

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

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BASIC MEDICAL STAFF INFORMATION

Basic Information Regarding Primary Hospital

1. Is the primary hospital departmentalized? [PR II.D.3.c]..... YES () NO ()
If YES, is there a Department of Family Medicine? YES () NO ()
2. Do family physicians have admitting privileges in the hospital(s) where the majority of Family Medicine Center patients are hospitalized? [PR II.B.3.a]..... YES () NO ()

If NO, explain.

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Primary and Participating Hospitals

1. Copy as many of these sheets as necessary to supply the requested information for each participating hospital in which required rotations take place. Statistical data should be provided for the most recently completed fiscal, academic or calendar year. [PR I.B.]

Name and # of Hospital: (as listed in ADS)					
Inclusive dates for the following information		from		to	
Hospital statistics:	Total number of available beds:			Average daily census:	

2. Complete this section only for services on which there are required rotations in this hospital.

	# of MD/DOs on Staff	Annual # of Discharges	# of Deliveries		# of MD/DOs on Staff	Annual # of Discharges
Family Medicine				Pediatrics (excl. newborn)		
Internal Medicine				Newborns		
Obstetrics-Gynecology				Psychiatry		
Emergency Medicine				Surgery		

3. If the primary hospital has fewer than 135 occupied beds, provide an explanation below. The explanation should include: a description of the types of patients and spectrum of disease, the availability of support services including physical, human and educational resources and average number of patients per resident on the service. Describe any additional experiences that compensate for the low patient numbers at the primary hospital.

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Program Director Experience

Explain how the Program Director maintains active experience in patient care. [PR II.A.3.d]

Programs Operating in the 1-2 Format

If your program operates in the 1-2 format (year 1 at the core program and years 2 and 3 at a different, often rural, site) provide an overview of the 1-2 program and briefly outline how it functions in the space below. In some 1-2 programs, year 1 curricula/experiences are not identical to the core program's year 1 curricula/experiences: some additional tertiary care experiences are offered in year 1 to the residents in the 1-2 program. A summary of such differences/arrangements should be provided below and then more fully described in the appropriate sections of the application. Also, if particular curricula/experiences are provided during year 1 and also during years 2 and/or 3, they too should be briefly described below and then further detailed in the appropriate sections of the application. [PR II.A.5; III.B.3.]

PATIENT CARE

Continuity of Care

1. Continuity of Patients [PR II.D.2.c).(2)]

Provide specific details of how the program will require each resident to maintain continuity of responsibility for his/her FMC patients when such patients require hospitalization or consultation with other providers.

2. Home Visits [PR IV.A.5.a).(2).(a).(iii)]

a) Will residents perform at least 2 continuity home visits? YES () NO ()

b) Is at least one home visit with an older adult continuity patient? YES () NO ()

c) If a "NO" response was provided to either question, explain below.

d) Describe how residents will be supervised during this experience.

3. Nursing Home Visits [PR IV.A.5.a).(2).(a).(ii)]

a) Will residents provide at least two nursing home patients continuity of care for a minimum of 24 consecutive months? YES () NO ()

b) Will this experience be separate from that which residents may have as part of a block rotation? YES () NO ()

c) If a "NO" response was provided to either question, explain below.

d) Describe how residents will be supervised during this experience.

Family Oriented Comprehensive Care

For the following required curricular elements, indicate with an 'X' the setting(s) in which each will be taught. [PR IV.A.5.a).(2).(b)]

Curricular Elements	Didactic	Clinical				
		FMC	Inpt	Home	Long-term Care Facility	Other (Specify)
INDIVIDUAL [PR IV.A.5.a).(2).(b).(v)]						
Health assessment						
Health maintenance						
Preventive care						
Acute/Chronic illness or injury						
Rehabilitation						
Behavioral counseling						
Health education						
Human sexuality						
FAMILY [PR IV.A.5.a).(2).(b).(vi)]						
Family structure and dynamics						
Genetic counseling						
Family planning						
Child rearing/child education						
Aging						
End of life issues						
Role of the family in illness care						
Family counseling						

Patient Care Skills: Documentation of Procedures and Diagnoses

1. Describe the mechanism by which residents will document the performance of procedures and how the program will monitor and ensure resident compliance. [PR II.A.4.r]

2. Describe how the program will retain documentation of each resident's curricular experience, the procedures performed, and an evaluation of the resident's performance. [PR II.A.4.r]

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3. Faculty members in most clinical settings may observe and assess, to some degree, the residents' ability to counsel patients and families. List the setting(s)/activities in which this skill will be specifically emphasized and evaluated, e.g., in FMC, giving discharge instructions, getting informed consent, etc. [PR II.A.4.r)]

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MEDICAL KNOWLEDGE

Adult Medicine

1. Indicate on this chart what the program will require in structured experiences in the care of adults.

Curricular Area	Inpatient Time	Location	Outpatient Time	Location	Yr(s). of Training in Which Experience Occurs
Adult Medicine					
Critical Care					

2. For the following curricular areas, indicate with an 'X' the setting(s) in which each will be taught. If a separate block rotation is used identify the PG year and duration of experience. [PR IV.A.5.b).(1)]

Curricular Area	Didactic	Interaction with Consultants	Integrated in Adult Med Rotations	Separate Block Rotations			
				Year	Duration	Inpatient	Outpatient
Cardiovascular Disease							
Endocrinology							
Pulmonology							
Hematology-Oncology							
Gastroenterology							
Infectious Disease							
Rheumatology							
Allergy and Immunology							
Neurology							
Women's Health							

3. Inpatient [PR IV.A.5.b).(1).(b).(ii)]

- a) Complete the table below that describes 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 ADS (i.e., #1, #2, etc.)

Hospital	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?	
					Yes	No

- b) If FM residents will rotate with other residents on services, briefly describe the relationship between the two groups below.

- c) 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.

- d) Indicate the top 10 diagnoses at the hospital where your residents will train by inserting numbers 1-10 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	

Diagnosis	Rank
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	

- e) 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			

- f) Describe (1) how residents will learn supervisory skills; (2) what opportunities will be available for supervision; and (3) the mechanisms that will be used to assess residents' supervisory skills.

Limit your response to 400 words

(1)
(2)
(3)

4. Intensive Care [PR IV.A.5.b).(1).(b).(iii)]

Describe how the program will ensure that each resident manages the care of at least 15 critically ill patients. Describe the tracking mechanism used.

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5. The Older Patient [PR IV.A.5.b).(1).(b).(iv)]

For the following required curricular elements, indicate with an 'X' the setting(s) in which each is taught.

Curricular Elements	Didactic	Clinical					
		FMC	Outpt	Inpt	Home	Long-term Care Facility	Other (Specify)
Preventive aspects of health care							

Curricular Elements	Didactic	Clinical					
		FMC	Outpt	Inpt	Home	Long-term Care Facility	Other (Specify)
Physiological and psychological changes of senescence							
Social-cultural parameters							
Geriatric syndromes							
Functional assessment of elderly patients							

a) For the training that all family medicine residents are required to receive in geriatrics, provide a brief description of how a structured multi-disciplinary approach involving clinical experience in the FMC, hospital, long-term care facility, and the home will be implemented.

Care of Neonates, Infants, Children, and Adolescents

	Duration of Experience	Yr(s). of Training Experience Occurs	Site #s
Inpatient (exclude newborns)			
Newborn nursery			
Outpatient (exclude FMC)			
Other			

1. For the following curricular elements, indicate with an 'X' the setting(s) in which each will be taught. Do not fill in the cells in the table that are shaded grey. [PR IV.A.5.b).(2).(a)]

Curricular Elements	Didactic	Clinical			
		FMC	Outpt	Inpt	Other (Specify)
Experience with neonates					
Infant care (both well-baby and ill)					
Hospitalized children					
Ambulatory pediatrics					
Emergency care of children					
Adolescent medicine					

2. Describe the training in pediatrics, demonstrating how the required components will be addressed.

3. Will FM faculty members teach and role model continuity of responsibility for hospitalized children?
 YES () NO ()

4. List the procedures that all residents will be required to learn by the end of the required experience

in pediatrics. List no more than 10 procedures.

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5. Pediatric Diagnoses

- a) Indicate the top 10 pediatric diagnoses at the hospital where your residents will train by inserting numbers 1-10 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	

Diagnosis	Rank
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			

Maternity Care

- 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 FMC 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.A.5.b).(3)]

Specialty	Inpatient Time	Location	Outpatient Time	Location	Yr(s). Of Training in Which Experience Occurs
Maternity care					

- Answer each of the questions below. Put "N/A" if residents will not participate in deliveries during one of the years of training.

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? (YES/NO)						
Will a supervising physician be present on-site with the resident in the delivery suite during labor when risk factors are present (YES/NO)						
Will a supervising physician be present on-site in the delivery suite with the resident during all deliveries? (YES/NO)						

- If you have answered NO to any of the above, provide details

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- If the supervisor for labor and delivery is someone other than a faculty physician, describe his/her

qualifications to supervise residents. If the supervising physician will be a family medicine resident, in what year of training and how many deliveries would s/he have had?

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5. 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 FMC 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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6. If family medicine residents will rotate with obstetrics residents, describe the relationship between the two groups.

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7. Will an elective experience in advanced obstetrics available for residents who desire additional training? YES () NO ()

If **YES**, include the duration and location of the experience.

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8. 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.

9. Provide an estimate of the average total number of deliveries for graduating residents

Resident Name	Cesarean Deliveries	Vaginal Deliveries	Total Deliveries	# of Deliveries That Were Continuity Patients

Gynecology

1. For the following curricular areas, indicate with an 'X' the setting(s) in which each will be taught. [PR IV.A.5.b).(4).(a)]

Curricular Elements	Didactic	Clinical			
		FMC	Outpt	Inpt	Other (Specify)
Normal gyn exam					
Gyn cancer screen					
Preventative health care in females					
Common STD and infections					
Reproductive and hormonal physiology including fertility					
Family planning, contraception, option counseling for unintended pregnancy					
Pelvic floor dysfunction					
Disorders of menstruation					

Curricular Elements	Didactic	Clinical			
		FMC	Outpt	Inpt	Other (Specify)
Disorders of perimenopausal, menopause and osteoporosis					
Sexual health					
Breast disorders					
Management of cervical disease					

2. Document how the required 100 hours (or one block month) of structured experience will be provided, excluding the routine care of continuity patients in the FMC and call duties. Provide information on the number of hours for each activity per clinic or session. Specify what percentage of the 100 hours is non-clinical.

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.

Care of the Surgical Patient

1. Indicate on this chart the amount of required time and the location for the structured general and subspecialty surgical experiences. Do not count time spent in the FMC when residents care for their panels of patients. Specialty structured surgical clinics within the FMC 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., FMC, etc. Identify whether the experience allowed for hands-on experience. [PR IV.A.5.b).(5).(d)]

Specialty	Inpatient Time	Location	Outpatient Time	Location	Hands-On Experience (Yes/No)
General Surgery					
Otolaryngology					
Ophthalmology					
Urology					

2. General Surgery

- a) Briefly describe the two-months of general surgical rotations, including the supervision provided, and the degree of resident responsibility for and involvement with patients. If non-generalist surgeons are used, explain how this experience will expose residents to common surgical procedures.

- b) Describe how the diagnosis and management of surgical emergencies will be taught.

- c) Describe how pre- and post-operative care will be taught and the degree to which residents will be actively involved.

- d) Will the resident have the opportunity to be first assistant in the O.R.?..... YES () NO ()

If not, how will the resident learn the surgical principles of asepsis, tissue handling, and technical skills?

- e) List the procedures that all residents will be required to learn by the end of the required experience in surgery. List no more than 10 outpatient and inpatient procedures.

Musculoskeletal and Sports Medicine

1. Demonstrate how the structured experience in orthopaedic surgery will be ensured, excluding the routine care of continuity patients in the FMC and call duties. 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.A.5.b).(6)]

2. Demonstrate how the structured experience in sports medicine will be ensured, excluding the routine care of continuity patients in the FMC and call duties. 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.

3. In the two tables below, indicate with an "X" how residents will be taught about the following curricular components. [PR IV.A.5.b).(6).(a)]

Orthopaedic Curricular Components	Didactic	Clinical			
		FMC	Outpt	Inpt	Other (Specify)
Infectious, suppurative, and degenerative arthritic conditions					
Evaluation and management of acute musculoskeletal injury					
Rehabilitation and restorative function					
Acute pain syndromes					
X-ray interpretation					
Splinting and casting					
Aspiration/injection of joints					
Acquired and congenital abnormalities of bones and joints					

Orthopaedic Curricular Components	Didactic	Clinical			
		FMC	Outpt	Inpt	Other (Specify)
Musculoskeletal and connective tissue disorders					
Evaluation and management of common sprains					
Fractures and dislocations					
Preventive Care					

Sports Medicine Curricular Components	Didactic	Clinical			
		FMC	Outpt	Inpt	Other (Specify)
Education and experience in performing pre-participation physicals					
Education and experience in caring for athletic and recreational injuries					
Non-articular rheumatic disorders					

Emergency Care

1. Provide responses in the boxes below. If two or more hospitals will be used for emergency room training, duplicate this section and answer for each. [PR IV.A.5.b).(7)]

Location of Experience: _____

2. Is there an accredited emergency medicine residency program? YES () NO ()

If **YES**, describe the relationship between the emergency medicine and the family medicine residents.

3. 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. [PR IV.A.5.b).(7).(b)]

4. Educational content:

- a) Describe the training residents will receive in standard current life support skills and procedures for medical emergencies in patients of all ages. If they will not receive this training, explain. [PR IV.A.5.b).(7).(a)]

- b) Describe the training residents will receive in standard current life support skills and procedures for trauma emergencies in patients of all ages. If they will not receive this training, explain. [PR IV.A.5.b).(7).(a)]

- c) Will a faculty physician be on site 24 hours a day, 7 days a week for on-site supervision? If not, is any attending physician on-site at all times and responsible for the ER and the resident? Provide details. [PR IV.A.5.b).(7).(c)]

- d) Describe the didactic component of the emergency medicine experience.

- e) List the procedures that all residents will be required to learn by the end of the required experience in emergency medicine. List no more than 10 procedures

Human Behavior and Mental Health

1. For the following curricular areas, indicate with an 'X' the setting(s) in which each will be taught. [PR IV.A.5.b).(8)]

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

2. For the training 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 FMC,

hospital, long-term care facility, and the home will be implemented. Describe the faculty members involved in teaching this curriculum to residents.

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Community Medicine

- For the following curricular areas, indicate with an 'X' the setting(s) in which each will be taught. [PR IV.A.5.b).(9)]

Curricular Elements [PR IV.A.5.b).(9).(a)-(i)]	Didactic	Hands-On Experience	Other (Specify)
Assessment of risks for abuse, neglect, and family and community violence			
Reportable communicable disease			
Population epidemiology / interpretation of public health statistical information			
Environmental illness and injury			
School health			
Disease prevention			
Disaster responsiveness			
Community-based disease screening, prevention, health promotion			
Factors associated with differential health status among sub-populations			

- Indicate whether the program provides residents training in the curricular areas noted below.

Clinical Experiences in Community Medicine [PR IV.5.b).(9).(j)-(o)]	Yes / No
Experience in using community resources appropriately for individual patients who have unmet medical or social support needs	
Structured interaction with the public health system	
Occupational Medicine including disability determination, employee health and job-related illness and injury	
Experience in community health assessment	
Experience in developing programs to address community health priorities	
Community-based health education of children and adults	

Care of the Skin

Demonstrate how the program will provide a required experience in care of the skin including procedures. Include the content of the experience, the location, who will supervise the residents and the qualifications of the supervising faculty members. [PR IV.A.5.b).(10)]

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Diagnostic Imaging and Nuclear Medicine

Describe how the program will teach residents the appropriate application of techniques and specialty consultations in diagnostic imaging and nuclear medicine. [PR IV.A.5.b).(11)]

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Conferences

1. List required conferences, seminars, workshops and/or other planned group activities. Indicate whether each conference is required throughout the year (R), or required when on that service (RS). [PR IV.A.3.c]

Conference Title	R, RS	Frequency	Do faculty attend?	Will residents be involved in presenting some of these conferences?

2. How will conferences be evaluated? Include by whom and frequency. [PR IV.A.3.c).(1).(b)]

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3. In addition to structured didactic conferences what other methods of learning will your program use to foster continuous professional development of residents? Check all that apply and identify the content of these learning activities.

Learning Venue	Place an "X" in this column if used	Content Addressed
Self-directed learning modules		
Small group discussions		
Journal club		
Workshops		
Other learning activities (identify):		

Management of Health Systems

1. Will all residents receive at least quarterly reports on [PR IV.A.5.b).(12).(c)]:
- a) individual/practice productivity YES () NO ()
 - b) financial performance YES () NO ()

2. Will residents receive training to analyze these quarterly reports? YES () NO ()
3. Will residents attend at least annually FMC business meetings with staff and faculty members? [PR IV.A.5.b).(12).(c)]..... YES () NO ()
4. Will residents participate in projects to improve quality and service to FMC patients? [PR IV.A.5.b).(12).(d)]..... YES () NO ()
5. Will residents receive training in how to provide leadership for [PR IV.A.5.b).(12).(f)]:
 - a) a clinical practice YES () NO ()
 - b) a hospital medical staff YES () NO ()
 - c) professional organizations, and YES () NO ()
 - d) community leadership skills to advocate for the public health YES () NO ()
6. For each of the following educational elements, indicate with an "X" where such training will be taught/provided [PR IV.A.5.b).(12).(e)].

	Didactic	Practice/Office Environment
Current billing practices		
Designing and managing a budget		
Assessing practice staffing needs		
Impact of new technologies on practice		
Determining value in the marketplace		
Assessing customer satisfaction		
Measurement of clinical quality		
Tort liability and risk management		
Office scheduling systems		
Computers in practice		
Alternative practice models		
Employment law and procedures		
Principles of public relations		
Media training		
Personnel management		

7. Explain how the program will provide 100 hours of practice management. [PR IV.A.5.b).(12)]

Electives

1. State the minimum and maximum amount of time in the program that will be available to all residents for electives. [PR IV.A.5.b).(13)]

2. Briefly describe the process by which a resident will select electives. [PR IV.A.5.b).(13)]

3. Briefly describe how elective experiences will be evaluated. [PR IV.A.5.b).(13)]

RESIDENT SCHOLARLY ACTIVITIES

- 1. Will the program ensure that residents are provided supervised experiences in research or other scholarly activities? [PR IV.B.]..... YES () NO ()
- 2. Will residents be introduced to the basic principles of study design, performance, analysis and reporting, and the relevance of research to patient care? YES () NO ()

FACULTY RESEARCH AND SCHOLARLY ACTIVITIES AND FACULTY DEVELOPMENT

Faculty Development

Describe how faculty development activities will be conducted. Explain how residency and individual faculty needs assessments will be done, and how development activities will address teaching, administrative, and clinical components of faculty performance. [PR II.B.9.]

Limit your response to 150 words.

Faculty Research and Scholarly Activities

List the academic achievements of the Program Director and family medicine faculty members (publications or review articles, invited presentations at regional, state, or national professional meetings, honors, etc.), during the last three years. (Do not append reprints or individual CVs.) This should be submitted only for key family physicians and other key teaching staff. Exclude participation in hospital and medical school committees. Provide no more than 5 academic achievements per faculty member. [PR II.B.5.]

FAMILY MEDICINE CENTER

1. List the FMCs used in this 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 FMC	Name of FMC Director	Miles from primary hospital /travel time	Scheduled operating hours	Square feet of floor space available	preceptor: resident	# of exam rooms	and faculty in FMC	# of other learners in FMC	Number of FMC Personnel			
										Nursing	Clerical	Technical	(specify)
<i>EXAMPLE</i>	<i>Johnston FMC</i>	<i>Tom Smith, MD</i>	<i>0/0 min</i>	<i>8-8 (M-F) 8-1 (S)</i>	<i>10,000</i>	<i>1:4</i>	<i>16</i>	<i>8</i>	<i>MS=2 OP=1</i>	<i>10</i>	<i>8</i>	<i>NA</i>	<i>NA</i>
FMC #1													
FMC #2													
FMC #3													
FMC #4													
FMC #5													

Additional Information:

- # of other learners in the FMC = specify the type and number of other learners in the FMC. 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).(2)]
- Other Personnel in the FMC: specify _____

	FMC1	FMC2	FMC3	FMC4	FMC5	FMC6
2. ANSWER YES OR NO TO THE FOLLOWING:						
a) Does the entry to the FMC have signage that clearly identifies it as an FMC?						
b) Does the residency director have control of the education activities in the FMC? [PR II.D.2.b).(1)]						
c) Does the residency director have control of the activities of the support personnel in the FMC? [PR II.D.2.b).(1)]						
d) Does the director of the FMC report to the Program Director?						

	FMC1	FMC2	FMC3	FMC4	FMC5	FMC6
e) Does the appointment system ensure maximum accessibility of the resident to his/her patients in the FMC. [PR II.D.2.c).(3)]						
f) Is there a business office or business function area in the FMC? [PR II.D.2.d).(1)]						
g) Is there a conference room large enough to accommodate the residents, faculty members, etc., at this FMC? [PR II.D.2.d).(5)]						
h) Do FMC patients have convenient access to imaging services? [PR II.D.2.e).(2)]						
i) Do FMC patients have convenient access to a diagnostic laboratory? [PR II.D.2.e).(2)]						
j) Do patients have access to a program physician after hours?						
k) Do family physician faculty members see patients without residents in the FMC?						

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

- 3. For any NO answers in question 2 on the previous chart, identify the point and provide an explanation or description.

- 4. Describe in detail any activities that take place in the FMC that are not FM residency related.

- 5. If other specialties are located on the same floor of the facility, explain and demonstrate on the floor plan how the FMC is a discrete unit that is separate from these areas.

- 6. If multiple Family Medicine Centers are used, describe the following:

- a) How residents will be assigned to the Centers and whether the assignments are for all three years of training. If not, provide specific details about levels of training involved.

- b) The degree of contact among the residents from the multiple Centers

- 7. Provide the following information on the record system [PR II.D.2.g]):

- a) What kind of system is used? If an electronic medical record is not used currently, what are the program's plans for implementing one in the near future?

- b) If an EMR system is not used, explain how patients' ambulatory records are maintained in the FMC and how easy and prompt accessibility to these records is ensured.

- c) Do patients' records contain documentation of all facets of family care, including care provided in the FMC, hospital, home, via telephone and in other sites? YES () NO ()

If NO, explain.

- d) Will the residents have easy access to the FMC records 24 hours a day? YES () NO ()

If NO, explain.

- 8. If patient visits from a second FMC and/or other longitudinal clinics are used to meet the minimum

patient visit requirements, (a) describe the clinic(s) being used and how continuity is ensured, and (b) identify who supervises residents at these sites.

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9. Describe how faculty members will provide role modeling for residents. For each FMC, provide the number of hours per week faculty members spend seeing patients in the FMC without residents.

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10. Copy as many of this sheet as necessary to supply the requested information for each FMC.

Name of Center:	
Address:	
Number of residents assigned by PGY (e.g., 2-2-2):	
Name of Director of FMC:	

Attach (behind this page on a sheet no larger than 11" X 17") a legible drawing of the floor plan of the FMC. Where multiple centers are used, put the name and FMC # 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 CENTER for guidelines on exclusivity. Demonstrate clearly on your diagram that the FMC 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 FMC drawing. Use sufficiently large letters and numbers that are easily recognizable on the drawing.

- A = waiting room
- B = reception/appointment desk for FMC only
- C = business office
- D = records (if an EMR 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 FMC, provide specific details regarding location and proximity to FMC

If any of these required components is not included in the FMC, provide an explanation below.

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FAMILY MEDICINE CENTER PATIENT POPULATION

Report estimated figures for a one year period. [PR II.D.1.]

For Combined Programs: Do not include information pertaining to residents in combined programs, such as FM/Psychiatry, in the chart below. Duplicate this page and provide the information for all residents in ABFM approved combined programs on these separate pages.

FMC #	Planned # of residents assigned to FMC			# of weeks/year residents will see pts in the FMC			Planned average # of hours in FMC/week			Estimated average # of pt visits/year seen in FMC			Estimated annual # of pt visits in FMC (faculty + residents)	# of pts hospitalized/year from FMC
	PGY-1	PGY-2	PGY-3	PGY-1	PGY-2	PGY-3	PGY-1	PGY-2	PGY-3	PGY-1	PGY-2	PGY-3		
FMC 1														
FMC 2														
FMC 3														
FMC 4														
FMC 5														
FMC 6														

1. How will the program document that each resident provides continuity of care in the FMC?

2. Describe any scheduled interruptions in resident attendance in the FMC, e.g., during rural rotations. Include duration of each and specify the year of training involved. (Do not include personal interruptions for individuals such as, sick leave or maternity/paternity leave.)

3. Describe the system to audit FMC charts on a regular basis. If there is no system, explain.

- a) Indicate the 10 most frequently performed procedures, **for which a trained preceptor is available to instruct the residents**, at the FMC where your residents will train. 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 5 procedures.

Procedure	10 most frequently performed Procedures (1-10)	Procedures all residents must learn before graduation (Identify at least 5)
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		

Procedure	10 most frequently performed Procedures (1-10)	Procedures all residents must learn before graduation (Identify at least 5)
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		
Subungal Hematoma Evacuation		
Suture Removal		
Tonometry		
Trigger Point Injection		
Tympanometry/Hearing Test		
Vasectomy		
Wet Mount		

- b) For each Family Medicine Center, record your patient visit data by gender for the previous academic year. Duplicate the following table as necessary.

Family Medicine Clinic			
Age of Patient	# Females	# Males	# Total
Under 2			
2-9			
10-19			
20-29			
30-39			
40-49			
50-59			
60-69			
70 and over			

PROGRAM EVALUATION

Explain how the program will maintain contact with its graduates to obtain information about their practices. Include the frequency of such evaluation and how the information is used. [PR V.C.1.c)]

Limit your response to 150 words.

DUTY HOURS AND THE WORKING ENVIRONMENT

1. Night Call: 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.7-8.]

Year of training	FM	IM	OB	PEDS	ER	GS	Specialty Rotation	Outpatient Rotation	Maximum Consecutive # Week(s) Night Float	Maximum # Weeks/Yr Night Float	# Call Free Months /Year
PGY-1											
PGY-2											
PGY-3											

2. 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.A.2. and II.A.4.k).(1)]

Limit your response to 150 words.

3. What percentage of the resident's inpatient experiences includes night float? [PR VI.G.6.] () %

Updated: 6/6/2013