

## INTERNAL REVIEW REPORT FORM

This Internal Review Report Form **MUST** be completed as part of each Internal Review. A written report may also be provided. Reports are due to the Office of Graduate Medical Education within three weeks of the Internal Review site visit date.

**RESIDENCY PROGRAM:**

**Date of Most Recent ACGME Site Visit:**

**Date of Most Recent ACGME Accreditation Letter:**

**Most Recent Accreditation Status:**

**Anticipated Date of Next ACGME Site Visit:**

**Date of Last Internal Review:**

**Date of Midpoint of Accreditation Cycle and Status of GMEC Oversight of the Internal Review at that Midpoint (to be completed by Office of Graduate Medical Education):**

**Date of Site Visit by Internal Review Committee:**

**Name of Person Completing this Form:**

**1. List members of the Review Team (include each member's title and specialty)**

Name	Title	Specialty
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**2. List the name, title, and specialty of all residents, faculty, and administrative staff interviewed as part of the Internal Review**

<b>Name</b>	<b>Title</b>	<b>Specialty</b>
	Program Director	
	Program Coordinator	
	Faculty	
	Faculty	
	Resident (Peer-Selected)	

3. The following areas *must* be reviewed/assessed as part of an Internal Review (verify that each of the following areas has been reviewed/assessed by checking each “Yes” box)

Yes

- Updated PIF
- Accreditation letters from previous ACGME site reviews and any progress reports sent to the RRC
- Reports from previous Internal Reviews of the program
- Most Recent ACGME Resident Survey Results
- Interviews with all residents or peer-selected residents from each level of training, Program Director, faculty, the Designated Institutional Official and staff as deemed appropriate
- Compliance with ACGME Institutional, Common, and Program-specific requirements
- Educational objectives/curriculum of the program and program’s effectiveness in meeting those objectives
- Adequacy of educational and financial resources
- Effectiveness of the program in addressing areas of non-compliance and concerns in previous internal reviews
- The effectiveness of the program in using evaluation tools and outcome measures to assess a resident’s level of competence in each of the ACGME general competencies
- Annual program improvement efforts in: *resident performance using aggregated resident data; faculty development; graduate performance including performance on certification exams; program quality*

4. Provide a brief description of how the review process was conducted:

Provide an appraisal of the following:

- 5. Educational objectives of the program:
- 6. The effectiveness of the program in meeting its objectives:
- 7. The adequacy of available educational and financial resources to support the program:
- 8. What teaching strategies, using defined knowledge, skills, behaviors, and attitudes, is the program using to demonstrate that each resident achieves competence in the following areas:
  - Patient Care -
  - Medical Knowledge -
  - Practice-Based Learning and Improvement -
  - Interpersonal and Communication Skills -
  - Professionalism -

- **Systems-Based Practice -**

**9. What evaluation tools is the program using to effectively assess each resident's level of competence in each of the following areas:**

- **Patient Care -**
- **Medical Knowledge -**
- **Practice-Based Learning and Improvement -**
- **Interpersonal and Communication Skills -**
- **Professionalism -**
- **Systems-Based Practice -**

**10. What general outcome measures from education and clinical practice has the program developed to assess the ACGME competencies listed above (QI projects, graduate follow-up studies, satisfaction surveys, program In Training Exams and Board Results, annual program evaluations, etc.)?**

**11. Outline how the program has implemented a process that links educational outcomes of the residents with the program improvement:**

**12. How does the program develop a personal plan of growth and improvement for each individual resident/fellow:**

**13. The effectiveness of the program in addressing faculty development:**

**14. Discuss any current areas of non-compliance with the Institutional, Common, or specialty/subspecialty requirements:**

**15. List citations from the previous ACGME accreditation letter and summarize whether the program has corrected each item:**

**16. List areas of concern from the most recent Internal Review of the program and summarize whether the program has corrected each item:**

**17. List positive attributes of the program:**

**18. List areas of concern that need to be addressed:**

**19. Additional recommendations:**

**Date Internal Review Report accepted by GMEC:**

**GMEC-Required Follow-Up**