

**Advocate Illinois Masonic Medical Center
Department of Medical Education**

Internal Review Form

Name of Program:

Internal Review Committee members:

Date of review:

Date of last ACGME letter:

Date of next scheduled ACGME site visit:

List of documents used in the review process:

Program faculty interviewed and titles:

Other faculty interviewed and titles:

Residents interviewed and year of residency program:

Please evaluate the following areas:

1. Effectiveness of the program in addressing citations, areas of non compliance or any concerns or comments from previous letters of accreditation (list each one separately with a summary on how they were addressed):
2. Effectiveness of the program addressing citations from previous internal reviews:
3. Compliance with the program standards:
4. Educational objectives of the program:
5. Effectiveness of program in meeting its objectives:
6. Adequacy of available educational and financial resources to meet the objectives of the program:
7. Whether the program has defined, in accordance with the relevant Program Requirements, the specific knowledge, skills and attitudes required and provides educational experiences for the residents to demonstrate competency in the following areas: patient care skills, medical knowledge, interpersonal and communication skills, professionalism, practiced-based learning and systems-based practice:
8. The program's use of evaluation tools to ensure that the residents demonstrate competence in each of the six areas:
9. The development and use of dependable outcomes measures by the program for each of the general competencies:
10. The effectiveness of the program in implementing a process that links educational outcomes with program improvement:
11. Does the Program Director establishes and maintains proper oversight of and liaison with appropriate personnel of other institutions participating in the program? Does the program have written agreements with other participating institutions?
12. Does the program have formal written criteria and processes for the selection, evaluation, promotion and dismissal of residents in compliance with institutional and program requirements for the specialty?

13. Has the program established an appropriate work environment and duty hours for residents? Are the duty hours of the residents consistent with the Institutional Program Requirements?
14. Does the program provide a curriculum and evaluation system to ensure that residents demonstrate competence in the general area listed in section II.B and as defining in set of program requirements?
15. Do the residents develop a personal program of learning to foster continued professional growth with guidance from teaching staff?
16. Do residents participate fully in the educational and scholarly activities of their program and, as required, assume responsibility for teaching and supervising other residents and students?
17. Do residents participate in department and program committees and councils that affect their education and patient care?
18. Do the residents submit to the program director, at least annually, confidential written evaluations of the faculty and of the educational experience?
19. Do residents receive supervision appropriate to their level of education, ability and experience?
20. If residents are moonlighting, are they licensed for unsupervised medical practice in the state of Illinois and has the Program Director been notified and has acknowledged in writing that she/he is aware that the resident is moonlighting, and is this information is made part of the resident's folder?

Summary

Areas of Excellence:

Areas for improvement:

Chairman, Internal Review Committee