New Application: Internal Medicine
Review Committee for Internal Medicine
ACGME

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ADMINISTRATION OF THE PROGRAM

For the program director, associate program director, and core faculty

List the program director's and associate program directors' participation (e.g., workshops, seminars, coursework, etc.) in academic societies and educational programs designed to enhance their educational and administrative skills.

List educational programs designed to enhance the teaching skills of the faculty (e.g., workshops, seminars, coursework, etc.) provided in the last year.

How are core faculty trained in the assessment of the ACGME competencies? (200 word limit)

If the questions in this section or their format do not permit you to describe accurately or optimally your training program, provide a narrative that more completely or accurately describes this particular component of your program.

SUBSPECIALTY EDUCATION COORDINATORS

Add rows as needed.

Subspecialty Education Coordinator Name	Participating Site	Specialty	Board Certification Y/N	Most Recent Date of ABMS Subspecialty Certification

EVALUATION OF RESIDENTS - SPECIALTY SPECIFIC

Describe how the program assesses the residents through direct observation of patient encounters in both the inpatient and outpatient settings. Identify the objective direct observation tools used (e.g., mini CEX, procedure checklist, etc.) to assess residents': (a) ability to gather data; (b) clinical reasoning; (c) patient management skills; and (d) procedural skills.

Does the program use faculty members' inpatient and outpatient performance data to determine who should teach and supervise residents?	

Describe the systems of transition of care (handoff system) and how resident performance in transition

of care is evaluated. (200 word limit)

EVALUATION OF RESIDENTS - MEDICAL KNOWLEDGE

What assessment method(s) is used in evaluating residents' medical knowledge?

Is the same method administered at least twice during the program for each resident?

EVALUATION OF RESIDENTS - PRACTICE-BASED LEARNING AND IMPROVEMENT

Assessment of resident's competency in Practice-Based Learning and Improvement include [Check all that apply]:

☐ **Application of evidence to patient care**
☐ **Practice improvement**
☐ **Teaching skills involving peers**
☐ **Teaching skills involving patients**
☐ **Scholarship**

Describe how clinical performance data is used for these assessments. (250 word limit)

EVALUATION OF RESIDENTS - INTERPERSONAL AND COMMUNICATION SKILLS

Does the program use documented direct observation tools to evaluate resident's [Check all that apply]:

☐ **Communication with patient**
☐ **Communication with family**
☐ **Teamwork**
☐ **Communication with peers**
☐ **Transition of care**
☐ **Record keeping**

EVALUATION OF RESIDENTS - PROFESSIONALISM

Does the program evaluate resident's [Check all that apply]:

☐ **Honesty**
☐ **Integrity**
☐ **Ability to meet professional responsibilities**
☐ **Ability to maintain appropriate professional relationships with patients and colleagues**

☐**Commitment to self-improvement**

EVALUATION OF RESIDENTS - SYSTEMS-BASED PRACTICE

Does the program evaluate resident's [Check all that apply]:

☐**Care coordination**
☐**Transition of care**
☐**Ability to work in interdisciplinary teams**
☐**Advocacy for quality care**
☐**Ability to identify systems problems and participate in improvement activities**

EVALUATION OF RESIDENTS - COMPETENCIES

For each of the ACGME competencies, describe how the program uses evaluation and assessment data to determine when resident performance is appropriate for training level and when remediation is needed.

GENERAL COMPETENCIES - PRACTICE-BASED LEARNING AND IMPROVEMENT NARRATIVE

Describe one learning activity in which residents engage to identify strengths, deficiencies, and limits in their knowledge and expertise (self-reflection and self-assessment); set learning and improvement goals; identify and perform appropriate learning activities to achieve self-identified goals (life-long learning).(Limit your response to 400 words)

Describe one example of a learning activity in which residents engage to develop the skills needed to use information technology to locate, appraise, and assimilate evidence from scientific studies and apply it to their patients' health problems. The description should include:
- Locating information
- Using information technology
- Appraising information
- Assimilating evidence information (from scientific studies)
- Applying information to patient care

Give one example and the outcome of a planned quality improvement activity or project in which at least one resident participated in the past year that required the resident to demonstrate an ability to analyze, improve and change practice or patient care. Describe planning, implementation, evaluation and provisions of faculty support and supervision that guided this process. (Limit your response to 400 words)

Describe how residents:
- Develop teaching skills necessary to educate patients, families, students, and other residents;
- Teach patients, families, and others; and
- Receive and incorporate formative evaluation feedback into daily practice. (If a specific tool is

used to evaluate these skills have it available for review by the site visitor.)

GENERAL COMPETENCIES - INTERPERSONAL AND COMMUNICATION SKILLS NARRATIVE

Describe one learning activity in which residents develop competence in communicating effectively with patients and families across a broad range of socioeconomic and cultural backgrounds, and with physicians, other health professionals, and health related agencies.(Limit your response to 400 words)

Describe one learning activity in which residents develop their skills and habits to work effectively as a member or leader of a health care team or other professional group. In the example, identify the members of the team, responsibilities of the team members, and how team members communicate to accomplish responsibilities.(Limit your response to 400 words)

Explain (a) how the completion of comprehensive, timely and legible medical records is monitored and evaluated, and (b) the mechanism for providing residents feedback on their ability to competently maintain medical records.

GENERAL COMPETENCIES - PROFESSIONALISM NARRATIVE

Describe at least one learning activity, other than lecture, by which residents develop a commitment to carrying out professional responsibilities and an adherence to ethical principles.(Limit your response to 400 words)

How does the program promote professional behavior by the residents and faculty?(Limit your response to 400 words)

How are lapses in these behaviors addressed?(Limit your response to 400 words)

GENERAL COMPETENCIES - SYSTEM-BASED PRACTICE NARRATIVE

Describe the learning activity(ies) through which residents achieve competence in the elements of systems-based practice: work effectively in various health care delivery settings and systems, coordinate patient care within the health care system; incorporate considerations of cost-containment and risk-benefit analysis in patient care; advocate for quality patient care and optimal patient care systems; and work in interprofessional teams to enhance patient safety and care quality.(Limit your response to 400 words)

Describe an activity that fulfills the requirement for experiential learning in identifying system errors.(Limit your response to 400 words)

INSTITUTIONAL SUPPORT

Is the internal medicine residency located within a department of internal medicine?	

If no, provide an explanation and attach an organizational chart as an attachment to the application. Within the explanation below, state the name of the attachment and ensure the attachment is titled accordingly.

Do the sponsoring institution and participating sites provide adequate funds to support faculty and residents and other aspects of the residency training program?	
Do the sponsoring institution and participating sites provide at least 50% salary support (for a minimum of 20 hours) for the program director?	
Do the sponsoring institution and participating sites provide at least 20 hours per week salary support to each associate program director?	
Do the sponsoring institution and participating sites provide support for program administrator(s) and other support personnel required for operation of the program?	

How do the sponsoring institution and participating sites provide residents access to training by using simulation (e.g. codes of: codes; medical emergencies; medical procedures)?

INPATIENT SERVICE

Patient Admission Limits for Residents

What is the maximum number of new patients assigned to a first year resident in a 24-hour period?	

What is the maximum number of new patients assigned to a first year resident in a 48-hour period?	

What is the maximum number of patients first year residents are responsible for providing ongoing care?	

What is the maximum number of patients a supervising resident will admit in a 24-hour period?	

What is the maximum number of patients a supervising resident will admit in a 48-hour period?	

What is the maximum number of patients on inpatient services for first-year residents?	

What is the maximum number of patients on inpatient services for supervising residents?	

RESOURCES

Add columns as needed for more sites.

Sites	Site #1	Site #2
Does the institution provide access to an electronic health record?		
Cardiac Catheterization?		
Bronchoscopy?		
Gastrointestinal Endoscopy?		
Noninvasive Cardiology Studies?		
Pulmonary Function Studies?		
Hemodialysis?		
Imaging Studies (i.e. radionuclide, ultrasound, fluoroscopy, angiography, computerized tomography, and magnetic resonance imaging)?		

For each of the institutions that do not provide electronic health records, list the institution below and describe plans for implementation. If there are no institutions, enter "not applicable" in the comments box below.

Explain how your program ensures that residents see hospitalized and ambulatory patients with a broad age range (including geriatric patients) and a balance of male and female.

If the questions in this section or their format do not permit you to describe accurately or optimally your training program, provide a narrative that more completely or accurately describes this particular component of your program.

ROTATION SCHEDULE PGY-1

Rotation Name	Participating Site	A) Number Weeks Assigned	B) Classify this Rotation	C) Do Residents attend Primary Continuity Clinic During This Rotation?	D) # of 1/2 Day Sessions Classified as Continuity Experience	E) # of 1/2 Day Sessions During Rotation Classified as Ambulatory (exclude continuity clinic)
Ambulatory Block						
Elective						
ER						
ICU						
Neurology / Geriatrics Block						
Procedures						
Ward						

ROTATION SCHEDULE PGY-2

Rotation Name	Participating Site	A) Number Weeks Assigned	B) Classify this Rotation	C) Do Residents attend Primary Continuity Clinic During This Rotation?	D) # of 1/2 Day Sessions Classified as Continuity Experience	E) # of 1/2 Day Sessions During Rotation Classified as Ambulatory (exclude continuity clinic)
Ambulatory Block						
Elective						
ICU						
Neurology / Geriatric Ambulatory Block						

Rotation Name	Participating Site	A) Number Weeks Assigned	B) Classify this Rotation	C) Do Residents attend Primary Continuity Clinic During This Rotation?	D) # of 1/2 Day Sessions Classified as Continuity Experience	E) # of 1/2 Day Sessions During Rotation Classified as Ambulatory (exclude continuity clinic)
Sub-Specialty Ambulatory Block						
Ward						

ROTATION SCHEDULE PGY-3

Rotation Name	Participating Site	A) Number Weeks Assigned	B) Classify this Rotation	C) Do Residents attend Primary Continuity Clinic During This Rotation?	D) # of 1/2 Day Sessions Classified as Continuity Experience	E) # of 1/2 Day Sessions During Rotation Classified as Ambulatory (exclude continuity clinic)
Ambulatory Block						
Elective						
ER						
ICU						
Procedures						
Ward						

ROTATION SCHEDULE - RESIDENCY TOTAL

The calculations for the rotation schedule are based on 48 working weeks per year, which equals 144 working weeks over three years of the residency schedule.

How is the _Percent of Residency Spent in the Inpatient Setting_ calculated?

The percent of inpatient time is calculated by adding the number of weeks assigned to Inpatient, Critical Care, or Transplant listed within the Rotation Schedules PGY 1-3. That total is divided by 144 weeks to get the % of weeks.

How is the *Percent of Residency Spent in the Ambulatory Setting* calculated?

The percent of ambulatory time is calculated by adding the number of half day sessions classified as continuity experience and the number of half day sessions during rotation classified as ambulatory listed within the Rotation Schedules PGY 1-3. That total is then divided by 10 in order to convert it into weeks (there are 10 half days in a working week). That number is then divided by 144 weeks to get the % of weeks.

How is the *Number of Continuity Rotations* calculated?

This comes from the following program requirement: IV.A.2.c) (1) (g) (ii) (b) and (c) Each resident's longitudinal continuity experience should not be interrupted by more than a month (except vacation) extending at least over a 30-month period. This is calculated by taking the sum of all of the weeks that residents attend continuity clinic listed within the Rotation Schedules PGY 1-3. The total is then divided by 4 to convert it into the number of four week rotations.

How is the *Number of Continuity Half Days* calculated?

The number of continuity half days is calculated by taking the sum of all Half Day Sessions classified as Continuity Experience listed within the Rotation Schedules PGY 1-3.

Percent of residency spent in the inpatient setting	Percent of residency spent in the ambulatory setting	Number of Continuity rotations	Number of Continuity half days

EMERGENCY MEDICINE/CRITICAL CARE/TRANSPLANT

	Weeks
Emergency Medicine	
Critical Care	
Transplant	

NIGHT FLOAT AND NIGHT MEDICINE

	Night Float Weeks	**Night Medicine Weeks**	**Total**
PGY-1			
PGY-2			
PGY-3			
Total			

ROTATION SCHEDULE NARRATIVE (SUBCATEGORY)

Does the person(s) responsible for special educational track(s) or combined residency(ies) report directly to the internal medicine program director?	

If no, describe below.

If the questions in this section or their format do not permit you to describe accurately or optimally the training program, provide a narrative that more completely or accurately describes this particular component of your program. (200 word limit)

CRITICAL CARE

Name of Unit	Participating Site	Name of the unit's Administrative Director	Is this Director ABMS subspecialty certified?	Most recent year of ABMS subspecialty certification

WRITTEN CURRICULUM

Answer Yes or No

Is there a written curriculum for Emergency Medicine	

Is there a written curriculum for Ambulatory Care Medicine?	

Is there a written curriculum for Cardiovascular Disease?	

Is there a written curriculum for Endocrinology, Diabetes, and Metabolism?	

Is there a written curriculum for Gastroenterology?	

Is there a written curriculum for Hematology?	

Is there a written curriculum for Infectious Disease?	

Is there a written curriculum for Nephrology?	

Is there a written curriculum for Oncology?	

Is there a written curriculum for Pulmonary Disease?	

Is there a written curriculum for Rheumatology?	

Is there a written curriculum for Geriatric Medicine?	

Is there a written curriculum for Neurology?	

Is there a written curriculum for Night Medicine?	

TRAINING IN NEUROLOGY

Is there a rotation in Neurology?	

If no, describe how Neurology is taught.

GERIATRICS

Do all residents receive formal supervised experience on specifically designated geriatric service?	

If no, provide a description of how experience in geriatric medicine is obtained over the length of training.

NON-INTERNAL MEDICINE SUBSPECIALTIES

Do residents have the opportunity for experience in each of the specialties listed below: Psychiatry, Allergy/immunology, Dermatology, Medical Ophthalmology, Office Gynecology, Otorhinolaryngology, Non-Operative Orthopedics, Palliative Medicine, Sleep Medicine, and Rehabilitation Medicine?	

If no, describe below.

SPECIALTY TRACKS

Do you have any special tracks of combined programs (other than Internal Medicine-Pediatrics)?	

If yes, describe.

PROCEDURES

For the procedures required by ABIM is instruction provided for residents?	

Has the proficiency been documented in a log book or equivalent method?	

Did all graduating residents learn how to safely and competently perform all the procedures mandated by ABIM for certification?	

Does the program director, or his or her designee, review resident procedure logs to ensure that sufficient numbers of invasive procedures have been performed by each resident in order to document competence?	

If no, provide an explanation.

CONTINUITY OF CARE

Add columns as needed for more sites.

Sites	Site #1	Site #2
Total number of residents assigned:		
Supervising faculty to resident ratio:	0:0	0:0
Does supervising faculty have patient care duties?		

Excluding resident vacation, what is the longest interruption (in weeks) between continuity clinic sessions?	

Describe how the program ensures that all residents have at least 130 continuity clinic sessions over 30 months of training?

Describe how the program ensures that all residents develop a continuous long term healing relationship with a panel of general internal medicine patients.

How does the program maintain a longitudinal relationship between the residents and the supervising faculty in continuity clinic?

CONFERENCES

Describe how the didactic program is presented, such as lectures, web-based content, etc.

Provide a list of conferences for residents, i.e. morning report, grand rounds, journal club, morbidity and mortality?

Are faculty involved in all conferences?	

QUALITY IMPROVEMENT

Describe how the institution demonstrates that it has an active culture of patient safety and continued improvement in quality of patient care, patient safety, and education.

Describe how the Department's clinical quality improvement programs are integrated into the training program's curriculum.

Describe how the program teaches residents to treat their patients with practices that are cost effective.

How do residents evaluate the chronic disease management and preventive health care they deliver to their panel of continuity patients?

Do they receive faculty guidance for developing a data-based action plan and evaluate this plan twice a year?	

RESEARCH AND SCHOLARLY ACTIVITY

Describe briefly how residents in this program demonstrate scholarly activity during their training.

Updated 4/16/2014