

DoD Space Planning Criteria for Health Facilities

General and Specialty Surgical Clinics

3.11.1. PURPOSE AND SCOPE:

This chapter sets forth space planning criteria for General Surgery and Specialty Surgical Clinical Services in military health care facilities. Specialty Surgical services included within this chapter: colorectal, neurosurgery, plastic surgery and cardiothoracic surgery.

Separate sections within this chapter provide information on other specialty clinics, as listed below:

| | | | |
|---|----------------|-----------------------------------|----------------|
| Specialty Medical Clinic | Chapter | Psychiatric Clinics | Chapter |
| Allergy/Immunization | 3.17 | Mental Health/Hygiene | 3.18 |
| Dermatology | 3.15 | Psychiatry | 3.18 |
| Endocrinology | 3.15 | Child Psychiatry | 3.18 |
| Gastroenterology | 3.15 | Clinical Psychology | 3.18 |
| Hematology/Oncology | 3.15 | | |
| Infectious Disease | 3.15 | Women's Health | Chapter |
| Internal Medicine | 3.15 | OB/GYN | 3.6 |
| Nephrology | 3.15 | Family Planning | 3.6 |
| Neurology | 3.15 | | |
| Rheumatology | 3.15 | Pediatrics | Chapter |
| | | Adolescent | 3.3 |
| Cardiology/Pulmonary Services | Chapter | Infectious Disease Pediatrics | 3.3 |
| Cardiology | 3.16 | Well Baby | 3.3 |
| Pulmonary | 3.16 | | |
| | | | |
| Preventative/Occupational Clinics: | | Primary Care | Chapter |
| Aerospace, Aviation, and | 3.4 | Optimization Clinic | 3.2 |
| Submarine Medicine | | Emergency | 3.5 |
| Community Health Nursing | 3.19 | Family Practice | 3.1 |
| Industrial Hygiene, | 3.19 | General Practice | 3.1 |
| Environmental and | | Physical Examination | 3.1 |
| Bioenvironmental Sciences | | | |
| Occupational Health/Civilian | 3.19 | Specialty Surgical Clinics | Chapter |
| Employee Health Clinic | | Colorectal | 3.11 |
| Preventive Medicine | 3.19 | General Surgery | 3.11 |
| | | Neurosurgery | 3.11 |
| Eye, Ear, Nose & Throat | Chapter | Orthopedic/Podiatry | 3.12 |
| Audiology | 3.10 | Plastic Surgery | 3.11 |
| Ophthalmology/Optomety | 3.13 | Thoracic Surgery | 3.11 |
| Otorhinolaryngology (ENT) | 3.10 | Pain | 3.11 |
| Speech Therapy | 3.10 | Urology | 3.14 |

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3.11.2. DEFINITIONS:

Administrative Personnel: Administrative personnel are all personnel who do not counsel, diagnosis, examine or treat patients, but who do work that is essential for the accomplishment of the missions of a medical treatment facility. This does include military (assigned and borrowed), contract and civilian personnel. It does not include volunteers.

Clinic Visit: A visit is a contact between an eligible beneficiary and a medical care provider. A visit consists of examination, diagnosis, treatment, evaluation, consultation, counseling, or medical advice in a clinic or treatment/observation in quarters. (Source: DoD 6015-M, Glossary of Healthcare Terminology 1999)

Colorectal: Area of the lower portion of the colon or the rectum.

Endoscopy: Inspection of the interior of a canal or any air or food passage by means of an endoscope.

Full-Time Equivalent (FTE): A work force equivalent to one individual working full time for a specific period, which may be made up of several part-time individuals or one full-time individual. This will include everyone working in the facility; military, civilian and contractor personnel.

General Surgery: That which deals with surgical problems of all kinds.

Neurosurgery: Surgery of the nervous system, that is designed to restore normal conductivity in malfunctioning nerve fibers or to improve blood flow in the nerve tissue, or to alleviate mental illness.

Office: A private office is an enclosed room outfitted with either standard furniture (Room Code OFA01) or systems furniture (Room Code OFA02). An administrative cubicle is within an open room and is constructed out of system furniture (Room Code OFA03)

Pain Clinic: A pain clinic focuses on the clinical methods used and the problems involved in the diagnosis and treatment of persistent and recurrent types of pain. A significant number of the patients seen in a pain clinic have had accidents or surgery and are still in pain after the normal healing period has elapsed (more than 3-6 months). Examples of problems treated by a pain clinic may include: back, neck arm and leg pain, headaches, arthritis, herniations, Reflex Sympathetic Dystrophy (RSD), nerve damage, complex neurological problems, neuropathies, muscle disorders, muscular strains, and pain resulting from cancer and injuries. Treatment often includes the management of pain associated problems, such as sleep disorders, anxiety, depression and frustration.

Plastic Surgery: Plastic surgery is concerned in the shape and appearance of body structures that are defective, damaged or misshapened by injury, disease, or growth and development.

Preceptor/Consult Rooms: - A location is required for residents in training to be able to discuss cases in private with supervising staff physicians (preceptors). These discussions occur during the course of a patient visit, requiring proximity to exam room areas. In clinic configurations with staff physician offices clustered near exam rooms, precepting may be feasible from the staff physician's own office and not from a dedicated central preceptor room. **Note** that any space provided for precepting must afford privacy from eavesdropping patients and passers-by ... hence an open area accessible by non-staff is **NOT** acceptable.

Proctology: The branch of medicine concerned with disorders of the rectum and anus and treatment of their diseases.

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3.11.2. DEFINITIONS: Continued

Provider: An individual, who examines, diagnoses, treats, prescribes medication and manages the care of patients within his or her scope of practice as established by the governing body of a healthcare organization. General providers are physicians, physician's assistants and clinical nurse practitioners. The term 'staff physician' in relation to a Residency Program, does not include physician assistants, nurse practitioners or residents.

Thoracic Surgery: Surgery of the thorax or chest.

Vascular Surgery: Surgery of the blood vessels.

3.11.2. POLICIES:

Clinic Composition:

Whenever the workload of any specialty does not support more than two surgeon FTEs, a separate clinic should not be programmed. Surgical specialties that do not justify a separate clinic should be combined into an appropriate clinic grouping.

Offices, Private: With the exception of the office provided for "Key Personnel," all other private offices will be 120 net square feet as stated in Chapter 2.1 (General Administration), paragraph 2.1.5. Private offices will be provided to following personnel:

- a) Staff who must meet with patients/customers on a regular basis and hold private consultations/discussion.
- b) The senior officer and enlisted member of a department.
- c) Staff who supervise others and must hold frequent, private counseling sessions with their junior staff. This does not include staff who supervise a very small number of people, and who would only occasionally need private counseling space. These staff can use available conference rooms or other private areas for their infrequent counseling needs
- d) Any personnel who interview or counsel patients with patient privacy concerns.

Office, Non-Private or Shared Space: Personnel, who require office space, but not a private office, will be provided space in a shared office. Non-private or shared office space will be programmed at 60 net square feet per occupant

Patient Education Cubicle: The cubicle will have a Computer, DVD player and video player and printer. This will allow patient to complete self-assessment health surveys, investigate material based on their diagnosis, print material, and watch videos specific to their treatment/procedure. This area needs to maintain patient privacy and be located near the Patient care areas.

Providers' Examination Rooms: Each provider will be provided with two examination rooms.

Providers' Offices: Generally, each provider (physician, physician's assistant, clinical nurse practitioner, and allied scientist) on the staff will be provided a private office (excluded offices are provided under other criteria, such as Radiologists, Pathologists, Anesthesiologists, Commanders, etc.). However, shared office space is encouraged and is an option if it is within the Clinic Concept of Operations.

Public Toilets, Staff Lounges and Locker Areas: The criteria for public toilets, staff lounges and locker rooms are provided in Chapter 6.1 (Common Areas).

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3.11.2. POLICIES: Continued

Residents' Cubicle Space: Private office space will not be programmed for GME residents. GME residents will be provided with shared office space at 60 nsf per resident for Navy/Air Force and 40 nsf for Army. An office for a rotating resident may be programmed in the clinic for residents who see patients.

Resident's Office/Examination Rooms: Additional office and examination room space may be programmed into a clinic to provide space for "rotating residents" to see patients. A resident during his or her rotation in the clinic will use this space when seeing patients as walk-ins or by appointment. One office and two examination rooms may be programmed for each resident FTE projected to be in the clinic seeing patients. **Note:** These residents are not necessarily surgical residents only; family practice, internal medicine and other residency programs may require a rotation in the surgery clinic.

3.11.4. PROGRAM DATA REQUIRED:

How many FTE providers are projected?

Will there be a Pain Clinic in the General and Specialty Clinics?

How many FTE nurse managers are projected?

How many FTE nursing staff are projected?

How many FTE staff will require an administrative cubicle? **Note:** Do not include providers or nursing staff.

How many FTE staff will require a private office? **Note:** Do not count providers, nurse managers, advice nurses, or NCOIC/LCPO/LPOs.

How many FTE officers or officer equivalents are projected? **Note:** This information is used to calculate the size of the Conference Room. See Chapter 2.1 (General Administration), paragraph 2.1.2 for Personnel Equivalents Chart.

How many FTEs on peak shift are projected? **Note:** This information is used to calculate the number of Staff Toilets and the size of the Staff Lounge.

How many FTE NCOIC/LCPO/LPOs are projected?

Will there be a Tumor Registry in this Clinic?

Will there be a satellite lab in this Clinic?

Will conscious sedation be used in the Clinic?

How many recovery cubicles will be programmed for this Clinic?

Is a patient education cubicle projected?

Will laser treatment be performed in this Clinic?

Is a vascular surgeon projected in this Clinic?

How many FTE general surgeons are projected in the Clinic?

How many FTE proctologists are projected?

Will patient records be stored in this Clinic?

Will there be vending machines in the Staff Lounge?

How many FTE staff will require a locker? **Note:** Do not include staff with offices or cubicles.

How many FTE anesthesiologist, nurse anesthetists and physical therapists are projected in the Clinic?

How many FTE psychologists are projected in the Clinic?

How many FTE physical therapy technicians are projected in the Clinic?

Will exercise therapy be performed in the Clinic?

Will there be a Surgical Residency Program?

 Will there be a Surgical Residency Director?

 Will there be a Surgical Residency Secretary?

 How many Surgical Residents are projected?

 How many Surgical Residency staff will require a private office?

 How many Surgical Residency staff will require an administrative cubicle?

 Will there be a Surgical Residency Coordinator?

 How many Surgical Residency Research Technicians are projected?

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3.11.5. SPACE CRITERIA:

Combining functions: When programming a clinic that includes multiple surgical disciplines (general surgery, thoracic surgery, vascular surgery, etc.), special procedure rooms that require similar support functions (patient holding, utility rooms and recovery areas) should be located in such a way as to combine, as opposed to duplicating, the support functions.

NOTE: GP indicates that a guideplate exists for that particular Room Code.

| FUNCTION | Room Code | AUTHORIZED | | PLANNING RANGE/COMMENT/COMMENTS |
|----------|-----------|----------------|-----|---------------------------------|
| | | m ² | nsf | |

RECEPTION AREAS

| | | | | |
|---------------------------|-------|-------|-----|--|
| Clinic Waiting | WRC01 | 5.57 | 60 | Minimum. Provide three seats per each exam room. Provide 16 nsf for 95% of the seats and 25 nsf for 5% of the seats (handicapped waiting) . |
| Reception (GP) | RECP1 | 13.01 | 140 | Minimum. Provide 140 nsf for the first eight providers. Increase 60 nsf for each increment of four providers over the initial eight providers. |
| Patient Education Cubicle | CLSC2 | 2.78 | 30 | Provide if in Clinic Concept of Operations Operations. Includes a computer workstation for patient self assessment, printing educational brochures, etc. |
| Public Toilets | NA | NA | NA | Space will be provided in Chapter 6.1 (Common Areas). |

PATIENT AREAS

GENERAL TREATMENT

| | | | | |
|---|-------|-------|-----|---|
| Provider Exam Room (GP) | EXRG1 | 11.15 | 120 | Army. Two per projected FTE provider. Do not count residents as providers. Resident's exam rooms are included in the Residency Functional Area. |
| | EXRG2 | | | Navy. See above Planning Range/Comment. |
| | EXRG3 | | | Air Force. See above Planning Range/Comment. |
| Screening, Weights and Measures Adult Room (GP) | EXRG4 | 7.43 | 80 | Minimum up to four projected FTE providers. One additional room for increment of four providers or portion thereof. |
| Clean Treatment Room | TRGS1 | 16.26 | 175 | One treatment room per four projected FTE providers to be divided between dirty and clean treatment rooms. Can be used for General Surgery, Neurosurgery, Plastic Surgery and Thoracic Surgery. |
| Dirty Treatment Room | TRGS2 | 16.26 | 175 | |

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| FUNCTION | Room Code | AUTHORIZED | | PLANNING RANGE/COMMENT/COMMENTS |
|----------|-----------|----------------|-----|---------------------------------|
| | | m ² | nsf | |

GENERAL TREATMENT: Continued

| | | | | |
|---|-------|-------|-----|--|
| General Treatment Room – Two Station (GP) | TRGM2 | 31.59 | 340 | One treatment room for 12 or more projected FTE providers. Includes space for two 120 nsf cubicles, plus a sink/work area. Can be used for General Surgery, Neurosurgery, Plastic Surgery and Thoracic Surgery. |
| Laser Treatment Room | TRGS3 | 16.26 | 175 | One per clinic, if laser treatment performed. |
| Microvascular Lab | OPVL1 | 18.58 | 200 | One per clinic when FTE vascular surgeon projected. |
| Patient Toilet (GP) | TLTU1 | 4.65 | 50 | One if number of projected FTE providers is between three and eight. Provide two toilets if number of projected FTE providers are between nine and fifteen. Provide maximum of three toilets if number of projected FTE providers are sixteen or more. |

ENDOSCOPY SUITE (INCLUDES PROCTOSCOPY)

| | | | | |
|-------------------------------|-------|-------|-----|--|
| Endoscopy Room (GP) | TREE1 | 26.01 | 280 | Minimum. One per three projected FTE general surgeons. |
| Proctoscopy Room (GP) | TRPE1 | 18.58 | 170 | Minimum. One per three projected FTE proctologists. |
| Proctoscopy Toilet (GP) | TLTU1 | 4.65 | 50 | One per proctoscopy procedure room. |
| Endo/Procto Equipment Storage | SRE01 | 9.29 | 100 | One per endoscopy/proctoscopy suite. |
| Scope Wash Room (GP) | USCL2 | 11.15 | 120 | For Endoscopy and/or Proctoscopy rooms equal or less than two; between three and four room provide 140 nsf and for greater than four rooms, provide 160 nsf. |

STAFF AND ADMINISTRATIVE AREAS

| | | | | |
|----------------------|-------|-------|-----|---|
| Provider Office (GP) | OFD01 | 11.15 | 120 | Army. One per projected FTE provider. Do not count residents as providers. Resident's exam rooms are included in the Residency Functional Area. |
| | OFD02 | | | Navy. One per projected FTE provider. |
| | OFD03 | | | Air Force. One per projected FTE provider. |

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|--|-----------|----------------|-----|--|
| | | m ² | nsf | |
| STAFF AND ADMINISTRATIVE AREAS: Continued | | | | |
| Nurse Manager Office | OFA01 | 11.15 | 120 | Private Office, Standard Furniture. One per projected FTE Nurse Manager. |
| | OFA02 | | | Private Office, Systems Furniture. One per projected FTE Nurse Manager. |
| Nurse Workroom | WRCH1 | 11.15 | 120 | Army/Navy. Minimum. Add 40 nsf for each projected FTE nurse above four. |
| | OFA03 | 5.57 | 60 | Air Force. Cubicle - Systems Furniture. One per projected FTE nurse. |
| NCOIC/LCPO/LPO Office | OFA01 | 11.15 | 120 | One per projected FTE. |
| | OFA02 | | | |
| Private Office | OFA01 | 11.15 | 120 | One per projected FTE requiring a private office. See Chapter 2.1 (General Administration). Some examples are Group Practice Manager, Nurse Educator, Health Care Integrator, any staff who interviews or counsels patients. |
| | OFA02 | | | |
| Administrative Cubicle | OFA03 | 5.57 | 60 | Per projected FTE requiring a dedicated workspace but not a private office. See Chapter 2.1 (General Administration). |
| Tumor Registry | OFA01 | 11.15 | 120 | One per facility. Usually located within this clinic but may be located within the Medical Specialty Clinics. See Chapter 3.15 (Medical Specialty Clinics). |
| | OFA02 | | | |
| Patient Records Area | FILE1 | 5.57 | 60 | One per clinic if medical records are stored within the clinic. |
| Copy Room | RPR01 | 9.29 | 100 | For Copier/Fax/Mailbox distribution. |
| Forms/Literature Storage | SRS01 | 9.29 | 100 | One per clinic. |
| Conference Room (GP) | CRA01 | 23.23 | 250 | Minimum use CRA01. One per Department with eight to twelve officers or officer equivalents. See Chapter 2.1 (General Administration), paragraph 2.1.2 for Personnel Equivalent Chart. |
| | CRA02 | 27.87 | 300 | One per Department with thirteen to sixteen officers or officer equivalents. |
| | CRA03 | 37.16 | 400 | One per Department with greater than sixteen officers or officer equivalents. |
| Staff Lounge (GP) | SL001 | 13.01 | 140 | Minimum 140 nsf for 10 FTEs on peak shift. Add 5 nsf for each peak shift FTE over 10. Maximum size is 300 nsf without vending machines and 320 nsf if vending machines are included. |
| Personal Property Lockers (GP) | LR001 | 2.32 | 25 | Minimum for the first 10 FTEs on peak shift. Add 2.5 nsf for FTE over 10. For staff without a dedicated office/cubicle space. See Chapter 6.1 (Common Areas) for Locker Room, Changing criteria. |

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| FUNCTION | Room Code | AUTHORIZED | | PLANNING RANGE/COMMENT/COMMENTS |
|----------|-----------|----------------|-----|---------------------------------|
| | | m ² | nsf | |

STAFF AND ADMINISTRATIVE AREAS: Continued

| | | | | |
|---------------|-------|------|----|---|
| Staff Toilets | TLTU1 | 4.65 | 50 | Minimum of one for the first 15 FTEs on peak shift. Add one TLTU1 for every additional 15 FTEs on peak shift. Can be combined into multi-stall toilets. |
|---------------|-------|------|----|---|

CLINIC SUPPORT AREAS

| | | | | |
|---------------------------|-------|-------|-----|---|
| Clean Utility (GP) | UCCL1 | 11.15 | 120 | For up to 6 projected FTE providers. |
| | | 13.94 | 150 | For 7 - 12 projected FTE providers. |
| | | 16.72 | 180 | For more than 12 projected FTE providers. |
| Soiled Utility (GP) | USCL1 | 8.36 | 90 | For up to 6 projected FTE providers. |
| | | 11.15 | 120 | For 7 - 12 projected FTE providers. |
| | | 13.94 | 150 | For more than 12 projected FTE providers. |
| Litter/Wheelchair Storage | SRLW1 | 5.57 | 60 | One per clinic. |
| Crash Cart Alcove | RCA01 | 1.86 | 20 | One per clinic. Can be shared between several clinics if fully accessible to all. |
| Equipment Storage | SRE01 | 9.29 | 100 | One per clinic. |
| Satellite Lab | LBSP1 | 5.57 | 60 | One per clinic if in Clinic Concept of Operations. |

TREATMENT SUPPORT AREAS - Use for all general treatment areas previously listed.

| | | | | |
|---|-------|-------|-----|---|
| Clean Equipment Room | SRE01 | 11.15 | 120 | Minimum. Add an additional 60 nsf for each procedure room greater than two. |
| Recovery Room/Pre-Op Patient Holding (GP) | RROP1 | 33.44 | 360 | Minimum. Includes two cubicles and control/observation support. Add this room only if the clinic is using conscious sedation. Add 1.5 cubicles (at 120 nsf. each) for each additional procedure room. |
| Recovery Room Toilet (GP) | TLTU1 | 4.65 | 50 | One per four recovery cubicles. |
| Dressing Cubicle (GP) | DR001 | 4.65 | 50 | Minimum of one. Provide one cubicle per every two procedure rooms. |
| Sub-waiting | WRC01 | 5.57 | 60 | Minimum. Add 25 nsf for each procedure room. |
| Patient Toilet (GP) | TLTU1 | 4.65 | 50 | One per clinic to support sub-waiting. |

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| FUNCTION | Room Code | AUTHORIZED | | PLANNING RANGE/COMMENT/COMMENTS |
|----------|-----------|----------------|-----|---------------------------------|
| | | m ² | nsf | |

| |
|--------------------|
| PAIN CLINIC |
|--------------------|

| | | | | |
|------------------------------|-------|-------|-----|--|
| Provider Office (GP) | OFD01 | 11.15 | 120 | Army - One per projected FTE. For anesthesiologists, nurse anesthetists, psychologists and/or physical therapists. |
| | OFD02 | | | Navy - See above Planning Range/Comment. |
| | OFD03 | | | Air Force - See above Planning Range/Comment. |
| Consult Room | OFDC2 | 11.15 | 120 | One per Pain Clinic. |
| Procedure Room | TRGS1 | 16.26 | 175 | One per projected FTE anesthesiologist, nurse anesthetist, or physical therapist. |
| Exam Room (GP) | EXRG1 | 11.15 | 120 | Army - One per projected FTE anesthesiologist, nurse anesthetist, or physical therapist. |
| | EXRG2 | | | Navy. See above Planning Range/Comment. |
| | EXRG3 | | | Air Force. See above Planning Range/Comment. |
| Physical Therapy Office (GP) | OFD01 | 11.15 | 120 | Army - One per every three projected FTE physical therapy technicians, or portion thereof. |
| | OFD02 | | | Navy - See above Planning Range/Comment. |
| | OFD03 | | | Air Force - See above Planning Range/Comment. |
| Equipment Storage | SRE01 | 7.43 | 80 | One per Pain Clinic. |
| Exercise Area | PTEA1 | 18.58 | 200 | Provide if exercise therapy is performed in the clinic. Allows space for one machine, mat area, with circulation. |

Functions which are required for Surgical Residency: The following areas must be programmed if the MTF has Surgical Residency Program(s). These areas are in addition to those listed under common areas above.

| |
|--------------------------|
| RESIDENCY PROGRAM |
|--------------------------|

| | | | | |
|---|-------|-------|-----|--|
| Director of Residency Program (GP) | OFD01 | 11.15 | 120 | Army - One per Residency Program Director. |
| | OFD02 | | | Navy - See above Planning Range/Comment. |
| | OFD03 | | | Air Force - See above Planning Range/Comment. |
| Secretary to Director with Visitor Waiting. | SEC01 | 11.15 | 120 | One per projected FTE secretary. |
| Residency Coordinator | OFA01 | 11.15 | 120 | One per projected FTE residency program coordinator. |
| | OFA02 | | | |
| Residency Research Technician Cubicle | OFA03 | 5.57 | 60 | Provide 60 nsf per projected FTE position. |
| Resident Cubicle | OFA03 | 5.57 | 60 | Navy/Air Force. Per projected Resident. |
| | | 3.72 | 40 | Army. Per projected Resident. |

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| FUNCTION | Room Code | AUTHORIZED | | PLANNING RANGE/COMMENT/COMMENTS |
|---|-----------|----------------|-----|---|
| | | m ² | nsf | |
| RESIDENCY PROGRAM Continued | | | | |
| Residency Library | LIBB1 | 13.01 | 140 | One per Residency Program. |
| Conference Room (GP) | CRA01 | 23.23 | 250 | One per Residency Program. |
| Resident Exam Room (GP) | EXRG1 | 11.15 | 120 | Army. One per projected resident. Minus the two monitored exam rooms. |
| | EXRG2 | | | Navy. See above Planning Range/Comment. |
| | EXRG3 | | | Air Force. See above Planning Range/Comment. |
| Monitored Exam Room - Subject & Viewing Room (GP) | EXRG1 | 11.15 | 120 | Army - Provide two exam rooms per residency program, and one CMP02. These rooms use cameras and videotapes. |
| | EXRG2 | | | Navy – See above Planning Range/Comment. |
| | EXRG3 | | | Air Force – See above Planning Range/Comment. |
| | CMP02 | 5.57 | 60 | One room can support two-exam rooms. This room holds the video recorders. |
| Preceptor/Consult Room | OFDC1 | 11.15 | 120 | One per eight staff physicians per Clinic Concept of Operations. |