



# MERITUS FAMILY MEDICINE RESIDENCY

FAQ's 2024-2025

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## MERITUS FAMILY MEDICINE RESIDENCY FREQUENTLY ASKED QUESTIONS

[Where is the residency located?](#) The Meritus Family Medicine Residency Program is located in Hagerstown, MD. Hagerstown is in Western Maryland about 70 miles from Washington DC and Baltimore, which makes it convenient for connection to cultural activities, travel, and entertainment opportunities.

[What is the size of the Hagerstown community?](#) Hagerstown is a community with a population of about 50,000. Washington County has a population of about 150,000. Hagerstown is located in a more rural area of Maryland close to the Allegheny Mountains, the Appalachian Trail, numerous national parks, and historic sites. There are many opportunities for hiking, biking, camping, and other outdoor activities for interested individuals.

[What is the hospital facility like?](#) Meritus is a 300-bed community hospital with a Level II NICU and a Level III Trauma Center. Meritus has a busy Emergency Department with over 75,000 visits per year. Our residents work one on one with many of the specialists on the hospital staff. Residents have all their clinical rotations on campus with Meritus specialists who represent almost all adult specialties. Meritus serves as a clinical site for a pharmacy residency and a variety of students including medical students (West Virginia School of Osteopathic Medicine and Philadelphia College of Osteopathic Medicine – South Georgia Campus), physician assistant students (Frostburg State University), nursing, midwifery, and other allied health professions. Meritus has a three-bedroom call space with a common room for residents in the hospital. This serves as a sleep, meeting, and connecting space for residents as they work and relax. In the summer of 2025, we will be welcoming our first class of residents to the Psychiatry Residency as well as our first class of medical students to the Meritus School of Osteopathic Medicine.

[What is the Family Medicine Practice \(FMP\) like?](#) Meritus completed a brand new 17,000 square foot office facility for the residency program in 2019 which houses Meritus Family Medicine Robinwood, the residency practice. Residents are given a panel of patients to care for during their training. This panel enlarges each year as they progress toward graduation. Residents are taught principles of practice management, panel management, and population health principles in didactics as well as in practice. Residents have regular time scheduled to see patients in their continuity office practice. In the PGY1 year, residents are in clinic 1-2 half days per week. In the PGY2 year, residents are in clinic 3-4 half days per week. In the PGY3 year, residents are in the clinic 5 half days per week.

[What benefits and resources do residents receive?](#) Resident time off is stipulated by the American Board of Family Medicine so most programs offer similar amounts of paid time off (PTO). Residents receive a total of 30 PTO days per academic year, which includes vacations days, personal/sick/wellness days, practice site visit days (PGY2/3 years) and holidays. Residents also receive 5 CME days per academic year, two days for step 3 and 1 day for certification boards. The employee benefits include health/dental/vision insurance, life insurance, disability, a CME stipend of \$3,600 total for the 3-year program, a sign-on bonus of \$2000, a \$200 monthly meal allowance, a \$35 monthly cell phone allowance, and a 401K contribution. Meritus offers malpractice coverage for all clinical rotations

which includes all approved away rotations. Residents receive dedicated resources for Board prep paid for by the program (ROSH review).

[What is the emphasis of the residency program?](#) Our program was founded on three focal points which we see as foundational to the practice of Family Medicine. First and foremost is following the call to compassionately care for patients as individuals with complex stories... people we should see as souls to be loved, not just problems to be solved. Secondly, we encourage our residents to grasp the larger view of contributing to the community and world around them. As Family Physicians, we are leaders who make a difference in the lives of people by community engagement. Residents are encouraged and supported as they seek community leadership, advocacy, and involvement in areas of their particular interest as well as community need. Thirdly, we accept the joy and challenge of continuous learning to bring excellence to the care of our patients. This means that we regularly discuss evidence-based medicine, clinical decision making, and emphasize the importance of growing our skills in differential diagnosis. These are the qualities that we are looking for in the candidates applying to our program.

[What are the unique opportunities offered by the Meritus Family Medicine residency program?](#) The Meritus Family Medicine residency program offers a number of unique opportunities. We are focused on outreach to our community and regularly encourage residents to participate in community activities such as seeing patients in the various clinics of the Washington County Health Department. Our residents have created electives that involved Covid vaccine outreach, community speaking events, “Walking to Wellness” initiatives, participation in the Annual Hispanic Festival, and others. We value getting to know each other, sharing stories, and caring for each other as individuals. There is a strong emphasis on behavioral health education lead by Dr. Daniel Deaton who is also the Medical Director for Brook Lane, a local non-profit mental health organization. Residents gain an excellent ability to care for patients with behavioral health needs. The residency enjoys support from the administration of the Meritus Medical Center. The CEO of Meritus, Dr. Maulik Joshi, teaches a QI course to residents and meets individually with each resident as they begin their time in the residency program. Our faculty are committed to caring for residents and bring many years of practice experience to residency education. Residents also have the opportunity to participate in resident leadership and personal development longitudinal curriculums.

Meritus offers excellent geography for individuals who like the less expensive... less harried space near bigger cities. Washington DC and Baltimore are a little over an hour away but close enough to be able to enjoy when the need arises. For those who like the outdoors, you will hit the jackpot with scenic Western Maryland close by. Shenandoah, Appalachian Trail, Catocin, C and O Canal, and Harpers Ferry National Parks are close by as well as a number of Civil War sites.

[What type of support does the residency program receive?](#) The Meritus Medical Center administration is committed to the residency program, and the program enjoys incredible support from the hospital system. This is demonstrated regularly by involvement of senior leaders in residency activities, use of the residency practice in health system pilot projects, availability of new equipment for resident education, and institutional interest in education and scholarship.

## What does the block schedule look like?

Here is the current block schedule. Note explanation for abbreviations at the bottom. There are a total of 6 months for electives.

	1	2	3	4	5	6	7	8	9	10	11	12	13		
PGY 1	Orientation	Gyn-1 (V1)	Inpatient-1a	OB Office-1	Nutrition-1 (V1)	L&D-1	Inpatient-1b	Outpt Peds-1 (V1)	Inpatient-1c	Geriatrics-1 (V1)	ER-1	MSK-1 (V2)	Inpatient-1d		
		Inpatient-1b	Gyn-1 (V1)	Inpatient-1a	OB Office-1	Nutrition-1 (V1)	L&D-1	Inpatient-1d	Outpt Peds-1 (V1)	Inpatient-1c	Geriatrics-1 (V1)	ER-1	MSK-1 (V2)		
		L&D-1	Inpatient-1b	Gyn-1 (V1)	Inpatient-1a	OB Office-1	Nutrition-1 (V1)	MSK-1 (V2)	Inpatient-1d	Outpt Peds-1 (V1)	Inpatient-1c	Geriatrics-1 (V1)	ER-1		
		Nutrition-1 (V1)	L&D-1	Inpatient-1b	Gyn-1 (V1)	Inpatient-1a	OB Office-1	ER-1	MSK-1 (V2)	Inpatient-1d	Outpt Peds-1 (V1)	Inpatient-1c	Geriatrics-1 (V1)		
		OB Office-1	Nutrition-1 (V1)	L&D-1	Inpatient-1b	Gyn-1 (V1)	Inpatient-1a	Geriatrics-1 (V1)	ER-1	MSK-1 (V2)	Inpatient-1d	Outpt Peds-1 (V1)	Inpatient-1c		
		Inpatient-1a	OB Office-1	Nutrition-1 (V1)	L&D-1	Inpatient-1b	Gyn-1 (V1)	Inpatient-1c	Geriatrics-1 (V1)	ER-1	MSK-1 (V2)	Inpatient-1d	Outpt Peds-1 (V1)		
PGY 2	Health Systems Management (V)	Outpt Peds-2 (V1)	L&D-2	FMP-2a (V1)	Inpt Peds-2	Inpatient-2a	ICU-2 (V1)	Psych/Neuro-2 (V2)	Elec-A1	NF-2b	FMP-2b (V1)	Cards-2 (V2)	Inpatient-2b	NF-2a	Elec-A2
		ICU-2 (V1)	Outpt Peds-2 (V1)	L&D-2	FMP-2a (V1)	Inpt Peds-2	Inpatient-2a	NF-2a	Elec-A2	Psych/Neuro-2 (V2)	Elec-A1	NF-2b	FMP-2b (V1)	Cards-2 (V2)	Inpatient-2b
		Inpatient-2a	ICU-2 (V1)	Outpt Peds-2 (V1)	L&D-2	FMP-2a (V1)	Inpt Peds-2	Inpatient-2b	NF-2a	Elec-A2	Psych/Neuro-2 (V2)	Elec-A1	NF-2b	FMP-2b (V1)	Cards-2 (V2)
		Cards-2 (V2)	Inpatient-2a	ICU-2 (V1)	Outpt Peds-2 (V1)	L&D-2	FMP-2a (V1)	Inpt Peds	Inpatient-2b	NF-2a	Elec-A2	Psych/Neuro-2 (V2)	Elec-A1	NF-2b	FMP-2b (V1)
		FMP-2a (V1)	Cards-2 (V2)	Inpatient-2a	ICU-2 (V1)	Outpt Peds-2 (V1)	L&D-2	FMP-2b (V1)	Inpt Peds	Inpatient-2b	NF-2a	Elec-A2	Psych/Neuro-2 (V2)	Elec-A1	NF-2b
		L&D-2	FMP-2a (V1)	Cards-2 (V2)	Inpatient-2a	ICU-2 (V1)	Outpt Peds-2 (V1)	Elec-A1	NF-2b	FMP-2b (V1)	Inpt Peds	Inpatient-2b	NF-2a	Elec-A2	Psych/Neuro-2 (V2)
PGY 3	Transition to Practice (V)	FMP-3a (V1)	NF-3a	Elec-B2	Elective-C (V1)	Inpatient-3a	Elec-B1	NF-3b	MSK-3 (V2)	FMP-3b (V1)	Surgery-3/ER-3	Elective-E (V1)	Inpatient-3b	Elective-D (V1)	Elective-F (V1)
		MSK-3 (V2)	FMP-3a (V1)	NF-3a	Elec-B2	Elective-C (V1)	Inpatient-3a	Elec-B1	NF-3b	Elective-F (V1)	FMP-3b (V1)	Surgery-3/ER-3	Elective-E (V1)	Inpatient-3b	Elective-D (V1)
		Elec-B1	NF-3b	MSK-3 (V2)	FMP-3a (V1)	NF-3a	Elec-B2	Elective-C (V1)	Inpatient-3a	Elective-D (V1)	Elective-F (V1)	FMP-3b (V1)	Surgery-3/ER-3	Elective-E (V1)	Inpatient-3b
		Inpatient-3a	Elec-B1	NF-3b	MSK-3 (V2)	FMP-3a (V1)	NF-3a	Elec-B2	Elective-C (V1)	Inpatient-3b	Elective-D (V1)	Elective-F (V1)	FMP-3b (V1)	Surgery-3/ER-3	Elective-E (V1)
		Elective-C (V1)	Inpatient-3a	Elec-B1	NF-3b	MSK-3 (V2)	FMP-3a (V1)	NF-3a	Elec-B2	Elective-E (V1)	Inpatient-3b	Elective-D (V1)	Elective-F (V1)	FMP-3b (V1)	Surgery-3/ER-3
		NF-3a	Elec-B2	Elective-C (V1)	Inpatient-3a	Elec-B1	NF-3b	MSK-3 (V2)	FMP-3a (V1)	Surgery-3/ER-3	Elective-E (V1)	Inpatient-3b	Elective-D (V1)	Elective-F (V1)	FMP-3b (V1)

ER – Emergency Medicine, FMP – Family Medicine Practice, MSK – Musculoskeletal Medicine, Cards – Cardiology, NF – Night Float

## How does the evaluation process work at Meritus?

Feedback is an essential part of the educational process and it is our goal to provide our residents with regular high-quality feedback. Residents are assigned a faculty advisor who works with them to navigate the process of monthly evaluations and their interactions with the Clinical Competency Committee (the committee required by ACGME to oversee the assessment process). Residents receive evaluations on each of their monthly rotations. Residents also receive direct observations from faculty who precept with them, multisource evaluations (360 evaluations) and written feedback on their patient charts/communication. We seek to encourage the learning process and assist our residents to grasp the concept that they are “Master Adaptive Learners”, see link below for more information.

<https://www.ama-assn.org/education/accelerating-change-medical-education/why-physician-future-master-adaptive-learner>

Residents are encouraged to understand and seek regular feedback to create their own “Individualized Learning Plan”. ACGME offers an excellent overview of the feedback process in the Milestones Guidebook for Residents and Fellows, see pages 9-13 of the following document:

<https://www.acgme.org/globalassets/pdfs/milestones/milestonesguidebookforresidentsfellows.pdf>

Resident evaluations are reviewed regularly by their advisor and the program director. Every 6 months a resident’s progress is carefully reviewed by the Clinical Competency Committee, as required by ACGME, and shared with the resident. Residents are informed about the number of patient encounters and procedure numbers on a regular basis so they can make sure that they are on a proper trajectory toward graduation.

## How often will I be on call during my residency at Meritus and what is call like?

### **Inpatient Medicine Night Float**

- night float resident is a PGY 2 or PGY 3 resident
- night float hours are 6p-6a
- the night float resident works 2 weeks in a row, 5 nights a week (10 total nights for each 2-week block)
- the night float resident has Saturday and Sunday nights off
- the night float resident cross-covers resident service patients, does admissions for the resident service (under the guidance of a nocturnist), and answers overnight clinic calls
- PGY 2s do a total of 4 weeks of night float between the months of January and June
- PGY 3s do a total of 4 weeks of night float between the months of July and December

### **L&D Call**

- PGY1 and PGY2 residents work 24 hour shifts 1-2 times per week while on their gynecology, OG office and L&D rotations.

### **Clinic Call**

- the night float resident covers clinic call on weeknights
- weekend clinic call is assigned in a rotating fashion amongst residents

### **Inpatient Medicine Jeopardy**

- There are both clinic and inpatient jeopardy schedules for residents that are managed by our Chief Residents

What are the demographics of the community and FMP at Meritus? 2019 population statistics are noted below. Our office population is reflected in these numbers with a little higher number of ethnically and racially diverse individuals. This is the nature of a residency practice. The “Stratus” translation system is available in the Family Medicine Practice for assisting with care of patients who speak another language. Spanish is the number one language other than English spoken by our patients. The residency practice has a little higher number of individuals with opioid addiction, substance abuse issues, and mental health concerns than other practices in our community. We invite residents to open their practice to individuals whom they care for in the hospital and community.

## Demographics

### Factors

#### Washington County Population Characteristics (estimates 7/1/19)

- Population of 151,049
  - Hagerstown City – 40,100
  - 82% Caucasian, 12.5% African-American
  - 5.8% Hispanic
  - 17.5% ≥65 years, 21.7% <18 years
  - 49.1% Female
  - 5% Foreign-born persons (2014-2018)
  - 6.9% Unemployment Rate (Jan-Jun 2020)
    - Hagerstown City – 8.7%
  - 7.2% Persons language other than English spoken at home (2014-2018)

### What changes are on the horizon for the 2025-2026 year?

The Meritus FMR program's Sports Medicine component of the program expanded through development of a sports medicine service line. Geoffrey Sanyi, DO serves as the sports medicine faculty. Residents currently help provide sports medicine coverage for our local school district, two private boarding schools and a semi-professional baseball team. Plans are being considered to develop a sports medicine fellowship at Meritus.

We continue to work with the administration of the Meritus Medical Center to foster an understanding of medical education as we anticipate cooperative work on the Meritus School of Osteopathic Medicine. The medical school is expected to matriculate their first class in 2025. This will open opportunities for our residents to engage further in medical education and mentoring.

We will be welcoming our first group of residents to our Psychiatry Residency in 2025. We look forward to collaborating and building an integrated behavioral health model for primary care with the Psychiatry program which will enhance our ability to care for our patients with mental health and substance abuse issues.

We are also excited to expand our faculty expertise in surgical FMOB, with recently hiring a fellowship trained surgical FMOB who will work closely with our residents.

Looking towards the future and our area's needs for primary care access, we also hope to expand our program size in the near future from a program of 18 residents to a program of 36 residents.

### Will I have the opportunity to learn procedures if I come to Meritus for my residency?

Yes, residents will have the opportunity to learn all of the procedures necessary for the practice of Family Medicine in an outpatient clinic. Many hospital-based procedures will also be taught during the ICU rotation. During their Family Medicine months, residents work one on one with a preceptor performing procedures during a half day procedure clinic. These clinics occur three times per month and are scheduled with patients from the entire Family Medicine Practice. Residents will also

work with a local dermatologist in order to better hone procedures related to skin conditions. The faculty have expertise in performing the full range of these procedures and offer training to residents as they participate in simulation experiences. These include joint injection workshops, suturing and biopsy workshops, training on how to perform incision and drainage, toenail avulsions, bladder catheterizations, and others.

### How does Meritus make sure that residents have time for personal wellness?

Resident health and wellness are best facilitated by recognizing that each resident has unique needs and priorities. Thus, the residency has developed a number of options for residents to create their own personal wellness plan. Strategies to manage stress and promote wellness and opportunities for self-assessment are covered in orientation and throughout didactics. We believe that supportive relationships are key. Residents meet with the Program Director and assigned Advisor regularly for check in around health and wellness. Free, confidential counseling up to 6 visits a year is available through Meritus Employee Assistance Program and is strongly encouraged. Health insurance benefits cover longer term therapy if needed.

Balint training groups provide a forum for residents to learn and get support from their fellow residents in dealing with emotionally troubling cases. Time is made available monthly during Didactics schedule for residents to gather for self-directed wellness activities.

How is Meritus working to ensure diversity and inclusion? The Meritus Family Medicine Residency Program has purposefully assessed how to attract and retain residents, as well as, exemplify diversity within faculty and all team members. A goal of the program is “inclusion excellence”; to strive for assimilation of diversity efforts as a core of residency and institutional functioning to realize benefits in education, patient care, and team performance. The Meritus Family Medicine Residency approaches recruiting diverse resident classes in the following ways:

- Applications to the program are encouraged from all domestic allopathic and osteopathic medical schools and international medical schools. Criteria for applicant consideration are based on academic performance and portfolio analytics and are without discrimination on the basis of race, color, religion, ancestry, national origin, age, sex, genetics, sexual orientation, gender identity or marital, familial or disability status or status as a protected Veteran or any other legally protected group status.
- Prior to the commencement of interview season, residents, faculty, and departmental staff are provided training on implicit bias as well as appropriate, nondiscriminatory interview techniques and questions.
- Recruitment efforts include attendance at recruitment events at medical schools in a variety of settings, including urban and rural underserved settings, as well as those at national events where a very diverse selection of applicants are in attendance.
- The Meritus Medical Education Institutional Policy on Resident/Fellow Recruitment, Eligibility, Selection and Transfer, states that programs must engage in practices that focus on mission-driven, ongoing, systematic recruitment, and retention of a diverse and inclusive workforce of residents and fellows.



- Efforts to move beyond “fit”, and rather seek to enhance a “First. Only. Different” model that considers: 1) would this candidate represent the First person like this; 2) would this candidate be the only person like this; or 3) would this candidate represent a Different background, experience, or perspective. This includes deemphasizing board pass rate and a focus on characteristics of diversity explored in personal statements, letters of recommendations, hobbies, and experiences.
- Hold a post-match debrief to review all elements of the process including applicant selection criteria, interview, residency environment, and opportunities for improvement.
- Meritus Health has adopted the “Rooney Rule” with regard to recruiting individuals in leadership positions, meaning that 90% of the time, all leadership position candidates will include racially or ethnically diverse applicants as one of the final slate of candidates. This concept will be utilized when recruiting faculty and administrative leadership

[Are international electives allowed?](#) Yes. A total of 6 electives are structured in the PGY2 and PGY3 training years. One of these months is free from additional call and outpatient practice duties, and during this month residents may decide to travel for their elective experience. Several faculty members have been a part of international medical trips in the past. There are no formal international experiences in place yet that are unique to Meritus which gives more opportunities for residents and faculty to explore many international rotation options. The residency leadership reviews each proposed international rotation carefully to ensure that the experience is appropriate for resident training, is sustainable in the region that the opportunity takes place, and is not an opportunity for “medical tourism”.

[Are there opportunities for research and scholarly work during residency at Meritus?](#) Yes. Each resident completes, at a minimum, two scholarly activities during their training. Each PGY2 resident delivers a Morbidity, Mortality and Improvement (MMI) case to the medical staff of Meritus Medical Center. The event is considered a regional Continuing Medical Education presentation and meets the ACGME criteria for a local, regional or national scholarly activity. In addition, each PGY1 resident participates in a 6-month quality improvement fellowship led by Maulik Joshi, Dr. P.H, President and CEO Meritus Health. The fellowship consists of monthly didactic sessions that covers core concepts in QI project development and management. Each resident is responsible for creating a QI project with aims statements, driver diagrams, run charts, PDSA, fishbone diagrams, etc. Most of the projects revolve around patient care and community needs. After completion of the fellowship training, residents continue to develop the QI project and deliver final outcomes during the spring of PGY3. There are also opportunities for residents interested in research and publication; several residents have successfully published peer-reviewed articles, case studies and posters.

### Are residents and faculty encouraged to get involved in advocacy? Is anyone currently doing work at the state or national level?

Yes. Part of being an effective family physician is advocating for your patients and community, whether at the institutional, local, state, national, or international level. All residents are given membership to the Maryland Medical Society and the Maryland Academy of Family Physicians. Several faculty members are involved in leadership and advocacy in the MDAFP, AAFP, AOA, and ACGME. Dr. Catherine Feaga is involved in environmental justice work. Dr. Aaron George is involved nationally with the AMA. Residents are encouraged to serve as “doc for a day” at the Maryland statehouse and consider application for state and national positions. Community activism is highly valued by the Meritus Family Medicine Residency, and our curriculum reflects an expectation of involvement with one of the many Washington County community organizations.

Can I get training in point-of-care ultrasound at MFMR? Yes. Meritus is creating a longitudinal POCUS curriculum and currently provides quarterly hands-on workshops. We provide handheld ultrasound devices for use in both the inpatient and outpatient settings so that ultrasound availability is never a barrier to learning or patient care. Multiple core faculty are actively pursuing additional opportunities in POCUS to ensure quality teaching of ultrasound technique and interpretation over a wide range of body systems.

Does Meritus offer moonlighting opportunities for residents? Yes. Meritus offers moonlighting opportunities for licensed senior residents. This specific opportunity will entail providing general medical care to the patients of a local inpatient psychiatric ward off of the Meritus campus. The residency is in the process of building other opportunities for our residents to moonlight.

What is the osteopathic curriculum like? - Meritus has dedicated four academic half days per year to osteopathic principles and practice in a dedicated skills day. This “hands on” practical learning experience includes both MD and DO residents as well as students from the West Virginia School of Osteopathic Medicine and Philadelphia College of Osteopathic Medicine – South Georgia Campus. Community DO attendings, faculty and residents participate as table trainers. Osteopathic residents are encouraged to regularly incorporate OMM into their office and hospital-based care of patients. Approximately 1/3 of our exam tables in the FMP are compatible with OMM, making on-the-spot treatment easy. Dr. Feaga also utilizes OMM in the care of obstetric patients and inpatient adults. Advanced training can be obtained with our osteopathic faculty through direct mentoring experiences. Residents participate in Wednesday morning osteopathic consults with Drs. Feaga and Sanyi, these clinics are required and built into resident schedules longitudinally over the 3 years of residency. Both MDs and DOs participate.

### How is the Meritus Family Medicine Residency responding to the opioid epidemic?

Like all communities throughout the United States, Hagerstown and Washington County suffer from the opioid crisis. Meritus is a key stakeholder in helping to manage the opioid crisis and the patients who suffer from this illness. Residents receive training on appropriate management of chronic non-malignant pain as well as opioid and other addictions. Dr. Brad Miller, one of our core faculty members, has clinical expertise in managing addictions. He, along with our behavioral medicine faculty lead, Dr. Daniel

Deaton, provide didactic sessions on addiction and chronic pain. All residents rotate through Dr. Miller's medication assistance treatment (MAT) clinic on a weekly basis during their FMP months. Those residents who are interested are assigned patients with opioid use disorder and manage them under Dr. Miller's direction. During their psychiatry rotation, residents are exposed to the inpatient behavioral health unit, where some patients are admitted with dual diagnoses (psychiatric illness and addiction). Furthermore, residents participate in rounding with the psychiatric consult liaison team where they are able to evaluate and manage patients who are acutely withdrawing from a variety of different substances.

### [I'm interested in Women's Health. What specific training will I receive at Meritus?](#)

Four block rotations are specifically designed to focus on the care of women and pregnant people. The gynecology rotation in the PGY1 year introduces residents to standard gynecological care, including time in the OR with Meritus Ob/Gyns. Gyn office procedures are performed both in the Meritus Women's Health office and longitudinally in the FMP. The obstetrics experiences occur in both the PGY1 and PGY2 year and flow from office-based prenatal and postpartum care, to Labor and Delivery shifts. Residents can expect about 10-15 deliveries per month during the L&D months. Additional elective time or call shifts are encouraged with scheduling support from faculty for residents interested in practicing OB after graduation.

[What is the "Total Cost of Care" model in Maryland?](#) Maryland is part of a novel health payment system different from all other states. The purpose of the model is to reduce health care expenditures under Medicare, Medicaid, and CHIP while preserving or enhancing the quality of care. It is a pilot program offered to institutions in the state of Maryland who apply for it. It seeks to identify new payment and service delivery models that result in better care and lower costs. This system creates a model of payment that brings light to the importance of primary care. It is an interesting model of care in which to learn about the delivery of Family Medicine. Additional information can be found by visiting the following link:

<https://innovation.cms.gov/files/slides/hciatwoimprvmnt.pdf>