

**THE RESIDENCY REVIEW COMMITTEE FOR INTERNAL MEDICINE**

This part of the survey applies only to third year residents.

Not all questions may apply to you. If you have not had experience in a particular area, or if your experience to date does not allow you to answer accurately, please enter N/A (not applicable) for "Don't Know/N/A."

Educational Program

1) By the end of your training, will you have had formal instruction (lectures and/or clinical experiences) in the following?

	Yes	No	Don't Know/NA
a) Prevention and Screening for Disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Quality Assessment & Improvement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Evidence-Based Medicine, including clinical epidemiology and medical statistics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Quality of Training

2) In each of the following areas, have you had adequate clinical and didactic experience?

	Clinical Experience			Didactic Experience		
	Yes	No	Don't Know/NA	Yes	No	Don't Know/NA
a) General Medicine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Cardiovascular Disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Critical Care Medicine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) Endocrinology, Diabetes & Metabolism	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) Gastroenterology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) Geriatrics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g) Hematology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h) Infectious Disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i) Nephrology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j) Oncology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k) Pulmonology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l) Rheumatology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m) Neurology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

< Previous

Next >

For any comments, concerns or suggestions about the resident survey, [contact us](#).

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3) If you wanted clinical experiences in the following areas, are they available?

	Yes	No	Don't Know/NA
a) Psychiatry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Dermatology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Medical Ophthalmology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) Non-Operative Orthopedics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) Office Gynecology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) Physical Therapy and/or Rehabilitation Medicine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g) Otorhinolaryngology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h) Allergy/Immunology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i) Palliative Medicine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j) Sleep Medicine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4) Please answer the questions below using the following scale:

	Yes	No	Don't Know/NA
a) Do you have experience with patients that have a variety of clinical problems and stages of disease?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Does your overall ambulatory experience include an appropriate distribution of patients of both age and gender?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Do you receive quality and performance data about your panel of continuity patients?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) Have you been supervised by faculty with whom you have developed a longitudinal relationship in your continuity clinic?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) At the completion of training, I will be able to manage patients in the prevention, counseling, detection, and diagnosis and treatment of gender-specific diseases.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Procedures

5) Please answer the questions below using the following scale:

	Yes	No	Don't Know/NA
a) Did you have the opportunity to learn how to safely and competently perform those invasive procedures that are appropriate for your future practice?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

< Previous

Submit