



P4 Project Innovations

Current Categories of Innovations in P4 Programs

- Individualized Curriculum “Intentional Diversification”
- Longitudinal Curriculum
- 4 year Curriculum
- Use of Educational Learner Portfolios in Competency Assessments
- Decreased Inpatient Time & Increased Continuity Clinic Time (esp. PGY1)
- Small Group Learning Labs
- PCMH Practice Re-design
- Patient-Centered Care
- Team-based Care & Training in Teams
- Chronic Disease Management
- Community Practices as Training Sites
- Community/Population Health Focus

Program Name	Innovation
Baylor	Four-year curriculum with MPH, training re-sequencing with an emphasis on continuity of care; Practice Learning Teams providing chronic disease management and preventive service; and customized 4 th year of training in Maternity/Women’s Health and Hospital-based care, or International and Public Health.
Cedar Rapids	Non-rotational format for R-2 and R-3 years with more time in continuity of care setting, team-based care, and focus on managing the 20 medical conditions that make up 80 percent of their patients' needs
Christiana Care	Flexible, tailored curriculum with increased continuity clinic time and community-based training; reduction of inpatient and maternity care training; more small group case-based learning; and “intentional diversification” in the second and third year to maximize individual career preparation.
Colorado	Re-structuring of traditional block rotation model to one with intentional sequencing of the first 16 months followed by multiple longitudinal components rich in PCMH concepts including chronic care management, leadership, health behavior change, community integration and information technology.
Hendersonville	Move some of residents’ continuity clinical experience to re-designed PCMH rural practices, including a high-end HER, participation in a practice network for performance improvement; practical mentoring in rural community leadership; and hands-on co-management of a rural practice.
John Peter Smith	An “Advanced Family Medicine Residency Program,” which includes offering additional training in selected areas incorporated during the residency and extending beyond the basic 3 year program. Tracks available in: Maternal-Child Care, Rural Medicine, Sports Medicine, Geriatrics, Emergency Medicine, Hospitalist Medicine, International Health, and Pain Management.

Lehigh Valley	Radical redesign by relocating training to relevant community-based practices and implementing a new learning model focusing on whole-person, relationship-centered care. Features include: adult learning and individualized curriculum, decreased hospital time, team-based care, and PCMH implementation and a Collaborative Care Model in all clinical activities
Loma Linda	A four-year curriculum with fully integrated MPH resulting in double boarding in FM and Public Health/Prev Med. Features include: less inpatient medicine; global health or lifestyle track for MPH; and population-based rotations, which provide practical experience in PCMH knowledge and skills.
Middlesex	<i>Required</i> four year residency curriculum with broad scope training and “Tracks of Excellence” in Maternity Care, Faculty Development, Geriatrics / Palliative Care, Integrative Medicine or Community / International Health. They also incorporate longitudinal experience in elements of the PCMH with special emphasis on prevention and chronic disease management.
Missouri	Four-year curriculum beginning with MS-4 year of medical school for a select group of students (IRs). Features include: increased exposure to the FMC clinic in intern year and earlier exposure to what Family Medicine is for the IRs; increased exposure to features of PCMH; and curriculum focus on problem-based learning, chronic disease management, and patient-centered care.
Rochester	Two approaches to teaching new practice models: 1) redesign one of the existing team practices within the residency practice and a new curriculum on leadership, leading change and quality improvement; and 2) establish an Idealized Micro-Practice (IMP) with faculty and residents to serve a low-income population.
Tufts	Residency re-VISION project with five elements: 1) a truly competency-driven approach to teaching and assessment of learning; 2) a longitudinal, rather than block, curriculum in the second and third years of residency; 3) an Information Mastery curriculum; 4) several Areas of Concentration; and 5) an Organizational Effectiveness curriculum focused on executive skills necessary for the PCMH.
Waukesha	Re-designed curriculum with 19 months of core training followed by a “Major” for 17 months or a “Mastery” for 29 months. Majors include community/international health, sports medicine, hospital medicine, women’s health, and an individualized focus. Masteries include community health (with MPH), practice management (with MBA), and advanced obstetrics. Other features: redesign of core rotational experiences; specialty block rotations converted to longitudinal rotations; individualized learning plans; and an Electronic Learner’s Portfolio (ELF).
West Virginia University Rural	Rural Scholars Program with integration of a rigorous fourth year of medical school into residency that allows more flexibility in the PGY3 year for more breadth or depth of training. Other features: a more patient-centered approach to care through increases use of group visits, home visits and e-visits; longitudinal curriculum in chronic disease management; and a Patient Safety and Practice Management Outcomes curriculum