



## Program-Relevant Information for Training Sites

### Internal Medicine Residency Training Program

**Instruction:** Please fill out the form thoroughly. Make the most of the "Comments" column to provide additional details on the answers given.

**Institution:**

**Date:**

**Department Name:**

**Note:** Information provided must be about program-specific advanced specialty requirements:

A. Medicine Specialty Resources	Y	N	NA	Number	Comments
In-Patient Beds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Daycare Beds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Intensive Care Beds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Outpatient Clinics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
CCU	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Subspecialty Clinics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Handover Process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>Average Annual Occupancy Rate:</b>					
<b>Average Length of Stay:</b>					
<b>Mortality Rate:</b>					

B. Medicine Specialty Workload	Y	N	Number	Comments
<b>General and Subspecialties (specify number of cases in the last 12 months)</b>				
• Outpatient Medicine (Ambulatory)	<input type="checkbox"/>	<input type="checkbox"/>		
• Cardiology	<input type="checkbox"/>	<input type="checkbox"/>		
• Cardiology Consult	<input type="checkbox"/>	<input type="checkbox"/>		
• Endocrinology	<input type="checkbox"/>	<input type="checkbox"/>		
• Gastroenterology	<input type="checkbox"/>	<input type="checkbox"/>		
• Hematology	<input type="checkbox"/>	<input type="checkbox"/>		
• Infectious Disease	<input type="checkbox"/>	<input type="checkbox"/>		

B. Medicine Specialty Workload	Y	N	Number	Comments
• Intensive Care Unit	<input type="checkbox"/>	<input type="checkbox"/>		
• Medical Oncology	<input type="checkbox"/>	<input type="checkbox"/>		
• Nephrology	<input type="checkbox"/>	<input type="checkbox"/>		
• Neurology	<input type="checkbox"/>	<input type="checkbox"/>		
• Respiratory Medicine	<input type="checkbox"/>	<input type="checkbox"/>		
• Rheumatology	<input type="checkbox"/>	<input type="checkbox"/>		
• Geriatric Medicine	<input type="checkbox"/>	<input type="checkbox"/>		
• Palliative care	<input type="checkbox"/>	<input type="checkbox"/>		
<b>Equipment (Y/N) / Procedures (specify the number of procedures performed in the last 12 months)</b>				
• Bronchoscopy	<input type="checkbox"/>	<input type="checkbox"/>		
• Endoscopy	<input type="checkbox"/>	<input type="checkbox"/>		
• Cardiac Catheter	<input type="checkbox"/>	<input type="checkbox"/>		
• Echocardiogram	<input type="checkbox"/>	<input type="checkbox"/>		
• Non-invasive Cardiology Studies	<input type="checkbox"/>	<input type="checkbox"/>		
• Pulmonary Function Test	<input type="checkbox"/>	<input type="checkbox"/>		
• Hemodialysis	<input type="checkbox"/>	<input type="checkbox"/>		
• Sleep Studies	<input type="checkbox"/>	<input type="checkbox"/>		
• <b>Imaging Studies</b>				
o Radionuclide	<input type="checkbox"/>	<input type="checkbox"/>		
o Ultrasound	<input type="checkbox"/>	<input type="checkbox"/>		
o Fluoroscopy	<input type="checkbox"/>	<input type="checkbox"/>		
o Angiography	<input type="checkbox"/>	<input type="checkbox"/>		
o Computerized Tomography	<input type="checkbox"/>	<input type="checkbox"/>		
o Magnetic Resonance Imaging	<input type="checkbox"/>	<input type="checkbox"/>		

C. Medicine Human Resources	Y	N	NA	Comments
• Senior Consultants/Consultants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Senior Specialists/Specialists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Senior House Officers/Medical Officers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Specialized Nurses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Certified Subspecialized Staff</b>				
• Cardiology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Endocrinology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Gastroenterology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Hematology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Infectious Disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Intensive Care Unit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Medical Oncology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Nephrology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Neurology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Respiratory Medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Rheumatology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Geriatric Medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Palliative Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Other Allied Health Staff</b>				
• Pharmacists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Dietitians	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Social Workers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Psychologists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Respiratory Therapists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Physical Therapists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Occupational Therapists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

C. Medicine Human Resources	Y	N	NA	Comments
<ul style="list-style-type: none"> <li>Others, please specify:</li> </ul>				

D. Accessibility of Departmental Educational Facilities and Teaching Resources to Trainees	Y	N	NA	Number	Comments
On-Call Rooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Trainees' Lounges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Paging and Communication System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Internet and Wireless Connection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Computers and Workstations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Teaching/Conference Rooms Equipped with Audiovisual Aids (Computers, Projectors, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>Availability of Library Resources</b>					
▪ Specialty Books (Print and/or Electronic)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
▪ Specialty Journals (Print and/or Electronic)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
▪ Educational Software/Databases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
▪ E-Libraries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Trainees' Access to Other Departmental Facilities and Services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

E. Medicine-Specific Academic and Quality Assurance Activities	Y	N	NA	Frequency	Comments
Morning Meetings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Ward Rounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Grand Rounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Journal Clubs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Bedside Teachings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Department Lectures/Didactics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Academic/Teaching Days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

E. Medicine-Specific Academic and Quality Assurance Activities	Y	N	NA	Frequency	Comments
Specialty Workshops	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Mortality and Morbidity Rounds/Meetings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Interdepartmental Meetings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Audits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Peer Review	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Patient Safety Monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
QA Activities, please specify					
Other activities, please specify					

**F. Other Resources Relevant to Training and Education:**

Approved by:

(Name of HoD)

Head of Department / Representative

Signature

Date