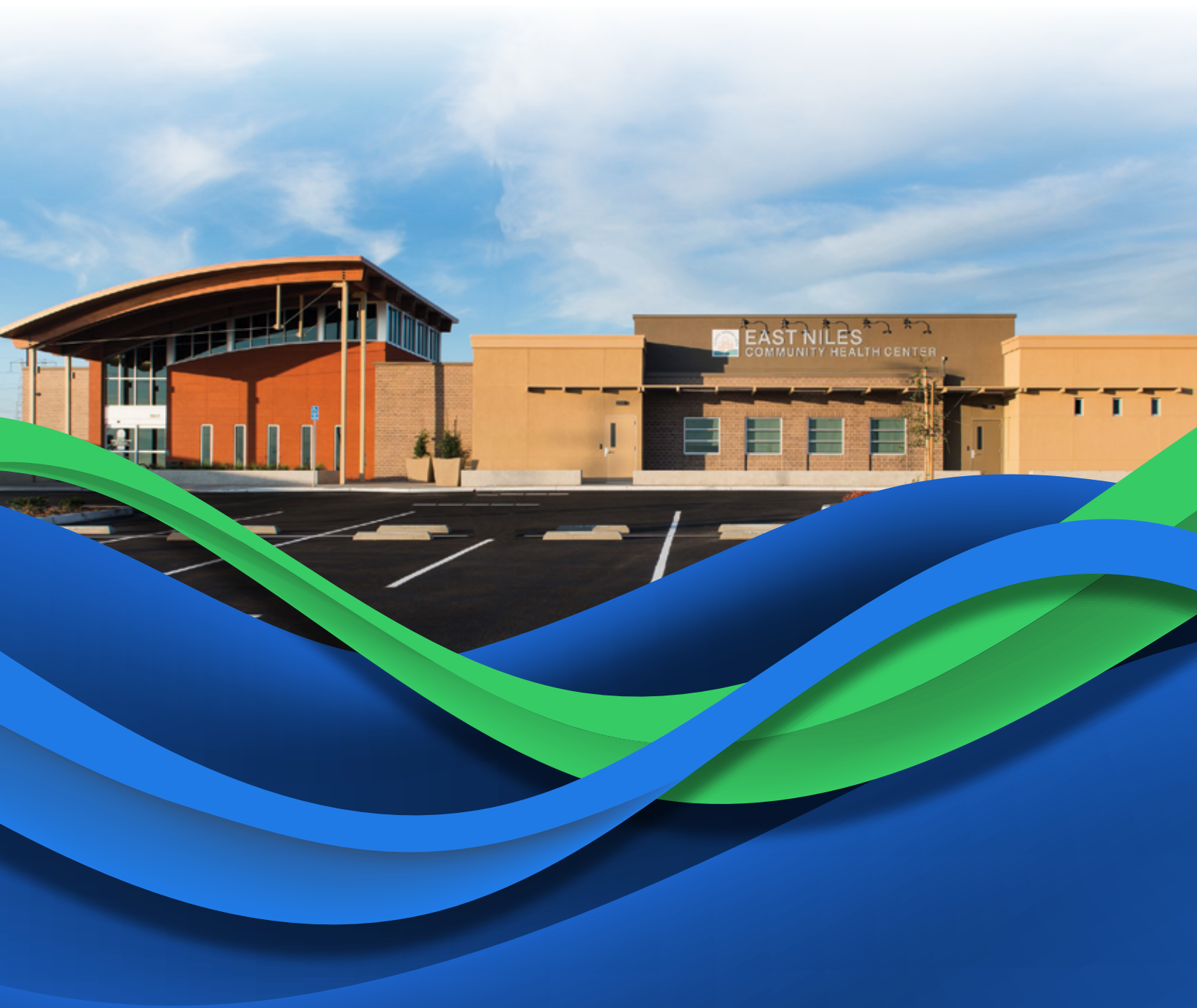




Rio Bravo

Family Medicine Residency Program



RIO BRAVO
FAMILY MEDICINE
RESIDENCY PROGRAM
HANDBOOK



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Our *Mission*

Welcome to the Rio Bravo Family Medicine Residency Program. RBFMRP is sponsored by Clinica Sierra Vista (CSV). The RBFMRP complies with the Accreditation Council for Graduate Medical Education (ACGME) Common Program Requirements, the Special Requirements for Residency Training in Family Medicine, and all requirements of the American Board of Family Medicine.

To Seek, Teach, and Serve

With a deep commitment to serve the underserved, RBFMRP strives to:

- Educate and train high quality family medicine residents in multicultural, rural and underserved settings.
- Support a family medicine-centered education service, as well as research in Kern County.
- Serve in a general capacity to facilitate, research and organize innovative approaches to healthcare in family and community medicine.
- Facilitate the development and sustenance of a regional service-education network for family physicians and allied health professionals.

Goals of the Rio Bravo Family Medicine Residency Program

RBFMRP promotes and advocates for:

Excellence in Medical Education

- Teach residents the principles of health maintenance, disease prevention, health education and community-oriented primary care, in addition to caring for a broad range of acute and chronic problems encompassing the fields of pediatrics, adult medicine and OB/GYN.
- Instruct residents in longitudinal care of their patients with an understanding of the impact of psychosocial factors on their health and well being.
- Sustain learning environments that foster academic excellence, inspire the highest standards of professionalism, and ensure the delivery of safe, high-quality care to patients

Respect for Resident's Well-Being

Highest Quality Patient Care

Retention of Excellent Primary Care Providers

- Facilitate selection of practice sites in the Central San Joaquin Valley
- Provide ongoing support in practice through continuing medical education efforts, research activities and program educational activities.
- Develop and implement the health team concept in the health care delivery system for the region.

Residency Curriculum - PGY-1, 2, & 3 Rotations

The Rio Bravo Family Medicine Residency Program (RBFMRP) offers a three year (36 month) residency program. The duration of residency training is specified by and subject to change by the American Board of Family Medicine (ABFM) and the Accreditation Council for Graduate Medical Education Residency Review Committee on Family Medicine (ACGME-RRC). The RBFMRP has its Family Medicine continuity practice at the East Niles Community Health Center. The resident rotation schedule is based on 13 four-week blocks per academic year. All residents are expected to complete each rotation as scheduled; the order of rotations listed in each section below fluctuates per resident.

PGY-1 - First Year Intern Rotations

Women's Health	CSV: 4 weeks Women's Health, Outpatient KMC: 4 weeks Obstetrics
Pediatrics	KMC: 4 weeks Pediatrics, Inpatient KMC: 4 weeks Pediatrics, Outpatient
General Surgery	KMC: 4 weeks General Surgery, Inpatient
Orthopedics & General Medicine	KMC: 4 weeks Orthopedic Surgery & Sports Medicine
Geriatrics	CSV + Community Sites: 4 weeks Geriatrics
Family Medicine	KMC: 12 weeks Full Scope Family Medicine, Inpatient Days KMC: 7-8 weeks Night Float with Pediatrics
Community Medicine	CSV + Community Sites: 4 weeks Community Medicine

PGY-2 Block Rotations

Family Medicine - Inpatient	KMC
Family Medicine - Pediatrics Night Float	KMC
Cardiology	KMC
ICU	KMC
Obstetrics	KMC
Emergency Medicine	KMC
Orthopedic Surgery & Sports Medicine	KMC
Gynecology	ENCHC
Elective	Various
Research	ENCHC
POCUS	ENCHC

PGY-3 Block Rotations

Family Medicine - Inpatient	KMC
Family Medicine - Pediatrics Night Float	KMC
Medicine Sub-Specialty Clinics	Various
Ambulatory Surgical Procedures	ENCHC
Pediatric - Inpatient	Dignity Memorial
Pediatric Sub-Specialty Clinics	Valley Childrens Bakersfield Campus
Geriatrics	Community Sites
Electives	Various
Practice Management	ENCHC
Research	ENCHC
POCUS	ENCHC
Dermatology	Community Site

Residency Curriculum - Electives

One of RBFMRP's strengths is the wide variety of elective experiences available to residents. Electives allow the resident to pursue educational experiences which are relevant to the resident's future practice of family medicine but are not included in core rotational areas.

Residents in good standing may schedule a maximum of 4 blocks (20-weeks) of elective rotations during their PGY-2 and PGY-3 years. A minimum of 12 weeks total elective time per resident will be guaranteed regardless of program curricular changes. Additionally, off-campus electives are a privilege given to second or third-year residents in good standing; it allows them to have the opportunity for special "one-time" off campus residency rotation within California, out of state, or in other countries.

Requesting Electives:

Residents should request new electives in writing by proposing elective areas to his/her faculty advisor in a timely fashion. A minimum of three months prior to the start of the rotation:

1. The resident must complete a written curriculum (with the help of their advisor and program director) to develop goals and objectives for their elective that fit within their overall goals for residency and their eventual career.
2. The resident (with the help of their advisor and program director) should also designate a rotation supervisor at the site, who will be required to complete an evaluation of his/her elective rotation performance.
3. The resident must submit the written curriculum to the department to review the elective request for final approval. Final approval is granted when the written curriculum is signed by the resident, rotation supervisor and program director.

Residents are responsible for:

- Regularly scheduled continuity clinics during their elective experience. (Residents may request a lesser number of clinics for electives, subject to program and clinic approval, and at the discretion of the program director.)
- Completing an evaluation of their elective based on the curricular objectives.
- Securing an evaluation of his/her performance on the elective from the rotation supervisor. Credit for electives will not be granted until such a completed evaluation is received.
- Maintaining good communication with the program director, rotation supervisor and/or any faculty member associated with the elective process.
- Arranging and paying for their own travel, room, board and incidental expenses during their electives.
- Residents hoping to perform electives outside RBFMRP should be familiar with the "Procedural Guidelines for Off campus Electives," in the RBFMRP Policy and Procedure Manual.
- Residents who do not develop their own elective at least three months prior to the first day of the scheduled elective rotation may select from a menu of structured electives. An updated list of these electives is available for review through the residency coordinator.
- Residents who do not develop their own elective and who do not choose a structured elective will be assigned an elective by the RBFMRP .

General Expectations

Residents and faculty must conduct themselves in an exemplary fashion in all patient care settings. To this end, the following behaviors are expected:

1. Support the mission of the hospital or clinic site where you are practicing, without compromise of care and/or service delivery.
2. Recognize the privilege of serving patients.
3. Abide by the policies and procedures of the health care sites.
4. Demonstrate courtesy and respect for patients and health team members.
5. Demonstrate flexibility when clinical assignments need to be changed.
6. Hold yourself to a high ethical and professional standard.
7. Report to clinical assignments on time and complete all patient care responsibilities.

Hospital Service

Hospital Admissions

- At Kern Medical, all patients from the East Niles Community Health Center (ENCHC) who identify themselves as such will be admitted to the Rio Bravo Family Medicine Service.
- Other CSV offices and affiliated clinical sites can refer their patients to the Rio Bravo inpatient service for evaluation. If the service is below cap (as determined by the program director), these patients are to be admitted to the Rio Bravo Family Medicine Service. If the service is at or above cap, these patients will be referred to the appropriate inpatient service for unassigned admissions.
- If a patient from the ENCHC is admitted to the ICU at Kern Medical, when they are discharged from the ICU, they will be transferred to the Rio Bravo Family Medicine Service.
- Patients from other CSV sites and affiliated clinics who are admitted to the ICU can be transferred to the Rio Bravo Family Medicine Service when discharged from the ICU, if there is space within our service cap.
- Patients who were on the Family Medicine Service and transferred to the ICU will be placed back on the Family Medicine Service when discharged from the ICU.

Discharges

- Patients admitted to the Family Medicine Service will be scheduled for outpatient follow-up with their primary care provider or an acceptable alternative.
- Patients admitted to the Rio Bravo Family Medicine Service who do not have an established provider will be offered a follow up appointment at ENCHC upon discharge.

Hospital Sign Out

- Residents are expected to comply with the policies and procedures established at the affiliated site for signing in and out for each shift.

Clinical Experience & Education

Our call schedule is structured to conform to the policy developed by our Graduate Medical Education Committee (GMEC) and complies with the Accreditation Council for Graduate Medical Education (ACGME) Resident Work Hours requirements. The assignment of call schedules is managed by the Chief Residents and subject to approval by the Program Director. Coverage will include responding to patient calls, authorizing patient care, and admitting and following patients admitted to Kern Medical where the RBFMRP has an active Family Medicine Inpatient Service.

Residents must be aware of the following:

- Call and clinic schedules are posted online at "New Innovations".
- Residents on call for the Rio Bravo Family Medicine Inpatient Service are required to be in the hospital when they are on call.
- At least one day out of seven, averaged over four weeks, will be free of patient care responsibilities.
- There is a 24-hour limit on clinical work and education hours, with up to four additional hours to facilitate the safe transfer of patient care and information to another member of the health care team.
- Call no more frequently than every 3rd night, averaged over a four-week period.

Interns

- PGY-1 residents MUST be supervised either directly or indirectly, with direct supervision immediately available.

PGY-2 and PGY-3 Call

- PGY2 and PGY3 residents will be scheduled for up to eight weeks per year of night float, with a maximum of four weeks at a time. Residents on the night float rotation will have at least one day per week (on average) completely free of any residency activity.
- PGY2 and PGY3 residents who are assigned to a night float rotation shall be physically present for sign out rounds each morning, at the conclusion of their assigned work hours. All admissions are to be reviewed with the supervising attending.
- MAX number of consecutive nights on night float is 6, unless an alternate schedule is requested by the resident.

Sign Out

- All residents must abide by the specific policies of the affiliated training site in regards to signing in and out of each required shift.

Call & Work Hours

Sick / Back-Up Call (Jeopardy)

- The Chief Residents or Program Director are responsible for enforcing/maintaining a back-up call schedule for residents to be activated if the resident assigned to call is unavailable for whatever reason, or if patient care responsibilities exceed a resident's capabilities. To prevent residents from attempting to work when they are ill, or from attempting to do more than they are able when on call, (whether due to excess patient care needs, fatigue, stress, etc.), there will be no repercussions for activating the Jeopardy system. However, abuse of the back-up call system will result in corrective action as described in the RBFMRP Policy & Procedure Manual.

Changing the Call Schedule

- Any changes in call must be communicated to the scheduler, the hospitals involved, including the switchboard operator, after being approved by the Chief Residents or Program Director.
- Resident initiating the switch is responsible for making these calls and notifications.
- Residents are expected to notify the service or attending to which they are assigned. The Program Director will be notified by the Chief Residents on a regular basis of changes in the call schedule and whenever the back-up call system is activated.

Home Call

RBFMRP considers time on Jeopardy to be Home Call. As such, we abide by ACGME rules, which include:

- Time spent in the hospital by residents on at-home call counts towards the 80-hour maximum weekly hour limit.
- Frequency of at-home call is not subject to the every-third night limitation.
- At least one day out of seven, averaged over four weeks, free from patient care responsibilities. At-home call cannot be assigned on these free days.
- Residents are permitted to return to the hospital while on at-home call to care for new or established patients. Each episode of this type of care will not initiate a new "off-duty period."

Core Competencies

Standards for all Residents

Advancement is based upon demonstrated competency in the six ACGME core competencies.

1. Patient Care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.
2. Medical Knowledge about established and evolving biomedical, clinical, and cognate (e.g. epidemiological and social-behavioral) sciences and the application of this knowledge to patient care.
3. Practice-Based Learning and Improvement that involves investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care.
4. Interpersonal and Communication Skills that result in effective information exchange and teaming with patients, their families, and other health professionals.
5. Professionalism, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.
6. Systems-Based Practice, shown by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care and ability to effectively call on system resources to provide care of optimal value.

Professionalism

RBFMRP fosters a professional environment, in which residents are held to the highest level of professionalism. All persons with whom you interact are to be treated with courtesy, sensitivity and respect. It is an expectation that all residents act to insure a professional, gracious and overtly hospitable environment for patients, visitors and colleagues. It is our goal to maintain an atmosphere of personal and institutional excellence. Residents have a high responsibility for teaching and acting as role models to medical students and others.

Evaluation of Residency Professionalism

- On-line software will be used for evaluation of residents on all core competency measures, including professionalism.
- Evaluations will be compiled and reviewed at least twice a year by the Clinical Competency Committee (CCC) and recommendations made to the Program Director.
- At least annually, members of the resident's health care team are asked to give written feedback on the resident's performance.
- Patients will also be given a questionnaire regarding the resident's respect, compassion, integrity, confidentiality, responsiveness to their needs, and sensitivity to their culture, age, gender and disabilities.

Recruitment

Recruitment and Appointment of New Residents

- The Rio Bravo Family Medicine Residency Program conducts an annual recruitment and selection process. RBFMRP participates in the Electronic Residency Application Service (ERAS). RBFMRP participates in outreach efforts for the recruiting process by attending conferences and residency fairs, contacting Family Medicine interest groups, and connecting directly with medical schools, particularly where program alumni attended.
- Applications are screened and interviews extended based on applicants' test scores (USMLE, COMLEX, or the equivalent), letters of recommendation, personal statements, and overall experience. A demonstrated commitment to working in Kern County or other underserved population is highly weighted. Preference may be given on the basis of language skills appropriate to the Kern area, such as Spanish and indigenous Latin American languages. Interviews are held for prospective candidates from October through January, with ranking meetings scheduled for final decisions.

Resident Progress and Promotion

- The criteria for promotion and graduation is determined by the Program Director with recommendations from the CCC and the faculty, and with approval of the GMEC. Satisfactory completion of the residency is only one requirement for certification by the American Board of Family Medicine (ABFM).

Evaluation

The decision to promote a resident to the following year until graduation will be determined by the Program Director with recommendation from the CCC and the advice of the faculty. Evaluation tools include direct observation on rotations, performance on standardized exams, lecture, clinic and rotation attendance and chart audit results. Videotaping and shadowing may be used by the RBFMRP to assist in evaluating several core competencies, including professionalism and interpersonal communications skills.

Bi-Annual Formal Evaluation

- A core-competency based summary evaluation for each resident is to be completed on a semi-annual basis using information from the resident's file, advisor feedback and feedback from faculty, peers and staff. The summary evaluation may include the following:
- A brief profile of the resident.
- Listing of each rotation.
- Resident's overall performance rating in each core competency area for each rotation and comments received from faculty and peers.
- Self-evaluation of their performance on each rotation.
- A listing of required certifications, advisor meeting dates, scores on the In-Training exam(s) and remediation status if applicable.
- Lecture attendance, clinic productivity, documented procedures, documented home visits, nursing home visits, continuity inpatient visits, clinic attendance, duty hour reporting, and medical record deficiencies.
- Patient satisfaction survey results, chart review compliance with best practices rating, OB chart review results, shadowing and videotaping status and summaries, participating and progress in scholarly activity, evidence-based medicine exam scores.
- This information will be reviewed by the Clinical Competency Committee (CCC). The CCC will then prepare recommendations for the faculty regarding resident performance, the need for any formal remediation, commendation or disciplinary actions and determination of satisfactory completion of requirements for advancement. The Program Director reviews and approves all recommendations. The summary evaluation is then forwarded to the resident and their faculty advisor.
- Subsequent to this, the resident's mentor meets with their advisee at least semiannually to review progress and more often as required to review and sign off on the resident evaluation summary.

Grievances and Due Process

- Residents may appeal the actions or inactions of RBFMRP or its representatives. Refer to Appendix A for Resident procedures in appealing processes as well as academic actions. RBFMRP adheres to the due process requirements of the GMEC.

Tracking Progress

Procedure Log and Documentation

Residents should log procedures using our online software. This software may also be used by an attending physician or supervising resident to evaluate resident performance whenever a procedure is directly observed. Procedural documentation will include:

- Medical Record Number
- Date
- Name of Procedure
- Name of Attending / Supervising Physician

Procedure documentation will be reviewed quarterly and resident performance will be regularly monitored. Residents will receive written updates regarding their progress in meeting procedure requirements as part of their semi-annual summary performance evaluation. As a component of the resident's semi-annual evaluation, documented procedures will be reviewed with faculty every six months.

Procedure Evaluation Forms

RBFMRP will use the above online software to track procedures. Once procedure information is entered, the attending will answer:

1. Whether the resident can perform this procedure independently, AND
2. Can the resident teach this procedure.

This information will be used by the Program Director to evaluate whether the resident can be signed off to independently perform this procedure. Upon review of procedure performance evaluations by the Program Director, the resident will either be advanced or required to complete a program of remediation.

Promotion: PGY-2

For promotion to PGY-2, residents must:

1. Identify the purpose(s) for a patient visit.
2. Develop appropriate bio/psychosocial hypotheses that apply to the presenting problem.
3. Conduct a focused evaluation of the presenting problem (History, Physical Exam, and Lab/Radiology procedures)
4. Appropriately prioritize the probable and potential diagnoses to ensure that attention is given to the most likely, most serious, and most readily treatable options.
5. Present a provisional and working diagnosis to the patient.
6. Arrange for follow-up of the current problem that fits the guidelines of current standards of care and/or attends to the special needs of the patient.
7. Document patient care encounters in medical record in concise/legible manner following a problem-oriented format.
8. Update the bio/psychosocial problem list and medication list at each visit.
9. Satisfactory performance as PGY-1.
10. Passage of USMLE Step III. Residents who have not passed USMLE III or osteopathic residents who have not passed COMLEX III must have permission from the Program Director to postpone this requirement, as well as a plan to complete this within the first semester of their PGY-2 year.
11. Recommendation by faculty to advance.
12. Must be considered competent to supervise PGY-1's and medical students as judged by faculty.
13. Conduct an interview that fosters an adequate and helpful doctor-patient relationship.
14. Develop a plan of action that attends to salient medical, psychosocial, family, cultural and socioeconomic issues.
15. Exercise fair and appropriate billing practices for services rendered, referring those who need financial assistance to the appropriate resources.

NOTE: The following lists are not all-inclusive, for more details see the Program Director.

Promotion: PGY-3

For promotion to PGY-3, residents must:

1. Be able to implement the negotiated plan with their patients.
2. Inquire into and discuss sensitive issues that may impact on the execution of the negotiated management plan.
3. Incorporate the principles and practice of health maintenance into each patient care encounter, where appropriate.
4. Review the biopsychosocial problem list at each visit and attend to appropriate longitudinal issues.
5. Satisfactory performance as PGY-2.
6. Recommendation by faculty to advance.
7. Demonstration of skills in teaching, supervision, and team leadership.
8. Conduct an encounter that recognizes the primacy of patient needs and treats the patient as an appropriately equal health care partner.
9. Conduct an interview in a manner consistent with the values of family medicine using appropriate verbal and non-verbal skills.
10. Conduct the visit in a time-efficient and professional manner.
11. If indicated, assist the patient in arranging for appropriate medical and ancillary referrals that seek to resolve specific issues in the diagnostic or management arenas.

For graduation from the residency, residents must:

- Complete the tasks of the patient care session so that all necessary duties (including telephone messages, charting, administrative tasks, patient care) are accomplished in a timely, organized, and professional manner.
- Complete three years of Family Medicine training that meets the Residency Review Committee for Family Medicine guidelines, unless prior authorization for advanced credit was received from the American Board of Family Medicine.
- Meet standards for attendance at educational activities, including wellness events.
- Demonstrate engagement in activities that will foster personal and professional growth as a physician.
- Receive the recommendation of faculty to graduate.
- Engage in continuing medical education activities that are influenced by interest, deficiency, and need.
- Anticipate and recognize new curriculum necessary for future practice, advocate for reform in medical education.
- Have satisfactory completion of a performance improvement project or other scholarly activity project incorporating community oriented research, as determined by the RBFMRP faculty.
- Demonstrate sufficient professional ability to practice effectively and responsibly.
- Work together with clerical staff and nursing staff in a manner that fosters mutual respect and facilitates an effectively run practice.
- Work together with partners, fellow family physicians, specialists, and other professionals on the health care team in a manner that fosters mutual respect and facilitates the effective handling of patient care issues.
- At each patient care encounter, present yourself and the practice in a manner that will encourage the patient to select you, the practice, and family medicine in the future.

Final Evaluation with Program Director

A final written evaluation will be based on performance during residency and must verify that the resident has demonstrated sufficient professional ability in order to practice independently. Information is based on the content in the resident's academic file. Residents are:

- Permitted and encouraged to review all aspects of their academic file.
- Not permitted to review their files without their advisor or a representative of the RBFMRP (approved by their advisor), in attendance.
- To complete self-evaluations to be part of their semi-annual evaluation

The evaluation will become part of the resident's permanent record and remain accessible for review by the resident, as per program policy. It will document whether the resident has demonstrated sufficient competence to enter practice without direct supervision .

Medical Records

All physicians are responsible to ensure that the records for patients for whom he/she has provided care are completed appropriately. Discharge summaries should be completed on the day the patient is discharged. Records become delinquent if they are not completed two weeks post-discharge. Medical record delinquencies for RBFMRP residents at Kern Medical may be announced at weekly didactic sessions at the discretion of the Program Director or designee. See "Medical Records" on RBFMRP Policy & Procedure Manual for additional policies on medical records.

Medical Records are:

- Tracked through the hospital medical records department at affiliated training sites.
- Electronic and can be signed through the convenience of a connected computer with internet .

The department tracks medical record deficiencies, and this information is available as part of the resident's semiannual evaluation. Those with continued medical record deficiencies will be contacted by their faculty advisor to ensure compliance with medical staff standards.

Family Medicine Center

RBFMRP residents should write a SOAP note that covers pertinent historical points, physical findings, the assessment and the management plan. Requirements for documentation include:

- All pertinent findings are documented.
- Documentation substantiates the level of billing.
- Evidence of attending supervision is present whenever indicated.

Hospitals

Hospital records will be reviewed by attending faculty and the quality assurance system established by the hospitals to document high quality care, logical progression from diagnosis to initiation of treatment, and attention to smooth progression from inpatient to outpatient status.

RBFMRP residents will follow hospital procedures when writing orders concerning advanced directives and withholding of life saving interventions. RBFMRP residents should write a comprehensive history and physical note for all admissions to the inpatient service.

In Training Examinations

This test bears close resemblance to the American Board of Family Medicine Certification examination taken just prior to completion of the residency training period. Scores are used primarily for program and self-evaluation; they may affect resident advancement, if they form part of an overall pattern of deficient performance. Remedial instruction may be required for low scores. In-training exam critique booklets will be distributed as soon as they are available after the exam. Sample questions are available from the RBFMRP.

Conferences

Resident conferences/seminars/workshops are designed to promote self-reflection, assessment, and self improvement.

REQUIRED ATTENDANCE	ACLS	NRP	Wellness Activities & Events	Behavioral Medicine Series	Journal Club	ALSO	Pediatric Lectures	Family Medicine Weekly Didactics
OPTIONAL	Surgical Ground Rounds		PALS	Annual Research Forum at KMC	Critical Care/Trauma Conference		Surgical Case Review	Tumor Board

Evaluation of Conferences

Lecture evaluations (1-5 scale) will be requested; to be summarized by RBFMRP staff. Feedback will be given following presentations. Additional topics for future conferences and lectures will be solicited on every evaluation.

Residency Committees

Clinical Competency Committee

The charge of our Clinical Competency Committee (CCC) is to oversee the evaluation of all residents. CCC responsibilities include reviewing all resident evaluations semi-annually, preparing and ensuring the reporting of Milestones evaluations of each resident semi-annually to ACGME, and advising the program director regarding resident progress, including promotion, remediation, and dismissal.

Program Evaluation Committee

The Program Evaluation Committee (PEC) should participate actively in planning, developing, implementing, and evaluating educational activities of the program, reviewing and making recommendations for revision of competency-based curriculum goals and objectives, addressing areas of non-compliance with ACGME standards, and reviewing the program annually using evaluations of faculty, residents, and others.

Resident Faculty Meetings

Faculty meetings are held quarterly unless otherwise determined by the Program Director, and used to review GMEC action and receive input on significant issues facing the RBFMRP and are conducted by the Program Director, or designee. All faculty (including volunteers) affiliated with the RBFMRP are invited and encouraged to attend. The Chief resident is expected to attend all faculty meetings unless excused.

Graduate Medical Education Committee (GMEC)

The Graduate Medical Education Committee (GMEC) is the principal deliberative decision making body of RBFMRP. The CSV Board has created a GMEC to perform functions required by the Accreditation Council for Graduate Medical Education (ACGME). GMEC attempts to resolve issues at its meetings through the consensus process. Meetings will also be used for approval of major changes to the curriculum. The GMEC oversees the RBFMRP and ensures its fiscal and educational integrity. Two residents must be appointed to be voting members of the RBFMRP GMEC, and at least one of these must be present at all GMEC meetings. GMEC responsibilities must include oversight of: the ACGME accreditation status of the Sponsoring Institution (CSV) and the RBFMRP; the quality of the GME learning and working environment within CSV, the RBFMRP, and its participating sites; the quality of educational experiences within RBFMRP that lead to measurable achievement of educational outcomes as identified in the ACGME institutional requirements.

GMEC Committee Voting Members: CSV Designated Institutional Official ("DIO"), Program Director, CSV representative, KMC representative, Program Faculty, and 2 Residents: Chief Resident(s) and if only one Chief, an additional resident appointed by peers.

Non-Voting Members: Assistant Director of Medical Education, Program Coordinator, & Administrative Assistant.

Community Service

RBFMRP promotes the well-roundedness of all residents. We believe that being a physician is not based just on the academic and medical aspects, but also on the social justice and community levels of medicine. RBFMRP provides opportunities for residents to attain increased knowledge and experience specific to the communities in which they serve. Community service is incorporated into rotations. Some community services include:

- Community medicine rotation
- A quality improvement project for the FMC under the direction of faculty, RBFMRP staff, and/or clinic staff. The project is to be completed before the end of residency training. The goal will be for the FMC to use the residents' findings and recommendations to improve its health management systems.

Residents that wish to pursue additional community service projects can consult with the Program Director, their advisor, and/or site representative for more opportunities.

Advising

Rio Bravo Family Medicine Residency Program assigns faculty advisors at the beginning of the PGY1 year. Advisors counsel residents regarding educational evaluations, elective planning, conference preparation, quality improvement and community medicine projects and, most importantly, personal and professional development.

Residents may have their advisor changed by the Program Director at the request of either the resident or the advisor after a review of the reason for the requested change in faculty executive session.

Additionally, the resident's advisor meets with their advisee at least semi-annually to review progress, and more often as required to review and sign off on the resident evaluation summary. An established mentor/advisor and advisee relationship further ensures that the resident is making the correct choices and progressing towards optimal professional development in the RBFMRP.

General Resident Responsibilities

Sign-out Rounds

Sign-out rounds are an important part of the inpatient Family Medicine and Pediatric rotations. In addition to being a learning experience for all participants, they are essential for proper transitions in care and patient safety. They are held twice a day, normally at 6:30am and 6:30pm. Whenever possible, all residents assigned to the service should be at sign-out rounds, including daytime senior residents, interns and night float residents. If a resident from another program is covering Pediatrics, that resident will also be expected to attend sign-out rounds on all work days.

Journal Club

Journal club is a part of the Wednesday afternoon didactic sessions on a monthly basis. Here a resident will be assigned to present a recent article to the entire group. Topics and studies should be approved by the faculty or a Chief resident. Whenever possible, the article will be forwarded to all of the residents ahead of time, so a more robust discussion can be carried out. In addition to keeping residents and faculty up to date on the medical literature, journal club will also be a forum where basic biostatistics can be taught and reinforced. Additional goals include learning to locate, appraise, and assimilate evidence from scientific studies and apply it to their patients' health problems. It emphasizes using information technology to find evidence to support practice decisions in topics of interest to residents. This is an opportunity for residents to share and become more aware of health topics of their interest as well as their fellow residents.

Procedures Required for Graduation

All residents must document competence in these required procedures:

Procedures Required for Graduation

- | | |
|---|--|
| ✓ Cast/Splint Application and Removal | ✓ IUD and Nexplanon Insertion and Removal |
| ✓ EKG Interpretation | ✓ Joint aspiration or injection, trigger point injection |
| ✓ Biopsy of skin lesions,
Skin Punch Biopsy, Tag Removal | ✓ Suture removal |
| ✓ Genital Wart Treatment | ✓ Pap Smear, Colposcopy,
and Endometrial Biopsy |
| ✓ I&D Abscess, Skin | ✓ NST and Electronic Fetal Monitoring Interpretation |
| ✓ Ingrown Toenail, surgery/excision | ✓ Laceration repair, simple |

Work Hours/ Violations

Work hours are assigned in compliance with the ACGME rules for clinical work and education hours. Residents are responsible for call coverage, including back-up call. Residents must accurately track and report their work hours on a regular basis. Any violation of the requirements for residents will result in investigation and/or corrective action.

General Resident Responsibilities (cont.)

Senior Scholarly Projects

Residents will be required to complete at least one performance improvement activity/scholarly activity, as defined by the American Board of Family Medicine. Dedicated research time is included during the second and third year curriculums in order to facilitate completion of this requirement. Additional longitudinal scholarly projects during residency are highly encouraged. These may include: literature review and summary, data collection after proper approvals are given, analysis and summary of project results. These projects will culminate with a presentation of the scholarly activity to faculty and peers.

Assessment of Faculty

Feedback surveys are developed for faculty evaluations. Residents will rank the faculty on a scale of 1 to 5 in four key areas: Clinical role, teaching role, administrative role and interpersonal skills. The evaluations are submitted electronically and anonymously via online software. Faculty members will meet with the Program Director at least annually to review these evaluations and develop a corrective action plan to constructively improve as needed.

Home Visits

Each resident must perform at least two home visits on their continuity patients. Home visits are encouraged on otherwise home-bound patients. Faculty must supervise all home and nursing home care either on site or by prompt chart review as is appropriate based on a resident's level of expertise and competence. Residents must document these home visits using online software, as well as EHR charting of the visit.

Recommended times to complete home visits include during their Community Medicine rotation, or during their Research blocks. Additional home visits involving older and hospice patients may be integrated into the four week Geriatrics rotation. However these will only count towards the required visits if they are the resident's continuity patients.

Wellness Lectures and Events

All residents will be required to attend a regularly scheduled Wellness lectures and events. The purpose of these activities will be to provide for the promotion of physician/resident well-being and the prevention of physician/resident impairment. The emphasis of the wellness curriculum will be to address the stresses, communication problems, personal and program challenges that residents often encounter during their residency training and careers in medicine.

Family Medicine Clinic

The Clinica Sierra Vista East Niles Community Health Center (CSV-ENCHC), will serve as the continuity clinic for the Rio Bravo Family Medicine Residency Program. The ENCHC is the primary focus of outpatient training for our residency program. As such, clinic time is protected from the demands of the residency training as much as possible in order to provide the continuity of care that is expected of Family Physicians.

Continuity of Care

Continuity of care is a recognized core value of family medicine and of high priority at RBFMRP. Continuity may pertain to individuals or to the practice in its entirety. RBFMRP complies with the ACGME "Program Requirements for Residency Education in Family Practice," to ensure the highest level of continuity of care. To meet continuity of care guidelines, RBFMRP requires residents to attend a sufficient number of continuity clinics. A minimum of 40 weeks per year, in each year of training, is required.

Continuity patients are assigned and/or cared for at several locations:

CSV-ENCHC | Family Medicine inpatient service at Kern Medical | Nursing home/home visits

Residents are required to see a minimum of 1650 visits in the continuity care setting throughout three years of training.

The targets for patient visits by year of training are as follows:

PGY-1: 150 continuity patient visits | PGY-2: 500 continuity patient visits | PGY-3: 1,000 continuity patient visits

Family Medicine Clinic Responsibilities

1. The Program Director shall have the authority and responsibility for the educational activities of the Residents at the FMC, including ensuring that the ACGME Family Medicine and institutional requirements are met.
2. The Program Director shall be responsible for the appointment and assignment of Faculty preceptors at the FMC to ensure the presence of qualified faculty to monitor and evaluate the development of Residents and the availability of faculty for the needs of each Resident.
3. Provide residents and FMC patients access to adequate laboratory and imaging facilities, as well as other requisite clinical and consultation services.
4. Provide adequate support staff (e.g., nursing, billing, administrative) and support services (e.g., laundry, telephone services, information technology services).
5. Permit Residents to be able to admit and care for the continuity of their patients hospitalized from the FMC, including obstetrical patients and/or patients residing in skilled nursing facilities.
6. Maintain FMC patients' access to their physicians or designated substitutes after scheduled clinic hours.
7. Integrate behavioral science education in Resident FMC experience in addition to formally structured integration mechanisms as part of the Residency Program (e.g., initial period or orientation, regular attendance at conferences).
8. Maintain appropriate diagnostic and therapeutic equipment at the FMC to meet the basic needs of an efficient and up-to-date family medicine center consistent with ACGME requirements.
9. Ensure that tests commonly included as waived or point-of-service (e.g., urine analysis, wet mounts, etc.) that require efficient physician interpretation are available within the FMC consistent with ACGME Requirements.
10. Provide or arrange for diagnostic laboratory and imaging services within or nearby the FMC to provide convenient access by patients and Residents for patient care and education consistent with ACGME Requirements.

Family Medicine Clinic (cont.)

Dispensing Medication

- The selection, distribution and safe and effective use of drugs at Clinica Sierra Vista shall be established by the combined efforts of the Pharmacy Director, Pharmacy and Therapeutics Committee, Medical Director and staff and Clinica Sierra Vista administration.
- Drug supply shall contain that type and quantity of drugs necessary to meet the needs of the categories of patients that are served at Clinica Sierra Vista as determined by the Pharmacy and Therapeutics Committee.
- Drugs shall be dispensed only after review of the product and/or the provider's order.
- Medicine will be administered only on the order of a medical provider, who is a credentialed provider and has been granted clinical privileges to write such orders.
- Residents ordering a medication will be aware of the following information concerning each medication prior to administration.
 - Therapeutic action
 - Side effects
 - Antidote and its location.
 - Route and frequency of administration.
 - Normal dosage; maximum safe dosage.
 - Signs of medication deterioration.
 - Precautions
 - Contraindications
- No medications will be left in patient exam rooms.
- Insulin should be administered by licensed staff members and will be checked by another licensed staff member prior to administration.
- Staff members administering the medication will stay with the patient until the medication is taken.
- All medication orders should contain one specific dosage (never a dosage range). Orders for medication that are not specific to strength and/or dosage must be clarified by the provider.
- Orders for medications to be administered via aerosol directly into the respiratory tract, must include:
(1) Name of medication (2) Dosage (3) Diluent to be used.
- Drug reactions should be reported immediately to the provider and recorded into the patient's medical record.

HIPAA

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 mandated significant changes in the legal and regulatory environments governing the provision of health benefits, the delivery and payment of healthcare services, and the security and confidentiality of individually identifiable, protected health information. The law is composed of two major legislative actions: provisions for health insurance reform and requirements for administrative processes. Complying with all aspects of HIPAA has required that providers and all entities within the healthcare industry (including clinical research) comply with certain standards in information systems, operations policies and procedures, and business practices.

Family Medicine Clinic (cont.)

Changing the Clinic Schedule

It is the policy of Clinica Sierra Vista to establish working hours as required by workload and production flow, patients' service needs, and the efficient management of personnel resources. Residents' educational block assignments will include carved out time for clinic at the FMC. Given the complexity of coordinating schedule changes for the various residents and other medical providers, alternative work schedules will not be considered, unless there are extenuating patient circumstances and the change can be accommodated easily.

Clinic Hours

Clinic hours are from Monday to Friday 8:30am-5:30pm, with first patients and residents expected to arrive by 8:15.

Patient Transfer

- Patients will be transferred via ambulance/private vehicle as appropriate to a local hospital for higher level of care.
- Transfer is by provider order only and copies of medical records are to be sent with the patient. The receiving hospital will be notified of the transfer by the provider.
- For referrals for Infusion Therapy and Home Health:
 - Provider writes an order for Home Health assessment. The Home Health Agency will contact attending provider to discuss appropriateness and orders for the specific therapy.
 - All necessary information on the patient and the name of the agency for home care arrangements is required. All services for the patient must be communicated thoroughly with the patient and/or family for the arrangements.

Resident Room

The Resident Room is the gathering place where special friendships develop, and where discussions among colleagues to enhance your learning experience take place routinely. It allows you and your fellow residents a space to confer, study and relax. The room also has private space in which residents can speak in confidence about issues pertaining to patients. The resident room is located inside the clinic, and is a reserved space to serve the residents' needs.

Program Personnel

The RBFMRP employs a well-rounded complement of program personnel that will serve the needs of the residents and comply with the policies and procedures applicable to the ACGME requirements. The following positions for Clinica Sierra Vista will support the integrity and function of the RBFMRP:

Program Director: RBFMRP provides the services of a CSV employee to serve as the Program Director for the Residency Program. General duties of the program director include:

- Recruiting and interviewing residents.
- Developing and overseeing the scheduling, rotations and curriculum development.
- Monitoring and directing didactic/clinical education activities, evaluation materials, resident evaluation processes and Residency Program grievance.
- Communicate with ACGME in preparing Residency Program reports.
- Coordinating, directing and evaluating, site visits, Residency Program faculty and other administration duties.
- Implementing Residency Program policies/procedures for resident clinical work and education hours and responsible for any corrective action necessary for violations of these ACGME requirements.
- Devote at least 70 percent of their time on program administration, evaluation, teaching, resident precepting, and scholarship; and
- Up to 30% of time in the provision of clinical care at the FMC and other locations.

Residency Coordinator: Maintains all resident academic files, confidential correspondence, and evaluations. Provides organizational support for the residency program and assists the Program Director, including the recruitment and interview process for residency applicants.

Program Faculty: Provide the following educational and administrative activities for residents:

- Clinical precepting in the outpatient and inpatient settings.
- Didactic classroom training.
- Resident and Program Evaluations.
- Participation in Program-related administration activities, such as Program faculty meetings, faculty development and committee assignments, advising of residents and directing scholarly activities.

Longitudinal Prenatal and OB Care

Delivery Expectations

RRC requirements for obstetric training in Family Medicine require that the resident must demonstrate competence in their ability to provide maternity care, including: distinguishing abnormal and normal pregnancies, caring for common medical problems arising from pregnancy or coexisting with pregnancy, performing spontaneous vaginal deliveries, and demonstrating basic skills in managing obstetrical emergencies.

Residents interested in continuing to provide maternity care after graduation are encouraged to complete additional elective training in obstetrics.

Rotations

RBFMRP has established a block rotation schedule for residents to comply with all ABFM and Residency Review Committee for Family Medicine requirements. All residents are expected to complete each rotation as scheduled. This information will be made available online, and detailed information for specific block rotations will be sent via e-mail to all residents prior to the start of each rotation.

Receiving Credit for a Rotation

To receive credit for a rotation, residents must be present for at least 75% of the rotation, except in unusual circumstances, which require the written prior approval of the residents' advisor and Program Director.

Residents cannot take more than 25% of rotation block length rounded up to the nearest full day within eligible rotations as vacation or educational leave, excluding call and weekend responsibilities. For example, a 4-week block (20 weekdays) will have a maximum allowed leave of 5 weekdays. A 6-week block (30 weekdays) will have a maximum allowed leave time of 8 weekdays. The above calculations for leave time do NOT include weekend days where a resident may or may not have required clinical activity.

Electives

See also Residency Curriculum–Electives, or RBFMRP Policy and Procedures.

Required Rotations

For detailed information on exact rotations refer to the RBFMRP website, Residency Coordinator, or Program Director.

The general Rotational Curriculum is as follows:

Ambulatory Procedures	OB/GYN
Community Medicine	Orthopedics/Sports Medicine
Dermatology	Pediatrics
Emergency Medicine	POCUS (Point of Care Ultrasound)
Family Medicine	Practice Management / Office Management
Geriatrics	Research
Internal Medicine	Surgery

RBFMRP will consider requests for modifications in a resident's schedule only in exceptional circumstances and on the express approval of the Program Director or designee. Rotation schedule change requests must:

- Be received *at least two months* in advance of the start of the academic year.
- Have a written approval from affected parties including the faculty responsible for the rotation, a chief resident, the Program Coordinator, the residents' advisor, and the Program Director.
- If conflicts arise in the processing of a resident's request for a rotation change, the conflict will be brought to the CCC for resolution.

Changes to the rotation schedule are subject to the evaluation and approval of the Program Director.

Rotation Lodging

Rotations will take place in both clinical and hospital settings. The following inpatient rotation locations provide resident call rooms to serve sleep and hygiene needs:

- Kern Medical
- Bakersfield Memorial Hospital

Vacation and Leave Policies

Vacation Policy

Our vacation and leave policy allows maximum flexibility for residents to grow in their personal lives. Residents are granted three weeks of vacation annually. All requests should be submitted online via the CSV payroll system. These will be reviewed by the Program Coordinator, the Chief Resident and the Program Director prior to approval. It is the responsibility of the resident to ensure that the request is submitted properly and approved appropriately. Vacation time does not carry forward yearly and must be scheduled and taken in the same academic year vacation is earned.

Holiday Time

Residents do not have specific holiday time. If a resident is scheduled to work on a holiday, they do not receive extra duty pay or get another day to take later. If the resident is not scheduled to work at their assigned clinical site, they don't have to report for duty, and they will not be "charged" a vacation day for that off time. Residents must request, in advance, specific holidays in accordance with the vacation and leave policy. However an early request does not guarantee that the request will be granted. Every effort will be made to have the distribution of holiday time be as fair and equitable as possible.

Educational Conference/Meeting Time

Educational leave can be used for the following:

- Educational activities of merit and relevance to the practice of family medicine, board preparation, other approved CME course for continuing education, confirmed by Program Director, and USMLE/COMLEX examinations for all PGY 1 residents, or PGY 2 with Program Director permission. Educational leave with compensation shall be five (5) days per academic year. The department does not include educational leave as a portion of the annual vacation leave. Educational time does not carry forward from year to year and must be scheduled and taken in the same academic year the educational leave is earned. When submitting a time off request for CME, you must indicate the dates and the name of the activity in which you will be participating.

Personal Leave

A resident may request from his/her program a personal leave of absence in order to attend to personal matters of a serious, time consuming nature or if other leaves of absence are not available. Requests must be in writing. A personal leave, if granted, is unpaid and may follow the required use of any remaining unused vacation and/or educational leave. The total duration of the personal leave (including paid and unpaid time) may not exceed four (4) calendar months, and will result in an extension of the residency training period. Approval of a personal leave of absence is subject to the needs of the program in addition to the requirements of the ABFM and RRC.

Maternity Leave

The California Pregnancy Disability Leave Act (PDL) will provide up to 16 weeks of leave for pregnancy disability. Residents who have been in the program for 12 months and have worked at least 1,250 hours in previous twelve months, will be eligible for 12 weeks of Family and Medical Leave Act (FMLA) which will run concurrent with any PDL or CFRA time made available to a Resident. The California Family Rights Act (CFRA) allows for 12 weeks of leave after the birth of a child for bonding time. This leave may run concurrent with FMLA but not PDL. The resident may elect to use accrued sick leave, vacation leave and educational leave to remain on full pay status for the initial period of the leave. The total duration of the maternity disability leave (paid and unpaid) may not exceed 28 calendar weeks. The potential need to extend their residency training period for maternity leave is subject to the regulations and approval of the ACGME-RRC and ABFM.

Vacation and Leave Policies (cont.)

Paternity Leave

Paternity leave is covered under the Family and Medical Leave Act (FMLA), as well as the California Family Rights Act (CFRA). Residents employed by RBFMRP for one year, who have worked 1,250 hours in the previous 12 months, and have a qualifying status change, are eligible for FMLA and CFRA, which run concurrent if used for paternity leave. Residents who do not qualify for paternity leave may request an unpaid personal leave of absence from their program. Approvals are subject to the requirements of applicable law, the program, the ABFM and the ACGME-RRC. If RBFMRP employs both parents, RBFMRP reserves the right, if consistent with system-wide RBFMRP policy, to limit employees to a combined total of 12 weeks of family leave.

Leave of Absence Requests

If the event necessitating the leave is based on the expected birth, placement for adoption or foster care, or planned medical treatment for a serious health condition, the resident must provide at least 30 days advance notice before leave is to begin. If 30 days notice is not practicable, notice must be given as soon as practicable. A resident's request for a leave of absence must be in writing.

Sick Leave

Sick leave with compensation shall be twelve (12) days per academic year for personal illness, bereavement or disability. In addition, any remaining educational or vacation leave may be used to cover illness or disabilities that exceed twelve (12) days of sick leave. Any incidents of sick leave over 3 consecutive calendar days may require medical certification from the resident's health care provider. Program must notify HR if a resident is on sick leave for 3 consecutive calendar days or more, so that they will receive leave information that describes rules and regulations under the policy. Sick leave does not carry forward from year to year and must be taken in the same academic year the sick leave is earned.

Family and Medical Leave

Family and medical leave is provided for an eligible resident's serious health condition, or the serious health condition of the person's child, spouse, registered domestic partner, or parent. Medical leave may be requested for a medical condition affecting his/her ability to continue in a training program or provide patient care. These leaves must include the use of vacation leave and sick leave at the onset of the leave. FMLA/CFRA allows for qualified employees to take leave of up to 12 work weeks in a calendar year, continuance of health plan coverage, and employment reinstatement rights due to employee's own serious health condition; care for child, parent, spouse, or domestic partner (same sex or opposite sex) with a serious health condition; or care for a newborn child or a newly placed adopted/foster child (applicable for both maternity and paternity leave).

To qualify for FMLA/CFRA, a resident must meet the following two criteria:

- Provided at least 12 months of RBFMRP service (does not need to be continuous) AND
- Worked at least 1,250 hours in the 12 months immediately preceding the leave (these are actual hours worked – and do not include time on vacation, sick leave, or other paid leave).

Jeopardy Policy

In order to insure resident well-being and patient safety, a Jeopardy call system is in place. This backup Jeopardy call schedule will be assigned to those residents on a rotation where an unexpected absence will not be too disruptive to the rotation. It will be treated as a stand-by assignment, or home call for purposes of monitoring resident activities and tracking resident work hours. As an assigned activity, it will comply with the same ACGME work hour restrictions as other responsibilities.

Vacation and Leave Policies (cont.)

Limitations on Absences

Though RBFMRP is understanding of the personal lives of residents, limitations on absences must be implemented to maintain continuous, comprehensive care of their patients, as well as to comply with ABFM requirements. Such limitations include:

- Combined total of only one (1) month per academic year allowed for any type of vacation.
- No option of reducing the total time required for the residency by foregoing vacation time.
- No accumulation of vacations from year to year.
- Time off from the residency in excess of one month within the academic year may need to be made up before the resident advances to the next training level and the time may be added to the projected date of completion of the required 36 months of training, as per ABFM guidelines.
- These limitations on absences are in no way meant to limit protected absences addressed above for Maternity, Paternity, Medical Leave, or any other protected leave made available through State or Federal regulations.

Work Hours and Moonlighting

Work Hours

Rio Bravo Family Medicine Residency Program endeavors to be in full compliance with the listed ACGME work hour requirements. Resident assignments must be made in such a way as to prevent excessive patient loads, excessive new admission work-ups, inappropriate intensity of service or case mix, and excessive length and frequency of call, contributing to excessive fatigue and sleep deprivation.

Residents must have:

- < 80 work hours per week averaged over a four-week block.
- One day in seven, free of patient care responsibilities, averaged over a four-week period.
- < 6 consecutive nights of night float. Night float experience cannot exceed 50% of a resident's inpatient experience.
- All residents may be scheduled up to 24 consecutive hours. An additional 4 hours may be used for transitions and safe patient hand-off.
- 8-hours free of work between scheduled work periods.
- Residents must have 14-hours free of work after 24 hours of in-house work .

Work Hours and Moonlighting (cont.)

Moonlighting

RBFMRP believes that the first priority of each resident is to achieve the goals and objectives of the training program. This is to produce in the broadest sense, the fully competent physician capable of providing high quality care to his/her patients. Without compromising this goal, it may be feasible for some residents to seek outside professional activities- "moonlight"- if the resident adheres to the following guidelines:

1. Recognition that their primary responsibility is towards the residency program. Each resident is expected to learn as much as possible about the art and science of medicine in general and this specialty in particular. Outside employment must not interfere with or compromise the assimilation of knowledge, learning skills and professional behaviors of the educational program or the physician's dedication to the care of his/her patients.
2. Agreement that if fatigue secondary to outside employment interferes with his/her performance, then he/she will voluntarily reduce or eliminate outside employment as needed.
3. Permission must be obtained PRIOR to engaging in moonlighting activity in writing. The resident must submit a Moonlighting Request form, and the RBFMRP Program Director must sign. The Program Director reserves the right to approve/deny/restrict any moonlighting activity for any reason.
4. Each resident must keep his/her hours within the limits allowed by the applicable residency program RRC guidelines. Total hours in the combined educational program and the moonlighting commitment can not exceed the limits set by the residency program or the ACGME Residency Review Committee.
5. PGY-1 Residents are not permitted to moonlight. Only residents in good standing may moonlight.
6. Noncompliance with the RBFMRP Resident Outside Employment Policy may lead to corrective actions. Therefore it is the resident's responsibility to report all outside or moonlighting activity to the Program Director.

Resident Well-Being

It is recognized by the RBFMRP that residency is a time of intellectual and physical stress. All of the program staff maintain an awareness of the stressful nature of residency, and are prepared to offer help in problem solving for residents who may manifest psychiatric, economic, marital or social difficulties. Wellness activities are an important outlet for the residents as they progress through their training, however if residents need more personalized assistance, help is available.

The RBFMRP will deal with the educational needs of residents with prolonged medical illness on an individual basis. Recommendations regarding appropriate and available counseling and support services will be provided. The Anthem Blue Cross - Employee Assistance Program (800-999-7222) offered by RBFMRP provides 24 hour, toll-free access, for four free visits with licensed professionals and is available to all household and dependent family members. All services are confidential.

Resident Transfer Policy

I. Purpose of Policy

- Defines the transfer process for Applicants wanting to transfer from an external Graduate Medical Education (GME) program to an ACGME-accredited program at RBFMRP.

II. Policy Scope

- This policy applies to Applicants looking to transfer to the ACGME-accredited Rio Bravo Family Medicine Residency program.

III. Definitions

- Applicant: Any eligible Medical Doctor (MD) or Doctor of Osteopathy (DO) invited to interview with a GME program.
- Resident: Any physician in an ACGME-accredited graduate medical education program including Residents and Fellows.
- CanMEDS: A medical education framework developed by the Royal College of Physicians and Surgeons of Canada that emphasizes the essential competencies of a physician.

IV. Policy Statement

- All applicants must meet all Graduate Medical Education (GME) eligibility requirements in order to be considered for selection as a transfer Resident to a ACGME-accredited graduate medical education program at RBFMRP.
- Before accepting a Resident transfer from another training program, the RBFMRP Program Director must obtain:
 1. A written or electronic verification of the prior educational experience, and
 2. A summative, competency-based performance evaluation of the transferring Resident.
 3. Verification of the Resident's level of competency in the required clinical field using ACGME or CanMEDS Milestones assessments from the prior training program.
- For any Resident transferring from a RBFMRP training program to another program prior to completion of training, the RBFMRP Program Director must:
 1. Provide timely written or electronic verification of residency education, and
 2. A summative, competency-based performance evaluation for the Resident.
- For programs with an ACGME-based case log requirement the Program Director must arrange for transfer of ACGME Case Log data after Resident's acceptance into the program.

V. References

- ACGME Institutional Requirements. (2015). Retrieved from ACGME.org.
- Common Program Requirements. (2016). Retrieved from ACGME.org.

Resident Educational Funds

Educational funds enable the residents to participate in educational conferences, purchase materials related to their education, and assist in providing additional educational tools to augment residency training. These funds are for educational materials that benefit all residents. Educational stipend funds may be used by residents to pay:

- USMLE/COMLEX Step 3 fees for PGY 1 / 2 residents
- Books, supplies, computers with prior approval,
- CME registration fees, tuition and transportation
- Licensure and credentialing fees

Reimbursement

- Receipts need to be provided to the Finance department (with the appropriate finance form) for reimbursement to residents, within 30 days of the receipt date.
- All receipts for a given year MUST be received no later than June 15th.
- Requests for reimbursement of expenses will be processed within 30 days of expenditure
- RBFMRP will assist in the preparation of CSV documentation for reimbursement of funds including fund manager signature approving the expense.

Licensure-Fee Reimbursement

- Residents will be reimbursed for California Medical Board Postgraduate Training License (PTL) fees.
- Following the NRMP match, incoming residents should apply for their PTL. Once they begin orientation, they can submit their paid receipts for reimbursement.
- Contact the program office regarding required documentation and assistance with paperwork completion.

Resources

Library

Kern Medical Library – As a partner with Kern Medical, the RBFMRP has access to their Medical Library. This features a state-of-the-art library with full library services to assist physicians, faculty, residents, students, and staff with the latest medical, scientific and research resources. Users have full access to GALEN, the digital library, which includes thousands of electronic journals and texts as well as a collection of databases. The library provides full support for the information needs of its users including literature searching, instruction, and bibliographic management.

- The library is located in Kern Medical. The library is available to users during regular business hours, and users also have remote access to all electronic library resources 24 hours a day.

Select Conferences and Travel

- Subject to availability of funds, the RBFMRP sends exceptional and interested residents to a number of resident recruiting activities including high visibility recruitment fairs/ conferences such as the American Academy of Family Physicians, the Society of Teachers of Family Medicine, and the California Academy of Family Physicians. There can be up to two residents per conference. Attendee selection is made by the Program Director. Those that are selected for conference attendance will be reimbursed actual cost in accordance with CSV Travel Policies.
- To promote scholarly activity and collegial interaction, RBFMRP encourages presentation of research and/or contributions at professional meetings. Subject to availability of funds, RBFMRP will cover the first \$1,000 in expenses including registration, travel, lodging and meals, to such forums.

Parking

- **Kern Medical** – Located on the corner of Mt. Vernon and Flower Street, parking is available to all resident physicians.

Meals

- **Kern Medical** – Meals are available at the Kern Medical cafeteria during their regular hours of operations. Residents are allotted a monthly allowance for the purchase of this food and beverages. Additionally, the hospital maintains a "night fridge" in the resident lounge for after hours' needs. These resources are designed to assist residents during work hours. If a resident goes over their monthly allowance, they will be responsible for the overage. Funds do not accrue from month to month. Abuse of this privilege could result in its revocation. RBFMRP refrigerators are available in both the call room and the rounding room for storage of perishables while on call.

Call Room

- Resident call rooms are located at each affiliated training site. The number and location of call rooms vary according to training site. It is the resident's responsibility to check with his/her program office for specific locations of call rooms, access codes and/or keys.

APPENDIX A: DUE PROCESS

I. INTRODUCTION

Preamble and Purpose

Definitions

II. ADMINISTRATIVE ACTIONS, NON-APPEALABLE ACADEMIC ACTIONS, AND ACTIONS APPEALABLE TO THE PROGRAM

Administrative Actions

1. Automatic Suspension
2. Automatic Resignation
3. Leaves
4. Reportable Incidents

Non-Appealable Academic Actions

1. Counseling Letter
2. Notice of Concern

Academic Actions Appealable to the Program

1. Academic Probation
2. Suspension
3. Adverse Annual Evaluation
4. Requirement That Trainee Must Repeat on Academic Year
5. Denial of RBFMRP Certificate of Completion

RBFMRP Clinical Competency Committee Appeal Procedures

III. ACADEMIC ACTIONS: NON-RENEWAL OF CONTRACT AND DISMISSAL

Grounds for Action

1. Non-Renewal of an Annual Contract
2. Dismissal From GME Training Program

No Duplicate Hearings

Notice of Reasons for Non-Renewal or Dismissal

Non-Renewal and Dismissal Procedures

1. Level One – Informal Review, Written
2. Level Two – Appeal with Formal Review, Hearing

Remedy

1. Change of Record

I. INTRODUCTION

1.A. Preamble and Purpose

Graduate medical education involves the development of professional competencies in a medical specialty as set forth by the Accreditation Council for Graduate Medical Education (ACGME) and its individual Residency Review Committees. These professional competencies include standards of conduct such as professionalism, honesty, punctuality, attendance, timeliness, proper hygiene, compliance with all applicable ethical standards and RBFMRP policies and procedures, an ability to work cooperatively and collegially with staff and with other health care professionals, and appropriate and professional interactions with patients and their families.

At the Rio Bravo Family Medicine Residency Program ("RBFMRP") the primary responsibility for remedial academic actions relating to resident physicians and other post-doctoral trainees (hereinafter referred to as "Trainees") and clinical training programs resides within the training program. Therefore, academic and performance standards and methods of training and evaluation are to be determined by each department and/or program at the institution. In general, trainees can be disciplined for unacceptable conduct in a variety of categories including but not limited to:

- Incompetence, dishonesty, inadequate knowledge or ability to perform professional activities, complete assigned duties, and deliver proper medical care.
- Failure to improve performance in an identified area.
- Conduct that violates professional and/or ethical standards and/or the law, including intellectual dishonesty or cheating in scientific or scholarly activities.
- Failure to fulfill any term of the employment contract or comply with rules or policies of the training program, RBFMRP, or training site.
- Disruptive behavior; forcible detention, threats of physical harm to, or harassment of another member of the RBFMRP community.
- Unauthorized use of RBFMRP resources or facilities on a significant scale for personal, commercial, political or religious purposes.

Trainees and their supervisors are encouraged to discuss their concerns with one another and, if there are any disputes or disagreements, Trainees and their supervisors should make efforts to resolve them. The action(s) taken should be the one(s) that in the professional and/or academic judgment of the Program Director best address the deficiencies and needs of the individual Trainee and/or the GME training program. These actions are at the discretion of RBFMRP and need not be progressive. RBFMRP may select those action(s) described below which it deems appropriate.

The procedures set forth below are designed to provide RBFMRP trainees an orderly means of resolving differences. These Guidelines shall be the exclusive remedy for appealing reviewable academic actions at RBFMRP. Deviation from these procedures that does not result in material prejudice to the Trainee will not be grounds for invalidating the action taken. Some actions may require obligatory disclosure by the Trainee, institution, or training program in response to external inquiries, including those of state licensing boards or health care institutions. Additional time in the training program or beyond the expiration of the Trainee's appointment may be required to meet the educational objectives and certification requirements of the department or the specialty. The Trainee will be notified in writing of any requirements for additional time. Funding for additional time extending beyond the original period of appointment will be permitted only at the discretion of RBFMRP and upon written confirmation by the Program Director with concurrence of the DIO. Unless otherwise approved by the Program Director, academic credit will be given only for full participation in the regular program.

A Trainee, as part of his or her GME training program, may have responsibilities in a hospital, other clinical setting, or research area. All such appointments, either initial or continuing, are dependent upon the Trainee maintaining good standing in the training program. Dismissal from the training program will result in the Trainee's automatic dismissal from any and all related appointments such as medical staff membership.

I. INTRODUCTION (cont.)

I.B. Definitions

Academic Deficiency: The terms "Academic Deficiency" and "Deficiencies" mean unacceptable conduct or performance, in the professional and/or academic judgment of the Program Director including failure to achieve adequate progress or maintain good standing in the GME training program, or achieve and/or maintain professional standards of conduct as stated below. .

Clinical Competency Committee: The term "Clinical Competency Committee" means a regularly constituted committee of the RBFMRP or GMEC that reviews the academic performance of Trainees, or a committee of faculty members specially selected by the GMEC for the purpose of reviewing the academic performance of Trainees.

Clinical Experience and Education Clinical experience and education are defined as all clinical and academic activities related to the program; i.e., patient care (both inpatient and outpatient), administrative duties relative to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled activities, such as conferences.

Competencies: The term "competencies" refers to the specific knowledge, skills, behaviors and the appropriate educational experiences required of residents to complete GME programs as defined by the Accreditation Council for Graduate Medical Education (ACGME 9/29/2010):

- **Patient Care** that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health
- **Medical Knowledge** about established and evolving biomedical, clinical, and cognate (e.g. epidemiological and social-behavioral) sciences and the application of this knowledge to patient care
- **Practice-Based Learning and Improvement** that involves investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care
- **Interpersonal and Communication Skills** that result in effective information exchange and teaming with patients, their families, and other health professionals
- **Professionalism**, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population
- **Systems-Based Practice**, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value

Days: The term "days" means calendar days.

Dismiss or Dismissal: Terms "dismiss" or "dismissal" mean expulsion from a GME Training Program.

GME Training Program: The terms "graduate medical education training program" or "GME training program" refer to the second stage of medical education, during which medical school graduates are prepared for independent practice in a medical specialty. The foremost responsibility of the GME training program is to provide an organized education program with guidance and supervision of its Trainees, facilitating the Trainees' professional and personal development while ensuring safe and appropriate care for patients.

Grievance: A grievance is defined as a complaint by a trainee that alleges that: (1) a specific administrative act was arbitrary or capricious and adversely affected the trainee's then-existing terms or conditions of appointment; and/or (2) a violation of applicable RBFMRP rules, regulations, or policies that adversely affected the trainee's then-existing terms or conditions of appointment. For the purposes of this policy, an act is not arbitrary or capricious if the decision-maker exercised reasoned judgment.

I. INTRODUCTION (cont.)

HIPAA: The acronym "HIPAA" refers to the "Health Insurance Portability & Accountability Act of 1996", which mandates significant changes in the legal and regulatory environments governing the provision of health benefits, the delivery and payment of healthcare services, and the security and confidentiality of individually identifiable, protected health information. Trainees are required to undergo HIPAA training.

- Disclosure of protected health information, even where authorized by the regulations, must be limited to the "minimum necessary" to accomplish the purpose for which it is made. Note: this standard does not apply to requests by health care providers for treatment purposes.
- Patients have a right to receive a written notice at each visit describing the entity's privacy practices; access, inspect and copy their health records; request corrections/amendments to their health information; receive an accounting of disclosures of PHI, and; request restrictions on the use and disclosure of their protected health information.
- Protected health information can only be disclosed (1) after having the patient sign a consent or authorization to permit a particular use or method of disclosure, or (2) after "de-identifying" the information by removing the patient's name, address, telephone, birth date, social security number, names of relatives, names of employers, medical record numbers, health plan beneficiaries, and account number.

Failure to comply can result in civil and criminal monetary penalties of up to \$250,000 and one to ten years of imprisonment. A more comprehensive description of HIPAA and its requirements is available at U.S Department of Health & Human Services (<http://www.hhs.gov/ocr/privacy/>) or California Department of Health Care Services (<http://www.dhcs.ca.gov/formsandpubs/laws/hipaa>).

Medical Disciplinary Cause or Reason: The term "medical disciplinary cause or reason" applies to a Trainee who holds a license from the State Medical Board of California and means that aspect of a licensee's competence or professional conduct that is reasonably likely to be detrimental to patient safety or to the delivery of patient care in accordance with Business and Professions Code section 805. Any resident with a probationary medical license must disclose this to the Program Director and the DIO.

Non-Renewal of Appointment: A Trainee's appointment is for one year and is reviewed prior to the end of the seventh month of the contract. If the Program Director with concurrence of the GMEC determines that the trainee is not progressing satisfactorily, he/she has the option of not renewing the Trainee's contract.

Professionalism: The term "professionalism" comprises a set of values manifest in behaviors that:

Program Director: The one physician designated with authority and accountability for the operation of the residency/fellowship program. (ACGME 9/29/2010)

Reportable Incident: A reportable incident is defined as any event that is outside the normal bounds of professional practice or conduct (e.g., absence without leave, criminal misconduct, disruption of the health care team, dereliction of duty, dishonesty, endangerment of patient health and safety, verbal or physical abuse, substance abuse, and/or harassment).

Trainee: The term "Trainee" refers to any individual appointed by the RBFMRP to the titles of Resident Physician I-III (title codes 2708, 2724), Chief Resident Physician (title code 2725).

ADMINISTRATIVE ACTIONS, NON-APPEALABLE ACADEMIC ACTIONS, II. AND ACTIONS APPEALABLE TO THE PROGRAM

II.A. Administrative Actions

II.A.1. Automatic Suspension - The Trainee will automatically be suspended from the GME training program for any of the following reasons:

- Failure to complete and maintain medical records as required by the medical center or site in accordance with the center's/hospital's medical staff bylaws and/or rules and regulations; or
- Failure to comply with HIPAA requirements; or
- Failure to comply with state licensing requirements of the California State Medical Board; or d. failure to obtain or maintain proper visa status or to provide visa or license verification; or
- Unexcused absence from the GME Training Program for five or more days.
- The period of automatic suspension should not exceed ten (10) days; however, other forms of administrative or academic action may follow the period of automatic suspension.

The Program Director or designee will promptly notify the Trainee of his/her automatic suspension in writing. In addition, for subsections b, c, d and e above, the Trainee will be provided the facts upon which the suspension is based and a written notice of the intent to consider the Trainee to have automatically resigned at the end of the suspension period (see Part II.A.2. below). The Trainee may utilize the suspension period to rectify (a) or to respond to the notice of intent under (b), (c) or (d) which may include correcting the problem identified in (b) or (c). If the Trainee is suspended under (a) and does not complete the medical records as required within the ten (10) day suspension period, other administrative or academic action may be instituted, including automatic resignation.

The Trainee will not receive any academic credit during the period of automatic suspension. The Trainee stipend will continue to be paid while the Trainee is on automatic suspension status.

II.A.2. Automatic Resignation - Automatic resignation will follow automatic suspension from the GME training program if the problem has not been rectified and will not entitle the Trainee to the procedures contained in Part III of these Guidelines. Failure of the Trainee to provide verification of an appropriate and currently valid visa or verification of current compliance with state licensing requirements of the state Medical Board of California during the 10-day automatic suspension period may result in the Trainee's automatic resignation from the GME training program.

Trainees are expected to communicate directly with the Program Director in the event he or she is unable to participate in the training program for a period of time in excess of 48 hours. The Program Director may grant a leave in times of exceptional circumstances. If the Trainee is absent without leave, the Program Director should inform the Trainee by the 5th day of absence that if a written explanation is not received by the 10th day of absence, then automatic resignation will result. Automatic resignation is effective on the 10th day of absence, and the Trainee's stipend will continue for 10 additional (20 total) days. If a written explanation is received by the department within ten (10) days of the first day of absence without leave, the Program Director or designee will review the explanation and any materials submitted by the Trainee regarding the absence and will notify the Trainee of his/her decision within ten (10) days. Failure to explain in writing and adequately document the unexcused absence to the satisfaction of Program Director or designee in the specified timeframe will result in the Trainee's automatic resignation from the GME training program. The Trainee's stipend will continue to be paid for twenty (20) days after the absence, or, if a written explanation is received within the specified timeframe, the stipend will continue to be paid until the matter is resolved.

ADMINISTRATIVE ACTIONS, NON-APPEALABLE ACADEMIC ACTIONS, II. AND ACTIONS APPEALABLE TO THE PROGRAM (cont.)

II.A.3. Leaves - Investigatory leave and conditional leave of absence are not intended to replace any leaves that a Trainee may otherwise be entitled to under state or federal law, or RBFMRP policy and CSV policy.

Investigatory Leave. A Program Director may place a Trainee on investigatory leave in order to review or investigate allegations of deficiencies or in circumstances where, in the judgment of the Program Director, the Trainee may pose a threat to public, patient or staff health or safety, in situations where the Trainee's own health or safety may be compromised, or where uncertainty exists regarding the trainee's ability to meet program expectations. The leave will be confirmed in writing, stating the reason(s) for and the expected duration of the leave. The alleged deficiency should be of a nature that warrants removing the Trainee from the GME training program. The Program Director should, as soon as practicable under the circumstances, complete an investigation and either return the Trainee to the program or initiate further action under these Guidelines. The Trainee will be paid for the period of investigatory leave.

Conditional Leave. A conditional leave of absence from the GME training program may be provided only under exceptional circumstances, upon the Trainee's written request, and at the Program Director's discretion with concurrence of the DIO. At the end of the conditional leave, the Program Director will determine whether to re-admit the Trainee conditionally, unconditionally, on probation, or to seek the Trainee's dismissal pursuant to the procedures contained in these Guidelines. The Trainee will not be paid a stipend for the period of the conditional leave. Potential uses of conditional leave include, but are not limited to, illness beyond sick leave limitations, personal leave to care for a personal or family emergency, or pursuit of an educational opportunity not related to the training program. In granting the request for leave, the Program Director will specify in writing the acceptable time frame and any conditions for return.

II.A.4. Reportable Incidents - When a reportable incident involving a resident or fellow occurs, it shall be promptly reported to the Residency Program Director and the DIO. If criminal conduct or threats to patient or staff safety are involved, hospital security/local police should be contacted immediately and risk management should be contacted as well. In addition, some incidents may require obligatory reporting by the institution to external agencies or disclosure in response to external inquiries, including those of state licensing boards, health care institutions, the National Practitioner Data Bank, or law enforcement agencies. Any time a trainee's performance or conduct is judged to be detrimental to the care of patients, the Residency Program Director will promptly provide written notification to the site directors at affiliated hospitals and to the DIO.

Investigating minor reportable incidents. This includes incidents that may not directly jeopardize patient health and safety but are worrisome and concerning to those involved (e.g. unprofessional and disrespectful communications with patients or members of the health care team). The Program Director shall investigate in consultation with the GMEC. At a minimum, the Program Director shall collect as much information as possible about the incident from those directly involved and shall report findings to the residency program committee and the DIO. Appropriate action under the applicable academic policy and any other RBFMRP or Clinica Sierra Vista Policies or regulations shall be taken.

ADMINISTRATIVE ACTIONS, NON-APPEALABLE ACADEMIC ACTIONS, II. AND ACTIONS APPEALABLE TO THE PROGRAM (cont.)

Investigating serious reportable incidents. These include unprofessional behavior that jeopardizes patient health and safety, the effective functioning of the health care team and/or involves criminal misconduct. When serious concerns or complaints arise, an investigation should commence immediately. If criminal misconduct or threats to patient or staff safety are involved, hospital security/local police should be contacted immediately and RBFMRP risk management should be called as well. The Program Director, DIO, CEO of Clinica Sierra Vista, Campus (or other legal), and hospital Medical Director may also need to be involved. In addition, at the discretion of the legal counsel, information about the incident under investigation may be shared with other appropriate RBFMRP individuals at training sites where the Trainee would be rotating during the course of the investigation.

The investigation may include but is not limited to: 1) interviewing everyone involved in the incident including the resident or fellow, 2) placing the resident or fellow on investigatory leave, and/or any other appropriate actions under RBFMRP and Clinica Sierra Vista Policy. Once the incident has been investigated, appropriate Clinica Sierra Vista Policies shall be followed and monitored by the Program Director and the DIO.

The RBFMRP will undertake investigations and dismissal proceedings for a Trainee as needed. Under extraordinary circumstances such as criminal misconduct by a Trainee or inability of program faculty to complete a thorough and impartial investigation and dismissal determination, the DIO in consultation with legal counsel, will investigate, and if need be, convene an ad hoc review panel of other residency program directors or faculty to make a finding of fact and a recommendation regarding appropriate actions that might include reinstating the Trainee, placing the Trainee on probation, dismissing the Trainee or other actions deemed appropriate. The Trainee would still be entitled to all relevant grievance and appeal procedures. Following a factual determination and institution of discipline, unless the discipline is dismissal, information relating to the action should be shared with the CSV HR department or other appropriate RBFMRP individuals at training sites where the Trainee will rotate.

II.B. Non-Appealable Academic Actions

The following actions are non-reviewable and may or may not be used sequentially:

II.B.1. Counseling Letter – A counseling letter may be issued by the Program Director to a Trainee to address an academic or professional deficiency that needs to be remedied or improved. The purpose of a counseling letter is to describe a single instance or pattern of problematic behavior or interaction and to recommend actions to rectify the behavior. The Program Director will review the counseling letter with the Trainee. Failure to achieve immediate and/or sustained improvement or a repetition of the conduct may lead to other disciplinary actions. These actions are determined by the professional and academic judgment of the Program Director and need not be sequential. For the purposes of this policy and for responses to any inquiries, a counseling letter does not constitute a disciplinary action.

II.B.2. Notice of Concern – A notice of concern may be issued by the Program Director to a Trainee who is not performing satisfactorily. Notices of concern should be in writing and should describe the nature of the deficiency and any necessary remedial actions required on the part of the Trainee. A Notice of Concern is typically used when a pattern of problems emerges. The Program Director will review the notice of concern with the Trainee. Failure to achieve immediate and/or sustained improvement or a repetition of the conduct may lead to additional actions. This action need not follow a counseling letter nor precede other academic actions described later in this document, and does not constitute a disciplinary action.

ADMINISTRATIVE ACTIONS, NON-APPEALABLE ACADEMIC ACTIONS, II. AND ACTIONS APPEALABLE TO THE PROGRAM (cont.)

II.C. Academic Actions Appealable to the Program

Trainees that do not meet acceptable levels of professional competence or do not progress at a satisfactory pace may be subject to the following academic actions that are appealable to the GMEC: 1) Academic Probation, 2) Suspension, 3) Adverse Annual Evaluation, 4) Requirement that Trainee Must Repeat an Academic Year, and 5) Denial of a RBFMRP Certificate of Completion of Training. The Program Clinical Competency Committee is advisory to the Program Director and DIO. Some actions may require obligatory disclosure by the Trainee, institution, or training program in response to external inquiries, including those of state licensing boards or health care institutions.

II.C.1. Academic Probation – Trainees who are in jeopardy of not successfully completing the requirements of a GME training program may be placed on academic probation by the Program Director. Conditions of academic probation will be communicated to the Trainee in writing and should include: a description of the reasons for the probation, any required remedial activity, and the specific time frame for the required remedial activity. Failure to correct the deficiency within the specified period of time may lead to an extension of the probationary period or to other academic actions. Probation should be used instead of a notice of concern when the underlying deficiency requires added oversight.

II.C.2. Suspension – The Program Director may suspend the Trainee from part or all of the Trainee's usual and regular assignments in the GME training program, including, but not limited to, clinical and/or didactic duties, when the removal of the Trainee from the clinical service is required for the best interests of patients, staff and/or Trainee. The suspension will be confirmed in writing, stating the reason(s) for the suspension and its duration. Suspension generally should not exceed sixty (60) calendar days. Suspension may be coupled with or followed by other academic actions. The Trainee's stipend will continue to be paid while the Trainee is on suspension status.

II.C.3. Adverse Annual Evaluation – A Trainee may request a review by the Program Clinical Competency Committee for an annual evaluation that is adverse (overall unsatisfactory or marginal). Trainees will be notified by the Program Director of any overall marginal or unsatisfactory evaluations or letters sent to their specialty/subspecialty board.

II.C.4. Requirement that Trainee Must Repeat an Academic Year – A Trainee may be required to repeat an academic year in lieu of dismissal from the Program due to unsatisfactory progress in the training program or for other problems. The decision whether to permit the Trainee to repeat an academic year is at the sole discretion of the Program Director with concurrence of the DIO and/or GMEC.

II.C.5. Denial of RBFMRP Certificate of Completion – If the Program Director, in consultation with the DIO and/or GMEC, decides not to award the Trainee a Certificate of Completion, the Program Director will notify the Trainee as soon as reasonably practicable of this intent and the basis therefore.

RBFMRP Clinical Competency Committee Appeal Procedures

A Trainee may seek a correction or deletion to his/her personal/employee record by submitting a written request to the Program Director for a review by the Program's Clinical Competency Committee. Within thirty (30) days of receipt of such a written request, the Clinical Competency Committee will recommend to the Program Director to either make the amendment or deletion, or inform the individual in writing that the request has been denied. Within thirty (30) days of the Program Director's response, the Trainee may request that the GMEC review the request to amend or delete the record. The GMEC will respond to the individual in writing within thirty (30) days from the receipt of the review request. If the GMEC refuses to amend or delete the record, the Trainee shall have the right to enter into the record a statement setting forth the reasons for the Trainee's disagreement with the record. The Trainee will be informed of the grievance policy and the person to contact if s/he desires to appeal the Program's decision or wishes a change of record.

To request a review of the Program's decision regarding subsection II. C. (1)–(5) above by the Program Clinical Competency Committee, the Trainee must, within ten (10) days from the date of the notice, provide the Program Director with a written statement detailing the reasons s/he believes s/he should not be placed on academic probation, or should not be required to repeat the academic year, or should not have received an overall marginal or unsatisfactory evaluation, or should be granted a RBFMRP Certificate of Completion of Training. The Program Director will convene the Program Clinical Competency Committee to review the Trainee's statement within ten (10) days of its receipt or as soon as practicable. The Trainee must appear at the Program Clinical Competency Committee hearing. Failure to appear in person will be deemed a voluntary dismissal of his/her complaint, acceptance of the academic action, and waiver of the right to appeal. While attorneys are not allowed in the hearing of the Program Clinical Competency Committee, the Trainee may be assisted by another person of his/her choice. The Program Clinical Competency Committee will orally notify the Trainee of its decision within three (3) days of its meeting, and provide the Trainee a written decision within ten (10) days of the oral notification. Prior to notifying the resident of the committee's decision, the Program Director will review the action with the DIO and CSV CEO, and the GMEC when time permits. The decision of the Program Clinical Competency Committee is final.

III. ACADEMIC ACTIONS: NON-RENEWAL OF CONTRACT & DISMISSAL

III. A. Grounds for Action

Trainees may request the GMEC to review the following actions after review at the department level: 1) Non-Renewal of an Annual Contract; or 2) Dismissal from the GME Training Program, including termination of appointment at any time for an academic deficiency and/or a medical disciplinary cause or reason.

III.A.1. Non-Renewal of Annual Contract – If a Trainee's contract is not renewed, whether or not the Trainee has been subject to any other actions, the decision may be appealed to the GMEC after review by the Program Clinical Competency Committee.

The Trainee's appointment is for a one-year period, which is normally renewed annually. Due to the increasing level of responsibilities and increasing complexity of clinical care over the course of the Trainee's training, satisfactory completion of prior academic year(s) or rotation(s) does not ensure satisfactory proficiency in subsequent years or rotations. A Trainee may have his/her appointment not renewed at any time there is a demonstrated failure to meet programmatic standards.

The Program Director should provide each Trainee with a written evaluation at least twice per year. The Trainee should be evaluated by the end of the sixth month of the appointment term. If, prior to the end of seven months but not later than February 28, the Program Director with concurrence of the DIO and/or CSV/CEO concludes that the Trainee's appointment should not be renewed for the following year, the Program Director will notify the Trainee that his/her appointment will not be renewed for the following academic year. The Trainee will be permitted to conclude the remainder of the academic year unless additional academic action is taken. Decisions not to renew the contract made subsequent to the 7th month, or after February 28 of the calendar year, constitute dismissal from the training program (see below).

III.A.2. Dismissal from GME Training Program – Based on the Program Director's discretion with concurrence by the DIO and CSV CEO, a Trainee may be dismissed from a GME training program for academic deficiencies or medical disciplinary cause or reason. This action is appealable to the GMEC after review by the Program Clinical Competency Committee. Reasons for dismissal may include but are not limited to the following:

- A failure to achieve or maintain programmatic standards in the GME training program;
- A serious or repeated act or omission compromising acceptable standards of patient care, including but not limited to an act which constitutes a medical disciplinary cause or reason;
- Unprofessional, unethical or other behavior that is otherwise considered unacceptable by the GME training program;
- A material omission or falsification of a GME training program application, medical record, or RBFMRP or medical document, including billing records. Any allegation regarding failure to comply with CSV's billing rules shall be forwarded to CSV's Corporate Compliance Officer and/or the Office of General Counsel for resolution in accordance with CSV's Corporate Compliance Program.

III. ACADEMIC ACTIONS: NON-RENEWAL OF CONTRACT & DISMISSAL (cont.)

III.B. No Duplicate Hearings

If a Trainee's participation in the GME Training Program is denied, terminated or limited for academic or disciplinary reasons, the Trainee shall be entitled to request notice and, as appropriate, review and/or a hearing in accordance with the procedures set forth herein; provided, however, that in no event shall Trainee be entitled to more than one review or hearing of the same action based on the same set of facts under these procedures or pursuant to the Affiliate's Medical Staff Bylaws.

III.C. Notice of Reasons for Non-Renewal or Dismissal

The Trainee shall receive in writing the reasons for non-renewal or dismissal. Such notice shall include whether any action or recommended action, if adopted, shall be taken and reported to the Medical Board of California and/or the National Practitioner Data Bank.

III.D. Non-Renewal and Dismissal Procedures

The procedures contained in Part III.D of these Guidelines apply only to the actions reviewable by the GMEC, as listed in Part III.A of these Guidelines. Failure to file a written appeal or notice of action within thirty (30) days will be deemed an acceptance by the Trainee of the academic action and s/he will lose the opportunity to appeal.

III.D.1 - Level One - Review - If the Program Director with concurrence of the DIO and/or CSV CEO or their designees, determines that grounds exist to non-renew or dismiss a Trainee from the training program, the Program Director will provide the Trainee with written notice of the intent to non-renew or dismiss. This notice will include a statement of the reason(s) for the intended non-renewal or dismissal, a copy of the materials upon which the intended non-renewal or dismissal is based, and a statement that the Trainee has a right to respond in writing to the GMEC within ten (10) calendar days of receipt of the notice. If the Trainee submits a written response within the ten-day period, the GMEC will review it. After reviewing the Trainee's written response (if any), the GMEC will decide whether non-renewal or dismissal is appropriate. Within ten (10) days thereafter, the Program Director will notify the Trainee of the GMEC's decision by letter. If the decision is to uphold the proposed dismissal, the letter should include the reasons for upholding the proposed non-renewal or dismissal, provide the effective date of the non-renewal or dismissal, and include a copy of these guidelines. Attempts at informal resolution shall not extend the time limits for filing a formal grievance unless the Trainee and the Program Director so agree, or upon the approval of the GMEC. The Trainee will continue to receive regular stipends until the effective date of the non-renewal or dismissal.

III.D.2 - Level Two - Review - If the Trainee wishes to appeal the decision of informal review to non-renew or dismiss, the Trainee ("Complainant") must file another written appeal with the GMEC no later than twenty (20) days after the first decision is received by the Trainee. The written complaint should explain concisely why the Complainant believes the GMEC's decision was unfounded or arbitrary and capricious, and should address each specific reason for the dismissal set forth in the Program Director's notice of intent to dismiss.

The Complainant may be assisted or represented by another person at his or her own expense. RBFMRP may also be represented. If the Complainant is represented by an attorney, he/she shall notify the RBFMRP at least twenty (20) days prior to the hearing (or ten (10) days prior to the pre-hearing conference as specified below). The Complainant must appear in person at the hearing, for the full duration of the hearing, even when represented. Except for good cause, as determined by the Ad Hoc Formal Review Committee, the failure of the Trainee to appear in person at the hearing will be deemed a voluntary dismissal of his/her complaint.

Within ten (10) days of receipt of the appeal, or as soon thereafter as is practicable, an Ad Hoc Formal Review Committee shall be appointed by the DIO or GMEC to hear the complaint. The Committee will consist of three to five members, at least one of whom shall be member of the full-time faculty, one senior trainee (PGYIII or higher), and one member of the GMEC. The DIO will designate one of the Committee members to be the Committee Chair. If possible, one of the Committee members should be a faculty member selected by the Trainee, from the same department as the Complainant. In addition, individuals who were substantially involved in any earlier review of the issues raised in the complaint, or who were substantially involved in any incident underlying the grievance should generally not sit as a member of the Committee. The Committee may, at its discretion, request that an attorney be appointed to provide independent legal counsel to the Committee. This attorney shall not vote in the Committee's deliberation process. The Committee will handle all procedural matters during the pendency of the hearing. At all other times, the DIO or GMEC will resolve all issues related to these procedures.

The Hearing will ordinarily be held within forty-five (45) days of receipt of the appeal by the GMEC. An extension may be granted by the GMEC if necessary. Unless otherwise agreed by the Parties and the Chair of the Committee, the Complainant and his/her advocate(s), if any, will meet at least fifteen (15) days prior to the Hearing at a prehearing conference with the Committee Chair and the RBFMRP representative and RBFMRP advocate(s) (if any) to agree upon the specific issues to be decided by the Committee. Absent a showing of good cause, these issues will be limited to the reasons stated in the written notice of intent to dismiss (III.C) and the Trainee's written response to that notice (III.D.2). If the parties are unable to reach an agreement on the issues to be decided, the Committee Chair will determine the issues to be reviewed. At this conference, the parties may raise other procedural and substantive issues for decision by the Chair. The Chair may be advised by RBFMRP counsel.

At least seven (7) days prior to the Hearing, or at another date agreed to by the Parties and the Chair of the Committee, all documents to be introduced as evidence at the hearing and names of all witnesses shall be exchanged. With the exception of rebuttal witnesses and documents used in rebuttal, any witnesses not named and documents not exchanged seven days before the hearing may, at the Committee Chair's discretion, be excluded from the Hearing.

The Hearing will provide an opportunity for each party to present evidence and to cross examine witnesses. The Committee Chair has broad discretion regarding the admissibility and weight of evidence and is not bound by federal or state rules of evidence. The Committee Chair will rule on all questions of procedure and evidence. The hearing will be recorded on audio tape by the RBFMRP unless both parties agree to share the cost of a court reporter, or one party elects to pay the entire cost for the court reporter in order to have a transcript for its own use, in which case the other side may purchase a copy of the transcript for half the cost of the court reporter and transcription, plus any copy costs. The Complainant may listen to the audio tape and may purchase a copy of the audio tape. The GMEC, or its designee, will be the custodian of the audio tape and/or any stenographic records, and will retain the recording for five (5) years from the time GMEC's decision becomes final.

Unless both the Complainant and the RBFMRP agree to an open hearing, the hearing will be closed. All materials, reports and other evidence introduced and recorded during the course of a closed proceeding may not be disclosed until the final resolution of the complaint under these procedures except as may be required by applicable law. At the request of either party or the Committee Chair, only the witness testifying may be present and other potential witnesses will be excluded temporarily. However, the Complainant, his/her advocate(s) and the RBFMRP's representative(s) and its advocate(s) will at all times have the right to attend the hearing.

The Complainant has the burden to prove by a preponderance of evidence that the dismissal was not reasonable, nor based upon all the facts and circumstances of the case, (i.e., arbitrary and capricious) through documentary and testimonial evidence. The RBFMRP will present evidence in support of the Program Director's decision. Thereafter, the Complainant will present his/her evidence. The parties shall have the opportunity to present rebuttal evidence. The Committee Chair has the right to limit rebuttal evidence in his/her discretion. At the discretion of the Committee, briefs may be submitted. The Committee Chair will determine the appropriate briefing schedule (if any). If briefs are not requested, each party shall have the opportunity to present a closing statement. Following the close of the Hearing, including receipt of any briefs, the Committee will present its written recommendation(s) to the Complainant, the Chair, Program Director and the GMEC. The recommendation(s) should occur, absent unusual circumstances, within fifteen (15) days of the Hearing's conclusion, or if briefs are submitted, within fifteen (15) days of the date the briefs are submitted.

The Committee will evaluate the evidence presented and shall prepare recommended decision which shall contain written findings of fact and conclusions. The action of the Program Director, as approved by the Chair, will be upheld if the Committee finds that the Trainee has not met his/her burden and established by a preponderance of the evidence that the Chair's decision was arbitrary and capricious. The recommended decision shall be final and will be sent in writing after fifteen (15) days to the Program Director, the DIO, the GMEC, the Complainant and the Committee Chair and, if the action was taken for medical disciplinary cause or reason, to the Medical Board of California.

III. E. Remedy

If the Complainant is reinstated, the remedy will not exceed restoring the Complainant's stipend payment, benefits, or any rights lost as a result of the action, less any mitigating income earned from other sources.

II.C.6 - Change of Record - A Trainee may seek a correction or deletion to his/her personal/employee record by submitting a written request to the Program Director for a review by the Program's Clinical Competency Committee. Within thirty (30) days of receipt of such a written request, the Clinical Competency Committee will recommend to the Program Director to either make the amendment or deletion, or inform the individual in writing that the request has been denied. Within thirty (30) days of the Program Director's response, the Trainee may request that the GMEC review the request to amend or delete the record. The GMEC will respond to the individual in writing within thirty (30) days from the receipt of the review request. If the GMEC refuses to amend or delete the record, the Trainee shall have the right to enter into the record a statement setting forth the reasons for the Trainee's disagreement with the record. The Trainee will be informed of the grievance policy and the person to contact if s/he desires to appeal the Program's decision or wishes a change of record. To request a review of the Program's decision regarding subsection II. C. (1)-(5) above by the Program Clinical Competency Committee, the Trainee must, within ten (10) days from the date of the notice, provide the Program Director with a written statement detailing the reasons s/he believes s/he should not be placed on academic probation, or should not be required to repeat the academic year, or should not have received an overall marginal or unsatisfactory evaluation, or should be granted a RBFMRP Certificate of Completion of Training. The Program Director will convene the Program Clinical Competency Committee to review the Trainee's statement within ten (10) days of its receipt or as soon as practicable. The Trainee must appear at the Program Clinical Competency Committee hearing. Failure to appear in person will be deemed a voluntary dismissal of his/her complaint, acceptance of the academic action, and waiver of the right to appeal. While attorneys are not allowed in the hearing of the Program Clinical Competency Committee, the Trainee may be assisted by another person of his/her choice. The Program Clinical Competency Committee will orally notify the Trainee of its decision within three (3) days of its meeting, and provide the Trainee a written decision within ten (10) days of the oral notification. Prior to notifying the resident of the committee's decision, the Program Director will review the action with the DIO and CSV CEO, and the GMEC when time permits. The decision of the Program Clinical Competency Committee is final.

(Original signed Policy is available in the RBFMRP Office of Medical Education)