**New Application: Family Medicine Review Committee for Family Medicine ACGME**

**OVERSIGHT**

**Participating Sites**

1. If excessive travel to participating sites is required, will appropriate housing be provided? [PR I.B.5.]  YES  NO

Explain if “NO”.

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

1. When daily commuting is required, will more than one hour of travel time each way be expected? [PR I.B.5.}  YES  NO

Explain if “YES”.

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

1. Complete this section only for services on which there are required rotations at each participating site.

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Site #1** | | | **Site #2** | | | **Site #3** | | | **Site #4** | | |
| **# of MD/DOs on Staff** | **Annual # of Dis-charges** | **Annual # of Deliveries** | **# of MD/DOs on Staff** | **Annual # of Dis-charges** | **# of Deliveries** | **# of MD/DOs on Staff** | **Annual # of Dis-charges** | **# of Deliveries** | **# of MD/DOs on Staff** | **Annual # of Dis-charges** | **# of Deliveries** |
| Family medicine | # | # | # | # | # | # | # | # | # | # | # | # |
| Internal medicine | # | # | # | # | # | # | # | # | # | # | # | # |
| Obstetrics and gynecology | # | # | # | # | # | # | # | # | # | # | # | # |
| Emergency medicine | # | # | # | # | # | # | # | # | # | # | # | # |
| Pediatrics (excl. newborn) | # | # |  | # | # |  | # | # |  | # | # |  |
| Newborns | # | # |  | # | # |  | # | # |  | # | # |  |
| Psychiatry | # | # |  | # | # |  | # | # |  | # | # |  |
| Surgery | # | # |  | # | # |  | # | # |  | # | # |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Site #5** | | | **Site #6** | | | **Site #7** | | | **Site #8** | | |
| **# of MD/DOs on Staff** | **Annual # of Dis-charges** | **# of Deliveries** | **# of MD/DOs on Staff** | **Annual # of Dis-charges** | **# of Deliveries** | **# of MD/DOs on Staff** | **Annual # of Dis-charges** | **# of Deliveries** | **# of MD/DOs on Staff** | **Annual # of Dis-charges** | **# of Deliveries** |
| Family medicine | # | # | # | # | # | # | # | # | # | # | # | # |
| Internal medicine | # | # | # | # | # | # | # | # | # | # | # | # |
| Obstetrics and gynecology | # | # | # | # | # | # | # | # | # | # | # | # |
| Emergency medicine | # | # | # | # | # | # | # | # | # | # | # | # |
| Pediatrics (excl. newborn) | # | # |  | # | # |  | # | # |  | # | # |  |
| Newborns | # | # |  | # | # |  | # | # |  | # | # |  |
| Psychiatry | # | # |  | # | # |  | # | # |  | # | # |  |
| Surgery | # | # |  | # | # |  | # | # |  | # | # |  |

**Resources**

1. Supply the requested information for each participating site in which required rotations take place. Statistical data should be provided for the most recently completed fiscal, academic, or calendar year. [PR I.B.]

|  |  |  |
| --- | --- | --- |
| **Inclusive dates for the following information** | **From:** Click here to enter a date. | **To:** Click here to enter a date. |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Site #1** | **Site #2** | **Site #3** | **Site #4** | **Site #5** | **Site #6** |
| Total number of available beds | # | # | # | # | # | # |
| Average daily census | # | # | # | # | # | # |

*Family Medicine Practice (FMP) Patient Population*

1. Report estimated figures for the most recently completed academic year.

| **FMP #** | **Planned # of Residents Assigned to FMP** | | | **# of Weeks/Year Residents Will See Patients in the FMP** | | | **Planned Average # of Hours /Week in FMP** | | | **Estimated Average # of Patient Visits/Year Seen in FMP** | | | **Estimated Annual # of Patient Visits in FMP (Faculty + Residents)** | **# of Patients Hospitalized/Year from FMP** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **PGY-1** | **PGY-2** | **PGY-3** | **PGY-1** | **PGY-2** | **PGY-3** | **PGY-1** | **PGY-2** | **PGY-3** | **PGY-1** | **PGY-2** | **PGY-3** |
| FMP #1 | # | # | # | # | # | # | # | # | # | # | # | # | # | # |
| FMP #2 | # | # | # | # | # | # | # | # | # | # | # | # | # | # |
| FMP #3 | # | # | # | # | # | # | # | # | # | # | # | # | # | # |
| FMP #4 | # | # | # | # | # | # | # | # | # | # | # | # | # | # |
| FMP #5 | # | # | # | # | # | # | # | # | # | # | # | # | # | # |
| FMP #6 | # | # | # | # | # | # | # | # | # | # | # | # | # | # |

1. **For Combined Programs:** Include information pertaining to residents in combined programs, such as family medicine/psychiatry, in the chart below.

| **FMP #** | **Planned # of Residents Assigned to FMP** | | | **# of Weeks/Year Residents Will See Patients in the FMP** | | | **Planned Average # of Hours/Week in FMP** | | | **Estimated Average # of Patient Visits/Year Seen in FMP** | | | **Estimated Annual # of Patient Visits in FMP (Faculty + Residents)** | **# of Patients Hospitalized/Year from FMP** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **PGY-1** | **PGY-2** | **PGY-3** | **PGY-1** | **PGY-2** | **PGY-3** | **PGY-1** | **PGY-2** | **PGY-3** | **PGY-1** | **PGY-2** | **PGY-3** |
| FMP #1 | # | # | # | # | # | # | # | # | # | # | # | # | # | # |
| FMP #2 | # | # | # | # | # | # | # | # | # | # | # | # | # | # |
| FMP #3 | # | # | # | # | # | # | # | # | # | # | # | # | # | # |
| FMP #4 | # | # | # | # | # | # | # | # | # | # | # | # | # | # |
| FMP #5 | # | # | # | # | # | # | # | # | # | # | # | # | # | # |
| FMP #6 | # | # | # | # | # | # | # | # | # | # | # | # | # | # |

**Personnel**

**Program Director**

1. At a minimum, will the program director be provided with the dedicated time and support specified below for administration of the program, including additional support required based on program size? [PR II.A.2.a)]  YES  NO

|  |  |  |
| --- | --- | --- |
| Program Size | Minimum Support Required (Percent Time/FTE) for Program Director | Additional Minimum Support Required (Percent Time/FTE) for Program Leadership |
| 1-6 | 20% FTE | N/A |
| 7-10 | 40% FTE | N/A |
| 11-15 | 50% FTE | N/A |
| 16-20 | 50% FTE | 10% FTE |
| 21-25 | 50% FTE | 20% FTE |
| 26-30 | 50% FTE | 30% FTE |
| 31-35 | 50% FTE | 40% FTE |
| 36-40 | 50% FTE | 50% FTE |
| 41-45 | 50% FTE | 60% FTE |
| 46-50 | 50% FTE | 70% FTE |
| 51-55 | 50% FTE | 80% FTE |
| 56-60 | 50% FTE | 90% FTE |
| 61-65 | 50% FTE | 100% FTE |
| 66-70 | 50% FTE | 110% FTE |
| 71-75 | 50% FTE | 120% FTE |
| 76-80 | 50% FTE | 130% FTE |

Explain if “NO.” (Limit response to 150 words)

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

**Faculty**

1. Will the ratio of residents to faculty preceptors in the FMP exceed 4:1? [PR II.B.1.b)]  YES  NO
2. Will there be: at least one core family medicine physician faculty member, in addition to the program director, for every six residents in programs with 12 or fewer residents; or, one family medicine physician faculty member, in addition to the program director, for every four residents in programs with more than 12 residents? [PR II.B.4.b)]  YES  NO

**Program Coordinator**

1. At a minimum, will the program coordinator be provided with the dedicated time and support specified below for administration of the program, including the applicable additional administrative support required based on program size? [PR II.C.2.-II.C.2.a)]

YES  NO

|  |  |  |
| --- | --- | --- |
| Number of Approved Resident Positions | Minimum FTE Required for Coordinator Support | Minimum Additional Aggregate FTE Required for Administration of the Program |
| 1-6 | 50% | N/A |
| 7-12 | 70% | N/A |
| 13-20 | 90% | N/A |
| 21-30 | 100% | N/A |
| 31-45 | 100% | 25% |
| 46 or more | 100% | 50% |

Explain if “NO.” (Limit response to 150 words)

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

**Educational Program**

1. How will the program document that each resident maintains continuity of care in the FMP? [PR IV.C.1.a)] (Limit response to 150 words)

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

1. For each FMP, record patient visit data by gender for the previous academic year. Include patients who do not identify as female or male in the non-binary column. [PR IV.B.1.b).(1).(a).(iii)]

| **Age of Patient** | **FMP #1** | | | | **FMP #2** | | | | **FMP #3** | | | | **FMP #4** | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **# Females** | **# Males** | **# Non-Binary** | **# Total** | **# Females** | **# Males** | **# Non-Binary** | **# Total** | **# Females** | **# Males** | **# Non-Binary** | **# Total** | **# Females** | **# Males** | **# Non-Binary** | **# Total** |
| Under 2 | # | # | # | # | # | # | # | # | # | # | # | # | # | # | # | # |
| 2-9 | # | # | # | # | # | # | # | # | # | # | # | # | # | # | # | # |
| 10-19 | # | # | # | # | # | # | # | # | # | # | # | # | # | # | # | # |
| 20-29 | # | # | # | # | # | # | # | # | # | # | # | # | # | # | # | # |
| 30-39 | # | # | # | # | # | # | # | # | # | # | # | # | # | # | # | # |
| 40-49 | # | # | # | # | # | # | # | # | # | # | # | # | # | # | # | # |
| 50-59 | # | # | # | # | # | # | # | # | # | # | # | # | # | # | # | # |
| 60-69 | # | # | # | # | # | # | # | # | # | # | # | # | # | # | # | # |
| 70 and over | # | # | # | # | # | # | # | # | # | # | # | # | # | # | # | # |

| **Age of Patient** | **FMP #5** | | | | **FMP #6** | | | | **FMP #7** | | | | **FMP #8** | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **# Females** | **# Males** | **# Non-Binary** | **# Total** | **# Females** | **# Males** | **# Non-Binary** | **# Total** | **# Females** | **# Males** | **# Non-Binary** | **# Total** | **# Females** | **# Males** | **# Non-Binary** | **# Total** |
| Under 2 | # | # | # | # | # | # | # | # | # | # | # | # | # | # | # | # |
| 2-9 | # | # | # | # | # | # | # | # | # | # | # | # | # | # | # | # |
| 10-19 | # | # | # | # | # | # | # | # | # | # | # | # | # | # | # | # |
| 20-29 | # | # | # | # | # | # | # | # | # | # | # | # | # | # | # | # |
| 30-39 | # | # | # | # | # | # | # | # | # | # | # | # | # | # | # | # |
| 40-49 | # | # | # | # | # | # | # | # | # | # | # | # | # | # | # | # |
| 50-59 | # | # | # | # | # | # | # | # | # | # | # | # | # | # | # | # |
| 60-69 | # | # | # | # | # | # | # | # | # | # | # | # | # | # | # | # |
| 70 and over | # | # | # | # | # | # | # | # | # | # | # | # | # | # | # | # |

*Family Medicine Practice*

1. List the FMPs used by the program and provide the following information: [PR I.D.1.a)]

| **Place an “X” in the Cell below if This Is a New Facility since Last Review** | **Name of FMP** | **Name of FMP Director** | **Miles from Primary Site/ Travel Time** | **Family Medicine Preceptor: Resident Ratio** | **# of Exam Rooms** | **Maximum # of Residents and Faculty in FMP simultaneously** | **# of Other Learners in FMP\*** | **Number of FMP Personnel [PR II.D]** | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Nursing** | **Clerical** | **Technical** | **Other (specify below)** |
| ***EXAMPLE*** | ***Johnston FMP*** | ***Tom Smith, MD*** | ***0/0 min*** | ***1:4*** | ***16*** | ***8*** | ***MS=2***  ***OP=1*** | ***10*** | ***8*** | ***NA*** | ***NA*** |
| FMP #1 | Name of FMP | Name of FMP Director | Miles/ Time | Ratio | # | # | Other Learners | # | # | # | # |
| FMP #2 | Name of FMP | Name of FMP Director | Miles/ Time | Ratio | # | # | Other Learners | # | # | # | # |
| FMP #3 | Name of FMP | Name of FMP Director | Miles/ Time | Ratio | # | # | Other Learners | # | # | # | # |
| FMP #4 | Name of FMP | Name of FMP Director | Miles/ Time | Ratio | # | # | Other Learners | # | # | # | # |
| FMP #5 | Name of FMP | Name of FMP Director | Miles/ Time | Ratio | # | # | Other Learners | # | # | # | # |
| FMP #6 | Name of FMP | Name of FMP Director | Miles/ Time | Ratio | # | # | Other Learners | # | # | # | # |

\* # of other learners in the FMP = specify the type and number of other learners in the FMP. Use the following categories: medical students=MS; other residents = OR; nurse practitioners = NP; other professionals=OP (e.g., dentists, podiatrists). [PR I.D.1.j)]

|  |  |
| --- | --- |
| Other personnel in the FMP: (specify) | Click or tap here to enter text. |

1. Answer YES or NO for each FMP site:

|  | **FMP #1** | **FMP #2** | **FMP #3** | **FMP #4** | **FMP #5** | **FMP #6** |
| --- | --- | --- | --- | --- | --- | --- |
| a) Does each FMP meet the criteria for the primary practice and to be approved by the Review Committee prior to use? [PR I.D.1.a)] | YES  NO | YES  NO | YES  NO | YES  NO | YES  NO | YES  NO |
| b) Does each FMP have a mission statement describing dedication to education and the care of patients within the practice as it relates to the greater community and the community served by the residency program? [PR I.D.1.b)] | YES  NO | YES  NO | YES  NO | YES  NO | YES  NO | YES  NO |
| c) Does each FMP site support continuous, comprehensive, convenient, accessible, and coordinated care that serves the community? [PR I.D.1.c)] | YES  NO | YES  NO | YES  NO | YES  NO | YES  NO | YES  NO |
| d) Does each FMP organize patients into panels that link each patient to an identifiable resident and team? [PR I.D.1 c).(1)] | YES  NO | YES  NO | YES  NO | YES  NO | YES  NO | YES  NO |
| e) Does each FMP site provide proximate space for residents’ clinical work while caring for patients? [PR I.D.1.d)] | YES  NO | YES  NO | YES  NO | YES  NO | YES  NO | YES  NO |
| f) Does each FMP site provide proximate access to space for team-based care, meetings, group visits, or small group counseling? [PR I.D.1.e)] | YES  NO | YES  NO | YES  NO | YES  NO | YES  NO | YES  NO |
| g) Does each FMP site use an electronic health record with remote access for the residents to use from all clinical sites? [PR I.D.1.f).(1)] | YES  NO | YES  NO | YES  NO | YES  NO | YES  NO | YES  NO |
| h) Are telehealth modalities readily available? [PR I.D.1.g)] | YES  NO | YES  NO | YES  NO | YES  NO | YES  NO | YES  NO |
| i) Does each FMP have members of the community, in addition to clinical leaders, serve on an advisory committee to assess and address health needs of the community? [PR I.D.1.h)] | YES  NO | YES  NO | YES  NO | YES  NO | YES  NO | YES  NO |
| j) Does the advisory committee have demographic diversity and lived experiences representative of the community? [PR I.D.1.h).(1)] | YES  NO | YES  NO | YES  NO | YES  NO | YES  NO | YES  NO |
| k) Does each FMP provide, on average, two examination rooms for each faculty member and each resident when they are providing on-site, in-person patient care? [PR I.D.1.i)] | YES  NO | YES  NO | YES  NO | YES  NO | YES  NO | YES  NO |
| l) Does each FMP ensure that other physician specialists who provide care within the setting contribute to the educational experiences of the residents.? [PR I.D.1.j)] | YES  NO | YES  NO | YES  NO | YES  NO | YES  NO | YES  NO |
| m) Does each FMP site participate in ongoing performance improvement, and demonstrate use of outcome data by assessing the following: clinical quality for preventive care and chronic disease; demographics; health inequities; patient satisfaction; patient safety; continuity with a patient panel; referral and diagnostic utilization rates; and financial performance? [PR I.D.1.k)] | YES  NO | YES  NO | YES  NO | YES  NO | YES  NO | YES  NO |

Provide responses below. If multiple centers are used, specify if one answer applies to all or identify each FMP and provide the information.

1. For any “NO” answers in the Question 2 chart, provide an explanation or description and identify the corresponding program requirement (PR) noted in the table above. (Limit response to 500 words)

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

1. Attach (behind this page on a sheet no larger than 11” X 17”) a legible drawing of the floor plan of the FMP. Where multiple centers are used, put the name and FMP # on each drawing. Label each room to indicate its function.

Be sure that all required areas are clearly identified according to the key below. If any required areas are missing, identify the required area and explain. Indicate clearly on the diagram that the FMP is separated appropriately from other activities.

**Do not submit a reduced copy of a blueprint.**

Use the key provided below to identify the required areas on the FMP drawing(s). Use sufficiently large letters and numbers that are easily recognizable on the drawing.

A = waiting room

B = reception/appointment desk for FMP only

C = business office

D = records (if an electronic health record is not used)

1 = exam rooms (provide total number of rooms on the drawing)

2 = procedure room(s) (separate from exam rooms)

3 = office lab

4 = office library

5 = resident work area

6 = precepting room

7 = other (identify and explain)

8 = conference room\*

9 = faculty offices\*

\*If not located in the FMP, provide specific details regarding location and proximity to the FMP. (Limit response to 150 words)

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

If any of these required components are not included in the FMP, explain. (Limit response to 150 words)

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

**Educational Program**

**Patient Care**

1. Indicate the settings and activities in which residents will demonstrate competence in each of the following areas of patient care. Also indicate the methods used to assess competence.

| **Competency Area** | | **Settings/Activities** | | **Assessment Method(s)** |
| --- | --- | --- | --- | --- |
|  | | | | |
| Diagnose, manage, and integrate the care of patients of all ages in various outpatient settings, including the FMP site and home environment, to include common chronic medical conditions and acute medical problems  [PR IV.B.1.b).(1).(a).(ii)] | | Settings/Activities | | Assessment Method(s) |
| Diagnose, manage, and integrate the care of patients of all ages in various inpatient settings, including hospitals, long-term care facilities, and rehabilitation facilities  [PR IV.B.1.b).(1).(a).(iii)] | | Settings/Activities | | Assessment Method(s) |
| Diagnose, manage, and coordinate care for common mental illness and behavioral issues, including substance use disorders, in patients of all ages  [PR IV.B.1.b).(1).(a).(iv)] | | Settings/Activities | | Assessment Method(s) |
| Identify risk level of patients in panels and connect with appropriate preventive care coordination through team-based support  [PR IV.B.1.b).(1).(a).(v)] | | Settings/Activities | | Assessment Method(s) |
| Identify the need for a higher level of care setting and/or subspecialty referral in the undifferentiated patient  [PR IV.B.1.b).(1).(a).(vi)] | | Settings/Activities | | Assessment Method(s) |
| Apply the biopsychosocial model of health to patients, specifically to assess behavioral, community, environmental, socioeconomic, and family influences on the health of patients, and integrate those with biomedical influences, appropriately acknowledging racial categories as social constructs as opposed to biologically distinct determinants of health  [PR IV.B.1.b).(1).(a).(vii)] | | Settings/Activities | | Assessment Method(s) |
| Use multiple information sources to develop a personal care plan for patients based on current medical evidence and the biopsychosocial model of health  [PR IV.B.1.b).(1).(a).(xiv)] | | Settings/Activities | | Assessment Method(s) |
| Identify and address significant life transitions in their full biopsychosocial and spiritual dimensions, including birth, the transition to parenthood, and end-of-life, for patients and patients’ families  [PR IV.B.1.b).(1).(a).(xv] | | Settings/Activities | | Assessment Method(s) |
| Provide care to patients who may become pregnant, including: [PR IV.B.1.b).(1).(a).(xii)] | | | | |
| Diagnosing pregnancy and managing early pregnancy complications, to include diagnosis of ectopic pregnancy, pregnancy loss, and options education for unintended pregnancy [PR IV.B.1.b).(1).(a).(xii).(a)] | | Settings/Activities | | Assessment Method(s) |
| Low-risk prenatal care  [PR IV.B.1.b).(1).(a).(xii).(b)] | | Settings/Activities | | Assessment Method(s) |
| Caring for common medical problems arising from pregnancy or coexisting with pregnancy  [PR IV.B.1.b).(1).(a).(xii).(c)] | | Settings/Activities | | Assessment Method(s) |
| Performing an uncomplicated spontaneous vaginal delivery  [PR IV.B.1.b).(1).(a).(xii).(d)] | | Settings/Activities | | Assessment Method(s) |
| Demonstrating basic skills in managing obstetrical emergencies  [PR IV.B.1.b).(1).(a).(xii).(e)] | | Settings/Activities | | Assessment Method(s) |
| Postpartum care, to include screening and treatment for postpartum depression, breastfeeding support, and family planning  [PR IV.B.1.b).(1).(a).(xii).(f)] | | Settings/Activities | | Assessment Method(s) |
| Providing care to patients undergoing surgical intervention, including: [PR IV.B.1.b).(1).(a).(xiii)] | | | | |
| Providing pre- and post-operative care [PR IV.B.1.b).(1).(a).(xiii).(a)] | Settings/Activities | | Assessment Method(s) | |
| Recognizing patients requiring acute surgical intervention [IV.B.1.b).(1).(a).(xiii).(b)] | Settings/Activities | | Assessment Method(s) | |
| Diagnosing surgical problems [IV.B.1.b).(1).(a).(xiii).(c)] | Settings/Activities | | Assessment Method(s) | |

**Medical Knowledge**

Indicate the activity(ies) (lectures, conferences, journal clubs, clinical teaching rounds, etc.) in which residents will demonstrate competence in their knowledge in each of the following areas. Also indicate the method(s) that will be used to assess competence.

| **Proficiency Area** | **Settings/Activities** | **Assessment Method(s)** |
| --- | --- | --- |
| The broad spectrum of clinical disorders seen in the practice of family medicine  [PR IV.B.1.c).(1)] | Settings/Activities | Assessment Method(s) |
| Recognizing the impact of the intersection of social and governmental contexts, including community resources, family structure, trauma, racial inequities, mental illness, and addiction on health and health care received  [PR IV.B.1.c).(2)] | Settings/Activities | Assessment Method(s) |

**Practice-Based Learning and Improvement**

1. Briefly describe one learning activity in which residents 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 IV.B.1.d)] (Limit response to 150 words)

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

1. Briefly describe one planned learning activity in which residents engage to identify strengths, deficiencies, and limits in their knowledge and expertise (self-reflection and self-assessment); set learning and improvement goals; and identify and perform appropriate learning activities to achieve self-identified goals (lifelong learning). [PR IV.B.1.d).(1).(a)-(c)] (Limit response to 400 words)

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

1. Briefly describe one planned quality improvement activity or project that will allow residents to demonstrate an ability to analyze, improve, and change practice or patient care. Describe planning, implementation, evaluation, and provisions of faculty member support and supervision that will guide this process. [PR IV.B.1.d).(1).(d)] (Limit response to 400 words)

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

1. Briefly describe how residents will receive and incorporate formative evaluation feedback into daily practice. (If a specific tool is used to evaluate these skills, have it available for review by the site visitor.) [PR IV.B.1.d).(1).(e)] (Limit response to 400 words)

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

1. Briefly describe one example of a learning activity in which residents will engage to develop the skills needed to use information technology to locate, appraise, and assimilate evidence from scientific studies and apply it to their patients' health problems. [PR IV.B.1.d).(1).(f)] (Limit response to 400 words)

The description should include:

• Locating information

• Using information technology

• Appraising information

• Assimilating evidence information (from scientific studies)

• Applying information to patient care

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**Interpersonal and Communication Skills**

1. Briefly describe one learning activity in which residents will demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals. [PR IV.B.1.e)] (Limit response to 400 words)

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1. Briefly describe one learning activity in which residents will develop competence in communicating effectively with patients and families across a broad range of socioeconomic and cultural backgrounds, and with physicians, other health professionals, and health-related agencies. [PR IV.B.1.e).(1).(a)-(b)] (Limit response to 400 words)

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1. Briefly describe one learning activity in which residents will develop their skills and habits to work effectively as a member or leader of a health care team or other professional group. In the example, identify the members of the team, responsibilities of the team members, and how team members communicate to accomplish responsibilities. [PR IV.B.1.e).(1).(c)] (Limit response to 400 words)

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1. Briefly describe how residents will develop teaching skills necessary to educate patients, families, students, and other health professionals. [PR IV.B.1.e).(1).(d)] (Limit response to 400 words)

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1. Briefly describe how residents will be provided with opportunities to act in a consultative role to other physicians and health professionals. [PR IV.B.1.e).(1).(e)] (Limit response to 400 words)

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1. Briefly describe how residents will be provided with opportunities to maintain comprehensive, timely, and legible medical records, if applicable. [PR IV.B.1.e).(1).(f)] (Limit response to 400 words)

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**Professionalism**

1. Briefly describe the learning activity(ies), other than lecture, by which residents will demonstrate a commitment to professionalism and an adherence to ethical principles, including: compassion, integrity, and respect for others; responsiveness to patient needs that supersedes self-interest; respect for patient privacy and autonomy; accountability to patients, society, and the profession; and sensitivity and responsiveness to a diverse patient population, including to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation. [PR IV.B.1.a).(1).(a)-(e)] (Limit response to 400 words)

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**Systems-Based Practice**

1. Briefly describe the learning activity(ies) through which fellows will 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. [PR IV.B.1.f)] (Limit response to 400 words)

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1. Describe the learning activity(ies) through which residents will achieve competence in the elements of systems-based practice: working effectively in various health care delivery settings and systems, coordinating patient care across the health care continuum; incorporating considerations of cost awareness and risk-benefit analysis in patient care; and advocating for quality patient care and optimal patient care systems. [PR IV.B.1.f).(1).(a)-(d)] (Limit response to 400 words)

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1. Describe an activity that fulfills the requirement for experiential learning in identifying system errors and implementing potential systems solutions. [PR IV.B.1.f).(1).(c).] (Limit response to 400 words)

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**Curriculum Organization and Resident Experiences**

***Continuity of Care***

1. As each resident must be assigned to a primary FMP that serves as the foundation for that resident’s education, describe any scheduled interruptions of continuity at that site which extend beyond eight weeks in any given time, or in any PGY. [PR IV.C.3.c).(1)-(3)] (Limit response to 150 words)

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***Pregnancy-related Care***

1. Will this program provide those residents who seek the option to incorporate comprehensive pregnancy-related care, including intrapartum pregnancy-related care and vaginal deliveries into independent practice, the opportunities to complete at least 400 hours (or four months) dedicated to training on labor and delivery and perform or directly supervise at least 80 deliveries. (Core) [PR IV.C.3.j).(3)]

YES NO

***Adult Medicine***

1. Indicate what the program will require in structured experiences in the care of adults. [PR IV.C.3.j)]

| **Curricular Area** | **Inpatient Time** | **Location/  Site #** | **Outpatient Time** | **Location** | **Year(s) of Education in Which Experience Occurs** |
| --- | --- | --- | --- | --- | --- |
| Adult medicine | Inpatient Time | Site # | Outpatient Time | Location | Year(s) |
| Critical care | Inpatient Time | Site # | Outpatient Time | Location | Year(s) |

1. Inpatient
2. Will each resident have at least 600 hours (or six months) and 750 patient encounters dedicated to the care of hospitalized adults with a broad range of ages and medical conditions? [PR IV.C.3.j).(1)]

YES NO

1. Will residents participate in the care of hospitalized patients in a critical care setting? [PR IV.C.3.j).(1)]  YES NO
2. Will residents provide care for hospitalized adults throughout their residency? [PR IV.C.3.j).(2)]

YES NO

1. Will the experience include the care of patients through hospitalization and transition of care to outpatient follow-up of the same patient in a continuity relationship? [PR IV.C.3.j).(3)]

YES NO

Explain any “NO” responses above.

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1. List the procedures that all residents will be required to learn by the end of the required experience in adult medicine. List no more than 10 procedures.

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1. Provide the average number of patients that each resident will personally manage on a day-to-day basis by resident level.

| **Rotation** | **PGY-1** | **PGY-2** | **PGY-3** |
| --- | --- | --- | --- |
| Adult medicine | # | # | # |

***Emergency Care***

1. Describe how the program will meet the requirement for a structured clinical experience of at least 100 hours (including hours, days, shifts, days per week, and total hours) and at least 125 patient encounters for each resident. [PR IV.C.3.k)] (Limit response to 150 words)

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***The Older Patient***

1. Describe how the program will meet the requirement for a structured clinical experience of at least 100 hours (including hours, days, shifts, days per week, and total hours) or 125 patient encounters for each resident. [PR IV.C.3.l)] (Limit response to 150 words)

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1. For the following required curricular elements, indicate with an “X” the setting(s) where each is taught. [PR IV.C.3.l).(1)] Attach an example of the didactic conference curriculum.

| **Curricular Elements** | **Didactic** | **Clinical** | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **FMP** | **Out-patient** | **In-patient** | **Home** | **Long-Term Care Facility** | **Other (specify)** |
| Functional assessment of elderly patients |  |  |  |  |  |  | Specify |
| Disease prevention and health promotion |  |  |  |  |  |  | Specify |
| Management of patients with multiple chronic diseases |  |  |  |  |  |  | Specify |

***Care of Neonates, Infants, Children, and Adolescents***

1. Provide the duration of experience (e.g., months or hours, per the language of the requirement) and year of education in which the experience occurs in the table below. [IV.C.3.f)]

|  | **Duration of Experience** | **Year(s) of Education in Which Experience Occurs** | **Site #** |
| --- | --- | --- | --- |
| Inpatient (exclude newborns) | Duration | Year(s) | Site # |
| Newborn nursery | Duration | Year(s) | Site # |
| Outpatient (exclude FMP) | Duration | Year(s) | Site # |
| Other Specify | Duration | Year(s) | Site # |

1. For the following curricular elements, indicate with an “X” the setting(s) in which each will be taught. [PR IV.C.3.e)-IV.C.3.g)]

| **Curricular Elements** | **Didactic** | **Clinical** | | | |
| --- | --- | --- | --- | --- | --- |
| **FMP** | **Out-patient** | **In-patient** | **Other (specify)** |
| Adolescent medicine |  |  |  |  | Specify |
| Ambulatory pediatrics |  |  |  |  | Specify |
| Emergency care of children |  |  |  |  | Specify |
| Experience with neonates |  |  |  |  | Specify |
| Hospitalized children |  |  |  |  | Specify |
| Infant care (both well-baby and ill) |  |  |  |  | Specify |

1. Provide the estimated average number of patients that each resident will personally manage on a day-to-day basis by resident level.

| **Rotation** | **PGY-1** | **PGY-2** | **PGY-3** |
| --- | --- | --- | --- |
| Pediatric Inpatient – Newborn | # | # | # |
| Pediatric Inpatient – Excluding Newborn | # | # | # |

*Care of the Surgical Patient*

Indicate the amount of required time and the location for the structured general and subspecialty surgical experiences. Do not count time spent in the FMP when residents care for their panels of patients. Specialty structured surgical clinics within the FMP should be listed. Report general surgery time in months and subspecialty time in actual hours of experience with number of hours per day or session (excluding lunch or off time). For location, use site #, “priv. ofc.,” “FMP,” etc. Identify whether the experience allows for hands-on experience. [PR IV.C.3.m)]

| **Specialty** | **Inpatient Time** | **Location/Site #** | **Outpatient Time** | **Location** | **Hands-On Experience** |
| --- | --- | --- | --- | --- | --- |
| General surgery | Inpatient Time | Site # | Outpatient Time | Location | YES  NO |
| Otolaryngology – head and neck surgery | Inpatient Time | Site # | Outpatient Time | Location | YES  NO |
| Ophthalmology | Inpatient Time | Site # | Outpatient Time | Location | YES  NO |
| Urology | Inpatient Time | Site # | Outpatient Time | Location | YES  NO |
| Other (Specify) Click or tap here to enter text. | Inpatient Time | Site # | Outpatient Time | Location | YES  NO |

*Musculoskeletal and Sports Medicine*

1. Explain how the structured experience with patients with musculoskeletal problems will be ensured, excluding the routine care of continuity patients in the FMP and call responsibilities. Provide information on the number of hours for each activity per clinic or session. List the procedures that all residents will be required to learn by the end of the required experience. List no more than 10 procedures. [PR IV.C.3.n)] Limit response to 300 words)

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1. Explain how the structured experience in sports medicine will be ensured, excluding the routine care of continuity patients in the FMP and call responsibilities. Provide information on the number of hours for each activity per clinic or session. List the procedures that all residents will be required to learn by the end of the required experience. List no more than 10 procedures. [PR IV.C.3.n).(2)] (Limit response to 300 words)

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1. Indicate with an “X” how residents will be taught about the following curricular components.

| **Musculoskeletal Curricular Components** | **Didactic** | **Clinical** | | | |
| --- | --- | --- | --- | --- | --- |
| **FMP** | **Out-patient** | **In-patient** | **Other (specify)** |
| Infectious, suppurative, and degenerative arthritic conditions |  |  |  |  | Specify |
| Evaluation and management of acute musculoskeletal injury |  |  |  |  | Specify |
| Rehabilitation and restorative function |  |  |  |  | Specify |
| Acute pain syndromes |  |  |  |  | Specify |
| X-ray interpretation |  |  |  |  | Specify |
| Splinting and casting |  |  |  |  | Specify |
| Aspiration/injection of joints |  |  |  |  | Specify |
| Acquired and congenital abnormalities of bones and joints |  |  |  |  | Specify |
| Musculoskeletal and connective tissue disorders |  |  |  |  | Specify |
| Evaluation and management of common sprains |  |  |  |  | Specify |
| Fractures and dislocations |  |  |  |  | Specify |
| Preventive care |  |  |  |  | Specify |

| **Sports Medicine Curricular Components** | **Didactic** | **Clinical** | | | |
| --- | --- | --- | --- | --- | --- |
| **FMP** | **Out-patient** | **In-patient** | **Other (specify)** |
| Education and experience in performing pre-participation physicals |  |  |  |  | Specify |
| Education and experience in caring for athletic and recreational injuries |  |  |  |  | Specify |
| Non-articular rheumatic disorders |  |  |  |  | Specify |

*Gynecology [PR IV.C.3.h)]*

1. Indicate with an “X” the setting(s) in which each will be taught.

| **Curricular Elements** | **Didactic** | **Clinical** | | | |
| --- | --- | --- | --- | --- | --- |
| **FMP** | **Out-patient** | **In-patient** | **Other (specify)** |
| Normal gynecological exam |  |  |  |  | Specify |
| Gynecological cancer screen |  |  |  |  | Specify |
| Preventive health care in females |  |  |  |  | Specify |
| Common sexually transmitted diseases and infections |  |  |  |  | Specify |
| Reproductive and hormonal physiology, including fertility |  |  |  |  | Specify |
| Family planning, contraception, option counseling for unintended pregnancy |  |  |  |  | Specify |
| Pelvic floor dysfunction |  |  |  |  | Specify |
| Disorders of menstruation |  |  |  |  | Specify |
| Disorders of perimenopause, menopause, and osteoporosis |  |  |  |  | Specify |
| Sexual health |  |  |  |  | Specify |
| Breast disorders |  |  |  |  | Specify |
| Management of cervical disease |  |  |  |  | Specify |

1. Explain how the required 125 patient encounters or 100 hours (or one block month) of structured experience for each resident dedicated to the care of patients with gynecologic issues will be provided, excluding the routine care of continuity patients in the FMP and call responsibilities. Provide information on the number of hours for each activity per clinic or session. Specify what percentage of the 100 hours is non-clinical. [PR IV.C.3.h)] (Limit response to 300 words)

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1. List the procedures that all residents will be required to learn by the end of the required experience in gynecology. List no more than 10 procedures.

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*Care of Pregnant People*

1. Indicate the amount of time required of all residents and the site number for the structured experience in obstetrics. **Do not count time spent in the FMP when residents care for their panels of patients.** Report required time in months or hours. For location, use site #, “priv. ofc.,” “clinics,” etc. [PR IV.C.3.i)-IV.C.3.i).(2)]

| **Specialty** | **Inpatient Time** | **Location/ Site #** | **Outpatient Time** | **Location** | **Year(s) of Education in Which Experience Occurs** |
| --- | --- | --- | --- | --- | --- |
| Maternity care | Inpatient Time | Site # | Outpatient Time | Location | Years |

1. Answer each question below. Select “N/A” if residents will not participate in deliveries during one of the years of the program.

| **Structured Curriculum**  [PR IV.C.3.i)] | **Continuity Patients** | | | **Obstetrics Rotation** | | |
| --- | --- | --- | --- | --- | --- | --- |
| **Year 1** | **Year 2** | **Year 3** | **Year 1** | **Year 2** | **Year 3** |
| Will residents provide low-risk prenatal care? | Choose an item. | Choose an item. | Choose an item. | Choose an item. | Choose an item. | Choose an item. |
| Will residents care for intrapartum pregnant patients? | Choose an item. | Choose an item. | Choose an item. | Choose an item. | Choose an item. | Choose an item. |
| Will residents care for postpartum patients, including parental-baby pairs? | Choose an item. | Choose an item. | Choose an item. | Choose an item. | Choose an item. | Choose an item. |

If you have answered “NO” to any of the above, explain. (Limit responses to 150 words)

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1. If the program will prepare residents for competence in comprehensive care of pregnant patients, name the family physician faculty members who participate in labor and delivery and who supervise the residents and serve as role models for them. [PR II.B.1.d)]

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1. List the procedures that all residents will be required to learn by the end of the required experience in obstetrics. List no more than 10 procedures.

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1. Provide an estimate of the average total number of deliveries for graduating residents. [PR IV.C.3.i)]

| **Cesarean Deliveries** | **Vaginal Deliveries** | **Total Deliveries** | **# of Deliveries that Were Continuity Patients** |
| --- | --- | --- | --- |
| # | # | # | # |

*Human Behavior and Mental Health* [PR IV.C.3.p)]

1. Indicate with an ‘X’ the setting(s) in which each will be taught.

| **Curricular Elements** | **Didactic** | **Clinical** | | | |
| --- | --- | --- | --- | --- | --- |
| **FMP** | **Out-patient** | **In-patient** | **Other (specify)** |
| Diagnosis and management of psychiatric disorders in children and adults |  |  |  |  | Specify |
| Emotional aspects of non-psychiatric disorders |  |  |  |  | Specify |
| Psychopharmacology |  |  |  |  | Specify |
| Alcoholism and other substance use disorder |  |  |  |  | Specify |
| The physician/patient relationship |  |  |  |  | Specify |
| Patient interviewing skills |  |  |  |  | Specify |
| Counseling skills |  |  |  |  | Specify |
| Normal psycho-social growth and development in individuals and families |  |  |  |  | Specify |
| Stages of stress in a family life cycle |  |  |  |  | Specify |
| Sensitivity to gender, race, age, and cultural differences in patients |  |  |  |  | Specify |
| Family violence, including child, partner, and elder abuse (physical and sexual), as well as neglect, and its effect on both victims and perpetrators |  |  |  |  | Specify |
| Medical ethics, including patient autonomy, confidentiality, and issues concerning quality of life |  |  |  |  | Specify |
| Factors influencing patient compliance |  |  |  |  | Specify |

1. For the education that all family medicine residents are required to receive in behavioral science, provide a brief description of how a structured approach involving clinical experience in the FMP, hospital, long-term care facility, and the home will be implemented. Describe the faculty members involved in teaching this curriculum to residents. [PR IV.C.3.p)] (Limit response to 300 words)

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*Community Medicine [PR IV.C.3.q)]*

1. Indicate with an “X” the setting(s) in which each will be taught.

| **Curricular Elements** | **Didactic** | **Hands-On Experience** | **Other (specify)** |
| --- | --- | --- | --- |
| Assessment of risks for abuse, neglect, and family and community violence |  |  | Specify |
| Reportable communicable disease |  |  | Specify |
| Population epidemiology / interpretation of public health statistical information |  |  | Specify |
| Environmental illness and injury |  |  | Specify |
| School health |  |  | Specify |
| Disease prevention |  |  | Specify |
| Disaster responsiveness |  |  | Specify |
| Community-based disease screening, prevention, health promotion |  |  | Specify |
| Factors associated with differential health status among sub-populations |  |  | Specify |

1. Indicate whether the program educates residents in the curricular areas noted below. [PR IV.C.3.q)]

|  |  |
| --- | --- |
| **Clinical Experiences in Community Medicine** | **Yes / No** |
| Using community resources appropriately for individual patients who have unmet medical or social support needs | YES  NO |
| Structured interaction with the public health system | YES  NO |
| Occupational medicine, including disability determination, employee health, and job-related illness and injury | YES  NO |
| Community health assessment | YES  NO |
| Developing programs to address community health priorities | YES  NO |
| Community-based health education of children and adults | YES  NO |

*Management of Health Systems [IV.B.1.f).(1).(a)]*

1. Explain how the program will provide a dedicated experience in health system management. [PR IV.C.3.s)] (Limit response to 150 words)

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1. Will residents receive training in how to provide leadership for the following? [PR IV.C.3.s.(1)]
2. Panel teams  YES  NO
3. Practices  YES  NO
4. Communities  YES  NO
5. The profession of medicine  YES  NO

If “NO,” explain. (Limit response to 150 words)

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| Click here to enter text. |

1. Will all residents receive regular data reports on the following? [PR IV.C.3.s).(4)]
2. Clinic quality  YES  NO
3. Health inequities  YES  NO
4. Patient safety  YES  NO
5. Patient satisfaction  YES  NO
6. Continuity with patient panel and referral  YES  NO
7. Diagnostic utilization rates  YES  NO
8. Financial performance  YES  NO

If “NO,” explain. (Limit response to 150 words)

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1. Will residents receive training to analyze the quarterly reports? [PR IV.C.3.s).(4)]

YES  NO

If “NO,” explain. (Limit response to 150 words)

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1. Will residents attend FMP business meetings with staff and faculty members at least annually? [PR IV.C.3.s).(3)]  YES  NO

If “NO,” explain. (Limit response to 150 words)

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| Click here to enter text. |

*Diagnostic Imaging and Nuclear Medicine*

1. Describe how the program will teach residents the appropriate application of techniques and specialty consultations in diagnostic imaging. [PR IV.C.3.t)] (Limit response to 150 words)

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*Electives [PR IV.C.3.u)]*

1. Describe how the elective experience will be driven by the resident’s individualized education plan.

[PR IV.C.3.u)] (Limit response to 150 words)

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**Scholarship**

1. Will the program ensure that residents complete two scholarly activities, at least one being a quality improvement project? [PR IV.D.3.b)]  YES  NO

If “NO,” explain. (Limit response to 150 words)

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| Click here to enter text. |

1. Will the program ensure that residents work in teams to complete scholarship, partnering with interdisciplinary colleagues, faculty members, and peers? [PR IV.D.3.c)]  YES  NO

If “NO,” explain. (Limit response to 150 words)

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

1. Will the program ensure that residents disseminate scholarly activity through presentation or publication in local, regional, or national venues? [PR IV.D.3.d)]  YES  NO

If “NO,” explain. (Limit response to 150 words)

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| Click here to enter text. |

**The Learning and Working Environment**

**Professionalism, Personal Responsibility, and Patient Safety**

1. Briefly describe how the residents’ well-being will be supported by a structured and facilitated group specifically designed for resident support, and specify the frequency of these group meetings. [PR VI.C.1.d) and II.A.4.k)]

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**Clinical Experience and Education**

1. What percentage of a resident’s inpatient experiences includes night float? [PR VI.F.6.a)] [ # ] %
2. Estimate the frequency of night call in the program and whether this call will be taken in-house (I) or at home (H). [PR VI.F.7-8.]

| **Year of Edu-cation** | **Family Medicine** | **Internal Medicine** | **Obstetrics** | **Pediatrics** | **Emergency Medicine** | **General Surgery** | **Specialty Rotation** | **Out-Patient Rotation** | **Max Consecutive # Week(s) Night Float** | **Max # Weeks/ Year Night Float** | **# Call Free Months/ Year** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| PGY-1 | I or H | I or H | I or H | I or H | I or H | I or H | I or H | I or H | # | # | # |
| PGY-2 | I or H | I or H | I or H | I or H | I or H | I or H | I or H | I or H | # | # | # |
| PGY-3 | I or H | I or H | I or H | I or H | I or H | I or H | I or H | I or H | # | # | # |