**New Application: Transitional Year**

**Transitional Year Review Committee**

**ACGME**

**Oversight**

**Participating Sites**

1. Provide the following information for each sponsoring program. At least one sponsoring program is required. [PR I.B.1.a)]

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| **1. Specialty**: Click here to enter text. |
| **Institution**: Click here to enter text. |
| **ACGME Program ID:** Click here to enter text. |
| **Name of Program Director**: Click here to enter text. |

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| **2. Specialty**: Click here to enter text. |
| **Institution**: Click here to enter text. |
| **ACGME Program ID:** Click here to enter text. |
| **Name of Program Director**: Click here to enter text. |

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| **3. Specialty**: Click here to enter text. |
| **Institution**: Click here to enter text. |
| **ACGME Program ID:** Click here to enter text. |
| **Name of Program Director**: Click here to enter text. |

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| **4. Specialty**: Click here to enter text. |
| **Institution**: Click here to enter text. |
| **ACGME Program ID:** Click here to enter text. |
| **Name of Program Director**: Click here to enter text. |

2. Will at least one sponsoring program provide Fundamental Clinical Skills (FCS) rotations?   
[PR I.B.1.b)]  YES  NO

If “YES,” which program(s)?

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3. Is there a letter of commitment from each sponsoring program in place that specifies responsibilities and arrangements? [PR I.B.1.b).(2)]  YES  NO

Attach these letters from the sponsoring programs as a PDF.

4. Will the sponsoring program(s) provide at least 25 percent of each resident’s clinical experience?   
[PR I.B.1.b).(3)]  YES  NO

**Personnel and Resources**

1. Describe how the program will ensure that transitional year residents have access to resources equivalent to first-year residents of the sponsoring program(s). [PR I.D.1.a)] (Limit response to 400 words)

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1. Describe how the program will ensure that faculty members will provide transitional year residents with equivalent teaching and supervision to transitional year residents as that provided to categorical residents of the participating programs. [PR II.B.2.h)] (Limit response to 400 words)

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**Educational Program**

**Professionalism**

1. Briefly describe the learning activity(ies), other than lecture, by which residents demonstrate a commitment to professionalism and an adherence to ethical principles, including: compassion, integrity, and respect for others; responsiveness to patient needs that supersedes self-interest; respect for patient privacy and autonomy; accountability to patients, society, and the profession; and 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; ability to recognize and develop a plan for one’s own personal and professional well-being; and appropriately disclosing and addressing conflict or duality of interest. [CPR IV.B.1.a).(1).(a)-(g)] (Limit response to 400 words)

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**Patient Care and Procedural Skills**

1. Indicate the settings and activities in which fellows will demonstrate competence in each of the following areas of patient care. Also indicate the method(s) used to assess competence.

| **Competency Area** | **Settings/Activities** | **Assessment Method(s)** |
| --- | --- | --- |
| Obtaining a comprehensive medical history  [PR IV.B.1.b).(1).(a).(i)] | Click here to enter text. | Click here to enter text. |
| Performing a comprehensive physical examination  [PR IV.B.1.b).(1).(a).(ii)] | Click here to enter text. | Click here to enter text. |
| Assessing a patient’s problems and/or chief complaint  [PR IV.B.1.b).(1).(a).(iii)] | Click here to enter text. | Click here to enter text. |
| Appropriately using diagnostic studies and tests  [PR IV.B.1.b).(1).(a).(iv)] | Click here to enter text. | Click here to enter text. |
| Integrating information to develop a differential diagnosis  [PR IV.B.1.b).(1).(a).(v)] | Click here to enter text. | Click here to enter text. |
| Developing and implementing a treatment plan  [PR IV.B.1.b).(1).(a).(vi)] | Click here to enter text. | Click here to enter text. |

**Medical Knowledge**

1. Describe how the program will ensure that transitional year residents take USMLE Step 3 or COMLEX-USA Level 3 prior to the completion of the transitional year program. [PR IV.B.1.c).(1)] (Limit response to 400 words)

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**Practice-based Learning and Improvement**

1. Briefly describe one planned learning activity in which residents 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. [CPR IV.B.1.d)] (Limit response to 400 words)

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1. Briefly describe one planned quality improvement activity or project that will allow residents to demonstrate competence in identifying strengths, deficiencies, and limits in their knowledge and expertise, and setting learning and improvement goals. Describe planning, implementation, evaluation, and provisions of faculty member support and supervision that will guide this process. [CPR IV.B.1.d).(1).(b-c)] (Limit response to 400 words)

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1. Briefly describe how residents will receive and incorporate formative evaluation feedback into daily practice. (If a specific tool is used to evaluate these skills have it available for review by the site visitor.) [CPR IV.B.1.d).(1).(e)] (Limit response to 400 words)

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1. Briefly describe one example of a learning activity in which residents engage to develop the skills needed to use information technology to locate, appraise, and assimilate evidence from scientific studies and apply it to their patients' health problems. [CPR IV.B.1.d).(1).(f)-(g)] (Limit response to 400 words)

The description should include:

* Locating information
* Using information technology
* Appraising information
* Assimilating evidence information (from scientific studies)
* Applying information to patient care
* Conducting a comprehensive literature search

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**Interpersonal and Communication Skills**

1. Briefly describe one learning activity in which residents develop competence in communicating effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds.. [CPR IV.B.1.e).(1).(a)] (Limit response to 400 words)

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1. Briefly describe one learning activity in which residents develop their skills and habits to communicate effectively with physicians, other health professionals, and health-related agencies, and to work effectively as a member or leader of a health care team or other professional group. [CPR IV.B.1.e).(1).(b)-(c)] (Limit response to 400 words)

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1. Briefly describe how residents will participate in the education of patients, families, students, residents, and other health professionals. [CPR IV.B.1.e).(1).(d)] (Limit response to 400 words)

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1. Briefly describe how residents will be provided with opportunities to act in a consultative role to other physicians and health professionals. [CPR IV.B.1.e).(1).(e)] (Limit response to 400 words)

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1. Briefly describe how residents will be provided with opportunities to maintain comprehensive, timely, and legible medical records, if applicable. [CPR IV.B.1.e).(1).(f)] (Limit response to 400 words)

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**Systems-based Practice**

1. Briefly describe the learning activity(ies) through which residents 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. [CPR IV.B.1.f)] (Limit response to 400 words)

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1. Briefly describe the learning activity(ies) through which residents achieve competence in the elements of systems-based practice: working effectively in various health care delivery settings and systems; coordinating patient care across the health care continuum and beyond; advocating for quality patient care and optimal patient care systems; working in interprofessional teams to enhance patient safety and care quality; participating in identifying system errors and implementing potential systems solutions; incorporating considerations of value, cost awareness, delivery and payment, and risk-benefit analysis in patient and/or population-based care as appropriate; and understanding health care finances and its impact on individual patients’ health decisions. [CPR IV.B.1.f).(1).(a)-(g)] (Limit response to 400 words)

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Curriculum Organization and Resident Experiences

*Fundamental Clinical Skills*

1. Briefly describe how the program will ensure that transitional year residents’ clinical and educational responsibilities will be equivalent to first-year residents from other programs. [PR IV.C.3.a).(1)] (Limit response to 400 words)

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1. For fundamental clinical skills rotations, will residents be given responsibility for decision making and direct patient care in all settings, subject to review and approval by attending physicians and/or senior-level residents? [PR IV.C.3.b).(1)]  YES  NO
2. Will this responsibility include: [PR IV.C.3.b).(2)]

a) Planning of care  YES  NO

b) Writing orders  YES  NO

c) Writing of progress notes  YES  NO

*Emergency Medicine*

1. Describe the residents’ proposed schedule during their four weeks on emergency medicine that ensures the 140-hour minimum requirement of experience is obtained (number of shifts per week/month, hours per shift). [PR IV.C.3.d)] (Limit response to 400 words)

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2. Will each resident have:

a) the opportunity to participate in the evaluation and management of the care of all types and acuity levels of patients who present to a site’s Emergency Department?   
[PR IV.C.3.d).(1)]  YES  NO

b) first-contact responsibility for these patients? [PR IV.C.3.d).(1)]  YES  NO

*Ambulatory Care*

1. Briefly identify and/or describe: [PR IV.C.3.e)]

1. Site(s) of ambulatory experience

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1. Supervision of the resident

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1. Average number of patients seen by the resident per half-day session

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1. Role of the resident in patient care

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1. How residents will obtain the required 140 hours total ambulatory experience? (Limit response to 250 words) [PR IV.C.3.e)]

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2. Will the ambulatory care experience be provided by family medicine, primary care internal medicine, obstetrics and gynecology, pediatrics, or general surgery? [PR IV.C.3.e)]  YES  NO

*Elective Rotations*

1. Explain briefly how electives will be determined for each resident. [PR IV.C.4.a)-b)] ]

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2. Will each resident have at least eight weeks of electives? [PR IV.C.4.]  
  YES  NO

*Non-clinical Patient Care Experience*

If applicable, describe the non-clinical patient care experience (e.g., research, administration, clinical informatics) in which the residents may participate (maximum of eight weeks). [PR IV.C.5.] (Limit response to 400 words)

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1. Will the program director ensure that rotations taken away from the Sponsoring Institution and its participating site(s) have educational justification? [PR IV.C.6.]  YES  NO

1. If so, are these rotations:
2. Limited to no longer than a total of eight weeks? [PR IV.C.6.a)]  YES  NO
3. Taken in an ACGME-accredited program? [PR IV.C.6.b)]  YES  NO
4. If non-Sponsoring Institution “away” rotations are not part of an ACGME-accredited program, are they designated as elective(s)? [PR IV.C.6.c)]  YES  NO

2. Curricular Requirements for Categorical Programs

Some categorical programs require that transitional year residents entering in the PG-2 year have specific curricular requirements for the PG-1 year. Explain briefly how the program director will ensure such requirements are met. [PR IV.C.7.] (Limit response to 400 words)

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3. Briefly describe how the program will counsel and assist residents not accepted into a categorical or advanced program or without a defined career path. [PR IV.C.8.] (Limit response to 400 words)

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**Didactic Sessions**

1. Will the residents’ educational experiences include:

* 1. Multidisciplinary conferences? [PR IV.C.10.a)]  YES  NO
  2. Morbidity and mortality conferences? [PR IV.C.10.b)]  YES  NO
  3. Journal or evidence-based reviews? [PR IV.C.10.c)]  YES  NO
  4. Case-based planned didactic experiences? [PR IV.C.10.d)]  YES  NO
  5. Seminars and workshops to meet specific competencies? [PR IV.C.10.e)]  YES  NO
  6. Computer-aided instruction? [PR IV.C.10.f)]  YES  NO
  7. Grand rounds? [PR IV.C.10.g)]  YES  NO
  8. Quality improvement and safety? [PR IV.C.10.h)]  YES  NO
  9. One-on-one instruction? [PR IV.C.10.i)]  YES  NO

2. List all required conferences for all FCS rotations. Provide the name of conference, FCS specialty, frequency per month, whether attendance is monitored, and if protected time to attend will be available. Add rows as necessary. [PR IV.C.10.a)-i)]:

| **Name of conference** | **FCS Specialty** | **Frequency per week/month** | **Attendance monitored (Y/N)** | **Protected time to attend (Y/N)** |
| --- | --- | --- | --- | --- |
| ***example: Grand Rounds*** | ***Internal Medicine*** | ***1/mo*** | ***Y*** | ***Y*** |
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(Have documentation of attendance available for review by the site visitor.)

3. Describe how conference attendance is monitored and documented. [PR IV.C.11.]

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Residents’ Scholarly Activity

1. Briefly describe how residents will actively participate in scholarly activity (e.g., presentation of a case at morbidity and mortality conference, analysis of a journal article at journal club, presentation to colleagues and faculty members on a subject of interest, development of a research or quality improvement project, etc.). [PR IV.D.3.a).(1)] (Limit response to 400 words)

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**Evaluation**

1. Will there be written documentation of performance evaluations for each resident at least twice a year? [PR V.A.1.g)]  YES  NO

(Resident files containing these records must be available for site visitor review.)