

Curriculum Overview

The Thundermist Health Center of Woonsocket Family Medicine Residency, a teaching affiliate of Tufts University School of Medicine, provides a comprehensive three-year curriculum designed to train physicians across the full spectrum of family medicine. Residents develop strong inpatient and outpatient clinical skills while progressively increasing autonomy in patient care, leadership, and practice management.

Training occurs primarily at Thundermist Health Center in Woonsocket, RI, with inpatient experiences at Landmark Medical Center and additional specialty rotations across regional partner institutions. The curriculum emphasizes full-spectrum family medicine, behavioral health integration, social justice, and rural health.

Residents participate in longitudinal experiences in behavioral health, social justice, and continuity clinic throughout all three years of training, while progressively increasing responsibility in both inpatient and outpatient care.

What Makes Our Program Unique

Several elements distinguish the Thundermist Family Medicine Residency:

- Federally Qualified Health Center (FQHC) training environment, providing experience caring for diverse and medically complex populations.
- Integrated behavioral health model, allowing residents to learn collaborative care with behavioral health clinicians.
- Rural health training, including a dedicated four-week rotation each year on Block Island.
- Social justice and health equity curriculum, including clinical experiences caring for unhoused populations, patients with infectious diseases, and individuals receiving medication-assisted treatment.
- Progressive continuity clinic experience, where residents build their own panel of patients and care for them across the full spectrum of family medicine.

PGY-1: Foundations of Family Medicine

The first year focuses on building a strong clinical foundation in core areas of family medicine.

Residents spend significant time learning hospital medicine while rotating with an experienced group of hospitalists at Landmark Medical Center. These rotations develop skills in managing common inpatient conditions and coordinating transitions of care.

Residents also gain experience in obstetrics, including labor and delivery, in a patient-centered parent-child health program at Landmark Medical Center. Pediatric inpatient training occurs at University of Massachusetts Medical Center in Worcester, where residents care for hospitalized children in a tertiary academic setting.

Residents also begin their continuity clinic at Thundermist Health Center, where they start building a panel of patients.

A distinctive component of the first year is the Block Island Rural Health Experience, where residents spend a month caring for both primary care and urgent care patients at a rural health center. Residents also begin a longitudinal Social Justice curriculum focused on addressing health disparities and caring for vulnerable populations, with 4 weeks dedicated in each clinical year).

The first-year rotations include:

- Internal medicine inpatient service (4 blocks)
- Obstetrics and deliveries (2 blocks)
- General surgery (1 block)
- Inpatient pediatrics (1 block)
- Geriatrics (1 block)
- Rural Health experience (1 block)
- Social justice curriculum (1 longitudinal block)
- Two elective rotations to explore individual interests

PGY-2: Expanding Clinical Breadth

During the second year, residents deepen their clinical skills and assume greater responsibility for patient care.

Residents continue their training in internal medicine and obstetrics, while also gaining experience in specialties that are particularly relevant to outpatient family medicine practice.

Key rotations include:

- Gynecology (1 block)
- Behavioral Health (1 block)
- Internal Medicine (2 blocks)
- Obstetrics and Newborn Nursery (2 blocks)
- Emergency Medicine (1 block)
- Radiology (1 block)
- Orthopedics and Sports Medicine (1 block)
- Social Justice (1 longitudinal block)

Residents also complete two elective rotations to explore specific clinical interests.

The Block Island Rural Health Experience continues during the second year, allowing residents to further develop skills in rural and resource-limited practice environments.

Residents also increase their continuity clinic time while continuing to build their patient panel and coordinate care for increasingly complex patients.

PGY-3: Transition to Independent Practice

The third year emphasizes outpatient medicine, leadership development, and preparation for independent practice.

Residents spend more time in ambulatory rotations and leadership training while maintaining selected inpatient experiences to refine their clinical skills.

Key PGY-3 rotations include:

- Practice Management and Leadership (1 block)
- Social Justice (1 longitudinal block)
- Outpatient Pediatrics (1 block)
- Intensive Care Unit (1 block)
- Internal Medicine (1 block)
- General Surgery / ENT (1 block)
- Obstetrics (1 block)
- Pediatric Emergency Medicine (1 block)
- Dermatology (1 block)
- Rural Health Experience (2 blocks)

Residents again complete two elective rotations and participate in an additional Block Island Rural Health Experience, reinforcing rural medicine skills and independent clinical decision-making.

By the third year, residents spend a significant portion of their time in their continuity clinic at Thundermist Health Center, caring for their own panel of patients across the full spectrum of family medicine.

Continuity Clinic

Residents maintain a longitudinal continuity clinic at Thundermist Health Center in Woonsocket, where they build lasting relationships with their patients and manage care across the full spectrum of family medicine.

Clinic time increases throughout training:

- PGY-1: approximately ½ day per week
- PGY-2: 2–3 half-days per week
- PGY-3: 4–5 half-days per week



Thundermist Health Center of Woonsocket
Family Medicine Residency,
a teaching affiliate of Tufts University
School of Medicine



Residents care for patients of all ages and backgrounds, managing preventive care, chronic disease, acute illness, and behavioral health conditions under faculty supervision.