I.D.2.c) **clean and private facilities for lactation that have refrigeration capabilities, with proximity appropriate for safe patient care;** (Core)

Background and Intent: Sites must provide private and clean locations where residents may lactate and store the milk within a refrigerator. These locations should be in close proximity to clinical responsibilities. It would be helpful to have additional support within these locations that may assist the resident with the continued care of patients, such as a computer and a phone. While space is important, the time required for lactation is also critical for the well-being of the resident and the resident's family, as outlined in VI.C.1.d).(1).

I.D.2.d) **security and safety measures appropriate to the participating site; and,** (Core)

I.D.2.e) **accommodations for residents with disabilities consistent with the Sponsoring Institution's policy.** (Core)

I.D.3. **Residents must have ready access to specialty-specific and other appropriate reference material in print or electronic format. This must include access to electronic medical literature databases with full text capabilities.** (Core)

I.D.4. **The program's educational and clinical resources must be adequate to support the number of residents appointed to the program.** (Core)

I.D.4.a) Patient Population

I.D.4.a).(1) The patient population must include a volume and variety of clinical problems and diseases sufficient to enable all residents to learn and demonstrate competence for all required patient care outcomes. (Core)

I.D.4.a).(2) The patient population must include a sufficient number of patients of both genders, with a broad range of ages, from newborns to the aged. (Core)

I.D.4.b) The inpatient facilities must have occupied teaching beds to ensure a patient load and variety of problems sufficient to support the education of the number of residents and other learners on the services. (Core)

I.E. **The presence of other learners and other care providers, including, but not limited to, residents from other programs, subspecialty fellows, and advanced practice providers, must enrich the appointed residents' education.** (Core)

I.E.1. **The program must report circumstances when the presence of other learners has interfered with the residents' education to the DIO and Graduate Medical Education Committee (GMEC).** (Core)

discussions, grand rounds, didactic teaching, and education in critical appraisal of medical evidence.

IV.A.5. advancement of residents' knowledge of ethical principles foundational to medical professionalism; and, (Core)

IV.A.6. advancement in the residents' knowledge of the basic principles of scientific inquiry, including how research is designed, conducted, evaluated, explained to patients, and applied to patient care. (Core)

IV.B. ACGME Competencies

Background and Intent: The Competencies provide a conceptual framework describing the required domains for a trusted physician to enter autonomous practice. These Competencies are core to the practice of all physicians, although the specifics are further defined by each specialty. The developmental trajectories in each of the Competencies are articulated through the Milestones for each specialty.

IV.B.1. The program must integrate the following ACGME Competencies into the curriculum: (Core)

IV.B.1.a) Professionalism

Residents must demonstrate a commitment to professionalism and an adherence to ethical principles. (Core)

IV.B.1.a).(1) Residents must demonstrate competence in:

IV.B.1.a).(1).(a) compassion, integrity, and respect for others; (Core)

IV.B.1.a).(1).(b) responsiveness to patient needs that supersedes self-interest; (Core)

Background and Intent: This includes the recognition that under certain circumstances, the interests of the patient may be best served by transitioning care to another provider. Examples include fatigue, conflict or duality of interest, not connecting well with a patient, or when another physician would be better for the situation based on skill set or knowledge base.

IV.B.1.a).(1).(c) respect for patient privacy and autonomy; (Core)

IV.B.1.a).(1).(d) accountability to patients, society, and the profession; (Core)

IV.B.1.a).(1).(e) respect and responsiveness to diverse patient populations, including but not limited to diversity in gender, age, culture, race, religion, disabilities, national origin, socioeconomic status, and sexual orientation; (Core)

IV.B.1.a).(1).(f) **ability to recognize and develop a plan for one's own personal and professional well-being; and,** (Core)

IV.B.1.a).(1).(g) **appropriately disclosing and addressing conflict or duality of interest.** (Core)

IV.B.1.b) **Patient Care and Procedural Skills**

Background and Intent: Quality patient care is safe, effective, timely, efficient, patient-centered, equitable, and designed to improve population health, while reducing per capita costs. (See the Institute of Medicine [IOM]'s *Crossing the Quality Chasm: A New Health System for the 21st Century*, 2001 and Berwick D, Nolan T, Whittington J. *The Triple Aim: care, cost, and quality. Health Affairs.* 2008; 27(3):759-769.). In addition, there should be a focus on improving the clinician's well-being as a means to improve patient care and reduce burnout among residents, fellows, and practicing physicians.

These organizing principles inform the Common Program Requirements across all Competency domains. Specific content is determined by the Review Committees with input from the appropriate professional societies, certifying boards, and the community.

IV.B.1.b).(1) **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.** (Core)

IV.B.1.b).(1).(a) Residents must demonstrate competence to independently:

IV.B.1.b).(1).(a).(i) diagnose, manage, and integrate the care of patients of all ages in various outpatient settings, including the FMP site and home environment; (Core)

IV.B.1.b).(1).(a).(ii) diagnose, manage, and integrate the care of patients of all ages in various inpatient settings, including hospitals, long-term care facilities, and rehabilitation facilities; (Core)

IV.B.1.b).(1).(a).(iii) diagnose, manage, and coordinate care for common mental illness and behavioral issues in patients of all ages; (Core)

IV.B.1.b).(1).(a).(iv) assess community, environmental, and family influences on the health of patients; (Core)

IV.B.1.b).(1).(a).(v)	use multiple information sources to develop a patient care plan based on current medical evidence; (Core)
IV.B.1.b).(1).(a).(vi)	identify and address the bio-psychosocial, and spiritual dimensions of suffering in patients throughout the course of their illness, including during end-of-life care; (Core)
IV.B.1.b).(1).(a).(vii)	address end-of-life issues with their patients and their families prior to the end stages of life; and, (Core)
IV.B.1.b).(1).(a).(viii)	assist patients with advance care planning that reflects the individual patient's goals and preferences. (Core)
IV.B.1.b).(1).(b)	Residents must demonstrate proficiency in their ability to:
IV.B.1.b).(1).(b).(i)	evaluate patients of all ages with undiagnosed and undifferentiated presentations; (Core)
IV.B.1.b).(1).(b).(ii)	treat medical conditions commonly managed by family physicians; (Core)
IV.B.1.b).(1).(b).(iii)	provide preventive care; (Core)
IV.B.1.b).(1).(b).(iv)	interpret basic clinical tests and images; (Core)
IV.B.1.b).(1).(b).(v)	recognize and provide initial management of emergency medical problems; and, (Core)
IV.B.1.b).(1).(b).(vi)	use pharmacotherapy. (Core)
IV.B.1.b).(1).(c)	Residents must demonstrate competence in their ability to provide maternity care, including: (Core)
IV.B.1.b).(1).(c).(i)	distinguishing abnormal and normal pregnancies; (Core)
IV.B.1.b).(1).(c).(ii)	caring for common medical problems arising from pregnancy or coexisting with pregnancy; (Core)
IV.B.1.b).(1).(c).(iii)	performing a spontaneous vaginal delivery; and, (Core)

IV.B.1.b).(1).(c).(iv) demonstrating basic skills in managing obstetrical emergencies. (Core)

IV.B.1.b).(1).(d) Residents should demonstrate competence in providing basic pre- and post-operative care, recognizing patients requiring acute surgical intervention, diagnosing surgical problems, and using sterile technique. (Core)

IV.B.1.b).(2) Residents must be able to perform all medical, diagnostic, and surgical procedures considered essential for the area of practice. (Core)

IV.B.1.c) 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. (Core)

IV.B.1.c).(1) Residents must demonstrate proficiency in their knowledge of the broad spectrum of clinical disorders seen in the practice of family medicine. (Core)

IV.B.1.d) Practice-based Learning and Improvement

Residents must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and lifelong learning. (Core)

Background and Intent: Practice-based learning and improvement is one of the defining characteristics of being a physician. It is 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 lifelong learning.

The intention of this Competency is to help a physician develop the habits of mind required to continuously pursue quality improvement, well past the completion of residency.

IV.B.1.d).(1) Residents must demonstrate competence in:

IV.B.1.d).(1).(a) identifying strengths, deficiencies, and limits in one's knowledge and expertise; (Core)

IV.B.1.d).(1).(b) setting learning and improvement goals; (Core)

IV.B.1.d).(1).(c) identifying and performing appropriate learning activities; (Core)

IV.B.1.d).(1).(d) systematically analyzing practice using quality improvement methods, and implementing changes with the goal of practice improvement; (Core)

IV.B.1.d).(1).(e) incorporating feedback and formative evaluation into daily practice; (Core)

IV.B.1.d).(1).(f) locating, appraising, and assimilating evidence from scientific studies related to their patients' health problems; and, (Core)

IV.B.1.d).(1).(g) using information technology to optimize learning. (Core)

IV.B.1.e) Interpersonal and Communication Skills

Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals. (Core)

IV.B.1.e).(1) Residents must demonstrate competence in:

IV.B.1.e).(1).(a) communicating effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds; (Core)

IV.B.1.e).(1).(b) communicating effectively with physicians, other health professionals, and health-related agencies; (Core)

IV.B.1.e).(1).(c) working effectively as a member or leader of a health care team or other professional group; (Core)

IV.B.1.e).(1).(d) educating patients, families, students, residents, and other health professionals; (Core)

IV.B.1.e).(1).(e) acting in a consultative role to other physicians and health professionals; and, (Core)

IV.B.1.e).(1).(f) maintaining comprehensive, timely, and legible medical records, if applicable. (Core)

IV.B.1.e).(2) Residents must learn to communicate with patients and families to partner with them to assess their care goals, including, when appropriate, end-of-life goals. (Core)

Background and Intent: When there are no more medications or interventions that can achieve a patient's goals or provide meaningful improvements in quality or length of life, a discussion about the patient's goals, values, and choices surrounding the end of life is one of the most important conversations that can occur. Residents must learn to participate effectively and compassionately in these meaningful human interactions, for the sake of their patients and themselves.

Programs may teach this skill through direct clinical experience, simulation, or other means of active learning.

IV.B.1.f) **Systems-based Practice**

Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care, including the social determinants of health, as well as the ability to call effectively on other resources to provide optimal health care. (Core)

IV.B.1.f).(1) **Residents must demonstrate competence in:**

IV.B.1.f).(1).(a) **working effectively in various health care delivery settings and systems relevant to their clinical specialty;** (Core)

Background and Intent: Medical practice occurs in the context of an increasingly complex clinical care environment where optimal patient care requires attention to compliance with external and internal administrative and regulatory requirements.

IV.B.1.f).(1).(b) **coordinating patient care across the health care continuum and beyond as relevant to their clinical specialty;** (Core)

Background and Intent: Every patient deserves to be treated as a whole person. Therefore it is recognized that any one component of the health care system does not meet the totality of the patient's needs. An appropriate transition plan requires coordination and forethought by an interdisciplinary team. The patient benefits from proper care and the system benefits from proper use of resources.

IV.B.1.f).(1).(c) **advocating for quality patient care and optimal patient care systems;** (Core)

IV.B.1.f).(1).(d) **working in interprofessional teams to enhance patient safety and improve patient care quality;** (Core)

IV.B.1.f).(1).(e) **participating in identifying system errors and implementing potential systems solutions;** (Core)

IV.B.1.f).(1).(f) **incorporating considerations of value, cost awareness, delivery and payment, and risk-**

benefit analysis in patient and/or population-based care as appropriate; and, (Core)

IV.B.1.f).(1).(g) **understanding health care finances and its impact on individual patients' health decisions.** (Core)

IV.B.1.f).(2) **Residents must learn to advocate for patients within the health care system to achieve the patient's and family's care goals, including, when appropriate, end-of-life goals.** (Core)

IV.C. Curriculum Organization and Resident Experiences

IV.C.1. **The curriculum must be structured to optimize resident educational experiences, the length of these experiences, and supervisory continuity.** (Core)

IV.C.1.a) Assignment of rotations should be structured to minimize the frequency of rotational transitions, and rotations must be of sufficient length to provide a quality educational experience, defined by continuity of patient care, ongoing supervision, longitudinal relationships with faculty members, and high-quality assessment and feedback. (Detail)

IV.C.1.b) Clinical experiences should be structured to facilitate learning in a manner that allows residents to function as part of an effective interprofessional team that works together longitudinally with shared goals of patient safety and quality improvement. (Core)

Background and Intent: In some specialties, frequent rotational transitions, inadequate continuity of faculty member supervision, and dispersed patient locations within the hospital have adversely affected optimal resident education and effective team-based care. The need for patient care continuity varies from specialty to specialty and by clinical situation, and may be addressed by the individual Review Committee.

IV.C.2. **The program must provide instruction and experience in pain management if applicable for the specialty, including recognition of the signs of substance use disorder.** (Core)

IV.C.3. The program must provide a regularly scheduled forum for residents to explore and analyze evidence pertinent to the practice of family medicine. (Core)

IV.C.4. Each resident must be assigned to a primary FMP site. (Core)

IV.C.4.a) Residents must be scheduled to see patients in the FMP site for a minimum of 40 weeks during each year of the program. (Detail)

IV.C.4.a).(1) Residents' other assignments must not interrupt continuity