**Continued Accreditation Application: Internal Medicine**

401 North Michigan Avenue · Chicago, Illinois 60611 · United States · +1.312.755.7042

www.acgme-i.org

**Submission for Continued Accreditation:** This Advanced Specialty application is for programs applying for **Continued Accreditation Only** and is used in conjunction with the Accreditation Data System (ADS).

All sections of the form applicable to the program must be completed for it to be accepted for review. The information provided should describe the existing program. For items that do not apply, indicate “N/A” in the space provided. Where patient numbers are requested, provide exact numbers as requested and indicate the exact dates for the data entered. If any requested information is unavailable, an explanation must be given, and it should also be indicated as unavailable in the appropriate place on the form. Once the forms are complete, number the pages sequentially in the bottom center.

The program director is responsible for the accuracy of the information supplied in this form and must sign it. It must also be signed by the designated institutional official of the sponsoring institution, who will submit the application electronically in ADS.

Review the International Foundational Program Requirements for Graduate Medical Education and Advanced Specialty Program Requirements for Graduate Medical Education in Internal Medicine. The International Foundational, Advanced Specialty, and Institutional Requirements may be downloaded from the ACGME International website: [www.acgme-i.org](http://www.acgme-i.org)

Email questions regarding the form’s content to acgme-i@acgme-i.org.

Email questions regarding ADS to ADS@acgme.org (type the program number in the subject line).

**Continued Accreditation Application: Internal Medicine**

401 North Michigan Avenue · Chicago, Illinois 60611 · United States · +1.312.755.7042 www.acgme-i.org

|  |
| --- |
| Program Name: Click here to enter text. |

**Table of Contents**

When the forms are completed, **number each page sequentially in the bottom center**. Report this pagination in the Table of Contents and submit this cover page with the completed application.

|  |  |
| --- | --- |
| **Advanced Specialty Continued Application** | **Page(s)**   |
| **Int. Introduction** | #  |
| Duration of Education | # |
| **I. Institution** | NA |
| **II. Program Personnel and Resources** | # |
| II.A. Program Director | # |
| II.B. Faculty | # |
| II.C. Other Program Personnel | NA  |
| II.D. Resources | # |
| **III. Resident Appointment** | # |
| III.A. Eligibility Criteria | NA |
| III.B. Number of Residents | # |
| III.C. Resident Transfer | NA |
| III.D. Appointment of Fellows and Other Learner | NA |
| **IV. Specialty-Specific Educational Program** | # |
| IV.A. ACGME-I Competencies | # |
| IV.B. Regularly Scheduled Educational Activities | # |
| IV.C. Clinical Experiences | # |
| IV.D. Scholarly Activity | NA |
| **V. Evaluation** | NA |
| **VI. The Learning and Working Environment** | # |
| VI.A. Principles | NA |
| VI.B. Patient Safety | NA |
| VI.C. Quality Improvement | NA |
| VI.D. Supervision and Accountability | # |
| VI.E. Professionalism | NA |
| VI.F. Well-Being | NA |
| VI.G. Fatigue | NA |
| VI.H. Transitions of Care | NA |
| VI.I. Clinical Experience and Education | NA |
| VI.J. On-Call activities | # |
| Appendix A. Formal Didactic Sessions by Academic Year | # |

**Continued Accreditation Application: Internal Medicine**

401 North Michigan Avenue · Chicago, Illinois 60611 · United States · +1.312.755.7042 www.acgme-i.org

**Introduction**

**Duration and Scope of Education**

|  |
| --- |
| * + - 1. What will be the length, in months, of the educational program?

Choose an item. |

**Program Personnel and Resources**

**Program Director**

* + - 1. Describe the reporting relationship between the program director of the internal medicine residency program and the program directors of the associated subspecialty programs. (Limit 300 words)

|  |
| --- |
| Click here to enter text. |

**Faculty**

* + - 1. Does the program have associate program directors? [ ] YES [ ] NO

Explain if ‘NO.’ (Limit 250 words)

|  |
| --- |
| Click here to enter text. |

* + - 1. If ‘YES,’ to Question 1, describe the criteria for appointment as an associate program director. (Limit 300 words)

|  |
| --- |
| Click here to enter text. |

* + - 1. Do the associate program directors:
	1. dedicate, on average, at least 20 hours per week to the administration and educational aspects of the program? [ ] YES [ ] NO
	2. report directly to the program director? [ ] YES [ ] NO
	3. participate in academic societies? [ ] YES [ ] NO
	4. participate in educational programs to enhance their professional development? [ ] YES [ ] NO

Explain any ‘NO’ responses. (Limit 250 words)

|  |
| --- |
| Click here to enter text. |

* + - 1. Dos the program director identify Subspecialty Education Coordinators (SECs)? [ ] YES [ ] NO

Explain if ‘NO.’ (Limit 250 words)

|  |
| --- |
| Click here to enter text. |

* + - 1. If ‘YES,’ to Question 4, indicate the SECs by completing the table below. Use site numbers as indicated in ADS. Add rows as needed. *Site #1 is the primary clinical site.*

|  |  |  |  |
| --- | --- | --- | --- |
| **SEC’s Name** | **Based Primarily at Site #** | **Specialty/Field** | **Currently Board Certified?** |
|  |  |  | [ ] YES[ ] NO |
|  |  |  | [ ] YES[ ] NO |
|  |  |  | [ ] YES[ ] NO |
|  |  |  | [ ] YES[ ] NO |
|  |  |  | [ ] YES[ ] NO |
|  |  |  | [ ] YES[ ] NO |
|  |  |  | [ ] YES[ ] NO |
|  |  |  | [ ] YES[ ] NO |
|  |  |  | [ ] YES[ ] NO |
|  |  |  | [ ] YES[ ] NO |
|  |  |  | [ ] YES[ ] NO |

* + - 1. Are the SECs accountable to the program director for coordination of the residents’ subspecialty educational experiences to accomplish the goals and objectives in the subspecialty? [ ] YES [ ] NO

Explain if ‘NO.’ (Limit 250 words)

|  |
| --- |
| Click here to enter text. |

**Resources**

* + - 1. Indicate the resources provided at each participating site used by the program by completing the table below. Use site numbers as indicated in ADS. *Site #1 is the primary clinical site.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Resource** | **Institution #1** | **Institution #2** | **Institution #3** | **Institution #4** | **Institution****#5** |
| Cardiac catheterization | [ ] YES[ ] NO | [ ] YES[ ] NO | [ ] YES[ ] NO | [ ] YES[ ] NO | [ ] YES[ ] NO |
| Bronchoscopy | [ ] YES[ ] NO | [ ] YES[ ] NO | [ ] YES[ ] NO | [ ] YES[ ] NO | [ ] YES[ ] NO |
| Gastrointestinal endoscopy | [ ] YES[ ] NO | [ ] YES[ ] NO | [ ] YES[ ] NO | [ ] YES[ ] NO | [ ] YES[ ] NO |
| Noninvasive cardiology studies | [ ] YES[ ] NO | [ ] YES[ ] NO | [ ] YES[ ] NO | [ ] YES[ ] NO | [ ] YES[ ] NO |
| Pulmonary function studies | [ ] YES[ ] NO | [ ] YES[ ] NO | [ ] YES[ ] NO | [ ] YES[ ] NO | [ ] YES[ ] NO |
| Hemodialysis | [ ] YES[ ] NO | [ ] YES[ ] NO | [ ] YES[ ] NO | [ ] YES[ ] NO | [ ] YES[ ] NO |
| Imaging studies (i.e. radionuclide, ultrasound, fluoroscopy, angiography, computerized tomography, and magnetic resonance imaging) | [ ] YES[ ] NO | [ ] YES[ ] NO | [ ] YES[ ] NO | [ ] YES[ ] NO | [ ] YES[ ] NO |

Describe any additional resources not indicated above. (Limit 300 words)

|  |
| --- |
| Click here to enter text. |

**Resident Appointment**

**Number of Residents**

Describe how the program ensures there will be a minimum of 12 residents enrolled and participating in the educational program at all times. (Limit 300 words)

|  |
| --- |
| Click here to enter text. |

* + - 1. Does the program appoint residents to a preliminary year? [ ] YES [ ] NO

If ‘YES,’ answer Questions 3-6.
If ‘NO,’ skip to Specialty-Specific Educational Program section below.

1. Are residents in the preliminary year appointed for only one year? [ ] YES [ ] NO
2. Is the number of residents appointed to the preliminary year equal to or less than the number of approved Post-Graduate Year One (PGY-1) categorical positions? [ ] YES [ ] NO
3. Does the program director document continuation in graduate medical education for each resident appointed to the preliminary year? [ ] YES [ ] NO
4. Does the program director counsel and assist preliminary-year residents in obtaining future positions?

 [ ] YES [ ] NO

Explain any ‘NO’ responses. (Limit 250 words)

|  |
| --- |
| Click here to enter text. |

**Specialty-Specific Educational Program**

**ACGME-I Competencies**

**Professionalism**

1. How do graduating residents demonstrate a commitment to fulfilling their professional responsibilities and adhering to ethical principles?

Describe how these traits are evaluated. (Limit 300 words)

|  |
| --- |
| Click here to enter text. |

1. How do graduating residents demonstrate the following?

a. Compassion, integrity, and respect for others

b. Responsiveness to patient needs that supersedes self-interest

c. Respect for patient privacy and autonomy

d. Accountability to patients, society, and the profession

e. Sensitivity and responsiveness to a diverse patient population, including to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation

f. Ability to recognize and develop a plan for one’s own personal and professional well-being

Provide examples of how traits are assessed in three of the six areas listed (Limit 300 words)

|  |
| --- |
| Click here to enter text. |

**Patient Care**

1. How do graduating residents demonstrate the ability to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health?

Describe how this is evaluated. (Limit 300 words)

|  |
| --- |
| Click here to enter text. |

1. How do graduating residents demonstrate competence in a variety of roles, including serving as the direct practitioner, the leader or member of an interprofessional or multi-disciplinary team of practitioners, a consultant to other physicians, and a teacher to the patient , the patient’s family and other health care practitioners? (Limit 400 words)

|  |
| --- |
| Click here to enter text. |

1. How do graduating residents demonstrate competence in the prevention, counseling, detection and diagnosis, and treatment of adult diseases? (Limit 400 words)

|  |
| --- |
| Click here to enter text. |

1. How do graduating residents demonstrate competence in managing patients in a variety of health care settings, including the inpatient ward, the critical care unit, and various ambulatory settings, to include the emergency setting? (Limit 400 words)

|  |
| --- |
| Click here to enter text. |

1. How do graduating residents demonstrate competence in managing patients across the spectrum of clinical disorders as seen in the practice of general internal medicine, including the subspecialties of internal medicine? (Limit 400 words)

|  |
| --- |
| Click here to enter text. |

1. How do graduating residents demonstrate competence in the following?
2. Providing care for patients with whom they have limited or no physical contact, through the use of telemedicine
3. Providing care for undifferentiated acutely and severely ill patients
4. Using clinical skills of interviewing and physical examination
5. Using critical thinking and evidence-based tools
6. Using laboratory and imaging techniques appropriately
7. Using population-based data

Describe how competence is assessed in four of the six areas listed. (Limit 400 words)

|  |
| --- |
| Click here to enter text. |

1. How do graduating residents demonstrate competence in the following?

 Performing diagnostic and therapeutic procedures relevant to their specific career paths

Treating patients with practices that are patient-centered, safe, scientifically based, effective, timely and cost effective

Using and/or performing point-of-care laboratory, diagnostic, and/or imaging studies relevant to the care of the patient

Describe how competence is assessed in each of the areas listed. (Limit 300 words)

|  |
| --- |
| Click here to enter text. |

1. How do graduating residents demonstrate competence in treating their patients with practices that are patient-centered, safe, scientifically based, effective, timely, and cost-effective? (Limit 300 words)

|  |
| --- |
| Click here to enter text. |

**Medical Knowledge**

1. How do graduating residents demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences, as well as the application of this knowledge to patient care?

Describe how knowledge is evaluated. (Limit 400 words)

|  |
| --- |
| Click here to enter text. |

* + - 1. How do graduating residents demonstrate knowledge of the following?

Appropriately using and performing diagnostic and therapeutic procedures

Evaluating patients with an undiagnosed and undifferentiated presentation

Interpreting basic clinical tests and images

Providing basic preventive care

Recognizing and providing initial management of emergency medical problems

Treating medical conditions commonly managed by internists

Using common pharmacotherapy

Describe how knowledge is assessed in four of the seven areas listed. (Limit 400 words)

|  |
| --- |
| Click here to enter text. |

**Practice-based Learning and Improvement**

1. How do graduating residents demonstrate their 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?

Describe how this is evaluated. (Limit 300 words)

|  |
| --- |
| Click here to enter text. |

1. How do graduating residents demonstrate they have developed skills and habits to be able to meet the following goals?
2. Identify strengths, deficiencies, and limits in one’s knowledge and expertise
3. Identify and perform appropriate learning activities
4. Incorporate formative evaluation feedback into daily practice
5. Locate, appraise, and assimilate evidence from scientific studies related to their patients’ health problems
6. Set learning and improvement goals
7. Systematically analyze clinical practice using quality improvement methods, and implement changes with the goal of practice improvement
8. Use information technology to optimize learning

Provide examples of how skill is assessed in five of the eight areas listed. (Limit 500 words)

|  |
| --- |
| Click here to enter text. |

**Interpersonal and Communication Skills**

1. How do graduating residents demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and other health professionals?

Describe how these skills are evaluated. (Limit 300 words)

|  |
| --- |
| Click here to enter text. |

1. How do graduating residents demonstrate their ability to:
	* + - 1. communicate effectively with patients, patients’ families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds;
	1. communicate effectively with physicians, other health professionals, and health-related agencies;
	2. work effectively as a member or leader of a health care team or other professional group;
	3. act in a consultative role to other physicians and health professionals;
	4. educate patients, patients’ families, students, other residents, and other health professionals;
2. maintain comprehensive, timely, and legible medical records; and,
3. communicate with patients and patients’ families to assess their care goals, including, when appropriate, end-of-life goals?

Provide an example of how these skills are assessed in four of the seven areas listed. (Limit 400 words)

|  |
| --- |
| Click here to enter text. |

**Systems-based Practice**

1. How do graduating residents demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care?

Describe how this is are evaluated. (Limit 300 words)

|  |
| --- |
| Click here to enter text. |

1. How do graduating residents demonstrate their ability to:
	1. work effectively in various health care delivery settings and systems relevant to their clinical specialty;
	2. coordinate patient care across the health care continuum as relevant to their clinical specialty;
	3. incorporate considerations of cost awareness, value, and risk-benefit analysis in patient and/or population-based care as appropriate;
	4. understand health care finances and their impact on individual patients’ health decisions;
	5. advocate for quality patient care and optimal patient care systems;
	6. work in interprofessional teams to enhance patient safety and improve patient care quality; and,
	7. participate in identifying system errors and implementing potential systems solutions?

Provide examples of how skill is assessed in four of the seven areas listed. (Limit 400 words)

|  |
| --- |
| Click here to enter text. |

**Regularly Scheduled Didactic Sessions**

1. Complete Appendix A., Formal Didactic Sessions by Academic Year, and attach to submission.
2. Describe how the didactic program is based on the core knowledge content of internal medicine. (Limit 400 words)

|  |
| --- |
| Click here to enter text. |

1. Describe how the program provides opportunities for residents to interact with other residents and faculty members in educational sessions at a frequency sufficient for peer-peer and peer-faculty member interaction. (Limit 400 words)

|  |
| --- |
| Click here to enter text. |

1. Does patient-based teaching:

include direct interaction between residents and attending physicians? [ ] YES [ ] NO

include bedside teaching? [ ] YES [ ] NO

include discussion of pathophysiology? [ ] YES [ ] NO

include use of current evidence in diagnostic and therapeutic decisions? [ ] YES [ ] NO

occur as formally conducted sessions on all inpatient services? [ ] YES [ ] NO

occur as formally conducted sessions on all consultative services? [ ] YES [ ] NO

Explain any ‘NO’ responses. (Limit 250 words)

|  |
| --- |
| Click here to enter text. |

1. Describe how the program ensures that patient-based teaching will occur with a frequency and duration sufficient to ensure a meaningful and continuous teaching relationship between the teaching attendings and residents. (Limit 400 words)

|  |
| --- |
| Click here to enter text. |

**Clinical Experiences**

* + - 1. Complete the table below to indicate the number of months of clinical experiences in each year of the program for each area indicated.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Clinical experience** | **Year 1** | **Year 2** | **Year 3** | **Year 4,** if applicable |
| Critical care, such as respiratory intensive care, cardiac intensive care, etc. | # | # | # | # |
| Dermatology | # | # | # | # |
| Neurology | # | # | # | # |
| Geriatric medicine | # | # | # | # |
| Ambulatory/outpatient setting | # | # | # | # |

1. Describe how the program ensures residents have a longitudinal continuity experience in an ambulatory/outpatient setting so they establish a long-term therapeutic relationship with a panel of patients. (Limit 400 words)

|  |
| --- |
| Click here to enter text. |

1. Describe how the program ensures each resident has at least six months of individualized educational experience. Include in your answer how the individualized experiences are determined for each resident. (Limit 400 words)

|  |
| --- |
| Click here to enter text. |

1. Describe how the program ensures the number of inpatient admissions for which a PGY-1 resident is responsible do not preclude meaningful reflections on the resident’s learning, such as development of a differential diagnosis and or development of a treatment plan. (Limit 400 words)

|  |
| --- |
| Click here to enter text. |

1. Do PGY-1 residents provide ongoing care for more than 15 inpatients at any one time? [ ] YES [ ] NO

Explain if ‘NO’. (Limit 250 words)

|  |
| --- |
| Click here to enter text. |

1. Do residents write orders for inpatients under their care with appropriate supervision by attending physicians? [ ] YES [ ] NO

Explain if ‘NO’. (Limit 250 words)

|  |
| --- |
| Click here to enter text. |

1. How does the program ensure that if an attending physician or subspecialty fellow writes orders on a resident’s patient, the attending physician or subspecialty fellow communicates this action to the resident in a timely manner? (Limit 300 words)

|  |
| --- |
| Click here to enter text. |

1. How does the program ensure that the physicians of record makes management rounds on their inpatients and communicates effectively with the residents participating in the care of those patients at a frequency appropriate to the changing care needs of each patient? (Limit 400 words)

|  |
| --- |
| Click here to enter text. |

1. Are residents assigned to a minimum of four weeks of direct experience in emergency medicine?

 [ ] YES [ ] NO

Explain if ‘NO.’ (Limit 250 words)

|  |
| --- |
| Click here to enter text. |

1. If ’YES’ to Question 9, does the experience in emergency medicine:
2. allow residents to have first-contact responsibility for a sufficient number of unselected patients to meet their educational needs? [ ] YES [ ] NO
3. not exceed three months during three years of the educational program? [ ] YES [ ] NO
4. occur in a block of more than two weeks? [ ] YES [ ] NO

Explain any ‘NO’ responses. (Limit 250 words)

|  |
| --- |
| Click here to enter text. |

1. Describe how the program ensures residents are not required to relate to an excessive number of physicians of record. (Limit 300 words)

|  |
| --- |
| Click here to enter text. |

**The Learning and Working Environment**

**Supervision and Accountability**

Is a resident supervising a PGY-1 resident responsible for the ongoing care for more than 30 inpatients at any one time? [ ] YES [ ] NO

Explain if ‘YES.’ (Limit 250 words)

|  |
| --- |
| Click here to enter text. |

Are second- or third-year residents, subspecialty fellows, or attending physicians with documented experience appropriate to the acuity, complexity, and severity of the patient available on site at all times to supervise PGY-1 residents? [ ] YES [ ] NO

Do only internal medicine residents supervise other internal medicine residents on an internal medicine inpatient rotation? [ ] YES [ ] NO

Explain any ‘NO’ responses. (Limit 250 words)

|  |
| --- |
| Click here to enter text. |

**On-Call Activities**

Indicate the number of months of night float for residents in each year of the educational program.

|  |  |
| --- | --- |
| Year of the Program | Scheduled Months of Night Float |
| Year 1 | # |
| Year 2 | # |
| Year 3 | # |
| Year 4, if applicable | # |
| Total Scheduled Months of Night Float | # |

Are residents assigned to more than one month of consecutive night float rotations? ☐YES ☐NO

Explain if ‘YES.’ (Limit 250 words)

|  |
| --- |
| Click here to enter text. |

Appendix A. Formal Didactic Sessions by Academic Year

For each year of the residency, attach (Label: Appendix A.) a list of all scheduled didactic courses (including discussion groups, seminars and conferences, grand rounds, basic science, skills labs, and journal club) at all participating sites to which residents rotate, using the format below. If attended by residents from multiple years, list in each year but provide a full description *only the first time a site is listed.*

Number sessions **consecutively** from the first year through the final year so that the scheduled didactic sessions can be easily referenced throughout the application. **Be brief and use the outline that follows.**

Year in the program:

Number: Title:

a) Type of Format (e.g., seminar, conference, discussion groups)

b) Required or elective

c) Brief description (three or four sentences)

d) Frequency, length of session, and total number of sessions

**Example:**

|  |
| --- |
| Y-101. Introduction to Internal Medicinea) Seminarb) Required Y-1c) Survey of contemporary methods and styles of internal medicine, including approaches to clinical work with minority populations.d) Weekly, for 8 sessions02. Departmental Grand Roundsa) Discussion groupsb) Required, Y-1, Y-2, Y-3; Elective Y-4c) Clinical case presentations, sponsored by each departmental division, followed by discussion and review of contemporary state of knowledge. Format includes resident presentations and discussions with additional faculty discussant.d) Twice monthly, 24 sessions |

If resident attendance is monitored, explain how this is accomplished and how feedback is given regarding non-attendance. (Limit 250 words)

|  |
| --- |
| Click here to enter text. |