



*The Heart of a
Healthy Community™*

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PROGRAM LETTER OF AGREEMENT

This document serves as the required ACGME Program Letter of Agreement between *San Bernardino County on behalf of Arrowhead Regional Medical Center (ARMC) and Redlands Community Hospital ("RCH")*.

This document serves as an agreement between ARMC as Sponsoring Institution for the ARMC Integrated Vascular Surgery Residency Program (the "Program") and RCH as the Participating Site for residency education for the rotation of Vascular Surgery.

This Program Letter of Agreement ("PLA") is contingent upon the full execution by the parties of the Affiliation Agreement for Residency and Fellowship Rotations ("Affiliation Agreement"). The PLA is effective on the latter of (1) the full execution of this PLA or (2) the full execution of the Affiliation Agreement, and the term will run concurrently with the Affiliation Agreement. This PLA may be terminated by either party for any reason with thirty (30) days written advance notice.

1. Persons Responsible for Education and Supervision

At ARMC (Sponsoring Site): Samuel Schwartz, MD

At RCH (Participating Site): Keith Glover, MD

- Other RCH faculty (supervising physicians):
 - Samuel Schwartz, MD
 - Samuel J. Lee, MD
 - Prince Esiobu, MD
 - Jason Chiriano, MD
 - Christian Bianchi, MD

The above-mentioned people are responsible for the education and supervision of the ARMC Integrated Vascular Surgery residents while on a rotation at RCH.

2. Responsibilities

A. Responsibilities of ARMC Program Director:

Program Director Samuel Schwartz, MD develops curriculum, approves teaching staff and assigns residents to ensure an educational experience which meets the Program Requirements for Integrated

Vascular Surgery Residency Program of the Essentials of Accredited Residencies. The Program Director, working with faculty, determines the educational goals and objectives to be achieved by rotations of

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residents to other institutions. The Program Director is responsible for the selection of residents and the overall coordination of the Integrated Vascular Surgery Residency program.

B. Responsibilities of Site Director at RCH:

As the educational Site Director in the Integrated Vascular Surgery Residency program at RCH, Keith Glover, MD is responsible for the day-to-day supervision and oversight of resident activities while at RCH. This includes at least the following: compliance and monitoring of resident work hours to stay in compliance with ACGME and ARMC policy; daily and team scheduling; evaluation of resident; providing conflict resolution; offering educational sessions; provision of adequate work conditions for residents as defined by the ACGME and ARMC. The teaching staff at RCH who are responsible for supervising residents during their rotations are selected by Keith Glover, MD, at RCH with the concurrence of Samuel Schwartz, MD, at ARMC.

C. Responsibilities of RCH

RCH will provide a work environment conducive to the educational goals and meeting the ACGME and ARMC work environment requirements as indicated in the ACGME Institutional Essentials and ARMC policy. These will include at least parking, security, rest facilities, and food services, patient support services, effective laboratory and radiology information retrieval system, access to the internet and medical records.

The faculty at RCH must provide appropriate supervision of residents in patient care activities and maintain a learning environment conducive to educating the residents in the ACGME competency areas. The faculty must evaluate resident performance in a timely manner during each rotation or similar educational assignment and document this evaluation at completion of the assignment.

3. Content and Duration of the Educational Experiences

Assignment of residents to RCH will contribute to their education by achieving the Goals and Objectives attached as Exhibit 1. The RCH Site Director and ARMC Program Director will monitor each resident's educational goals and monitor their success utilizing ACGME Milestones. Resources such as lead and loupes are purchased by ARMC Department of Surgery prior to each resident rotating at RCH.

Samuel Schwartz, MD, Keith Glover, MD and the faculty at RCH are responsible for the day-to-day activities of the residents to ensure that the outlined goals and objectives are met during the course of the education experiences at RCH.

The duration(s) of the assignment(s) to RCH is as follows:

1 resident, PGY 2-5 in rank

Each rotation will generally be three (3) months unless otherwise agreed upon by ARMC and RCH. The total FTE for each academic year is 1.0.

While at RCH, residents from ARMC will receive supervision and instruction from active members of the RCH faculty. Residents will be expected to behave as colleagues to RCH's faculty but will be supervised in all their activities commensurate with the complexity of care being given and the resident's own abilities.

Residents will receive evaluations and feedback formally and informally.. Residents will have an opportunity to evaluate the faculty at RCH and the overall rotation in writing and also informally.

Supervision Policy for ARMC/RCH Integrated Vascular Surgery Residency Program

Purpose:

To ensure patient safety, promote resident education, and facilitate progressive responsibility in clinical decision-making and procedural autonomy for residents in the Integrated Vascular Surgery program from PGY-1 through PGY-5.

General Principles:

All patient care provided by residents must be supervised by qualified faculty.

The level of supervision is determined by the resident's clinical experience, demonstrated competence, and complexity of the case.

Supervision includes direct, indirect with direct supervision immediately available, and oversight.

Faculty are ultimately responsible for patient care decisions.

RCH requirement – Supervising faculty are present and scrubbed in for the duration of the OR or Cath Lab procedure.

PGY-1 (Intern Year)

Supervision Level: Direct supervision required for all procedures and patient care decisions.

Responsibilities:

Perform basic history, physical exams, and present findings.

Assist in the OR and endovascular suite.

Write orders and progress notes under supervision.

Perform supervised bedside procedures (e.g., central line, arterial line).

Procedural Autonomy:

Observational or assistant role in vascular surgeries and endovascular interventions.

Supervised participation in basic surgical skills and suturing.

PGY-2

Supervision Level: Indirect supervision with direct supervision immediately available for routine care; direct for complex procedures.

Responsibilities:

Manage uncomplicated vascular patients under supervision.

Participate in minor procedures (e.g., vein harvest, wound debridement).

Begin learning endovascular techniques under direct supervision.

Procedural Autonomy:

Perform basic procedures (e.g., access, closure) under direct supervision.

Assist in more complex open/endovascular cases.

PGY-3

Supervision Level: Primarily indirect supervision with direct supervision immediately available; direct for new or complex procedures.

Responsibilities:

Lead inpatient care teams with supervision.

Interpret imaging with faculty review.

Participate in outpatient clinics with faculty guidance.

Perform supervised portions of major vascular procedures (e.g., carotid endarterectomy exposure, aortic clamp application).

Procedural Autonomy:

Increased autonomy in endovascular access, sheath placement, angioplasty. Supervising faculty will be scrubbed in.

Participate in pre- and post-op management independently, with oversight.

PGY-4

Supervision Level: Indirect supervision appropriate for most cases; direct supervision for novel or high-risk procedures. At RCH, all OR and Cath Lab cases will have supervising faculty scrubbed in for the duration.

Responsibilities:

Manage all aspects of vascular patients with graded autonomy.

Lead morning rounds and coordinate multidisciplinary care.

Perform full operative cases with faculty scrubbed.

Procedural Autonomy:

Perform supervised major open (e.g., fem-pop bypass) and endovascular procedures.

Increased autonomy in hybrid OR cases.

PGY-5 (Chief Resident)

Supervision Level: Oversight for most clinical activities; faculty scrubbed and present for standard cases but will allow autonomy/decision making throughout procedure.

Responsibilities:

Supervise junior residents.

Lead OR and clinic activities.

Make independent decisions on patient management, with faculty oversight.

Participate in quality improvement, morbidity & mortality reviews.

Procedural Autonomy:

Perform full range of open and endovascular cases under oversight.

Function as primary surgeon with attending supervision present.

Documentation and Review

Resident evaluations and supervision logs are reviewed semi-annually.

Advancement in autonomy is contingent on demonstrated competency.

All surgical cases are logged in the ACGME case log system and reviewed by program leadership.

4. *Policies and Procedures that Govern Resident Education*

Residents will be under the general direction of ARMC's Graduate Medical Education Committee's and, if applicable, the ARMC Integrated Vascular Surgery program's Policy and Procedure Manual, and RCH's policies. RCH will comply with current ACGME or American Osteopathic Association (whichever is applicable) Integrated Vascular Surgery Program Requirements and ACGME Common Program Requirements (where applicable).

5. *Counterparts and Electronic Signatures*

This PLA may be executed in any number of counterparts, each of which will be deemed to be an original and all of which together will be deemed to be one and the same instrument. An electronically generated or transmitted signature on this PLA will have the efficacy of an original.

The parties have caused this PLA to be executed by their respective duly authorized representatives.

[SIGNATURE PAGE FOLLOWS]

Sponsoring Institution
San Bernardino County on behalf of
Arrowhead Regional Medical Center

Name: Samuel Schwartz, MD
Title: Program Director
Date: _____

Name: Carol Lee, MD
Title: ARMC Designated Institutional Official
Date: _____

Participating Site
Redlands Community Hospital

Name: Keith Glover, MD
Title: Site Director
Date: _____

Name: Javed Siddiqi, MD
Title: Chair, RCH GME Committee
Date: _____

Exhibit 1
ARROWHEAD REGIONAL MEDICAL CENTER
DIVISION OF VASCULAR AND ENDOVASCULAR SURGERY

COMPETENCY GOALS & OBJECTIVES FOR THE INTEGRATED VASCULAR SURGERY RESIDENCY PROGRAM
FOR EACH TRAINING LEVEL AT OFF-SITE LOCATION: REDLANDS COMMUNITY HOSPITAL (RCH)
ROTATION

DATE:

UPDATED:

**Attachment: Competency Goals and Objectives for Off-Site Location at
Redlands Community Hospital (RCH)**

A sample of competency-based goals and objectives for one assignment at each educational level.
[CPR IV.A.2]

ARROWHEAD REGIONAL MEDICAL CENTER
DIVISION OF VASCULAR AND ENDOVASCULAR SURGERY

COMPETENCY GOALS & OBJECTIVES FOR THE INTEGRATED VASCULAR SURGERY RESIDENCY PROGRAM
FOR EACH TRAINING LEVEL AT OFF-SITE LOCATION: REDLANDS COMMUNITY HOSPITAL (RCH) ROTATION

DATE:

UPDATED:

ROTATION: Redlands Community Hospital – Vascular Surgery (3 Months)

Patient Care

- I. Continue developing expertise in managing common vascular problems in both the inpatient and outpatient settings while practicing at a community hospital setting.
- II. Become more familiar with endovascular interventions including balloon angioplasty, atherectomy, and stent placement in the lower extremities.
- III. Develop the skills necessary to access the brachial, radial and femoral arteries with attending supervision.
- IV. Develop the skills needed to perform AV access and other cases involving vascular anastomoses and arterial repairs with near independence, while under appropriate supervision.
- V. Assume more responsibility for managing the vascular surgical patients requiring the Inpatient hospitalization in varying levels of care (e.g. ward, telemetry, MICU).

Medical Knowledge

- I. The resident will expand his or her understanding of the pathophysiology of vascular disorders and continue to apply this knowledge to managing these patients.
- II. Become familiar with the risk reduction literature for vascular patients and understand how to manage co-morbidities both in planning interventions and in the peri-procedural interval.
- III. Make effective use of the principles of ICU care and apply these to the patients on the vascular surgery service.

Practice-Based Learning and Improvement

- I. The resident will round daily to become skilled at managing patients pre and post operatively.
- II. The resident will actively participate in weekly attending. This will provide an opportunity for in-depth discussion of the issues surrounding the disease processes and needs of these patients.
- III. The resident will actively participate and attend all required vascular conferences.
- IV. The resident will perform a faculty-sponsored clinical research study to be submitted for presentation before the start of the PGY-4 year.

Interpersonal and Communication Skills

- I. The resident will continue to develop communication skills with which to interact with patients and their families regarding the medical status of patients, proposed surgical

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DATE:

UPDATED:

- procedures, and outcomes in a culturally sensitive way. This will be accomplished via role modeling, mentorship and teaching experiences in the clinic and hospital inpatient settings.
- II. The resident will obtain informed consent.

Professionalism

- I. Via interaction with attending staff, the resident will be taught how to strengthen his or her work ethic and to maintain it during both their training period and subsequently into their practice. By example, we will teach the resident the critical values involved in making patient care and the well-being of each patient their primary focus.
- II. We will demonstrate to the trainee that this care is given without regard to socioeconomic position: the resident will be committed to providing equal quality care to all patients regardless of their socioeconomic status, gender or ethnicity.
- III. We will provide the trainee with an atmosphere where all hospital personnel are treated with respect.
- IV. The resident will be committed to providing equal quality care to all patients regardless of their ability to pay, their socioeconomic status, gender or ethnicity.

System-Based Practice

- I. The resident will learn critical role of documentation, in written records, dictated reports and in physician orders.
- II. The resident will be continue to develop the skills needed for of cost effective patient care and resource management, with a goal of maximizing patient care without inefficient allocation of resources.
- III. The resident will apply risk benefit analysis to clinical situations in a community hospital setting.
- IV. The resident will review the basics of diagnostic and billing codes and the importance of understanding these issues to receive appropriate reimbursement.

ROTATION: Redlands Community Hospital – Vascular Surgery (3 Months)

Patient Care

- VI. Continue developing expertise in managing common vascular problems in both the inpatient and outpatient settings while practicing at a community hospital setting.
- VII. Become comfortable performing endovascular interventions including balloon angioplasty, atherectomy, and stent placement in the lower extremities.
- VIII. Develop the skills necessary to access the brachial, radial and femoral arteries independently.
- IX. Develop the skills needed to perform AV access and other cases involving vascular

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DATE:

UPDATED:

- anastomoses and arterial repairs independently, while under appropriate supervision.
- X. Assume primary responsibility for managing the vascular surgical patients requiring the Inpatient hospitalization in varying levels of care (e.g. ward, telemetry, MICU).

Medical Knowledge

- IV. The resident will expand his or her understanding of the pathophysiology of vascular disorders and continue to apply this knowledge to managing these patients.
- V. Become familiar with the risk reduction literature for vascular patients and understand how to manage co-morbidities both in planning interventions and in the peri-procedural interval.
- VI. Make effective use of the principles of ICU care and apply these to the patients on the vascular surgery service.

Practice-Based Learning and Improvement

- V. The resident will round daily to become skilled at managing patients pre and post operatively.
- VI. The resident will actively participate in weekly attending. This will provide an opportunity for in-depth discussion of the issues surrounding the disease processes and needs of these patients.
- VII. The resident will actively participate and attend all required vascular conferences.
- VIII. The resident will perform a faculty-sponsored clinical research study to be submitted for presentation before the start of the PGY-4 year.

Interpersonal and Communication Skills

- III. The resident will continue to develop communication skills with which to interact with patients and their families regarding the medical status of patients, proposed surgical procedures, and outcomes in a culturally sensitive way. This will be accomplished via role modeling, mentorship and teaching experiences in the clinic and hospital inpatient settings.
- IV. The resident will obtain informed consent.

Professionalism

- V. Via interaction with attending staff, the resident will be taught how to strengthen his or her work ethic and to maintain it during both their training period and subsequently into their practice. By example, we will teach the resident the critical values involved in making patient care and the well-being of each patient their primary focus.
- VI. We will demonstrate to the trainee that this care is given without regard to socioeconomic position: the resident will be committed to providing equal quality care to all patients regardless of their socioeconomic status, gender or ethnicity.

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DATE:

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- VII. We will provide the trainee with an atmosphere where all hospital personnel are treated with respect.
- VIII. The resident will be committed to providing equal quality care to all patients regardless of their ability to pay, their socioeconomic status, gender or ethnicity.

System-Based Practice

- V. The resident will learn critical role of documentation, in written records, dictated reports and in physician orders.
- VI. The resident will be continue to develop the skills needed for of cost effective patient care and resource management, with a goal of maximizing patient care without inefficient allocation of resources.
- VII. The resident will apply risk benefit analysis to clinical situations in a community hospital setting.
- VIII. The resident will review the basics of diagnostic and billing codes and the importance of understanding these issues to receive appropriate reimbursement.

ROTATION: Redlands Community Hospital – Vascular Surgery (3 Months)

Patient Care

- I. Efficiently complete and direct patient care activities while running the vascular service at the RCH facility (under appropriate attending guidance).
- II. Develop appropriate diagnostic workups of vascular disease with a full understanding of the tests to be ordered.
- III. Be able to develop a differential diagnosis and management plan.
- IV. Be able to provide a preoperative and postoperative care plan.
- V. Make informed decisions about diagnostic and therapeutic interventions.
- VI. Develop competence in performing standard and complex endovascular and open vascular surgery procedures in elective and emergent situations.
Develop the ability to perform endovascular interventions in multiple types of facilities. This includes using a C-arm in both the operating room and an office-based ambulatory imaging suite, and using a fixed imaging interventional suite.
- VII. Develop the ability to perform endovenous and other appropriate procedures in an office-based procedure unit.
- VIII. Be able to perform non-reconstructive vascular procedures and angioaccess.

Medical Knowledge and Skills

- I. Arterial and venous patho-physiology.
- II. Arterial and venous surgical anatomy.
- III. Identification and management of risk factors of atherosclerotic vascular disease.

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DATE:

UPDATED:

- IV. Develop a differential diagnosis of vascular problems.
- V. Understanding non-atherosclerotic vascular disease evaluation and management.
- VI. Have a knowledge of the pre- and postoperative care required of the patient undergoing vascular procedures.
- VII. Provide general preoperative cardiac, pulmonary and renal risk assessment.
- VIII. Interpret diagnostic vascular studies, including duplex, physiologic testing, angiograms, CTA and MRA/MRV.
- IX. Understand treatment options for vascular diseases, including endovascular therapeutics.
- X. Perform endovascular procedures using catheters and guide-wires, including angiography and endovascular therapeutic interventions.
- XI. Understand the equipment used in vascular surgery procedures including suture, graft materials, and instrumentation.
- XII. Be able to perform arterial and venous surgical exposures.
- XIII. Understand the management of vascular surgery complications.

Practice-based Learning

- I. Pursue a personal program of self-study and professional growth with guidance from the teaching faculty. An understanding of the etiology, pathogenesis, patho-physiology, diagnosis and management of vascular disorders will promote sound surgical judgment, which relies on knowledge and rational thinking.
- II. Develop ability to analyze critically the vascular literature in order to practice evidence-based medicine.
- III. Participate and assist in organization of daily rounds. Coordinate patient care with individual attendings and physician extenders
- IV. Carry out patient management decisions in consultation with attending staff.
- V. Understand the functioning of private -practice vascular surgery including hospital contractual agreements, billing, etc.

Professionalism

- I. Provide compassionate patient care, maintaining the highest moral and ethical values with a professional attitude.
- II. Be sensitive to the needs and feelings of the patient's family members, health care personnel.
- III. Demonstrate respect, compassion, and integrity in the care of patients on a daily basis.
- IV. Show sensitivity to patient's culture, age, gender and disabilities.
- V. Interact professionally with referring physicians, consulting physicians, and other physician providers.

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Interpersonal Communication and Skills

- I. Create and sustain a therapeutic and ethically sound relationship with patients.
- II. Work effectively with other members of the medical team, including health care personnel (nurses, clerical staff, etc.).
- III. Understand the importance of interpersonal relationships and referrals for private practice surgery.
- IV. Maintain professional interactions with other health care providers and hospital staff.

Systems-Based Practice

- I. Understand how the private practice health care organization affects a vascular surgery practice.
- II. Demonstrate cost effective health care in private practice hospital based and outpatient based setting.
- III. Know how to partner with health care managers and health personnel to improve health care.
- IV. Follow established practices, procedures, and policies of the RCH facility
- V. Complete medical records, operative notes, and other patient care related documentation in a timely, accurate, and succinct manner.

ROTATION: Redlands Community Hospital – Vascular Surgery (3 Months, 1 Total)

Patient Care

- I. Efficiently complete and direct patient care activities while running the vascular service at the RCH facility (under appropriate attending guidance).
- II. Develop appropriate diagnostic workups of vascular disease with a full understanding of the tests to be ordered.
- III. Be able to develop a differential diagnosis and management plan.
- IV. Be able to provide a preoperative and postoperative care plan.
- V. Make informed decisions about diagnostic and therapeutic interventions.
- VI. Develop competence in performing standard and complex endovascular and open vascular surgery procedures in elective and emergent situations.
- VII. Develop the ability to perform endovascular interventions in multiple types of facilities. This includes using a C-arm in both the operating room and an office-based ambulatory imaging suite, and using a fixed imaging interventional suite.
- VIII. Develop the ability to perform endovenous and other appropriate procedures in an office-based procedure unit.
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Medical Knowledge and Skills

- I. Arterial and venous patho-physiology.
- II. Arterial and venous surgical anatomy.
- III. Identification and management of risk factors of atherosclerotic vascular disease.
- IV. Develop a differential diagnosis of vascular problems.
- V. Understanding non-atherosclerotic vascular disease evaluation and management.
- VI. Have a knowledge of the pre- and postoperative care required of the patient undergoing vascular procedures.
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- V. Interact professionally with referring physicians, consulting physicians, and other physician providers.

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- II. Demonstrate cost effective health care in private practice hospital based and outpatient based setting.
- IV. Know how to partner with health care managers and health personnel to improve health care.
- V. Follow established practices, procedures, and policies of the RCH facility
- VI. Complete medical records, operative notes, and other patient care related documentation in a timely, accurate, and succinct manner.