

Internal Review Report

Name of Program:
Accreditation status:
Of approved slots
Of filled slots
Date of last external review:
Date of next external review:

Date of Internal Review:
Internal Review Panel (names and titles, including resident):

Description of Internal Review Process:

Materials reviewed:
Faculty interviewed:
Residents interviewed (confidential: yes no)

Program Strengths:

Program Information Form: Complete Incomplete

Missing Items:

Description of Curriculum

Written Goals and Objectives for each rotation
Didactics
Journal Club
Interdisciplinary Conferences
Research Activity

Implementation of Competency Requirements

1. Patient Care
Instruction:
Assessment:
2. Medical Knowledge
Instruction:
Assessment:
3. Interpersonal and Communication Skills
Instruction:
Assessment:
4. Professionalism:
Instruction:
Assessment:
5. Practice-based Learning:

- Instruction:
Assessment:
6. Systems-based Practice:
Instruction:
Assessment:

Outcome Measures Used by Program:

Process used to link outcomes with program improvement:

Current Specialty Accreditation Requirements:

Duty Hours

1. Average resident working hours/week _____
2. One day in seven free of educational and clinical responsibilities (averaged over 4 week period) yes no
3. Minimum 10 hour time period between daily duties and after in-house call
 yes no

Documentation reviewed:

Confirmed by residents: yes no

Written Program Policies current and complete

Selection of Residents	yes	no
Supervision	yes	no
Leave	yes	no
Moonlighting	yes	no
Promotion/Probation	yes	no
Grievance	yes	no
Duty Hours	yes	no

Resident Evaluation Files including final evaluations:

Program and Faculty Evaluations:

RRC concerns/citations

1. Current status
2. Current status
3. Current status

Correspondence with RRC since last external review:

Internal review concerns

- 1.
- 2.
- 3.

Approved GMEC (Input date)