



Resident / Fellow Survey

THE RESIDENCY REVIEW COMMITTEE FOR INTERNAL MEDICINE

This part of the survey applies only to programs participating in the Educational Innovations Project.

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."

Please answer the questions below using the following scale: Always, Frequently, Sometimes, Rarely, or Never. If you are unsure about a particular question, you may check the Don't Know / Not Applicable response.

	Always	Frequently	Sometimes	Rarely	Never	Don't Know / NA
1 Do you feel that your residency program helps improve the care of the patients at your hospital?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2 Are patient safety and quality of clinical care central to your educational experience?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3 Do structured educational experiences (conferences, computer-assisted learning, simulations, etc.) support your need to learn about patient care?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4 Is your medical knowledge regularly assessed in a way that helps you to improve?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5 Are you provided with data (i.e. patient survey results) that tell you how well you have taken care of your patients in the inpatient setting?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6 Are you provided with data (i.e. patient survey results) that tell you how well you have taken care of your patients in the ambulatory setting?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7 Are you evaluated by non-physicians as part of a multi-source (360-degree) evaluation?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8 Are you evaluated by patients as part of a multi-source (360-degree) evaluation?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9 Do you get feedback on your ability to communicate with patients?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10 Do you get feedback on your ability to work in multidisciplinary teams?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11 Do you get feedback on transition of care (handoffs)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please answer the questions below with Yes or No. If you are unsure about a particular question, you may check the Don't Know / Not Applicable response.

	Yes	No	Don't Know / NA
12 Is there a formal written system for transition of care (handoffs)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13 Is there a formal verbal system for transition of care (handoffs)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14 Is there a formal electronic system for transition of care (handoffs)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15 Do you use an electronic medical record in at least one of the hospitals in your program?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16 Have you participated in a quality improvement project in an inpatient setting?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17 Have you participated in a quality improvement project in an ambulatory setting?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

18 Have you developed continuous relationships with a panel of general medicine patients?

a) If yes, do these patients include a broad spectrum of age, gender, and disease states?

b) Do you have the opportunity to see these patients across a spectrum of settings: in the ambulatory setting, in the hospital, in nursing homes, and/or in home visits?

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