**New Application: Internal Medicine**

**Review Committee for Internal Medicine**

**ACGME**

**Oversight**

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| **Resources** |

Will the program, in partnership with its Sponsoring Institution:

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| Provide the broad range of facilities and clinical support services necessary to provide comprehensive and timely care of adult patients? [PR 1.8.a.1.] | YES  NO |
| Ensure the program has adequate space available, including meeting rooms, classrooms, examination rooms, computers, visual and other educational aids, and office space? [PR 1.8.a.2. ] | YES  NO |
| Ensure that appropriate in-person or remote/virtual consultations, including those done using telecommunication technology, are available in settings in which residents work? [PR 1.8.a.3.] | YES  NO |
| Provide access to an electronic health record? [PR 1.8.a.4.] | YES  NO |

Explain any NO responses. (Limit response to 300 words)

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| How will the Sponsoring Institution and participating sites provide residents with access to training using simulation to support resident education and patient safety? [PR 1.8.b.] (Limit response to 300 words) |
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Describe how the program will provide residents with a patient population representative of both the broad spectrum of clinical disorders and medical conditions managed by internists, and of the community being served. [PR 1.8.c.] (Limit response to 300 words)

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**Personnel**

**Program Director**

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| How much FTE support is provided to the program director for the administration of the program? [PR 2.4.a.] | # |

Describe the program director’s experience working as part of an interdisciplinary, inter-professional team to create an educational environment that promotes high-quality care, patient safety, and resident well-being.[PR 2.5.c.] (Limit response to 300 words)

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**Associate Program Director(s)**

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| Number of American Board of Internal Medicine (ABIM)- and/or American Osteopathic Board of Internal Medicine (AOBIM)-certified associate program directors [PR 2.4.b.] (This should match the number listed in the Faculty section of the ACGME’s Accreditation Data System (ADS).) | # |
| How much FTE support is provided to the associate program director(s) for the administration of the program? [PR 2.4.b.] | # |
| Do the associate program directors report directly to the program director? [PR 2.11.e.2.] | YES  NO |
| Explain if you answered NO to the above question. (Limit response to 300 words)   |  | | --- | | Click here to enter text. |   List the associate program director(s) and their respective participation in academic societies and educational programs designed to enhance their educational and administrative skills (e.g., workshops, seminars, coursework) [PR 2.11.e.3.] (Limit response to 300 words) | | | |
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| Describe how associate program directors will take an active role in curriculum development, resident teaching and evaluation, continuous program improvement, and faculty development.[PR 2.11.e.4.] (Limit response to 300 words) |
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**Subspecialty Education Coordinators**

For each of the subspecialties of internal medicine listed in the table below, identify the Subspecialty Education Coordinator who will be accountable to the program director for coordination of all educational experiences in that area. In the last column, indicate which board (ABIM or AOBIM) currently certifies the named physician in the specified subspecialty. [PR 2.8.f.1.- 2.8.f.2.]

| **Subspecialty** | **Last Name** | **First Name** | **Board** |
| --- | --- | --- | --- |
| Cardiovascular disease |  |  |  |
| Critical care medicine |  |  |  |
| Endocrinology, diabetes, and metabolism |  |  |  |
| Gastroenterology |  |  |  |
| Geriatric medicine |  |  |  |
| Hematology |  |  |  |
| Infectious disease |  |  |  |
| Medical oncology |  |  |  |
| Nephrology |  |  |  |
| Pulmonary disease |  |  |  |
| Rheumatology |  |  |  |

**Faculty Members/Core Faculty**

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| --- | --- |
| Number of ABIM- or AOBIM-certified core faculty members [PR 2.11.b.] (This should match the number listed in the Faculty section of ADS.) | # |
| How much FTE support is provided in aggregate to the required core faculty members (excluding program leadership) for educational and administrative responsibilities that do not involve direct patient care? [PR 2.11.c.] | # |

List the faculty members who have expertise in the analysis and interpretation of practice data, data management science and clinical decision support systems, and managing emerging health issues. [PR 2.8.g.] (Add rows as needed)

| **Area of Expertise** | **Last Name** | **First Name** | **Credentials** |
| --- | --- | --- | --- |
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Explain if the program will not have faculty members with the above listed expertise. (Limit response to 300 words)

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Describe the experience that faculty members will have working in interdisciplinary, inter-professional, team-based health care delivery models. [PR 2.8.h.] (Limit response to 300 words)

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**Program Coordinator**

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| How much FTE support is provided to the program coordinator for the administration of the program? [PR 2.12.b.] | # |
| How much additional aggregate FTE support is provided for administration of the program? [PR 2.12.b.] | # |

**Educational Program**

**ACGME Competencies**

**Professionalism**

Briefly describe how the program will teach residents to demonstrate a commitment to professionalism and an adherence to ethical principles. [PR 4.3.] (Limit response to 300 words)

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**Patient Care and Procedural Skills**

Will residents be provided the experience required to demonstrate their ability to manage the care of patients:

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| using clinical skills of interviewing and physical examination? [PR 4.4.a.1.] | YES  NO |
| in a variety of roles within a health system with progressive responsibility, including: | |
| serving as the direct provider, a member, or leader of an interprofessional team of providers? [PR 4.4.a.2.] | YES  NO |
| as a consultant to other physicians? [PR 4.4.a.2.] | YES  NO |
| and as a teacher to the patient, the patient’s family, and other health care workers? [PR 4.4.a.2.] | YES  NO |
| including the prevention, counseling, detection, diagnosis, and treatment of adult diseases? [PR 4.4.a.3.] | YES  NO |
| in a variety of health care settings, including the inpatient ward, critical care units, and various ambulatory settings? [PR 4.4.a.4.] | YES  NO |
| for whom they have limited or no physical contact, through the use of telemedicine? [PR 4.4.a.5.] | YES  NO |
| in the subspecialties of internal medicine? [PR 4.4.a.6.] | YES  NO |
| using population-based data? [PR 4.4.a.7.] | YES  NO |
| using critical thinking and evidence-based tools? [PR 4.4.a.8.] | YES  NO |

Will residents be provided the experience required to demonstrate their ability to:

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| --- | --- |
| use and/or perform point-of-care laboratory, diagnostic, and/or imaging studies relevant to the care of the patient? [PR 4.5.a.1.] | YES  NO |
| perform diagnostic and therapeutic procedures relevant to their specific career  paths? [PR 4.5.a.2.] | YES  NO |
| treat their patients’ conditions with practices that are patient-centered, safe, scientifically based, effective, timely, and cost-effective? [PR 4.5.a.3.] | YES  NO |

Explain any NO responses. (Limit response to 300 words)

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| Describe how the program will teach residents to treat their patients’ conditions with practices that are patient-centered, safe, scientifically based, effective, timely, and cost-effective. [PR 4.5.a.3.] (Limit response to 300 words) |
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**Medical Knowledge**

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| Will residents be provided the content required to demonstrate expertise in the knowledge of the broad spectrum of clinical disorders seen by an internist, including the core content of general internal medicine, which includes the internal medicine subspecialties, the multidisciplinary subspecialties of geriatric medicine, hospice and palliative medicine, and addiction medicine, and neurology? [PR 4.6.a.] | YES  NO |

Will residents be provided with exposure to the content required to develop and therefore to be able to demonstrate sufficient knowledge in the following areas?

|  |  |
| --- | --- |
| Evaluation of patients with an undiagnosed and undifferentiated presentation [PR 4.6.b.2.] | YES  NO |
| Pharmacotherapeutic and non-pharmacotherapeutic treatment of the broad  spectrum of medical conditions and clinical disorders managed by internists [PR 4.6.b.3.] | YES  NO |
| Provision of preventive care [PR 4.6.b.4. ] | YES  NO |
| Interpretation of clinical tests and images [PR 4.6.b.5.] | YES  NO |
| Recognition and initial management of urgent medical problems [PR 4.6.b.6.] | YES  NO |
| Application of technology appropriate for the clinical context, including evolving techniques [PR 4.6.b.7.] | YES  NO |

Explain any NO responses. (Limit response to 300 words)

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**Practice-Based Learning and Improvement**

Describe how the program will teach residents to demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and lifelong learning. [PR 4.7.] (Limit response to 300 words)

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**Interpersonal and Communication Skills**

Describe how the program will teach residents to demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals. [PR 4.8.] (Limit response to 300 words)

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**Systems-based Practice**

Describe how the program will teach residents to demonstrate an awareness of and responsiveness to the larger context and system of health care, including the structural and social determinants of health, as well as the ability to call effectively on other resources to provide optimal health care. [PR 4.9.] (Limit response to 300 words)

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**Curriculum Organization and Resident Experiences**

How will the program ensure that rotations are of sufficient length to provide longitudinal relationships with faculty members that allow for meaningful assessment and feedback? [PR 4.10.a.] (Limit response to 300 words)

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| Describe how rotations will be structured to allow residents to function as part of effective interprofessional teams that work together towards the shared goals of patient safety and quality improvement. [PR 4.10.b.] (Limit response to 300 words) |
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| Describe how rotations will be structured to minimize conflicting inpatient and outpatient responsibilities. [PR 4.10.c.] (Limit response to 300 words) |
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**Resident Experiences**

For the following questions, refer to Program Requirements IV.C.3.a)-d). The following Specialty-Specific Background and Intent is copied directly from the Program Requirements for Graduate Medical Education in Internal Medicine to provide clarification.

*Program Requirements - Specialty-Specific Background and Intent: The Review Committee views these four components of internal medicine residency (at least 30 months of clinical experience, longitudinal continuity experience, foundational internal medicine experience, and at least six months of individualized experience) as distinct but overlapping. For example, the longitudinal continuity experience could be obtained through discrete blocks or interspersed among other clinical experiences. Time in an outpatient clinic may be part of the continuity experience or may be part of a subspecialty experience, or both, and it would count towards the minimum for both foundational outpatient experience and the 30 months of clinical experience. Additional time in that clinic may be part of a resident’s individualized learning experiences, which would also count towards the 30-month minimum. The six months of individualized learning experiences may be all clinical experiences that would count towards the 30-month minimum, or they may include non-clinical experiences.*

*The requirements acknowledge that in addition to providing residents with broad foundational educational experiences in ambulatory and hospital-based internal medicine, programs must ensure residents have educational experiences that take into account their future plans and the different paces and trajectories at and on which residents will learn and demonstrate competence in the foundational areas.*

*Individualized educational experiences will be determined by the program director and take into account demonstrated competence in the foundational areas noted above, resources, program aims, and the residents’ future practice plans. Although six months can be devoted to individualized experiences, some residents may require more time to achieve competence in the foundational educational areas, which may result in less time for individualized educational experiences. Some residents may need to devote the entirety of residency to achieve competence in the foundational areas. The converse may be possible. Programs may have the opportunity to allocate more than six months of individualized educational opportunities for residents who have achieved or are on target to achieve competence in the foundational areas. These opportunities may include more ambulatory/outpatient experiences for residents interested in practicing in an outpatient setting after residency, more inpatient experiences for those interested in hospitalist medicine careers, or more experiences in a subspecialty for those interested in subspecializing. Individualized educational experiences may be integrated throughout the 36 months of the educational program and do not need to be consecutive.*

*The Review Committee is interested in programs pursuing innovations in internal medicine education and training. Additional information on the development of the Program Requirements and the Review Committee’s interest in exploring innovative proposals that will guide future versions of the Program Requirements can be found on the* [*Internal Medicine section of the ACGME website*](https://www.acgme.org/specialties/internal-medicine/program-requirements-and-faqs-and-applications/)*.*

Will the educational program for all residents include the following?

| At least 30 months of clinical experience [PR 4.11.a.] | YES  NO |
| --- | --- |
| A longitudinal team-based continuity experience for the duration of the program [PR 4.11.b.] | YES  NO |
| At least 10 months of foundational internal medicine clinical experiences in the outpatient setting [PR 4.11.c.1.] | YES  NO |
| At least 10 months of foundational internal medicine clinical experiences in the inpatient setting [PR 4.11.c.2.] | YES  NO |
| Critical care experiences that are a minimum of two months and a maximum of six months and that do not occur solely in the PGY-1 [PR 4.11.c.2.a.] | YES  NO |
| Clinical experience in: [PR 4.11.c.3.-4.11.c.4.] | |
| Addiction medicine | YES  NO |
| Cardiovascular disease | YES  NO |
| Critical care medicine | YES  NO |
| Emergency medicine | YES  NO |
| Endocrinology, diabetes, and metabolism | YES  NO |
| Gastroenterology | YES  NO |
| Geriatric medicine | YES  NO |
| Hematology | YES  NO |
| Hospice and palliative medicine | YES  NO |
| Infectious disease | YES  NO |
| Medical oncology | YES  NO |
| Nephrology | YES  NO |
| Neurology | YES  NO |
| Pulmonary disease | YES  NO |
| Rheumatology | YES  NO |
| At least six months of individualized educational experiences to participate in opportunities relevant to their future practice or to further skill/competency development in the foundational areas [PR 4.11.d.] | YES  NO |

Explain any NO responses. (Limit response to 300 words)

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**Inpatient Guidelines**

While on inpatient rotations:

| Will residents' responsibilities be limited to patients for whom the teaching team has diagnostic and therapeutic responsibility? [PR 4.11.e.1.] | YES  NO |
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| Will programs monitor and limit the number of resident-attending relationships to ensure that communication and education is not compromised? [PR 4.11.e.2.] | YES  NO |
| Will non-physician faculty members never supervise internal medicine residents on inpatient rotations? [PR 4.11.e.3.] | YES  NO |
| Will residents from other specialties never supervise internal medicine residents on any internal medicine inpatient rotation? [PR 4.11.e.4.] | YES  NO |
| Will the resident team and each attending physician have the responsibility to make management rounds on their patients and communicate effectively with each other at a frequency appropriate to the changing care needs of the patients? [PR 4.11.e.5.] | YES  NO |
| To the extent possible, will residents write all orders for patientsunder their care, with appropriate supervision by the attending physician? [PR 4.11.e.6.] | YES  NO |
| In those circumstances when another attending physician or consultant writes an order on a resident's patient, will the attending or consultant communicate the action to the resident in a timely manner? [PR 4.11.e.6.a.] | YES  NO |
| Will PGY-1 residents be assigned no more than five new patients per admitting day? [PR 4.11.e.7.] | YES  NO |
| Will PGY-1 residents be assigned no more than eight new patients in a 48-hour period? [PR 4.11.e.8.] | YES  NO |
| Will PGY-1 residents be responsible for the ongoing care of no more than 10 patients? [PR 4.11.e.9.] | YES  NO |
| When supervising more than one PGY-1 resident, will the PGY-2 or PGY-3 supervising resident be responsible for the supervision or admission of no more than 10 new patients and four transfer patients per admitting day? [PR 4.11.e.10.] | YES  NO |
| When supervising more than one PGY-1 resident, will the PGY-2 or PGY-3 supervising resident be responsible for the supervision or admission of no more than 16 new patients in a 48-hour period? [PR 4.11.e.10.] | YES  NO |
| When supervising one PGY-1 resident, will the PGY-2 or PGY-3 supervising resident be responsible for the ongoing care of no more than 14 patients? [PR 4.11.e.11.] | YES  NO |
| When supervising more than one PGY-1 resident, will the PGY-2 or PGY-3 supervising resident be responsible for the ongoing care of no more than 20 patients? [PR 4.11.e.12.] | YES  NO |

Explain any NO responses. (Limit response to 300 words)

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**Chronic Disease Management/Preventive Health**

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| Describe the clinical experiences that residents will have in chronic disease management, preventive health, patient counseling, and common acute ambulatory problems while on outpatient rotations. [PR 4.11.f.1.] (Limit response to 300 words) |
| Click here to enter text. |

**Longitudinal Continuity Experience [PR 4.11.f.2.]**

List all resident continuity clinics.

| Name of Continuity Clinic |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Site Number as it Appears in ADS (if applicable) |  |  |  |  |  |  |
| Total Number of Residents Assigned: | # | # | # | # | # | # |
| At this site, will the supervising faculty member have other patient care responsibilities while supervising more than two residents or other learners? [PR 4.11.f.2.d.1.] | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N |

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| How will the program ensure all residents have a longitudinal, team-based, continuity experience for the duration of the educational program through which they develop a long-term therapeutic relationship with a panel of patients? [PR 4.11.f.2.] (Limit response to 300 words) |
| Click here to enter text. |

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| How will the program ensure all residents serve as the primary physician for a panel of patients, with responsibility for chronic disease management, management of acute health problems, and preventive health care for their patients? [PR 4.11.f.2.a.] (Limit response to 300 words) |
| Click here to enter text. |

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| How will the program ensure all residents participate in the coordination of care of patients across health care settings and between outpatient visits? [PR 4.11.f.2.b.] (Limit response to 300 words) |
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| How will the program ensure residents are supervised and taught by faculty members with whom they have developed a longitudinal relationship (in the continuity clinic)? [PR 4.11.f.2.c.] (Limit response to 300 words) |
| Click here to enter text. |

**Didactic Experience**

Provide a list of conferences for residents (morning report, grand rounds, journal club, morbidity and mortality, etc.) [PR 4.11.g.1.] (Add rows as needed)

| **Conference Title/Type** | **Frequency (Daily, Weekly, Monthly)** | **Will Faculty Members Attend the Conference for Discussion?** | **Conference Primarily Led by Faculty Members or Residents?** | **Conference Dedicated to Quality Improvement?** |
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| Describe how the program will ensure residents have the opportunity to review all knowledge content from the conferences they could not attend. [PR 4.11.g.2.] (Limit response to 300 words) |
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**Resident Scholarly Activity**

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| Describe how the program will ensure all residents demonstrate dissemination of scholarship within or external to the program by any of the following methods: presenting in grand rounds, poster sessions, leading conference presentations (journal club, morbidity and mortality, case conferences); workshops; quality improvement presentations; podium presentations; grant leadership; non-peer-reviewed print/electronic resources; articles or publications; book chapters; textbooks; webinars; service on professional committees; or serving as a journal reviewer, journal editorial board member, or editor. [PR 4.15.a.- 4.15.a.1.] (Limit response to 300 words) |
| Click here to enter text. |

**Evaluation**

**Resident Evaluation**

Will the program assess the residents’ skills in all clinical settings for the following? [PR 5.1.h.]

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| --- | --- |
| Data gathering and analysis | YES  NO |
| Physical examination | YES  NO |
| Clinical reasoning | YES  NO |
| Patient management | YES  NO |
| Procedures | YES  NO |

Explain any NO responses. (Limit response to 300 words)

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| Click here to enter text. |