

COMPUTER-ASSISTED ACCREDITATION REPORTING (CAAR) RESIDENCY REVIEW COMMITTEE FOR INTERNAL MEDICINE

USER MANUAL CAARV2

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General Information

CAAR stands for the Computer Assisted Accreditation Reporting system. The system collects and stores information about your internal medicine and subspecialty residency education programs. The purpose of this software application is to gather information about the program as part of the accreditation process. It replaces the paper forms that were used previously. This section provides some general information about using the software application. Data entry operators should read the entire Help file before trying to enter any data into the system.

To be able to install the software and run it successfully, you should have a Pentium II (minimum) personal computer (III or higher is recommended), computer configuration minimum of 64MB, WINDOWS (95/98/2000/NT/XP), an internet connection and a laser printer.

Carefully read the Institutional Requirements and the Program Requirements for your specialty before you begin to enter data. You are being asked to provide information based on these requirements.

You will need to print a “blank PIF” for each section listed on the main Table of Contents screen. These blank PIFs are a duplicate of the information requested on each screen and will assist you in collecting your program’s data. This option is available on each screen or you can select the Print option on the Main menu bar. In some cases the printed page will be slightly different from what you see on the screen; however, the information requested is the same.

For most screens in the application, instructions on how to complete it are available by selecting the “Instruction” command from the data entry screen. Otherwise, you can choose Help/Contents from the Main menu bar. Select the appropriate book and locate the topic desired. In addition, explanations of key elements in some screens can be viewed by clicking on the *light blue* text. Further, help pop-up boxes are displayed throughout the screens that will provide further instruction and/or information. For example, in the Principal Teaching Hospital screen, when you move your cursor over the “Institution Type” field, you will see a message “Select institution type from drop-down box.”

You should fill in the Program Information, Principal Teaching Hospital, Participating Hospitals, and Non-Hospital Settings screens before you enter any data in other sections of the application.

Scroll bars will reveal additional fields for data entry. Be aware of this throughout the forms.

For some of the numerical data, decimals(.), hyphens (-), and slanted lines (/) may be used where appropriate.

Totals are calculated automatically.

Spell check is available in the narrative sections

Your work will be automatically saved upon exiting the application.

Quick Reference to Key Procedures

This section provides a quick reference on how to perform certain basic functions throughout the CAAR software. It is not meant to be used as a substitute for reading the detailed sections.

TO INSTALL

Please refer to the installation instructions in the “Installation Guide.”

TO START

Double click on the CAARV2 shortcut on your desktop. Or, double click on the CAAR executable file located in the CAARV2 folder in the “Program Files” folder through Windows Explorer.

TO SELECT A SECTION

Click on the desired button on the Start screen.

ADD BUTTON

An Add function appears on some screens. This function is used to add institutions or other types of data into a blank field or data predetermined by a dropdown list box.

TO ENTER DATA

To enter data into a field, simply position the cursor in the box and type in the data.

TO DELETE DATA IN FIELDS

Data *fields* can be deleted one character at a time by using the Backspace or Delete key

DELETE BUTTON

A Delete function appears on some screens. This function is used to remove an entry from a list of responses, e.g., hospital names, rotation names, faculty names, ambulatory medicine experiences. To delete an entry from a list of responses, click on the Delete button. You will be prompted to confirm the deletion. If you select Yes, the entry will be deleted as well as all associated data. A principal teaching hospital, participating hospital or non-hospital setting can only be deleted from the respective screens.

TO SAVE

Once you enter data into a field, the data is saved.

TO PRINT

Click on the Print menu and choose the desired option.

TO EXIT

To exit each screen select the Exit function button. To exit the CAAR application, select File and then Exit from the Main menu.

TO DOWNLOAD DATA

To download your data select File and then DataMerge. The size of the data file is quite large, and, therefore, could take up to three minutes to complete. **Once the DataMerge is complete, we strongly recommend that you zip the data file.** Select File and the ZipFtpFile. This creates two ZIP files called caar.car and caar2.car. Now you are ready to send your data files to the ACGME. Your program's data is located in C:\Program Files\CAARV2\DATA. You will need to send the following files to ACGME caar.car, caar2.car, new_resp.dbf and new_resp.cdx.

Send your data files via e-mail to Cleo Whitfield, RRC-IM Systems Administrator, at ccw@acgme.org. If there is a restriction on the attachment size for your e-mail application, you may burn the data files to a CD-rom and send in the appropriate packaging via first-class mail.

This section contains information about Menus, Keys and Buttons.

Main Menu Bar

The following options appear on the Main Menu Bar:

File

Exit
DataMerge
ZipFtpFile

Edit

Undo
Redo
Cut
Copy
Paste
Select All
Find
Find Again

(Cut, copy and paste only function in the memo files using the menu options or standard WINDOWS convention, i.e., CTRL+X (cut), CTRL+C (copy) and CTRL+V (paste).

Print

Blank PIF _All
Completed PIF _All

Help

A table of contents of all screens for which additional information and instruction is available.

Spell Check

This feature is only activated in the Narrative sections of the data entry.

Dropdown List Box

Some fields have predetermined responses that can be selected from a dropdown list box. For example, once you have indicated the hospital/non-hospital identifiers, e.g., H-1, H-2, etc. you need only click on the list box next to these fields on the other screens to get a dropdown list with all the institutions. Click on the institution desired to enter the data. Whenever you see a dropdown list box, select an item from the list; do not enter any information into that field using the keyboard.

Add Button

This function is used to add institutions or other types of data predetermined by a dropdown list box.

Field

Also refers to an item of information that appears on your screen. A field may consist of only one character or number, or it may include several characters.

Keys

The keys identified below are used to perform certain functions in the application.

Function: To Move Around a Data Entry Screen:

Moving Between Fields:

Tab (forward)

Cursor moves to the next field (going from left to right and from top to bottom.)

Shift Tab (backward)

Moves to the previous field (going from bottom to top and from right to left.)

Mouse

Clicking the mouse on any field brings the cursor to the field.

Section 1. Program Information

This screen collects general data about your residency program. It has been pre-populated from the ACGME's Web Accreditation Data System (WebADS). The WebADS system is an Internet-based ACGME data collection system that contains the current information for all sponsoring institutions and accredited programs. It maintains the data elements critical for accreditation and common to all disciplines (the institutional and program demographics). Sponsoring institutions and programs are required to verify and update general information annually and to communicate organizational changes as they occur. Therefore, if changes are made to the information located on this screen, you must submit those changes to the WebADS system located on the ACGME home page (www.acgme.org) under the *Data Collection Systems* heading.

Section 2. Principal Teaching Hospital

If the sponsoring institution is a hospital, it is by definition the Principal Teaching Hospital for the residency program. If the sponsoring institution is a medical school, university or consortium of hospitals, designate the hospital that is used most heavily in the residency program as the Principal Teaching Hospital. The hospital identified as the Principal Teaching Hospital will be referred to as H-1.

If two or more hospitals are used equally, consider each as the Principal Teaching Hospital using the designation H-1, H-1a, and H-1b, etc. as the hospital identifiers.

Enter data for the Principal Teaching Hospital(s). Not all the information requested on a screen may be visible. Use the scroll bar to get to the bottom and left of the screen.

To enter data for more than one Principal Teaching Hospital, click on the Add button to refresh the screen and then enter data for the next institution. The navigation bar located at the top of the screen will allow you access to each institution that you have entered. Clicking on the arrow key desired will display the First Record, Previous Record, Next Record, or Last Record entered.

To delete an entry, click on the Delete button. You will be prompted to confirm the deletion. If you select Yes, the entry will be deleted as well as all associated data.

Average Number of Months

Average Number of Months refers to the average number of total months a typical resident of yours spends at that hospital in each year of training. If the total number of months that each of your residents spend at the hospital is different for different residents, then record a decimal number as the average.

Institution Type

Institution type refers to whether the institution is a general medical and surgical (acute care) hospital, a long term care institution (e.g., such as a rehabilitation hospital), or some other type of hospital facility.

Governance

Governance refers to the type of ownership of the institution, i.e., private -- not-for-profit, private -- for-profit, government -- non-federal, Veterans Administration, or military.

Institutional Policies

A sponsoring institution must not place excessive reliance on residents to meet the service needs of the participating training sites. The sponsoring and participating institutions must have institutional written policies or procedures. Indicate whether there are written policies that cover order writing, resident care to non-teaching patients, and, number of admissions for first-, second- and third-year residents.

Administrative Agreement

Provide the information requested regarding the written agreement between the sponsoring institution and the Principal Hospital.

Section 3. Participating Hospitals

Enter data for all the Participating Hospitals in the training program. Not all the information requested on a screen may be visible. Use the scroll bar to get to the bottom and left of the screen.

To enter data for more than one Participating Hospital, click on the Add button to refresh the screen and then enter data for the next institution. *No more than seven (7) institutions (clinical sites), including the Principal Teaching Hospital, may be entered.* The navigation bar located at the top of the screen will allow you access to each institution that you have entered. Clicking on the arrow key desired will display the First Record, Previous Record, Next Record, or Last Record entered.

To delete an entry, click on the Delete button. You will be prompted to confirm the deletion. If you select Yes, the entry will be deleted as well as all associated data.

Average Number of Months

Average Number of Months refers to the average number of total months a typical resident of yours spends at that hospital in each year of training. If the total number of months that each of your residents spend at the hospital is different for different residents, then record a decimal number as the average.

Institution Type

Institution type refers to whether the institution is a general medical and surgical (acute care) hospital, a long term care institution (e.g., such as a rehabilitation hospital), or some other type of hospital facility.

Governance

Governance refers to the type of ownership of the institution, i.e., private -- not-for-profit, private -- for-profit, government -- non-federal, Veterans Administration, or other.

Institutional Policies

A sponsoring institution must not place excessive reliance on residents to meet the service needs of the participating training sites. The sponsoring and participating institutions must have institutional written policies or procedures. Indicate whether there are written policies that cover order writing, resident care to non-teaching patients, and, number of admissions for first-, second- and third-year residents.

Section 4. Non-Hospital Settings

Enter data for all the Non-Hospital Settings in the training program. Not all the information requested on a screen may be visible. Use the scroll bar to get to the bottom and left of the screen.

To enter data for more than one Non-Hospital Setting, click on the Add button to refresh the screen and then enter data for the next institution. The navigation bar located at the top of the screen will allow you access to each institution that you have entered. Clicking on the arrow key desired will display the First Record, Previous Record, Next Record, or Last Record entered.

To delete an entry, click on the Delete button. You will be prompted to confirm the deletion. If you select Yes, the entry will be deleted as well as all associated data.

Setting Type

Setting type refers to whether the Non-Hospital Setting is a private practice office, health maintenance organization, other ambulatory care, home/day/life care/hospice/, skilled nursing facility (nursing home), or other. If you use private practice offices for continuity practice, you may complete the questions in this section for each office or provide the data requested for the private physicians offices in aggregate, considering the usual or average office.

Average Number of Months

Average Number of Months refers to the average number of total months a typical resident of yours spends at that hospital in each year of training. If the total number of months that each of your residents spend at the hospital is different for different residents, then record a decimal number as the average.

Section 5. Institution Information

Provide the statistics requested for the most recent academic or calendar year for all Principal and Participating Hospitals entered. In addition, this section requests information on autopsies and the facilities available for the residency program, as well as medical record availability and access to a medical library for residents.

Hospital Statistics

Provide information on the total admissions per year to internal medicine teaching service (i.e. inpatient services with IM residents continuously assigned)

Autopsies

Indicate whether the autopsy reports are sent to residents.

Facilities

Indicate which of the facilities are available for the residency training program at each Principal and Participating Hospitals.

Medical Records and Library

Provide information on medical record availability for residents and access to a medical library for residents. If there is more than one library at a participating hospital, provide information about the library the residents most often used.

Section 6. Special Tracks and Combined Residencies

Complete this section if you have a special educational track in your residency program such as primary care or research or if the internal medicine program participates in a combined residency with another specialty, such as pediatrics.

Section 7. Administration of the Residency Program

This section requests information regarding the program director's opinion about (1) the sponsoring institution's funding for faculty, residents and other aspects of the residency program; (2) the degree of authority available to the medicine department leadership -- including the program director and chief or chairman of medicine -- in relation to sponsoring institution/principal teaching hospital administration; and, (3) the degree of authority available to the program director in relation to the chief or chairman of medicine.

Section 8. Program Changes

Indicate whether any of the listed items have changed since the last accreditation review and whether the program director or institutional administration notified the RRC-IM when they occurred.

Section 9. Faculty Credentials

In the top portion of the screen, enter the PROGRAM DIRECTOR {as the first entry}, CHAIR OF MEDICINE, and ASSOCIATE PROGRAM DIRECTORS at the principal teaching and participating hospitals and other training sites. Indicate the location of each faculty members' activity, the type of degree held, title in the program (PD, CHAIR, APD), years of GME experience, ABIM certification information, their time commitment to the residency program, and the number of peer reviewed publications for the last three years. Not all the information requested on the screen may be visible. Use the scroll bar to get to the bottom and left of the screen.

To enter data for the first faculty member select the hospital identifier, then enter the faculty member's name and associated data. To enter data for additional faculty members, arrow down to the next blank field.

To delete an entry, click on the Delete button. You will be prompted to confirm the deletion. If you select Yes, the entry will be deleted as well as all associated data.

{HELPFUL HINT: You are able to cut/paste using the standard WINDOWS conventions in the "Name" field; however, a "list of names" cannot be pasted. You must cut/paste one name per field.}

Biographical Information

Once you have entered the Program Director, Chair of Medicine, and the Associate Program Directors in the top portion of the screen, click on the faculty member's name to complete the data entry for that individual. His/her name will appear in the bottom half of the screen. Provide the shortened CV information requested for each the Program Director, Chair of Medicine, and Associate Program Directors. Include the main institution where the faculty member's "INTERNAL MEDICINE RESIDENCY" and "SUBSPECIALTY" training was obtained. Indicate up to two subspecialty programs. Give "INCLUSIVE YEARS" of training, and the "YEAR(S) OF CERTIFICATION" by the ABIM in the internal medicine and the medical subspecialties if applicable.

Research and Scholarly Activity

Provide a list of the faculty members' research and scholarly activities (e.g., publications and presentations at regional, national or international meetings) for the *last three years only*. This information must be entered in this section. Do not attach an entire CV to your hardcopy submission of completed data. It will be returned to you to compile the data as requested.

Key Clinical Faculty

In the top portion of the screen, enter all KEY CLINICAL FACULTY (KCF), who devote at least 15 hours per week (throughout the year) to the residency program and who are responsible for major educational elements in the program. Include KCF at participating hospitals and other training sites. Indicate the location of each faculty members' activity, the type of degree held, title in the program, years

of GME experience, ABIM certification information, their time commitment to the residency program, and the number of peer reviewed publications for the last three years. Not all the information requested on the screen may be visible. Use the scroll bar to get to the bottom and left of the screen. the residency program.

To delete an entry , click on the Delete button. You will be prompted to confirm the deletion. If you select Yes, the entry will be deleted as well as all associated data.

{HELPFUL HINT: You are able to cut/paste using the standard WINDOWS conventions in the “Name” field; however, a “list of names” cannot be pasted. You must cut/paste one name per field.}

Biographical Information

Once you have entered all of the Key Clinical Faculty in the top portion of the screen, click on the faculty member’s name to complete the data entry for the individual. His/her name will appear in the bottom half of the screen. Provide the shortened CV information requested for each Key Clinical Faculty Member. the main institution where the faculty member’s “INTERNAL MEDICINE RESIDENCY” and “SUBSPECIALTY” training was obtained. Indicate up to two subspecialty programs. Give “INCLUSIVE YEARS” of training, and the “YEAR(S) OF CERTIFICATION” by the ABIM in the internal medicine and the medical subspecialties if applicable.

Research and Scholarly Activity

Provide a list of the faculty research and scholarly activities (e.g., publications and presentations at regional, national or international meetings) for the *last three years only*. This information must be entered in this section. Do not attached an entire CV to your hardcopy submission of completed data. It will be returned to you to compile the data as requested.

Subspecialty Education Coordinators

In the top portion of the screen, enter all Subspecialty Education Coordinators, who are responsible for major educational elements in the program. Include Subspecialty Education Coordinators at participating hospitals and other training sites. Indicate the location of each faculty members’ activity, the type of degree held, title in the program, years of GME experience, ABIM certification information, and their time commitment to the residency program. Not all the information requested on the screen may be visible. Use the scroll bar to get to the bottom and left of the screen. the residency program.

To delete an entry , click on the Delete button. You will be prompted to confirm the deletion. If you select Yes, the entry will be deleted as well as all associated data.

{HELPFUL HINT: You are able to cut/paste using the standard WINDOWS conventions in the “Name” field; however, a “list of names” cannot be pasted. You must cut/paste one name per field.}

Biographical Information

Once you have entered all of the Subspecialty Education Coordinators in the top portion of the screen, click on the faculty member's name to complete the data entry for the individual. His/her name will appear in the bottom half of the screen. Provide the shortened CV information requested for each Subspecialty Education Coordinator. Include the main institution where the faculty member's "INTERNAL MEDICINE RESIDENCY" and "SUBSPECIALTY" training was obtained. Indicate up to two subspecialty programs. Give "INCLUSIVE YEARS" of training, and the "YEAR(S) OF CERTIFICATION" by the ABIM in the internal medicine and the medical subspecialties if applicable.

Research and Scholarly Activity

Provide a list of the faculty research and scholarly activities (e.g., publications and presentations at regional, national or international meetings) for the *last three years only*. This information must be entered in this section. Do not attached an entire CV to your hardcopy submission of completed data. It will be returned to you to compile the data as requested.

Section 10. Residents

This section requests numbers for currently RRC-IM-approved internal medicine residency positions that include CATEGORICAL, PRELIMINARY, SPECIAL TRACKS, and COMBINED RESIDENCIES. If the Program Director is now requesting a change in the resident complement, indicate the new number of positions (including residents on all special tracks or combined residencies whether or not they split their time between internal medicine and another residency) in Now Requesting.

This section also requests information on the percent of residents (excluding preliminary) who started as a PGY-1 and completed their residency in your training program and the percent of the residents who completed your residency program in the past three years and took the ABIM certifying examination.

Now Requesting

Indicate the number of positions offered (including all residents in preliminary, categorical and special tracks or in combined residencies whether or not they split their time between internal medicine and another residency). For programs that have combined internal medicine and another specialty training, the number added to the total resident complement is half of the total complement for the full term of the combined training. For example, if the program is approved by the Boards for a four-year internal medicine and pediatric training program with a total of 10 residents, five of these residents would be included in the internal medicine total resident complement. In the Narrative Supplement for this section, provide the educational rationale for requesting an increase in resident complement. A request for increase in resident complement is required if the total resident complement currently requested is greater than what was previously approved at the time of the last accreditation review by the RRC-IM.

Section 11. Educational Program

Provide information about the curriculum, required conferences, other special training experiences and educational requirements, and, experience in other specialties in the residency program.

Required Conferences

Provide information on the required conferences conducted for residents. It asks for details on how often conferences are held, and resident and faculty attendance.

Critical Care Medicine

Provide the information requested regarding the critical care medicine experience for residents in the training program.

Emergency Medicine

If emergency medicine is organized into medical, surgical, psychiatric or other sections, a resident has first-contact responsibility only if the patients are triaged to these sections by a non-physician.

Other Training

This section asks for information about the Geriatric Medicine, General Medicine Consultation, Transplantation, and Night Float Experience for residents in the training program.

Other Training Experience

This section asks for information regarding residents' formal training in the items listed as well as formal training experience in other non-internal medicine specialties (e.g., neurology, psychiatry, dermatology, etc.). {Note: A Narrative describing what the typical experience in the non-internal medicine specialties is for residents in each year of training is required. In addition, if you have separate tracks, e.g., categorical, primary care, combined residencies, describe how the experience differs for each group of residents. SEE: Narrative Section}.

Section 12. Teaching Rounds

List the teaching services for the subsections identified (INPATIENT GENERAL MEDICINE/INPATIENT SUBSPECIALTY INTERNAL MEDICINE AND CRITICAL CARE UNITS) in the residency program. For each teaching service indicate whether "TEACHING ROUNDS" are regularly scheduled, and, if so, what is the number of "SESSIONS PER WEEK" and the "TOTAL NUMBER OF HOURS TEACHING ROUNDS" are conducted per week, and the number of residents attending. Record time in hours, using decimal numbers if required.

To delete an entry, click on the Delete button. You will be prompted to confirm the deletion. If you select Yes, the entry will be deleted as well as all associated data.

Formal Teaching Rounds

In **Teaching Rounds**, an attending faculty member leads a discussion of such points as interpretation of clinical data, pathophysiology, differential diagnosis, and specific management of a category of patients. Such rounds should frequently occur at the bedside, including history and physical examination by the teaching physician. Although formal teaching rounds are most often conducted on inpatient medical services, they may be conducted in other settings (such as on ambulatory care rotations) in a similar style. The discussion in teaching rounds is usually limited to a few patients. Though management issues will arise during teaching rounds, teaching rounds are separate from work rounds.

Management rounds involve the physician of record making management rounds on his or her patients at least daily with at least one member of the resident team. Although management rounds may offer many educational opportunities, they are not to be confused with or to take the place of teaching rounds. Also, management rounds by the physician of record should not interfere with resident work rounds.

Work rounds are rounds in which a senior resident supervises a junior resident's patient care activities, without an attending physician present.

Section 13. Rotation Schedule

Provide a rotation schedule that describes the rotations for a typical resident for each year of training, starting with R1, then R2 and R3. Do not include vacation blocks. Use a distinct title for each rotation, e.g., General Medical I, General Medical II. Do not use abbreviation or local terminology (e.g., "Blue I"). The rotation name should clearly indicate the nature of the rotation. Please define all required experiences. Indicate elective rotations with the term "elective" (e.g., Endocrinology elective). Indicate the duration of the rotation in weeks.

For each rotation identify the hospital or other training site where the typical resident most often accomplishes the rotation using the hospital or non-hospital identifiers, the average number of hours per week residents spend on duty, frequency of nights on-call, number of full days off and whether the resident has direct patient responsibility (MPR) while on the rotation/assignment.

To enter a new rotation/assignment, click on the next blank field or use the arrow keys on the keyboard.

To delete an entry, click on the Delete button. You will be prompted to confirm the deletion. If you select Yes, the entry will be deleted as well as all associated data.

Duration

Enter number of weeks.

Hours/Week on Duty

Indicate the average number of hours per week residents spend on duty including time at work and on site sleeping or at meals on the rotation/assignment.

Frequency Nights On-call

Indicate the frequency of nights on-call (in-house duty), e.g., every third night, from the dropdown list or select 'NA' for not applicable.

Days Off

Indicate the number of full days off during the rotation/assignment. (One full day is equal to 24 hours.)

Direct Patient Responsibility

Indicate whether residents have Direct Patient Responsibility during this rotation. Direct patient responsibility is defined as direct and comprehensive care of patients which includes responsibility for development of diagnostic strategies, planning, record keeping, order or prescription writing, management, discharge summary preparation, and decision making commensurate with residents' abilities under the supervision of an attending physician. Such care may occur in any of the following: inpatient services where patients are unselected as to diagnosis, inpatient services where disorders of one subspecialty are managed, or emergency departments, critical care units and in general and subspecialty ambulatory care rotations. Time spent on consulting services, during which the resident has on-going, supervised responsibility for direct patient care, including planning, record keeping order writing and management, can be credited as meaningful patient responsibility. Time spent providing care strictly in

the capacity of a consultant cannot be so credited.

Section 14. Procedures & Technical Skills

Enter the information as requested on the screen.

Section 15. Ambulatory Medicine

This section asks for information about the ambulatory medicine experiences in your program. Provide information for the ambulatory care experiences in general medicine continuity (e.g., hospital medical clinic, private physicians offices, free-standing facilities). Be certain that all of the ambulatory care rotations listed in this section are listed in the Rotation Schedule section.

Complete the table indicating the PERCENTAGE of ambulatory experience devoted to CONTINUITY, EMERGENCY MEDICINE, NON-INTERNAL MEDICINE SPECIALTIES (e.g., psychiatry, dermatology, neurology), and, NON-CONTINUITY GENERAL INTERNAL MEDICINE (e.g., HMOs, rural office settings). In assessing the contribution of various clinical experiences with ambulatory patients to the 33% minimum, the following guidelines can be used: ½ day per week assigned to an ambulatory setting throughout all 3 years of training is equivalent to 10%; a 1-month block rotation is equivalent to 3%; 1 full day per week throughout a single year of training is equivalent to 7%. Examples of settings that may be counted toward this requirement are general medicine continuity clinics, subspecialty clinics, ambulatory block rotations, physicians' offices, managed health care systems, emergency medicine, "walk-in" clinics, neighborhood health clinics, and home-care visits.

{Note: A Narrative that describes what the typical ambulatory medicine experience is for residents in each year of training is required. In addition, if you have separate tracks, e.g., categorical, primary care, combined residencies, describe how the ambulatory medicine experience differs for each group of residents. SEE REQUIRED AND SUPPLEMENTAL NARRATIVES.}

General Medicine Continuity Experience

For all years of training, enter a list for residents' General Medicine Continuity Experience. Use a distinct title for each experience, e.g., GMC/Hosp Med Clinic. For each experience identify the hospital or other training site where the typical resident most often accomplishes the rotation using the hospital or non-hospital identifiers.

To enter a new experience, click on the next blank field or use the arrow keys on the keyboard.

To delete an entry, click on the Delete button. You will be prompted to confirm the deletion. If you select Yes, the entry will be deleted as well as all associated data.

Duration

Enter the duration of the experience in the number of weeks/year.

Sessions/Week (instruction)

Number of sessions per week per resident, each lasting one-half day, that the resident attends each week for the experience. Sessions can include patient care, supervision, rounds or conferences. If residents attend less often than once per week, use decimals such as 0.5 for once every two weeks.

Patients Seen/R1

What is the number of patients seen by R1 residents per half-day session.

Patients Seen/R2

What is the number of new patients seen by R2 residents per half-day session.

Patients Seen/R3

What is the number of new patients seen by R3 residents per half-day session.

Average Number of Other Trainees

Average number of other trainees (e.g., other specialty residents, subspecialty residents [fellows], medical students, nurse practitioners, Transitional Year residents) present at each session of the experience. If there is a different number present on different days, record a decimal number as the average.

Average Number of Teaching Attendings

Average number of teaching attendings (i.e., on-site faculty member whose primary responsibility is supervision and teaching).

Faculty Supervision

Indicate whether there is faculty supervision for each experience by checking the box.

Faculty Contact Time Per Resident

Indicate whether in every ½ day session in the ambulatory setting, each resident has at least 30 minutes of contact time with the supervising faculty physician.

Section 16. Research & Scholarly Activity

Provide a list of the resident-authored-publications from your current residents, as well as a listing of residents' productivity in the past three years. This information must be entered in this section.

The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the faculty, and an active research component must be included in each program. {Scholarship is defined as one of the following: (1) the scholarship of discovery, as evidenced by peer-reviewed funding or publication of original research in peer-reviewed journals; (2) the scholarship of dissemination, as evidenced by review articles or chapters in textbooks; (3) the scholarship of application, as evidenced by the publication or presentation of, for example, case reports or clinical series at local, regional, or national professional and scientific society meetings.}

Section 17. Evaluation

Enter the information requested regarding the program's methods for evaluating residents, teaching attendings and faculty members, recording methods, access rules, and follow-up actions taken to remediate problems.

{Note: A Narrative that describes what is the mechanism for monitoring residents' stress, including mental or emotional conditions inhibiting performance or learning and drug- or alcohol-related dysfunction and what faculty development programs have been designed to enhance their teaching effectiveness is required. SEE NARRATIVE.}

Section 18. Narratives

You are provided the opportunity to provide a Narrative Supplement for each section of the data collection form if the questions in that section or their format do not permit you to describe accurately or optimally your training program. In addition, there are some sections that require a narrative description for some of the elements in your program. Please provide these Required and Supplemental narratives in the Narrative section of the data collection form.

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