

clinical material in the various divisions of the specialty. It is also desirable that hospital facilities be available and that residents be given an opportunity to observe the dermatologic manifestations of the acute contagious diseases. There should be a well organized course of instruction involving lecturers, seminars, clinical demonstrations and laboratory assignments, especially in histopathology, parasitology, mycology, and immunology. To facilitate clinical and laboratory teaching it is essential that the department have ready access to an adequate supply of classified anatomic and pathologic material including histologic and lantern slides for demonstrations. Projection apparatus should be available and also facilities for clinical photography.

Applied Basic Science Instruction.—The residency should include organized study in the various applied basic sciences: as related to clinical dermatology, especially in bacteriology, immunology, mycology, parasitology, serology, biochemistry, embryology, histology, pathology, pharmacology, and physiology, as well as physics as related to therapy by physical agents. See Section 1-9 of these Essentials for a discussion of applied basic medical science instruction.

The provisions of the General Requirements (Sections 1 to 10) must also be met for approval.

Residents who plan to seek certification by an American board should communicate with the secretary of the appropriate board, as listed in Section IV, to be certain regarding the full requirements for certification.

4. Special Requirements for Residency Training in Family Practice

Residencies in family practice should be specifically designed to meet the needs of graduates intending to become family physicians. The family physician is defined as one who: 1) serves as the physician of first contact with the patient and provides a means of entry into the health care system; 2) evaluates the patient's total health needs, provides personal medical care within one or more fields of medicine, and refers the patient when indicated to appropriate sources of care while preserving the continuity of his care; 3) develops a responsibility for the patient's comprehensive and continuous health care and when needed acts as a coordinator of the patient's health services; and 4) accepts responsibility for the patient's total health care, including the use of consultants, within the context of his environment, including the community and the family or comparable social unit. In short, family physicians must be prepared to fill a unique and specific functional role in the delivery of modern comprehensive health services.

DURATION OF TRAINING.—The duration of the program should usually be a total of three years following graduation from medical school.

Family practice residency programs should provide for experience and responsibility for each resident in those areas of medicine which will be of importance to him in his future practice.

As stated in the general requirements, it is not essential, or even desirable, that all hospital residencies adopt exactly the same program, nor that they offer a rigidly uniform sequence of experience. It is essential, however, that all programs for graduate training in family practice be able to meet the fundamental requirements for an approved program and the hospitals involved must individually or collaboratively attain comparable quality results in the training.

It is necessary that the family practice resident retain his identity as such throughout his graduate training period. He will need to learn appropriate skills, techniques and procedures of certain other specialties, as well as those of family practice. Such instruction should be under the supervision of qualified specialists in those fields. The resident's program should be planned so that he can discharge his

continuing responsibilities to a selected group of patients under the supervision of experienced family physicians.

If the resident plans to practice another specialty in depth in addition to family practice, he should obtain appropriate additional training beyond that provided in the family practice residency.

The spectrum of knowledge and skills involved in the field of family practice will, as in other disciplines, usually exceed in scope those possessed by any individual physician.

CONTENT.—The following covers the general content of family practice, and, as such, should be available to the resident although certain portions may be optional, depending upon the knowledge and skill obtained by the resident in medical school, his interests, and the character of his anticipated practice.

Family Medicine.—The family practice unit should consist of a clinical service, the content of which is determined by the needs of a representative population of patients rather than the particular skills of the physician. The patient composition of the family practice service should be such that continuity of care is a reasonable probability for most patients and continuity of experience by the resident will result.

This service should include not only patients of all income levels in the acute general hospital but also ambulatory patients, patients at home, and patients in institutions such as nursing homes. This should also include emergency care of patients. Residents assigned to the family practice service may spend a period of time outside the family medicine facility as necessary to meet the needs of his patients. Furthermore, when deemed desirable by the program director the resident may be assigned to other institutions or settings to acquire additional types of experience. This approach should help to focus attention upon the ambulatory patient, the diseases of high prevalence, patients with long-term illness and those with problems of adjustment, anxiety, depression and other emotional stresses. It should also facilitate emphasis upon preventive medicine, health maintenance, rehabilitation counseling and the use of all relevant community resources.

Internal Medicine.—Internal Medicine by nature of its integrative functions is recognized as a major foundation for programs in family practice. The resident should receive regular instruction and gain experience that will permit him to develop judgment in assessing the condition of the patient, in the use and interpretation of laboratory procedures and in applying the principles of differential diagnosis, as well as proper therapeutic management of the patient. Emphasis should be placed upon the history and cause of disease and should provide the resident an opportunity to become familiar with the major causes of disease and the principles of rational therapy.

Pediatrics.—There is much overlap and reinforcement between internal medicine and pediatrics, but the special contributions of pediatrics relate to the problems of the newborn, to congenital malformation, to growth and development through adolescence, to nutrition, mental retardation and the behavioral and emotional problems of children and their management. Modern pediatrics includes a large component of preventive medicine and emphasizes care of the ambulatory patient and the patient at home. Pediatrics should offer opportunity for learning the diagnosis and care of infectious diseases. It should also provide study of the position of the child in the social systems of family, school and community.

Psychiatry.—This discipline is one of the necessary bases for a family practice program. The resident should learn how to diagnose and manage most psychosomatic and emotional problems. He should become competent to deal with the common tensions, anxieties and depressions that initiate or complicate a substantial proportion of the problems with which the family physician will be faced. The resident should

learn to recognize the neuroses and psychoses and to provide for the aftercare which many patients require following discharge from a mental institution.

In the family practice unit, most of the pertinent knowledge and skill can best be acquired through a program in which psychiatry is integrated with medicine, pediatrics, and other disciplines. In addition, experience on a specialized psychiatry service with responsibility for the care of serious illness under supervision may be desirable. This will enable the resident to recognize major psychoses and to deal with the psychiatric emergencies which constitute a major problem for family physicians.

Obstetrics and Gynecology.—The resident should be provided the instruction necessary to understand the biological and psychological impact of pregnancy, delivery and care of the newborn, upon a woman and her family. He should acquire skill in the provision of antepartum and postpartum care and the normal delivery process. He should also have an understanding of the complications of pregnancy and their management. He should become adept at managing the problems of medical and office gynecology. Marriage counseling and sex education are important areas of responsibility for the family physician and the training program should afford an opportunity for the development of skills in these areas.

Surgery.—The resident should acquire competence in recognizing surgical emergencies and when appropriate referring them for necessary specialized care, an ability to evaluate conditions that require elective surgical management, an understanding of the kinds of surgical treatment that might be employed and the problems that may result from surgical procedures and their management. He should have sufficient knowledge of these procedures to give proper advice, explanation, and emotional support to his patients. He should be trained in basic surgical principles by recognized surgical specialists and acquire from them the technical proficiency required to manage those limited surgical procedures a first contact (family) physician may be called upon to perform. If he expects to include major surgery as a part of his regular practice, he should obtain additional training.

Community Medicine.—Community medicine is one of the unique components of family practice. Through proper instruction, the resident should be provided with an understanding of the principles of epidemiology and environmental health, familiarity with the health resources of a community and community organization for health. He should appreciate the roles and the interrelationships of persons in the various professional and technical disciplines which provide health services.

Community medicine should provide the resident with an approach to the evaluation of the health problems and needs of a community and to the improvement of resources to meet community needs more adequately. The experience should assist the resident to understand the role of private enterprise, voluntary organizations and government in modern health care. The social and behavioral sciences should be used to provide the resident with an understanding of the research tools and methodologies which will be of use to the family physician in discharging his integrative functions.

Electives.—It is desirable that a training program in family practice provide the resident with experience in other specialties such as anesthesiology, radiology, dermatology, ENT, ophthalmology, urology, orthopedics, et cetera. This may be acquired through electives, included directly in the curriculum, or obtained through proper utilization of consultations.

Research.—The participation of the resident in an active research program should be encouraged. Generally this should be concurrent with other assignments, provided the responsibilities of the resident are adjusted during such assignments to permit reasonable time for research activity.

Investigative work is permissible as an integral part of the three-year program, provided the research topic relates to problems involving the delivery of health care or is otherwise of special relevance to family practice. Assignments to other types of research activities, if they are desired by the resident, should be in addition to, rather than in lieu of, clinical instruction.

CATEGORIES OF PROGRAMS.—There is a wide variety of circumstances under which the family physician will function, both geographically and in his association with other physicians. His educational program is to be designed in conformity with the general principles set forth in the following basic program. Flexibility is necessary and the program may be adjusted according to his predicted needs and should be carried out under the guidance and control of his program director.

Though it need not be followed in a rigid or restricted manner, the suggested basic program will normally consist of two parts:

- A. The resident's base of practice will be in a model family practice unit, where he will usually spend a portion of each day. Over the three-year period a major portion of his training will be devoted to this aspect of the field.
- B. In addition, education and supervised training in the following disciplines should be available during the three-year period: medicine, pediatrics, surgery, obstetrics-gynecology, psychiatry, community medicine, and electives; examples of these programs might be:

PROGRAM I

Medicine	33%
Pediatrics	16%
Surgery	16%
Obstetrics-Gynecology	16%
Psychiatry	8%
Community Medicine & Electives.....	11%

PROGRAM II

Medicine	50%
Pediatrics	16%
Psychiatry	16%
Community Medicine & Electives.....	18%

PROGRAM III

Medicine	33%
Pediatrics	16%
Psychiatry	16%
Community Medicine & administrative services, including health service administration, & electives.....	35%

These are only examples both as to content and percentages. Many other variations are possible and will be given consideration for approval by the Residency Review Committee, provided they comply with the intent and concept of Paragraphs A and B above. It is intended that all the disciplines mentioned in Paragraph B should be covered either in the family practice model or in the various specialty departments listed in that paragraph.

Since a residency program in family practice requires co-operation and assistance from other specialty services, the program director will need to work out in advance the assignments and responsibilities of the various services.

For those residents desirous of additional skills in one or more particular fields, the hospital is encouraged to provide advanced training beyond the third year.

The provisions of the General Requirements (Section I to 10) must also be met for approval.

Residents who plan to seek certification by an American Board should communicate with the secretary of the appropriate board, as listed in Section IV, to be certain regarding the full requirements for certification.

5. Special Requirements for Residency Training in General Practice

Residencies in general practice should be specifically designed to meet the needs of graduates intending to enter general practice. General practice residency programs, following the internship, should provide for additional experience and responsibility in those branches of medicine which are of primary importance to the general practitioner.

Duration and Scope of Training.—General practice residencies should be flexible, both as to content and duration, depending upon the special needs of the individual resident. It is recommended that residency programs be of at least two years' duration.

In a two-year residency, not less than fifty per cent of the time should be devoted to general medicine: i.e., internal medicine, the medical specialties, psychiatry, and pediatrics (including contagious diseases). The remainder of the time may be devoted to training in surgery, obstetrics, and gynecology. The surgical fields to be covered ordinarily should include general surgery, the surgery of trauma, fractures, and operative gynecology. Any service offered should be of sufficient duration to afford a significant learning experience. Short, episodic exposures are considered undesirable unless organized in close coordination with longer assignments in other disciplines.

Time devoted to general surgery and the surgical specialties should emphasize diagnosis, preoperative and postoperative care, minor surgery, and emergency care but should also offer an increasing opportunity to assist with and perform common emergency and elective operative procedures. It should be recognized that there is limited educational value in this type of residency in assisting with highly specialized surgical procedures of an advanced nature. There should be a reasonable balance between the time allocated to assignment in the operating room and other aspects of patient care.

Out-Patient Experience.—An important consideration in evaluating a residency program in general practice is the availability of adequate experience in the total care of ambulatory patients. This experience should occupy at least 25 per cent of the resident's time and should run concurrently with the inpatient services. The following statement is taken from the "Essentials of an Approved Internship," Section X, paragraph 8, "Special Requirements for Teaching with Ambulatory Patients," "Although experience with ambulatory patients is an essential part of all graduate programs, it need not be scheduled necessarily during the first year if it is provided by the hospital later as a part of a total integrated program." Thus, paragraph 8 of the above Essentials will apply in evaluating this aspect of the residency program in general practice.

General Requirements.—Hospitals requesting approval for residencies in general practice must comply with the general provisions for training described in Section 1 of these "Essentials" including the principle expressed in paragraph 2, subsection 1—Staff. General practitioners on the staff should participate in the teaching program whenever qualified.

These hospitals should have at least 2,500 annual admissions and maintain a minimum autopsy rate of 25 per cent.

For those residents desirous of developing additional skill in one or more particular fields, the hospital is encouraged to provide advanced training beyond the second year.

Regular conferences and seminars, conducted by competent teachers, and adequate laboratory facilities are absolute requisites to an adequate residency program. See sections 1-9 of these Essentials for a discussion of applied basic medical instruction.

As stated in the general requirements, it is not essential or even desirable that all hospital residencies should adopt exactly the same program, or that they should offer a rigidly uniform sequence of experience. It is essential, however, that all hospitals participating in graduate training should be able

to meet the fundamental essential requirements for an approved program, and either alone or in collaboration should attain comparable results in the quality of training and of experience obtained.

The provisions of the General Requirements (Sections 1 to 10) must also be met for approval.

6. Special Requirements for Residency Training in General Surgery

A. Duration of Training.—Residencies in general surgery which are designed to meet the requirements of the Council on Medical Education, the American College of Surgeons, and the American Board of Surgery, should include, after one year of internship, either three or four years of progressive residency training. A program need not necessarily be confined to a single hospital. Collaborative programs can be developed where two hospitals of graduate training caliber have complementary clinical resources which can be combined to advantage in developing an acceptable program.

The American Board of Surgery recognizes two methods of qualification for its examination:

Group I. In addition to one year of internship or its equivalent, a candidate must have a minimum of four years of training in surgery in an institution or institutions acceptable to the Board. Three of these years must be spent in an approved residency. One year may be spent in a surgical specialty, or experimental surgery or research, or work of such a character that the relation of the basic sciences of anatomy, physiology, pathology, bacteriology, biophysics, and biochemistry to surgery is emphasized.

Group II. In addition to one year of internship or its equivalent, a candidate must have three years of residency training in an institution or institutions acceptable to the Board, followed by two years of study or practice of surgery, during which time sufficient operative experience to meet the Board's requirements must be obtained. The latter two years must be taken under the supervision of a surgeon certified by or acceptable to the Board and carrying on his practice in hospitals approved as meeting the minimum hospital requirements of the American College of Surgeons.

The Board of Regents of the American College of Surgeons has taken action recommending graduate training programs of four years' duration for trainees who begin a surgical residency program July 1, 1950, and thereafter. However, until a sufficient number of four-year programs have been developed, approved three-year programs in general surgery will continue to be recognized.

Training in general surgery is recommended as a preliminary to graduate training in most special fields of surgery. For some surgical specialties, there is a definite amount of preliminary training in general surgery required. To meet such requirements, hospitals offering general surgery programs of less than three years, but of acceptable quality, may be approved and separately listed.

As stated in the general requirements, it is not essential, or even desirable, that all hospital residencies should adopt exactly the same program, or that they should offer a rigidly uniform sequence of experience. It is essential, however, that all hospitals participating in graduate training should be able to meet the fundamental essential requirements for an approved program and either alone or in collaboration should attain comparable results in the quality of training and of experience obtained.

B. Scope of Training.—Residencies in general surgery should offer a broad surgical training and should preferably include some experience in closely related special fields of surgery. Large hospitals, which have narrowly departmentalized services, can usually provide this experience by agreement between the chiefs of two services to exchange residents for a definite period of time, or by planning a rotation of assignment of residents to selected surgical specialty services. Urology, gynecology, and orthopedic surgery are the special-