

**Frequently Asked Questions: Family Medicine
(effective: 1 July 2020)
Review Committee-International
ACGME International**

Question	Answer
Program Personnel and Resources	
<p>What types of faculty members satisfy the requirement for having faculty expertise in behavioral health?</p> <p><i>[Program Requirement: III.B.3.]</i></p>	<p>A qualified family physician, psychiatrist, psychologist, nurse, or other behavioral health professional would meet the requirement for such faculty expertise. “Qualified” implies a specific interest, education/training, and experience in providing behavioral health services to family medicine patients.</p>
<p>Can a polyclinic be the primary clinical site for more than one family medicine residency program?</p> <p><i>[Program Requirement: III.D.1.a]</i></p>	<p>Yes. However, each program must have a clearly defined area within the polyclinic with a unique identifier and distinct panel of doctors and patients. All family medicine residencies within the polyclinic may share appropriate diagnostic and therapeutic equipment. Diagnostic laboratory and imaging services should be located nearby.</p>
<p>How is the required resident to faculty ratio of 4 to 1 computed?</p> <p><i>[Program Requirement: III.D.1.e]</i></p>	<p>The ratio of 4 residents to 1 faculty member is computed for each clinic session.</p>
Specialty-Specific Educational Program	
<p>What patient care settings can be used for long-term care experiences?</p> <p><i>[Program Requirement: V.B.4.a)]</i></p>	<p>Long-term care experiences can occur in nursing homes, patient homes, or rehabilitation facilities. The intent of the requirement is that residents have experience in managing care across all settings and that they not be required to be the primary care provider.</p>

Question	Answer
<p>What are the important learning objectives for family medicine residents during rotations in the care of hospitalized adults and critically-ill adults?</p> <p><i>[Program Requirements: V.B.8. and V.B.9.]</i></p>	<p>Inpatient experiences should be structured to allow family medicine residents to develop competence in interpersonal and communication skills by communicating with patients and family members experiencing acute medical problems. The experience should also allow family medicine residents to develop professional competence by demonstrating compassion, respect for patient autonomy, and responsiveness to patient needs. The inpatient and critical care experiences should also allow residents to develop competence in systems-based practice through experiences in team-based care involving other physician specialists and non-physician members of the health care team.</p>
<p>What patient care settings are permitted for experiences caring for critically-ill patients?</p> <p><i>[Program Requirement: V.B.9.]</i></p>	<p>Examples of patient care settings where residents can have experiences treating critically-ill patients are medical or surgical intensive care units, cardiac care units, post-operative critical care units, neonatal intensive care units, or step down units. Wherever the setting, resident experiences must be with patients who are severely ill and who require intensive monitoring and/or organ system support.</p>
<p>What patient care settings are permitted for the required 200 hours (two months) of clinical experience in the care of children and adolescents in the ambulatory setting?</p> <p><i>[Program Requirement: V.B.13.]</i></p>	<p>The required 200 hours (two months) of structured clinical experiences in the care of children and adolescents can occur in polyclinics or well child clinics, or by providing care to a resident's panel of pediatric patients in the family medicine practice (FMP). Experiences caring for children and adolescents in the emergency room does not count toward this requirement.</p>
<p>Is supervision of a resident by a family medicine physician required during labor and delivery?</p> <p><i>[Program Requirement: V.B.17.]</i></p>	<p>No. The presence of a family medicine physician is not mandatory during labor or delivery experiences, particularly when risk factors are present. The following health care providers can supervise residents during labor and delivery: family medicine physician; obstetrician; senior resident in an ACGME-I-accredited obstetrics and gynecology residency; certified nurse midwife; or third-year resident in an ACGME-I-accredited family medicine residency with sufficient labor and delivery experience. Not all of those listed must be present.</p>