ACCREDITATION INFORMATION

Date of First Class:	
Date:	
Title of Program:	
Address:	

Program Director:	Email:	.
Program Coordinator:	Email:	

10 Digit ACGME Program ID# (for accredited programs):		
Accreditation Status:	Effective Date: **N/A**	Number of Requested Positions:
Original Accreditation Date: **N/A**	Accredited Length of Training: **N/A**	

The signatures of the director of the program and the designated institutional official attest to the completeness and accuracy of the information provided on these forms.

---------- Electronic Signature of Program Director (and date) ----------

Name:	Date:

-------------- Electronic Signature of Designated Institutional Official (D10) (and date) --------------

Name:	Date:

PARTICIPATING SITES

SPONSORING INSTITUTION: (The university, hospital, or foundation that has ultimate responsibility for this program.)		
Name of Sponsor:		
Address:	Single/Limited Site Sponsor:	
Joint Commission Approved:		
Type of Institution:		
Name of Designated Institutional Official:	Email:	.
Does SPONSOR have an affiliation with a medical school (could be the sponsoring institution):		
Name of Medical School #1:		
Name of Medical School #2:		
Name of Medical School #3:		
Name of Medical School #4:		
Name of Medical School #5:		

All rotation sites may be entered but only required sites appear.

Primary Site (Site #1)	
Name:	
Address:	Type of Relationship with Program:
Joint Commission Approved:	
Length of Rotation (in months): **Year 1: Year 2: Year** *3:*	
Brief Educational Rationale:	

Participating Site (Site #2)

Name:
Address:
Does this institution also sponsor its own program in this specialty?
Does it participate in any other ACGME accredited programs in this specialty?
Distance between 2 & 1: Miles: Minutes:
Length of Rotation (in months): *Year* 1:   **Year 2:**   **Year** *3*:
Brief Educational Rationale:
PLA Agreement Between Program and Site:
Date Added to ADS as Rotation Site:

Participating Site (Site #3)
Name:
Address:
Does this institution also sponsor its own program in this specialty?
Does it participate in any other ACGME accredited programs in this specialty?
Distance between 3 & 1: Miles: **2**   Minutes:
Length of Rotation (in months): **Year 1:**   **Year 2:**   **Year** *3*:
Brief Educational Rationale:
PLA Agreement Between Program and Site:
Date Added to ADS as Rotation Site:

* Participating Site = Major and/or Other

If the total number of rotation months per year does not equate to 12 months (for all sites combined) provide an explanation:

FACULTY/TEACHNG STAFF

Program Director Information

Name:			
Title:			
Address:			
Telephone:	'Fax:	'Email:	
Date First Appointed as Program Director:			
Date of Last PD Change:			
Number of Hours Per Week Director Devotes to Program Activities In The Following:			
Clinical Supervision:	'Administration:	Research:	Didactics/Teaching:
Primary Certification:		Orig Year:	Re-cert Year:
Secondary Certification:		Cert Year:	Re-cert Year:

PHYSICIAN FACULTY ROSTER

FACULTY DATA: List all physician faculty who have a significant role (teaching or mentoring) in the education of residents and who have documented qualifications to instruct and supervise. List the FM physician faculty in your program who devote more than 200 hours per year to resident education (refer to the Program Requirements) in the following order: (1) full-time, (2) part-time, and (3) volunteer faculty.

Other Faculty: After listing the FM faculty, identify the primary physician faculty members responsible for teaching FM residents in the following areas (listed in this order): Human Behavior/Mental Health; Adult Medicine; Cardiology; Critical Care; Obstetric Care; Gynecologic Care; Surgery; Orthopaedics; Sports Medicine; Emergency Medicine; Neonates, Infants, Children and Adolescents; Older Patient; Skin. Provide a one page CV for anyone who is not ABMS-certified.

Faculty-Resident Ratio: A full-time commitment is at least 1400 hrs/yr (or 27 hrs/wk) devoted to the residency spent in resident administration, resident teaching, resident precepting and attending duties, exclusive of time spent in direct patient care without the presence of residents. All programs in operation must have at least 2 FM faculty members (the PD and one other faculty member) who devote at least 1400 hrs/yr to the program. Additionally there must be 1 full time equivalent (FTE) FM physician faculty for every 6 residents in the program. Do not count the PD in the faculty-to-resident ratio. Once a program has 2 full time faculty members, several faculty can make up the remaining FTE: for example, 2 faculty who are half time (700 hrs/yr or 14 hrs/wk) constitute 1 FTE.

All physician faculty must:
• devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities and demonstrate a strong interest in resident education;
• administer and maintain an educational environment conducive to educating residents in each of the ACGME competency areas;
• participate in faculty development programs designed to enhance the effectiveness of their teaching and to promote scholarly activity;
• establish and maintain an environment of inquiry and scholarship with an active research component;
• regularly participate in organized clinical discussions, rounds, journal clubs, and conferences;
• encourage and support residents in pursuing scholarly activities

A portion of the faculty must be indicated as core physician faculty. All physicians who devote at least 15 hours per week to resident education and administration are designated as core faculty. All core physician faculty should:

• evaluate the competency domains;
• work closely with and support the program director;
• assist in developing and implementing evaluation systems; and
• teach and advise residents.

Program directors will not be designated as core faculty.

CVs must be provided for the program director, any Family Medicine faculty member who is not ABFM-certified, and any other faculty member who is not ABMS-certified.

Continued Accreditation programs: A CV is only required for the program director.

New Applications and Initial Accreditation programs: A CV is required for the program director and each active physician faculty member that has been designated as a "Core" faculty member on your roster.

Name	Core Faculty	Based Mainly at Inst. #	Primary and Secondary Specialties / Fields					No. of Years Teaching in This Specialty	Average Hours Per Week Spent On			
			Specialty / Field	Cert	Original Cert Year	Cert Status	Re-cert Year		Clinical Super-vision	Admin	Didac-tic Teach-ing	Re-search

				–	–	–	–	–						

Certification in the primary specialty refers to ABMS Board Ce tification. Certification for the secondary specialty refers to sub-board certification. If the secondary specialty is a core ACGME specialty (e.g., Internal Medicine, Pediatrics, etc.), the certification question refers to ABMS Board Certification.

Certification Status:
- R — Re-Certified
- 0 — Original Certification Currently Valid
- L — Certification Lapsed
- N — Time-unlimited certificate/no Re-Certification

1=[
2=[

PHYSICIAN CURRICULUM VITAE

First Name:		MI:	Last Name:	
Present Position:				
Medical School Name:				
Degree Awarded:			Year Completed:	
Graduate Medical Education Program Name:				
Specialty/Field:			Date From:	Date To:
Graduate Medical Education Program Name:				
Specialty/Field:			Date From:	Date To:

Certification Information				Current Licensure Data	
Specialty	**Certification Year**	**Certification Status**	**Re-Cert Year**	**State**	**Date of Expiration**

Academic Appointments - List the past ten years, beginning with your current position.		
Start Date	**End Date**	**Description of Position(s)**

Concise Summary of Role in Program:

Current Professional Activities / Committees (limit of 10):
-
-

Selected Bibliography - Most representative Peer Reviewed Publications / Journal Articles from the last 5 years (limit of 10):

-

Selected Review Articles, Chapters and / or Textbooks from the last 5 years (limit of 10):

-

Participation in Local, Regional, and National Activities / Presentations / Abstracts / Grants from the last 5 years (limit of 10):

-

If not ABMS board certified, explain equivalent qualifications for RC consideration:

NON-PHYSICIAN FACULTY ROSTER

List alphabetically the non-physician faculty who provide required instruction or supervision of residents/fellows in the program.

Name	Degree	Based Mainly at Inst. #	Specialty / Field	No. of Years Teaching in This Specialty

PROGRAM RESOURCES

How will the program ensure that faculty (physician and nonphysician) have sufficient time to supervise and teach residents? Please mention time spent in activities such as conferences, rounds, journal clubs, etc. if relevant.

Briefly describe the educational and clinical resources available for resident education.

NUMBER OF POSITIONS

Position	TOTAL
Number of ACGME Requested Positions	

ACTIVELY ENROLLED RESIDENTS

Name	Program Start Date	Expected Completion Date	Year in Prog.	Years of Prior GME in ACGME Accredited Program	Specialty of Most Recent Prior GME	Medical School	Date of Med School Graduation
None.							

* Indicates resident was accepted as a transfer or completed prerequisite, preliminary training. Documentation of previous experience should be available for review by the site visitor.
**(y/n) Did you obtain documentation of previous educational experience and competency-based performance evaluation?

PHYSICIAN FACULTY TO RESIDENT RATIO

Reduced Ratio	
Physician Faculty / Residents:	0:0.0
Core Physician Faculty / Residents:	0:0.0

Actual Ratio	
Physician Faculty / Residents:	: 0.0
Core Physician Faculty / Residents:	: 0.0
Program Director is not included in core faculty	

RESIDENT APPOINTMENTS

*The term resident is used to describe any physician in graduate medical education; this includes interns, residents, subspecialty residents and fellows.

Describe how the residents will be informed about their assignments and duties during residency. [The answer must confirm that there are skills and competencies for each assignment and for each year, and that these will be readily available (hard copy, electronically, listserv, etc.) to all residents.]

Will there be other learners (such as residents from other specialties, subspecialty fellows, nurse practitioners, PhD or MD students) in the program, sharing educational or clinical experiences with the residents? If yes, describe the impact those other learners will have on the program's residents.

Describe how the program will handle complaints or concerns the residents raise with faculty or the program director. (The answer must describe the mechanism by which individual residents can address concerns in a confidential and protected manner as well as steps taken to minimize fear of intimidation or retaliation.)

EVALUATION

1. Using the tool below (Add new assessment method):

   a. Provide the methods of evaluation used for assessing resident competence in each of the six required ACGME competencies

   b. Identify the evaluators for each method (e.g., If performance in patient care is evaluated at the end of a rotation using a global form completed by faculty and senior residents and also using a checklist to evaluate observed histories and physicals by the ward attending and continuity clinic preceptor, then under patient care select global assessment for a method and faculty member and senior resident for evaluators and care. Then add patient care again as a competency and select direct observation for a method and attending and preceptor as the evaluators).

Competency	Assessment Method	Evaluator(s)
Interpersonal & Communication Skills	Direct observation	
Interpersonal & Communication Skills	Global assessment	
Interpersonal & Communication Skills	Multisource assessment	
Interpersonal & Communication Skills	Patient survey	Patient/Family Member

Interpersonal & Communication Skills	Resident experience narrative	
Interpersonal & Communication Skills	Videotaped/recorded assessment	
Medical Knowledge	In-training examination	Evaluation Committee Faculty Member Program Director
Medical Knowledge	Simulations/models	Allied Health Professional Faculty Member Program Director
Medical Knowledge	Structured case discussions	Chief/Supervising Resident Faculty Member Program Director
Patient Care	Direct observation	Allied Health Professional Chief/Supervising Resident Faculty Member Program Director
Patient Care	Global assessment	Chief/Supervising Resident Faculty Member Program Director
Patient Care	Patient survey	Patient/Family Member
Patient Care	Record/chart view	Faculty Member Program Director
Patient Care	Review of case or procedure log	Evaluation Committee Faculty Member Program Director
Patient Care	Review of patient outcomes	Evaluation Committee Faculty Member Program Director
Patient Care	Videotaped/recorded assessment	
Practice-based Learning & Improvement	Practice/billing audit	
Practice-based Learning & Improvement	Project assessment	
Practice-based Learning & Improvement	Review of drug prescribing	
Practice-based Learning & Improvement	Review of patient outcomes	
Professionalism	Multisource assessment	Allied Health Professional Chief/Supervising Resident Clerical Staff Consultants Faculty Member Junior Resident/Medical Student Nurse Peer Resident Program Director Technicians
Professionalism	Global assessment	Evaluation Committee Faculty Member Program Director
Professionalism	Patient survey	Patient/Family Member
Professionalism	Resident experience narrative	Faculty Member Program Director Self
Professionalism	Role-play or simulations	Allied Health Professional Faculty Member Nurse Program Director Self

Professionalism	Videotaped/recorded assessment	Faculty Member Program Director Self
Systems-based Practice	Global assessment	Evaluation Committee Faculty Member Program Director
Systems-based Practice	Practice/billing audit	Allied Health Professional Faculty Member Program Director
Systems-based Practice		

c. List other key assessment methods that will be used but not available in the drop down list.

2. Will the program have a system in place to evaluate the resident's abilities to determine whether they may take on progressive authority and responsibilities in patient care?

3. Indicate how evaluators are educated to use the assessment methods listed above so that residents are evaluated fairly and consistently. Select up to 3 of the most commonly used methods.

- **Workshops/special training on assessment**
- **Informal or formal discussions among the faculty**
- ❑ **Assessment is a topic of a retreat**
- ❑ **Faculty review assessments and compare evaluations**
- **PD instructs or educates about assessment methods**
- **Group or committee discussions that result in consensus assessment of residents**
- **None, no specific education on assessment provided**
- **Other (specify below)**

Specify only if Other is selected

4. Indicate how residents will be informed of the performance criteria on which they will be evaluated. Check all that apply

- **During resident orientation**
- **General goals and objectives**
- **Rotation-specific goals and objectives**
- **Provided handouts or examples of evaluation forms**
- **1 Other written communications**
- **Verbal communication or meetings**
- ❑ **Reviewed with residents before each rotation**
- ❑ **Reviewed with residents at the beginning of each year**
- ❑ **Residents not informed**
- ❑ **Other (specify below)**

Specify only if Other is selected

5. Has a Clinical Competency Committee been selected to perform resident evaluations?

6. Describe the system which ensures that faculty will complete written evaluations of residents in a timely manner following each rotation or educational experience.

DITTY HOUR, PATIENT SAFETY AND LEARNING ENVIRONMENT

Briefly describe your back up system when clinical care needs exceed the residents' ability. *

Briefly describe how clinical assignments are designed to minimize the number of transitions in patient care. *

Briefly describe how the program director and faculty evaluate the residents abilities to determine progressive authority and responsibility, conditional independence and a supervisory role in patient care. Specify the criteria, and how the process differs by year of training. *

Excluding call from home, what is the projected averaged number of hours on duty per week per resident, inclusive of all house call and all moonlighting? *

During regular daytime hours, indicate which of the following back-up systems your program will have in place when clinical care needs exceed the residents ability. Check up to 3 most commonly available system(s). *

Physicians are immediately available (on site)
Physicians are available by phone
Senior Residents or Fellows are immediately available (on site)
Senior Residents or Fellows are available by phone
Mid-level Providers are immediately available (on site)
Mid-level Providers are available by phone
No back-up system
Other (specify below)

Only specify if Other is selected

During nights and weekends, indicate which of the following back-up systems your program will have in place when clinical care needs exceed the residents ability. Check up to 3 most commonly available system(s). *

Physicians are immediately available (on site)
Physicians are available by phone
Senior Residents or Fellows are immediately available (on site)
Senior Residents or Fellows are available by phone
Mid-level Providers are immediately available (on site)
Mid-level Providers are available by phone
No back-up system
Other (specify below)

Only specify if Other is selected

Indicate which methods below the program will use to ensure that hand-over processes facilitate both continuity of care and patient safety? Check all that apply. *

☐ **Hand-over form (a stand alone or part of an electronic medical record system)**
☐ **Paper hand-over form**
☐ **Hand-over tutorial (web-based or self-directed)**
☐ **Scheduled face-to-face handoff meetings**
☐ **Direct (in person) faculty supervision of hand-over**
☐ **Indirect (via phone or electronic means) hand-over supervision**
☐ **Senior Resident supervision of junior residents**
☐ **Hand-over education program (lecture-based)**
☐ **Other (specify below)**

Only specify if Other is selected

Indicate the ways that your program will educate residents to recognize the signs of fatigue and sleep deprivation. Check all that apply.*

☐ **Didactics/Lecture**
☐ **Computer based learning modules**
☐ **Grand rounds**
☐ **Small group seminars or discussion**
☐ **Simulated patient encounters**
☐ **On-the-job training**
☐ **One-on-one experiences with faculty and attending**
☐ **Other (specify below)**

Only specify if Other is selected

Which of the following options will the program or institution offer residents who may be too fatigued to safely return home? Check the one most frequently used option. *

☐ **Money for taxi**
☐ **Money for public transportation**
☐ **One-way transportation service (such as a dedicated facility bus service)**
☐ **Transportation service which includes option to return to the hospital or facility the next day**
☐ **Reliance on other staff or residents to provide transport**
☐ **Sleeping rooms available for residents post call**
☐ **Not applicable: residents do not take in-house call**
☐ **Other (specify below)**

Only specify if Other is selected

Will residents at the PGY-2-level or above be permitted to moonlight? *

(if yes) Under what circumstances?

On average, will residents have 1 full day out of 7 free from educational and clinical responsibilities? *

What will be the maximum number of consecutive nights of night float assigned to any resident in the program? *

On the most demanding rotation, what will be the frequency of in house call? (If residents at different levels will be given different frequencies of in-house call, please choose the most frequent schedule.) *

Every second night
Every third night
Every fourth night
No in-house call - Not Applicable
Other (specify below)

Only specify if Other is selected

Will the program use ambulatory and/or non-hospital settings in the education of residents (experiences other than inpatient)? *

If yes, indicate the type of settings that will be used. Check all that apply.

Hospital Based Continuity Clinic
Community or Federal Public Health Centers
Ambulatory Surgery Centers (Surgical or specialty centers)
Veterans Administration (VA) Ambulatory Services
Faculty Ambulatory Practice, Institutionally Based
Private Physician's Offices
Ambulatory / outpatient settings
Other (specify below)

Only specify if Other is selected

Do you use an electronic medical record in your primary teaching hospital? *

If yes, what percentage of your residents will use the electronic medical record system to improve the health in a population of patients (eg, determining the appropriate protocol for a specific chronic illness stage, assessing symptoms or treatment patterns in ambulatory clinic, improving preventive care, etc)?

RESIDENT SCHOLARLY ACTIVITIES

Will the program offer residents the opportunity to participate in scholarly activities? If yes, briefly describe the opportunity and the expectations about residents' participation.