Carolina Pines Family Medicine Residency

1. Curriculum Phases

Phase	Timing	Purpose	Examples
June Orientation / Pre-Clinical Bootcamp	2 weeks before July 1	Administrative onboarding and clinical readiness before supervised clinical duties begin.	HR/compliance, EHR/MedHub, policies, supervision, escalation, I-PASS basics, first-call readiness.
July Clinical Launch Bootcamp	First 4 weeks after July 1	Apply intern-readiness skills in the clinical environment with close supervision.	Intern role, inpatient workflow, handoffs, TeamSTEPPS, clinic workflow, inbox/results/refills.
Foundational Clinical Curriculum	Weeks 5-26	Build high-volume family medicine knowledge and early clinical habits.	Chronic care, prevention, pediatrics, women's health, behavioral health, acute care foundations.
Advanced Clinical / Procedural / OB / Inpatient Curriculum	Weeks 27-52	Increase clinical complexity, procedures, OB/newborn skills, acute care, and teaching readiness.	Sepsis, DKA, newborn/postpartum, OB emergencies, procedures, MSK, resident-as-teacher prep.
HSS / QI / Patient Safety Deepening	Weeks 53-65	Formal deepening of systems learning already introduced in June/July and embedded throughout.	System mapping, QI, event reporting, dashboards, transitions, professionalism, Stress First Aid.
Integration / Board Review / Program Improvement	Weeks 66-78	Reinforce core content, identify gaps, and prepare the next cycle.	Integration reviews, board-style reasoning, simulation review, APE input, next-cycle readiness.

2. Multi-Class Model

Each incoming class completes June Orientation and July Clinical Launch Bootcamp. Continuing residents remain in the shared rolling curriculum. After July, PGY-1 residents join the shared curriculum at the current calendar point with PGY-1 expectations. Faculty adjust expectations by level of training.

Timeframe	Incoming PGY-1	Continuing Residents
June	Complete orientation and pre-clinical bootcamp.	Rising PGY-2s complete leadership/resident-as-teacher preparation; PGY-3s participate in teaching, integration, and transition activities as appropriate.
July	Complete Clinical Launch Bootcamp.	Continue the rolling curriculum and may co-teach selected launch sessions under faculty supervision.
After July	Join the shared rolling curriculum at the current program point with PGY-1 expectations.	Continue shared curriculum with increasing expectations for management, teaching, systems improvement, supervision, and independent readiness.

3. Weekly Teaching Rhythm

Monday Primer	Wednesday Case / Tactical Decision Game	Friday Integrated Block
Sets the standard for the week: why the topic matters, the key guideline/standard/workflow, and the target skill.	Residents practice judgment through a short case with decision points, escalation thresholds, and faculty debrief.	Three-hour block for core teaching, applied cases, skills/simulation, HSS/QI/patient safety link, sustainable performance, and board-style review when appropriate. Weekly total across Monday, Wednesday, and Friday: 4 hours protected time/week.

4. PGY-Level Expectations

PGY-1	PGY-2	PGY-3
Recognition, safety, supervision, escalation, workflow fluency, handoffs, and documentation fundamentals.	Management complexity, teaching juniors, small tests of change, panel awareness, systems improvement, and leadership reps.	Integration across settings, supervision/coaching, independent practice readiness, board preparation, leadership, and program improvement.