

## New Primary Care Residency Program<sup>1,2</sup>

Application Number	Type	Q1.1	Q1.2	Q1.3	Section 1 Subtotal	Q2.1	Q2.2	Q2.3	Q2.4	Q2.5	Q2.6	Q2.7	Q2.8	Q2.9	Q2.10	Q2.11	Q2.12	Q2.13	Section 2 Subtotal	Total Score	Funding Requested
SBPCR-1000143	FM	16	8.5	11.2	<b>35.7</b>	8	3.4	4.2	8	6	4.6	2.8	4.6	4	3	3	3	3	<b>57.6</b>	<b>93.3</b>	\$800,000
SBPCR-1000131	FM	13	8.5	11.2	<b>32.7</b>	7.4	4	4.4	7.6	5.2	4.6	3	4.2	3.2	3	3	3	2.8	<b>55.4</b>	<b>88.1</b>	\$800,000
SBPCR-1000150	FM	14	8.5	11.2	<b>33.7</b>	5.8	3.8	4.4	9.2	3.6	1.4	2.6	3.6	3.4	3	3	3	2.8	<b>49.6</b>	<b>83.3</b>	\$800,000
SBPCR-1000158	IM	16	8.5	11.2	<b>35.7</b>	5.6	3	4.2	7.6	4.8	2.4	2.8	3.4	2.4	3	3	2.8	2.2	<b>47.2</b>	<b>82.9</b>	\$800,000
SBPCR-1000148	IM	12	8.5	11.2	<b>31.7</b>	6	3	3	8.2	3.2	4.6	2.8	3	3.2	3	3	2.8	2.6	<b>48.4</b>	<b>80.1</b>	\$800,000
SBPCR-1000273	OB/GYN	12	8.5	11.2	<b>31.7</b>	5	4.4	4.4	7.6	5.6	1.4	3	4.4	1.8	3	0.6	2.6	2.2	<b>46</b>	<b>77.7</b>	\$800,000

### Definitions:

<sup>1</sup> **Primary Care:** Primary care refers to Family Medicine (FM), Internal Medicine (IM), Obstetrics and Gynecology (OB/GYN), and Pediatric (Peds) specialties.

<sup>2</sup> **New Program:** A primary care residency program that will receive accreditation by the Accreditation Council for Graduate Medical Education or the American Osteopathic Association after July 1, 2016.

### Recommended Award Methodology: 50 percent minimum of total maximum points

1. Exclude programs with incomplete applications.
2. Assign average score for Sections 1.1, 1.2, and 1.3 to all new applicants with missing values.
3. Arrange Total Score from highest to lowest score.
4. Award zero dollar funding amount to programs with less than 50 percent of points.
5. Award funds requested (not to exceed \$800,000) to each new program that receives at least 50 percent of points until funding is gone. Fund programs with accreditation at time of application first.

### Legend:

Q1.1: Percent and number of clinical training sites in medically underserved areas.

Q1.2: Percent and number of underrepresented minority graduates and/or economically disadvantaged graduates.

Q1.3: Percent and number of graduates in medically underserved areas.

Q2.1: What components of the trailing program are designed for medically underserved multi-cultural communities, lower socioeconomic neighborhoods or rural communities?

Q2.2: Describe the program's approach and associated activities used to encourage residents to practice in areas of unmet need.

Q2.3: Describe your plans to incorporate cultural competency and responsive care training into the program's curriculum and how it will further Song-Brown efforts of increasing the racial and ethnic diversity of California's healthcare workforce.

Q2.4: Explain the program strategies developed to identify, recruit, and admit residents, who possess characteristics, which would suggest pre-disposition to practice in areas of unmet need.

Q2.5: How will your program encourage residents to help recruit and mentor underrepresented minorities and/or underrepresented groups?

Q2.6: Has the residency program provided adequate information as to the sustainability of the new residency program?

Q2.7: Describe what educational modalities you will integrate into the learning delivery model.

Q2.8: Describe the primary care pathways and/or pipeline activities your residents will participate in.

Q2.9: Explain how your program will structure training to encourage residents to practice as a health care team that includes inter-professional providers.

Q2.10: Will the program residents train side by side with FNP and/or PA students?

Q2.11: Explain how you will use practicing primary care physicians from the local community in the training program.

Q2.12: Explain how your program will promote training in ambulatory and community settings in underserved areas.

Q2.13: Does the program faculty possess the knowledge, skills, and experience to deliver a primary care curriculum with an emphasis on health care disparities?