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)

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Specialty</th>
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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

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<tr>
<th>Name</th>
<th>Title</th>
<th>Specialty</th>
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<tbody>
<tr>
<td>Program Director</td>
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<td>Faculty</td>
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<td>Resident (Peer-Selected)</td>
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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 -
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