



THE RESIDENCY REVIEW COMMITTEE FOR INTERNAL MEDICINE

This part of the survey collects information about specific aspects of your Internal Medicine program. Not all questions below 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/NA."

1) What year are you in the program?

- Year 1 Year 2 Year 3

Answer the following questions regarding the area facilities of your program.

2) Respond to the following questions using the following scale:

	Yes	No	Don't Know/NA
a) Do you use an electronic health record at the site(s) where the majority of your training occurs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Do you provide care for patients with acute coronary syndromes before and after interventional cardiology procedures?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Are you satisfied with your on-call (sleeping room) facilities in terms of ALL the following: privacy, convenient location, safety, security, cleanliness, quiet, shower/bath? (NOTE: If you are unsatisfied with ANY aspect of your on-call facilities, please mark No for this question.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) Is there a safe place at the hospital for you to store your books, medical equipment and other possessions?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) Do residents have 24-hour access to a lounge (i.e., a place to relax with fellow residents)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) Do residents have 24-hour access to food facilities (either from a cafeteria or vending area)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



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3) Are the following facilities and services adequate for patient care and teaching in the following settings?

	Inpatient Setting			Ambulatory Setting		
	Yes	No	Don't Know/NA	Yes	No	Don't Know/NA
a) Nursing Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Clerical and Clinical Support Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Translators	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) Social Workers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) Dieticians	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) Patient Exam Rooms				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g) Space for Teaching Rounds	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h) Conference / Teaching Facilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i) Computer Access	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j) Medical Records	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k) Laboratory Data Retrieval	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l) Radiographic Studies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m) Radiology Film and Report Retrieval	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Answer the following questions regarding the faculty of your program.

4) Do the faculty promote an environment of inquiry and scholarship in the residency program?

- Yes
- No
- Don't Know / NA

5) Please rate the interest of your faculty members in resident education

- Poor Outstanding

6) Are the following consultation services adequate to meet your educational and patient care needs?

	Inpatient Setting			Ambulatory Setting		
	Yes	No	Don't Know / NA	Yes	No	Don't Know / NA
a) Internal Medicine Subspecialties	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) General Surgery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Medical Ophthalmology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) Office Gynecology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) Otorhinolaryngology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) Orthopedics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g) Psychiatry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h) Dermatology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i) Neurology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j) Physical Therapy and/or Rehabilitation Medicine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



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Answer the following questions regarding Inpatient Medicine.

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

	Extremely often	Very often	Sometimes	Rarely	Never	Don't Know / NA
a) Are first-year residents ever responsible for more than 5 new admissions and 2 transfers or night float admissions per admitting day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Do first-year residents ever have primary responsibility for the on-going care of more than 10 patients (excluding cross-coverage)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Do first-year residents ever admit more than 8 new patients in 48 hours?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) Do supervising residents ever admit more than 10 new patients in 24 hours?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) Do supervising residents ever admit more than 16 patients in 48 hours? (except during night float rotations)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) Does the supervising resident with one R1 ever have responsibility for the care of more than 14 patients? (excluding cross coverage)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g) Does the supervising resident with two R1s ever have responsibility for the ongoing care of more than 20 patients?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h) Do you routinely provide care for patients on the non-teaching service?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i) Do residents write all of the orders for patients on the teaching service?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j) Are all patient consultations from other services supervised by a qualified attending?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k) Do your teaching attendings conduct rounds with a frequency and duration sufficient to ensure a meaningful teaching relationship?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l) Does the number of attending physicians-of-record on inpatient rotations interfere with your educational experience or ability to accomplish your daily tasks of patient care, including work rounds?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m) Do you receive adequate education in performing safe transitions of care (handoffs)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



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Answer the following questions regarding the Emergency Room.

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

	Yes	No	Know / NA
a) Do you have first-contact responsibility for a sufficient number of unselected patients when you are assigned to emergency medicine?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) On your emergency medicine rotation, do you spend more than 12 hours of continuous duty (excluding sign-out)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Answer the following questions regarding the Continuity Clinic.

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

	Yes	No	Know / NA
a) Does your continuity clinic experience allow you to follow the same panel of patients throughout all 3 years of the training program?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Do you have adequate supervision and teaching during your longitudinal continuity clinic experience?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Are you able to obtain appropriate and timely consultations for your continuity patients?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) Do you have adequate opportunity to participate in the management of your continuity panel of patients between outpatient visits?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) Has your program implemented models and/or schedules that minimize conflicts between inpatient and outpatient responsibilities?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



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Answer the following questions regarding the Conferences.

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

	Yes	No	Don't Know / NA
a) Do you have an adequate opportunity to attend your program's teaching conferences?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Are the teaching conferences educationally valuable?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Answer the following questions regarding the Evaluation.

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

	Yes	No	Don't Know / NA
a) Does the program train residents by using simulation (examples: simulation of: codes; medical emergencies; medical procedures; simulated patients)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Do faculty routinely evaluate your interview and physical examination techniques?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Do all your supervising faculty review your performance with you at the end of each rotation?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) Do you receive feedback on your performance from patients, peers, and non-physician team members?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) Does your program offer an effective resident advising program?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) Does the program director consider the opinion of the residents when making changes to the program?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g) Are your ideas to improve patient care sought and used constructively by hospital and/or clinic leaders?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>