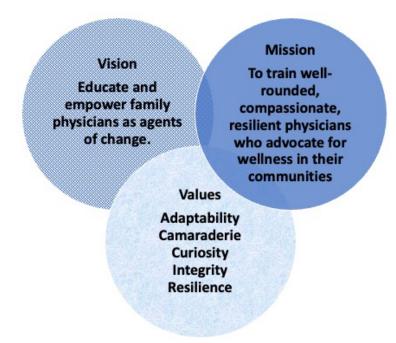


East Pierce Family Medicine Residency

MultiCare Good Samaritan Hospital Puyallup, Washington

EPFM Vision – Mission - Values



EPFM RESIDENCY MISSION:

To train well-rounded, compassionate, resilient physicians who advocate for wellness in their communities.

Vision: Educate and empower family physicians as agents of change.

Values: Adaptability, Camaraderie, Curiosity, Integrity, Resilience



Family Medicine Residency

- Comprehensive training in family medicine, including obstetrics and addiction medicine, utilizing an innovative longitudinal curriculum.
- Obstetrics training including high-risk maternity care and exposure to surgical obstetrics.
- Clinic experience in a Patient-Centered Medical Home.
- Multidisciplinary out-patient training including an active osteopathic curriculum available to both DO's and MD's.
- Unopposed residency training at a community hospital affiliated with University of Washington, Washington State University, and Pacific Northwest University of Health Sciences.
- Emphasis on physician wellness and work-life balance.
- Emphasis on developing physician leadership skills.
- Team-approach to patient care.

Our Facilities

- Out-patient clinic designed specifically for resident training.
- Clinic located on the hospital campus, an easy walk to all hospital facilities.
- 360 bed community medical center.
- Full range of specialists available for resident training and patient referral.
- Member of the Seattle Cancer Care Alliance.
- 24-hour hospitalists, including medicine, obstetrics, and anesthesia.
- An emergency department serving more than 70,000 patients per year.
- Level 2 Special Care Nursery.
- In-Patient residential addiction unit, serving chemically-using pregnant women.



About the Community

(Puyallup: pyoo-AL-up)

Puyallup is a rapidly growing city with easy access to both the Puget Sound and Mount Rainier. It is also home to the Washington State Fair, a fall tradition in Western Washington.

Puyallup is named after a tribe of Native Americans bearing the same name. Meaning "the generous people," the tribe had a population of 2,000 before European settlers first arrived in the 1850's.

The city is 5 miles east of Tacoma and 35 miles south of Seattle. With a population of 40,000 people, Puyallup has a small-town feel while being easily accessible to bigger cities. Numerous companies are moving into the community, bringing jobs and opportunities for local residents. Puyallup is linked to both Tacoma and Seattle by the Sounder train, which makes travel to the larger urban centers easy.

There are many outdoor activities located in and around Puyallup. Mount Rainier, a 14,411-foot volcano, dominates much of the landscape. The Puget Sound is a terrific area for boating, scuba diving, and fishing. Ski resorts are within easy distance for day and weekend trips. In addition to the annual Western Washington Fair, the city also hosts the Daffodil Festival, outdoor art gallery downtown, a vibrant farmers market, an antique district, and many "pick-your-own" farms.







3-Year Curriculum

R1

Rotation	Time Spent		Rotation	Time Spent
FM In-Patient	atient 16 weeks		Emergency Med	4 weeks
ОВ	8 weeks		Surgery 2 w	
Pediatrics	8 weeks		Sports Med / Ortho	2 weeks
Clinic Block	4 weeks		Comm Medicine	2 weeks
Elective / HSM	4 weeks		NICU 2	

R2

Rotation	Time Spent		Rotation	Time Spent
FM In-Patient	Patient 9 to 10 weeks		Adult Medicine	1 week
ОВ	8 to 10 weeks	ICU		2 weeks
NICU	2 weeks		Geriatrics	4 weeks
Clinic Block	4 to 6 weeks		HSM	1 week
Night Shift	4 to 5 weeks		Elective 9 to 11 w	

<u>R3</u>

Rotation	Time Spent		Rotation	Time Spent
FM In-Patient	4 to 6 weeks	4 to 6 weeks		4 weeks
ОВ	2 weeks		Gynecology	4 weeks
Outpatient Peds	8 weeks		Sports Med / Ortho	2 weeks
Clinic Block	4 to 6 weeks		HSM / Comm Med	2 weeks
Night Shift	4 weeks		Elective	10 to 14 weeks

Vacation-ineligible weeks are Bolded

Additional Curriculum Incorporated throughout Residency

Osteopathic Manipulative Medicine (OMM/OMT)
Office Procedures

Addiction Medicine
Palliative Medicine



Longitudinal Curriculum at EPFM

The Longitudinal Curriculum (LC) is designed to meet several goals. These include:

- 1. Provide excellent clinical training across the breadth of Family Medicine
- 2. Provide a focus on ambulatory clinic experience, prioritizing continuity of care
- 3. Protect residents' wellness and work-life balance
- 4. Provide an emphasis on developing professionalism and physician leadership skills

To accomplish these goals, we've designed the LC with the following features:

- 1. Block rotations have been replaced by four 13-week Quarters. Each Quarter contains a variety of 1-2 week "rotations." There are a couple of exceptions to this:
 - a. R-1 Mary Bridge pediatrics is a 4-week rotation
 - b. R-3's have a 4-week Elective block, which allows for away rotations, if desired
- 2. Each resident sees patients in out-patient clinic on a daily basis, following a "Clinic First" philosophy. There are a couple of exceptions to this:
 - a. Family Medicine in-patient team sees clinic patients every other day
 - b. Residents on OB see clinic patients every other day
 - c. R1's on Mary Bridge Peds see clinic patient's weekly
 - d. Night Shift resident doesn't have clinic for the week of Night Shift
 - e. Thursdays are Didactics Day and are not scheduled for afternoon resident clinics
- 3. EPFM covers its in-patient Family Medicine service 24/7, 365 days per year.
- 4. Residents work in shifts, rather than taking call. Shifts are scheduled to be 12 hours long, and should never extend beyond 14 hours in length. (One exception to this would be if a resident were following a continuity OB patient.)



	QUARTER 1							
	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	
Resident 1	CLINIC	CLINIC	CLINIC	CLINIC	MBPeds	MBPeds	MBPeds	
Resident 2	CLINIC	CLINIC	CLINIC	CLINIC	FMED	FMED	CommMed	
Resident 3	CLINIC	CLINIC	CLINIC	CLINIC	CommMed	CommMed	OBR1	
Resident 4	CLINIC	CLINIC	CLINIC	CLINIC	FMED	FMED	NICU	
Resident 5	CLINIC	CLINIC	CLINIC	CLINIC	OBR1	OBR1	FMED	
Resident 6	CLINIC	CLINIC	CLINIC	CLINIC	NICU	NICU	FMED	

	QUARTER 1								
	Week 8	Week 9	Week 10	Week 11	Week 12	Week 13			
Resident 1	MBPeds	CommMed	CommMed	FMED	FMED	OBR1			
Resident 2	CommMed	MBPeds	MBPeds	MBPeds	MBPeds	NICU			
Resident 3	OBR1	FMED	FMED	NICU	NICU	MBPeds			
Resident 4	NICU	FMED	FMED	OBR1	OBR1	FMED			
Resident 5	FMED	NICU	NICU	CommMed	CommMed	FMED			
Resident 6	FMED	OBR1	OBR1	FMED	FMED	CommMed			



	QUARTER 2								
	Week 14	Week 15	Week 16	Week 17	Week 18	Week 19	Week 20		
Resident 1	OBR1	NICU	NICU	FMED	FMED	SpOrtho	SpOrtho		
Resident 2	NICU	FMED	FMED	OBR1	OBR1	FMED	FMED		
Resident 3	MBPeds	MBPeds	MBPeds	SpOrtho	SpOrtho	FMED	FMED		
Resident 4	FMED	CommMed	CommMed	MBPeds	MBPeds	MBPeds	MBPeds		
Resident 5	FMED	OBR1	OBR1	FMED	FMED	Surg	Surg		
Resident 6	CommMed	FMED	FMED	Surg	Surg	OBR1	OBR1		

	QUARTER 2									
	Week 21	Week 22	Week 22 Week 23 Week 24 Week 25 We							
Resident 1	FMED	FMED	Surg	Surg	FMED	FMED				
Resident 2	Surg	Surg	OBR1	OBR1	FMED	FMED				
Resident 3	OBR1	OBR1	FMED	FMED	Surg	Surg				
Resident 4	SpOrtho	SpOrtho	FMED	FMED	OBR1	OBR1				
Resident 5	MBPeds	MBPeds	MBPeds	MBPeds	SpOrtho	SpOrtho				
Resident 6	FMED	FMED	SpOrtho	SpOrtho	MBPeds	MBPeds				



	QUARTER 3									
	Week 27	Week 28	Week 29	Week 30	Week 31	Week 32	Week 33			
Resident 1	OBR1	OBR1	MBPeds	MBPeds	MBPeds	MBPeds	ED			
Resident 2	SpOrtho	SpOrtho	FMED	FMED	OBR1	OBR1	MBPeds			
Resident 3	ED	ED	FMED	FMED	Elective	Elective	FMED			
Resident 4	FMED	FMED	Surg	Surg	ED	ED	FMED			
Resident 5	FMED	FMED	ED	ED	FMED	FMED	OBR1			
Resident 6	MBPeds	MBPeds	OBR1	OBR1	FMED	FMED	Elective			

	Week 34	Week 35	Week 36	Week 37	Week 38	Week 39
Resident 1	ED	FMED	FMED	OBR1	OBR1	Elective
Resident 2	MBPeds	MBPeds	MBPeds	ED	ED	FMED
Resident 3	FMED	Elective	HSM	MBPeds	MBPeds	MBPeds
Resident 4	FMED	OBR1	OBR1	FMED	FMED	ED
Resident 5	OBR1	ED	ED	FMED	FMED	OBR1
Resident 6	Elective	FMED	FMED	Elective	HSM	FMED



	QUARTER 4								
	Week 40	Week 41	Week 42	Week 43	Week 44	Week 45	Week 46		
Resident 1	Elective	FMED	FMED	ED	ED	FMED	FMED		
Resident 2	FMED	Elective	Elective	OBR1	OBR1	FMED	FMED		
Resident 3	MBPeds	OBR1	OBR1	FMED	FMED	OBR1	OBR1		
Resident 4	ED	MBPeds	MBPeds	MBPeds	MBPeds	Elective	HSM		
Resident 5	OBR1	FMED	FMED	Elective	Elective	MBPeds	MBPeds		
Resident 6	FMED	ED	ED	FMED	FMED	ED	ED		

	Week 47	Week 48	Week 49	Week 50	Week 51	Week 52
Resident 1	Elective	HSM	FMED	FMED	OBR1	OBR1
Resident 2	ED	ED	FMED	FMED	Elective	HSM
Resident 3	FMED	FMED	ED	ED	FMED	FMED
Resident 4	FMED	FMED	OBR1	OBR1	Elective	Elective
Resident 5	MBPeds	MBPeds	Elective	HSM	FMED	FMED
Resident 6	OBR1	OBR1	MBPeds	MBPeds	MBPeds	MBPeds



Pay and Benefits

EPFM Residents sign a three-year contract (accepting a 3-year categorical Family Medicine position).

This contract includes pay and benefits provided by MultiCare Health System.

Current salaries, per PGY year are:

R1 = \$66,908

R2 = \$69,221

R3 = \$71,766

When can we take vacation?

Residents are provided with 17 days of vacation annually. Vacation is taken for up to 5 days per rotation. Vacations can usually be taken during vacation-eligible weeks, which are specified on the Curriculum page.





Benefits Include:

- Medical Insurance, including dental and vision for Residents and their Families.
- 403(b) Retirement Account
- CME Leave and Allowance
 - o R1 3 days leave and \$900.00
 - o R2 5 days leave and \$1,150.00
 - R3 5 days and \$1,400.00
- 17 days of Vacation per year
- 12 days of Sick Leave per year
- Fees paid for Licensing Fees, DEA, and Board Certification Exam.
- Tuition and Time-off for Life Safety courses including, BLS, ACLS, PALS, NRP, and ALSO.
- Meal Allowance
- Free Parking



FAQ's

Can I do an international rotation?

Each Resident will have the opportunity to arrange an "away" rotation during their third year.

The expectations for this rotation are:

- 1. The experience is not one that can be gained locally.
- 2. Malpractice is provided throughout (EPFM provides malpractice insurance for all rotations in the US.) Residents are responsible for providing insurance during international rotations.
- 3. The rotation must have both educational and service components.
- 4. Attending physicians must have verification of training and experience, in order to provide for a good experience for the Resident.

Is there an expectation for a scholarly project?

Yes, all residents will complete scholarly work as a requirement for graduation. Dedicated time is provided for this work.

This scholarly work may be accomplished in a variety of ways, including:

- 1. Write an evidence-based response to a question (Clinical Inquiry or Help Desk Answer) and submit it for publication to the Family Physician Inquiry Network.
- 2. Participate in a clinical trial at MultiCare, demonstrating a substantial contribution to the effort.
- 3. Plan, conduct, and analyze a community intervention. An example of this includes conducting nutrition education for elders and evaluating their weight pre-and post-intervention. Another option would be to perform an analysis of medical care provided at the state fair as a way to predict future staffing and equipment needs. This work does not need to be published, but results have to be documented in order to have a lasting effect on the community.

Residents will also be involved in educational presentations, including Journal Club, Mortality and Morbidity Rounds, and Grand Rounds.



NRMP's Match Participation Agreement Conditions

Section 6.2: Programs must provide to applicants all institutional and program policies regarding eligibility for appointment to a residency training position including but not limited to:

Expected or required academic, educational, or prior training credentials;

Applicants with one of the following qualifications are eligible for appointment to an accredited residency program at East Pierce Family Medicine.

- Graduates of medical schools in the United States and Canada accredited by the Liaison Committee on Medical Education (LCME).
- Graduates of medical schools in the United States and Canada accredited by the American Osteopathic Association (AOA).
- Graduates of medical schools outside of the United States and Canada who have current valid certificates from the Educational Commission for Foreign Medical Graduates (ECFMG). Schools located outside the U.S. and Canada must:
 - Be officially recognized in good standing in the country where they are located
 - Be registered as a medical school, college, or university in the International
 Medical Education Directory
 - Possess a basic course of clinical and classroom medical instruction that is not less than 42 months in length; and under the educational institution's direct authority.



Pre-Employment Drug Testing and Background Check

Drug & nicotine screenings

MultiCare is a smoke-free, drug-free workplace. All employment offers are conditioned upon acceptable pre-employment drug tests which include testing for the use of marijuana and nicotine. As part of our commitment to a healthy workplace, we require employees to obtain an annual flu and COVID-19 immunizations.

Background screenings

MultiCare conducts a background check including a search of Washington State Patrol records and a third party background investigation.

Information relevant to licensure status or visa status.

Applicants who are not citizens of the United States must possess one of the following:

- Valid Employment Authorization Document / Valid Permanent Resident Card
 The following are screened out of our process for residency training:
 - J1 Clinical Visa / J1 Research Visa /J2 Dependent Visa /H1B Visa

In addition to the above, candidates must have graduated from an accredited medical school within two years of starting the residency. The only exception to this is if the applicant has had significant clinical experience in the last two years.



EPFM Demographics

75% of our graduates practice in the State of Washington

What are our graduates doing?

Family Medicine Faculty

Outpatient Family Medicine

Direct Primary Care

Hospitalist

Fellowship

Locums

Urgent Care

The Islands

North Cavendes

North Central

Northeast

Peninsulas & Const

Metro Seattle speaker

Oyunpa

Southeast

The Volcanoes

Wine Country

Graduate Locations

California Minnesota

Idaho Nevada

Florida N Carolina

Hawaii Texas

Maine Utah

Washington

Graduate Data

62% Female and 38% Male

60% work within MultiCare Treatment Area

Current Residents
10 Female / 9 Male
14 DO's and 5 MD's





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