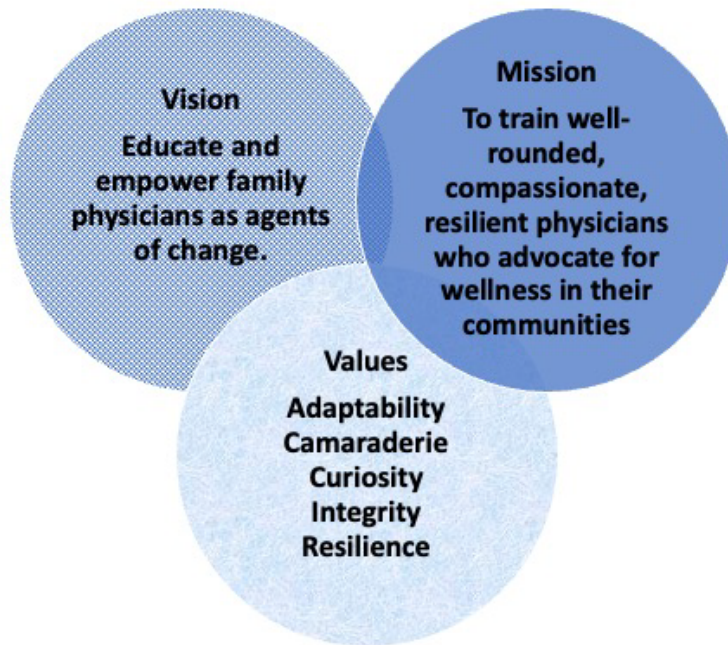




East Pierce Family Medicine Residency

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. Interest tracts supported.
- Obstetrics training including high-risk maternity care and exposure to surgical obstetrics.
- Reproductive health training including birth control counseling and procedures, miscarriage management.
- 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, Pacific Northwest University of Health Sciences, and Elson S. Floyd College of Medicine.
- Emphasis on physician wellness and work-life balance.
- Emphasis on developing physician leadership skills.
- Team-approach to patient care.
- Addiction Medicine Fellowship.

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 not-for-profit 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 NICU.
- 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

PGY - 1

Family Medicine In-Patient	16 weeks
OB	8 weeks
Pediatrics	8 weeks
Clinic & Orientation Block	4 weeks
Emergency Medicine.....	4 weeks
NICU.....	2 weeks
Surgery	2 weeks
Sports Medicine / Orthopedics	2 weeks
Community Medicine	2 weeks
Elective	3 weeks
Practice Management.....	1 week

PGY - 2

Family Medicine In-Patient	8 weeks
OB	8 weeks
NICU.....	2 weeks
Night Shift	4 to 5 weeks
Adult Medicine	1 weeks
Addiction Medicine/Behavioral Health...	2 weeks
ICU	3 weeks
Geriatrics	4 weeks
Elective	8-10 weeks
Sports Medicine / Orthopedics	2 weeks
Practice Management.....	1 week

PGY - 3

Family Medicine In-Patient	4 weeks
Family Med Teaching	3-5 weeks
OB	1-2 weeks
Outpatient Peds	8 weeks
Clinic	2-4 weeks
Night Shift	4-5 weeks
Emergency Medicine.....	4 weeks
Gynecology.....	4 weeks
Community Medicine	1 week
Sports Medicine / Orthopedics	2 weeks
Elective	14-16 weeks
Practice Management.....	1 week

Vacation-ineligible weeks are Bolded

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.)

Additional Curriculum Incorporated throughout Residency

Osteopathic Manipulative Medicine (OMM/OMT) Office Procedures

Tracks available: Addition Medicine, Sports Medicine, Hospitalist, Palliative Medicine, and OB

Longitudinal Curriculum: R1 Year

	QUARTER 1: JULY - SEPT						
	WK 1	WK 2	WK 3	WK 4	WK 5	WK 6	WK 7
Resident A	<i>CLINIC</i>	<i>CLINIC</i>	<i>CLINIC</i>	<i>CLINIC</i>	<i>CLINIC</i>	<i>FMED</i>	<i>FMED</i>
Resident B	<i>CLINIC</i>	<i>CLINIC</i>	<i>CLINIC</i>	<i>CLINIC</i>	<i>CLINIC</i>	<i>Surg</i>	<i>Surg</i>
Resident C	<i>CLINIC</i>	<i>CLINIC</i>	<i>CLINIC</i>	<i>CLINIC</i>	<i>CLINIC</i>	<i>OB</i>	<i>OB</i>
Resident D	<i>CLINIC</i>	<i>CLINIC</i>	<i>CLINIC</i>	<i>CLINIC</i>	<i>CLINIC</i>	<i>CommMed</i>	<i>CommMed</i>
Resident E	<i>CLINIC</i>	<i>CLINIC</i>	<i>CLINIC</i>	<i>CLINIC</i>	<i>CLINIC</i>	<i>MBPeds</i>	<i>MBPeds</i>
Resident F	<i>CLINIC</i>	<i>CLINIC</i>	<i>CLINIC</i>	<i>CLINIC</i>	<i>CLINIC</i>	<i>FMED</i>	<i>FMED</i>

	QUARTER 1: JULY - SEPT						
	WK 8	WK 9	WK 10	WK 11	WK 12	WK 13	WK 14
Resident A	<i>CommMed</i>	<i>CommMed</i>	<i>FMED</i>	<i>FMED</i>	<i>Surg</i>	<i>Surg</i>	<i>MBPeds</i>
Resident B	<i>OB</i>	<i>OB</i>	<i>FMED</i>	<i>FMED</i>	<i>CommMed</i>	<i>CommMed</i>	<i>FMED</i>
Resident C	<i>FMED</i>	<i>FMED</i>	<i>Surg</i>	<i>Surg</i>	<i>OB</i>	<i>OB</i>	<i>FMED</i>
Resident D	<i>FMED</i>	<i>FMED</i>	<i>OB</i>	<i>OB</i>	<i>FMED</i>	<i>FMED</i>	<i>Surg</i>
Resident E	<i>MBPeds</i>	<i>MBPeds</i>	<i>CommMed</i>	<i>CommMed</i>	<i>FMED</i>	<i>FMED</i>	<i>OB</i>
Resident F	<i>Surg</i>	<i>Surg</i>	<i>MBPeds</i>	<i>MBPeds</i>	<i>MBPeds</i>	<i>MBPeds</i>	<i>CommMed</i>

Longitudinal Curriculum: R1 Year

	QUARTER 2: OCT - DEC						
	WK 1	WK 2	WK 3	WK 4	WK 5	WK 6	WK 7
Resident A	<i>MBPeds</i>	<i>MBPeds</i>	<i>MBPeds</i>	SpOrtho	SpOrtho	<i>FMED</i>	<i>FMED</i>
Resident B	<i>FMED</i>	NICU	NICU	<i>MBPeds</i>	<i>MBPeds</i>	<i>MBPeds</i>	<i>MBPeds</i>
Resident C	<i>FMED</i>	CommMed	CommMed	<i>FMED</i>	<i>FMED</i>	NICU	NICU
Resident D	<i>Surg</i>	<i>OB</i>	<i>OB</i>	<i>FMED</i>	<i>FMED</i>	SpOrtho	SpOrtho
Resident E	<i>OB</i>	<i>FMED</i>	<i>FMED</i>	<i>Surg</i>	<i>Surg</i>	<i>OB</i>	<i>OB</i>
Resident F	CommMed	<i>FMED</i>	<i>FMED</i>	<i>OB</i>	<i>OB</i>	<i>FMED</i>	<i>FMED</i>

	QUARTER 2: OCT - DEC					
	WK 8	WK 9	WK 10	WK 11	WK 12	WK 13
Resident A	<i>OB</i>	<i>OB</i>	<i>FMED</i>	<i>FMED</i>	NICU	NICU
Resident B	SpOrtho	SpOrtho	<i>FMED</i>	<i>FMED</i>	<i>OB</i>	<i>OB</i>
Resident C	<i>MBPeds</i>	<i>MBPeds</i>	<i>MBPeds</i>	<i>MBPeds</i>	SpOrtho	SpOrtho
Resident D	<i>FMED</i>	<i>FMED</i>	NICU	NICU	<i>MBPeds</i>	<i>MBPeds</i>
Resident E	<i>FMED</i>	<i>FMED</i>	SpOrtho	SpOrtho	<i>FMED</i>	<i>FMED</i>
Resident F	NICU	NICU	<i>OB</i>	<i>OB</i>	<i>FMED</i>	<i>FMED</i>

Longitudinal Curriculum: R1 Year

	QUARTER 3: JAN - MAR					
	WK 1	WK 2	WK 3	WK 4	WK 5	WK 6
Resident A	OB	OB	FMED	FMED	ED	ED
Resident B	FMED	FMED	ED	ED	OB	OB
Resident C	FMED	FMED	OB	OB	FMED	FMED
Resident D	MBPeds	MBPeds	Behav Hlth	Clinic	FMED	FMED
Resident E	NICU	NICU	MBPeds	MBPeds	MBPeds	MBPeds
Resident F	SpOrtho	SpOrtho	FMED	FMED	Behav Hlth	Clinic

	QUARTER 3: JAN - MAR						
	WK 7	WK 8	WK 9	WK 10	WK 11	WK 12	WK 13
Resident A	MBPeds	MBPeds	MBPeds	MBPeds	Behav Hlth	Clinic	FMED
Resident B	FMED	FMED	Behav Hlth	Clinic	FMED	FMED	ED
Resident C	ED	ED	OB	OB	FMED	FMED	Behav Hlth
Resident D	OB	OB	FMED	FMED	ED	ED	OB*
Resident E	Behav Hlth	Clinic	FMED	FMED	OB	OB	FMED
Resident F	FMED	FMED	ED	ED	MBPeds	MBPeds	MBPeds

Longitudinal Curriculum: R1 Year

	QUARTER 4: APR - JUN						
	WK 1	WK 2	WK 3	WK 4	WK 5	WK 6	WK 7
Resident A	<i>FMED</i>	<i>OB*</i>	<i>OB*</i>	<i>FMED</i>	<i>FMED</i>	ED	ED
Resident B	ED	<i>MBPeds</i>	<i>MBPeds</i>	<i>MBPeds</i>	<i>MBPeds</i>	Elective	Elective
Resident C	Clinic	<i>FMED</i>	<i>FMED</i>	Elective	Elective	<i>MBPeds</i>	<i>MBPeds</i>
Resident D	<i>OB*</i>	<i>FMED</i>	<i>FMED</i>	ED	ED	<i>FMED</i>	<i>FMED</i>
Resident E	<i>FMED</i>	Elective	Elective	<i>OB*</i>	<i>OB*</i>	<i>FMED</i>	<i>FMED</i>
Resident F	<i>MBPeds</i>	ED	ED	<i>FMED</i>	<i>FMED</i>	<i>OB*</i>	<i>OB*</i>

	QUARTER 4: APR - JUN					
	WK 8	WK 9	WK 10	WK 11	WK 12	WK 13
Resident A	<i>FMED</i>	<i>FMED</i>	Elective	Elective	<i>OB</i>	<i>OB</i>
Resident B	<i>FMED</i>	<i>FMED</i>	<i>OB*</i>	<i>OB*</i>	<i>FMED</i>	<i>FMED</i>
Resident C	<i>MBPeds</i>	<i>MBPeds</i>	ED	ED	<i>FMED</i>	<i>FMED</i>
Resident D	Elective	Elective	<i>MBPeds</i>	<i>MBPeds</i>	<i>MBPeds</i>	<i>MBPeds</i>
Resident E	ED	ED	<i>FMED</i>	<i>FMED</i>	ED	ED
Resident F	<i>OB*</i>	<i>OB*</i>	<i>FMED</i>	<i>FMED</i>	Elective	Elective

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 = \$63,856

R2 = \$66,106

R3 = \$68,577

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
 - R1 - 3 days leave and \$900.00
 - 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.

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

Accept responsibility for the actions of all recruitment team members

Program directors and other members of the recruitment team must comply with Match policies and ensure that all interactions with applicants are in an atmosphere that is safe, respectful, and free of harmful bias. Program directors accept responsibility for the actions of the entire recruitment team.

Fully Disclose Pertinent Information to Applicants

Program directors and recruitment team members must respect the importance of honest and transparent communication. Programs must ensure applicants have complete, timely, and accurate information at all times regarding eligibility for appointment, onboarding procedures, and any other institutional requirements that could affect an applicant's ability to enter training (e.g. drug screening, visa sponsorship, etc). In addition, programs should fully disclose the criteria used for vetting applications (e.g., test scores, research experiences, educational performance metrics) so that applicants and their medical school advisors can effectively direct applications. Open communication is essential whether through written or verbal exchanges as part of the interview or during ranking, or at any time during the onboarding after Match results are released.

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.

Minimum elements for an application include:

- Three letters of reference (at least two are required for the preliminary review)
- Medical school transcript
- Dean's letter
- Personal statement
- COMLEX or USMLE transcript. We do not publicize minimum USMLE/COMLEX scores.
- Applicants should have failed no more than one USMLE/COMLEX attempt.
- Applicants should have graduated from medical school or be actively practicing medicine within 2 years of starting residency.

Pre-employment drug testing and background check

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 immunization.

NRMP's Match Participation Agreement Conditions

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.

Respect an applicant's right to privacy and confidentiality

Program directors and other recruitment team members may freely express their interest in a candidate, but they must not request an applicant disclose ranking preferences, ranking intentions, or the specialty or locations of other programs to which the applicant has applied or may apply.

Limit post-interview communication

Program directors and other recruitment team members must ensure all information related to the program's mission, aims and eligibility are clearly communicated to applicants. However, applicants may not have adequate time to obtain the information needed to make informed decisions about ranking and may wish to clarify information following interviews. The

recruitment team may exchange clarifying information with applicants following the interview, but must not solicit or require post-interview communication for the purposes of influencing applicants' ranking preferences. Program directors and all members of the recruitment team should take great care not to promote misleading communication to applicants about ranking intentions and preferences or inappropriately share private information (e.g., letters of recommendation) with outside parties.

Rank with integrity

Programs should create rank order lists based on the merits of each application, the characteristics of the applicants interviewed, and the perceived alignment of interviewees with program mission, aims, and eligibility. All members of the recruitment team should refrain from relying on tools and resources that allow bias or discrimination of applicants or specific applicant groups.

For more information visit - [NRMP-Match-Code-of-Conduct_Programs_Final.pdf](#)

