Baptist Memorial Hospital – Memphis and Church Health Center

Family Medicine Residency Program

Program Handbook
## Contents

### Incoming Resident Orientation: 3

### INTRODUCTION 4

- Institutional Profile ........................................... 4
- Letter of Commitment ........................................... 4
- Family Medicine Practice (FMP) Profile ......................... 23
- Mission, Vision, and Value Statements ........................... 32
- General Program Description .................................... 33
- 2016 - 2017 Residents’ Benefits Package ......................... 35
- AY16/17 Resident Stipends ........................................ 36
- Patient Bill of Rights .............................................. 37

### Resident Appointment and Reappointments 42

- Resident Selection Guidelines .................................. 42
- Applicant Eligibility .............................................. 42
- Resident Selection Guidelines and Applicant Eligibility ........ 43
- Resident Visa Policy .............................................. 46
- Equal Employment Opportunity .................................. 47
- Resident Evaluation, Promotion and Discipline Policy ........ 49
- Resident Salary ................................................... 53
- Nonrenewal of Agreements ........................................ 55
- Sample Agreement ................................................ 56

### Department and Program Structure 64

- Organizational Charts .......................................... 64
- Graduate Medical Education Committee (GMEC) .............. 66
- Chief Academic Officer (CAO) .................................. 69
- Designated Institutional Official (DIO) .......................... 69
- Program Director (PD) .......................................... 70
- Associate Program Director (APD) .............................. 71
- Faculty ................................................................... 71
- Program Coordinator ............................................. 71
- Other Affiliations .................................................. 71

### Resident Responsibilities and Supervision 72

- Resident Duties .................................................... 72
- GME Trainee Work Environment .................................. 73
- Supervision Policy ................................................ 76
- Duty Hours .......................................................... 82
- Moonlighting ........................................................ 85

### Family Medicine Residency Curriculum 88

- General Competency-Based Curricular Expectations of All Residents: ........................................... 88
- Patient Care / General Objectives ................................. 88
- Patient Care / Procedural Objectives .............................. 90
- Medical Knowledge ................................................ 91
- Practice-based Learning and Improvement ....................... 92
- Interpersonal and Communication Skills ......................... 95
- Professionalism ..................................................... 97
- Systems-based Practice .......................................... 100
- Milestone Evaluation Expected Outcomes: ....................... 103

### Family Medicine Residency Block Schedule 117

### Evaluations and Outcomes Assessment 118

### BMH/CHC FM 2016 - 2017 Didactic Schedule 119

### Annual Program Evaluation / Internal Review 120
Incoming Resident Orientation:

**Day One** (July 1st or first workday following July 1st)
- Baptist Orientation
- Luncheon
- Baptist Badges, Photos, Tour, etc.

**Day Two**
- Church Health Center Orientation including Mentor and Clinic Assignments

**Subsequent Days** to be Scheduled and will include the following:

- **Patient Care**
  - Competency Training and Assessment (including simulations)
  - OB Boot Camp (including simulations)
  - Clinic Assignments (1 day/week during PGY-1)

- **Medical Knowledge**
  - Evaluation through previous ITE
  - ACLS, ALSO, AWHONN, NRP, PALS training (BLS if necessary)
  - Didactic Day
  - Online annual competency modules

- **Professionalism**
  - Medical Ethics / Risk Management
  - Resident Health

- **Systems-Based Practice (BMH / CHC)**
  - BMH Quality and Performance Improvement

- **Practice-Based Learning & Improvement**
  - Ambulatory Site, Clinics, Hospital Site Orientations
  - Introduction to Research

- **Communication**
  - EMR Training (BMH & CHC)
  - Resident Support Group
INTRODUCTION
Institutional Profile

About Us
Baptist Memorial Health Care is an award-winning network dedicated to providing compassionate, high-quality care for patients. With 15 affiliate hospitals throughout the Mid-South, Baptist combines convenience with excellence of care—two reasons we have been named among the top health care systems in the country for several years.

The Memphis area’s largest not-for-profit health care system, Baptist offers a full continuum of care to communities throughout the Mid-South. In 2012, Baptist was ranked number 2 among large employers and number 23 overall nationally in Modern Healthcare magazine’s top 100 “Best Places to Work in Healthcare.” The Baptist system, which consistently ranks among the top integrated health care networks in the nation, comprises 15 affiliate hospitals in West Tennessee, North Mississippi, and East Arkansas; more than 4000 affiliated physicians; Baptist Medical Group, a multispecialty physician group with more than 500 doctors; home, hospice and psychiatric care; minor medical centers and clinics; a network of surgery; rehabilitation and other outpatient centers; and an education system highlighted by the Baptist College of Health Sciences. The Baptist system employs more than 15,000 people and in fiscal year 2012, contributed $299 million in community benefits to the areas it serves. According to the Sparks Bureau of Business and Economic Research at the University of Memphis, Baptist Memorial Health Care’s annual economic impact is estimated at more than $2.6 billion.

Baptist Mission
In keeping with the three-fold ministry of Christ - Healing, Preaching and Teaching - BMHCC is committed to providing quality health care.

Baptist Vision
We will be the provider of choice by transforming the delivery of health care through partnering with patients, families, physicians, care providers, employers and payers; and by offering safe, integrated, patient-focused, high quality, innovative cost-effective care.

Baptist Values
- Compassionate Care and Service
- Teamwork and Trust
- Innovation and Excellence
- Respect for the Individual and the Value of Diversity
Our Medical Training Facilities

Family Medicine

Primary Teaching Facilities

Baptist Memorial Hospital – Memphis
741 Licensed Beds

Baptist Memorial Hospital – Collierville
81 Licensed Beds

Baptist Memorial Hospital – DeSoto
424 Licensed Beds

Crosstown Building (rendering)
Future home of Church Health

Baptist Memorial Hospital for Women
140 Licensed Beds

Baptist Reynolds Hospice House and Kemmons Wilson Center for Good Grief
24 Licensed Beds
Baptist Memorial Hospital-Collierville

Baptist Memorial Hospital-Collierville opened May 1, 1999. This full-service hospital has premier facilities including large patient rooms with the amenities of home. Medical services at the hospital include a sleep disorders center, outpatient rehabilitation, inpatient and outpatient surgery, a critical care unit, a full-service emergency room, inpatient and outpatient diagnostics, five surgery suites, 58 acute care beds, seven critical care beds and a six-bed critical care step-down unit.

The Baptist Collierville Women’s Center offers women advanced technology in the detection of breast cancer close to home. Certified by the Food and Drug Administration and accredited by the American College of Radiology, the center offers screening and diagnostic mammograms, breast ultrasounds, cyst aspirations, biopsies, wire localizations and bone densitometry testing. Experienced board-certified female radiologists and certified mammography technologists concerned with patient comfort and early detection staff the center. Baptist Collierville also offers the technically advanced life-saving procedure called HeartScore™.

Baptist Memorial Hospital-DeSoto

For a quarter of a century, Baptist DeSoto has given patients across northwest Mississippi a place to find quality, specialized care. Founded in 1988, we continue to be recognized for our quality outcomes. We were designated as a "top performing" hospital in 2011 by U.S. News & World Report and selected as the Hospital of the Year by the Mississippi Nurses’ Association in 2010.

With more than 1950 employees, our colleagues dedicate each day toward raising the standard in clinical excellence. It is our goal to not only treat the medical health conditions of those who entrust us with their care, but also be a trusted health care resource within the communities we serve. Please check out our upcoming events section of the website to see how you can participate in local health fairs and community projects Baptist is sponsoring.

Baptist Memorial Hospital-Memphis

The Baptist Memorial Hospital-Memphis campus includes the flagship hospital of the Baptist Memorial Health Care system. Opened in 1979, the hospital is located adjacent to the I-240 loop. Also located on the Baptist Memphis campus is the 30-bed Restorative Care Hospital. With almost 27,000 discharges, 55,000 emergency department visits and 14,000 surgeries in 2010, Baptist Memphis is one of Tennessee's highest volume hospitals.

The emergency department has 31 treatment suites staffed by 24-hour-a-day emergency physicians for the treatment of adults. It also has a separate, dedicated five-room pediatric treatment area staffed around the clock with in-house pediatric emergency physicians. The pediatric emergency room has relocated to the Spence and Becky Wilson Baptist Children’s Hospital, part of Baptist Memorial Hospital for Women.

The Baptist Heart Institute, located within Baptist Memphis, is dedicated to providing leading-edge cardiovascular research and treatment for heart patients. The Heart Institute, which measures 165,000 square feet, includes areas for cardiovascular procedures, cardiovascular surgical suites, heart catheterization labs, cardiovascular intensive care beds, a cardiac intervention unit, cardiac medicine units, a pre/post cath lab unit, electrophysiology labs, a heart transplant unit and a cardiovascular step-down unit. The Ford-Goltman Clinical Research Center, also located in the Heart Institute, is a specialized unit dedicated to providing care for clinical research patients.

Baptist Memphis also operates the Plaza Diagnostic Pavilion; an outpatient facility that handles approximately 6,000 outpatient visits a month and centralizes many of the hospital's outpatient services.

According to HealthGrades, Baptist Memphis has ranked in the top 10% nationally for cardiac surgery 7 years in a row. The cardiac surgery program was ranked best in Tennessee in 2011. Baptist Memphis is the only hospital in West Tennessee with HealthGrades distinctions in cardiac or neurosciences. The health care ratings organization also ranked Baptist Memphis in the top 5 percent in the nation in these same areas.

12011 best-in-market certifications provided by HealthGrades, Inc., the nation’s leading third-party health care ratings, information and advisory services company whose mission is to help guide America to better health care. Market areas are defined on www.healthgrades.com.

Baptist Memorial Hospital for Women

Baptist Memorial Hospital for Women is the only freestanding women’s hospital in Memphis and one of only a handful of such hospitals in the country. Opened in 2001, Baptist Women’s Hospital offers labor and delivery, gynecological surgery,
a newborn intensive care unit (NICU) and the Comprehensive Breast Center and is a regional referral center for high-risk pregnancies, mammography diagnostics and urogynecology.

Designed to meet the needs of women at every stage of their lives, the 140-bed hospital is located adjacent to the Baptist Memorial Hospital-Memphis campus and has a 24-hour maternity ambulance entrance, 23 labor and delivery suites and 48 mother/baby rooms with a well-baby nursery. With more than 800 physicians and 330 clinical professionals on staff, Baptist Women’s Hospital is well equipped to provide quality health care to women across the Mid-South.

Baptist Women’s Hospital was one of only three hospitals in the nation the American Hospital Association recognized for its quality efforts. The Quest for Quality Prize™ honors organizations that are committed to enhancing quality of care, patient-centeredness, effectiveness, efficiency, timeliness and equity as the basis of a comprehensive, quality-oriented health care system and have made progress toward making this vision a reality that other hospitals can emulate.

**Spence and Becky Wilson Children’s Hospital**

From the need for serious surgery to treatment of a broken bone and outpatient treatment for minor conditions, such as strep throat or ear infections, Located within Baptist Memorial Hospital for Women, the Spence and Becky Wilson Children’s Hospital offers many pediatric services, programs, and amenities which includes:

- **Hardin Pediatric Inpatient Unit**
  With 12 inpatient rooms, this center is designed to help children with medical, developmental and growth needs.

- **P.D.'s Perch**
  An outpatient center at Baptist Women's Hospital that features a friendly environment with a play area for kids.

- **Pediatric Surgery Services**
  Services include preadmission surgery evaluation plus pre-surgery and post-surgery pediatric rooms.

- **Pediatric Eye Center**
  This facility uses the latest technology to treat common eye disorders in children, such as crossed eyes, lazy eye, nearsightedness, and more.

- **Pediatric Emergency Room**
  This 17,000 square-foot emergency room features 10 bays for patient care and a 2,000 square-foot diagnostics area with 24/7 pediatric specialists on duty.

- **P.D.’s Nest Program**
  This pediatric program helps alleviate children's fears about surgery and medical procedures.

- **Certified Child Life Specialists**
  These specialists work with children in the hospital's pediatric inpatient unit and pediatric outpatient center and with surgeries.

- **Family-friendly Movie System**
  Donated by the Matthew Hindman Children's Fund, this system features current films and videos throughout the day and night for Baptist's pediatric patients.

**Baptist Reynolds Hospice House**

The Baptist Reynolds Hospice House is a 24 bed hospice facility offering inpatient care for patients and families who can no longer receive the necessary in-home care. Located on the campus of Baptist Memorial Hospital-Collierville, the Hospice House provides a tranquil, wooded setting and features a home-like environment. Offering a full-continuum of care, our specially-trained staff is available around the clock and is dedicated to improving the quality of life of our residents.
Our Medical Services

Cardiology

Baptist Heart Institute

Baptist is the only health care system in the Mid-South that offers the full spectrum of heart care, from noninvasive cardiology to adult heart transplantation. The Baptist Heart Institute is designed to deliver comprehensive services to its patients in the most convenient way possible. It combines all heart services in one facility to support high-quality care, research, education and data management.

The Baptist Heart Institute includes: a surgery addition, cardiac catheterization labs, a pre- and post-cardiac patient staging area, heart transplant unit, cardiovascular recovery/cardiovascular intensive care unit, two cardiac medicine units and a cardiac intervention unit. The facility also includes a waiting area for patients’ families and houses the Ford-Goltman Clinical Research Center, an inpatient facility that allows researchers to conduct several types of clinical research trials.

Through the Heart Institute, doctors, staff and patients have an increased awareness of and access to new treatments. In addition, doctors focus on research and new treatment options, which affect both the quality and length of life.

HealthGrades Recognition for Excellent Heart Care

HealthGrades has rated the Baptist Heart Institute as Tennessee's top-rated heart surgery program and in the nation's top 10 percent.*

HealthGrades compiles patient outcomes data from more than 70 independent sources, including the Centers for Medicare and Medicaid Services and state hospital and medical board records. HealthGrades risk-adjusts the data using advanced statistical techniques to make valid comparisons between providers; translates the data into easily understandable, objective ratings; and uses this information to assess and improve the quality of health care.

*Chest Pain Accreditation

Baptist DeSoto received its Chest Pain Center Accreditation from the Society of Chest Pain Centers (SCPC), an international not-for-profit organization that focuses on transforming cardiovascular care by bringing together quality, cost and patient satisfaction.

Hospitals that have received SCPC accreditation have achieved a higher level of expertise in dealing with patients who arrive with symptoms of a heart attack. Criteria include standardized diagnostic and treatment programs that provide more efficient and effective evaluation as well as more appropriate and rapid treatment of patients with chest pain and other heart attack symptoms.

To become an Accredited Chest Pain Center, Baptist DeSoto engaged in rigorous evaluation by SCPC for its ability to assess, diagnose, and treat patients who may be experiencing a heart attack. To the community served by Baptist DeSoto, this means that processes are in place that meet strict criteria aimed at:

Reducing the time from onset of symptoms to diagnosis and treatment

Treating patients more quickly during the critical window of time when the integrity of the heart muscle can be preserved

Monitoring patients when it is not certain that they are having a heart attack to ensure that they are not sent home too quickly or needlessly admitted to the hospital
Baptist DeSoto’s advanced health care encompasses the entire continuum of care for the heart patient and includes such focal points as dispatch, Emergency Medical System, emergency department, cath lab, Baptist DeSoto’s quality assurance plan, and its Strong HEARTS community outreach program. By becoming an Accredited Chest Pain Center, Baptist DeSoto has enhanced the quality of care for the cardiac patient and has demonstrated its commitment to higher standards.

**Hospice**

**Baptist Reynolds Hospice House and Kemmons Wilson Family Center for Good Grief**

Our House is Your House

**Hosptice House**

When a life-limiting illness is no longer manageable at home, the Baptist Reynolds Hospice House can provide much-needed comfort and support to patients and their loved ones. The Hospice House is located on the campus of Baptist Memorial Hospital-Collierville. The residence is located in a tranquil, wooded setting and features a home-like environment with 24 private rooms. Offering a full-continuum of care, our specially-trained staff is available around the clock and is dedicated to improving the quality of life of our residents.

Services include:

- A home-like environment featuring spacious, private patient rooms which open to individual outdoor patios
- Patient spa
- Home-cooked meals, prepared on-site
- Large living room areas with three fireplaces
- Children's play room
- Interfaith chapel
- Internet Café and wireless Internet throughout the House
- Beautiful outdoor gardens
- Pet and music therapy

**Coping with Loss and Grief**

**Grief Center**

As the first comprehensive bereavement center for children, adolescents and adults in the region, the Kemmons Wilson Family Center for Good Grief provides support for individuals who are grieving the death of a loved one and allows them to share their experience with others as they move through the healing process—all in a therapeutic environment. Our professional, caring staff is dedicated to providing comprehensive bereavement services to children, teenagers and adults.

**Library & Educational Services**

**Baptist College of Health Sciences**

Baptist Memorial College of Health Sciences is accredited by the Southern Association of Colleges and Schools Commission on Colleges to award the Bachelor of Science in nursing, the Bachelor of Health Sciences, and the Associate of Science in Pre-Health Studies. Educational programs are accredited by the appropriate professional organizations listed below. Additional information on the current accreditation status for diagnostic medical sonography, medical radiography, nuclear medicine technology, radiation therapy, and respiratory care is available on the respective program’s web pages.
Library

The Library at is an important part of the Center for Academic Excellence at the Baptist College of Health Sciences (Baptist College). Located on the first floor of the main campus of the college in Memphis, the Library provides services and resources to support the information and education needs of the faculty and students of the Baptist College. Whichever subject you are studying, we have the resources you need to research and complete assignments for your courses.

**Quick Links:** for access to a variety of online resources/databases to help with research assignments. Many of these contain full text articles in addition to references to articles.

<table>
<thead>
<tr>
<th>Library Catalog</th>
<th>Cochrane Library (EBSCO)</th>
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<tbody>
<tr>
<td>EBSCO Databases</td>
<td>Pubmed</td>
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<td>A To Z (Locates Full text)</td>
<td>Encyclopedia Britannia</td>
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**Science Direct**

**Health Statistics on the Web:**

(A Selected List of Health Data Tools and Statistics)

Health Statistics Portals/Gateways

- [Partners in Information Access for the Public Health Workforce](http://phPartners.org)

Health Data Tools and Statistics

- [National Center for Health Statistics](http://NCHS) FastStats

National Data Sets and Statistics

CDC Data and Statistics:

- [BRFSS - Behavioral Risk Factor Surveillance System](http://BRFSS)
- [CDC WONDER](http://CDC WONDER) - Wide-ranging Online Data for Epidemiologic Research
- [NHANES - National Health and Nutrition Examination Survey](http://NHANES)
- [WISQARS](http://WISQARS) – Web-based Injury Statistics Query and Reporting System
- [SAMHSA - Substance Abuse & Mental Health Services Administration](http://SAMHSA)
- [Centers for Medicare and Medicaid Services](http://CMS) (CMS)

State and Local Data Sets and Statistics:

- [State Health Facts Online](http://State Health Facts Online) (Kaiser Family Foundation)
- [CDC SNAPS](http://CDC SNAPS) – Snap Shots of State Population Data

CHSI – Community Health Status Indicators

- [America’s Health Rankings](http://America’s Health Rankings) (United Health Foundation)
- [County Health Rankings](http://County Health Rankings) (Robert Wood Johnson Foundation)

International Statistics:

- [World Health Organization](http://World Health Organization) – Statistical Information System (WHOSIS)
- [Global Health Facts.org](http://Global Health Facts.org)
- [Pan American Health Organization](http://Pan American Health Organization) (PAHO)

Other (General):

- [U.S Census Bureau](http://U.S Census Bureau)
- [FedStats](http://FedStats)
Baptist Memphis Education Center

The Baptist Memphis Education Center and Dr. H. Edward Garrett, Sr. Auditorium offers colleagues, physicians, and the community more than 20,000 square feet of conference and classroom space ideally suited to health care education and professional development as well as community gatherings like church and civic events and receptions.

Conveniently located on the Baptist Memphis campus, the facility allows Baptist to host large events while offering first-rate accommodations. An entire Health Education Wing is devoted to classroom space, and five dedicated conference rooms can hold around 25 people each.

Available for community events, continuing medical education seminars, lectures, and Baptist events, the Baptist Memphis Education Center is one of the foremost conference facilities in our region.

Dr. H. Edward Garrett, Sr. Auditorium

The facility’s centerpiece is the Garrett Auditorium, named in honor of Dr. H. Edward Garrett, Sr., who performed the world’s first successful coronary artery bypass graft in 1964. Dr. Garrett’s name represents true pioneering in the field of health care, as well as Baptist’s ongoing commitment to innovation.

The 250-seat auditorium is equipped with advanced audio/visual capabilities to enable all forms of presentation media, teaching approaches, and communication avenues.

Maury W. Bronstein Health Sciences Library (BMH Memphis)

The Bronstein Library at Baptist Memphis provides resources and services to support the information and education needs of physicians, nurses and professional staff within Baptist Memorial Health Care.

The Bronstein Library has:

- More than 40 medical and nursing journals
- More than 1,000 medical and nursing textbooks and monographs
- Access to several online databases, including PubMed and UpToDate
- Several computer terminals with Internet access

Books

The library's book collection consists of reference books that may be used in the library and other medical or nursing books that may be checked out for up to two weeks. The online catalog contains information on all the books in the Baptist College of Health Sciences Library. The catalog (WebOPAC) is available on the Internet at [http://www.bchs.edu/content/library](http://www.bchs.edu/content/library).

Journals

The Bronstein Library subscribes to more than 60 medical and nursing journals, which are arranged on the shelves in alphabetical order. The Journal Holdings List is an alphabetical compilation of the journals in our library and is available upon request. In addition, the text of many of our journals can be accessed online.

Interlibrary Loans

Our interlibrary loan service provides articles from journals not available in the Bronstein Library collection. To obtain books or articles, please contact the library at 901-226-5569.

Online Databases

Medline is available on PubMed at [http://www.ncbi.nlm.nih.gov/PubMed](http://www.ncbi.nlm.nih.gov/PubMed) as a service with library staff available to run searches for you. Requests may be sent by phone, fax, email, or in person. Individual or small group PubMed instructional sessions are available and should be scheduled ahead of time by calling 901-226-5569.
UpToDate is an evidence-based clinical decision support database where medical professionals can get trusted clinical answers – guidelines, patient handouts, drug information – at the point of care when you need it most.

**Ann L. and Joseph H. Powell Library (BMH-Memphis)**

The Ann L. and Joseph H. Powell Library is a unique Consumer Library dedicated to educating our patients, families, and the public on a variety of health-related topics. This library contains books, periodicals, DVDs, anatomical models, and other educational materials, most of which are available for check-out. Established in March 2005 at Baptist Memorial Hospital-Memphis through a generous gift by form BMHCC President Joseph Powell and his wife, the 2,000-square-foot consumer library also features a meeting room complete with video teleconferencing.

**Neurology**

**Neurodiagnostics Laboratory**

The Neurodiagnostics Laboratory at Baptist Memorial Hospital-Memphis is internationally recognized for providing high-quality neurophysiologic testing for patients. Technology available at Baptist Memphis allows for the diagnosis and treatment of central nervous system disorders, such as head and spinal cord injuries, epilepsy, strokes, tumors, aneurysms and multiple sclerosis.

**Neurodiagnostic Tests**

Registered electroneurodiagnostic technologists perform all neurodiagnostic tests.

- Electroencephalogram (EEG)
- Visual Evoked Potential (VEP)
- Somatosensory Evoked Potential (SSEP)
- Electromyogram and Nerve Conduction Study (EMG/NCS)
- Intraoperative Monitoring (IOM)
- Treating Strokes

Baptist Memphis has the technology and the expertise to diagnose and treat strokes of all kinds: ischemic, hemorrhagic, and transient ischemic attacks. We also offer a full continuum of care, including rehabilitation services and support groups, for stroke victims.

Baptist Memphis has a 10-bed neuro ICU and a 40-bed neuro floor. There is a 40-bed intermediate level ICU step-down floor. Patients may be admitted to the neuro ICU as a direct admission, emergency admission, transfer from another critical care area, or from any nursing unit/department.

We offer advanced neuro diagnostic technology, including:

- Advanced Magnetic Resonance Imaging (MRI) and Magnetic Resonance Angiography (MRA)
- Magnetic Resonance Perfusion (MR Perfusion)
- Advanced Computerized Tomography (CT) technology and Computerized Tomography Angiography (CTA)
- Computerized Tomography Perfusion (CT Perfusion)
- Advanced Positron Emission Tomography technology
- Advanced Neuro Interventional Radiology for minimally invasive procedures.

Baptist Memphis has a multidisciplinary team of five neurologists, five neurointerventionalists, and more than a dozen neurosurgeons. The neuro ICU has critical care intensivists who are available in the ICU 24 hours a day.

**Teleneurology**

Baptist is working to keep distance from being something that prevents quality medical care. With a stroke or other neurological disorders, having immediate feedback can greatly improve medical care. Teleneurology brings patients together with experts who may be miles away.
Leading-edge Cancer Care Closer to Home

Baptist Memorial Health Care created the Baptist Cancer Center (BCC), a comprehensive cancer program so strong that people throughout the Mid-South will be aware of and reassured by the competence and excellence of the program. The BCC is committed to providing Mid-South physicians, cancer patients and their families with the assurance and confidence that excellent, compassionate, advanced care is nearby.

Baptist Comprehensive Breast Center

At Baptist Memorial Hospital for Women, we don't want any woman to experience breast cancer alone. That's why we developed the Baptist Comprehensive Breast Center, a place where women can come for medical expertise, support and answers to their questions. The Baptist Comprehensive Breast Center, created in January 2003, gives women access to local breast cancer experts, breast health services and resources under "one roof."

This Comprehensive Breast Center, the first of its kind in Memphis, allows Baptist experts to coordinate a patient's care from one central location, making it easier for patients to navigate the breast cancer process. Most patients are introduced to the Comprehensive Breast Center at the time of their diagnosis, through the Baptist Women's Health Center or at the recommendation of their physician, who is a member of the Comprehensive Breast Center network.

Continuum of Services for Cancer Care

The Baptist Cancer Center provides the complete continuum of care for cancer patients—from diagnosis and treatment to follow-up care. The BCC team takes an interdisciplinary approach to patient care—making sure every patient need is met, from emotional support to pain management.

Through the BCC, Baptist Memphis offers treatment, research, support services, community education, and the area’s first genetic counseling and testing program for cancer. In addition, the hospital has the Mid-South's first adult myelosuppression unit, which provides specialized care for patients who have received chemotherapy that interferes with blood cell production or stops bone marrow activity.

Baptist Memphis Accomplishments & Firsts

Setting new standards for the detection and treatment of cancer in the Mid-South, Baptist has accomplished many firsts including:

- In 2011, BCC-Memphis became one of the first hospitals in the area to offer Cyberknife treatment.
- In 2007, BCC-Memphis became the first in the MidSouth to deliver Image Guidance Radiation Therapy (IGRT).
- In 2007, BCC-Memphis became the first in the MidSouth to use Real-time Position Management™ (RPM) system - for gating perfectly timed beam delivery with minimal margins.
- In 2007, BCC-Memphis became the first in the MidSouth to deliver linear accelerator based Stereotactic Radiosurgery/Stereotactic Radiotherapy (SRS/SRT) in the treatment of cancer.
- First freestanding radiation therapy center at the Radiation Oncology Center at BCC-Memphis.
- First to provide prostate brachytherapy.
- First in Memphis to perform prostate brachytherapy, a nonsurgical way to treat prostate cancer.
- First in Memphis to use intensity modulated radiation therapy, new radiation treatment for cancer care in adults.
- In 2002, the Baptist Cancer Center at Baptist Memphis began preparation to conduct the first allogeneic stem cell transplant program in the Mid-South—a procedure in which an unrelated donor's stem cells are transplanted into cancer patients to help them recover from high-dose chemotherapy.
- In December 2002, Baptist Memphis was the first in the Memphis area to provide a cancer navigator to help guide cancer patients and their families through the cancer process.
- In November 2002, the Radiation Oncology Center at BCC-Memphis was the first in the Memphis area to provide intensity modulated radiation therapy (IMRT) for the treatment of certain cancers in adults.
- The Baptist Women's Health Center was among the first seven centers in the nation to have a full-field digital mammography machine.
Baptist offers the only mobile mammography units in Shelby County.
Baptist introduced the first retail-based mammography center in Memphis in 2000.
In 1994, Baptist established the first and only myelosuppression unit in Memphis—a specialized oncology unit for high-risk patients with compromised immune systems.
The first adult autologous stem cell transplant in Memphis was performed at Baptist Memorial Hospital in 1989.

**Orthopedics**

Baptist Memphis is proud to be the first hospital in the Memphis area to perform a total joint replacement using ceramic-on-ceramic prosthesis, which helps prevent the breakdown of bones, such as the hip bone, associated with the traditional metal material used in hip replacements. In addition to a full range of inpatient orthopedic services, Baptist Memphis also offers a wealth of outpatient services at our Outpatient Rehabilitation Clinic.

**Orthopedic Inpatient Unit**

Baptist Memphis’ inpatient unit comprises 40 private rooms. Our team of clinical and nonclinical staff helps patients get the care they need so they may progress to either a rehabilitation facility or return home.

**Orthopedic Rehabilitation Clinic**

Baptist Memorial Hospital-Memphis offers physical and occupational therapy services, speech and language pathology services and a number of individualized treatment programs for both pediatrics and adults at its Outpatient Rehabilitation Clinic. Among the advanced services offered at the clinic is serial casing, which restores some movement in patients with muscular dystrophy and other conditions. Baptist Memphis is the only hospital in the Memphis area that offers this service.

**Outpatient**

**Plaza Diagnostics Pavilion**

Baptist Memorial Hospital-Memphis offers extensive outpatient services for adults and pediatrics, ranging from basic diagnostic services and rehabilitation to advanced procedures, such as stem cell transplants.

**Services**

- Audiology
- Interventional radiology
- Endovascular laser therapy (ELVT)
- Uterine fibroid embolization (UFE)
- Laboratory (draw station only)
- Neurosciences
- EEG
- EKG
- EMG
- Non-invasive cardiology
- Pulmonary physiology
- Radiology
- CT
- Coronary calcium scoring (HeartScore)
- Diagnostic radiology
- MRI
- Nuclear medicine
- Nuclear cardiology
- Position emission tomography (PET)
- Ultrasound
Sleep Disorders Center

Originally opened in the fall of 1977, the Baptist Collierville Sleep Disorders Center has evaluated more than 32,000 patients since its inception. The Baptist Sleep Disorders Center at Baptist Memorial Hospital-Collierville is a facility providing clinical diagnostic services and treatments to patients who have symptoms or features that suggest the presence of a sleep disorder. The center consists of eight individual sleep rooms with adjacent bathrooms. The center is staffed by highly trained and experienced polysomnography technicians. The center was one of the first to be accredited in the United States.

Pediatrics

Spence and Becky Wilson Baptist Children's Hospital

The Spence and Becky Wilson Baptist Children's Hospital, part of Baptist Memorial Hospital for Women, is the home of our children's hospital services. The hospital features inpatient care offered in the Hardin Pediatric Center, PD’s Perch outpatient center, specialty surgeries and a leading edge pediatric emergency room.

Hardin Pediatric Center

The Hardin Pediatric Center is designed for patients who require hospitalization. Special features include:

- Spacious, elegant, family-friendly rooms
- A DVD system in every room with movies available for all ages
- Pediatric physicians and nurses who communicate regularly with your pediatrician
- Pediatric hospitalists who provide 24/7/365 coverage

PD’s Perch

PD’s Perch is an outpatient testing and surgical preparation center. The Perch has a private waiting and play area with trained nurses who can prepare your child for any of the following procedures:

- Full service lab
- Foley catheters
- IV fluids
- Blook administration
- Antibiotic infusions
- Diagnostic X-rays
- CTs and MRI testing with and without anesthesia
- Ultrasounds
- EKG
- Fluoroscopy

Surgical Services

The Spence and Becky Wilson Children’s Hospital offers many pediatric surgical services including:

- Ear, nose, and throat
- Orthopedic
- Plastic surgery
- Gynecological
- Ophthalmology
- General Surgery
- NICU surgeries
- Adolescent weight loss
- GI procedures
Pediatric ER

The hospital opened its 17,000 square-foot emergency room, which features 10 bays for patient care, and a 2,000 square-foot diagnostics area on January 28, 2015. The emergency department is staffed 24/7 with pediatric emergency medicine physicians, pediatric hospitalists and an array of other pediatric specialists, including the Baptist system’s first pediatric general surgeon and a pediatric anesthesiologist.

The Pediatric Emergency Department offers:

- Providers who have advanced training in emergency medicine for children
- Around-the-clock access to the staff and facilities at the Children’s Hospital including pediatric physician specialists, operating rooms, on-site MRI and CT
- On-site child life specialists to help children cope with their visit
- A child and family-friendly facility with child-sized equipment
- Sedation and anesthesia as needed to help children stay comfortable during potentially stressful procedures

Rehabilitation

Baptist Rehabilitation-Germantown

Baptist Rehab-Germantown began serving the Mid-South community in 1964. Our goal is to help children and adults disabled by injury or illness to achieve a renewed sense of independence and dignity. For these patients, independence does not come easily; it comes only through hard work, determination, therapies and a team effort.

Our expert team members are highly trained in their respective clinical areas and work as an interdisciplinary team to determine realistic goals and create a specialized program to meet the needs of each patient. Providing each patient with the best possible care and service is our No. 1 goal.

CARF Accreditation

In 2010, the Commission on Accreditation of Rehabilitation Facilities (CARF) accredited nine Baptist Rehabilitation Germantown Programs for the maximum of three years. CARF offers the highest accreditation a rehabilitation hospital can achieve.

- Rehabilitation Programs
- Stroke Program
- Brain Injury Program
- Spinal Cord Injury Program
- Amputation Program
- Inpatient Services
- Outpatient Services
- Pediatric Rehabilitation
- Next Step Day Treatment Program
- Radiology/Diagnostics
- Inpatient Rehabilitation

Inpatient rehabilitation therapies at Baptist Memphis serve the hospital’s acute care patients on a daily basis. Through a multidisciplinary approach, the inpatient rehab team strives to provide the best treatment for all patients to improve their functional status.

Other Specialty Services

- Personalized treatment plans
- Wound care
- Individualized splint fabrication
- Videofluoroscopy evaluations, an advanced way for physicians to analyze the spine and extremities
Amputation Program

The amputation program at Baptist Memorial Rehabilitation is offered by a comprehensive, multidisciplinary team of professionals with specialty training, experience and credentials for management of amputation and related conditions. The amputee injury team strives to provide effective and evidence-based care and outcomes related to the specific needs of the amputee population. Baptist provides a continuum of acute care, post-acute care, home care and outpatient services.

Traumatic and Non-traumatic Brain Injury Rehabilitation

Physical, occupational and speech therapists coordinate to provide targeted services addressing the varying needs of the brain injury population. Services range from physical dysfunction to cognitive and behavioral issues to prevocational needs. Our therapists have specialized skills and training designed to help them recognize the special needs of brain-injured individuals and provide consistent and structured rehabilitation. Our goal is for patients to achieve maximum independence. Consultative resources are available for psychological, vocational and driving assessment and services.

Stroke and Neurologic Rehabilitation

Our highly trained and experienced team of physical and occupational therapists and speech-language pathologists provides a multidisciplinary approach to outpatient neurologic rehabilitation services, emphasizing functional activities, as well as use and recovery of affected areas. In fact, many of our physical and occupational therapy staff have advanced certification in neurodevelopment techniques, which focus on functional recovery and normalized movement patterns. Understanding the special issues and lifestyle changes associated with disability, our therapists provide clinical and support services in a coordinated, caring and friendly manner. Patient and family education and participation, as well as linking patients and families to important community resources, is a vital part of our program.

Program components include:

- Functional mobility training
- Activities of daily living training
- Functional tone management training program for upper extremity recovery
- VitalStim therapy for dysphasia (swallowing disorders)
- Modified barium swallow studies
- Language and communication therapy
- Memory and cognitive retraining

Other Specialty Services

Occupational Therapy

The purpose of occupational therapy is to assist a person in restoring function lost because of disease process or injury. Occupational therapy uses functional activities help patients relearn activities of daily living skills, including:

- Self-feeding
- Dressing
- Grooming
- Using the restroom
- Meal preparation
- Household chores
- Work
- Leisure

Services

- Arm and hand exercises
- Fine motor coordination
- Sensory education
- Functional activities of daily living training
- Joint protection
- Energy conservation
- Work modification
- Visual perceptual re-education
- Hand therapy
- Customized splinting services

Physical Therapy

The purpose of physical therapy is to restore a person’s level of function by applying scientific principles to prevent, identify, alleviate or compensate for dysfunctions or injuries.

Specialized Treatments
• Therapeutic strengthening exercises
• Gait training
• Muscle re-education
• Balance/vestibular rehabilitation
• Fall prevention
• Joint and soft tissue mobilization
• Range of motion
• Coordination activities
• Endurance training
• Flexibility training
• Sports related injuries
• Orthopedic rehabilitation
• Spinal and soft tissue mobilization

Speech-Language Pathology

Speech-language pathology specializes in providing comprehensive evaluation and treatment for speech, language, voice, cognitive and swallowing disorders that result from a variety of conditions, including:

• Strokes
• Head and neck cancer
• Vocal cord disorders
• Degenerative disorders
• Parkinson’s disease
• Dementia
• Dysfluency
• Stuttering
• Laryngectomy
• Nerve damage to muscles associated with speech or swallowing

Baptist Memory Care Center Services

The first of its kind in Memphis, our Memory Care Center is designed to connect individuals who may be suffering from Alzheimer’s, dementia and other memory related issues, and their caregivers with free screenings and other community resources. At the Baptist Memory Care Center our licensed clinical social worker provides free memory screenings by appointment and no referral is needed. We share results of a memory screening with caregivers and primary care physicians, as appropriate, to keep their whole care team informed and up to date.

Support Services

Our Memory Care Center staff provides support for our guests and their caregivers as they go through emotional and everyday life changes. Our support services include caregiving classes, community outreach services, support groups, and advanced care planning in addition to other services. Our team will assist in identifying available resources such as home care, respite care, day care, driving safety, specialty physician’s services, educational literature, community events, spiritual and emotional guidance and direction, acute care needs, and long-term care facilities.

Surgery

Ambulatory Centre / Surgery Services

Located within the Baptist Heart Institute on the Baptist Memphis campus, the Baptist Ambulatory Centre is the entry point for all elective inpatient and one-day surgeries, heart catheterizations and gastrointestinal procedures, and pre-surgery labs.

The center offers a full range of services, including:

• Bronchoscopy
• Electrophysiology studies (EPS)
• Gastrointestinal lab procedures
• Heart biopsies
• Heart catheterizations
• Invasive radiology procedures (myelograms, biopsies)
• Lithotripsy
• Preadmission labs/tests
• Tilt Table Test (TTT)
• Transesophageal echocardiogram (TEE)

da Vinci Surgical System

Baptist Memorial Hospital-Memphis acquired a da Vinci. No, the hospital has not purchased a painting. Rather, in the summer of 2003, Baptist Memphis became the first hospital in the Mid-South to own a new robotic surgery device called the da Vinci®.
The da Vinci Surgical System is powered by leading-edge robotic technology. It allows surgeons to perform major surgeries by making only small incisions. With the device, surgeons make four small incisions, inserting the robotic arms into the incisions to perform surgeries. The magnified, 3-D view the surgeon experiences enables him or her to perform precise surgery in complex procedures through small surgical incisions.

**da Vinci Surgery at Baptist Memphis**

At Baptist Memphis, the da Vinci can be used for prostate, open-heart, gynecologic, urologic and other surgical procedures. The system is the first totally “intuitive” laparoscopic surgical robot in existence.

To give perspective on the capabilities of the da Vinci, the camera’s magnification of the surgical area is such that a suture, which is about the size of a piece of thread, appears the size of a rope. The camera allows surgeons to see more than they could if they were to do more invasive surgery.

Using the da Vinci Surgical System, the surgeon operates while seated comfortably at a console viewing a 3-D image of the surgical field. The surgeon’s fingers grasp the master controls below the display with hands and wrists naturally positioned relative to his or her eyes. The robot technology seamlessly translates the surgeon’s hand, wrist and finger movements into precise, real-time movements of our surgical instruments inside the patient.

Baptist Memphis surgeons have been specially trained to use the da Vinci technology, and have met all the clinical and experience criteria to perform a robotic prostatectomy.

**Patient Benefits**

Because surgeons make only small incisions, patients benefit in a number of ways, including:

- Reduced pain and discomfort after surgery
- Reduced blood loss
- Reduced surgical incisions
- Faster recovery and return to normal daily activities
- Reduced cost
- Reduced hospital stay

**Women’s Health**

**Labor and Delivery**

Baptist Memorial Hospital for Women has a 24-hour maternity ambulance entrance, 23 labor and delivery suites, 48 mother/baby rooms with a well-baby nursery. We designed the Labor and Delivery unit to be both high-tech and high-touch. These beautiful rooms are designed for comfort and convenience, offering TV/VCRs, CD players and showers. Each room has oversized couches so family members can stay with their loved ones in comfort.

**Assessment**

The Obstetrical Assessment area is where women are evaluated when brought to Baptist Memorial Hospital for Women in labor or with pregnancy-related complications. Nine semiprivate beds in this area allow patients privacy and comfort while physicians and nurses are tending to their needs.
Women's Health Center

The Baptist Women's Health Center is a full-service mammography and osteoporosis testing center dedicated to women’s health. Everything from screening mammograms to diagnostic mammograms are offered, as well as lymphedema treatment, education on breast health, and a breast cancer support group.

The center was among the first seven facilities in the nation to have a full-field digital mammography machine, and continues to lead the way in innovative care by offering:

- The region's first Breast Risk Management Center, including genetics counseling, for patients who may be at high risk for developing breast cancer.
- The only MRI-guided breast biopsies.
- The only mobile mammography units in Shelby County (including digital mammography).
- Second Look®, a computer-aided detection system that assists radiologists in early breast cancer detection without lengthening a patient's exam or office visit.
- Radiologists dedicated to mammography and breast imaging.
- Same-day results and consultation with doctors for diagnostic mammograms.
- Breast health specialists specializing in breast health who coordinate any necessary care and provide support to the patient.

All of this has contributed to the Women's Health Center being nationally recognized as an ACR-accredited center of excellence in mammograms, stereo biopsy, and breast ultrasound — the only center of excellence in East Memphis. Plus, our high-quality of care has been recognized by the National Accreditation Program for Breast Centers and the American College of Radiology, placing our facility in the top five percent of the nation for clinical excellence.

Osteoporosis

About 28 million Americans have osteoporosis. Nearly 80 percent of these are women. About one out of two women 50 and older will have an osteoporosis-related fracture in their lifetime. The most typical sites of fractures related to osteoporosis are the hip, spine, wrist and ribs, although the disease can affect any bone in the body.

The only accurate way to diagnose osteoporosis is through a screening test called bone densitometry, which can also predict your chances of having a bone fracture in the future, determine your rate of bone loss, and monitor the effects of treatment.
Other Services

Hospital Services

Audiology
Blood Bank/Donor Center
Blood collection and processing
Cardiac brachytherapy
Cardiac Intensive Care
Coronary calcium scoring (HeartScore)
CT scan
Echo services
Electrocardiography
Electromyography
General surgical services
Heart transplant services
Heart catheterization
High dose rate brachytherapy
Intensity modulated radiation therapy (IMRT)
Intravascular brachytherapy
Laser surgery
Lithotripsy
Low dose rate brachytherapy
Medical and surgical acute care
Medical and surgical intensive care
MRI
Neurological intensive care
Neurological services
Non-invasive vascular studies
Nuclear medicine
Oncology services
One-day surgery
Open heart surgery
Plaza Diagnostic Pavilion, outpatient diagnostic testing for adults
Outpatient rehabilitation services (physical, occupational and speech-language therapies)
PET scanning
Prostate implant brachytherapy
Pulmonary lab services
Radiation therapy
Radiology services
Inpatient rehabilitation services for inpatients (physical, occupational, speech-language and recreational therapy)
Renal dialysis services
Respiratory therapy
Stem cell transplant unit (autologous and allogeneic transplants)
Ultrasound

Emergency Services

All emergency services available except trauma
Pediatric emergency department with 24-hour, in-house pediatrician coverage
Fast track area for non-emergency care

Miscellaneous Services

Cancer/Tumor Registry
Cardiac rehab
Heart Registry
Knee/hip replacement classes
Interpretation services for hearing impaired and non-English speaking patients
Physician referral service
Wellness program
Letter of Commitment

December 13, 2013

Accreditation Council for Graduate Medical Education
515 North State Street, Suite 2000
Chicago, Illinois 60654

To Whom It May Concern:

In the spirit of excellence in patient care, it is our pleasure to write this letter in support of our proposed Graduate Medical Education programs at Baptist Memorial Hospital – Memphis (BMH-M). The Accreditation Council for Graduate Medical Education (ACGME) has awarded this facility institutional accreditation which is evidence of our cooperative spirit and the dedication to quality that defines Baptist. We fully realize the ongoing administrative and fiduciary responsibilities associated with the current Radiology program based at BMH-M and are pleased to expand this level of commitment with the addition of a Family Medicine program. We welcome the opportunity to serve the people of our community by the training of new physicians who will help to fill the ongoing need for Family Physicians in our region. The purpose of this letter is to outline the commitment and support of Graduate Medical Education (GME) and the administration of Baptist Memorial Hospital – Memphis.

Commitment

Baptist Memorial Hospital - Memphis firmly believes that medical education improves the quality of medical care provided by physicians, nurses and other health professionals within our facilities and in the community. To this end, we are committed to providing the necessary educational, financial, and organizational resources for graduate medical education. This support includes the necessary human resources, supplies, space, technology, and communications to impart professionalism, ethics, and personal development for the high quality training of resident physicians. Once their training is complete, these doctors will help address the widespread need for well-trained physicians regionally and throughout the nation.

Financial Support

BMH-M understands that graduate medical education programs cannot be expected to be financially self-supporting. Thus, the Baptist facilities that sponsor GME programs make substantial financial and human resources commitments to our programs’ operation and evolving needs. This commitment is determined in a simple, straightforward manner. An expense budget for each facility is developed annually based on the number of resident FTEs projected for that facility. Reimbursement received from patient care and CMS is distributed based on this same FTE model. Each facility currently sponsoring GME programs is committed to this endeavor and fully intends to continue their support.

Graduate Medical Education Committee (GMEC)

Graduate Medical Education Committee is well established at Baptist Memorial Hospital – Memphis. This committee is comprised of residents, medical staff and administrative representatives from all Baptist facilities involved in Graduate Medical Education. Additional representatives from our affiliated institutions
also serve on the Baptist GMEC. The GMEC reports to BMHC Medical Executive Committee (MEC). Ultimate oversight for GME is provided by the Baptist Board of Directors.

The BMHC GMEC meets every other month and is responsible for the oversight of graduate medical education at all Baptist facilities. This committee provides oversight for all annual program reviews, special reviews, and GME policy administration. The committee is led by the Designated Institutional Official (DIO)/ Chief Academic Officer (CAO) for Baptist Memorial Health Care who reports to the Chief Medical officer for Baptist Memorial Health Care. The DIO reports bimonthly to the Medical Executive Committee (MEC) to communicate issues of patient safety, quality, educational, and supervisory needs of the education programs. This information is communicated in turn to the Board of Directors as a part of the report of the MEC.

**Designated Institutional Official (DIO)**

Baptist Memorial Health Care has appointed the Chief Academic Officer to serve as the Designated Institutional Official (DIO). Each Program Director designated by the DIO, has the authority and responsibility for the oversight and administration of his or her training program and is responsible for assuring the compliance with ACGME requirements.

The DIO’s responsibilities include the following:

1. Provide oversight and guidance to Program Directors for all submissions to the Accreditation Council for Graduate Medical Education (ACGME)
2. Provide oversight and administration of the Sponsoring Institution’s ACGME-accredited programs and ensure compliance with the ACGME Institutional, Common, and Specialty/Subspecialty-specific Program Requirements.
3. Review and approve this letter at least every five (5) years
4. Provide an annual written report on the current GME programs to the Baptist Board of Directors
5. Appoint qualified and attentive Program Directors for each residency program sponsored by Baptist Memorial Health Care
6. Work with the Program Directors to help maintain sound training programs for the residents and medical community
7. Provide guidance to the MEC for all GME related issues
8. Maintain the affiliate relationships with the University of Tennessee Health Science Center and Vanderbilt University Medical Center
9. Support the undergraduate and graduate medical curriculums in this community
10. Prepare an annual residency budget and manage its implementation
11. Provide an annual report to the governing body of Baptist Memorial Health Care

The Program Director’s responsibilities include the following:

1. Be independently responsible for the operation and oversight of the program
2. Prepare and submit all information required or requested by the ACGME
3. Administer and maintain an educational environment conducive to educating the residents in each of the ACGME competency areas
4. Implement and ensure compliance with all institutional policies and procedures including those concerning duty hours, working environment, and moonlighting
5. Supervise the structure, curriculum, and operation of the residency to meet the needs of the residents and to maintain accreditation by the ACGME
6. Recruit and coordinate the selection of residents
7. Recruit faculty, coordinate their responsibilities, and maintain a system for development, evaluation, and feedback to achieve optimal faculty and resident performance
8. Recruit and evaluate members of the medical staff to serve as preceptors and supervisors
9. Evaluate the performance of residents and provide feedback on their performance
10. Maintain systems for obtaining and utilizing residents’ feedback, and provide them systems for professional and personal support

Continuing Medical Education
With the support of hospital resources, the Chief Academic Officer also provides oversight in cooperation with Baptist Clinical Education and Organizational Development (CEOD) to coordinate a comprehensive schedule of conferences throughout the year. These conferences meet the ongoing Continuing Physician Professional Development (CPPD) needs of residents and area physicians.

Other Affiliations
Because of this recognized long commitment to excellence in medical education, Baptist Memorial Hospital – Jonesboro serves as a Regional Medical Education Center with dual affiliations with Arkansas State University and the Vanderbilt University Medical Center. This letter is reviewed and updated at least every five (5) years. In this role, GME coordinates the policies, rotations, and communications for learners and encompasses undergraduate, graduate, post-graduate levels and fellows. This ensures the quality and safety of the educational programs provided by the various Baptist facilities and overseen by the governing authorities of Baptist Memorial Health Care.

Derick Zeigler
President and CEO
Baptist Memorial Hospital - Memphis

Christian C. Patrick, MD, PhD
Chief Medical & Academic Officer
Baptist Memorial Hospital - Memphis

Cyndi Pittman
Chief Financial Officer
Baptist Memorial Hospital - Memphis

Anne Sullivan, MD
Chief Academic Officer and DIO
Baptist Memorial Health Care
Our History

Dr. Scott Morris, a family practice physician and ordained United Methodist minister, founded the Church Health Center in 1987 to provide quality, affordable healthcare for working, uninsured people and their families. Thanks to a broad base of financial support from the faith community, and the volunteer help of doctors, nurses, dentists and others, the Church Health Center Clinic has grown to become the largest faith-based healthcare organization of its type in the country. Currently, we care for more than 58,000 patients of record without relying on government funding. Fees are charged on a sliding scale based on income. The average visit costs about $25.

In 1986, after college, seminary, medical school and his ordination as a United Methodist minister, Dr. Morris moved to Memphis, one of the poorest major cities in America. Dr. Morris knew the need would certainly be there, and if the Center could work in Memphis, it could work anywhere.

That same year, Dr. Morris was appointed as an associate pastor at St. John’s United Methodist Church (a position he still holds today) and he began to plan and to raise the initial funding for the Church Health Center. St. John’s purchased the Center's first building, a dilapidated boarding house across the street from the church, and agreed to lease it to the Center for $1 per year. Central Church agreed to finance the renovation of the building and its conversion to a clinic. The Plough Foundation and Methodist Hospital each agreed to give funding to launch the Center. Dr. Morris and one nurse saw 12 patients on September 1, 1987, and since then the Church Health Center has grown to handle more than 42,000 patient visits at its clinic each year.

But healthcare is about more than just prescribing pills. We at the Church Health Center believe we have a responsibility to take care of the bodies God gave us, so we have been committed from our beginning to health education and prevention. Our wellness ministry now offers everything from personalized exercise plans and cooking classes to group exercise classes and activities for children and teens. Church Health Center Wellness is open to the entire community with fees charged on a sliding scale based on family size and income. More than 125,000 member visits are recorded annually.
Our Mission

The Church Health Center seeks to reclaim the Church’s biblical commitment to care for our bodies and our spirits.

Our Core Values

Our ministries provide healthcare for the working uninsured and promote healthy bodies and spirits for all.

Trusted - Those we serve depend on us to do what we say we will do, today and in the future. Our donors and volunteers trust us to be good stewards of their gifts.

Compassionate - There is a sweet spirit in this caring place. We are encouraging, supportive and welcoming.

Committed - We are not going away. We are faithful to our mission and, with the help of others, will sustain our ministries.

Quality - We provide innovative, whole person care using best practices and highest standards, which is good enough for our mothers.

Commitment to Provider Training

The Church Health Center wants to expand its commitment to educational programs and training. We are committed to serving as the foundation for educating young medical providers and providing physician role models. We will support a training model of continuous, comprehensive, convenient, accessible and coordinated patient care. Our staff is dedicated to education and the care of patients within the practice as it relates to the greater community and the community we serve.

Family Medicine Residency Program

Do you feel called to serve those in need because of your faith? Are you ready to cut your teeth in an innovative environment that cares for the whole person? Along with Baptist Memorial Healthcare System, the Church Health Center is working to create a family medicine residency program beginning July 2015.

This residency will participate in ERAS (Electronic Resident Application Service) and NRMP (National Resident Matching Program).
Our Leadership Team

G. Scott Morris, M.D., M.Div.
Founder and
Chief Executive Officer

Susan Nelson, M.D.
Medical Director

Ann Langston
Senior Director
Strategic Relationships &
Opportunities

Michaelia G. Sturdivant, R.N.
Senior Director
Reach Programs

Jennie Robbins
Senior Director
Finance and Performance

Jenny Barlett-Prescott
Senior Director
Integrated Health Programs
Church Health Center  
Statement on Commitment to Knowledge Enhancement  
And Educational Programming  
As of November 17, 2014

The *Church Health Center* is growing to serve more and to serve better. After almost three decades of delivering innovative health and wellness services, *The Center* is clarifying the organizational *Aims*, which will define its focus for the next phase of delivering innovative care to the community in Memphis.

A key organizational objective incorporated into the *Church Health Center’s* five-year plan is to enhance knowledge and educational programming through research, curriculum development and professional education. Specifically, *The Center* seeks to provide formal educational opportunities for healthcare and other professionals, with a first priority being the development of its medical residency program.
Resolution of the Board of Directors

of the

Church Health Center of Memphis, Inc.

In Support of Educational Programming and Training

Whereas, the Church Health Center of Memphis, Inc. ("Center") was organized exclusively for religious, charitable and educational purposes;

Whereas, the Center has been and continues to provide intern and scholar opportunities for people who want to gain experience and education working in the Center’s ministries;

Whereas, the Center wants to expand its commitment to educational programs and training;

BE IT RESOLVED, the Center is committed to being a family medicine residency site of the highest quality, serving as the foundation for educating residents and providing family medicine physician role models. The Center will support a residency site that provides continuous, comprehensive, convenient, accessible and coordinated patient care. The Center will have a staff dedicated to education of family practice residents and the care of patients within the practice as it relates to the greater community and the community served by the residency program.

Adopted this 27th day of January, 2014.

[Signature]

Corporate Secretary
Faith — Building a relationship with God, your neighbors and yourself.

Movement — Discovering ways to enjoy physical activity.

Medical — Partnering with your health care provider to manage your medical care.

Work — Appreciating your skills, talents, and gifts.

Emotional — Managing stress and understanding your feelings to better care for yourself.

Food — Making smart food choices and developing healthy eating habits.

Community — Giving and receiving support through relationships.
Mission, Vision, and Value Statements

Baptist Memorial Health Care
Mission, Vision, & Values

MISSION
In keeping with the three-fold ministry of Christ – Healing, Preaching and Teaching – BMHCC is committed to providing quality health care.

VISION
We will be the provider of choice by transforming the delivery of health care through partnering with patients, families, physicians, care providers, employers and payers; and by offering safe, integrated, patient focused, high quality, innovative cost-effective care.

VALUES
Compassionate Care and Service; Teamwork and Trust; Innovation and Excellence; Respect for the Individual and the Value of Diversity.

Graduate Medical Education Mission Statement
Graduate Medical Education is committed to providing oversight, guidance, and assistance to the facilities, programs, residents, and student which we serve in their pursuits of excellence in quality education and patient care.

Family Medicine Program Mission Statement
Reflecting the synergistic missions of our parent partners:

- BMHCC is committed to providing quality health care in keeping with the three-fold ministry of Christ: Healing, Preaching, and Teaching.
- The Church Health Center seeks to reclaim the Church’s biblical commitment to care for our bodies and our spirits.

The BMHCC/CHC Family Medicine Residency’s mission is to provide high quality Family Medicine resident education in an environment of high quality Family Medicine patient care across clinical continuums, which will emphasize both the holistic approach to comprehensive individual health and the coordination and collaboration required across disciplines to improve outcomes for diverse populations. Our graduating Family Physicians will be prepared to practice the art of Family Medicine with joy and dedication, while mastering the science and technology of the evolving health care system, in order to become leaders in advanced primary care practices for our community and nation.
Our Program

Our Family Medicine residency program is co-sponsored by Baptist Memorial Hospital – Memphis and the Church Health Center in Memphis, Tennessee. We are an Urban/Suburban program that is dedicated to creating outstanding family physicians with a commitment to providing care to patients and families from all walks of life. We emphasize our responsibility to God and our community to assist the less fortunate among us by offering each individual innovative care following best practice models to achieve and maintain the highest standards. To that end, our program curriculum includes requirements, as well as additional opportunities, for volunteer and leadership activities.

Our Family Medicine Practice (FMP)

The Family Medicine Practice (FMP) / Continuity Clinic for our program is currently located at 1115 Union Avenue, Memphis, Tennessee 38104. Our FMP contains nine (9) patient exam rooms, a waiting room with separate child play area, lab with technician, precepting room, resident/faculty work area, and conference room. This facility also utilizes nurses, nurse practitioners, and office staff.

This facility is housed in the Wellness building of the Church Health Center; an 80,000 square foot building located in the heart of the Memphis Medical Center. Church Health Center Wellness provides a safe, climate controlled facility for the community. Memberships are available on a sliding scale based on family size and income. Programs offered at the Wellness Center include:

- Exercise and Nutrition Planning
- Expansive Exercise Equipment Area
- Racquetball and Basketball Courts
- Walking Track
- Therapeutic Pool Classes
- Group Exercise Classes
- Aerobics
- Strengthening
- Yoga
- Pilates Mat and Reformer sessions
- Health Education
- Diabetes Education
- Smoking Cessation
- Nutrition Education Classes
- Healthier Cooking Demonstrations
Our Sponsors

Information about Baptist Memorial Health Care and the Church Health Center is included in the Introduction to this handbook.

Our Program Director

Anne L. S. Sullivan, M.D., FAAFP is a graduate of the University of Iowa (undergrad and MD). She completed her residency in Family Practice at Harbor-UCLA Medical Center and San Pedro Peninsula Hospital and has a CAQ in Adolescent Medicine. She began teaching in Family Medicine in 1997 and currently serves as the Chief Academic Officer for Baptist Memorial Health Care, Adjunct Clinical Associate Professor for the University of Tennessee Health Science Center, and as Medical Director of Quality Programs for Baptist Medical Group in addition to her responsibilities as Program Director for our program. She practices Family Medicine with Family Physicians’ Group in Memphis, Tennessee.

Our Future

The Family Medicine residency program at BMHCC/CHC was awarded accreditation by the Accreditation Council for Graduate Medical Education (ACGME) effective July 1, 2015. We matriculated our first academic class on July 1, 2016 and will continue to accept four residents per year for a maximum three-year program size of twelve.

The FMP will relocate to a new building in February of 2017. This “new” facility will be housed on the ground floor of the 1.5M square foot Sears Crosstown building which is the result of the $200M Crosstown Renovation project. In addition to our FMP, the Crosstown building will also contain 260 apartments, a charter school, and will include such tenants as St. Jude Children’s Research Hospital, Crosstown Arts, Gestalt Community Schools, Memphis Teacher Residency program, Methodist Le Bonheur Healthcare, and Rhodes College.
Health Insurance (Aetna) – Baptist offers a choice of three health insurance plans:

- Aetna 80/20 Plan – Calendar year deductible ($400.00 individual), copays ($20.00-$30.00), coinsurance payments (80% coverage after deductible is met)
- Aetna Whole Health 80/20 Plan – Identical to the 80/20 plan but with slightly lower rates and a smaller group of participating physicians
- Aetna Whole Health Consumer-Driven Health Plan (CDHP) – High calendar year deductible ($1500.00 individual / $3000.00 family), lowest monthly rate, 90-100% coverage after deductible is met, tax-favored Healthcare Savings Account for out-of-pocket expenses

NOTES:
- All of these plans utilize the CVS / Caremark Prescription Drug plan
- Pre-existing conditions are covered
- Out-of-Network Providers/Facilities are not covered

Dental Insurance (Humana) – Baptist offers a choice of two dental insurance plans:

- Dental High ($2000.00 maximum annual coverage with a higher monthly rate)
- Dental Low ($1500.00 maximum annual coverage with a lower monthly rate)
- 100% coverage (usual and customary) for preventive care
- 80% coverage (usual and customary) for basic care and major restoration
- 50% coverage for orthodontic treatments up to age 19 with a $1000.00 maximum lifetime benefit

Vision Insurance (DavisVision) - Coverage is available for the employee, employee’s spouse, and dependent children up to age 26. Highlights include:

- $10.00 co-pay for annual exam
- $25.00 co-pay for annual lenses or frames
- Other co-pays for additional services

Life Insurance (Standard Insurance) - Coverage is provided for all full-time employees after 90 days of employment for 1 ½ of his/her annual salary up to $50,000.00 at no cost. Additional coverage is available for the employee, spouse, and dependent children up to age 24.

Disability (Liberty Mutual) – Long-term disability coverage is provided at no cost to the resident / fellow after 90 days of employment.

Additional Benefits – Other benefits that are offered to Baptist employees include:

- Wellness Program – Baptist Memorial Hospital – Memphis provides a well-maintained gym that is accessible to employees (and their dependents / restrictions apply) 24/7/365 at no cost
- In addition, Baptist has partnered with HumanaVitality to implement a wellness initiative throughout our organization. Additional information is available through Human Resources and during New Employee Orientation.
- Baptist provides an additional stipend to each resident’s base salary equal to the cost of the Aetna Whole Health 80/20 Plan, Dental High, and Vision Insurance for the resident and his/her immediate dependents (spouse and children) if applicable
- Accident Indemnity Plan provided by Aflac
- Cancer Protection Plan provided by Aflac
- Flexible Spending Accounts
  - Healthcare Spending Account (not available to employees with a Healthcare Savings Account)
  - Dependent Care Spending Account
- Veterinary Pet Insurance
- Purchasing Power (payroll deduction option for personal purchases through this program)
- HealthNet Federal Credit Union
- CONCERN Employee-Assistance Program
- Annual PTO allotment of up to 184 hrs (23 days) and Annual Sick Time allotment of 120 hrs (15 days) / both are non-cumulative
- Employee Discounts – All Baptist employees may receive discounts with various vendors. Check the Baptist Intranet for info.

ALL BENEFITS ARE SUBJECT TO CHANGE
# AY16/17 Resident Stipends

**Effective Date:** July 1, 2016

<table>
<thead>
<tr>
<th></th>
<th>July 2016 - June 2017 Basic Stipends</th>
<th>AAMC 25% South Region in AY15</th>
<th>AAMC Median South Region in AY15</th>
<th>AAMC 75th Percentile in AY15</th>
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<tr>
<td><strong>PGY 1</strong></td>
<td>$ 49,700.00</td>
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<td>$ 50,988.00</td>
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**Resident Stipends With Institution-Paid Health/Dental/Vison Insurance**

<table>
<thead>
<tr>
<th></th>
<th>Employee</th>
<th>Spouse</th>
<th>Children</th>
<th>Family</th>
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</thead>
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<tr>
<td><strong>PGY 1</strong></td>
<td>$ 51,043.16</td>
<td>$ 52,540.50</td>
<td>$ 52,537.12</td>
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<tr>
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<td><strong>PGY 3</strong></td>
<td>$ 54,593.16</td>
<td>$ 56,090.50</td>
<td>$ 56,087.12</td>
<td>$ 57,081.62</td>
</tr>
</tbody>
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Objective(s):

To contribute to more effective patient care through recognition and support of patient rights.

To increase satisfaction of patients, physicians, and healthcare providers through recognition and support of patient rights.

To recognize and support special needs of children and adult patients in skilled nursing, mental health and behavioral health facilities.

To provide quality patient care without regard to patient age, sex, sexual orientation, gender identity or expression, race, color, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status or any other class, status or condition protected by law.

Policy:

I. Commitment

Baptist recognizes and supports the "Patient's Bill of Rights", “Children’s Bill of Rights”, “Skilled Nursing Facility Patient Rights” and “Behavioral Health Bill of Rights”.

Staff observes and contributes to these rights for effective patient care and greater satisfaction for patients, their physicians, and the healthcare providers.

Recognizing that some patients, especially children, may be unable to voice their needs or assert their rights, family members, parents, and/or guardians are recognized as extensions of patients.

II. Notification

At time of entry, all inpatients and outpatients are notified and provided a copy of the Patient Bill of Rights.

III. Medicare Patients

In addition to the Bill of Rights, Medicare patients are provided a copy of the Important Message from Medicare which further explains their rights as a Medicare patient.
Patient Bill of Rights

A. You or your legally designated representative has the right to be informed about your illness, possible treatment options, and likely outcome(s), including unanticipated outcomes, and to participate and make informed decisions regarding your care. You have the right to know the names and roles of healthcare providers treating you.

B. You have the right to designate all family/support persons and visitors, regardless of the type of relationship.

C. You have the right to have an advance directive, such as a living will or health care proxy. These documents express your choices about your future care or name someone to decide if you cannot speak for yourself. If you have a written advance directive, you should provide a copy to the hospital, your family, and your doctor.

D. You have the right to privacy and personal dignity. The hospital, you, your doctor, and others caring for you will protect your privacy as much as possible.

E. You have the right to receive care in a safe setting, free from abuse, harassment, financial and other exploitation and you have the right to access protective and advocacy services.

F. You or your legally designated representatives have the right to review your medical records and to have the information explained except when restricted by law.

G. You have the right to expect that treatment records are confidential unless you have given permission to release information; or reporting is required or permitted by law. You have the right to access your medical record, request amendment(s), and receive an accounting of disclosures regarding your health information.

H. You have the right to be free from restraints or seclusion imposed as a means of coercion, discipline, convenience, or retaliation by staff.

I. You have the right to expect the hospital will give you necessary health services to the best of its ability. Treatment, referral, or transfer may be recommended or requested. You will be informed of the risks, benefits, and alternatives. You will not be transferred until the other institution agrees to accept you.

J. You have the right to considerate, dignified and respectful patient care, treatment and services that includes consideration of your psychosocial, religious, spiritual, personal values, beliefs and cultural variables that influence the perceptions of illness.

K. You have the right to consent to or refuse a treatment, as permitted by law, throughout your hospital stay. If you refuse a recommended treatment, you will receive other needed and available care.

L. You have the right to access interpretation if necessary for effective communication.
M. When you enter the hospital, you sign a general consent to treatment. In some cases, such as surgery or experimental treatment, you may be asked to confirm in writing that you understand what is planned and agree to it. This process protects your right to consent to or refuse a treatment. Your doctor will explain the medical consequences of refusing recommended treatment. It also protects your right to decide if you want to participate in a research study.

N. You have the right to be told of realistic care alternatives when hospital care is no longer appropriate.

O. You have the right to know if this hospital has relationships with outside parties that may influence your treatment and care. These relationships may be with educational institutions, other health care providers, or insurers.

P. You have the right to comfort and dignity in the face of death, the treatment of primary and secondary symptoms as desired and effective pain management. Psychosocial and spiritual concerns of the patient and patient’s family during this time will be acknowledged as well as the need for expression by the patient and the family.

Q. You have the right to an assessment and management of pain, including initial assessment and regular assessment of pain, and to expect education of all relevant providers in pain assessment and management. You will receive education, along with your family/support person, when appropriate, regarding managing pain as well as the potential limitation and side effects of pain treatments, and after taking into account personal, cultural, spiritual, and, or ethnic beliefs, communicating to you and your family/support person that pain management is an important part of care.

R. You have the right to expect a family member or representative and a physician will be notified promptly of your admission to the hospital.

S. You have the right to know about hospital rules that affect you and your treatment and about charges and payment methods. You have the right to know about hospital resources, such as representatives of ethics committee that can help you resolve problems.

T. You have the right to express a grievance concerning your care and receive a response without your care being compromised by calling the hospital’s patient representative or 1-877-BMH-TIPS. You have the right to access and internal grievance process and also to appeal to an external agency. State agencies: Arkansas Department of Health, 1-501-661-2000, Mississippi Department of Health, 1-800-277-2308 or 1-601-362-2194, Tennessee Department of Health at 1-800-852-2187, or the Joint Commission, 1-800-994-6610 or email complaint@jointcommission.org.
Children’s Bill of Rights

A. Children have the right to be respected as unique individuals and be members of the family regardless of needs complicated by hospitalization. Children and/or their parents have the right to designate all family/support persons and visitors, regardless of the type of relationship.

B. Children have the right to establish/maintain parent-child relationships including 24-hour presence/rooming in with their parents unless such presence interferes with safety and recovery.

C. Children have the right to communicate and/or visit with siblings unless visitation interferes with safety or recovery.

D. Children have the right to receive age and developmentally appropriate care that includes space, equipment and programs for the wide range of play, education and socialization essential to growth and development.

E. Children have the right to already established supportive home patterns of interactions and routines.

F. Children have the right in the absence of their parents to have consistent emotional support and nurturing care.

G. Children have the right to an environment, which is aware of the individual’s ethnic, cultural, developmental and academic needs.

H. Children have the right to receive care from professionals skilled in assessing emotional, physical, developmental and academic needs.

I. Children’s families have the right to assistance concerning finances, housing, and coping needs during hospitalization.

J. Children have the right to have their physician and a family member notified of the hospital admission.

K. Children have the right to a safe setting, be free of abuse and harassment, and access to protective services.

L. Children have the right to be free from seclusion and restraints of any form that are not medically necessary and do not improve the well-being of the child.

M. Children have the right to an assessment and management of pain, including initial assessment and regular assessment of pain, and to expect education of all relevant providers in pain assessment and management. Children should receive education, along with parents/representatives, when appropriate regarding their parents/representatives role in managing pain as well as the potential limitation and side effects of pain treatments, and after taking into account personal, cultural, spiritual, and/or ethnic beliefs, communicating to the child and parents/representatives that pain management is an important part of care.

Exceptions

A. If a parent or guardian is believed by the physician to seriously endanger the child’s health or safety, Baptist will pursue avenues necessary for a resolution that protects the child.
B. Baptist supports the “Patient Bill of Rights” for adults and children to the extent that they do not conflict with other Baptist policies, regulatory or legal constraints, or steps necessary from time to time to ensure Baptist financial viability.

**Patient and/or Family/Support Persons and Visitor Responsibilities**

A. You are responsible for providing information about your health, including past illnesses, hospital stays, and the use of medicine(s) to include over-the-counter medications and herbal remedies.

B. You are responsible for asking questions when you do not understand information or instructions. If you believe you cannot follow through with your treatment, you are responsible for informing your doctor or the health care professional.

C. You and your family/support persons and visitors are responsible for being considerate of the needs of the patients, staff, and the hospital.

D. You are responsible for providing information for insurance and for working with Baptist, when needed, to arrange payment.

E. You are responsible for recognizing the effect of lifestyles on your personal health. Your health depends not just on your hospital care but on the decisions you make in your daily life.

F. Visitation may be restricted or limited for the following reasons by the health care professional:

1. Any court order limiting or restricting contact;

2. Behavior presenting a direct risk or threat to the patient, hospital staff, or others in the immediate environment;

3. Behavior disruptive of the functioning of the patient care unit;

4. Reasonable limitations on the number of visitors at any one time;

5. Patient’s risk of infection by visitors;

6. Visitor’s risk of infection by the patient;

7. Extraordinary protections because of a pandemic or infectious disease outbreak;

8. Substance abuse treatment protocols requiring restricted visitation;

9. Patient’s need for privacy or rest;

10. Need for privacy or rest by another individual in the patient’s shared room;

11. Any concern by the health care professional that visitation is not appropriate based upon the emotional and/or physical condition of the patient;
PURPOSE: To establish a program-specific policy for resident selection that complies with the Accreditation Council for Graduate Medical Education (ACGME)

POLICY: Resident Selection Guidelines

PROCEDURE: The BMH – Memphis Family Medicine Residency Program Resident Selection Guidelines / Applicant Eligibility Policy follows the BMH GME Departmental Policy with the following exceptions: Only applicants who are or will be within their initial residency period as defined by the Centers for Medicare & Medicaid Services (CMS) will be considered for positions in any ACGME-approved residency program in the Baptist Memorial Health Care system. Exceptions to this section of the Residency Selection Guidelines may be considered and approved by Baptist Memorial Health Care Graduate Medical Education Committee and Program on a case-by-case basis provided alternate funding can be secured by the applicant.

Applicants to the Baptist Memorial Hospital – Memphis Family Medicine residency program must meet the following standards to be eligible for consideration:

- Allopathic residents
  - USMLE Step I score of 200 or higher AND
  - USMLE Step II medical knowledge score of 200 or higher AND
  - USMLE Step II clinical skills pass without a previous fail
- Osteopathic residents may follow the above guidelines or
  - COMLEX Level I score of 440 or higher AND
  - COMLEX Level II CE score of 440 or higher
  - COMLEX Level II PE pass without a previous fail

Applicants with the following US Residency statuses will be considered for available residency positions within the MATCH:

- US Citizen
- Legal Permanent Resident ("Green card Holder")
- Employment Authorization Document (EAD) resulting from application for Permanent Residency
- Foreign National with valid Visa permitting employment with Baptist
Resident Selection Guidelines and Applicant Eligibility

PURPOSE: To establish a policy for resident selection that complies with the Accreditation Council for Graduate Medical Education (ACGME) and American Osteopathic Association (AOA)

POLICY: Resident Selection Guidelines

PROCEDURE: Only the following individuals will be considered as applicants in residency and fellowship programs at Baptist Memorial Health Care Corporation:

ACGME-accredited Programs
- Graduate of Liaison Committee on Medical education (LCME)-approved U.S. and Canadian Medical Schools
- Graduates of American Osteopathic Association (AOA) accredited Osteopathic Medical Schools

AOA-accredited Programs
- Graduate of COCA-accredited (Commission on Osteopathic College Accreditation) medical schools
- International Medical Schools International Medical Graduates must have valid Education Commission for Foreign Medical Graduates (ECFMG) certificate or a full and unrestricted license to practice medicine in a United States licensing jurisdiction in which they are in training
- Graduates of schools that are listed on the Medical Board of California “International Medical Schools Disapproved” List will not be considered for residency positions at Baptist Memorial Hospital – Memphis. This list can be found at http://www.mbc.ca.gov/Applicants/Medical_Schools/Schools_Disapproved.aspx.

Only applicants who are or will be within their initial residency period as defined by the Centers for Medicare & Medicaid Services (CMS) will be considered for positions in any ACGME-approved residency program in the Baptist Memorial Health Care system.

Exceptions to this section of the Residency Selection Guidelines may be considered and approved by Baptist Memorial Health Care Graduate Medical Education Committee on a case-by-case basis provided alternate funding can be secured by the applicant.

Applicants with the following US Residency statuses will be considered for available residency positions within the MATCH:
- US Citizen
- Legal Permanent Resident ("Green card Holder")
- Employment Authorization Document (EAD) resulting from application for Permanent Residency
- Foreign National with valid Visa permitting employment with Baptist
- J-1 visa through ECFMG

Application Process & Interviews
- All applications will be processed through the Electronic Residency Application Service (ERAS)
- Opportunities for interviews will be extended to applicants based on their qualifications as determined by citizenship/ residency status as identified above, USMLE scores, medical school performance, letters of recommendation, and history of previous residencies / fellowships served.

National Resident Matching Program (NRMP) & Rank Order Process
- This program participates in the NRMP MATCH and will only consider applicants participating in the MATCH
- All eligible, interviewed applicants will be considered for ranking in the MATCH in order of preference based on the following criteria: preparedness, ability, aptitude, academic credentials, communication skills, and personal qualities such as motivation and integrity.
- Characteristics such as gender, age, religion, color, national origin, disability or veteran status will not be used in the selection procedure. Baptist is an Equal Opportunity Employer.
- Recommendations of all interviewing faculty and residents will be considered in determining the rank order of the interviewed applicants.

Program Appointments
- Appointments to our programs will be issued to all matched applicants who meet eligibility requirements.
- Following release of the MATCH results, attempts will be made to fill any vacant positions in accordance with the terms of our agreement with the NRMP.
- Letters of Agreement for all positions will be issued through the Graduate Medical Education Office Following a review of eligibility.

Exclusions
Residents must qualify for employment with Baptist Memorial Health Care. Some requirements for employment include a negative drug screen, clear criminal background check and the ability to participate in the federal programs (see additional info below). In addition, any residents who are required to obtain and maintain a medical license in the State of Mississippi must successfully complete Step III by the end of their PGY-2 year in order to maintain their eligibility for employment by BMHCC.

Baptist Memorial Hospital participates in the Office of Inspector General (OIG) and General Services Administration (GSA) Exclusion Programs. All names submitted to the NRMP are checked through the OIG and GSA to ensure that those individuals are not listed on the OIG “List of Excluded Individuals / Entities” or the GSA “List of Parties Excluded from Federal Procurement and Non-
procurement Programs.” The OIG list contains the names of parties convicted of “program-related fraud and patient abuse, licensing board actions and default on Health Education Assistance Loans.” The GSA list provides an up to date source of information on those firms and individuals that have been suspended, debarred or otherwise excluded from Federal Procurement and Non-procurement Programs. Baptist will not employ anyone who has been suspended, debarred or excluded from these programs.
Resident Visa Policy

PURPOSE: To establish a policy for resident visas that complies with the Accreditation Council for Graduate Medical Education guidelines

POLICY: Resident Visa Policy

PROCEDURE: Baptist will not petition for visas.
Objectives:

- To prohibit discrimination on the basis of individual’s race, color, religion, national origin, pregnancy, sex/gender, age, handicap, disability (physical, visual or mental), creed, marital status, veteran status, genetic information, or any other category protected by federal or state law in the hiring practices, and in all terms, privileges, or conditions of employment within Baptist.

- To recognize and promote management’s accountability in assuring a non-discriminatory work environment and to assure all employees that Baptist intends to treat them fairly during their employment.

- To provide an internal review mechanism for reporting alleged violations so that all complaints can be promptly investigated and resolved.

- To affirm the organization’s commitment to fair and consistent terms and conditions of employment without regard to an individual’s race, color, religion, national origin, pregnancy, sex/gender, age, handicap, disability (physical, visual or mental), creed, marital status, veteran status, genetic information, or any other category protected by federal or state law.

Policy:

I. **Commitment to Equal Employment Opportunity**

   It is the philosophy of the Organization to treat all employees fairly and with respect. Baptist is an Equal Opportunity Employer, and as such will not tolerate discrimination in the workplace with regard to individual’s race, color, religion, national origin, pregnancy, sex/gender, age, handicap, disability (physical, visual or mental), creed, marital status, veteran status, genetic information, or any other category protected by federal or state law. Baptist supports and adheres to all applicable state and federal regulations that prohibit discrimination relative to the terms, conditions, or privileges of employment. Additionally, Baptist is committed to provide reasonable accommodations to qualified individuals with disabilities as required by the Americans with Disabilities Act, as amended.

   Accordingly, discrimination in all terms, privileges, or conditions of employment, including but not limited to recruiting, hiring, placement, training, transfer, promotion, rates of pay, and other compensation, is strictly prohibited by Baptist.
II. Harassment
Harassment in any form is not tolerated by Baptist (refer to Harassment Policy).

III. Responsibility of Management
Management/supervisory staff members have the responsibility and obligation to provide equitable, non-discriminatory and non-offensive work environments for all employees.

IV. Complaints of Harassment or Discrimination
Baptist strongly encourages all employees who have experienced, witnessed, or have knowledge of any form of harassment or discrimination by anyone, including employees, managers, supervisors, students, physicians, customers, visitors, patients, vendors, service providers, etc., to report such harassment or discrimination immediately to their immediate supervisors, a member of the management team, or human resources.

Once an employee reports an alleged violation, whether it is reported to the employee’s immediate supervisor, another member of the management team, and/or the human resources department, human resources is responsible for conducting a prompt, thorough internal investigation. The investigation will be fair and impartial to all parties involved. Any harassment or discrimination complaint should specifically state the details of the offending behavior.

During the investigation, an employee who has made a harassment or discrimination complaint may be asked to document in writing specific details relating to the complaint. Harassment or discrimination complaints will be handled with as much confidentiality as possible. Baptist will seek to limit disclosure to the extent necessary to conduct a complete and thorough investigation or as may be necessary to take appropriate corrective action. In reporting an alleged violation, it is important that colleagues are both truthful and factual in their written and verbal communication about claim of discrimination or harassment.

Complaints of harassment or discrimination receive a review up to the appropriate administrative staff member. Employees should contact the human resources department for information regarding this review procedure.

If it is determined that no harassment or discrimination has occurred, or there is not sufficient evidence to make a decision regarding the complaint, this determination will be communicated to the employee who made the complaint.

V. Retaliation
Baptist will not tolerate retaliation against any employee who reports a claim of discrimination in good faith or against any employee who provides information as a witness to the discrimination. Retaliation will result in disciplinary action up to and including discharge.

VI. Policy Violations
If an investigation confirms that a violation of policy has occurred, the Organization will take corrective action to effectively end the discrimination. Depending on the circumstances, such action may include coaching or other disciplinary action up to and including termination of employment. As necessary, Baptist may monitor any incidence of discrimination to ensure the discriminatory behavior has stopped. In all cases, Baptist will follow up as necessary to ensure no retaliation has occurred for making a complaint or cooperating with an investigation.
PURPOSE: To establish a program-specific policy for academic due process that complies with the Accreditation Council for Graduate Medical Education guidelines

POLICY: Resident Evaluation, Promotion and Discipline Policy

PROCEDURE: The BMH – Memphis Family Medicine Residency Program Resident Evaluation, Promotion and Discipline Policy follows the BMH GME Departmental Policy with the following exception:

RESIDENT REAPPOINTMENT / PROMOTION

Reappointment and promotion to the subsequent year of training require satisfactory progress in scholarship and professional growth as indicated by cumulative evaluations by faculty. This includes demonstrated proficiency in:

1. Patient Care
2. Medical Knowledge – see below for minimal requirements for advancement to the next PGY level
   - PGY-1 to PGY-2: ITE score of at least five (5) percent higher on the PGY-1 exam when compared to the practice test given during Program Orientation. Exception: PGY-1 residents scoring in the top 40% of the national cohort or higher on their PGY-1 ITE exam are exempt from this requirement.
   - PGY-2 to PGY-3: ITE score of at least five (5) percent higher on the PGY-2 exam when compared to the PGY-2 exam. Exception: PGY-1 residents scoring in the top 30% of the national cohort or higher on this exam are exempt from this requirement.
3. Practice-Based Learning and Improvement
4. Interpersonal and Communication Skills
5. Professionalism – see below for required Likert scoring in this area on the Global Summative Evaluation as approved by the Clinical Competency Committee and Program Director for advancement to the next PGY level
   - PGY-1 to PGY-2: Minimal Likert score of 2.0, documented participation in a Quality Improvement or Patient Safety activity, and documented attendance of at least 75% of all didactic activities for this academic year in compliance with ACGME requirements
   - PGY-2 to PGY-3: Minimal Likert score of 3.0, documented participation in a Quality Improvement or Patient Safety activity, and documented attendance of at least 75% of all didactic activities for this academic year in compliance with ACGME requirements
   - PGY-3 to Completion certificate: Minimal Likert score of 4.0 and fulfillment of all program requirements including completion of two scholarly activities
6. Systems-Based Practice

In addition, all residents must accomplish and maintain the following:

- ACLS Certification if required by Program
- Mississippi Licensure if required by Program
- All requirements as Baptist employees including but not limited to:
  - Annual competency education (HealthStream)
  - Employee Health Requirements (TB, Flu, etc.)
  - BLS Certification
PURPOSE: To establish a policy for academic due process that complies with the Accreditation Council for Graduate Medical Education guidelines

POLICY: Resident Evaluation, Promotion and Discipline Policy

RESIDENT EVALUATION
Residents will be evaluated following each rotation. Evaluations are completed electronically via New Innovations and reviewed by the Clinical Competency Committee (CCC) (see below) in preparation for the resident's semi-annual review. The Program Director will meet with each resident during their semi-annual review during which time evaluations and the report from the CCC will be reviewed. Program goals and objectives are also discussed during this time. The semi-annual review report is then signed and placed in the resident's file. Residents may review their files upon request.

CLINICAL COMPETENCY COMMITTEE (CCC)
The Clinical Competency Committee is composed of three members of the program faculty. Other faculty members may be selected if appropriate from other programs. The Program Director acts as the non-voting Chair of this committee. The duties and responsibilities of this committee will include:

- Review all resident evaluations semi-annually;
- Prepare and assure the reporting of Milestones evaluations of each resident semi-annually to ACGME; and,
- Advise the Program Director regarding resident progress, including promotion, remediation, and dismissal.

RESIDENCY PROGRAM
Each program must ensure that the Faculty evaluate resident performance in a timely manner during each rotation or similar educational assignment and provide documentation of the evaluation at the completion of the assignment. Additional duties and responsibilities of the Program include:

- Provide objective assessments of competence in patient care and procedural skills, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice based on the specialty-specific Milestones:
- Use multiple evaluators (e.g., faculty, peers, patients, self, and other professional staff);
• Document progressive resident performance improvement appropriate to educational level; and,
• Provide each resident with documented semiannual evaluation of performance with feedback.

SUMMATIVE EVALUATION
The specialty-specific Milestones must be used as one of the tools to ensure residents are able to practice core professional activities without supervision upon completion of the program. The program director must provide a summative evaluation for each resident upon completion of the program.

This evaluation must:

• Become part of the resident's permanent record maintained by the institution, and must be accessible for review by the resident in accordance with institutional policy;
• Document the resident's performance during the final period of education; and,
• Verify that the resident has demonstrated sufficient competence to enter practice without direct supervision.

RESIDENT REAPPOINTMENT / PROMOTION
Reappointment and promotion to the subsequent year of training require satisfactory progress in scholarship and professional growth as indicated by cumulative evaluations by faculty. This includes demonstrated proficiency appropriate for the current program year in each of the ACGME Competencies listed below and most of the corresponding Milestones:

7. Patient Care  
8. Medical Knowledge  
9. Practice-Based Learning and Improvement  
10. Interpersonal and Communication Skills  
11. Professionalism  
12. Systems-Based Practice

In addition, all residents must accomplish and maintain the following:

• ACLS Certification if required by Program  
• Mississippi Licensure if required by Program  
• All requirements as Baptist employees including but not limited to:  
  o Annual competency education (HealthStream)  
  o Employee Health Requirements (TB, Flu, etc.)  
  o BLS Certification

DISCIPLINARY ACTIONS
Academic, performance, and professional deficiencies as well as related remediation and consequences are discussed with each resident when appropriate. Disciplinary policies are typically utilized for serious acts requiring immediate action. These policies include the following:

• GME / Due Process  
• GME / Nonrenewal of Agreements Policy  
• BMH / Additional policies available online
PURPOSE: To establish a policy clarifying resident requirements for advancement in salary level.

POLICY: Resident Salary Policy

PROCEDURE: Residents will be paid according to post-graduate year (PGY) level with exceptions made only as described in this policy or in the policy concerning Due Process. It is the intent of this policy that actual salary amounts will be adjusted to include health / dental insurance premiums so that net income will be equivalent for each resident in that PGY level after insurance premiums are deducted. Some minor variance in net paid amounts may result.

REQUIREMENTS FOR ADVANCEMENT:

Incoming Residents
Incoming residents must submit a signed Residency Agreement to the program at least thirty (30) days before the beginning of the residency period. Incoming residents must present copies of their official USMLE Step or COMLEX scores, medical school and intern completion certificates (or letter of completion), and current BLS certification to the GME Office by the first day of residency. Fire Safety documentation and Employee Handbook acknowledgement will be completed during Program Orientation. Residents who do not comply with these requirements will be paid at a lower PGY level until such time as they are current. For example, residents at PGY-2 level who do not present this documentation will be paid at the PGY-1 level until they fulfill these requirements. Pay level increases for residents who are late submitting this information will start at the beginning of the pay period following receipt of all documentation.

- Thirty days before beginning residency
  - Residency Agreement
- Two weeks before beginning residency
  - USMLE Step or COMPLEX scores
  - Medical School Graduation Certificate
  - Current BLS certificate
  - Pre-employment health screening as determined by Employee Health
- First day of program orientation
  - BMHCC and Program required documentation
Employee Handbook acknowledgement

Within thirty days after beginning of residency (NOTE: Residents who fail to fulfil these requirements are subject to disciplinary action up to and including dismissal)

- Intern-year Completion Certificate or Program Completion Letter from the previous program’s Program Director if appropriate
- Completion of Mandatory Education Modules (HealthStream) and Respiratory Fit Testing
- Second (2nd) TB skin test if appropriate

Returning Residents

Returning residents must submit a signed Residency Agreement to the program at least thirty (30) days before the beginning of the residency period. An annual TB skin tests or chest X-Ray, as determined by Employee Health, is required. Completion of annual training requirements as stated below is also required for salary advancement. Residents who do not comply with these requirements will be paid at a lower PGY level until such time as they are current. For example, residents at PGY-3 level who did not complete the annual mandatory HealthStream modules will be paid at the PGY-2 level until these modules are completed. Pay level increases for residents who complete all requirements within the appropriate time frame will be effective on July 1 or at the beginning of the pay period preceding the beginning of the new academic year. Pay level increases for residents who are late submitting this information will start at the beginning of the pay period following receipt of all documentation. NOTE: In addition to the consequences included in this policy, residents who are delinquent in the fulfillment of these requirements are subject to disciplinary action up to and including dismissal.

Osteopathic residents cannot and will not enter OGME-3 without the successful completion of COMLEX part 3.

Additionally, each resident must demonstrate successful achievement of most ACGME Milestones appropriate for the resident’s current Post-Graduate Year level as determined by the Clinical Competency Committee and documented in the resident’s file.

All residents are required to be in compliance with all hospital policies concerning the following:

- BLS / ACLS certification
- Computer-based learning activities (HealthStream)
- TB skin test (when available)
- Flu vaccinations or completion of declination form
- Employee Handbook acknowledgement
- Residency Agreement
- Annual respiratory Fit Testing
- Radiation Safety

Residents whose BLS certification has expired or who are found to be delinquent in the completion or maintenance of the above requirements including Milestones will not be eligible for the annual PGY-level pay increase until such time as all requirements have been fulfilled. For residents who are delinquent in any of the above requirements, PGY level pay increases will start at the beginning of the pay period following completion of these requirements and receipt of all supporting documentation.
PURPOSE: To establish a Nonrenewal of Agreements policy that complies with Accreditation Council for Graduate Medical Education and Baptist Memorial Hospital guidelines

POLICY: Nonrenewal of Agreements Policy

PROCEDURE: If a Residency Program decides not to renew a resident’s agreement, the resident will be notified in writing no later than four months prior to the end of the resident’s current contract. If the decision of nonrenewal occurs within four months prior to the end of the agreement, programs must provide the resident with as much written notice as possible.

If a resident cannot fulfill the requirements of the Program to advance to the next level, the resident’s agreement may not be renewed. For example, if the resident cannot submit documentation of the successful completion of the USMLE Step III test before the end of his/her PGY-2 year, the resident’s agreement may not be renewed.

Residents must be allowed to implement the institution's Due Process Procedure when they receive a written notice of intent not to renew their agreement.
RESIDENT SERVICES EMPLOYMENT AGREEMENT

THIS AGREEMENT is effective as of the 1st day of July, 2016, by and between Baptist Memorial Hospital, a Tennessee not-for-profit corporation hereafter referred to as “Baptist”, and «First» «Last», M.D., hereinafter referred to as “Resident.”

WHEREAS, Baptist provides health care in Shelby County, Tennessee on a not-for-profit basis consistent with Section 501(c)(3) of the Internal Revenue Code of 1986, and recognizes that needed physicians must be attracted to and retained in the community to provide health care services in and through affiliated hospitals, facilities, and clinics;

WHEREAS, Resident is statutorily qualified to practice as a resident in the State of Tennessee and is qualified to perform the services required by this Agreement;

WHEREAS, Baptist has determined that its employment of Resident will contribute to the quality of health care within Baptist’s service area and thereby promote its charitable purpose;

THEREFORE, in consideration of the mutual promises hereafter contained, it is agreed:

1. EMPLOYMENT. Baptist hereby employs Resident to provide resident services at Baptist Memorial Hospital – Memphis, Women’s and Collierville campuses as applicable and such other locations designated by Baptist and Resident accepts such employment subject to the terms and conditions set forth in this Agreement.

2. TERM. The term of this Agreement shall be one (1) year, commencing on July 1, 2016.

3. RESIDENT’S OBLIGATIONS.

   3.1. Devotion of Time and Practice Relationships. Resident agrees to devote time and practice according to the terms of Exhibit A of this Agreement.

   3.2. Membership Requirements. Resident agrees to obtain resident membership on Baptist’s medical staff and other organizations according to the terms of Exhibit A of this Agreement.

   3.3. Application Requirements. In order for Resident to perform professional services as required by Baptist in this Agreement, Resident acknowledges and agrees that certain application requirements should be timely and accurately met by Resident prior to the start date of the initial term of this Agreement. In order for Baptist to provide professional liability insurance and for Baptist to begin paying Resident for resident services, Resident must complete Baptist's minimum application requirements, as separately provided by Baptist, at least thirty (30) days prior to the start date of this Agreement. Resident further acknowledges that Baptist may require additional information beyond its minimum requirements, and Resident agrees to timely and accurately provide such information by the date(s) requested by Baptist. In the event Resident cannot meet these application requirements by the date listed above, Resident shall notify Baptist in writing, in accordance with Section 10 of this Agreement, of the specific application items to be outstanding, any reasons for delay, and any problems with the application process. Resident hereby affirms that any information submitted in Baptist's application process shall be true and complete to the best of Resident's knowledge, and Resident shall have an ongoing obligation to inform Baptist immediately upon becoming aware of any material change in Resident's application information.

   3.4. Professional Standards. Resident shall, at all times, comply with the rules and regulations adopted by Baptist applicable to resident training and the applicable rules, regulations and standards of the
 Accreditation Council for Graduate Medical Education, the Joint Commission, the Medicare Conditions of Participation and any other applicable state or federal law.

3.5. **Licensure and Board Certification.** Once achieved, Resident shall remain statutorily qualified to practice medicine as a resident in the States of Tennessee.

3.6. **Quality Assessment and Peer Review.** Resident shall be subject to and, to the extent requested by Baptist, participate in quality assessment, utilization management, and peer review procedures established by Baptist.

3.7. **Confidential Information.** Resident shall not disclose Baptist's confidential information, during the term of this Agreement or at any point in the future, unless required by law, regulation, medical staff bylaw, or by the terms of any applicable contract for reimbursement. Confidential information includes both the information contained within this Agreement and any information related to Baptist's business affairs and operations, including but not limited to the details on any contracts negotiated by Baptist, patient names, patient lists/databases, and computer software applications. In addition to all other available remedies, Baptist shall be entitled to injunctive relief enjoining physician from disclosing any such confidential information or providing services to a party for whom such information has been or may be disclosed.

3.8. **Freedom to Perform.** Resident represents and warrants that there are no restrictions, non-competition agreements, or other obligations which would interfere with or restrict the performance of Resident’s services required in this Agreement. Furthermore, Resident represents and warrants that any and all ongoing, pending, threatened, or potential malpractice claims have been fully disclosed in writing to Baptist.

3.9. **Services to be Provided in a Non-Discriminatory Manner.** Resident shall provide all resident services in a non-discriminatory manner without regard to race, color, national origin, gender, age, or handicapping condition.

3.10. **Baptist's Policy regarding Discrimination.** Resident shall comply with Baptist's policy regarding discrimination (as may be amended from time to time by Baptist) including, without limitation, acting in a non-discriminatory manner towards all individuals and entities on the basis of employment, race, religion, national origin, gender, handicap, disability, and/or sexual harassment.

3.11. **Professional Malpractice Coverage and Other Liability Coverage.** Resident shall meet all qualifications to participate in Baptist's professional malpractice insurance coverage or programs of self-insurance and any other liability policies, coverages, or programs of self-insurance designated by Baptist, and Resident shall attend educational activities to reduce liability insurance costs as reasonably requested by Baptist. Resident shall immediately notify Baptist, in writing, of any action taken to limit, suspend, revoke, or otherwise restrict Resident's malpractice insurance or coverages or of any investigation which may lead to an action to revoke, suspend, or impose any limitation respecting the same. Resident specifically acknowledges and agrees that the malpractice insurance coverage provided hereunder will only cover allegations of professional negligence arising as a result of training activities under this Agreement. Should Resident be allowed to engage in other employment as described in Section 6 below, then it shall be Resident’s responsibility to secure separate coverage for the other employment at Resident’s expense.

3.12. **Referrals not Required:** Both parties acknowledge and agree that neither this Agreement nor the compensation paid hereunder is based on, takes into account, or is contingent upon Resident referring patients to an entity affiliated with Baptist.
3.13. **Resident Participation.** Resident shall actively participate and assist Hospital in connection with, but not limited to, preparation for Joint Commission and any other regulatory surveys, utilization review activities, drafting, revising and improving Medical Staff Bylaws, Medical Staff Quality Improvement meetings, hospital quality improvement meetings, identification of ways to reduce patient’s length of stay, expected mortality meetings, marketing and public relations matters related to patient satisfaction meetings, patient safety meetings, Institute for Healthcare Improvement (“IHI”) Spread activities and establishment of appropriate clinical protocols for the Specialty Program.

4. **BAPTIST’S OBLIGATIONS.**

4.1. **Compensation.** Baptist agrees to pay Resident for all services rendered by Resident under this Agreement according to the terms of Exhibit B.

4.2. **Benefits.** Baptist agrees to provide benefits to Resident according to the terms of Exhibit C.

4.3. **Baptist shall provide Professional Malpractice Coverage.** Baptist will arrange and pay professional malpractice insurance coverage or similar coverage through a group plan or a plan of self-insurance for Resident for the term of employment, with liability limits of at least one million dollars ($1,000,000) per occurrence/three million dollars ($3,000,000) annual aggregate or the amounts, if greater, required by the medical staff bylaws of hospitals designated by Baptist.

4.4. **Working Facilities.** Baptist shall provide Resident with such office space, staff, supplies, equipment, and services as reasonably necessary for the performance of Resident’s duties.

4.5. **Baptist Policies.** All policies, including those concerning Disruptive Behavior; Resident Evaluation, Promotion, and Discipline; Program Closure / Reductions; Resident Health (Impairment); Leaves of Absence (including vacation, parental, and sick leave as well as the effect of leave on program completion); Duty Hours; and Moonlighting shall be provided to the Resident both in writing and electronically.

4.6. **Eligibility for Specialty Board Examinations.** Eligibility of residents / fellows for specialty board examinations should be discussed with the resident by the Program Director. For specific requirements, residents should contact the specialty boards.

5. **FEES, CONTRACTING, BILLING, AND COLLECTIONS.**

5.1. **Rights to Fees.** Resident specifically agrees that Baptist shall have the right to determine reasonable fees to be charged by Baptist for medical services rendered by Resident. All fees, revenues, or payments generated by Resident from professional services, including all fees for service, office visits, hospital rounds, emergency department visits, consultations, home health visits, fees for medical directorships, income from reading, testing, income from duties performed pursuant to a contract (i.e. employee physicals), physician coverage of hospital emergency departments, and income from expert testimony, shall be for the benefit and sole property of Baptist unless otherwise assigned to another party.

5.2. **Contracting, Billing, and Collections.** It is agreed that Resident shall have no authority to act on behalf of or bind Baptist with respect to any contract or agreement. Resident hereby appoints Baptist as attorney-in-fact with respect to all contracting, billing, and collection matters to the full extent authorized by law, including the unlimited authority to enter into managed care agreements and oversee the administration of such agreements. Resident shall not submit any separate or independent billings to patients, public or private third party payors or other responsible parties.
6. OTHER EMPLOYMENT AND ACTIVITIES. Resident agrees to practice exclusively for, and at the location(s) specified, by Baptist. Except as permitted by the Baptist Memorial Health Care Graduate Medical Education Moonlighting Policy, Resident shall not provide any medical services, either directly or indirectly, in any manner with any person or entity other than Baptist. Resident acknowledges that violation of this provision will subject Resident to disciplinary action, up to and including dismissal from the Program.

7. TERMINATION.

7.1. **By Baptist With Cause.** This Agreement may be terminated immediately for cause by Baptist upon written notice to Resident. The reasons that Baptist may terminate this Agreement with cause include, but are not limited to, the following:

7.1.1. Resident’s abuse of alcohol and/or drugs.

7.1.2. Resident’s failure to qualify for or maintain statutory qualifications to practice as a resident physician in the States of Tennessee; Resident's failure or inability to perform required medical duties as a result of the revocation, cancellation, suspension, or restriction of Resident's statutory qualifications to practice as a resident physician in the States of Tennessee or, Resident's failure or inability to perform required medical duties as a result of any other action by a governmental, professional, or similar organization having jurisdiction over Resident’s practice of medicine.

7.1.3. Termination or restriction of Resident’s resident membership/clinical privileges at Baptist.

7.1.4. Any act(s) by Resident constituting a misdemeanor or felony.

7.1.5. Resident’s failure to qualify for or maintain qualifications for malpractice insurance coverage required by this Agreement.

7.1.6. Upon material violation by Resident of any provisions of this Agreement or the rules, policies, and/or procedures of Baptist and/or Hospital.

7.1.7. Upon repeated failure by Resident to meet utilization, performance, efficiency, or quality standards established by Baptist.

7.1.8. Upon conduct by Resident which is considered by Baptist to be unethical, unprofessional, fraudulent, unlawful, or adverse to the interest, reputation or business of Baptist.

7.1.9. Upon total disability of Resident or upon inability of Resident to perform the duties required hereunder for a designated period of time in accordance with applicable law and Baptist’s employment policies and procedures.

7.1.10. Upon repeated failure by Resident to conform and comply with Baptist’s professional requirements concerning maintenance of medical records.

7.1.11. Upon the determination of Baptist in good faith that Resident is not providing adequate patient care or that the health, safety or welfare of patients is jeopardized by continuing the employment of Resident.

7.1.12. Upon exclusion of Resident from participation in federal health care programs.

8. EVENTS FOLLOWING TERMINATION.
8.1. **Return of Baptist's Property.** Upon termination, Resident shall immediately return any and all property of Baptist including, but not limited to, keys, card keys, identification badges or other security devices used by Resident. Furthermore, Resident shall vacate the practice site on the date specified by Baptist and remove all personal effects by that date. Any personal property not removed shall be deemed abandoned by Resident and may be disposed of at Baptist’s discretion.

9. **AGREEMENTS REGARDING PATIENTS AND PATIENT RECORD.**

9.1. **Baptist's Patients.** Upon termination or non-renewal of this Agreement, Resident shall not contact any patients without Baptist's permission.

9.2. **Patient Confidentiality.** Any patient information received by Resident is privileged and shall not be disclosed except as required or permitted by law. Any disclosure made without the patient's express written permission must be made according to applicable legal requirements and Baptist’s rules and regulations. This provision shall survive the termination or expiration of this Agreement.

9.3. **Patient Records.** All records, including regular and personal files, of patients treated, consulted, served, or interviewed by Resident shall belong to and remain the property of Baptist and may be removed only upon its written consent. Resident shall maintain current, accurate, and complete patient records which comply with both governmental and Baptist record keeping requirements. The use and copying of patient records shall be subject to Baptist’s permission and conducted according to its rules and regulations.

10. **NOTICES.** All notices, requests, demands, and other communications required or permitted to be in writing and sent by certified first class mail, postage prepaid, return receipt requested, to:

   Resident: «First» «Last», M.D.
   «Street_Address»
   «City>, «State» «Zip»

   Baptist: Baptist Memorial Hospital – Memphis
   6019 Walnut Grove Road
   Memphis, Tennessee 38120
   Attn: Administrator and CEO

   Either party may change said address by giving written notice to the other.

11. **ENTIRE AGREEMENT, ASSIGNMENT, AND WAIVER.**

11.1. **Governing Law.** This Agreement shall be governed by and construed under the laws of the State of Tennessee without reference to the principles of choice and/or conflict of law.

11.2. **Entire Agreement and Amendment.** This Agreement and its Exhibits constitute the final and complete agreement of the parties and supersede any previous agreement, promise, negotiation, or representation concerning the subject matter of this Agreement. This Agreement is not being entered into on the basis of or reliance on any promise or representation other than the promises specifically and expressly set forth herein. This Agreement may not be modified or amended except by an instrument in writing signed by the parties hereto.

11.3. **Assignment.** This Agreement and all rights and obligations of Resident hereunder are personal to Resident and shall not be voluntarily or involuntarily sold, transferred, or assigned by Resident. Baptist may assign this Agreement and any or all of its rights, interests, and obligations hereunder to any entity affiliated or associated with Baptist.
11.4. **Waiver.** No term or condition of this Agreement shall be deemed waived nor shall there be an estoppel against the enforcement of any provision of this Agreement except by written instrument signed by the party charged with such waiver or estoppel. No such written waiver shall be deemed a continuing waiver unless specifically stated.

11.5. **Non-Waiver Breach.** Failure to enforce any of the terms and conditions in this Agreement in a particular circumstance shall not be construed as a general waiver or continuing waiver thereof by Baptist. Baptist shall be free to reinstate such term or condition with or without notice to Resident, unless and except to the extent that such waiver is provided in writing.

12. **MEDICARE ACCESS TO BOOKS AND RECORDS.** In the event that Section 952 of the Omnibus Reconciliation Act of 1980, 42 U.S.C. § 1395x(v)(1)(I), is applicable to this Agreement, Resident agrees with Baptist that until the expiration of four (4) years after the furnishing of the services provided under this Agreement, Resident will make available to the Secretary of the United States Department of Health and Human Services (the "Secretary") and the United States Comptroller General, and their duly authorized representatives, this Agreement and all books, documents, and records necessary to certify the nature and extent of the costs of these services. If Resident carries out the duties of this Agreement through a sub-contract, it will also contain an access clause to permit access by the Secretary, the United States Comptroller General, and their representatives to the related organization's books and records. If Baptist is caused a loss of reimbursement or otherwise penalized by reason of Resident's failure to cooperate under this section, Resident will be responsible for such loss.

13. **SEVERABILITY.** If any provision of this Agreement is held invalid for any reason, such invalidity shall not affect any other provision of this Agreement.

14. **EXCLUSION/DEBARMENT.**

14.1. Glossary, for purposes of this provision:

14.1.1. "Ineligible to participate in Federal programs" means to have been excluded, debarred, suspended or otherwise declared ineligible to participate in Federal health care programs or Federal procurement or non-procurement programs.

14.1.2. "Designated crimes" means program-related crimes; crimes relating to patient abuse; felony conviction relating to health care fraud; or felony conviction relating to controlled substances.

14.2. Resident warrants that Resident is not currently ineligible to participate in Federal programs nor has he/she been convicted of any of the designated crimes. If Resident is declared ineligible to participate in Federal programs or is convicted of any of the designated crimes, Resident agrees that he/she will immediately notify Baptist of the ineligibility or conviction, and Resident furthermore agrees that such ineligibility or conviction shall provide a basis for the immediate termination of this Agreement.

14.3. In the event that Resident is ineligible to participate in Federal programs or is convicted of any of the designated crimes, and such ineligibility or conviction results in Baptist being unable to bill for such goods, services and/or products or having to reimburse payment received, then Resident agrees to reimburse Baptist for the amount that could not be billed or that had to be reimbursed for such goods, services and/or products, plus any interest incurred and any financial penalties imposed that are the direct result of such ineligibility or conviction.

14.4. Resident hereby represents and warrants that he/she has not been charged with, arrested for or convicted of any sex offenses and that at no time has he/she been listed in 1) the national sex offender public registry website coordinated by the United States Department of Justice; 2) the sexual offender registry maintained by the Arkansas Crime Information Center; 3) the sexual
offender registry maintained by the Mississippi Department of Public Safety; or 4) the sexual offender registry maintained by the Tennessee Bureau of Investigation.

14.5. Resident hereby represents and warrants that he/she has not been charged with, arrested for or convicted of any offenses related to abuse and that at no time has he/she been listed on any adult abuse registry maintained for any state in which Resident has lived in the previous seven (7) years including, but not limited to, that maintained by the Tennessee Department of Health.

15. STANDARDS OF CONDUCT. Resident has received a copy of the Baptist Standards of Conduct, has read them and agrees to abide by them as a condition of employment with Baptist. Resident agrees to sign the acknowledgement contained in the back of the Standards of Conduct and return it prior to beginning to perform under this Agreement. If Resident becomes aware of any suspected violation of laws, regulations, or Baptist Standards of Conduct during the term of this Agreement, Resident agrees to report such to Baptist through the facility’s Compliance Coordinator and/or Officer, the Baptist Helpline/Hotline, Baptist Corporate Compliance or Baptist Corporate Legal Counsel.

16. COMPLIANCE WITH APPLICABLE LAWS.

16.1. The parties expressly acknowledge that it has been and continues to be their intent to comply fully with all applicable federal, state, and local laws, rules, and regulations. It is neither a purpose nor a requirement of this Agreement or any other agreement between the parties to offer or receive any remuneration or benefit of any nature for the referral of, or to solicit, require, induce, or encourage the referral of any patient, item, or business for which payment may be made or sought in whole or in part by Medicare, Medicaid, or any other federal or state reimbursement program. This Agreement has been prepared to comply, to the extent possible, with all applicable Safe Harbor regulations and to comply with the Stark Law and all rules and regulations thereunder. All compensation and payments provided hereunder are intended to represent fair market value for the services provided and it is expressly acknowledged that no payment made or received under this Agreement is in return for the referral of patients or in return for the purchasing, leasing, ordering, arranging for, or recommending the purchasing, leasing, or ordering of any good, service, item, or product for which payment may be made or sought in whole or in part under Medicare, Medicaid, or any other federal or state reimbursement program. In the event of any applicable legislative or regulatory change or action, whether federal or state, that has or would have a significant adverse impact on either party hereto in connection with the performance of services hereunder, or should either party be deemed for any reason in violation of any statute or regulation arising from this Agreement, or should it be determined that this Agreement gives rise to a financial relationship or other relationship under the Stark Act which is not subject to an applicable exception so that referrals between the parties, or billing for such referrals, would be prohibited or restricted by the Stark Act or other state or federal "anti-referral" law, then this Agreement shall be renegotiated to comply with the then current law and, if the parties hereto are unable to reach a mutually agreeable and appropriate modification, either party may terminate this Agreement upon ninety (90) days written notice to the other party.

16.2. The parties acknowledge that in the event Resident has multiple contracts with Baptist, all such contracts shall be memorialized in Baptist’s TractManager contract management system which shall serve as Baptist’s “master list” as required by 42 C.F.R §411.357(d).

SIGNATURES APPEAR ON THE NEXT PAGE
IN WITNESS WHEREOF, the parties have executed this Agreement to be effective as of the date first above-written.

Baptist Memorial Hospital

By:__________________________________________
   Randy King
   Its:   Vice President Metro Operations

Resident

By:__________________________________________
Department and Program Structure
Organizational Charts
BMHCC Graduate Medical Education

Metro Graduate Medical Education Structure

Board

Medical Executive Committee

Collierville MSLC
Memphis MSLC
Women’s MSLC
DeSoto MSLC
Metro Administration

GME Committee

Designated Institutional Official & Director of Medical Education (Chief Academic Officer)

Graduate Medical Education Department
Baptist – sponsored Residency Programs
Other Residency Programs rotating through Baptist

Academic Year 2016 – 2017
Family Medicine (ACGME # 1204700727)
Anne L. S. Sullivan, MD, FAAFP; Program Director
Kent A. Lee, MD, FAAFP; Clinical Associate Program Director
4 resident physicians (4/0/0)
Academic Year 2014 – 2015

Family Medicine Chain of Command

Family Medicine (ACGME # 1204700727)

- Anne L. S. Sullivan, MD, FAAFP; Program Director
- Kent A. Lee, MD, FAAFP, MA; Clinical Associate Program Director
- Beth Choby, MD, FAAFP; Core Faculty
- Ron McDonald, DMin; Core Faculty
- Susan Nelson, MD, FAAFP; Core Faculty
- Collins Rainey, MD, FAAFP; Core Faculty
- Regina Neal; Program Coordinator
Graduate Medical Education Committee (GMEC)

In compliance with Accreditation Council for Graduate Medical Education (ACGME) and Baptist Memorial Health Care (BMHCC), the Graduate Medical Education Committees at BMHCC facilities are established according to the following guidelines.

ACCREDITATION STANDARDS

ACGME:

- Voting membership must include:
  - Designated Institutional Official (DIO)
  - A representative sample of program directors from the institution’s ACGME-accredited programs (or program director from single program if institution has only one program)
  - At least two peer-selected residents/fellows from among the institution’s ACGME-accredited programs (or sole resident/fellow from sole program if applicable)
  - A quality improvement or patient safety officer or designee
  - For single program institutions, one or more individuals from a different department than that of the program specialty (and other than the quality improvement or patient safety member), within or from outside the Sponsoring Institution, at least one of whom is actively involved in graduate medical education

- Subcommittees that address required GMEC responsibilities must include a peer-selected resident/fellow

- Subcommittee actions that address required GMEC responsibilities must be reviewed and approved by the GMEC

- GMEC must meet at least once per quarter during each academic year and must include attendance by:
  - at least one resident/fellow member
  - at least one Quality Improvement / Patient Safety representative
  - at least one member of the Graduate Medical Education department
  - The DIO or his/her designee
  - at least one Program Director or Program Faculty member from at least 50% of the programs of the Sponsoring Institution

- Meeting minutes must be kept for each GMEC meeting and include documentation of execution of all required GMEC functions and responsibilities which include:

  - Oversight of:
    - ACGME accreditation status of the Sponsoring institution and each of its ACGME-accredited programs
    - The quality of the GME learning and working environment within the Sponsoring Institution, each of its ACGME-accredited programs and its participating sites
    - The quality of educational experiences in each ACGME-accredited program that lead to measurable achievement of educational outcomes as identified in the ACGME Common and Specialty/subspecialty-specific Program Requirements
    - The ACGME-accredited program(s)’ annual evaluation and improvement activities and
    - All processes related to reductions and closure of individual ACGME-accredited programs; major participating sites, and the Sponsoring Institution

  - Review and approval of:
- Institutional GME policies and procedures
- Annual recommendations to the Sponsoring Institution’s administration regarding resident/fellow stipends and benefits
- Applications for ACGME accreditation of new programs
- Requests for permanent changes in resident/fellow complement
- Major changes in each of its ACGME-accredited programs’ structure or duration of education
- Additions and deletions of each of its ACGME-accredited programs’ participating sites
- Appointment of new program directors
- Progress reports requested by a Review Committee
- Responses to Clinical Learning Environment Review (CLER) reports
- Requests for increases or any change to resident duty hours
- Voluntary withdrawal of ACGME program accreditation
- Requests for appeal of an adverse action by a Review Committee and
- Appeal presentations to an ACGME Appeals Panel.

The GMEC must demonstrate effective oversight of the Sponsoring Institution’s accreditation through an Annual Institutional Review (AIR)

- The GMEC must identify institutional performance indicators for the AIR which include:
  - Results of the most recent institutional self-study visit
  - Results of ACGME surveys of residents/fellows and core faculty members and
  - Notification of each of its ACGME-accredited programs’ accreditation statuses and self-study visits
- The AIR must include monitoring procedures for action plans resulting from the review
- The DIO must submit a written annual executive summary of the AIR to the Governing Body

The GMEC must demonstrate effective oversight of underperforming program(s) through a Special Review process

- The Special Review process must include a protocol that:
  - Establishes criteria for identifying underperformance and
  - Results in a report that describes the quality improvement goals, the corrective actions, and the process for GMEC monitoring of outcomes.

The Graduate Medical Education Committee is well established at BMHCC. This committee is comprised of residents, medical staff, quality and patient safety, and administrative representatives from all Baptist facilities involved in Graduate Medical Education. Additional representatives from our affiliated institutions also serve on the Baptist GMEC. The GMEC reports to BMHC Medical Executive Committee (MEC). Ultimate oversight for GME is provided by the Baptist Board of Directors.

The BMHC GMEC meets every other month and is responsible for the oversight of graduate medical education at all Baptist facilities. This committee provides oversight for all annual program reviews, special reviews, and GME policy administration. The committee is led by the Director of Graduate Medical Education (DGME) which is currently filled by the ACGME Designated Institutional Official (DIO)/Chief Academic Officer (CAO) for Baptist Memorial Health Care who reports to the Chief Medical officer for Baptist Memorial Health Care. The DGME reports bimonthly to the Graduate Medical Executive Committee (GMEC) to communicate issues of patient safety, quality, educational, and supervisory needs of the
education programs. This information is communicated in turn to the Board of Directors as a part of the report of the GMEC.

Each facility that sponsors a GME Residency Program maintains its own GMEC. Representatives from all facilities hosting residents and medical students are invited to serve on the BMHC GMEC via teleconferencing.

Current membership on the BMHC GMEC includes the following positions:

- DGME/ DIO/ Chief Medical Officer
- Baptist Program Directors, Associate Program Directors, and Program Coordinators
- Baptist Peer-selected Resident Representatives
- Faculty/ Site Directors from UTHSC
- Resident Representatives from UTHSC
- Patient Safety/ Quality/ Performance Improvement Representative
- Graduate Medical Education Representative
- Finance/ Reimbursement
- Pending Program Representatives
Chief Academic Officer (CAO)
The Chief Academic Officer for Baptist Memorial Health Care provides oversight for Medical Education, Graduate Medical Education, and Continuing Medical Education for all facilities in the BMHCC system. The CAO reports to the Corporate Chief Medical Officer.

The CAO’s responsibilities related to Graduate Medical Education include the following:

1. Provide administration for Graduate Medical Education and oversight for all submissions to the Accreditation Council for Graduate Medical Education (ACGME) and American Osteopathic Association (AOA)
2. Liaise between Programs, Facilities, and System Administration when appropriate
3. Provide administrative oversight for resident issues requiring attention above Program Director level
4. Prepare an annual residency budget and manage its implementation
5. Provide an annual report to the governing body of Baptist Memorial Health Care

Designated Institutional Official (DIO)
Baptist Memorial Health Care has appointed the Chief Academic Officer to serve as the Designated Institutional Official (DIO). The DIO reports to the System Chief Academic Officer or System Chief Medical Officer.

The DIO’s responsibilities include the following:

1. Provide leadership and guidance for the sponsoring institution’s Graduate Medical Education Committee (GMEC) as the Chairman for this committee
2. Provide oversight and guidance to Program Directors for all submissions to the Accreditation Council for Graduate Medical Education (ACGME)
3. Provide oversight and administration of the Sponsoring Institution’s ACGME-accredited programs and ensure compliance with the ACGME Institutional, Common, and Specialty/ Subspecialty-specific Program Requirements.
4. Review and edit or approve information that will be submitted to the ACGME
5. Review and edit or co-sign all program application forms as well as any correspondence or document submitted to the ACGME that addresses:
   a. Program citations
   b. Request for changes in the program that would have a significant impact, including financial on the program or institution
   c. Requests for duty hour exceptions for residents
6. Provide an annual written report on the current GME programs to the Baptist Board of Directors
7. Assist in the selection of qualified and attentive Program Directors for each residency program sponsored by Baptist Memorial Health Care
8. Work with the Program Directors to help maintain sound training programs for the residents and medical community
9. Provide guidance to the MEC for all GME related issues
10. Maintain the affiliate relationships with the Arkansas State University, New York Institute of Technology, the University of Mississippi Medical Center, the University of Tennessee Health Science Center, and Vanderbilt University Medical Center
11. Support the undergraduate and graduate medical curriculums in this community
12. Prepare an annual residency budget and manage its implementation

Program Director (PD)
Each Program Director (PD) of a residency program accredited by the Accreditation Council for Graduate Medical Education (ACGME) will have the authority and accountability for the operation of the program. His/her length of service should be sufficient to maintain continuity of leadership and program stability. PD changes must be approved by the GMEC of the sponsoring institution.

Qualification of the Program Director will include:
1. Requisite specialty expertise and documented educational and administrative experience acceptable to the Review Committee
2. Current certification in the specialty by the American Board of Medical Specialties or specialty qualifications that are acceptable to the Review Committee
3. Current medical licensure and appropriate medical staff appointment

The Program Director’s responsibilities include the following:
1. Oversee and ensure the quality of didactic and clinical education in all sites that participate in the program
2. Approve a local director at each participating site who is accountable for resident education
3. Approve the selection of program faculty as appropriate
4. Evaluate program faculty
5. Approve the continued participation of program faculty based on evaluation
6. Monitor resident supervision at all participating sites
7. Prepare and submit all information required and requested by the ACGME
8. Ensure compliance with grievance and due process procedures as set forth in the Institutional Requirements and implemented by the sponsoring institution
9. Provide verification of residency education for all residents, including those who leave the program prior to completion
10. Implement policies and procedures consistent with the institutional and program requirements for resident duty hours and the working environment, and to that end must:
   a. Distribute these policies and procedures to the residents and faculty
   b. Monitor resident duty hours, according to sponsoring institutional policies, with a frequency sufficient to ensure compliance with ACGME requirements
   c. Adjust schedules as necessary to mitigate excessive service demands and/or fatigue
   d. If applicable, monitor the demands of at-home call and adjust schedules as necessary to mitigate excessive service demands and/or fatigue
11. Monitor the need for and ensure the provision of back up support systems when patient care responsibilities are unusually difficult or prolonged
12. Comply with the sponsoring institution’s written policies and procedures, including those specified in the Institutional Requirements, for selection, evaluation and promotion of residents, disciplinary action, and supervision of residents
13. Be familiar with and comply with ACGME and Review Committee policies and procedures as outlined in the ACGME Manual of Policies and Procedures
14. Obtain review and approval of the sponsoring institution’s GMEC/DIO before submitting information or request to the ACGME
15. Obtain DIO review and co-signature on all program application forms, as well as any correspondence of document submitted to the ACGME that addresses
   a. Program citations
   b. Request for changes in the program that would have a significant impact, including financial, on the program or institution
16. Other requirements as indication by the program-specific requirements

**Associate Program Director (APD)**
Each Associate Program Director (APD) must fulfill the requirements as stated by the accrediting agency’s Program Requirements for the Specialty in which he/she serves. The APD must be attitudinally suited to conduct a training program.

The Associate Program Director’s responsibilities include the following:

1. Assist the Program Director to accomplish his/her responsibilities as stated in the accrediting agency’s Program Requirements
2. Fulfill his/her responsibilities as stated in the accrediting agency’s Program Requirements

**Faculty**
Faculty must make available non-clinical time to provide instruction to residents

**Program Coordinators**
Each Program must have a Program Coordinator to assist the Program Director, Associate Program Director, Faculty, and Residents with tasks associated with the Program. Program Coordinators may not be required to partake in non-Program related tasks at the expense of the Program. Programs may not share Program Coordinators except when Program Requirements allow.

**Other Affiliations**
GME coordinates the policies, rotations, and communications for learners and encompasses undergraduate, graduate, post-graduate levels and fellows. This ensures the quality and safety of the educational programs provided by the various Baptist facilities and overseen by the governing authorities of Baptist Memorial Health Care.
Resident Responsibilities and Supervision

Resident Duties

RESIDENT’S DUTIES

1. To develop a personal program of self-study and professional growth with guidance from the teaching staff.

2. To participate in safe, effective and compassionate patient care under physician supervision, commensurate with resident’s level of advancement and responsibility.

3. To participate in institutional activities to the extent required and to assume responsibility for teaching and supervising other residents and students.

4. To complete a minimum of one pre-approved research project and other Scholarly Activity as required by the Program and the Accreditation Council for Graduate Medical Education (ACGME) during the residency program.

5. To participate in Inter-professional Teams concerning Quality Improvement and Patient Safety activities as required by the Accreditation Council for Graduate Medical Education (ACGME)

6. To participate in institutional programs and activities to help identify system errors and implement potential systems solutions

7. To adhere to established practices, policies and procedures of the Program and policies of all affiliated hospitals where required, including the timely completion of medical records.

8. To provide efficient, cost-effective and quality patient care.

9. To engage in the ethical practice of medicine in accordance with all applicable laws, rules and regulations and applicable standards of care.

10. To provide all medical services in a nondiscriminatory manner, without regard to a patient’s race, color, sex, age, religion, national origin, disability, or handicapping condition.

11. To cooperate with Baptist’s Quality Assurance, Total Quality Assessment, Patient Safety Organization, Risk Management, Human Resources and Compliance programs, including, if necessary, providing interviews, written statements, and participating in any investigation as requested by Baptist.
PURPOSE: To establish a policy that clarifies the established requirements of all Work Environments for Fellows, Residents, and Students participating in Graduate Medical Education Programs or Rotations at Baptist facilities

POLICY: GME Trainee Work Environment Policy

PROCEDURE: In accordance with ACGME requirements, Baptist has established the following standards to ensure a safe and productive work environment for all GME Trainees.

- Each Program Director, with the assistance of his faculty, will be responsible for oversight and maintenance of the Work Environment for his/her program. Baptist Graduate Medical Education will be responsible for general oversight of all GME Trainees. The Chief Academic Officer and Graduate Medical Education department will maintain an “Open Door” policy for working with fellows, residents, students, facilities, and schools.
- Program and Baptist are committed to and responsible for promoting patient safety and resident well-being and to that end, will educate residents and faculty members concerning the professional responsibilities of physicians to appear for duty appropriately rested and fit to provide the services required by their patients.
- Program and Baptist will ensure that residents are integrated and actively participate in interdisciplinary clinical quality improvement and patient safety programs.
- Program and Baptist will ensure and monitor effective, structured hand-over processes by utilizing standardized Transitions of Care checklists and minimizing the number of transitions of patient care.
- In order to ensure a healthy and safe learning and working environment, Baptist will provide:
  - Access to food while on duty at all participating sites;
  - Safe, quiet, and private sleep/rest facilities available and accessible for residents/fellows
  - Security and safety measures appropriate to the participating site,
  - Additional resources which may include Internet, electronic medical record access, access to library resources, a locked room or lockers for student personal items, and reasonable access to patients.
  - Biannual Resident Forums during which any resident/fellow employed by Baptist must have the opportunity to raise a concern to the forum. Resident Forums are conducted at least in part, under the guidance of the Chief Resident(s) and without the DIO, faculty members, or other administrators present.
Communication resources and technology: Faculty members and residents/fellows have ready access to adequate communication resources and technological support. Specifically, this will include:
- 24/7/365 IT Support
- 24/7/365 EMR Access and Support

Access to medical literature: Faculty members and GME Trainees have ready access to specialty/subspecialty-specific electronic medical literature databases and other current reference material in print or electronic format. This is provided with a combination of resources including the Baptist Medical Staff Library, online research capabilities, and Program–level libraries. Online Educational Resources includes UpToDate, PubMed, OPAC, OVID Nursing Online, etc.

Support Services and Systems: In order to ensure that the ACGME-accredited programs’ educational goals and objectives, and the residents’/fellows’ educational experience is not compromised by excessive reliance on residents/fellows to fulfill non-physician service obligations, Baptist will provide support services and systems which include:
- Peripheral intravenous access placement, phlebotomy, laboratory, pathology and radiology services and patient transportation services provided in a manner appropriate to and consistent with educational objectives and to support high quality and safe patient care; and,
- Electronic medical records are available at all participating sites to support high quality and safe patient care, residents’/fellows’ education, quality improvement and scholarly activities.

Baptist shall provide immediate emergency health care for Trainees if needed for illness or injury suffered during participation in the Program and for initial response to exposure to blood borne pathogens or other hazardous materials onsite. Rotating Trainees will then be referred to School for follow up at the earliest convenience provided such referral can be lawfully made under the Emergency Medical Treatment and Labor Act (EMTALA) and/or any applicable similar state law.

Baptist (for Programs sponsored by Baptist) or Baptist and School (for Programs sponsored by School) will monitor Trainees’ learning environment to identify positive and negative influences. Concerns regarding possible mistreatment of Trainees or failure of Trainees to abide by the highest standards of professionalism shall be addressed by Chief Academic Officer (Baptist residents/fellows) or reported to School (Rotating residents/fellows/students).

Baptist and School shall require its Faculty and Trainees providing services hereunder to refrain from conduct that may be reasonably considered offensive to others or disruptive to the workplace or patient care ("Inappropriate Conduct"). Examples of Inappropriate Conduct include, but are not limited to, the following:
- The use of threatening or abusive language directed at patients, patient families, visitors, colleagues, physicians, and any and all employees of Baptist;
- Making degrading or demeaning comments regarding patients, patient families, visitors, colleagues, physicians, and any and all employees of Baptist;
- The use of profanity or similarly offensive language while at Baptist and/or while speaking with or referring to patients, patient families, visitors, colleagues, physicians, and any and all employees of Baptist;
- Having physical contact with another individual that may be interpreted as threatening, intimidating or offensive;
• Making public derogatory comments or making similar entries in medical records about the quality of care being provided at Baptist or by Baptist's employees rather than directing such concerns through appropriate peer review or quality assurance channels; and
• Sexual harassment which, for purposes of this contract and not to the exclusion of any definition provided by law or Baptist's Medical Staff Bylaws, is defined as any unwelcome advance, request for sexual favors, or other verbal, written or physical conduct of a sexual nature that interferes with work performance or that creates an intimidating, offensive or hostile work environment.
PURPOSE: To establish a process and set guidelines for the purpose of standardization of supervision of Family Medicine residents under the oversight of the Graduate Medical Education department. “Supervision in the setting of graduate medical education has the goals of assuring the provision of safe and effective care to the individual patient; assuring each resident’s development of the skills, knowledge, and attitudes required to enter the unsupervised practice of medicine; and establishing a foundation for continued professional growth.” Common Program Requirements NAS, Introduction, Int.A.

POLICY: Family Medicine Program Supervision Policy

PROCEDURE: Supervision Standards for Family Medicine Resident Physicians in the Patient Care Settings

GENERAL REQUIREMENTS:

Resident Physicians are supervised by appropriately credentialed and privileged attending physicians. The program is responsible for maintaining a current accounting of procedural competencies and level of supervision required and for insuring that all supervising physicians comply with these guidelines.

DEFINITIONS:

Direct Supervision – The supervising physician is physically present with the resident/student and patient.

Indirect Supervision –

- With direct supervision immediately available – the supervising physician is physically within the hospital or other site of patient care, and is immediately available to provide Direct Supervision.
- With direct supervision available – the supervising physician is not physically present within the hospital or other site of patient care, but is immediately available by means of telephonic and/or electronic modalities, and is available to provide Direct Supervision.

************** Please see attached grid for specific guidelines ***************

Additional guidelines for residents:

Progressive Authority and Responsibility

The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care delegated to each resident must be assigned by the program director and faculty members:
- The Clinical Competency Committee (CCC) and program director must evaluate each resident’s abilities according to ACGME Milestones.
- Supervising faculty members will delegate patient care activities to residents based on the needs of the patient and the demonstrated abilities of the resident.
- Senior residents should serve in a supervisory role of junior residents in recognition of their progress toward independence, based on the needs of each patient and the skills of the individual resident.
- Faculty supervision assignments should be of sufficient duration to assess the knowledge and skills of each resident and delegate to them the appropriate level of patient care authority and responsibility.
- There are circumstances in which all residents, regardless of level of training and experience, must verbally communicate with appropriate supervising faculty. These circumstances include:
  - ICU admissions to the inpatient service
  - Transfer of patients to a higher level of care, e.g. from the floor to the ICU, or critical change in a patient’s status, e.g. cardiac or respiratory arrest
  - Change in DNR status
  - Patient or family dissatisfaction
  - Patient requesting AMA discharge
  - Patient death
- All residents are expected to progress during their residency period. Residents failing to demonstrate satisfactory progression will be subject to guidelines contained in the BMH GMEC policy for “Non-Renewal of Agreements.”

Responsibilities

General

- All patient care must be supervised by qualified faculty with appropriate credentials and privileges.
- PGY-1 level residents must be supervised either directly or indirectly, with direct supervision immediately available. If indirect supervision is provided, such supervision must be consistent with RRC policies. PGY-1 residents must meet established advancement criteria, with approval of the program director and faculty, in order to be eligible for indirect supervision.

Faculty Responsibilities

- Routinely review resident documentation in hospital and clinic medical records.
- Provide resident physicians with appropriate and constructive feedback.
- Serve as role models to residents, demonstrating professionalism and exemplary communication skills in patient care.
- Round daily on inpatients being cared for by residents or urgently, as dictated by circumstances or at the request of residents.
- Write or dictate daily notes on the above patients.
- Follow Medicare rules and regulations regarding documentation and billing.

Resident Responsibilities
Residents are responsible for knowing the limits of their scope of authority and the circumstances under which they are permitted to act with conditional independence.

Residents must write or dictate daily notes on patients under their care as appropriate. All orders must have dates and times.

Residents must discuss patient care decisions with the attending physician as appropriate.
## SUPERVISION GUIDELINES

<table>
<thead>
<tr>
<th>Patient Setting / Clinical Activity</th>
<th>Initial Supervision Requirements:</th>
<th>Advanced Supervision Requirements:</th>
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<tbody>
<tr>
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<td>OPERATING / DELIVERY ROOM</td>
<td>Direct Supervision – The supervising physician is physically present with the resident/ student and patient.</td>
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<td>NON-ROUTINE, NON-BEDSIDE, NON-OR PROCEDURES (e.g., Cardiac Cath, Endoscopy, Interventional Radiology, etc.)</td>
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<tr>
<td>EMERGENCY DEPARTMENT</td>
<td>Direct Supervision – The supervising physician is physically present with the resident/ student and patient.</td>
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<td>EMERGENCY CARE - Immediate care is initiated to preserve life or prevent impairment. The procedure is initiated with the departmental attending physician contacted.</td>
<td>Indirect Supervision with Direct Supervision Available – the supervising physician is not physically present within the hospital or other site of patient care, but is immediately available by means of telephonic and/ or electronic modalities, and is available to provide Direct Supervision.</td>
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<td>INPATIENT CARE / Hospital Discharge and Transfers</td>
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PURPOSE: To establish a policy for Resident Duty Hours that complies with the Accreditation Council for Graduate Medical Education (ACGME) and American Osteopathic Association (AOA) guidelines. To that end, the information below has been taken from both the ACGME and AOA Requirements.

POLICY: Duty Hours Policy

The program must be committed to and be responsible for promoting patient safety and resident well-being and to providing a supportive educational environment. The learning objective of the program must not be compromised by excessive reliance on residents to fulfill service obligations. Didactic and clinical education must have priority in the allotment of residents’ time and energy. Duty hour assignments must recognize that faculty and residents collectively have responsibility for the safety and welfare of patients.

SUPERVISION: See the GME Supervision Policy

COMBINED ACGME/AOA-SPECIFIC REQUIREMENTS*:

Maximum Hours per Week
Duty hours must be limited to 80 hours per week, averaged over a four week period, inclusive of all in-house call activities and all moonlighting.

Duty Hours Exceptions
BMHCC does not permit exceptions to the Duty Hour policy.

Moonlighting
Residents must not be required to participate in moonlighting activities. Program Directors must evaluate each resident’s academic performance before granting permission for a resident to moonlight. Program Directors must continue to monitor each resident’s academic and clinical performance when moonlighting is served. If at any time, the Program Director believes that the resident should not participate in moonlighting activities because of declining academic or clinical performance, permission to participate in moonlighting may be withdrawn.

Moonlighting must not interfere with the ability of the resident to achieve the goals and objectives of the educational program. Time spent by residents in Internal and External Moonlighting (as defined in the ACGME Glossary of Terms) must be counted towards the 80-hour Maximum Weekly Hour Limit.

PGY-1 residents are not permitted to moonlight.
See the GME Moonlighting policy for additional guidance.

**Mandatory Time Free of Duty**
Residents must be scheduled for a minimum of one day free of duty every week (when averaged over four weeks). At-home call cannot be assigned on these free days.

**Maximum Duty Period Length**
Duty periods of PGY-1 residents must not exceed 16 hours in duration. Duty periods of PGY-2 residents and above may be scheduled to a maximum of 24 hours of continuous duty in the hospital. Programs must encourage residents to use alertness management strategies in the context of patient care responsibilities. Strategic napping, especially after 16 hours of continuous duty and between the hours of 10:00 p.m. and 8:00 a.m., is strongly suggested. It is essential for patient safety and resident education that effective transitions in care occur. Residents may be allowed to remain on-site in order to accomplish these tasks; however, this period of time must be no longer than an additional four hours. All Duty Hour instances in excess of twenty-four (24) hours must be reported by the resident/fellow in writing with rationale to the DME/Program Director and reviewed by the GMEC for monitoring individual residents and Programs.

Residents must not be assigned additional clinical responsibilities after 24 hours of continuous in-house duty. In unusual circumstances, residents, on their own initiative, may remain beyond their scheduled period of duty to continue to provide care to a single patient. Justifications for such extensions of duty are limited to reasons of required continuity for a severely ill or unstable patient, academic importance of the events transpiring, or humanistic attention to the needs of a patient or family. Under those circumstances, the resident must: appropriately hand over the care of all other patients to the team responsible for their continuing care; and, document the reasons for remaining to care for the patient in question and submit that documentation in every circumstance to the program director.

The program director must review each submission of additional service, and track both individual resident and program-wide episodes of additional duty.

**Minimum Time Off between Scheduled Duty Periods**
- PGY-1 residents should have 10 hours, and must have eight hours, free of duty between scheduled duty periods.
- Intermediate-level residents [as defined by the Review Committee] should have ten hours free of duty, and must have eight hours between scheduled duty periods. They must have at least fourteen hours free of duty after twenty-four hours of in-house duty.
- Residents in the final years of education [as defined by the Review Committee] must be prepared to enter the unsupervised practice of medicine and care for patients over irregular or extended periods. This preparation must occur within the context of the 80-hour, maximum duty period length, and one-day-off-in seven standards. While it is desirable that residents in their final years of education have eight hours free of duty between scheduled duty periods, there may be circumstances [as defined by the Review Committee] when these residents must stay on duty to care for their patients or return to the hospital with fewer than eight hours free of duty. Circumstances of return-to-hospital activities with fewer than eight hours away from the hospital by residents in their final years of education must be monitored by the program director.
- Following a shift of twenty to twenty-four (20-24) hours, all residents must have at least fourteen (14) hours off before being required to be on duty or on call again.
- Following a shift of greater than twelve (12) but less than twenty (20) hours, residents must have at least ten (10) hours off before being required to be on duty or on call again.
- All residents shall have forty-eight (48) hours off on alternate weeks, or at least one twenty-four (24) hour period off each week and shall have no call responsibility during that time. At-home call cannot be assigned on these days.
- All off-duty time must be totally free from clinical or assigned classroom educational activity.

**Emergency Department Duty**
Residents assigned to Emergency Department duty shall work no longer than twelve (12) hour shifts with no more than thirty (30) additional minutes allowed for transfer of care. In the event that any resident works more than twelve and one-half (12 ½) hours, he/she shall be required to submit documentation to the DME/Program Director an explanation for the excessive time. Such documentation shall be reviewed the GMEC for monitoring of individual residents and Programs.

**Interruption of Patient Care**
Each Program shall include provisions for continuity of patient care in the event that a resident has met or exceeded his/her duty hour limits. Such provisions may include reassignment of patient care to faculty or appropriate additional residents. Patient care responsibility is not precluded by this duty hours policy.

**Maximum Frequency of In-House Night Float**
Residents must not be scheduled for more than six consecutive nights of night float.

**Maximum In-House On-Call Frequency**
PGY-2 residents and above must be scheduled for in-house call no more frequently than every-third-night (when averaged over a four-week period).

**At-Home Call**
Time spent in the hospital by residents on at-home call must count towards the 80-hour maximum weekly hour limit. The frequency of at-home call is not subject to the every-third-night limitation, but must satisfy the requirement for one-day-in-seven free of duty, when averaged over four weeks.

At-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each resident. Residents are permitted to return to the hospital while on at-home call to care for new or established patients. Each episode of this type of care, while it must be included in the 80-hour weekly maximum, will not initiate a new "off-duty period".

* From ACGME Common Program Requirements NAS 2015 and AOA Res. No. B-8 – M/2015
PURPOSE: To establish a policy for resident moonlighting that complies with the Accreditation Council for Graduate Medical Education (ACGME) and American Osteopathic Association (AOA) guidelines. This policy should be considered to be in addition to the GME Duty Hour Policy and the Baptist Secondary Employment Policy.

POLICY: Resident Moonlighting Policy

PROCEDURE: External Moonlighting is defined as voluntary, compensated, medically-related work performed outside the institution where the resident is in training or at any of its related participating sites. External Moonlighting must be considered part of the eighty (80) hour weekly limit on duty hours.

Internal Moonlighting is defined as voluntary, compensated, medically-related work (not related with training requirements) performed within the institution in which the resident is in training or at any of its related participating sites. Residents will not be required to participate in Internal Moonlighting activities. Internal Moonlighting must be considered part of the eighty (80) hour weekly limit on duty hours.

Moonlighting must not interfere with the ability of the resident to achieve the goals and objectives of the educational program. PGY-1 residents are not permitted to moonlight.

Programs will monitor resident duty hours, including moonlighting, with a frequency sufficient to ensure compliance with ACGME requirements. If necessary, the program will adjust schedules to mitigate excessive service demands. At no time will residents be permitted to work more than eighty (80) hours per week inclusive of scheduled residency hours, external and internal moonlighting. All residents must be provided with one day in seven free from all educational and clinical responsibilities, averaged over a four-week period, inclusive of call. Adequate time for rest and personal activities must be provided. This should consist of a 10-hour time period provided between all daily duty periods and after in-house call.

To that end and to ensure that professional activities outside the program do not interfere with a resident’s performance, the program director must review and at his / her discretion, issue written approval for all extramural professional activities. Residents are required to complete a duty hour log and submit these to the Residency Coordinator biweekly. Programs will submit a summative moonlighting report to the GMEC on a semiannual basis.

Practice activities permitted outside the educational program vary with the academic performance level of each resident.
Each resident is responsible for attaining and maintaining the appropriate state medical license where moonlighting occurs. In addition, each resident is responsible for attaining and maintaining the appropriate separate liability insurance. The Baptist liability trust does not cover residents during external moonlighting activities.

Violation of this moonlighting policy could result in disciplinary actions up to and including dismissal from the Baptist Memorial Hospital Residency Program.
Baptist Memorial Health Care Corporation
Graduate Medical Education Residency Program

I, ____________________________________________________________, Program Director of the ____________________________________________________________ Program, do hereby acknowledge that ____________________________________________, is engaging in extracurricular moonlighting activities at _______________________________________________________________. This resident has reviewed and agrees to abide by the Resident Duty Hours Policy. Resident has been advised to limit his moonlighting to ___________ hours / week. Further, the resident is required to submit monthly a duty log for all moonlighting hours worked. It is also stipulated that moonlighting activity is not covered under the Baptist Memorial Hospital Malpractice Liability Insurance Policy.

__________________________________________________________
Program Director

__________________________________________________________
Date

__________________________________________________________
Resident

__________________________________________________________
Date
Family Medicine Residency Curriculum

General Competency-Based Curricular Expectations of All Residents:

**DOCUMENTATION OF RESIDENT PERFORMANCE AND ATTAINMENT OF ACGME COMPETENCIES FOR GRADUATION**

Documentation of resident performance consists of, but is not limited to, all evaluations returned from all rotations and preceptors, copies of licensure and permits, letters of communication, test scores, Resident-Director evaluations, any corrective action plans and copies of experience documentation. These records are all part of the resident’s permanent file. The permanent files are kept in the Office of Graduate Medical Education and are considered confidential. Appropriate release of information is required for review or copying of any contents by anyone other than the Program Director, residency faculty or the resident.

To successfully graduate at the end of 36 months from our Family Medicine Residency, the resident must complete the required curriculum and become competent, as outlined in EDUCATION GOALS and below, in the six domains of ACGME Competencies.

**Please note:**
- PGY-2 is expected to attain PGY-1 & PGY-2 learning objectives
- PGY-3 should attain all learning objectives

**Patient Care / General Objectives**
Residents must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health. Residents are expected to:

<table>
<thead>
<tr>
<th>Objective</th>
<th>Measurement Tool</th>
<th>Expected Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Perform a thorough history and physical examination</td>
<td>mini-CEX, monthly global rating forms, patient surveys, record review (from global forms), procedure log</td>
<td>Meet expected competency level on rotation evals / Milestones</td>
</tr>
<tr>
<td>2. Synthesize data into a problem list and differential diagnosis</td>
<td>mini-CEX, monthly global rating forms, patient surveys, record review (from global forms), procedure log</td>
<td>Meet expected competency level on rotation evals / Milestones</td>
</tr>
<tr>
<td>3. Formulate a diagnostic and therapeutic plan with some supervision</td>
<td>mini-CEX, monthly global rating forms, patient surveys, record review (from global forms), procedure log</td>
<td>Meet expected competency level on rotation evals / Milestones</td>
</tr>
<tr>
<td>4. Demonstrate humanistic and professional behavior in patient interactions</td>
<td>mini-CEX, monthly global rating forms, patient surveys, record review (from global forms), procedure log</td>
<td>Meet expected competency level on rotation evals / Milestones</td>
</tr>
<tr>
<td>5. Applies preventive care in an outpatient setting</td>
<td>mini-CEX, monthly global rating forms, patient surveys, record review (from global forms), procedure log</td>
<td>Meet expected competency level on rotation evals / Milestones</td>
</tr>
</tbody>
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### PG2

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<tr>
<th>Objective</th>
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<tbody>
<tr>
<td>1. Coordinate patient care among all members of the health care team</td>
<td>monthly global rating forms, patient and peer surveys, procedure logs</td>
<td>Meet expected competency level on rotation evals / Milestones; Meet institutional benchmarks on patient evals</td>
</tr>
<tr>
<td>2. Formulate therapeutic and diagnostic plan independently</td>
<td>monthly global rating forms, patient and peer surveys, procedure logs</td>
<td>Meet expected competency level on rotation evals / Milestones; Meet institutional benchmarks on patient evals</td>
</tr>
<tr>
<td>3. Use information technology to support patient care decisions</td>
<td>monthly global rating forms, patient and peer surveys, procedure logs</td>
<td>Meet expected competency level on rotation evals / Milestones; Meet institutional benchmarks on patient evals</td>
</tr>
<tr>
<td>4. Counsels and educates patients and families</td>
<td>monthly global rating forms, patient and peer surveys, procedure logs</td>
<td>Meet expected competency level on rotation evals / Milestones; Meet institutional benchmarks on patient evals</td>
</tr>
<tr>
<td>5. Develop and carry out patient care plans, using principles of evidence-based decision-making, appropriate prioritization, and taking into account the needs, beliefs, and resources of patient and family</td>
<td>Direct observation, rotation evals / Milestones, patient evals</td>
<td>Meet expected competency level on rotation evals / Milestones; Meet institutional benchmarks on patient evals</td>
</tr>
</tbody>
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### PG3

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<tr>
<th>Objective</th>
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</thead>
<tbody>
<tr>
<td>1. Efficiently evaluate and manage patients in the inpatient and outpatient setting at the level of a family physician</td>
<td>monthly global rating forms, patient/peer/nurse surveys, procedure logs</td>
<td>Meet expected competency level for training on Rotation evals / Milestones</td>
</tr>
</tbody>
</table>
2. Function competently as a family medicine consultant
   - Monthly global rating forms, patient/peer/nurse surveys, procedure logs
   - Meet expected competency level for training on Rotation evals / Milestones

3. Gather essential and accurate information using the following clinical skills: medical interviewing, physical examination, diagnostic studies, and developmental assessments
   - Direct observation, rotation evals / Milestones
   - Meet expected competency level for training on Rotation evals / Milestones

4. Make informed diagnostic and therapeutic decisions based on patient information, current scientific evidence and clinical judgment, using clinical problem-solving skills, recognizing the limits of one’s knowledge and expertise, gathering appropriate information and using colleagues and consultants appropriately
   - Direct observation, rotation evals / Milestones
   - Meet expected competency level for training on Rotation evals / Milestones

5. Effectively use common therapies within the scope of medical knowledge goals for a Family Physician in the various curriculum domains (see specific rotation Medical knowledge goals), including a variety of prescription and non-prescription medications, intravenous fluids, as well as special diets and nutritional supplements. Be familiar with therapies commonly used by sub-specialists and other professionals who care for patients with specialty specific diseases.
   - Direct observation, rotations evals / Milestones
   - Meet expected competency level on rotation evals / Milestones

6. Counsel patients and families in a supportive manner so they can understand their illness or injury and its treatment, share in decision-making, make informed consent and participate actively in the care plan
   - Direct observation, rotation evals / Milestones, patient satisfaction surveys
   - Meet expected competency level on rotation evals / Milestones and meet institutional benchmarks on patient satisfaction surveys

7. End of Life Care. Planning for end of life decision. Counseling patients and their families in regards to DPOA, Hospice, and Comfort Care measures in a thoughtful and respectful manner
   - Direct observation, patient survey, rotation eval / Milestones
   - Meet expected competency level on rotation evals / Milestones and meet institutional benchmarks on patient sat. surveys

Patient Care / Procedural Objectives

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<thead>
<tr>
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</table>
1. Perform the majority of procedures required by rotation specific curriculum  
   Direct observation, rotation evals, procedure evals  
   Attain competency level 2 - Able to perform this procedure with direct supervision and assistance

### PG2

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</thead>
<tbody>
<tr>
<td>1. Perform and supervise procedures required by rotation specific curriculum</td>
<td>Direct observation, rotation evals, procedure evals</td>
<td>Attain competency level 3 - Able to perform this procedure without direct supervision</td>
</tr>
</tbody>
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### PG3

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<tr>
<td>1. Perform and supervise every procedure required by rotation specific curriculum</td>
<td>Direct observation, rotation evals, procedure evals</td>
<td>Attain competency level 4 - Demonstrates a high level of technical skill and understanding of this procedure</td>
</tr>
</tbody>
</table>

### Medical Knowledge

Residents must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences, as well as the application of this knowledge to patient care. Residents are expected to:

**Expected outcome for MEDICAL KNOWLEDGE:**

Attain competence in Medical Knowledge goals below and specific to each curricular rotation/longitudinal experience.

Meet expected competency level on rotations and attaining >30% when compared to national peers for PGY on annual In-service Training Exam (ITE), improving on personal score each year, and passing the ABFM certification exam at the end of the PGY 3.

### PG1

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<tr>
<th>Objective</th>
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<tbody>
<tr>
<td>1. Describe basic pathophysiology for common family medicine conditions</td>
<td>in-service examination, monthly global rating forms, conference attendance log</td>
<td>Meet expectation competency level on rotation evals / Milestones: ITE exam</td>
</tr>
<tr>
<td>2. Develop basic knowledge base for common inpatient and outpatient conditions</td>
<td>in-service examination, monthly global rating forms, conference attendance log</td>
<td>Meet expectation competency level on rotation evals / Milestones: ITE exam</td>
</tr>
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### PG2

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<tbody>
<tr>
<td>1. Demonstrate in-depth pathophysiology for common family medicine conditions</td>
<td>In-service examination, monthly global rating forms, conference attendance log</td>
<td>Meet expectation competency level on</td>
</tr>
</tbody>
</table>
### Objective | Measurement Tool | Expected Outcome
---|---|---
1. Demonstrate in-depth pathophysiology for commonly and uncommonly seen family medicine conditions | in-service examination, monthly global rating forms, conference attendance log | Meet expectation competency level on rotation evals / Milestones: ITE exam
2. Apply critical reading skills to current family medicine literature | in-service examination, monthly global rating forms, conference attendance log | Meet expectation competency level on rotation evals / Milestones: ITE exam
3. Develop a systematic approach to acquiring and maintaining current medical knowledge | in-service examination, monthly global rating forms, conference attendance log | Meet expectation competency level on rotation evals / Milestones: ITE exam
4. Critically evaluate current medical information and scientific evidence and modify one’s knowledge base accordingly | Direct observation, conferences and journal reporting, Milestones | Satisfactory rotation evals, participate in and lead conferences, Milestones
5. Recognize the limits of one’s knowledge and expertise by seeking information needed to answer clinical questions and using consultants and referrals appropriately, Use this process to guide life-long learning plans | Direct observation, rotation evals, Milestones, peer eval | Meet expected competency level on rotation evals / Milestones
6. Apply current medical information and scientific evidence effectively to patient care (e.g. use an open-minded, analytical approach demonstrating sound clinical judgment and appropriate attention to priorities). | Direct observation, rotation evals /Milestones, peer evals | Meet expected competency level on evals / Milestones

### Practice-based Learning and Improvement
Residents must demonstrate the ability to investigate and self-evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life-long learning. Residents are expected to develop skills and habits to be able to meet the following goals:

1. Identify strengths, deficiencies, and limits in one’s knowledge and expertise.
2. Set learning and improvement goals.
3. Identify and perform appropriate learning activities.
4. Systematically analyze practice using quality improvement methods, and implement changes with the goal of practice improvement.
5. Incorporate formative evaluation feedback into daily practice.
6. Locate, appraise, and assimilate evidence from scientific studies related to their patients’ health problems.
7. Use information technology to optimize learning.
8. Participate in the education of patients, families, students, residents and other health professionals.

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<tr>
<td>1. Ask for help when needed</td>
<td>Peer evals, PBLI project, Faculty eval / Milestones</td>
<td>Satisfactory performance on PBLI project annually, Meet expected competency level on Peer and Faculty evals / Milestones</td>
</tr>
<tr>
<td>2. Seek and accept feedback</td>
<td>Peer evals, PBLI project, Faculty eval / Milestones</td>
<td>Satisfactory performance on PBLI project annually, Meet expected competency level on Peer and Faculty evals / Milestones</td>
</tr>
<tr>
<td>3. Participate in quality improvement activities</td>
<td>Peer evals, PBLI project, Faculty eval / Milestones</td>
<td>Satisfactory performance on PBLI project annually, Meet expected competency level on Peer and Faculty evals / Milestones</td>
</tr>
<tr>
<td>4. Demonstrate improvement in clinical management</td>
<td>Peer evals, PBLI project, Faculty eval / Milestones</td>
<td>Satisfactory performance on PBLI project annually, Meet expected competency level on Peer and Faculty evals / Milestones</td>
</tr>
<tr>
<td>5. Teach M3 students effectively</td>
<td>Peer evals, PBLI project, Faculty eval / Milestones</td>
<td>Meet expected competency level on faculty and peer evals / Milestones</td>
</tr>
<tr>
<td>6. Demonstrate ability to access medically accurate web-based resources</td>
<td>Peer evals, PBLI project, Faculty eval / Milestones</td>
<td>Meet expected competency level on faculty and peer evals / Milestones</td>
</tr>
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<tbody>
<tr>
<td>1. Teach interns and M4 students effectively</td>
<td>monthly global rating forms, peer evaluations, student evaluations</td>
<td>Meet expected competency level on faculty and peer evals / Milestones</td>
</tr>
<tr>
<td>2. Use patient care errors and near-misses to teach others</td>
<td>monthly global rating forms, peer evaluations, student evaluations</td>
<td>Meet expected competency level on faculty and peer evals / Milestones</td>
</tr>
<tr>
<td>3. Use information technology such as PubMed or Ovid to enhance patient care</td>
<td>monthly global rating forms, peer evaluations, student evaluations</td>
<td>Meet expected competency level on faculty and peer evals / Milestones</td>
</tr>
<tr>
<td>4. Systematically assess the health care needs of one’s practice population and use this information to direct population-based problem solving with special attention to preventable morbidity and risk</td>
<td>Population management projects in clinic, PBLI annual project</td>
<td>Meet goals or improve performance to meet benchmarks for chronic disease</td>
</tr>
<tr>
<td>5. Seek and incorporate feedback and self-assessment into a plan for professional growth and practice improvement (e.g. use evaluation provided by patients, peers, superiors, and subordinates to improve patient care).</td>
<td>Mentor sessions, sign off all evals</td>
<td>Competency for level of training noted on Mentor/ Mentee summary sheets; satisfactory performance noted on evals / Milestones</td>
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### PG3

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<tbody>
<tr>
<td>1. Teach interns, students, and other residents effectively</td>
<td>Faculty evals / Milestones, Peer evals</td>
<td>Meet expected competency level on faculty and peer evals / Milestones</td>
</tr>
<tr>
<td>2. Analyze own practice for needed improvement</td>
<td>monthly global rating forms, peer evaluations</td>
<td>Meet expected competency level on faculty and peer evals / Milestones</td>
</tr>
<tr>
<td>3. Complete a QA/QI project under faculty direction</td>
<td>monthly global rating forms, peer evaluations</td>
<td>Meet expected competency level on faculty and peer evals / Milestones</td>
</tr>
<tr>
<td>4. Use scientific methods and evidence to investigate, evaluate, and improve one’s own patient care practice; continually strive to integrate best evidence into daily practice</td>
<td>Peer evals, PBLI project, Faculty eval / Milestones</td>
<td>Satisfactory performance on PBLI project annually, Meet expected competency level on Peer and Faculty evals / Milestones</td>
</tr>
</tbody>
</table>
5. Demonstrate willingness and capability to be a life-long learner by pursuing answers to clinical questions, using literature, texts, information technology, patients, colleagues, and formal teaching conferences.

Attendance at Block Didactic Day; feedback on rotation evals from faculty

100% attendance required unless excused by PD, Satisfactory performance on Evals/ Milestones: meet expected competency level

6. Be prepared to alter one’s practice of medicine over time in response to new discoveries and advances in epidemiology and clinical care

360° evals, Chronic disease management data

Satisfactory performance on all evals/ Milestones; meet competency for level of training, meet goals or improve performance to meet benchmarks for chronic disease management for level of training

Interpersonal and Communication Skills
Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, patients’ families, and health professionals. Residents are expected to:

1. Communicate effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds.
2. Communicate effectively with physicians, other health professionals, and health-related agencies.
3. Work effectively as a member or leader of a health care team or other professional group.
4. Act in a consultative role to other physicians and health professionals.
5. Maintain comprehensive, timely, and legible medical records, as applicable.

**PG1**

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<tr>
<td>1. Present a case accurately and succinctly</td>
<td>monthly global rating forms (with chart audits), mini-CExes, 360 degree evaluations including patient and student surveys</td>
<td>Satisfactory Performance on all evals/ Milestones: meet competency for level of training</td>
</tr>
<tr>
<td>2. Provide timely, legible, thorough, succinct medical record documentation - histories and physical examinations, progress notes, and discharge summaries</td>
<td>monthly global rating forms (with chart audits), mini-CExes, 360 degree evaluations including patient and student surveys</td>
<td>Satisfactory Performance on all evals/ Milestones: meet competency for level of training</td>
</tr>
<tr>
<td>3. Work well within team context relating to</td>
<td>monthly global rating forms</td>
<td>Satisfactory</td>
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<tr>
<td>Objective</td>
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<tr>
<td>1. Provide timely, legible, thorough and succinct resident admit and progress notes</td>
<td>monthly global rating forms (with chart audits), 360 degree evaluations including patient, peer, nurse and student surveys</td>
<td>Satisfactory Performance on all evals/ Milestones: meet competency for level of training</td>
</tr>
<tr>
<td>2. Work effectively as a leader of the health care team</td>
<td>monthly global rating forms (with chart audits), 360 degree evaluations including patient, peer, nurse and student surveys</td>
<td>Satisfactory Performance on all evals/ Milestones: meet competency for level of training</td>
</tr>
<tr>
<td>3. Provide education and counseling to patients, families, and colleagues</td>
<td>monthly global rating forms (with chart audits), 360 degree evaluations including patient, peer, nurse and student surveys</td>
<td>Satisfactory Performance on all evals/ Milestones: meet competency for level of training</td>
</tr>
<tr>
<td>4. Demonstrate skill in delivering end-of-life counseling to patients</td>
<td>monthly global rating forms (with chart audits), 360 degree evaluations including patient, peer, nurse and student surveys</td>
<td>Satisfactory Performance on all evals/ Milestones: meet competency for level of training</td>
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</tr>
<tr>
<td>1. Work effectively as a leader of the health care team including a team with potential dysfunction</td>
<td>monthly global rating forms, 360 degree evaluations</td>
<td>Satisfactory Performance on all evals/Milestones: meet competency for level of training</td>
</tr>
<tr>
<td>2. Demonstrate skill in handling all difficult patient care situations</td>
<td>monthly global rating forms, 360 degree evaluations</td>
<td>Satisfactory Performance on all evals/Milestones: meet competency for level of training</td>
</tr>
<tr>
<td>3. Function effectively as a consultant for specialty and subspecialty care</td>
<td>monthly global rating forms, 360 degree evaluations</td>
<td>Satisfactory Performance on all evals/Milestones: meet competency for level of training</td>
</tr>
<tr>
<td>4. Communicate effectively in a developmentally appropriate manner with patients and families to create and sustain a therapeutic relationship across the broad range of socioeconomic and cultural backgrounds.</td>
<td>Patient Satisfaction Surveys, Video recording / review with Mentor, Direct Observation, Rotation Eval / ACGME Milestones, Nursing Eval</td>
<td>Satisfactory Performance on all evals/Milestones: Meeting competency for level of training, Video Review to demonstrate competency in counseling/decision making for level of training / Milestones</td>
</tr>
<tr>
<td>5. Develop effective approaches for teaching students, colleagues, other professionals, and lay groups</td>
<td>360° evals</td>
<td>Satisfactory performance on all evals/Milestones, meet competency for level of training</td>
</tr>
<tr>
<td>a. Work effectively as a leader of the health care team including a team with potential dysfunction</td>
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<tr>
<td>b. Demonstrate skill in handling all difficult patient care situations</td>
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<tr>
<td>c. Function effectively as a consultant for specialty and subspecialty care</td>
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**Professionalism**

Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles. Residents are expected to demonstrate:

1. Compassion, integrity, and respect for others.
2. Responsiveness to patient needs that supersedes self-interest.
3. Respect for patient privacy and autonomy.
4. Accountability to patients, society and the profession.
5. Sensitivity and responsiveness to a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation.

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<tr>
<td>1. Establish trust with patients and staff</td>
<td>monthly global rating forms, 360 degree evaluations, mini-CEXes</td>
<td>Satisfactory Performance on all evals/ Milestones: meeting competency for level of training</td>
</tr>
<tr>
<td>2. Demonstrate respect, compassion, and integrity</td>
<td>monthly global rating forms, 360 degree evaluations, mini-CEXes</td>
<td>Satisfactory Performance on all evals/ Milestones: meeting competency for level of training</td>
</tr>
<tr>
<td>3. Demonstrate punctuality, reliability, and honesty</td>
<td>monthly global rating forms, 360 degree evaluations, mini-CEXes</td>
<td>Satisfactory Performance on all evals/ Milestones: meeting competency for level of training</td>
</tr>
<tr>
<td>4. Show regard for the opinions of others</td>
<td>monthly global rating forms, 360 degree evaluations, mini-CEXes</td>
<td>Satisfactory Performance on all evals/ Milestones: meeting competency for level of training</td>
</tr>
<tr>
<td>5. Maintain patient confidentiality</td>
<td>monthly global rating forms, 360 degree evaluations, mini-CEXes</td>
<td>Satisfactory Performance on all evals/ Milestones: meeting competency for level of training</td>
</tr>
<tr>
<td>6. Compassionately respond to issues of culture, age, gender, ethnicity, and disability in patient care</td>
<td>monthly global rating forms, 360 degree evaluations, mini-CEXes</td>
<td>Satisfactory Performance on all evals/ Milestones: meeting competency for level of training</td>
</tr>
<tr>
<td>7. Demonstrate commitment, responsibility, accountability for patient care, including continuity of care.</td>
<td>360° Evals</td>
<td>Satisfactory Performance on all evals/ Milestones: meeting competency for level of training</td>
</tr>
<tr>
<td>8. Maintain honesty and integrity in one’s professional duties.</td>
<td>360° Evals</td>
<td>Satisfactory performance on all evals/ Milestones: meeting competency for level of training</td>
</tr>
<tr>
<td>9. Consistently use compassion and empathy in one’s role as a physician.</td>
<td>Patient Evals, Peer Evals, Faculty Evals, Rotation</td>
<td>Satisfactory Performance on all</td>
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<tr>
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<tr>
<td>1. Display initiative and leadership</td>
<td>monthly global rating forms, 360 degree evaluations</td>
<td>Satisfactory Performance on all evals/ Milestones: meeting competency for level of training</td>
</tr>
<tr>
<td>2. Delegate responsibility to others effectively</td>
<td>monthly global rating forms, 360 degree evaluations</td>
<td>Satisfactory Performance on all evals/ Milestones: meeting competency for level of training</td>
</tr>
<tr>
<td>3. Acknowledge errors and work to minimize</td>
<td>monthly global rating forms,</td>
<td>Satisfactory</td>
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them | 360 degree evaluations | Performance on all evals/ Milestones: meeting competency for level of training

### PG3

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<tbody>
<tr>
<td>1. Demonstrates concern for educational development of students and residents</td>
<td>monthly global rating forms, 360 degree evaluations</td>
<td>Satisfactory performance on all evals/ Milestones: meeting competency for level of training</td>
</tr>
<tr>
<td>2. Volunteers for activities for the good of the institution and community</td>
<td>monthly global rating forms, 360 degree evaluations</td>
<td>Satisfactory performance on all evals/ Milestones: meeting competency for level of training</td>
</tr>
<tr>
<td>3. Demonstrates understanding of the ethical concerns about pharmaceutical and patient gifts</td>
<td>monthly global rating forms, 360 degree evaluations</td>
<td>Satisfactory performance on all evals/ Milestones: meeting competency for level of training</td>
</tr>
</tbody>
</table>

### Systems-based Practice

Residents must 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. Residents are expected to:

1. Work effectively in various health care delivery settings and systems relevant to their clinical specialty.
2. Coordinate patient care within the health care system relevant to their clinical specialty.
3. Incorporate considerations of cost awareness and risk-benefit analysis in patient and/or population-based care as appropriate.
4. Advocate for quality patient care and optimal patient care systems.
5. Work in inter-professional teams to enhance patient safety and improve patient care quality.
6. Participate in identifying system errors and implementing potential systems solutions.

### PG1

<table>
<thead>
<tr>
<th>Objective</th>
<th>Measurement Tool</th>
<th>Expected Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Demonstrate ability to practice medicine in a private, government, and municipal hospital setting</td>
<td>monthly global rating forms, 360 degree evaluations, patient surveys</td>
<td>Satisfactory performance on all evals / attain institutional quality goals</td>
</tr>
<tr>
<td>2. Demonstrate ability to practice medicine in an ambulatory clinic</td>
<td>monthly global rating forms, 360 degree evaluations, patient surveys</td>
<td>Satisfactory performance on all evals / attain institutional quality goals</td>
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<tr>
<td>3.</td>
<td>Function as a physician within a team</td>
<td>monthly global rating forms, 360 degree evaluations, patient surveys</td>
</tr>
<tr>
<td>4.</td>
<td>Serve as a patient advocate in the outpatient and inpatient setting</td>
<td>monthly global rating forms, 360 degree evaluations, patient surveys</td>
</tr>
<tr>
<td>5.</td>
<td>Work with ancillary team members (discharge planners, case managers, social workers) to provide high quality, cost-effective care</td>
<td>monthly global rating forms, 360 degree evaluations, patient surveys</td>
</tr>
<tr>
<td>6.</td>
<td>Advocate for the promotion of health and the prevention of disease and injury in populations.</td>
<td>Quality performance reports, HEDIS reports</td>
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</table>

**PG2**

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<tbody>
<tr>
<td>1. <strong>Objective</strong></td>
<td><strong>Measurement Tool</strong></td>
<td><strong>Expected Outcome</strong></td>
</tr>
<tr>
<td>Direct care in inpatient and outpatient settings as a member of a multi-disciplinary team</td>
<td>monthly global rating forms, 360 degree evaluations, patient surveys</td>
<td>Satisfactory Performance on all evals/Milestones: meet competencies for level of training</td>
</tr>
<tr>
<td>2. Use systematic approaches to reduce errors</td>
<td>monthly global rating forms, 360 degree evaluations, patient surveys</td>
<td>Satisfactory Performance on all evals/Milestones: meet competencies for level of training</td>
</tr>
<tr>
<td>3. Use scientific methods and evidence to investigate, evaluate and improve one’s own patient care practice; continually strive to integrate best evidence into daily practice.</td>
<td>QI/QA Projects, Presentation/ Evals</td>
<td>Satisfactory Performance on all evals/Milestones: meet competencies for level of training</td>
</tr>
<tr>
<td>4. Practice cost-effective health care and resource allocation that does not compromise quality of care.</td>
<td>Quality measurement standards</td>
<td>Evaluate based on institution and/or community quality standards</td>
</tr>
<tr>
<td>5. Work with health care managers and providers to assess, coordinate, and improve patient care, consistently advocating for high quality</td>
<td>360° Evals / ACGME Milestones</td>
<td>Satisfactory Performance on all evals / Milestones: meet competency for level of training</td>
</tr>
<tr>
<td>6. Acknowledge medical errors and develop practice systems to prevent them</td>
<td>Direct Observation, Chart Review, 360° Evals, Peer Review Data</td>
<td>Complete Resident Peer Review as needed. Report retained in resident portfolio to include statement from resident and plan for improvement/lessons</td>
</tr>
</tbody>
</table>
Chart review notes placed in portfolio and reviewed at mentor sessions.

Satisfactory Performance on all evals/Milestones: meet competency for level of training

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<thead>
<tr>
<th>Objective</th>
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<th>Expected Outcome</th>
</tr>
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<tbody>
<tr>
<td>1. Demonstrate knowledge of types of medical practice and health delivery systems</td>
<td>monthly global rating forms, 360 degree evaluations, patient surveys, portfolio (QA/QI project)</td>
<td>Satisfactory Performance on all evals / Milestones: meet competency for level of training</td>
</tr>
<tr>
<td>2. Practice effective allocation of health care resources to avoid compromising quality of care</td>
<td>monthly global rating forms, 360 degree evaluations, patient surveys, portfolio (QA/QI project)</td>
<td>Satisfactory Performance on all evals / Milestones: meet competency for level of training</td>
</tr>
<tr>
<td>3. Demonstrate knowledge of business aspects of medical practice including coding and insurance</td>
<td>monthly global rating forms, 360 degree evaluations, patient surveys, portfolio (QA/QI project)</td>
<td>Satisfactory Performance on all evals / Milestones: meet competency for level of training</td>
</tr>
<tr>
<td>4. Advocate for patients in one’s practice, by helping them with systems complexities and identifying resources to meet their needs.</td>
<td>360° Evals / ACGME Milestones</td>
<td>Satisfactory Performance on all evals / Milestones: meet competency for level of training</td>
</tr>
</tbody>
</table>
Milestone Evaluation Expected Outcomes:
Specific Rotation Evaluations will be based on the above competency goals and include the rotation specific Patient Care and Medical Knowledge Goals. Evaluation will be on a 5-point Likert scale that will correlate with the ACGME Worksheets from the Family Medicine Milestone Project; recorded in New Innovations (web-based Evaluation/Duty-Hour Recording data system). Rotation specific evaluations will be reviewed semi-annually by the Clinical Competency Committee, with the resident given a summative evaluation of competency skills.

Referencing the ACGME Family Medicine Milestone Project summative evaluation below, note expected minimal levels of competency in all domains will be as follows:

PGY1 at entry: Level 1 or greater  
PGY 1 to 2: Level 2 or greater  
PGY 2 to 3: Level 3 or greater  

PGY1 at 6 months: Level 1.5 or greater  
PGY 2 at 6 months: Level 2.5 or greater  
PGY 3 at 6 months: Level 3.5  

Minimal requirement to matriculate to independent practice at graduation: Level 4
**PATIENT CARE**

Family physicians provide accessible, quality, comprehensive, compassionate, continuous, and coordinated care to patients in the context of family and community, not limited by age, gender, disease process, or clinical setting, and by using the biopsychosocial perspective and patient-centered model of care.

**PC-1 Cares for acutely ill or injured patients in urgent and emergent situations and in all settings**

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<thead>
<tr>
<th>Level</th>
<th>Description</th>
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<tbody>
<tr>
<td><strong>Level 1</strong></td>
<td>Gathers essential information about the patient (history, exam, diagnostic testing, psychosocial context)</td>
</tr>
<tr>
<td><strong>Level 2</strong></td>
<td>Consistently recognizes common situations that require urgent or emergent medical care</td>
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<tr>
<td><strong>Level 3</strong></td>
<td>Generates differential diagnoses</td>
</tr>
<tr>
<td><strong>Level 4</strong></td>
<td>Recognizes role of clinical protocols and guidelines</td>
</tr>
<tr>
<td><strong>Level 5</strong></td>
<td>Consistently recognizes complex situations requiring urgent or emergent medical care</td>
</tr>
</tbody>
</table>

- Gathers essential information about the patient (history, exam, diagnostic testing, psychosocial context)
- Consistently recognizes common situations that require urgent or emergent medical care
- Generates differential diagnoses
- Recognizes role of clinical protocols and guidelines
- Consistently recognizes complex situations requiring urgent or emergent medical care

**PC-2 Cares for patients with chronic conditions**

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<tr>
<th>Level</th>
<th>Description</th>
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<tbody>
<tr>
<td><strong>Level 1</strong></td>
<td>Cares for patients with chronic conditions</td>
</tr>
<tr>
<td><strong>Level 2</strong></td>
<td>Gathers essential information about the patient (history, exam, diagnostic testing, psychosocial context)</td>
</tr>
<tr>
<td><strong>Level 3</strong></td>
<td>Consistently recognizes common situations that require urgent or emergent medical care</td>
</tr>
<tr>
<td><strong>Level 4</strong></td>
<td>Generates differential diagnoses</td>
</tr>
<tr>
<td><strong>Level 5</strong></td>
<td>Recognizes role of clinical protocols and guidelines</td>
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</tbody>
</table>

- Cares for patients with chronic conditions
- Gathers essential information about the patient (history, exam, diagnostic testing, psychosocial context)
- Consistently recognizes common situations that require urgent or emergent medical care
- Generates differential diagnoses
- Recognizes role of clinical protocols and guidelines
Recognizes chronic conditions
Accurately documents a clinical encounter on a patient with a chronic condition, and generates a problem list
Recognizes that chronic conditions have a social impact on individual patients

Establishes a relationship with the patient as his or her personal physician
Collects, organizes and reviews relevant clinical information
Recognizes variability and natural progression of chronic conditions and adapts care accordingly
Develops a management plan that includes appropriate clinical guidelines
Uses quality markers to evaluate the care of patients with chronic conditions
Understands the role of registries in managing patient and population health

Consistently applies appropriate clinical guidelines to the treatment plan of the patient with chronic conditions
Engages the patient in the self-management of his or her chronic condition
Clarifies the goals of care for the patient across the course of the chronic condition and for his or her family and community
Begins to manage the conflicting needs of patients with multiple chronic conditions or multiple co-morbidities

Leads care teams to consistently and appropriately manage patients with chronic conditions and co-morbidities
Facilitates patients’ and families’ efforts at self-management of their chronic conditions, including use of community resources and services

Personalizes the care of complex patients with multiple chronic conditions and co-morbidities to help meet the patients’ goals of care
Continually uses experience with patients and evidence-based medicine in population management of chronic condition patients

PC-3 Partners with the patient, family, and community to improve health through disease prevention and health promotion

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<th>Level 5</th>
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<tbody>
<tr>
<td>Collects family, social, and behavioral history</td>
<td>Identifies the roles of behavior, social determinants of health, and genetics as factors in health promotion and disease prevention</td>
<td>Explains the basis of health promotion and disease prevention recommendations to patients with the goal of shared decision making</td>
<td>Tracks and monitors disease prevention and health promotion for the practice population</td>
<td>Integrates practice and community data to improve population health</td>
</tr>
<tr>
<td>Demonstrates awareness of recommendations for health maintenance and screening guidelines developed by various organizations</td>
<td>Incorporates disease prevention and health promotion into practice</td>
<td>Describes risks, benefits, costs, and alternatives related to health promotion and disease prevention activities</td>
<td>Integrates disease prevention and health promotion seamlessly in the ongoing care of all patients</td>
<td>Partners with the community to improve population health</td>
</tr>
<tr>
<td>Reconciles recommendations for health maintenance and</td>
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Partners with the patient and
screening guidelines developed by various organizations
family to overcome barriers to disease prevention and health promotion
Mobilizes team members and links patients with community resources to achieve health promotion and disease prevention goals

**PC-4** Partners with the patient to address issues of ongoing signs, symptoms, or health concerns that remain over time without clear diagnosis despite evaluation and treatment, in a patient-centered, cost-effective manner

<table>
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<tr>
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<tbody>
<tr>
<td>Level 1</td>
<td>Acknowledges that patients with undifferentiated signs, symptoms, or health concerns are appropriate for the family physician and commits to addressing their concerns</td>
</tr>
<tr>
<td>Level 2</td>
<td>Develops a comprehensive differential diagnosis for patients with undifferentiated signs, symptoms, or health concerns, and prioritizes an appropriate evaluation and treatment plan</td>
</tr>
<tr>
<td>Level 3</td>
<td>Facilitates patients’ understanding of their expected course and events that require physician notification. Identifies the medical and social needs of patients with undifferentiated signs, symptoms, or health concerns. Utilizes multidisciplinary resources to assist patients with undifferentiated signs, symptoms, or health concerns in order to deliver health care more efficiently</td>
</tr>
<tr>
<td>Level 4</td>
<td>Accepts personal responsibility to care for patients with undifferentiated signs, symptoms, or health concerns. Develops treatment plans that include periodic assessment and that use appropriate community and family resources to minimize the effect of the undifferentiated signs, symptoms, and health concerns for the patient. Establishes rapport with patients to the degree that patients confidently accept the assessment of an undiagnosed condition</td>
</tr>
<tr>
<td>Level 5</td>
<td>Demonstrates comfort caring for patients with long-term undifferentiated signs, symptoms, or health concerns. Investigates emerging science and uses multidisciplinary teams to care for patients with undifferentiated signs, symptoms, or health concerns. Contributes to the development of medical knowledge around undifferentiated signs, symptoms, and health concerns</td>
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**PC-5** Performs specialty-appropriate procedures to meet the health care needs of individual patients, families, and communities, and is knowledgeable about procedures performed by other specialists to guide their patients’ care

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<tr>
<td>Identifies procedures that family physicians perform</td>
<td>Performs procedures under supervision, and knows the indications of, contraindications of, complications of, how to obtain informed consent for, procedural technique for, post-procedure management of, and interpretation of results of the procedures they perform</td>
</tr>
<tr>
<td>Demonstrates sterile technique</td>
<td>Begins the process of identifying additional procedural skills he or she may need or desire to have for future practice</td>
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**MEDICAL KNOWLEDGE**

The practice of family medicine demands a broad and deep fund of knowledge to proficiently care for a diverse patient population with undifferentiated health care needs.

**MK-1 Demonstrates medical knowledge of sufficient breadth and depth to practice family medicine**

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<tr>
<th>Level 1</th>
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<tbody>
<tr>
<td>Demonstrates the capacity to improve medical knowledge through targeted study</td>
<td>Uses the American Board of Family Medicine (ABFM) In-Training Assessment resident scaled score to further guide his or her education</td>
<td>Meets Maintenance of Certification (MOC) requirements in preparation for certification examination</td>
<td>Successfully completes ABFM requirements for certification</td>
<td>Maintains ABFM certification</td>
</tr>
<tr>
<td>Demonstrates capacity to assess and act on personal learning needs</td>
<td>Achieves an ABFM In-Training Assessment resident scaled score predictive of passing the certification examination</td>
<td>Appropriately uses, performs, and interprets diagnostic tests and procedures</td>
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**MK-2 Applies critical thinking skills in patient care**

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<tbody>
<tr>
<td>Recognizes that an in-depth knowledge of the patient and a broad knowledge of sciences are essential to the work of family physicians</td>
<td>Synthesizes information from multiple resources to make clinical decisions</td>
<td>Recognizes and reconciles knowledge of patient and medicine to act in patients’ best interest</td>
<td>Integrates and synthesizes knowledge to make decisions in complex clinical situations</td>
<td>Integrates in-depth medical and personal knowledge of patient, family and community to decide, develop, and implement treatment plans</td>
</tr>
<tr>
<td>Demonstrates basic decision making capabilities</td>
<td>Begins to integrate social and behavioral sciences with biomedical knowledge in patient care</td>
<td>Recognizes the effect of an individual’s condition on families and populations</td>
<td>Uses experience with patient panels to address population health</td>
<td>Collaborates with the participants necessary to address important health problems for both individuals and communities</td>
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<tr>
<td>Demonstrates the capacity to correctly interpret basic clinical tests and images</td>
<td>Anticipates expected and unexpected outcomes of the patients’ clinical condition and data</td>
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</table>
**SYSTEMS-BASED PRACTICE**
The stewardship of the family physician helps to ensure high value, high quality, and accessibility in the health care system. The family physician uses his or her role to anticipate and engage in advocacy for improvements to health care systems to maximize patient health.

**SBP-1 Provides cost-conscious medical care**

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<tbody>
<tr>
<td>Understands that health care resources and costs impact patients and the health care system</td>
<td>Knows and considers costs and risks/benefits of different treatment options in common situations</td>
<td>Coordinates individual patient care in a way that is sensitive to resource use, efficiency, and effectiveness</td>
<td>Partners with patients to consistently use resources efficiently and cost effectively in even the most complex and challenging cases</td>
<td>Role models and promotes efficient and cost-effective use of resources in the care of patients in all settings</td>
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**SBP-2 Emphasizes patient safety**

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<tbody>
<tr>
<td>Understands that medical errors affect patient health and safety, and that their occurrence varies across settings and between providers</td>
<td>Recognizes medical errors when they occur, including those that do not have adverse outcomes</td>
<td>Uses current methods of analysis to identify individual and system causes of medical errors common to family medicine</td>
<td>Consistently engages in self-directed and practice improvement activities that seek to identify and address medical errors and patient safety in daily practice</td>
<td>Role models self-directed and system improvement activities that seek to continuously anticipate, identify and prevent medical errors to improve patient safety in all practice settings, including the development, use, and promotion of patient care protocols and other tools</td>
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**SBP-3 Advocates for individual and community health**

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<tbody>
<tr>
<td>Recognizes social context and environment, and how a community’s public policy decisions affect individual and community health</td>
<td>Recognizes that family physicians can impact community health</td>
<td>Identifies specific community characteristics that impact specific patients’ health</td>
<td>Collaborates with other practices, public health, and community-based organizations to educate the public, guide policies, and implement and evaluate community initiatives</td>
<td>Role-models active involvement in community education and policy change to improve the health of patients and communities</td>
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<tr>
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<tbody>
<tr>
<td>Lists ways in which community characteristics and resources affect the health of patients and communities</td>
<td>Understands the process of conducting a community strengths and needs assessment</td>
<td>Seeks to improve the health</td>
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**SBP-4 Coordinates team-based care**

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<th>Level</th>
<th>Description</th>
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<tbody>
<tr>
<td>Level 1</td>
<td>Understands that quality patient care requires coordination and teamwork, and participates as a respectful and effective team member.</td>
</tr>
<tr>
<td>Level 2</td>
<td>Understands the roles and responsibilities of oneself, patients, families, consultants, and inter-professional team members needed to optimize care, and accepts responsibility for coordination of care.</td>
</tr>
<tr>
<td>Level 3</td>
<td>Engages the appropriate care team to provide accountable, team-based, coordinated care centered on individual patient needs. Assumes responsibility for seamless transitions of care. Sustains a relationship as a personal physician to his or her own patients.</td>
</tr>
<tr>
<td>Level 4</td>
<td>Accepts responsibility for the coordination of care, and directs appropriate teams to optimize the health of patients.</td>
</tr>
<tr>
<td>Level 5</td>
<td>Role models leadership, integration, and optimization of care teams to provide quality, individualized patient care.</td>
</tr>
</tbody>
</table>
PRACTICE-BASED LEARNING AND IMPROVEMENT
The family physician must demonstrate the ability to investigate and evaluate the care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life-long learning.

PBLI -1 Locates, appraises, and assimilates evidence from scientific studies related to the patients’ health problems

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<tbody>
<tr>
<td>Describes basic concepts in clinical epidemiology, biostatistics, and clinical reasoning</td>
<td>Identifies pros and cons of various study designs, associated types of bias, and patient-centered outcomes</td>
<td>Applies a set of critical appraisal criteria to different types of research, including synopses of original research findings, systematic reviews and meta-analyses, and clinical practice guidelines</td>
<td>Incorporates principles of evidence-based care and information mastery into clinical practice</td>
<td>Independently teaches and assesses evidence-based medicine and information mastery techniques</td>
</tr>
<tr>
<td>Categorizes the design of a research study</td>
<td>Formulates a searchable question from a clinical question</td>
<td>Critically evaluates information from others, including colleagues, experts, and pharmaceutical representatives, as well as patient-delivered information</td>
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<tr>
<td>Evaluates evidence-based point-of-care resources</td>
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PBLI-2 Demonstrates self-directed learning

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<tbody>
<tr>
<td>Acknowledges gaps in personal knowledge and expertise and frequently asks for feedback</td>
<td>Incorporates feedback and evaluations to assess performance and develop a learning plan</td>
<td>Has a self-assessment and learning plan that demonstrates a balanced and accurate assessment of competence and areas for continued improvement</td>
<td>Identifies own clinical information needs based, in part, on the values and preferences of each patient</td>
<td>Regularly seeks to determine and maintain knowledge of best evidence supporting common practices, demonstrating consistent behavior of regularly reviewing evidence in common practice areas</td>
</tr>
<tr>
<td>Uses feedback to improve learning and performance</td>
<td>Uses point-of-care, evidence-based information and guidelines to answer clinical questions</td>
<td>Demonstrates use of a system or process for keeping up with relevant changes in medicine</td>
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<td>Completes ABFM MOC requirements for residents</td>
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<td>Initiates or collaborates in research to fill knowledge gaps in family medicine</td>
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<td></td>
<td>Consistently evaluates self and practice, using appropriate</td>
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<td>Integrates MOC into ongoing</td>
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</table>
Curricular Expectations

evidence-based standards, to implement changes in practice to improve patient care and its delivery

Role models continuous self-improvement and care delivery improvements using appropriate, current knowledge and best-practice standards

PBLI-3 Improves systems in which the physician provides care

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<tbody>
<tr>
<td>Recognizes inefficiencies, inequities, variation, and quality gaps in health care delivery</td>
<td>Compares care provided by self and practice to external standards and identifies areas for improvement</td>
<td>Uses a systematic improvement method (e.g., Plan-Do-Study-Act [PDSA] cycle) to address an identified area of improvement</td>
<td>Establishes protocols for continuous review and comparison of practice procedures and outcomes and implementing changes to address areas needing improvement</td>
<td>Role models continuous quality improvement of personal practice, as well as larger health systems or complex projects, using advanced methodologies and skill sets</td>
</tr>
</tbody>
</table>

Uses an organized method, such as a registry, to assess and manage population health
PROFESSIONALISM

Family physicians share the belief that health care is best organized and delivered in a patient-centered model, emphasizing patient autonomy, shared responsibility, and responsiveness to the needs of diverse populations. Family physicians place the interests of patients first while setting and maintaining high standards of competence and integrity for themselves and their professional colleagues. Professionalization is the developmental process that requires individuals to accept responsibility for learning and maintaining the standards of the discipline, including self-regulating lapses in ethical standards. Family physicians maintain trust by identifying and ethically managing the potential conflicting interests of individual patients, patients’ families, society, the medical industry, and their own self-interests.

PROF-1 Completes a process of professionalization

<table>
<thead>
<tr>
<th>Level 1</th>
<th>Level 2</th>
<th>Level 3</th>
<th>Level 4</th>
<th>Level 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Defines professionalism</td>
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<tr>
<td>Knows the basic principles of medical ethics</td>
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<tr>
<td>Recognizes that conflicting personal and professional values exist</td>
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<tr>
<td>Demonstrates honesty, integrity, and respect to patients and team members</td>
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<tr>
<td>Recognizes own conflicting personal and professional values</td>
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<tr>
<td>Knows institutional and governmental regulations for the practice of medicine</td>
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<tr>
<td>Engages in self-initiated pursuit of excellence</td>
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<tr>
<td>Embraces the professional responsibilities of being a family physician</td>
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<tr>
<td>Demonstrates leadership and mentorship in applying shared standards and ethical principles, including the priority of responsiveness to patient needs above self-interest across the health care team</td>
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</table>

PROF-2 Demonstrates professional conduct and accountability

<table>
<thead>
<tr>
<th>Level 1</th>
<th>Level 2</th>
<th>Level 3</th>
<th>Level 4</th>
<th>Level 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Presents him or herself in a respectful and professional manner</td>
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<tr>
<td>Attends to responsibilities and completes duties as required</td>
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<tr>
<td>Maintains patient confidentiality</td>
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<tr>
<td>Consistently recognizes limits of knowledge and asks for assistance</td>
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<tr>
<td>Has insight into his or her own behavior and likely triggers for professionalism lapses, and is able to use this information to be professional</td>
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<tr>
<td>Recognizes professionalism lapses in self and others</td>
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<tr>
<td>Reports professionalism lapses using appropriate reporting procedures</td>
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<tr>
<td>Maintains appropriate professional behavior without external guidance</td>
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</tr>
<tr>
<td>Exhibits self-awareness, self-management, social awareness, and relationship management</td>
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<tr>
<td>Negotiates professional lapses of the medical team</td>
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<tr>
<td>Models professional conduct placing the needs of each patient above self-interest</td>
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<tr>
<td>Helps implement organizational policies to sustain medicine as a profession</td>
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</tr>
</tbody>
</table>
Documents and reports clinical and administrative information truthfully

Completes all clinical and administrative tasks promptly

Identifies appropriate channels to report unprofessional behavior

**PROF-3 Demonstrates humanism and cultural proficiency**

**Level 1**
Consistently demonstrates compassion, respect, and empathy

Recognizes impact of culture on health and health behaviors

**Level 2**
Displays a consistent attitude and behavior that conveys acceptance of diverse individuals and groups, including diversity in gender, age, culture, race, religion, disabilities, sexual orientation, and gender identity

Elicits cultural factors from patients and families that impact health and health behaviors in the context of the biopsychosocial model

**Level 3**
Incorporates patients’ beliefs, values, and cultural practices in patient care plans

Identifies health inequities and social determinants of health and their impact on individual and family health

**Level 4**
Anticipates and develops a shared understanding of needs and desires with patients and families; works in partnership to meet those needs

**Level 5**
Demonstrates leadership in cultural proficiency, understanding of health disparities, and social determinants of health

Develops organizational policies and education to support the application of these principles in the practice of medicine

**PROF-4 Maintains emotional, physical, and mental health; and pursues continual personal and professional growth**

**Level 1**
Demonstrates awareness of the importance of maintenance of emotional, physical, and mental health

**Level 2**
Applies basic principles of physician wellness and balance in life to adequately manage personal emotional, physical, and mental health

Recognizes signs of impairment

**Level 3**
Actively seeks feedback and provides constructive feedback to others

**Level 4**
 Appropriately manages situations in which maintaining personal emotional, physical, and mental health are challenged

**Level 5**
Optimizes professional responsibilities through the application of principles of physician wellness to the practice of medicine
Recognizes fatigue, sleep deprivation, and impairment
Balances physician well-being with patient care needs
in self and team members, and responds appropriately
Maintains competency appropriate to scope of practice

Accepts constructive feedback

COMMUNICATION

The family physician demonstrates interpersonal and communication skills that foster trust, and result in effective exchange of information and collaboration with patients, their families, health professionals, and the public.

**C-1 Develops meaningful, therapeutic relationships with patients and families**

<table>
<thead>
<tr>
<th>Level 1</th>
<th>Level 2</th>
<th>Level 3</th>
<th>Level 4</th>
<th>Level 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recognizes that effective relationships are important to quality care</td>
<td>Creates a non-judgmental, safe environment to actively engage patients and families to share information and their perspectives</td>
<td>Effectively builds rapport with a growing panel of continuity patients and families Respects patients’ autonomy in their health care decisions and clarifies patients’ goals to provide care consistent with their values</td>
<td>Connects with patients and families in a continuous manner that fosters trust, respect, and understanding, including the ability to manage conflict</td>
<td>Role models effective, continuous, personal relationships that optimize the well-being of the patient and family</td>
</tr>
</tbody>
</table>

**C-2 Communicates effectively with patients, families, and the public**

<table>
<thead>
<tr>
<th>Level 1</th>
<th>Level 2</th>
<th>Level 3</th>
<th>Level 4</th>
<th>Level 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recognizes that respectful communication is important to quality care</td>
<td>Matches modality of communication to patient needs, health literacy, and context</td>
<td>Negotiates a visit agenda with the patient, and uses active and reflective listening to guide the visit</td>
<td>Educates and counsels patients and families in disease management and health promotion skills</td>
<td>Role models effective communication with patients, families, and the public</td>
</tr>
<tr>
<td>Identifies physical, cultural, psychological, and social barriers to communication</td>
<td>Organizes information to be shared with patients and families</td>
<td>Engages patients’ perspectives in shared decision making</td>
<td>Effectively communicates difficult information, such as end-of-life discussions, delivery of bad news, acknowledgement of errors, and during episodes of crisis</td>
<td>Engages community partners to educate the public</td>
</tr>
<tr>
<td>Uses the medical interview to establish rapport and facilitate patient-centered information exchange</td>
<td>Participates in end-of-life discussions and delivery of bad news</td>
<td>Recognizes non-verbal cues and uses non-verbal communication skills in patient encounters</td>
<td>Maintains a focus on patient-</td>
<td></td>
</tr>
</tbody>
</table>
Curricular Expectations

C -3 Develops relationships and effectively communicates with physicians, other health professionals, and health care teams

<table>
<thead>
<tr>
<th>Level 1</th>
<th>Level 2</th>
<th>Level 3</th>
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<th>Level 5</th>
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</thead>
<tbody>
<tr>
<td>Understands the importance of the health care team and shows respect for the skills and contributions of others</td>
<td>Demonstrates consultative exchange that includes clear expectations and timely, appropriate exchange of information</td>
<td>Effectively uses Electronic Health Record (EHR) to exchange information among the health care team</td>
<td>Sustains collaborative working relationships during complex and challenging situations, including transitions of care</td>
<td>Role models effective collaboration with other providers that emphasizes efficient patient-centered care</td>
</tr>
<tr>
<td></td>
<td>Presents and documents patient data in a clear, concise, and organized manner</td>
<td>Communicates collaboratively with the health care team by listening attentively, sharing information, and giving and receiving constructive feedback</td>
<td>Effectively negotiates and manages conflict among members of the health care team in the best interest of the patient</td>
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</tbody>
</table>

C-4 Utilizes technology to optimize communication

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<thead>
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<th>Level 1</th>
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<th>Level 4</th>
<th>Level 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recognizes effects of technology on information exchange and the physician/patient relationship</td>
<td>Ensures that clinical and administrative documentation is timely, complete, and accurate</td>
<td>Ensures transitions of care are accurately documented, and optimizes communication across systems and continuums of care</td>
<td>Effectively and ethically uses all forms of communication, such as face-to-face, telephonic, electronic, and social media</td>
<td>Stays current with technology and adapts systems to improve communication with patients, other providers, and systems</td>
</tr>
<tr>
<td>Recognizes the ethical and legal implications of using technology to communicate in health care</td>
<td>Maintains key patient-specific databases, such as problem lists, medications, health maintenance, chronic disease registries</td>
<td>Uses technology in a manner which enhances communication and does not interfere with the appropriate interaction with the patient</td>
<td>Uses technology to optimize continuity care of patients and transitions of care</td>
<td></td>
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</tbody>
</table>

centeredness and integrates all aspects of patient care to meet patients' needs
# Curricular Expectations

## Family Medicine Residency Block Schedule

<table>
<thead>
<tr>
<th>Yr</th>
<th>Block 1</th>
<th>Block 2</th>
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<th>Block 7</th>
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<th>Block 9</th>
<th>Block 10</th>
<th>Block 11</th>
<th>Block 12</th>
<th>Block 13</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Orientation</td>
<td>Inpatient Adults</td>
<td>Inpatient Adults</td>
<td>OP Pediatrics</td>
<td>ICU</td>
<td>HS/Community/Pop Health</td>
<td>Adult ED</td>
<td>Orthopedics</td>
<td>Behavioral Health</td>
<td>Pediatric ED</td>
<td>Nursery/IP Pediatrics</td>
<td>Palliative Care/Hospice</td>
<td>Dermatology</td>
</tr>
<tr>
<td>2</td>
<td>Obstetrics</td>
<td>Obstetrics</td>
<td>Adult ED</td>
<td>Inpatient Adults</td>
<td>Nurse/ IP Pediatrics</td>
<td>Pediatrics</td>
<td>Sports Medicine</td>
<td>Gynecology</td>
<td>Surgery</td>
<td>Mental Health</td>
<td>Geriatrics</td>
<td>HS/Community/Pop Health</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Geriatrics</td>
<td>Adult ED</td>
<td>Obstetrics</td>
<td>Inpatient Adults</td>
<td>Nursery/IP Pediatrics</td>
<td>OP Pediatrics</td>
<td>Gynecology</td>
<td>Sports Medicine</td>
<td>Surgery</td>
<td>HS/Community/Pop Health</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>4</td>
<td>Mental Health</td>
<td>Geriatrics</td>
<td>Surgery</td>
<td>Adult ED</td>
<td>Obstetrics</td>
<td>Obstetrics</td>
<td>Sports Medicine</td>
<td>Inpatient Adults</td>
<td>Inpatient Adults</td>
<td>Nursery/IP Pediatrics</td>
<td>Gynecology</td>
<td>OP Pediatrics</td>
<td>HS/Community/Pop Health</td>
</tr>
<tr>
<td>5</td>
<td>Obstetrics</td>
<td>OP Pediatrics</td>
<td>Surgery</td>
<td>Adult ED</td>
<td>Obstetrics</td>
<td>Inpatient Adults</td>
<td>Sports Medicine</td>
<td>Inpatient Adults</td>
<td>Geriatrics</td>
<td>Inpatient Adults</td>
<td>Gynecology</td>
<td>HS/Community/Pop Health</td>
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<tr>
<td>6</td>
<td>Elective</td>
<td>IP Adults</td>
<td>Surgical Subspecialty</td>
<td>Cardiology</td>
<td>Neurology</td>
<td>Rheumatology</td>
<td>Infectious Disease</td>
<td>Surgical Subspecialty</td>
<td>Elective</td>
<td>HS/Community/Pop Health</td>
<td>Elective</td>
<td>Elective</td>
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<tr>
<td>7</td>
<td>Surgical Subspecialty</td>
<td>Elective</td>
<td>Surgical Subspecialty</td>
<td>Inpatient Adults</td>
<td>Inpatient Adults</td>
<td>Cardiology</td>
<td>Neurology</td>
<td>Rheumatology</td>
<td>Infectious Disease</td>
<td>Elective</td>
<td>HS/Community/Pop Health</td>
<td>Elective</td>
<td>Elective</td>
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<tr>
<td>8</td>
<td>Infectious Disease</td>
<td>Neurology</td>
<td>Rheum</td>
<td>Surgical Subspecialty</td>
<td>Night Fb</td>
<td>Elective</td>
<td>Elective</td>
<td>Surgical Subspecialty</td>
<td>Cardiology</td>
<td>Inpatient Adults</td>
<td>Inpatient Adults</td>
<td>HS/Community/Pop Health</td>
<td>Elective</td>
</tr>
</tbody>
</table>

## Rotations

### Adol/Adult Reproductive Health
- Site Physicians: Site Physicians, Continuity Clinic
- Weekly Day(s): TBD

### Behavioral Health
- Site Physicians: Site Physicians, Ron McDonald, DMin
- Weekly Day(s): R1=1 day per week, R2=2 days per week

### Cardiology
- Site Physicians: Site Physicians, Ron McDonald, DMin
- Weekly Day(s): R1=1 day per week, R2=2 days per week

### Dermatology
- Site Physicians: Site Physicians, Ron McDonald, DMin
- Weekly Day(s): TBD

### ED (Adult)
- Site Physicians: Site Physicians, Ron McDonald, DMin
- Weekly Day(s): TBD

### Elective
- Site Physicians: Site Physicians, Ron McDonald, DMin
- Weekly Day(s): TBD

### FM-OB
- Site Physicians: Site Physicians, Ron McDonald, DMin
- Weekly Day(s): TBD

### Geriatrics
- Site Physicians: Site Physicians, Ron McDonald, DMin
- Weekly Day(s): TBD

### GYN
- Site Physicians: Site Physicians, Ron McDonald, DMin
- Weekly Day(s): TBD

### HS/Community/Pop Health
- Site Physicians: Site Physicians, Ron McDonald, DMin
- Weekly Day(s): TBD

### ICU
- Site Physicians: Site Physicians, Ron McDonald, DMin
- Weekly Day(s): TBD

### Infectious Disease
- Site Physicians: Site Physicians, Ron McDonald, DMin
- Weekly Day(s): TBD

### Inpatient
- Site Physicians: Site Physicians, Ron McDonald, DMin
- Weekly Day(s): TBD

### Mental Health
- Site Physicians: Site Physicians, Ron McDonald, DMin
- Weekly Day(s): TBD

### Neurology
- Site Physicians: Site Physicians, Ron McDonald, DMin
- Weekly Day(s): TBD

### OB
- Site Physicians: Site Physicians, Ron McDonald, DMin
- Weekly Day(s): TBD

### OP Pediatrics
- Site Physicians: Site Physicians, Ron McDonald, DMin
- Weekly Day(s): TBD

### Orientation
- Site Physicians: Site Physicians, Ron McDonald, DMin
- Weekly Day(s): TBD

### Ortho
- Site Physicians: Site Physicians, Ron McDonald, DMin
- Weekly Day(s): TBD

### Palliative Care/ Hospice
- Site Physicians: Site Physicians, Ron McDonald, DMin
- Weekly Day(s): TBD

### Pediatric ER
- Site Physicians: Site Physicians, Ron McDonald, DMin
- Weekly Day(s): TBD

### Rheumatology
- Site Physicians: Site Physicians, Ron McDonald, DMin
- Weekly Day(s): TBD

### Sports Medicine
- Site Physicians: Site Physicians, Ron McDonald, DMin
- Weekly Day(s): TBD

### Surgical Subspecialty
- Site Physicians: Site Physicians, Ron McDonald, DMin
- Weekly Day(s): TBD

### Surgery
- Site Physicians: Site Physicians, Ron McDonald, DMin
- Weekly Day(s): TBD

### Behavioral Health
- Site Physicians: Site Physicians, Ron McDonald, DMin
- Weekly Day(s): TBD

### Dermatology
- Site Physicians: Site Physicians, Ron McDonald, DMin
- Weekly Day(s): TBD

### Geriatrics
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- Weekly Day(s): TBD

### HS/Community/Pop Health
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- Weekly Day(s): TBD

### ICU
- Site Physicians: Site Physicians, Ron McDonald, DMin
- Weekly Day(s): TBD

### Infectious Disease
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- Weekly Day(s): TBD

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### Geriatrics
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### HS/Community/Pop Health
- Site Physicians: Site Physicians, Ron McDonald, DMin
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### ICU
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### Surgical Subspecialty
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- Weekly Day(s): TBD

### Surgery
- Site Physicians: Site Physicians, Ron McDonald, DMin
- Weekly Day(s): TBD
Evaluations and Outcomes Assessment

Rotation Specific Evals:

- Behav Hlth_Mntl Hlth 1501.pdf
- Cardiology.pdf
- CriticalCare_ICU.pdf
- Derm.pdf
- ED_PGY1 1501.pdf
- ED_PGY2 1501.pdf
- General Surgery_1501.pdf
- Geriatric.pdf
- GYN.pdf
- HealthSystems_PGY1.pdf
- HealthSystems_PGY2.pdf
- HealthSystems_PGY3.pdf
- InfectiousDiseases.pdf
- IP Adult PGY1.pdf
- IP Adult PGY2.pdf
- Neurology.pdf
- NewbornNsy_PedsIn pt_PGY1.pdf
- NewbornNsy_PedsIn pt_PGY2.pdf
- OB.pdf
- OP Peds_PGY1.pdf
- OP Peds_PGY2.pdf
- Ophthalmology_1501.pdf
- OralHealth.pdf
- Ortho_Sprts Med_PGY1.pdf
- Ortho_Sprts Med_PGY2.pdf
- Otolaryngology_1501.pdf
- Rheumatology.pdf
- Urology_1501.pdf

360° Evals:

- CHC FMP 1.pdf
- CHC FMP 2_3.pdf
- ClinicalEvalOfResidentClinicalSkillsEval_NI.pdf
- CONCERN ABOUT AN ACTOR_side2.pdf
- Fac eval of Program.pdf
- MiniCEX.pdf
- PRAISE FOR AN ACTOR_side2.pdf
- ProcedureEval.pdf
- PtInteractions_ClinicalSkills.pdf
- Res eval of Fac.pdf
- Res eval of Program.pdf
- Res eval of Rotation.pdf
- ResidentPeer.pdf
- ResidentSelfEval.pdf
- SemiAnnualEvaluation.pdf
- SummativeResidency Cert.pdf
BMH/CHC FM 2016 - 2017 Didactic Schedule

Didactic Days
3rd Thursday of every 4-week block
Journal Club will meet during the noon hour

<table>
<thead>
<tr>
<th>Date</th>
<th>AM Topic</th>
<th>PM Topic</th>
</tr>
</thead>
<tbody>
<tr>
<td>7/1/2016</td>
<td>NA: Start of New Academic Year</td>
<td>NA: Start of New Academic Year</td>
</tr>
<tr>
<td>7/27/2016</td>
<td>Philosophy of Family/ New Innovations</td>
<td>Resident Health/ Meditation/ Bias in Medicine</td>
</tr>
<tr>
<td>8/24/2016</td>
<td>IUD Placement/ Domestic Violence</td>
<td>Quality Improvement/ Heart Failure/ Diabetes</td>
</tr>
<tr>
<td>9/21/2016</td>
<td>Contraceptive Implants/ Quality Improvement</td>
<td>Social Media (HIPAA)/ Clinic Administration</td>
</tr>
<tr>
<td>10/19/2016</td>
<td>Adolescent Medicine</td>
<td>Radiology for Primary Care</td>
</tr>
<tr>
<td>11/16/2016</td>
<td>SubSpecialties (ENT, Oral Hlth, Ophth, Uro)</td>
<td>Geriatric Medicine</td>
</tr>
<tr>
<td>12/14/2016</td>
<td>Endocrinology</td>
<td>Community Medicine</td>
</tr>
<tr>
<td>1/11/2017</td>
<td>Orthopedics/ Sports Med/ PMR</td>
<td>General Surgery</td>
</tr>
<tr>
<td>2/8/2017</td>
<td>Neurology</td>
<td>Hospital Medicine/ Critical Care</td>
</tr>
<tr>
<td>3/8/2017</td>
<td>Rheumatology/ Resident Forum</td>
<td>Palliative Care</td>
</tr>
<tr>
<td>4/5/2017</td>
<td>Cardiology</td>
<td>Disparities in Healthcare</td>
</tr>
<tr>
<td>5/3/2017</td>
<td>Informatics in Health Care</td>
<td>Men's Health</td>
</tr>
<tr>
<td>5/31/2017</td>
<td>Infectious Disease</td>
<td>Behavioral &amp; Mental Health</td>
</tr>
<tr>
<td>6/28/2017</td>
<td>Emergency Medicine</td>
<td>Women's Health R1s &amp; R3s</td>
</tr>
<tr>
<td>6/28/2017</td>
<td>BLS/ ACLS/ NRP/ PALS recert day</td>
<td>BLS/ ACLS/ NRP/ PALS recert day R2s only</td>
</tr>
</tbody>
</table>

Each Didactic Day will conclude with a Resident "Support Group" dinner hosted by Family Medicine Faculty

Resident Support Group

<table>
<thead>
<tr>
<th>Date</th>
<th>Location</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>7/27/2016</td>
<td>Friends Meeting House</td>
<td>5:30 - 7:00p</td>
</tr>
<tr>
<td>8/24/2016</td>
<td>Friends Meeting House</td>
<td>5:30 - 7:00p</td>
</tr>
<tr>
<td>9/21/2016</td>
<td>Friends Meeting House</td>
<td>5:30 - 7:00p</td>
</tr>
<tr>
<td>10/19/2016</td>
<td>Friends Meeting House</td>
<td>5:30 - 7:00p</td>
</tr>
<tr>
<td>11/16/2016</td>
<td>Friends Meeting House</td>
<td>5:30 - 7:00p</td>
</tr>
<tr>
<td>12/14/2016</td>
<td>Friends Meeting House</td>
<td>5:30 - 7:00p</td>
</tr>
<tr>
<td>1/11/2017</td>
<td>Friends Meeting House</td>
<td>5:30 - 7:00p</td>
</tr>
<tr>
<td>2/8/2017</td>
<td>Friends Meeting House</td>
<td>5:30 - 7:00p</td>
</tr>
<tr>
<td>3/8/2017</td>
<td>Friends Meeting House</td>
<td>5:30 - 7:00p</td>
</tr>
<tr>
<td>4/5/2017</td>
<td>Friends Meeting House</td>
<td>5:30 - 7:00p</td>
</tr>
<tr>
<td>5/3/2017</td>
<td>Friends Meeting House</td>
<td>5:30 - 7:00p</td>
</tr>
<tr>
<td>5/31/2017</td>
<td>Friends Meeting House</td>
<td>5:30 - 7:00p</td>
</tr>
<tr>
<td>6/28/2017</td>
<td>Friends Meeting House</td>
<td>5:30 - 7:00p</td>
</tr>
</tbody>
</table>
PURPOSE:
The purpose of this policy is to outline the process for Annual Program Evaluations of the ACGME- Baptist Memorial Hospital – Memphis Family Medicine residency program.

POLICY:

A. RESIDENTS: Residents are given the opportunity to evaluate their program and teaching faculty semi-annually. This evaluation is confidential by utilizing online evaluations through New Innovations.

B. FACULTY: The Faculty is given the opportunity to evaluate their program annually. This evaluation is confidential by utilizing online evaluations through New Innovations.

C. PROGRAM DIRECTOR: The Program Director must evaluate and provide feedback to the teaching team at least annually.

D. ANNUAL PROGRAM EVALUATION: The Program has established a Program Evaluation Committee (PEC) whose purpose includes participation in the development of the Program’s curriculum and related learning activities, evaluation of the Program to assess the effectiveness of the curriculum, and identification of actions needed to foster continued program improvement and correction of areas of non-compliance with ACGME standards.

The Graduate Medical Education Committee (GMEC) of Baptist Memorial Hospital requires that the educational effectiveness of a program must be evaluated at least annually in the systematic manner described herein. Representative GMEC personnel must be organized to conduct an annual review of each program. This group must conduct a formal documented meeting annually for this purpose.

Members of the Program Evaluation Committee (PEC) must include at a minimum:

- one faculty member from within the sponsoring institution, but not from within the program being evaluated
- one resident / fellow from within the sponsoring institution, but not from within the program being evaluated.
- Additional internal and/or external reviewers and administrators not affiliated with the program as appointed by the GMEC.
In the evaluation process, the group must review the following documents where applicable:

1. ACGME Common Program Requirements
2. ACGME Specialty / Subspecialty Specific Program Requirements
3. ACGME Institutional Requirements
4. Most Recent ACGME Accreditation Letters and Progress Reports
5. Most Recent Annual Program Evaluation Report
6. Most Recent GMEC Special Reviews of the Program if applicable
7. Results from ACGME Resident / Fellow, Faculty Surveys
8. Results from Patient Surveys
9. Annual Performance Data provided by the ACGME
10. Completed APE Self-evaluation report completed and signed by the Program Director

The PEC will draft a report using the approved format in order to evaluate the effectiveness of the program. The report should be given to the Designated Institutional Official (DIO), and BMH-Memphis Chief Medical Officer at least two (2) weeks prior to the next GMEC meeting. That report will be presented at the next GMEC. During that GMEC meeting, the DIO will determine if deficiencies were found and warrant a GMEC Special Program Review. This information will be recorded in the GMEC minutes.

See GMEC Special Review Policy for additional information on this procedure.

Annual Program Evaluation / Internal Review Template to follow

The remainder of this page has been left intentionally blank.
**Curricular Expectations**

**GRADUATE MEDICAL EDUCATION**

Annual Program Evaluation / Internal Review

---

Program Name:

---

Academic Year ending date:

---

Program Director: Name

Email Address

Phone

Department Chair: Name

Email Address

Phone

Assoc. Prog Dir: Name

Email Address

Phone

Prog Coordinator: Name

Email Address

Phone

---

<table>
<thead>
<tr>
<th>TRAINEES</th>
<th>PGY-1</th>
<th>PGY-2</th>
<th>PGY-3</th>
<th>PGY-4</th>
<th>PGY-5</th>
<th>PGY-6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Approved</td>
<td></td>
<td></td>
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<tr>
<td>Filled</td>
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<table>
<thead>
<tr>
<th>Other Learners</th>
<th>Total # last 12 months</th>
<th>Maximum # at any time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Residents from other programs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical students</td>
<td></td>
<td></td>
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<tr>
<td>Subspecialty fellows</td>
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</tr>
</tbody>
</table>

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**Policies:**

Do you have:

1. Written supervision policy for each activity and PGY-level?
   - Yes
   - No

2. Written specialty-specific selection guidelines?
   - Yes
   - No

3. Documentation of prior training for each trainee?
   - Yes
   - No
<table>
<thead>
<tr>
<th>Clinical Competency Committee (CCC):</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Does the Program have a CCC?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>2. Is the Program Director also the Chair of the CCC?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>3. Has the CCC met to evaluate appropriate individual trainee progression?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>4. Is the CCC comprised of faculty from all rotation sites and services?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>5. Does the CCC provide feedback and mentorship to trainees?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>6. Is the CCC satisfied with current 360° evaluation methods?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>7. Do all CCC members participate in at least 50% of all discussions?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>8. Does the CCC evaluate the Supervision Policy at least annually?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>9. Does the CCC evaluate the trainee schedule at least annually?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>10. Does the CCC evaluate the curriculum / goals &amp; objectives at least annually?</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

**Changes:**

Describe any changes that have occurred since the previous APE/IR.

![Changes](image)

**Performance:**

Discuss briefly Trainee Performance during the past twelve (12) months:

- In-Service Exams (include "on target" expectations)

![Performance](image)

- Resident Portfolios

![Performance](image)
• Case Logs

• Radiation Safety Training

• Conference Presentations

• Minimal participation requirements and compliance for residents in each of the following activities:
  a. Organized Clinical Discussions
  b. Patient Rounds
  c. Journal Clubs
d. Daily Conferences

- Quality & Safety Committee Attendance and Interaction

- Duty Hour compliance

Research:

During the last twelve (12) months:

<p>| | |</p>
<table>
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<tbody>
<tr>
<td>Number of Accepted Publications by Trainees</td>
<td></td>
</tr>
<tr>
<td>Number of Regional Presentations by Trainees</td>
<td></td>
</tr>
<tr>
<td>Number of National Presentations by Trainees</td>
<td></td>
</tr>
</tbody>
</table>

Describe any additional resident research outcomes:

Quality & Safety:

Describe trainee involvement in quality & safety initiatives:
Discuss Program Quality & Improvement efforts resulting from the most recent Program Evaluation and Resident Surveys

Discuss trainee, faculty, and program compliance with established policies and guidelines including:

1. Supervision

2. Transitions in Care

3. Evaluation (360° Trainee, Faculty, Program, Annual)

4. Duty Hours

5. Moonlighting
Graduate Performance:
Discuss Board Scores including pass, fail, and condition (if applicable) percentages

Discuss employment, fellowship, and other paths taken

Faculty Development:
Describe Faculty Development activities for the previous twelve (12) months

Participating Sites:
List the Participating Sites hosting required rotational assignments and the date of the most recent Program Letter of Agreement (PLA) for each. Identify if the PLA is in compliance with all Common Program Requirements.

<table>
<thead>
<tr>
<th>Participating Site</th>
<th>Date of PLA</th>
<th>In Compliance (Yes/No)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>
### Program Director (PD) / Faculty:

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Is there one Program Director with authority and accountability for this program?</td>
</tr>
<tr>
<td>2.</td>
<td>Is the PD qualified for this position per ACGME RC standards?</td>
</tr>
<tr>
<td>3.</td>
<td>What is the Core Faculty to Resident ratio?</td>
</tr>
<tr>
<td>4.</td>
<td>Is the Core Faculty qualified per ACGME RC standards?</td>
</tr>
<tr>
<td>5.</td>
<td>How often does each Core Faculty member participate / present in organized clinical discussions, rounds, journal clubs, and conferences?</td>
</tr>
<tr>
<td>6.</td>
<td>What percentage of Core Faculty has contributed to one of more of the follow (peer-reviewed funding; publication of original research or review articles in peer-reviewed journals or textbook chapter(s); publication or presentation of case reports or clinical series at local, regional, or national professional and scientific society meetings; or participation in national committees or educational organizations)?</td>
</tr>
</tbody>
</table>

### Attach to this Document:

- Current Program Letters of Agreement
- Goals & Objectives (may include ACGME competencies and Milestones) based on educational level of progression for each rotation
- Individualized resident evaluation form for ACGME Competencies and Milestones if not included above
- Didactic Calendar for the past year including identification of Fatigue Mitigation and Impaired Physician presentations
- Most recent Program and Faculty Evaluation Summaries
- Most recent Program Evaluation of the Curriculum (ACGME Common Program Requirements V.C.1.)
- Action Plan, if applicable, resulting from previous Annual Program Evaluation, Program Self-Evaluation, Resident Survey, or GMEC Special Review
- Current Program Specific Supervision Guidelines if applicable