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

**OVERSIGHT**

# Sponsoring Institution

1. What percent salary support for the program director is provided by the Sponsoring Institution as protected time for administration of the program? [PR II.A.2.a))] [ # ] %

2. Will the Sponsoring Institution provide support for a full-time program coordinator, with 50 percent full-time equivalent (FTE) (at least 20 hours per week) protected administrative time for the operation of the program? [PR II.C.2.-II.C.2.a)]  YES  NO

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

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3. Will the Sponsoring Institution provide access to an electronic health record system? [PR I.D.1.d)]  
  YES  NO

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

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**Participating Sites**

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. |

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

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

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|  | **Site #1** | | | **Site #2** | | | **Site #3** | | | **Site #4** | | |
| **# 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 | # | # |  | # | # |  | # | # |  | # | # |  |

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|  | **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 | # | # |  | # | # |  | # | # |  | # | # |  |

**Personnel**

**Faculty**

1. Do family physicians have admitting privileges in the hospital(s) where the majority of the Family Medicine Practice (FMP) patients are hospitalized? [PR II.B.3.b).(4)]  YES  NO

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

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**Programs Operating in the 1-2 Format [III.B.4.]**

The Review Committee may accredit a “1-2” format program affiliated with an accredited “standard” format family medicine program to satisfy the ACGME Common Program Requirements for Graduate Medical Education in Family Medicine. These “1-2” programs must be of sound educational rationale with a clear delineation of program leadership and personnel responsibilities, resident evaluation, and supervision with the affiliated “standard” family medicine program.

Accredited “1-2” programs work collaboratively and share clinical experiences with an affiliated “standard” program for up to the first 12 months of the PGY-1. The “1-2” programs then provide the majority of the final 24 months of residents’ experiences at sites at a distance from and different from the first-year experiences provided in conjunction with the affiliated “standard” program.

Accredited “1-2” programs may recruit less than the 12 approved residents consistent with Program Requirement III.B.4.

If the program will operate in the 1-2 format:

1. Provide the educational rationale for the 1-2 program. (Limit response to 150 words)

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1. Describe the organization of program leadership (program director, site director(s), faculty members, and program coordinator). (Limit response to 150 words)

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| Click here to enter text. |

1. Will the program director of the 1-2 format program be the same as the program director for the standard (three-year) format program? If different, explain. (Limit response to 150 words)

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| Click here to enter text. |

1. Explain the amount and nature of contact the program director will have with residents in all three years of the 1-2 program. (Limit response to 150 words)

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| Click here to enter text. |

1. If a local site director(s) is/are involved with residents at an FMP, describe the formal reporting relationship to the residency program director as well as the frequency of communication between these parties. (Limit response to 150 words)

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1. Explain how faculty members will be shared across the 1-2 program and the standard (three-year) program. (Limit response to 150 words)

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| Click here to enter text. |

1. Explain the potential impact of the 1-2 program on the patient experience (continuity encounters in the FMP, procedures, volume of encounters across the spectrum of ages, etc.) of residents in the core program. (Limit response to 150 words)

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1. Explain how key aspects of the 1-2 program (e.g., Clinical Competency Committee, Program Evaluation Committee, conferences, scholarly and quality improvement projects) will, if at all, be done in collaboration with the standard (three-year) program? (Limit response to 150 words)

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**Resources**

*Family Medicine Practice (FMP) Patient Population*

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 in FMP/week** | | | **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 | # | # | # | # | # | # | # | # | # | # | # | # | # | # |

**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 in FMP/week** | | | **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. How will the program document that each resident provides continuity of care in the FMP? [PR IV.C.4.c)] (Limit response to 150 words)

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| Click here to enter text. |

1. Indicate the 10 most frequently performed procedures, for which a trained preceptor is available to instruct the residents, at the FMP where the residents will be. Let “1” indicate the most frequently performed procedure. Then select all procedures that residents must learn before they graduate by placing an “X“ in the row with the procedure. Select at least five procedures.

| **Procedure** | **FMP #1** | | **FMP #2** | | **FMP #3** | | **FMP #4** | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **10 most frequently performed procedures**  **(1-10)** | **Procedures all residents must learn before graduation** | **10 most frequently performed procedures**  **(1-10)** | **Procedures all residents must learn before graduation** | **10 most frequently performed procedures**  **(1-10)** | **Procedures all residents must learn before graduation** | **10 most frequently performed procedures**  **(1-10)** | **Procedures all residents must learn before graduation** |
| Androscopy | # |  | # |  | # |  | # |  |
| Anoscopy Only | # |  | # |  | # |  | # |  |
| Bladder Catheter | # |  | # |  | # |  | # |  |
| Cardiovascular Stress Test/Treadmill | # |  | # |  | # |  | # |  |
| Cast Removed | # |  | # |  | # |  | # |  |
| Cast/Splint Applied | # |  | # |  | # |  | # |  |
| Cerumen Removal | # |  | # |  | # |  | # |  |
| Cervical Cap Fitting | # |  | # |  | # |  | # |  |
| Circumcision, Pediatric | # |  | # |  | # |  | # |  |
| Colonoscopy | # |  | # |  | # |  | # |  |
| Colposcopy | # |  | # |  | # |  | # |  |
| Cryosurgery, Skin | # |  | # |  | # |  | # |  |
| Cryosurgery Cervix | # |  | # |  | # |  | # |  |
| Diaphragm Fitting | # |  | # |  | # |  | # |  |
| EKG Interpretation | # |  | # |  | # |  | # |  |
| Electrodesiccation of Lesion | # |  | # |  | # |  | # |  |
| Endocervical Curettage | # |  | # |  | # |  | # |  |
| Endometrial Biopsy | # |  | # |  | # |  | # |  |
| Excisional Biopsy, Skin | # |  | # |  | # |  | # |  |
| Flex Sig w/wo Bx | # |  | # |  | # |  | # |  |
| FNA Breast Cyst | # |  | # |  | # |  | # |  |
| Foreign Body Removal, Eye | # |  | # |  | # |  | # |  |
| Foreign Body Removal, Skin | # |  | # |  | # |  | # |  |
| Genital Wart Treatment | # |  | # |  | # |  | # |  |
| IandD Abscess, Skin | # |  | # |  | # |  | # |  |
| IandD Bartholin Cyst | # |  | # |  | # |  | # |  |
| Incise External Hemorrhoid | # |  | # |  | # |  | # |  |
| Ingrown Toenail Surgery/Excision | # |  | # |  | # |  | # |  |
| Internal Hemorrhoid Banding | # |  | # |  | # |  | # |  |
| IUD Insertion | # |  | # |  | # |  | # |  |
| IUD Removal | # |  | # |  | # |  | # |  |
| IV Start/IV Med Given | # |  | # |  | # |  | # |  |
| Joint Aspiration | # |  | # |  | # |  | # |  |
| Joint Injection | # |  | # |  | # |  | # |  |
| Laceration Complex | # |  | # |  | # |  | # |  |
| Laceration Simple | # |  | # |  | # |  | # |  |
| LEEP | # |  | # |  | # |  | # |  |
| Nasopharyngoscopy | # |  | # |  | # |  | # |  |
| Norplant Removal | # |  | # |  | # |  | # |  |
| NST/CST Interpretation | # |  | # |  | # |  | # |  |
| OB Ultrasound | # |  | # |  | # |  | # |  |
| Osteopathic Manipulation | # |  | # |  | # |  | # |  |
| Pap Smear | # |  | # |  | # |  | # |  |
| Reduce Subluxed Radial Head | # |  | # |  | # |  | # |  |
| Sebaceous Cyst Removal | # |  | # |  | # |  | # |  |
| Shave Biopsy, Skin | # |  | # |  | # |  | # |  |
| Skin Punch Biopsy | # |  | # |  | # |  | # |  |
| Skin Tag Removal | # |  | # |  | # |  | # |  |
| Slit Lamp | # |  | # |  | # |  | # |  |
| Spinal Tap | # |  | # |  | # |  | # |  |
| Spirometry | # |  | # |  | # |  | # |  |
| Subungual Hematoma Evacuation | # |  | # |  | # |  | # |  |
| Suture Removal | # |  | # |  | # |  | # |  |
| Tonometry | # |  | # |  | # |  | # |  |
| Trigger Point Injection | # |  | # |  | # |  | # |  |
| Tympanometry/Hearing Test | # |  | # |  | # |  | # |  |
| Vasectomy | # |  | # |  | # |  | # |  |
| Wet Mount | # |  | # |  | # |  | # |  |

| **Procedure** | **FMP #5** | | **FMP #6** | | **FMP #7** | | **FMP #8** | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **10 most frequently performed procedures**  **(1-10)** | **Procedures all residents must learn before graduation** | **10 most frequently performed procedures**  **(1-10)** | **Procedures all residents must learn before graduation** | **10 most frequently performed procedures**  **(1-10)** | **Procedures all residents must learn before graduation** | **10 most frequently performed procedures**  **(1-10)** | **Procedures all residents must learn before graduation** |
| Androscopy | # |  | # |  | # |  | # |  |
| Anoscopy Only | # |  | # |  | # |  | # |  |
| Bladder Catheter | # |  | # |  | # |  | # |  |
| Cardiovascular Stress Test/Treadmill | # |  | # |  | # |  | # |  |
| Cast Removed | # |  | # |  | # |  | # |  |
| Cast/Splint Applied | # |  | # |  | # |  | # |  |
| Cerumen Removal | # |  | # |  | # |  | # |  |
| Cervical Cap Fitting | # |  | # |  | # |  | # |  |
| Circumcision, Pediatric | # |  | # |  | # |  | # |  |
| Colonoscopy | # |  | # |  | # |  | # |  |
| Colposcopy | # |  | # |  | # |  | # |  |
| Cryosurgery, Skin | # |  | # |  | # |  | # |  |
| Cryosurgery Cervix | # |  | # |  | # |  | # |  |
| Diaphragm Fitting | # |  | # |  | # |  | # |  |
| EKG Interpretation | # |  | # |  | # |  | # |  |
| Electrodesiccation of Lesion | # |  | # |  | # |  | # |  |
| Endocervical Curettage | # |  | # |  | # |  | # |  |
| Endometrial Biopsy | # |  | # |  | # |  | # |  |
| Excisional Biopsy, Skin | # |  | # |  | # |  | # |  |
| Flex Sig w/wo Bx | # |  | # |  | # |  | # |  |
| FNA Breast Cyst | # |  | # |  | # |  | # |  |
| Foreign Body Removal, Eye | # |  | # |  | # |  | # |  |
| Foreign Body Removal, Skin | # |  | # |  | # |  | # |  |
| Genital Wart Treatment | # |  | # |  | # |  | # |  |
| IandD Abscess, Skin | # |  | # |  | # |  | # |  |
| IandD Bartholin Cyst | # |  | # |  | # |  | # |  |
| Incise External Hemorrhoid | # |  | # |  | # |  | # |  |
| Ingrown Toenail Surgery/Excision | # |  | # |  | # |  | # |  |
| Internal Hemorrhoid Banding | # |  | # |  | # |  | # |  |
| IUD Insertion | # |  | # |  | # |  | # |  |
| IUD Removal | # |  | # |  | # |  | # |  |
| IV Start/IV Med Given | # |  | # |  | # |  | # |  |
| Joint Aspiration | # |  | # |  | # |  | # |  |
| Joint Injection | # |  | # |  | # |  | # |  |
| Laceration Complex | # |  | # |  | # |  | # |  |
| Laceration Simple | # |  | # |  | # |  | # |  |
| LEEP | # |  | # |  | # |  | # |  |
| Nasopharyngoscopy | # |  | # |  | # |  | # |  |
| Norplant Removal | # |  | # |  | # |  | # |  |
| NST/CST Interpretation | # |  | # |  | # |  | # |  |
| OB Ultrasound | # |  | # |  | # |  | # |  |
| Osteopathic Manipulation | # |  | # |  | # |  | # |  |
| Pap Smear | # |  | # |  | # |  | # |  |
| Reduce Subluxed Radial Head | # |  | # |  | # |  | # |  |
| Sebaceous Cyst Removal | # |  | # |  | # |  | # |  |
| Shave Biopsy, Skin | # |  | # |  | # |  | # |  |
| Skin Punch Biopsy | # |  | # |  | # |  | # |  |
| Skin Tag Removal | # |  | # |  | # |  | # |  |
| Slit Lamp | # |  | # |  | # |  | # |  |
| Spinal Tap | # |  | # |  | # |  | # |  |
| Spirometry | # |  | # |  | # |  | # |  |
| Subungual Hematoma Evacuation | # |  | # |  | # |  | # |  |
| Suture Removal | # |  | # |  | # |  | # |  |
| Tonometry | # |  | # |  | # |  | # |  |
| Trigger Point Injection | # |  | # |  | # |  | # |  |
| Tympanometry/Hearing Test | # |  | # |  | # |  | # |  |
| Vasectomy | # |  | # |  | # |  | # |  |
| Wet Mount | # |  | # |  | # |  | # |  |

3. For each FMP, record patient visit data by gender for the previous academic year. [PR IV.C.4.b)]

| **Age of Patient** | **FMP #1** | | | **FMP #2** | | | **FMP #3** | | | **FMP #4** | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **# Females** | **# Males** | **# Total** | **# Females** | **# Males** | **# Total** | **# Females** | **# Males** | **# Total** | **# Females** | **# Males** | **# 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** | **# Total** | **# Females** | **# Males** | **# Total** | **# Females** | **# Males** | **# Total** | **# Females** | **# Males** | **# 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 II.D.2.]

| **Place an “X” in the cell below if this is new facility since last review** | **Name of FMP** | **Name of FMP Director** | **Miles from primary site/ /travel time** | **Scheduled operating hours** | **Square feet of floor space available** | **FM preceptor: resident ratio** | **# of exam rooms** | **Maximum # of resident and faculty in FMP simultaneously** | **# of other learners in FMP\*** | **Number of FMP Personnel** | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Nursing** | **Clerical** | **Technical** | **Other (specify below)** |
| ***EXAMPLE*** | ***Johnston FMP*** | ***Tom Smith, MD*** | ***0/0 min*** | ***8-8 (M-F)***  ***8-1 (S)*** | ***10,000*** | ***1:4*** | ***16*** | ***8*** | ***MS=2***  ***OP=1*** | ***10*** | ***8*** | ***NA*** | ***NA*** |
| FMP #1 | Name of FMP | Name of FMP Director | Miles/ Time | Hours | Sq. feet | Ratio | # | # | Other Learners | # | # | # | # |
| FMP #2 | Name of FMP | Name of FMP Director | Miles/ Time | Hours | Sq. feet | Ratio | # | # | Other Learners | # | # | # | # |
| FMP #3 | Name of FMP | Name of FMP Director | Miles/ Time | Hours | Sq. feet | Ratio | # | # | Other Learners | # | # | # | # |
| FMP #4 | Name of FMP | Name of FMP Director | Miles/ Time | Hours | Sq. feet | Ratio | # | # | Other Learners | # | # | # | # |
| FMP #5 | Name of FMP | Name of FMP Director | Miles/ Time | Hours | Sq. feet | Ratio | # | # | Other Learners | # | # | # | # |
| FMP #6 | Name of FMP | Name of FMP Director | Miles/ Time | Hours | Sq. feet | 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 II.D.2.a)]

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

2. Answer YES or NO:

|  | **FMP #1** | **FMP #2** | **FMP #3** | **FMP #4** | **FMP #5** | **FMP #6** |
| --- | --- | --- | --- | --- | --- | --- |
| a) Does the entry to the FMP have signage that clearly identifies it as an FMP? | YES  NO | YES  NO | YES  NO | YES  NO | YES  NO | YES  NO |
| b) Does the program director have control of the educational activities in the FMP? | YES  NO | YES  NO | YES  NO | YES  NO | YES  NO | YES  NO |
| c) Does the program director have control of the activities of the support personnel in the FMP? | YES  NO | YES  NO | YES  NO | YES  NO | YES  NO | YES  NO |
| d) Does the director of the FMP report to the program director? | YES  NO | YES  NO | YES  NO | YES  NO | YES  NO | YES  NO |
| e) Does the appointment system ensure maximum accessibility of the resident to his/her patients in the FMP? | YES  NO | YES  NO | YES  NO | YES  NO | YES  NO | YES  NO |
| f) Is there a business office or business function area in the FMP? | YES  NO | YES  NO | YES  NO | YES  NO | YES  NO | YES  NO |
| g) Is there a conference room large enough to accommodate the residents, faculty members, at this FMP? | YES  NO | YES  NO | YES  NO | YES  NO | YES  NO | YES  NO |
| h) Do FMP patients have convenient access to imaging services? | YES  NO | YES  NO | YES  NO | YES  NO | YES  NO | YES  NO |
| i) Do FMP patients have convenient access to a diagnostic laboratory? | YES  NO | YES  NO | YES  NO | YES  NO | YES  NO | YES  NO |
| j) Do patients have access to a program physician after hours? | YES  NO | YES  NO | YES  NO | YES  NO | YES  NO | YES  NO |
| k) Do family physician faculty members see patients without residents in the FMP? | 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.

3. For any NO answers in Question 2 on the previous chart, provide an explanation or description. (Limit response to 150 words)

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4. Describe in detail any activities that take place in the FMP that are not residency related. (Limit response to 150 words)

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5. If other specialties are located on the same floor of the facility, explain and indicate on the floor plan (see 8. below) how the FMP is a discrete unit that is separate from these areas. (Limit response to 150 words)

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6. If multiple FMPs are used:

a) How will residents be assigned to the FMPs, and will assignments there be for all three years of the program. If not, provide specific details about levels of education involved. (Limit response to 150 words)

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b) What is the degree of contact among the residents from the multiple FMPs? (Limit response to 150 words)

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7. Briefly describe how faculty members will provide role modeling for residents. For each FMP, provide the number of hours per week faculty members spend seeing patients in the FMP without residents. [PR II.D.2.] (Limit response to 150 words)

|  |
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8. 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. Read the page that is entitled FAMILY MEDICINE PRACTICE for guidelines on exclusivity. 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. 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 in the FMP, provide specific details regarding location and proximity to the FMP. (Limit response to 150 words)

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

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**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  [PR IV.B.1.b).(1).(a).(i)] | 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  [PR IV.B.1.b).(1).(a).(ii)] | Settings/Activities | Assessment Method(s) |
| Diagnose, manage, and coordinate care for common mental illness and behavioral issues in patients of all ages  [PR IV.B.1.b).(1).(a).(iii)] | Settings/Activities | Assessment Method(s) |
| Assess community, environmental, and family influences on the health of patients  [PR IV.B.1.b).(1).(a).(iv)] | Settings/Activities | Assessment Method(s) |
| Use multiple information sources to develop a patient care plan based on current medical evidence  [PR IV.B.1.b).(1).(a).(v)] | Settings/Activities | Assessment Method(s) |
| Provide end-of-life care  [PR IV.B.1.b).(1).(a).(vi)-(viii)] | Settings/Activities | Assessment Method(s) |
|  | | |
| Evaluate patients of all ages with undiagnosed and undifferentiated presentations  [PR IV.B.1.b).(1).(b).(i)] | Settings/Activities | Assessment Method(s) |
| Treat medical conditions commonly managed by family physicians  [PR IV.B.1.b).(1).(b).(ii)] | Settings/Activities | Assessment Method(s) |
| Provide preventive care  [PR IV.B.1.b).(1).(b).(iii)] | Settings/Activities | Assessment Method(s) |
| Interpret basic clinical tests and images  [PR IV.B.1.b).(1).(b).(iv)] | Settings/Activities | Assessment Method(s) |
| Recognize and provide initial management of emergency medical problems  [PR IV.B.1.b).(1).(b).(v)] | Settings/Activities | Assessment Method(s) |
| Use pharmacotherapy  [PR IV.B.1.b).(1).(b).(vi)] | Settings/Activities | Assessment Method(s) |
| Maternity care, including: | | |
| Distinguishing abnormal and normal pregnancies  [PR IV.B.1.b).(1).(c).(i)] | Settings/Activities | Assessment Method(s) |
| Caring for common medical problems arising from pregnancy or coexisting with pregnancy  [PR IV.B.1.b).(1).(c).(ii)] | Settings/Activities | Assessment Method(s) |
| Performing a spontaneous vaginal delivery  [PR IV.B.1.b).(1).(c).(iii)] | Settings/Activities | Assessment Method(s) |
| Demonstrating basic skills in managing obstetrical emergencies  [PR IV.B.1.b).(1).(c).(iv)] | Settings/Activities | Assessment Method(s) |
| Providing basic pre- and post-operative care, recognizing patients requiring acute surgical intervention, diagnosing surgical problems, and using sterile technique  [PR IV.B.1.b).(1).(d)] | 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) |

**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).(1)] (Limit response to 150 words)

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2. 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)

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3. 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)

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4. 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)

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5. 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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6. 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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**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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2. 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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3. 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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4. 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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5. 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 carrying out professional responsibilities 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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2. 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 within the health care system; incorporating considerations of cost-containment and risk-benefit analysis in patient care; advocating for quality patient care and optimal patient care systems; and working in interprofessional teams to enhance patient safety and care quality. [PR IV.B.1.f).(1).(a)-(d)] (Limit response to 400 words)

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3. 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).(e).] (Limit response to 400 words)

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**Curriculum Organization and Resident Experiences**

***Continuity of Care***

1. Describe any scheduled interruptions in resident attendance in the FMP, e.g., during rural rotations. Include duration of each and specify the year of education involved. (Do not include personal interruptions for individuals, such as sick leave or maternity/paternity leave.) [PR IV.C.4.a).(1)] (Limit response to 150 words)

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2. Continuity of Patients: Provide specific details about how the program will require each resident to maintain continuity of responsibility for his/her FMP patients when such patients require hospitalization or consultation with other providers. [PR IV.C.4.c)]

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***Adult Medicine***

1. Indicate what the program will require in structured experiences in the care of adults. [PR IV.C.5.]

| **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) |

2. Inpatient

a) Complete the table to describe the required adult medicine inpatient experience. Identify each hospital in which the particular assignment occurs. Hospitals should be identified by the site number listed in the ACGME’s Accreditation Data System (ADS) (e.g., #1, #2, etc.).

| **Hospital/ Site #** | **Average daily census on the service** | **Planned total # of residents on service providing care** | **FM or IM service** | **Supervisor (Name and specialty)** | **Will residents take call?** |
| --- | --- | --- | --- | --- | --- |
| Site # | ADC | # on service | FM  IM | Supervisor | YES  NO |
| Site # | ADC | # on service | FM  IM | Supervisor | YES  NO |
| Site # | ADC | # on service | FM  IM | Supervisor | YES  NO |
| Site # | ADC | # on service | FM  IM | Supervisor | YES  NO |
| Site # | ADC | # on service | FM  IM | Supervisor | YES  NO |
| Site # | ADC | # on service | FM  IM | Supervisor | YES  NO |
| Site # | ADC | # on service | FM  IM | Supervisor | YES  NO |

b) 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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c) Indicate the top 10 diagnoses at the hospital where residents will be educated by numbering the diagnoses in the following table. Let “1” indicate the most common diagnosis.

| **Diagnosis** | **Rank** |
| --- | --- |
| Abdominal pain, NOS | # |
| Acute myocardial infarction | # |
| Alcohol abuse | # |
| Alzheimer's disease | # |
| Asthma acute exacerbation | # |
| Atrial fibrillation | # |
| Backache, vertebrogenic (pain) syndrome | # |
| Cellulitis and abscess of leg | # |
| Cerebral infarction | # |
| Cholecystitis | # |
| Congestive heart failure | # |
| Convulsive disorder, NOS | # |
| COPD | # |
| Coronary artery disease | # |
| Depression | # |
| Depressive type psychosis | # |
| Dystrophy due to malnutrition; malnutrition (calorie), NOS | # |
| Hemorrhage of gastrointestinal tract | # |
| Human immunodeficiency virus (HIV), aids | # |
| Hypertension | # |
| Hypokalemia | # |
| Hyposmolality and/or hyponatremia | # |
| Influenza with other respiratory manifestations | # |
| Iron deficiency anemia | # |
| Malignant neoplasm of bronchus and lung | # |
| Other chest pain, r/o mi | # |
| Pancreatitis | # |
| Pneumonia, organism, NOS | # |
| Renal Failure | # |
| Septicemia due to gram-neg organism | # |
| Septicemia, NOS | # |
| Syncope and collapse blackout; fainting;(near/pre) syncope; vasovagal attack | # |
| Type two diabetes mellitus | # |
| Ulcer of lower limb, NOS | # |
| Urinary tract infection, pyuria | # |
| Volume depletion disorder, dehydration; hypovolemia | # |

d) 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 200 hours (including hours, days, shifts, days per week, and total hours) or 250 patient encounters. [PR IV.C.6.a)] 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. [PR IV.C.7.] Limit response to 150 words)

|  |
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2. For the following required curricular elements, indicate with an ‘X’ the setting(s) where each is taught. [PR IV.C.7.a)]

| **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 |

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

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.

|  | **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 FMC) | Duration | Year(s) | Site # |
| Other Specify | Duration | Year(s) | Site # |

2. For the following curricular elements, indicate with an ‘X’ the setting(s) in which each will be taught. [PR IV.C.8.-10.]

| **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 |

3. Pediatric Diagnoses

a) Indicate the top 10 pediatric diagnoses at the hospital where residents will rotate by numbering the diagnoses in the following table. Let “1” indicate the most common diagnosis.

| **Diagnosis** | **Rank** |
| --- | --- |
| Abdominal pain, NOS | # |
| Acute respiratory failure | # |
| Allergic reactions | # |
| Appendicitis/appendectomy | # |
| Asthma | # |
| Bronchiolitis | # |
| Burns | # |
| Cancer, various | # |
| Cellulitis, skins infections | # |
| Child abuse | # |
| Congenital heart disease | # |
| Croup | # |
| Cystic fibrosis | # |
| Dehydration/hypovolemia | # |
| Depression | # |
| Diabetes | # |
| Diarrhea | # |
| Esophageal reflux | # |
| Failure to thrive | # |
| Fracture | # |
| FUO r/o sepsis | # |
| Gastroenteritis | # |
| Head trauma | # |
| Headache | # |
| Hyperbilirubinemia | # |
| Jaundice | # |
| Leukemia | # |
| Meningitis | # |
| Mental status change | # |
| Metabolic disorder | # |
| Osteomyelitis | # |
| Otitis media | # |
| Pneumonia | # |
| Poisoning | # |
| Renal | # |
| Respiratory distress (RSV) | # |
| Seizure | # |
| Sepsis | # |
| Sickle cell crisis | # |
| Trauma/abuse | # |
| UTI/pyelonephritis | # |
| Viral illness, unknown etiology | # |
| Viral meningitis | # |

b) 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.11.]

| **Specialty** | **Inpatient Time** | **Location/Site #** | **Outpatient Time** | **Location** | **Hands-On Experience** |
| --- | --- | --- | --- | --- | --- |
| General surgery | Inpatient Time | Site # | Outpatient Time | Location | YES  NO |
| Otolaryngology | 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 |

*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.12.] Limit response to 300 words)

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2. 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.12.a)] Limit response to 300 words)

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

| **Orthopaedic 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.13.]*

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 |
| Preventative health care in females |  |  |  |  | Specify |
| Common sexually transmitted diseases (STDs) 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 perimenopausal, menopause and osteoporosis |  |  |  |  | Specify |
| Sexual health |  |  |  |  | Specify |
| Breast disorders |  |  |  |  | Specify |
| Management of cervical disease |  |  |  |  | Specify |

2. Explain how the required 125 patient encounters or 100 hours (or one block month) of structured experience 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.13.] (Limit response to 300 words)

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| Click here to enter text. |

3. 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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| Click here to enter text. |

*Maternity Care*

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.14.-15.]

| **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 |

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

| **Supervision** | **Continuity Patients** | | | **OB Rotation** | | |
| --- | --- | --- | --- | --- | --- | --- |
| **Year 1** | **Year 2** | **Year 3** | **Year 1** | **Year 2** | **Year 3** |
| Will a supervising physician be present on site with the resident during labor? | Choose an item. | Choose an item. | Choose an item. | Choose an item. | Choose an item. | Choose an item. |
| Will a supervising physician be present on site with the resident in the delivery suite during labor when risk factors are present? | Choose an item. | Choose an item. | Choose an item. | Choose an item. | Choose an item. | Choose an item. |
| Will a supervising physician be present on site in the delivery suite with the resident during all deliveries? | 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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| Click here to enter text. |

3. Name the family physician faculty members who participate in labor and delivery and who supervise the residents and serve as role models for them. If there are none, explain who will supervise the residents in the FMP when they care for their pregnant patients, and if they are not board-certified obstetricians, document their qualifications to provide such supervision.

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4. 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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5. Provide an estimate of the average total number of deliveries for graduating residents. [PR. IV.C.14]

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

*Human Behavior and Mental Health* [PR IV.C.17]

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 abuse |  |  |  |  | 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.17.] Limit response to 300 words)

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| Click here to enter text. |

*Community Medicine [PR IV.C.19]*

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 |

2. Indicate whether the program educates residents in the curricular areas noted below. [PR IV.C.19]

|  |  |
| --- | --- |
| **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 100 hours of health system management experiences. [PR IV.C.22.] Limit response to 150 words)

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| Click here to enter text. |

2. Will residents receive training in how to provide leadership for the following? [PR IV.C.22.a)]

a) Practices  YES  NO

b) Communities  YES  NO

c) The profession of medicine  YES  NO

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

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| Click here to enter text. |

3. Will all residents receive at least quarterly reports on the following? [PR IV.C.22.c)]

a) Individual/practice productivity  YES  NO

b) Financial performance  YES  NO

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

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| Click here to enter text. |

4. Will residents receive training to analyze the quarterly reports? [PR IV.C.22.c)]  YES  NO

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

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5. Will residents attend FMP business meetings with staff and faculty members at least annually? [PR IV.C.22.d)]  YES  NO

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

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*Diagnostic Imaging and Nuclear Medicine [PR IV.C.23.]*

1. Describe how the program will teach residents the appropriate application of techniques and specialty consultations in diagnostic imaging and nuclear medicine. [PR IV.C.23.] Limit response to 150 words)

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| Click here to enter text. |

*Electives [PR IV.C.24.]*

1. State the minimum and maximum amount of time in the program that will be available to all residents for electives. [PR IV.C.24.] 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. |

**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** | **FM** | **IM** | **OB** | **PEDS** | **ER** | **GS** | **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 | # | # | # |