Residency FAQs

Is the Wake Forest School of Medicine Family Medicine Residency program strictly a university-based training experience?
The short answer is no. We’re more accurately described as a hybrid program, bridging both university and community settings. With the decision in 1992 to move to a nearby, but off-campus location, we positioned ourselves to achieve the “best of both worlds.” The first-year experience is heavily weighted in intensive hospital, university-based training, while the second and third years are primarily community- and office-based with a liberal amount of elective time. The move off-campus has made the Family Practice Center a much more approachable, community-oriented primary care resource that serves a wide variety of patients.

What is the department's commitment to information technology advancement and the electronic medical record?
The university has been a long-term proponent of electronic medical record (EMR) systems and information technology. Originally, our department was an early adopter of the Logician/Centricity EMR starting in 2004. In the fall of 2012, our system adopted a fully integrated outpatient and inpatient EMR system, EPIC, or WakeOne.

Hospital and outpatient records can be accessed remotely on multiple home and mobile platforms, supplementing the health care information retrieval process. Multiple computer terminals are available throughout the clinical, administrative and residency areas for house officer use. PowerPoint presentations along with Smart Board touch screen technology and plasma screens are available to support educational programs and faculty and resident presentations. As of March 2020, all presentations are available via webinar and recorded for future availability. The entire department is served by secure Wi-Fi access points for seamless connectivity.

How are residents evaluated?
Standardized evaluation tools are used for departmental and off-campus rotations and are performed by faculty supervising those experiences. Every autumn, residents complete the American Board of Family Medicine (ABFM) in-training examination, for which we consistently perform in the upper quartiles. The assigned faculty advisors review with each resident their individual progress, and oversee self-directed components of the practice-management curriculum, at least on a semi-annual basis. Faculty preceptor feedback is included in each resident’s file on a regular basis, and copies are forwarded to residents for review and discussion. The family medicine faculty meet semi-annually to review resident progress and provide feedback on areas of strength and weakness. A summary of this review and milestone status is provided to each resident.
What does the residency curriculum offer in the ever-changing arena of practice management (PM)?
Our PM curriculum continues to evolve and incorporate current trends and thinking related to improvements in delivering patient care. Our faculty work with the I³ Collaborative to advance the understanding and application of patient-centered medical home practices. We are part of the CHESS accountable care organization (ACO) and look forward to the shift to value-based care. As a capstone experience to the longitudinal curriculum, upper-level residents work in groups to develop quality improvement projects that use newly acquired principles. Relative value unit (RVU), procedure numbers and visit data are provided to each resident monthly so they are well-informed when moving out into practice upon graduation.

What is the status of relations with other university departments?
The Family and Community Medicine Department has been in existence since 1975 at Wake Forest School of Medicine and had evolved side-by-side with specialists in a thriving medical center that continues a pattern of growth and expansion. In view of this combined history, there has been a collegial atmosphere of mutual respect developed between the primary care fields and the other specialty areas that extends from clinical research to medical student and residency training.