make either a positive or negative report based on findings at the institution, without any real or apparent influence from personal relationships with the institution or program faculty.

After a site inspector has been assigned by ACOFP, the AOA staff sends a letter to both the site inspector and the residency program director at the institution being inspected to confirm the name of the inspector and to ensure that preparations are made for the inspection.

If the materials are not received in advance, this may be interpreted as non-compliance and could put the program in jeopardy.

In preliminary telephone conversations with the program director, the inspector should address the following points:

1. Date of the inspection (often must be coordinated with one or two other inspections in the same region, to be conducted in the same general time period.) Generally speaking, the site visit should be conducted on a weekday, which is not a holiday, on a date when the institution's Director of Medical Education (DME) and program faculty will be available to meet with the site inspector, and when the program residents are on-site and available for interview. Other schedules (as, involving a weekend day) may be negotiated if mutually agreeable to the site inspector and program director, if necessary personnel are available.
2. Supplemental materials to be sent in advance, if any, including a map to the institution and name and phone number of a local hotel, if necessary.
3. Characteristics of the room in which the site inspector 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.
4. Documents to be available at the institution at the time of inspection.
5. Expectations for the agenda for the visit (See Part Five: Collecting Information During The Site Visit of this document).
6. Specific individuals whom the site inspector wishes to interview, including the DME and the residents in the program.
7. Number and type of charts to be pulled for the day of inspection.

### **PART THREE: THE SITE VISIT**

#### **A. Site Visit Agenda**

The site visit is designed to collect the most information possible in the time available, with minimum disruption to the day-to-day activities of the institution being inspected. The following general schedule may be helpful in planning the agenda (although this schedule may be altered, including expansion to two days, if necessary).

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

1. Site inspector arrives: preliminary meeting with program director, including a request for charts to review, a review of the day's agenda, and discussion of the arrangements for the exit interview.

2. Review of self-study documents and discussion of the responses to the self-study questions to be sure all standards are met. The responses to the questions may indicate areas for further exploration in the interviews with faculty, DME's and/or residents.
3. Walk through the clinical facilities, review educational facilities, department equipment and services. The walk-through of clinical and teaching facilities is in an essential part of the visit.

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

4. On-Site Chart Review. The major purpose of chart review is to determine the integration of OMM/OPP in patient care and to ensure that the continuity of care requirement is met. AOA standards require that residents be given progressively increasing responsibility for patient care.
5. Working lunch/interviews with residents. If at all possible, all residents in the program should be interviewed. Residents may be interviewed either as a group or one-to one. The residents should be advised that the site inspector 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 will focus on two major issues:

- a. The degree to which the program teaches, rather than just uses residents for clinical service, and
- b. The extent to which residents are actually allowed appropriate responsibility, rather than only being allowed to watch or assist.

These interviews will also serve to verify the written information provided in the documentation. Interviews should solicit resident reactions to learning activities.

6. Interviews with department faculty, DME and hospital administration also focus on the relationship between education and service, and the extent to which residents are given progressive continuity of care responsibility consistent with their level of training. The meeting with the DME will include review of the institution's Core Competency Compliance Plan.
7. Exit conference with the program director and others appropriate to clarify observed deficiencies if necessary.

## PART I-A: DOCUMENTS FOR ON-SITE REVIEW

THESE DOCUMENTS MUST BE AVAILABLE DURING THE INSPECTION

1. Sample certificate of completion, with start and end dates & Program Director's signature. (Standard: 2.6)
2. Copies of relevant affiliation agreements. (Standard: 2.12)
3. Documentation that all residents are:
  - AOA and ACOFP members (Standard: 2.14)
  - Licensed (Standard: 2.14)
  - Have completed an AOA-approved internship (Standard: 2.15)
  - Have passed COMLEX II (Standard: 2.14)
4. Copies of all resident contracts. (Standard: 2.16)
5. Verification that each resident has met all health requirements of the institution. (Standard: 2.17)
6. Written policies related to:
  - a. Resident selection (Standard: 2.13)
  - b. Vacation (Standard: 2.19)
  - c. Absences/leave of absence (Standard: 2.21)
  - d. Academic and disciplinary action. (Standards: 6.11-6.13)
  - e. Workload (Standard: 2.22)
  - f. Outside employment (Standard: 2.20)
7. Resident orientation schedule. (Standard: 2.20)
8. Written resident manual. (Standard: 2.21)
9. Documentation of the Program Director's state license number and AOBFP certification number. (Standards: 3.3 and 3.4)
10. Rotation schedule for each current resident with lengths of each rotation documented. (Standard: 5.13)

11. A block diagram or table, showing the current three (3) year rotation curriculum, with lengths of each rotation documented. (Standard: 5.13)
12. The program director's position description (must include responsibilities for the program). (Standard: 3.14)
13. The curriculum vitae of the Program Director and all family practice faculty including license number, certification number, hospitals at which the faculty member have admitting privileges. (Standards: 3.32-3.38)
14. Position description of the Administrative Director of Medical Education, if appointed. (Standards: 3.45-3.47)
15. Organizational chart of the training institution indicating the relationship of the family practice section or clinical department to other specialties. (Standard: 4.4)
16. Information on library resources available to the resident, including accessible medical databases, hours of operation, medical publications available and library volume. (Standard: 4.17)
17. Patient volume statistics for the past year. (Standards: 2.2 and 4.18-4.20)

**Hospital:**

Licensed Beds	_____
Operational Beds	_____
% Occupancy	_____
Annual Emergency Department Visits	_____
Births	_____

**Family Practice Continuity of Care Training Site(s):**

Total Patient Visits	_____
Patient Visits with Residents	_____

18. Schedules of educational (didactic) conferences for the past one year. (Standard: 5.11)
19. Documentation of quarterly resident evaluation meetings. (Standard: 6.4)
20. Final competency-based evaluation documents from the most recently graduated class of residents. (Standards: 3.21 and 6.8)
21. Documentation of procedural competence for the most recently graduated class of residents. (Standard: 5.253)

22. Documentation of faculty evaluation. (Standard: 6.14)
23. The most recent annual evaluation of the program prepared by the Program Director. (Standard: 6.17)
24. Documentation of participation in the CAP program. (Standard: 2.7)
25. Documentation of graduates' performance on the AOBFP certification exam. (Standards: 2.7 and 2.8)  

% PASS: \_\_\_\_\_ % TAKING \_\_\_\_\_
26. Documentation that all current OGME-3 residents have passed COMLEX Part III. (Standard: 6.6)
27. Documentation of the most recent survey of program graduates. (Standard: 6.19)
28. Institutional Core Competency Compliance Plan.

**PART I-B: SELF-STUDY QUESTIONS**

*Complete this page and the following questions and send to the American Osteopathic Association, American College of Osteopathic Family Physicians and the Inspector at least thirty days in advance.*

\_\_\_\_\_  
Program Name

\_\_\_\_\_  
Date of Inspection

\_\_\_\_\_  
City, State

Specialty: **Osteopathic Family Practice**

Provide the following information on program statistics:

1. Number of Trainees in program (last six (6) years)

<b>OGME</b>	<b>Five Years Previous</b>	<b>Four Years Previous</b>	<b>Three Years Previous</b>	<b>Two Years Previous</b>	<b>Last Year</b>	<b>Current Year</b>
<b>OGME-1</b>						
<b>OGME-2</b>						
<b>OGME-3</b>						
<b>OGME-4</b>						
<b>OGME-5</b>						

2. Name of Program Director \_\_\_\_\_

3. Program Director AOBFP Certification Number: \_\_\_\_\_

4. Number of Members in the Department \_\_\_\_\_

A. Number of Osteopathic Physicians \_\_\_\_\_

B. Number of Physicians Certified by AOA \_\_\_\_\_

C. Number of Allopathic Physicians \_\_\_\_\_

D. Number of Physicians Certified by ABFP \_\_\_\_\_

E. Number of other Physicians \_\_\_\_\_

5. Number of currently approved positions \_\_\_\_\_

6. Number of residents currently in program \_\_\_\_\_

1. Briefly describe the organization of the residency program including:
  - Number, organization, and scheduling at continuity of care clinics. (Standards: 5.31-5.41)
  - Didactic (lecture) program. (Standard: 5.11)
  - Interaction with any other training programs at the institution. (Standard: 1.6)
  - Resident call duties and schedules. (Standard: 2.22)
  - Any special features or challenges
2. Briefly describe the curriculum for teaching OPP and the process utilized to measure and document competency in OMM. (Standards: 5.2 and 5.59)
3. Briefly describe the Program Director position, including
  - Hours devoted to the program. (Standard: 3.23)
  - Other duties in the institution or private practice. (Standard: 3.6)
  - If the position is compensated. (Standard: 3.2)
4. Briefly describe the participation of family physicians in medical staff and hospital governance. (Standard: 2.5)
5. Describe the process for supervising patient care at the hospital, continuity of care clinic, extended care facility, or any other site utilized routinely for training. (Standard: 3.15)
6. What method is utilized to gather individual resident specific data at the continuity of care site. Describe how this data is utilized for practice management training. (Standards: 4.11 and 5.84)
7. Briefly list research or scholarly activity that has been completed by faculty members and by the most recently graduated class of residents. (Standards: 3.41 and 5.256)
8. Describe the system utilized to evaluate residents. Include information about rotation evaluations, quarterly evaluations, procedural evaluation, and final competency based evaluation. (Standards: 6.1-6.8)
9. Complete the following chart for procedures that are performed at each continuity of care clinic. (Standards: 4.9-4.10)

Procedure	Currently performed	Not currently performed
Blood glucose		
Rapid strep screen or strep culture		
Urinalysis		
Wet mount		
Microscopic evaluation of urine		
ECG		

Spirometry		
Screening audiometry		
Minor surgery		

10. Complete the following chart for procedures currently taught in the residency. (Standard: 5.253)

<b>Procedure</b>	<b>Competency attained by all residents</b>	<b>Competency attained by some but not all residents</b>	<b>Not currently taught in this residency</b>
Incision and drainage of abscess			
Biopsy of skin			
Excision of subcutaneous lesions			
Cryosurgery of skin			
Curettage of skin lesion			
Laceration repair			
Injection of shoulder joint			
Injection/aspiration of knee joint			
Injection of sacroiliac joint			
Endometrial biopsy			
Office microscopy			
Casting			
EKG interpretation			
Office spirometry			
Toenail removal			
Defibrillation			
Removal of cerumen from ear canal			
Insertion of urethral catheter			
Endotracheal intubation			

11. Briefly describe how the program meets the requirements for training in:

- Geriatrics (Standard: 5.220)
- Sports Medicine (Standard: 5.241)

12. Briefly discuss the residency’s approach to teaching and evaluating the following core competency requirements. (Standards: 5.5-5.8)

- Professionalism
- Interpersonal and Communication Skills
- Practice-Based Learning and Improvement
- System-Based Practice