

**MASTER AFFILIATION AGREEMENT
BETWEEN
AFFILIATE
AND
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA on behalf of the
UNIVERSITY OF CALIFORNIA, RIVERSIDE SCHOOL OF MEDICINE
FOR FELLOWS AND RESIDENTS**

THIS MASTER AFFILIATION AGREEMENT (“MAA” or “AGREEMENT”) is by and between San Bernardino County on behalf of **ARROWHEAD REGIONAL MEDICAL CENTER (ARMC)** (“AFFILIATE”), located at 400 N. Pepper Ave., Colton, CA 92324, and The Regents of the University of California, on behalf of the **UNIVERSITY OF CALIFORNIA, RIVERSIDE (UC RIVERSIDE)** (“SCHOOL”), located at 900 University Ave., School of Medicine, Education Building, Riverside, CA 92521, with reference to the following facts:

WHEREAS, SCHOOL is engaged in the education of medical students, and sponsors graduate medical education programs (“Programs”) for fellows, and resident physicians (fellows and resident physicians collectively referred to as “TRAINEES”), and desires access to facilities in which TRAINEES can obtain broader clinical learning experiences; and

WHEREAS, the Accreditation Council for Graduate Medical Education ("ACGME") establishes and oversees the requirements for graduate medical education programs;

WHEREAS, AFFILIATE maintains one or more facilities which can be used to furnish clinical experience to TRAINEES, and AFFILIATE desires to have their facilities so used; and

WHEREAS, it is in the mutual interest and benefit of the parties that TRAINEES obtain their clinical experience at AFFILIATE’s facilities through an affiliation with SCHOOL in accordance with the requirements of the ACGME.

NOW, THEREFORE, in consideration of the foregoing and the mutual covenants set forth below, AFFILIATE and SCHOOL agree as follows:

I. RESPONSIBILITIES OF SCHOOL. SCHOOL agrees to:

- A. Establish the educational requirements, goals and objectives of its Programs in a manner consistent with the standards and requirements set forth by SCHOOL, and by the ACGME for Institutional accreditation. Such goals and objectives shall reflect SCHOOL's commitment to provide education and training to TRAINEES as more specifically set forth in a separate Program Letter of Agreement (“PLA”) which have been signed by authorized representatives of AFFILIATE and SCHOOL, attached hereto, and is incorporated herein by this reference.
- B. Ensure that SCHOOL and AFFILIATE provide TRAINEES with an environment of respect, dignity and support, and SCHOOL and AFFILIATE jointly and equally bear responsibility for ensuring that there is zero tolerance of mistreatment of TRAINEES.

- C. Designate a member of SCHOOL's faculty to provide coordination, oversight and direction of TRAINEES' educational activities and assignments while at AFFILIATE. Such person shall be the SCHOOL's liaison with AFFILIATE. He/she should be certified by the applicable specialty board in the discipline of the SCHOOL's specific program or should possess suitable equivalent qualifications as an instructor, clinician, and/or administrator, as determined by SCHOOL. He/she will work with AFFILIATE's Graduate Medical Education Office to mutually determine the number of TRAINEES that will undergo clinical experiences at AFFILIATE's facility(ies) under this AGREEMENT.
- D. At least sixty (60) days prior to a TRAINEE's anticipated start date at AFFILIATE provide to the appropriate AFFILIATE Division/Department (as determined by AFFILIATE) the name of each TRAINEE, and his/her classification, level of responsibility, objectives for learning, his/her proposed assignment, and documentation of good health status for transmittal to AFFILIATE's Graduate Medical Education Office to permit AFFILIATE to verify that the TRAINEE (i) is in good standing with SCHOOL; (ii) is free from contagious disease and does not otherwise present a health hazard to AFFILIATE's patients, employees, contractors, volunteers or guests; (iii) if a TRAINEE is licensed to practice medicine in California (with the exception of PGY-1 and PGY-2 and commissioned military medical officers); and to allow for convenient planning of duty schedules.
- E. Submit all required and any additional requested information to the AFFILIATE's Graduate Medical Education Office at least sixty (60) days in advance of each TRAINEE's start date to allow AFFILIATE to complete the verification process.
- F. Cooperate with AFFILIATE in coordinating and reviewing work schedules of TRAINEES while at AFFILIATE. At any time, a patient of AFFILIATE may exercise his/her right to refuse care by a TRAINEE.
- G. Establish formal policies concerning medical education and patient care, duty hours, supervision and working conditions of TRAINEES to promote a work environment that is consistent with proper patient care and the educational needs of TRAINEES. SCHOOL's Training Handbook/Manual, including policies and guidelines, is incorporated herein by this reference. Notwithstanding the foregoing, TRAINEES must comply with AFFILIATE's policies and procedures disclosed to TRAINEES while undergoing clinical experience under this AGREEMENT at AFFILIATE's facility(ies).
- H. Assign SCHOOL faculty members in sufficient numbers to provide supervision and management of TRAINEES' work at AFFILIATE's facilities under the direction of the SCHOOL's liaison and as further defined in the PLA.
- I. Supervise, through the SCHOOL's liaison, TRAINEES in such a way that they assume progressively increasing responsibility according to their level of education, ability, and experience. The level of responsibility accorded to each TRAINEE will be determined by the SCHOOL's liaison. While on rotation at AFFILIATE, TRAINEES' activities will also be supervised by physicians who are AFFILIATE Medical Staff Members. SCHOOL's liaison will be available to AFFILIATE to coordinate TRAINEES' duty schedules and activities while at AFFILIATE.

- J. Oversee evaluation of the performance of TRAINEES to include, where appropriate, input from AFFILIATE.
- K. Maintain records and reports concerning the education of TRAINEES and of TRAINEES' time spent in the various educational activities referred to in this AGREEMENT, as may be required by SCHOOL, ACGME, and/or for compliance with the regulations, guidelines, and policies of third-party payors.
- L. Provide education to TRAINEES with respect to Occupational Safety and Health Administration (OSHA) regulations governing exposure to bloodborne pathogens in the workplace under Section VI(b) of the Occupational Safety and Health Act of 1970, effective March 6, 1992, as may be amended or superseded, including but not limited to information and training in the following areas: (a) hazards associated with blood and other potentially infectious materials; (b) protective measures to be taken to minimize risk of occupational exposure to bloodborne pathogens; (c) appropriate actions to take in the event of exposure to blood or other potentially infectious material; and (d) the value of the Hepatitis B vaccination and necessity for post-exposure evaluation and follow-up.
- M. Require assigned TRAINEES to conduct themselves in a professional manner, refrain from engaging in unethical or disruptive behavior and resolve conflicts in an appropriate manner at all times. TRAINEES are expected to report all disruptive behavior or harassment that is directed at them, or that they observe, to the Associate Dean for Graduate Medical Education for TRAINEES. All TRAINEES who report disruptive or unethical behavior will be protected from reprisal or retaliation.
- N. Require assigned TRAINEES to participate, to the extent scheduled or otherwise requested by AFFILIATE and approved by SCHOOL, in activities and assignments that are of educational value and that are appropriate to the course and scope of SCHOOL's Program, consistent with the requirements of ACGME.
- O. Require assigned TRAINEES to participate, consistent with the terms of this AGREEMENT, in quality assurance and risk management activities designed to identify, evaluate and reduce risk of patient injury.
- P. Require assigned TRAINEES to cooperate in the timely preparation and maintenance of a complete medical record for each patient in whose care he/she participates, on forms provided by AFFILIATE. The medical record shall, at all times, remain the property of AFFILIATE.
- Q. Submit to AFFILIATE's Graduate Medical Education Office, at least annually, confidential written evaluations of supervising clinicians and of the educational experiences of TRAINEES at AFFILIATE.
- R. Instruct TRAINEES to exercise the utmost diligence to protect and safeguard AFFILIATE records and information to which they have access, including but not limited to, policies and forms developed by AFFILIATE, patient medical records, Medical Staff records and other confidential AFFILIATE information ("Hospital Confidential Information") and to not disclose it to any other person or entity or use Hospital Confidential Information in any manner or for any purpose other than as related to performance under this AGREEMENT.

- S. Ensure that TRAINEES are trained in infection control procedures, maintain current Basic Life Support and Advanced Cardiac Life Support certificates, and are current with all required immunizations/vaccinations as required by AFFILIATE's policies at the time the TRAINEE conducts his/her training at AFFILIATE's facility(ies).
- T. Prior to any TRAINEE starting a rotation at AFFILIATE under this AGREEMENT, SCHOOL shall ensure that it has conducted a background check of each TRAINEE in accordance with applicable State caregiver background check law. The results of the background check must contain clearance for at least the past seven (7) years and must include at least the following:
- All names
 - Criminal background check
 - Social Security Number
 - Sex Offender Database
 - Office of Inspector General (OIG/GSA).

TRAINEES must not have any unacceptable hits as part of the background check. Unacceptable hits include any arrests or convictions for:

- Murder
- Sexual offenses/misconduct
- Physical abuse
- Misdemeanor or felony fraud
- Misdemeanor or felony theft
- Misdemeanor involving weapons/violence/cruelty
- Felony assault
- Felony involving weapons/violence
- Felony possession and furnishing (without rehabilitation certificate)
- Multiple charges – two or more of the same or different nature
- Multiple charges involving driving under the influence (DUI) – two or more on the same date or multiple dates
- Recent DUI charge – those which have occurred within the last 24 months

II. RESPONSIBILITIES OF AFFILIATE. AFFILIATE agrees to:

- A. Designate, after consultation with SCHOOL, a person to coordinate TRAINEES' duty schedules and activities (Site Director) while at AFFILIATE as described in the PLA (s).
- B. Provide adequate Medical Staff and facilities at its premises to meet the educational goals and objectives of the SCHOOL, in a manner consistent with the standards and requirements established by SCHOOL and the ACGME.
- C. Require assigned TRAINEES to conduct themselves in a professional manner, refrain from engaging in unethical or disruptive behavior and resolve conflicts in an appropriate manner at all times. TRAINEES are expected to report all disruptive behavior or harassment that is directed at them, or that they observe, to the Associate Dean for Graduate Medical Education for

TRAINEES. All TRAINEES who report disruptive or unethical behavior will be protected from reprisal or retaliation.

- D. Ensure that TRAINEE duty hours and on-call time periods are not excessive and follow AFFILIATE GME Policies and ACGME requirements. To take after-hours call, TRAINEES must meet certain eligibility criteria, complete sepsis and airway management training, and have received prior approval from SCHOOL's Program Director and AFFILIATE's Site Director. The structuring of duty hours, and as applicable on-call schedules, must focus on the needs of the patient, continuity of care, and the educational needs of the TRAINEE.
- E. Provide TRAINEES with appropriate backup support when patient care responsibilities are especially unusual, difficult or prolonged.
- F. Protect the health and safety of TRAINEES on rotation at AFFILIATE by providing each Trainee with:
 - 1. First aid and other emergency treatment on-site, including, but not limited to, immediate evaluation for risk of infection and appropriate follow-up care, including HIV counseling as necessary, of TRAINEES in the event of a needle stick injury to or other exposure of TRAINEES to blood or body fluids or airborne contaminants. In the case of suspected or confirmed exposure to the human immuno-deficiency virus (HIV) or hepatitis, such follow-up care shall be consistent with the current guidelines of the Centers for Disease Control ("CDC") and the community's standard of care. The initial care and administration of testing and prophylactic therapy shall be paid for by the AFFILIATE. Subsequent care shall be paid for by student's or TRAINEE'S health insurance; and
 - 2. Information concerning availability of parking, meals, lockers, and appropriate access to on-call rooms and bathroom/shower facilities.
- G. Conduct formal quality assurance programs and review complications and deaths consistent with AFFILIATE's policies and procedures and applicable laws. To the degree possible and in conformance with state and federal law, TRAINEES may participate in appropriate components of AFFILIATE's quality assurance/performance improvement program.
- H. Subject to all applicable laws, cooperate with and assist SCHOOL in investigating facts which may serve as a basis for taking disciplinary or academic action against a TRAINEE. SCHOOL may, but need not, consult with AFFILIATE concerning any proposed disciplinary action. Notwithstanding the foregoing, AFFILIATE shall have the right, with cause as determined in the sole discretion of AFFILIATE and after notice to SCHOOL, to prohibit further attendance at AFFILIATE of any TRAINEE. The effect of such termination on the TRAINEE's status shall be governed by the policies established by the SCHOOL. Upon such termination, SCHOOL will use its best efforts to replace the terminated TRAINEE with another TRAINEE as soon as possible, subject to approval by AFFILIATE. Additionally, AFFILIATE may immediately remove from its facility(ies) and bar from returning any TRAINEE who poses an immediate threat or danger to AFFILIATE's personnel, agents, volunteers, and patients or the quality of medical services at AFFILIATE, based on the sole discretion of AFFILIATE's Hospital Director.

- I. Subject to all applicable laws, permit a reasonable inspection of its clinical and related facilities by individuals charged with the responsibility for accreditation of SCHOOL and its Graduate Medical Education Programs.
- J. Maintain full authority and responsibility for patient care and quality standards, and will maintain a level of care, which meets generally accepted standards conducive to satisfactory instruction in medicine.
- K. Provide for the orientation of TRAINEES as to AFFILIATE's rules, regulations, procedures and policies.
- L. Be responsible for ensuring that AFFILIATE provide TRAINEES with an environment of respect, dignity and support, and SCHOOL and AFFILIATE jointly and equally bear responsibility for ensuring that there is zero tolerance of mistreatment of TRAINEES.

III. ACCREDITATION.

At all times during the term of this AGREEMENT, each of the parties agree to maintain all appropriate licenses, accreditations and certifications, and to be in compliance with all applicable local, state, and federal statutes and regulations, including but not limited to: (i) state licensure, (ii) accreditation by the Joint Commission (JC); (iii) certification by the Centers for Medicare and Medicaid Services (CMS); and (iv) compliance with the Medicare and Medicaid conditions of participation under federal and state regulations.

In the event a party fails to maintain or loses any license, accreditation, and/or certification that is necessary for the performance of this AGREEMENT, such party must immediately notify the other party in writing. Upon failure of either party to maintain its licensure, accreditation, and/or certification, the non-defaulting party, at its election, may terminate this AGREEMENT by giving at least thirty (30) days' written notice to the defaulting party, and thereupon, this AGREEMENT shall terminate without further liability by either party to the other. Notwithstanding the foregoing, if either party's failure to maintain or loss of a license, accreditation and/or certification (collectively, "Loss") renders it unlawful for the TRAINEES to continue his/her clinical experience at AFFILIATE's facility(ies), this AGREEMENT shall terminate immediately upon the Loss.

IV. COMPENSATION.

AFFILIATE may request Medicare reimbursement under the Graduate Medical Education program in accordance with Attachment A to this AGREEMENT.

V. STATUS OF TRAINEES.

- A. During the period in which a TRAINEE is assigned to AFFILIATE, the TRAINEE shall be under the direction and control of the SCHOOL's Program Director or, in the Program Director's absence, his/her designee(s).
- B. SCHOOL and AFFILIATE agree that TRAINEES are present at AFFILIATE's facilities to participate in activities and assignments that are of educational value to TRAINEES, and that

are appropriate to the course and scope of SCHOOL's Programs, consistent with the requirements of the ACGME and LCME.

- C. TRAINEES will be provided the opportunity to participate in safe, effective, and compassionate patient care, under supervision, commensurate with their level of advancement and responsibility, as determined by SCHOOL.
- D. The parties understand that TRAINEES who undergo clinical experiences at AFFILIATE's facility(ies) under this AGREEMENT are not employees of AFFILIATE and shall not be entitled to compensation for services, employees' welfare and pension benefits, fringe benefits of employment, or worker's compensation insurance from AFFILIATE. SCHOOL shall inform its TRAINEES that they are not entitled to any income or employment benefits from AFFILIATE during and upon completion of their clinical experience under this AGREEMENT.

VI. DISCRIMINATION - PROHIBITION.

AFFILIATE and SCHOOL agree not to discriminate in the selection or acceptance of any TRAINEE pursuant to this AGREEMENT because of race, color, national origin, religion, sex, sexual orientation, mental or physical disability, age, veteran's status, medical condition (cancer-related) as defined in section 12926 of the California Government Code, ancestry, or marital status; or citizenship, within the limits imposed by law or SCHOOL policy. In the event a complaint made to AFFILIATE of sexual violence/sexual harassment regarding a TRAINEE and/or employee/faculty of SCHOOL, AFFILIATE will, if permitted by law and not inconsistent with AFFILIATE's policies and procedures, immediately notify SCHOOL and the Parties will collaborate in investigating and resolving the complaint.

VII. TERM.

The term of this AGREEMENT shall become effective upon final execution and shall continue in effect for five (5) years, or until earlier terminated.

VIII. TERMINATION.

- A. Termination Without Cause. Notwithstanding any other provision to the contrary, this AGREEMENT may be terminated without cause at any time by either party upon ninety (90) days' prior written notice to the other party or upon completion of the active rotation of TRAINEES.
- B. Termination For Cause. In the event of a material breach of this AGREEMENT that is not reasonably curable, the aggrieved party may terminate this AGREEMENT by giving forty-five (45) days' prior written notice of termination to the breaching party. In the event of a material breach of this AGREEMENT that is subject to being reasonably cured, the aggrieved party may terminate this AGREEMENT by giving the breaching party thirty (30) days notice and the AGREEMENT will be terminated at the end of the thirty-day notice period ("Period") unless the breaching party has reasonably cured the breach before the end of the Period.
- C. A party's right of termination under this AGREEMENT, and the exercise of any such right, shall be without prejudice to any other right or remedy (including any right to claim damages) that such party may have in the event of a breach of contract or other default by the other party.

IX. INSURANCE.

- A. SCHOOL, at its sole cost and expense, shall insure its activities in connection with this AGREEMENT and obtain, keep in force and maintain insurance or self-insure during the term hereof as follows:

1. Professional Medical and Provider Liability: (MINIMUM LIMITS)

- | | |
|----------------------|-------------|
| a. Each Occurrence | \$1,000,000 |
| b. General Aggregate | \$3,000,000 |

If such insurance is written on a claims made form, the “retroactive date” shall be shown and must be before the effective date of this AGREEMENT. The claims made insurance shall be maintained or “tail” coverage provided for at least five years beyond the expiration or termination of this AGREEMENT.

2. General Liability: Comprehensive or Commercial Form (MINIMUM LIMITS)

- | | |
|--|--------------|
| a. Each Occurrence | \$1,000,000 |
| b. Products Completed Operations Aggregate | \$3,000,000* |
| c. Personal and Advertising Injury | \$1,000,000 |
| d. General Aggregate | \$3,000,000* |

* (\$1,000,000 for comprehensive form)

However, if such insurance is written on a claims made form, the “retroactive date” shall be shown and must be before the effective date of this AGREEMENT. The claims made insurance shall be maintained or “tail” coverage provided at least five years beyond the expiration of this AGREEMENT.

3. Workers' Compensation Insurance as required under California state law.
4. It should be expressly understood, however, that the limits and coverages required herein shall in no way limit the liability of SCHOOL as set forth in Paragraph X below.
5. Upon AFFILIATE's request, SCHOOL shall supply a certificate, or certificates, of insurance or self-insurance evidencing coverage in the amounts and for the perils listed above. Certificate(s) shall obligate the insurer to notify AFFILIATE at least thirty (30) days prior to cancellation of or changes in any of the required insurance.
- B. AFFILIATE, at its own sole cost and expense, shall insure its activities in connection with this AGREEMENT and obtain, keep in force and maintain during the term or any extended term hereof, policies of insurance, or shall self-insure, as follows:

1. Professional Liability: (MINIMUM LIMITS)

- | | |
|----------------------|-------------|
| a. Each Occurrence | \$1,000,000 |
| b. General Aggregate | \$3,000,000 |

If such insurance is written on a claims made form, coverage shall survive for five (5) years following termination of this AGREEMENT. Coverages shall also provide for a retroactive

date of placement prior to or coinciding with the effective date of the AGREEMENT. In the event that a claims-made policy is canceled or non-renewed, then the AFFILIATE shall obtain extended reporting (tail) coverage for the remainder of the five (5) year-period.

2. General and Premise Liability: Comprehensive or Commercial Form (MINIMUM LIMITS)

a. Each Occurrence	\$1,000,000
b. Products Completed Operations Aggregate	\$3,000,000*
c. Personal and Advertising Injury	\$1,000,000
d. General Aggregate	\$3,000,000*
*(\$1,000,000 for comprehensive form)	

However, if such insurance is written on a claims made form following termination of the AGREEMENT, coverage shall survive for a period of not less than five years. Coverage shall provide for a retroactive date of placement prior to or coinciding with the effective date of the AGREEMENT.

3. Workers' Compensation Insurance as required under California state law.

4. It should be expressly understood, however, that the limits and coverages required herein shall in no way limit the liability of AFFILIATE as set forth in Paragraph X below.

5. Upon SCHOOL's request, AFFILIATE shall supply a certificate or certificates of insurance or self-insurance to SCHOOL, evidencing coverages in the amounts and for the perils listed above. Certificate(s) shall obligate the insurer to notify SCHOOL at least thirty (30) days prior to cancellation of or changes in any of the required insurance and include a provision that the coverage will be primary and will not participate with nor be excess to any valid and collectible insurance program of self-insurance carried or maintained by the SCHOOL.

X. INDEMNIFICATION.

- A. SCHOOL shall defend, indemnify and hold AFFILIATE, its directors, officers, employees, agents and Medical Staff harmless from and against any and all liability, loss, expense (including reasonable attorneys' fees), or claims for injury or damages arising out of the performance of this AGREEMENT but only in proportion to and to the extent such liability, loss, expense, attorneys' fees, or claims for injury or damages are caused by or result from the negligent or intentional acts or omissions of SCHOOL, its officers, employees, agents or TRAINEES.
- B. AFFILIATE shall defend, indemnify and hold SCHOOL, its regents, directors, officers, employees, agents and TRAINEES harmless from and against any and all liability, loss, expense (including reasonable attorneys' fees), or claims for injury or damages arising out of the performance of this AGREEMENT but only in proportion to and to the extent such liability, loss, expense, attorneys' fees, or claims for injury or damages are caused by or result from the negligent or intentional acts or omissions of AFFILIATE, its officers, employees, agents or Medical Staff.

XI. COOPERATION IN DISPOSITION OF CLAIMS.

Subject to all applicable laws, AFFILIATE and SCHOOL agree to cooperate with each other in the timely investigation and disposition of audits, peer review matters, disciplinary actions and third-party liability claims (including, but not limited to licensure and regulatory matters) arising out of any services provided under this AGREEMENT or in the operation of the Programs. The parties shall notify one another as soon as possible of any adverse event, which may result in liability to the other party. It is the intention of the parties to fully cooperate in the disposition of all such audits, actions or claims. Such cooperation may include, but is not limited to, timely notice, joint investigation, defense, and disposition of claims of third parties arising from services performed under this AGREEMENT, and making witnesses and records (medical or otherwise) available. SCHOOL shall be responsible for discipline of TRAINEES in accordance with SCHOOL's applicable policies and procedures. AFFILIATE and SCHOOL agree to disclose information in a manner that maintains all protections from discovery that may apply under applicable federal and state peer review law.

XII. PATIENT RECORDS ("HEALTH INFORMATION").

Any and all of AFFILIATE's medical records and charts created at AFFILIATE's facilities as a result of performance under this AGREEMENT shall be, and remain, the property of AFFILIATE. SCHOOL and its TRAINEES will at all times safeguard the integrity, security and confidentiality of individually identifiable health information to which they have access by virtue of this AGREEMENT including patient medical records, Medical Staff records and information, and other confidential AFFILIATE information (collectively, "Health Information"), in accordance with AFFILIATE policies and State and Federal legal requirements, such as California's Confidentiality of Medical Information Act (COMIA) and the Health Insurance Portability and Accountability Act (HIPAA). SCHOOL will familiarize itself with, and require those TRAINEES assigned to AFFILIATE to familiarize themselves with, the privacy and security policies of AFFILIATE applicable to Health Information; SCHOOL will require TRAINEES to comply with those policies without exception.

SCHOOL will immediately notify AFFILIATE whenever it becomes aware that its TRAINEES have failed to safeguard the integrity, security or confidentiality of AFFILIATE's Health Information. SCHOOL will cooperate with AFFILIATE to investigate and, to the maximum extent practicable, mitigate any such breach.

Except for occurrences under Section XI above, in the reasonable discretion of AFFILIATE, and subject to all applicable laws and pursuant to written authorization from AFFILIATE, SCHOOL may be permitted to inspect and/or duplicate, at SCHOOL's expense, any individual charts or records which are: (1) reasonably necessary to assist in the defense of any malpractice or other types of claims; (2) relevant to any disciplinary action; for regulatory/licensing audits, investigations, and reviews; and/or (4) for educational or research purposes, subject to commonly accepted standards of protecting patient confidentiality in accordance with applicable federal, state and local laws.

XIII. USE OF NAME.

- A. SCHOOL shall have no right to identify AFFILIATE as an employer or supervisor, or otherwise use the name, logos or trademarks of AFFILIATE or of AFFILIATE's affiliates in connection with this AGREEMENT without AFFILIATE's prior written consent, which consent AFFILIATE may withhold in its sole discretion. Notwithstanding the forgoing, AFFILIATE

acknowledges that SCHOOL may list its name among those institutions with whom it is affiliated for the purpose of educational training during the term of this AGREEMENT.

- B. Except as otherwise permitted by law, the parties agree that any use of the "UCR" or the "University of California" name or other similar references to the University of California Riverside, its physicians or facilities, shall be subject to the prior written approval of the Regents of the University of California in accordance with the provisions of applicable law, including but not limited to California Education Code Section 92000. Notwithstanding the forgoing, SCHOOL acknowledges that AFFILIATE may list its name among those institutions with whom it is affiliated for the purpose of educational training during the term of this AGREEMENT.

XIV. INDEPENDENT CONTRACTORS.

Nothing contained in this AGREEMENT shall be deemed or construed as creating a joint venture, partnership, agency, employment or fiduciary relationship between the parties. Neither party nor its agents have any right, power or authority of any kind to bind the other party or assume, create or incur any expense, liability or obligation, express or implied, on behalf of the other. The relationship of the parties is, and at all times shall continue to be, that of independent contractors.

XV. NOTICES.

Any notice, report, communication or consent required or permitted by this AGREEMENT shall be in writing and shall be (a) delivered personally, (2) sent by prepaid registered or certified mail, return receipt requested, or (c) sent by overnight express delivery service by a recognized courier, addressed to the other party at the address shown below or at such other address for which such party gives notice hereunder. Notice by personal delivery shall be deemed effective upon receipt. Notice by courier or registered mail shall be deemed effective three (3) business dates after the date sent.

If to AFFILIATE:

Arrowhead Regional Medical Center
400 N. Pepper Ave.
Colton, CA 92324
Attn: Hospital Director

If to SCHOOL:

University of California, Riverside
School of Medicine
900 University Ave., School of Medicine, ED bldg.
Riverside, CA 92521
Attention: Dean, School of Medicine

Mandatory Copy to:
Director of Contracting
14350-2 Meridian Parkway
Riverside, CA 92518

XVI. GOVERNING LAW; JURISDICTION.

This AGREEMENT is to be construed in accordance with and governed by the internal laws of the State of California without giving effect to any choice of law rule that would cause the application of the laws of any jurisdiction other than the internal laws of the State of California to apply to the rights and duties of the parties. Any legal suit, action or proceeding arising out of or relating to this AGREEMENT shall be commenced in a court of competent jurisdiction in the State of California and each party hereto irrevocably submits to the exclusive jurisdiction and venue of any such court in any such suit, action or proceeding. In any action or suit to enforce any right or remedy under this AGREEMENT or to interpret any provision of this AGREEMENT, each party shall bear their own costs and attorney's fees, regardless of who is the prevailing party, except that this shall not apply to those damages recoverable as an indemnification obligation.

XVII. ASSIGNMENT.

The parties shall not assign, sell, transfer, delegate or otherwise dispose of, whether voluntarily or involuntarily, by operation of law or otherwise, any rights or obligations under this AGREEMENT without the prior written consent of the other party. Except as expressly permitted herein, any purported assignment, transfer or delegation shall be null and void ab initio. Subject to the foregoing, this AGREEMENT shall be binding upon and shall inure to the benefit of the parties and their respective successors and permitted assigns.

XVIII. FORCE MAJEURE.

Neither party shall be responsible or have any liability for any delay or failure to perform to the extent due to unforeseen circumstances or causes beyond its reasonable control, including, without limitation, (a) governmental action, laws, orders, regulations, directions or requests, or (b) acts of God, earthquake, fire, flood, embargoes, labor disputes and strikes, riots, war, acts of civil and military authorities, or any causes of like or different kind beyond the reasonable control of such party; provided, however, such party gives the other party prompt written notice of the failure to perform and the reason therefore and uses its reasonable efforts to limit the resulting delay in its performance.

XIX. EXCLUSION LIST SCREENINGS.

SCHOOL shall screen all of its current and prospective TRAINEES, faculty, employees, and agents ("Screened Persons") if any, against (a) the United States Department of Health and Human Services/Office of Inspector General List of Excluded Individuals/Entities (available through the Internet at <http://exclusions.oig.hhs.gov>), and (b) the General Services Administration's List of Parties Excluded from Federal Programs (available through the Internet at <http://www.sam.gov>), and (c) any applicable state healthcare exclusion list (collectively, the "Exclusion Lists") to ensure that none of the Screened Persons are currently excluded, debarred, suspended, or otherwise ineligible to participate in Federal healthcare programs or in Federal procurement or nonprocurement programs, or have been convicted of a criminal offense that falls within the ambit of 42 U.S.C. § 1320a-7(a), but have not yet been excluded, debarred, suspended, or otherwise declared ineligible (each, an "Ineligible Person"). If, at any time during the term of this AGREEMENT any Screened Person becomes an Ineligible Person or proposed to be an Ineligible Person, SCHOOL shall immediately notify AFFILIATE of the same. Screened Persons shall not

include any TRAINEE, faculty, employee or agent who is not providing services under this AGREEMENT.

XX. ENTIRE AGREEMENT.

This AGREEMENT, together with the PLA in effect between the parties as of the date of this AGREEMENT or subsequently, constitute the entire agreement between the parties with respect to the subject matter hereof and are not intended to define or limit the contents of the sections or paragraphs to which such headings apply.

XXI. CONSTRUCTION; WAIVER.

If for any reason a court of competent jurisdiction finds any provision of this AGREEMENT, or portion thereof, to be void, invalid or unenforceable, that provision shall be enforced to the maximum extent permissible so as to affect the intent of the parties, and the remainder of this AGREEMENT shall continue in full force and effect. Failure by either party to enforce any provision of this AGREEMENT shall not be deemed a waiver of future enforcement of that or any other provision, and no waiver shall be effective unless made in writing and signed by the waiving party. This AGREEMENT has been negotiated by the parties and their respective counsel and shall be interpreted fairly in accordance with its terms and without any strict construction in favor of or against either party.

XXII. HEADINGS.

The section and paragraph headings contained in this AGREEMENT are for the purposes of convenience only, and are not intended to define or limit the contents of the sections or paragraphs to which such headings apply.

XXIII. MODIFICATION.

This AGREEMENT shall not be altered, amended or modified in any way except by a written instrument dated subsequent to the date of this AGREEMENT and signed on behalf of AFFILIATE and SCHOOL by their respective duly authorized representatives.

XXIV. COUNTERPARTS.

This AGREEMENT may be executed in two or more counterparts, each of which shall be deemed an original and all of which together shall constitute one instrument. The parties shall be entitled to sign and transmit an electronic signature of this AGREEMENT (whether by PDF or other email transmission), which signature shall be binding on the party whose name is contained therein.

Authorized representatives of the parties execute this AGREEMENT as follows:

AFFILIATE:

SCHOOL:

**SAN BERNARDINO COUNTY ON BEHALF
OF ARROWHEAD REGIONAL MEDICAL
CENTER**

Chair, Board of Supervisors
Date: _____

**THE REGENTS OF THE UNIVERSITY OF
CALIFORNIA, ON BEHALF OF THE
UNIVERSITY OF CALIFORNIA AT
RIVERSIDE (UC RIVERSIDE)**

DocuSigned by:

870C12B416E84CB...

Deborah Deas, MD, MPH
Vice Chancellor of Health Sciences
Dean, School of Medicine
Date: 4/17/2023 | 11:56 AM PDT

ATTACHMENT A

Surgical Critical Care Fellowship

Compensation

There is currently no compensation under this Agreement. SCHOOL (Sponsoring Institution) agrees to allow AFFILIATE (Participating Site) to count Resident's and Fellow's hours, while training through Participating Site's facility(ies), as hours provided through Participating Site's resident or fellowship program in request for Medicare reimbursement under the Graduate Medical Education program. Accordingly Participating Site shall retain all Graduate Medical Education funding associated with Sponsoring Institution's Fellows who undergo clinical experiences while at Participating Site's facility(ies). Sponsoring Institution agrees to provide all information requested by Participating Site to allow Participating Site to seek reimbursement from Medicare for the clinical experiences of Fellows while at Participating Site's facility(ies).

ATTACHMENT B
(Program Letter of Agreement)

**Program Letter of Agreement
between the
Regents of the University of California, on behalf of the University of California,
Riverside, School of Medicine,
Critical Care Medicine Fellowship Program (Sponsoring Institution's Program)
and San Bernardino County on behalf of Arrowhead Regional Medical Center
(ARMC) (Participating Site)**

This document serves as an agreement between a Sponsoring Institution's Program and a Participating Site involved in fellowship education.

This Program Letter of Agreement ("PLA"), in connection with and as a part of the Master Affiliation Agreement ("MAA") between Sponsoring Institution and Participating Site, is effective as of the effective date of the MAA and will run concurrently with the term of the MAA until updated, changed, or terminated by the Sponsoring Institution's Program and the Participating Site, or termination of the MAA. In no event will the total term of this PLA exceed ten (10) years. This PLA only may be changed upon the written agreement of the Sponsoring Institution's Program and the Participating Site.

1. Persons Responsible for Education and Supervision

At Sponsoring Institution's Program: Hari R. Reddy, MD

At the Participating Site: David Wong, MD and Dev GnanaDev, MD, Site Director

List other faculty members by name or general group: N/A

The above-mentioned faculty members are responsible for the education and supervision of the residents while rotating at the Participating Site.

2. Responsibilities

The faculty members at the Participating Site must provide appropriate supervision of fellows in patient care activities and maintain a learning environment conducive to educating the fellows in the ACGME Competency areas. The faculty members must evaluate fellow 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

The content of the educational experiences has been developed according to the ACGME Program Requirements for Graduate Medical Education in the Critical Care and are specified in the Resident Handbook. Attached and incorporated

UCR SOM ID # 988637

hereto as Exhibit A are the Critical Care goals and objectives which is detailed in UCR – Critical Care Curriculum.

In cooperation with the Program Director, the Site Director, and the members of the faculty at the Participating Site are responsible for the day-to-day activities of the fellows to ensure the outlined goals and objectives which are detailed in Exhibit A, are met during the course of the educational experiences at the Participating Site.

The duration(s) of the assignment(s) to the participating site is (are): one month during Physician Graduate Year 4 and 5.

4. Termination

Notwithstanding any other provision to the contrary, this PLA may be terminated without cause at any time by either party upon ninety (90) days' prior written notice to the other party or upon completion of the residents' rotation, whichever is earlier.

5. Policies and Procedures that Govern Fellowship Education

Fellows will be under the general direction of the Sponsoring Institution's and Program's policies and procedures and the Participating Site's policies Critical Care Residency Program Rotation.

Sponsoring Institution Program

DocuSigned by:

Hari Reddy

4/18/2023 | 6:01 PM PDT

AC82DABF4C15467...

Program Director Signature

Date

DocuSigned by:

Rajesh Gulati

4/18/2023 | 4:51 PM PDT

52FB21DD804A41A...

Designated Institutional Official Signature

Date

Participating Site

Site Director Signature

Date

Trauma ICU Rotation

FACULTY: Dr. GnanaDev, Dr. Wong

Organization: Work hours are at the discretion of the attending physician on duty as well as policies for the rotation and should be in compliance with ACGME work hour regulations. Rounds are at the discretion of the attending physician; fellows are to check in prior to the start of the rotation to establish expectations and rounding time.

Educational purpose: The Arrowhead Regional Medical Center Surgical ICU will provide fellows with experience in neurosurgical emergencies, burn, surgical management and trauma. The Fellow will manage the patient in an ICU setting as part of a multidisciplinary team, under direct supervision of attendings with expertise in critical care medicine.

Lines of responsibility: Fellows will be under the general direction of the Sponsoring Institution's (UCR) policies and procedures and the Participating Site's policies under the Critical Care residency program rotation. The critical care fellow functions as the key member of the Surgical ICU team whose primary objective is to provide compassionate and evidence-based care for the patients with surgical and traumatic illness. The Surgical ICU team is composed of an attending intensivist, critical care fellow and additional residents and fellows who may also be on rotation. The team is led by the attending physician who bears final responsibility for patient management or recommendations for management. The critical care fellow works closely with the attending and gradually assumes more autonomous decision-making responsibility in an integrated fashion. The fellow is also expected to teach the residents, students and affiliated healthcare providers providing care for the patient and help deliver care and a multidisciplinary environment.

General Goals and Educational Objectives for This Rotation

General goals: During the rotation the Fellow will be responsible for the care of inpatients admitted to the Surgical ICU. The fellow is also responsible for evaluation of patients in the emergency department necessitating intensive care admission.

Fellows are expected to obtain competency with the following competencies:

Patient Care and Medical Knowledge

- Evaluation, triage, management, and risk stratification of patients with critical care illness (F1)
- Rational use of laboratory and other diagnostic tests (F1)
- Prevention and treatment of nosocomial infections (F1)
- Prevention of stress ulceration and problem embolism in the critically ill patient (F1)
- Nutritional therapy in the ICU, including the use of total parenteral nutrition (F1)
- Issues in end-of-life care including the withholding and withdrawing of life-sustaining therapies, advanced directives, code status, and family conferences (F1)

Diagnosis and management of shock

- Assessment and evaluation of different types of shock states (F1)
- Indications for and use of invasive hemodynamic monitoring (F1) with advanced interpretation (F2)
- Use of noninvasive hemodynamic monitoring including point-of-care ultrasound in assessing volume status and cardiac function (F2)
- Indications for and use of vasopressors and inotropic agents (F1)
- Recognition of patients requiring advance hemodynamic support (F1)
- Indications and function of artificial extracorporeal support such as balloon pumps and ECMO (F2)
- Know the characteristic ECG features of ischemic heart disease and early recognition of acute coronary syndrome (F1)
- Indications and clinical pharmacology of antiplatelet, anticoagulant, and other pharmacologic therapies for treatment of ACS (F1)
- Management of arrhythmias and cardiac arrest (F1)
- Recognition of sepsis, management with utilization of dynamic measures to guide volume resuscitation and use of sepsis protocol (F1)
- Assessment and management of life-threatening infections, including appropriate antimicrobial selection (F1)
- Placement of central lines, arterial lines, Swan Ganz catheterization, knowledge of pericardial drains and transvenous pacemaker insertions (F1)

Respiratory failure and ventilation

- Assessment and Management of the Airway Including Optimal Use of Mechanical Ventilation (F1)
- Hypoxemia respiratory failure, recognition of acute respiratory distress syndrome ARDS, Berlin criteria and lung protective strategies (F1)
- Basic mechanical ventilation modes and ventilatory weaning (F1)
- Advanced mechanical ventilation modes, nitric oxide and prone ventilation (F2)
- Indications for and use of sedatives, analgesics, and neuromuscular blocking agents (F1)
- Recognition of different types of respiratory failure including understanding of underlying pathophysiology (F2)
- Treatment of acute respiratory failure due to obstructive and restrictive lung diseases (F1)
- Management of pulmonary embolism and risk stratification for TPA infusion (F1)

- Disorders causing pulmonary vascular lung disease (F1)
- Intubation procedure and indications for placement on mechanical ventilation (F1)
- High-Risk intubation strategies, percutaneous tracheostomy if available (F2)
- Noninvasive mechanical ventilation devices and indications (F1)
- Competency with bronchoscopy and bronchoalveolar lavage (F2)
- Thoracentesis, chest tube and plural catheter insertion indication and procedures (F2)

Neurologic emergencies

- Early recognition and management of acute ischemic stroke including indication for thrombolysis and thrombectomy (F1)
- Early recognition and management of ICH including therapeutic interventions such as osmotherapy and indications for surgical intervention (F2)
- Interpretation of ICP monitoring devices (F2)
- Communication with consultative services include neurology and neurosurgery (F1)
- Recognition and management of meningitis (F1)
- Indications and proper technique for lumbar puncture (F1)
- Recognition of peripheral neurologic disorders (F1)
- Indication for therapeutic hypothermia (F1)
- Recognition of intensive care unit acquired weakness (F1)

Trauma critical care

- priorities multisystem trauma (F2)
- management of head and spinal injuries (F2)
- public ring injuries, torso and extremity trauma (F2)
- abdominal compartment syndrome (F2)

Endocrine critical care

- Assessment and management of endocrine emergencies (F1)
- Management of hyperglycemic emergencies such as DKA (F1)
- Management of blood sugar in critically ill patients (F1)

Gastroenterology Critical Care

- Assessment and management of gastrointestinal bleeding and liver failure (F1)

- Indication for TIPS referral (F2)
- Insertion of emergency balloon tamponade device (F2)
- Blood product transfusion strategies for gastrointestinal bleeding (F1)
- Recognition and management of toxin induced liver failure (F1)
- Management of pancreatitis and obstructive hepatopathy (F1)

Systems based practice

- Work with EMS, ED, and hospital teams to establish effective transition of care for critically ill patients (F2)
- Identify and address financial, cultural, and social barriers to diagnostic and treatment recommendations (F1)
- Utilize a multidisciplinary coordinated approach for patient management, including transfer of care and employment related issues (F1)
- Practice in a manner that fosters the balance of appropriate utilization of finite resources with the net clinical benefit for the individual patient (F2)
- Incorporate risk-benefit analysis and cost considerations in treatment decisions (F2)

Renal disorders, resuscitation fluids and blood product transfusion

- Appropriate use of blood products in the critically ill (F1)
- Assessment and management of electrolyte disorders including hyponatremia, hyponatremia and potassium disorders (F1)
- Assessment and management of acute renal failure including the use of renal replacement therapy (F1)
- Indications for hemodialysis modes and CRRT (F1)
- Placement of hemodialysis catheter (F1)
- Types and indications for different crystalloid infusions (F1)
- Appropriate usage of colloid infusions (F1)
- Appropriate usage of renal consultation services (F1)

Pain sedation and delirium

- Assessment and management of delirium and acute neurologic syndromes (F1)
- Multimodal use of non-opiate medications for pain management (F2)

- Toxicological syndromes and their management, including management of drug overdose (F1)

Practice-based learning and improvement

- Utilize decision-support tools for accessing guidelines and pharmacologic information at the point of care (F1)
- Utilize point-of-care electronic resources to provide up-to-date clinical information and guidelines driven evaluation and treatment (F1)
- Identify gaps in performance and knowledge and perform appropriate personal learning activities (F2)
- Integrate validated performance and patient satisfaction measures into clinical practice to foster continuous quality improvement (F2)

Professionalism

- Exhibit sensitivity to patient preference and end-of-life issues (F1)
- Demonstrate sensitivity and responsiveness to diverse patient populations (F1)
- Demonstrate a commitment to carry out professional responsibilities, appropriately refer patients, and respond to patient needs in a way that supersedes self-interest (F1)
- Practice patient centered care with shared decision-making and appreciation of patient's values and preferences (F1)
- Incorporate appropriate use criteria and risk-benefit considerations in treatment decisions (F2)
- Practice in a manner that fosters patient benefit above self-interest and avoids conflict of interest (F1)
- Interact respectfully with patient's families, and all members of the healthcare team, including ancillary and support staff (F1)

Interpersonal and communication skills

- communicate with patients and families across a broad range of ethnic, social, cultural, socioeconomic, and religious backgrounds (F1)
- Exhibit sensitivity and empathy in dealing with life-threatening and end-of-life issues (F1)
- Communicate with all healthcare providers involved in patient care (F1)
- Communicate effectively and in a timely manner with primary care and other referring or collaborating members of the healthcare team (F2)

General topics to be covered during this rotation:

- Evaluation, triage, management, and risk stratification of patients with critical care illness
- Adherence to core measures including minimization of infectious risk factors
- Management and prevention of delirium in the ICU
- Management of respiratory failure
- Management of shock states including heart failure
- Management of liver failure and gastrointestinal emergencies
- Management of ischemic and hemorrhagic stroke
- Collaborative practice with various levels of caregivers, intensivists, cardiologists and other subspecialist, including cardiac surgeons, PAs and nursing staff
- Procedures including lumbar puncture, central line, hemodialysis catheter, arterial lines, thoracentesis, and chest tubes
- Use and management of vasoactive and antiarrhythmic medications

Principal teaching methods: clinical teaching, performance and feedback monthly, and semiannual evaluations

Evaluations: Evaluation of the fellow's successful completion of the above goals will be carried out primarily by the attending physicians, with additional input from nurses, students, residents and peers. Assessment methods include: direct observation (Mini-CEX) global clinical performance ratings; Multisource (360) assessment nursing evaluations; resident/student evaluations; faculty/staff meetings; fellows will evaluate the rotation on a semiannual basis.

Responsibility of the attending on rotation: The attending physician participating in this rotation will be responsible for the direct or indirect supervision of the fellow at all times. The attending will review and confirm historic and physical findings that have been documented by the fellow/resident. The attending will review and discuss the care plan and recommendations and review pertinent testing results with the fellow. The attending will review and sign the notes that the fellow enters in the electronic medical record. The attending will supervise unit-based procedures. The ultimate responsibility for the care of the patient lies with the attending physician.

Responsibility of the fellow on rotation:

1. The critical care fellow must act as the junior attending in the Surgical ICU and needs to make sure that all patients are seen by the residents on the team by the time teaching attending rounds begin.
2. The critical care fellow will accept consults from both the floor and ED, communicate with the attending physician if necessary to triage patients. The fellow will evaluate patients either bedside on the floor or in the merged department.

3. the critical care fellow needs to assure that there is proper sign-out to the covering fellow during evenings and on weekends
4. The weekends and night fellows should give proper sign-out to the daytime fellow at the time of shift change to ensure safe continuity of care
5. It is expected that the critical care fellow attends all conferences and lectures.
6. The critical care fellow must staff all new consults with the attending
7. The fellow must make their best effort to comply with ACGME duty hour requirements

Educational materials: A variety of texts and electronic educational materials are available in the critical care fellows' room, in the library, and online through the library. These are accessible both at home and at computer terminals throughout the hospital.

Harrison's pulmonary and critical care medicine

Loscalzo - McGraw-Hill Education – 2017

Principles of Critical Care

Hall - McGraw-Hill Education – 2015

ATS Reading List:

<https://www.thoracic.org/professionals/career-development/residents-medical-students/ats-reading-list/adult/>

Tibi, Pierre, et al. **"STS/SCA/AMSECT/SABM Update to the Clinical Practice Guidelines on Patient Blood Management."** *The Annals of Thoracic Surgery*, vol. 112, no. 3, 2021, pp. 981–1004.,
<https://doi.org/10.1016/j.athoracsur.2021.03.033>.

Mariano, Edward R et al. **"A multisociety organizational consensus process to define guiding principles for acute perioperative pain management."** *Regional anesthesia and pain medicine* vol. 47,2 (2022): 118-127. doi:10.1136/rapm-2021-103083

Devlin, John W. PharmD, FCCM et al **Clinical Practice Guidelines for the Prevention and Management of Pain, Agitation/Sedation, Delirium, Immobility, and Sleep Disruption in Adult Patients in the ICU,** Critical Care Medicine: September 2018 - Volume 46 - Issue 9 - p e825-e873

doi: 10.1097/CCM.0000000000003299

Hemphill JC 3rd, Greenberg SM, Anderson CS, et al. **Guidelines for the management of spontaneous intracerebral hemorrhage: a guideline for healthcare professionals from the American Heart Association/American Stroke Association.** *Stroke* 2015; 46:2032-60.

Qureshi A, Palesch Y, Barsan W, et al. **Intensive blood-pressure lowering in patients with acute cerebral hemorrhage.** *N Engl J Med.* 2016;375:1033-43.

The National Institute of Neurological Disorders and Stroke rt-PA Stroke Study Group. **Tissue plasminogen activator for acute ischemic stroke.** N Engl J Med. 1995;333:1581-7.

Thomalla G, Simonsen CZ, Boutitie F, et al. **MRI-guided thrombolysis for stroke with unknown time of onset.** N Engl J Med. 2018; 379:611-622.

Ma H, Campbell BCV, Parsons MW, et al. **Thrombolysis guided by perfusion imaging up to 9 hours after onset of stroke.** N Engl J Med. 2019; 380:1795-1803.

Nogueira RG, Jadhav AP, Haussen DC, et al. **Thrombectomy 6 to 24 hours after stroke with a mismatch between deficit and infarct.** N Engl J Med. 2018; 378:11-21.

Albers GW, Marks MP, Kemp S et al. **Thrombectomy for stroke at 6 to 16 hours with selection by perfusion imaging.** N Engl J Med. 2018; 378:708-718.

**Program Letter of Agreement
between the
Regents of the University of California, on behalf of the University of California,
Riverside, School of Medicine,
Gastroenterology Fellowship Program (Sponsoring Institution's Program)
and
San Bernardino County on behalf of Arrowhead Regional Medical Center
(Participating Site)**

This document serves as an agreement between a Sponsoring Institution's Program and a Participating Site involved in resident education.

This Program Letter of Agreement ("PLA"), in connection with and as a part of the Master Affiliation Agreement ("MAA") between Sponsoring Institution and Participating Site, is effective as of the effective date of the MAA and will run concurrently with the term of the MAA until updated, changed, or terminated by the Sponsoring Institution's Program and the Participating Site, or termination of the MAA. This PLA may be changed only upon the written agreement of the Sponsoring Institution's Program and the Participating Site.

1. Persons Responsible for Education and Supervision

At Sponsoring Institution's Program: Dr. Kayali, Program Director

At the Participating Site: Dr. Sarkis Arabian, Site Director

List other faculty members by name or general group:
NA (if applicable)

The above-mentioned faculty members are responsible for the education and supervision of the residents while rotating at the Participating Site.

2. Responsibilities

The faculty members at the Participating Site 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 members 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

The content of the educational experiences has been developed according to the ACGME Program Requirements for Graduate Medical Education in the Hepatology and Gastroenterology, specifically for the Inpatient, Outpatient

Endoscopy and GI/IBD Clinic consults. and are specified in the Resident Handbook. Attached and incorporated hereto as Exhibit A are the Hepatology and Gastroenterology Consults – Inpatient, Outpatient Endoscopy and GI/IBD Clinic. goals and objectives which is detailed in UCR Internal Medicine Residency – Hepatology, Gastroenterology Consults – Inpatient, Outpatient Endoscopy and GI/IBD Clinic Curriculum.

In cooperation with the Program Director, the Site Director, and the members of the faculty at the Participating Site are responsible for the day-to-day activities of the residents to ensure the outlined goals and objectives which are detailed in Exhibit A are met during the course of the educational experiences at the Participating Site.

The duration(s) of the assignment(s) to the participating site is (are): continuous during Physician Graduate Year 4, 5, and 6.

4. Termination

Notwithstanding any other provision to the contrary, this PLA may be terminated without cause at any time by either party upon ninety (90) days' prior written notice to the other party or upon completion of the residents' rotation, whichever is earlier.

5. Policies and Procedures that Govern Resident Education

Residents will be under the general direction of the Sponsoring Institution's and Program's policies and procedures and the Participating Site's policies for the Hepatology and Gastroenterology Consults – Inpatient, Outpatient Endoscopy and GI/IBD Rotation as detailed in Exhibit A.

Sponsoring Institution Program
DocuSigned by:
Brid Bayali
BCBB986F8CD4F3... 6/2/2023 | 9:41 AM PDT
DocuSigned by:
Rajesh Gulati
82FB21DD804A41A... 4/18/2023 | 4:51 PM PDT
Designated Institutional Official Signature Date

THE REGENTS OF THE UNIVERSITY OF CALIFORNIA, a public corporation on behalf of THE UNIVERSITY OF CALIFORNIA, RIVERSIDE, SCHOOL OF MEDICINE
DocuSigned by:
Deborah Deas
870C12B418E84CB... 4/17/2023 | 11:56 AM
By: *Deborah Deas*
Deborah Deas, MD MPH
Vice Chancellor, Health Sciences
Dean, School of Medicine

Participating Site
Sadaf Arabian 6/13/2023
Site Director Signature Date
Sadaf Arabian, DO

January 16, 2022

Arrowhead Regional Medical Center Curriculum
Hepatology Rotation

Program Aims

- Sponsoring Institution mission – The partnership with Arrowhead Regional Medical Center (ARMC) is of utmost importance given UC Riverside's mission of education, scholarship, and excellent care to serve the underserved community. ARMC is the county hospital for San Bernardino County and has a long history as a teaching institution. The cerebral, clinical, and procedural scope afforded by ARMC will be a massive benefit to the fellows at UC Riverside. The ability to work at and learn in the county hospital in an underserved region will allow the fellows to enhance and hone their appreciation for service and health equity.
- Needs of community it serves – San Bernardino County is a historically and persistently underserved region in Southern California, and indeed, in the nation. The population is growing at a rapid rate and presently there are over 2-million residents, of whom >60% are from races/ethnicities that regularly experience marginalization with regards to healthcare and health access. San Bernardino unfortunately has a poverty level that exceeds the national average. Crucially, the ratio of physicians to patients in the county is far below the national average. All of this underscores the significant importance in including ARMC as a training site for UC Riverside fellows. It allows the trainees and the program to give back to the community in desperate need of physicians and excellent medical care.
- Desired capabilities of graduates – Graduates rotating through ARMC as part of the fellowship will be expected to learn, understand, and incorporate the knowledge of health disparities in the training of gastroenterology/hepatology and the delivery of subspecialty care including procedural care.

Rotation Outline/Structure Fundamentals

- 4 week length
- 5 days of standard inpatient/outpatient service per week
- Subject to master call schedule for weeknight/weekend call
- Inpatient consults from 8:00 AM to 5:00 PM
- Outpatient Hepatology clinics: 2 half-days per week
 - Tuesday PM – ARMC (Dr. Kayali)
 - Wednesday PM – Rialto Clinic (Dr. Kayali)
- Bedside teaching with ARMC medical students and residents
- Team-based work environment with students (0-2 per month), residents (0-1 per month), GI inpatient non-physician practitioner(s) (NPPs – 0-1 per month), GI RNs, consultative teams (IM, FM, Surgery, ICU, etc.)

- Participation in regular program conferences/lectures.

Competency Based Goals/Objectives

- PGY4
 - **Professionalism** – fellows will be evaluated and assessed on timeliness, timeliness of consultations, recommendation communication, interpersonal communication and respect for all team-members (students, residents, GI inpatient NPP, GI RNs, consultative teams). In the PGY-4 level, the fellow will learn these expectations from the attendings and seek feedback regularly throughout the rotation. This feedback will be provided formally by attendings as well on a – at minimum – weekly basis.
 - Goals
 - Ensure excellent, timely, appropriate communication to referring teams
 - Facilitate a comfortable learning environment wherein mutual respect is shown and expected
 - **Patient Care & Procedural Skills** – fellows will be responsible for all hepatology consult patients, but may apportion cases to the PA-C, residents, and students, if applicable. Patients being cared for by medical students are considered fellows' patients to facilitate teaching and to begin to shape oversight skills.
 - Goals
 - Provide comprehensive, thorough, yet specialty-specific consultation for liver-related issues.
 - Provide compassionate, appropriate, effective consultative patient care with regards to the entire spectrum of hepatic diseases including, but not limited to, GI bleeding in cirrhosis, hepatic neoplasia, acute and chronic liver diseases, biliary infections, obstructions, malignancies, hepatic infections, women's health issues (e.g. liver disease in pregnancy), and transplant.
 - Supervision will initially be direct for all consults and then increasing autonomy will be given based on attending assessment, fellow feedback, clinical improvement, and with crucial guidance from the CCC.
 - **Medical Knowledge** – fellows will begin to grasp, understand, and demonstrate scientific, evidence-based thinking and apply this to patient care.
 - Goals
 - Apply evidence-based care, typically in consultation with the relevant major society guidelines, with demonstration of this knowledge during rounds, with bedside teaching, and in appropriate documentation.
 - **Practice-Based Learning & Improvement** – Fellows will consistently seek and receive feedback throughout the rotation. Attendings will model this behavior by

reflecting on and learning from salient patient cases or incidents on service. M&M cases will be generated by this rotation and allow for a formal, didactic, root cause analysis to take place at conference.

- **Goals**
 - Self-evaluation – fellows will evaluate their care of patients in partnership with the attendings, but also the Hepatology team members including students, residents, non-physician practitioners, GI RNs. Formal feedback sessions will incorporate this self-reflection throughout the rotation.
 - Lifelong learning – appraisal of the medical literature with respect to patient care being seen/demonstrated to ensure evidence-based medicine is continually assessed and reassessed.
- **Interpersonal & Communication Skills** – Fellows will recognize, understand, and demonstrate the crucial importance of communication skills.
 - **Goals**
 - Patient and family – in addition to a thorough history and physical exam, fellows will communicate the assessment/plan on rounds with the attending and Hepatology team. PGY4 fellows will initially model the attending communication and behavior before gradually accepting increasing autonomy in communicating the plan. Family members will always be updated and informed at the discretion of the patient or in instances where the patient cannot receive the information.
 - Referring teams – prompt communication verbally or electronically will be expected, and then formal recommendations will be communicated after rounds and with the approval of the attending physician. Respectful, helpful language will always be emphasized. PGY4 fellows will initially avoid giving preliminary recommendations without the attending's approval, but as they become more autonomous and experienced (at the discretion/evaluation of the attending and in consultation with the CCC), this will be increasingly encouraged.
 - Procedural – Post-procedural findings/plans will always be communicated with the patient/family/referring team after discussing with the endoscopy fellow/attending. PGY4 fellows will initially review the approach conveying these details with the Hepatology attending and then increasingly be given the autonomy to convey these important details to patients/family.
 - Transplant – fellows will be responsible for communicating with accepting transplant centers (when applicable) after reviewing the case with the Hepatology attending.
- **Systems-Based Practice** – special emphasis at ARMC will be paid to marginalized patients who are regularly seen at ARMC. This greatly influences the delivery of

care with regards to resources, follow up, procedures, etc. Fellows will consistently review, consider, and incorporate social determinants of health. Resources at ARMC to allow for certain needed services to be provided will be sought out in consultation with the primary teams and other relevant players (e.g. social workers, case managers).

- **Goals**

- As the county hospital to an underserved community, ARMC will allow, and indeed, necessarily requires fellows to actively navigate the many social determinants of health to provide quality care. Fellows will demonstrate knowledge of these issues on rounds and in communication with the patients/families/referring teams. PGY4 fellows will initially learn these systems-based issues in close discussion with the attendings, and then progressively incorporate this into their own presentations and everyday care models.
- QI projects will be strongly encouraged (though not required) at ARMC given the size of the institution and the hospital's need for subspecialty input. Attendings will provide mentorship for these projects. GI RNs will be instrumental and active participants in these endeavors when appropriate.

- **PGY5**

- **Professionalism** – fellows will continue to be evaluated and assessed on timeliness, timeliness of consultations, recommendation communication, interpersonal communication and respect for all team-members (students, residents, GI inpatient NPP, GI RNs, consultative teams). In the PGY-5 level, the fellow will have increasing autonomy in these arenas, though they will still seek feedback regularly throughout the rotation. This feedback will be provided formally by attendings as well on a – at minimum – weekly basis.

- **Goals**

- Ensure excellent, timely, appropriate communication to referring teams
- Facilitate a comfortable learning environment wherein mutual respect is shown and expected
- In PGY5 level, fellows will take a more active role in guiding the team of residents/students in the appropriate, professional communication and facilitation of the educational, positive learning environment. The attending will step in when needed and when the fellow or team need additional guidance.

- **Patient Care & Procedural Skills** – fellows will be responsible for all hepatology consult patients, but may apportion cases to the PA-C, residents, and students, if applicable. Patients being cared for by medical students are considered fellows' patients to facilitate teaching and to begin to shape oversight skills.

- **Goals**

- Provide comprehensive, thorough, yet specialty-specific consultation for liver-related issues.
 - Provide compassionate, appropriate, effective consultative patient care with regards to the entire spectrum of hepatic diseases including, but not limited to, GI bleeding in cirrhosis, hepatic neoplasia, acute and chronic liver diseases, biliary infections, obstructions, malignancies, hepatic infections, women's health issues (e.g. liver disease in pregnancy), and transplant.
 - Supervision will initially be direct for all consults and then increasing autonomy will be given based on attending assessment, fellow feedback, clinical improvement, and with crucial guidance from the CCC. Some indirect consult supervision will be allowed.
- **Medical Knowledge** – fellows will begin to grasp, understand, and demonstrate scientific, evidence-based thinking and apply this to patient care.
 - Goals
 - Apply evidence-based care, typically in consultation with the relevant major society guidelines, with demonstration of this knowledge during rounds, with bedside teaching, and in appropriate documentation.
 - **Practice-Based Learning & Improvement** – Fellows will consistently seek and receive feedback throughout the rotation. Attendings will model this behavior by reflecting on and learning from salient patient cases or incidents on service. M&M cases will be generated by this rotation and allow for a formal, didactic, root cause analysis to take place at conference.
 - Goals
 - Self-evaluation – fellows will evaluate their care of patients in partnership with the attendings, but also the Hepatology team members including students, residents, non-physician practitioners, GI RNs. Formal feedback sessions will incorporate this self-reflection throughout the rotation.
 - Lifelong learning – appraisal of the medical literature with respect to patient care being seen/demonstrated to ensure evidence-based medicine is continually assessed and reassessed.
 - **Interpersonal & Communication Skills** – Fellows will recognize, understand, and demonstrate the crucial importance of communication skills.
 - Goals
 - Patient and family – in addition to a thorough history and physical exam, fellows will communicate the assessment/plan on rounds with the attending and Hepatology team. PGY5 fellows will gradually accept increasing autonomy in communicating the plan. Family members will always be updated and informed at the

discretion of the patient or in instances where the patient cannot receive the information.

- Referring teams – prompt communication verbally or electronically will be expected, and then formal recommendations will be communicated after rounds and with the approval of the attending physician. Respectful, helpful language will always be emphasized. PGY5 fellows will give appropriate preliminary recommendations without the attending’s initial approval, but these decisions will be reviewed formally with the attending on rounds each day.
- Procedural – Post-procedural findings/plans will always be communicated with the patient/family/referring team after discussing with the endoscopy fellow/attending. PGY5 fellows will be given the autonomy to convey these important details to patients/family.
- Transplant – fellows will be responsible for communicating with accepting transplant centers (when applicable) after reviewing the case with the Hepatology attending.
- **Systems-Based Practice** – special emphasis at ARMC will be paid to marginalized patients who are regularly seen at ARMC. This greatly influences the delivery of care with regards to resources, follow up, procedures, etc. Fellows will consistently review, consider, and incorporate social determinants of health. Resources at ARMC to allow for certain needed services to be provided will be sought out in consultation with the primary teams and other relevant players (e.g. social workers, case managers).
 - Goals
 - As the county hospital to an underserved community, ARMC will allow, and indeed, necessarily requires fellows to actively navigate the many social determinants of health to provide quality care. Fellows will demonstrate knowledge of these issues on rounds and in communication with the patients/families/referring teams. PGY5 fellows will incorporate this into their own presentations and everyday care models.
 - QI projects will be strongly encouraged (though not required) at ARMC given the size of the institution and the hospital’s need for subspecialty input. Attendings will provide mentorship for these projects. GI RNs will be instrumental and active participants in these endeavors when appropriate.
- PGY6
 - **Professionalism** – fellows will continue to be evaluated and assessed on timeliness, timeliness of consultations, recommendation communication, interpersonal communication and respect for all team-members (students, residents, GI inpatient NPP, GI RNs, consultative teams). In the PGY6 level, the

fellow will have increasing autonomy in these arenas, though they will still seek feedback regularly throughout the rotation. This feedback will be provided formally by attendings as well on a – at minimum – weekly basis.

Goals

- Ensure excellent, timely, appropriate communication to referring teams
 - Facilitate a comfortable learning environment wherein mutual respect is shown and expected
 - In PGY6 level, fellows will guide the team of residents/students in the appropriate, professional communication and facilitation of the educational, positive learning environment. The attending will step in only when needed and when the fellow or team need additional guidance.
- **Patient Care & Procedural Skills** – fellows will be responsible for all hepatology consult patients, but may apportion cases to the PA-C, residents, and students, if applicable. Patients being cared for by medical students are considered fellows' patients to facilitate teaching and to begin to shape oversight skills.
- Goals
 - Provide comprehensive, thorough, yet specialty-specific consultation for liver-related issues.
 - Provide compassionate, appropriate, effective consultative patient care with regards to the entire spectrum of hepatic diseases including, but not limited to, GI bleeding in cirrhosis, hepatic neoplasia, acute and chronic liver diseases, biliary infections, obstructions, malignancies, hepatic infections, women's health issues (e.g. liver disease in pregnancy), and transplant.
 - Supervision will be both direct and indirect for all consults with increasing autonomy given based on attending assessment, fellow feedback, clinical improvement, and with crucial guidance from the CCC.
- **Medical Knowledge** – fellows will begin to grasp, understand, and demonstrate scientific, evidence-based thinking and apply this to patient care.
- Goals
 - Apply evidence-based care, typically in consultation with the relevant major society guidelines, with demonstration of this knowledge during rounds, with bedside teaching, and in appropriate documentation.
- **Practice-Based Learning & Improvement** – Fellows will consistently seek and receive feedback throughout the rotation. Attendings will model this behavior by reflecting on and learning from salient patient cases or incidents on service. M&M cases will be generated by this rotation and allow for a formal, didactic, root cause analysis to take place at conference.

- **Goals**
 - Self-evaluation – fellows will evaluate their care of patients in partnership with the attendings, but also the Hepatology team members including students, residents, non-physician practitioners, GI RNs. Formal feedback sessions will incorporate this self-reflection throughout the rotation.
 - Lifelong learning – appraisal of the medical literature with respect to patient care being seen/demonstrated to ensure evidence-based medicine is continually assessed and reassessed.
- **Interpersonal & Communication Skills** – Fellows will recognize, understand, and demonstrate the crucial importance of communication skills.
 - **Goals**
 - Patient and family – in addition to a thorough history and physical exam, fellows will communicate the assessment/plan on rounds with the attending and Hepatology team. PGY6 fellows will fully communicate the plan. Attendings will only step in when needed or when additional guidance is required/requested. Family members will always be updated and informed at the discretion of the patient or in instances where the patient cannot receive the information.
 - Referring teams – prompt communication verbally or electronically will be expected, and then formal recommendations will be communicated after rounds and with the approval of the attending physician. Respectful, helpful language will always be emphasized. PGY6 fellows will give appropriate preliminary recommendations without the attending's initial approval, but these decisions will be reviewed formally with the attending on rounds each day.
 - Procedural – Post-procedural findings/plans will always be communicated with the patient/family/referring team after discussing with the endoscopy fellow/attending. PGY6 fellows will convey these important details to patients/family.
 - Transplant – fellows will be responsible for communicating with accepting transplant centers (when applicable) after reviewing the case with the Hepatology attending.
- **Systems-Based Practice** – special emphasis at ARMC will be paid to marginalized patients who are regularly seen at ARMC. This greatly influences the delivery of care with regards to resources, follow up, procedures, etc. Fellows will consistently review, consider, and incorporate social determinants of health. Resources at ARMC to allow for certain needed services to be provided will be sought out in consultation with the primary teams and other relevant players (e.g. social workers, case managers).
 - **Goals**

- As the county hospital to an underserved community, ARMC will allow, and indeed, necessarily requires fellows to actively navigate the many social determinants of health to provide quality care. Fellows will demonstrate knowledge of these issues on rounds and in communication with the patients/families/referring teams. PGY6 fellows will seamlessly incorporate this into their own presentations and everyday care models.
- QI projects will be strongly encouraged (though not required) at ARMC given the size of the institution and the hospital's need for subspecialty input. Attendings will provide mentorship for these projects. GI RNs will be instrumental and active participants in these endeavors when appropriate.

Additional Details

Supervision (see above for specifics)

- PGY4
 - Direct supervision for all consults
 - All questions/curbsides will be reviewed with the attending physician before recommendations are given.
 - As the fellow becomes more experienced, there will be increasing autonomy given based on fellow performance, attending assessment, and with crucial CCC guidance.
- PGY5
 - Direct supervision for most consults. Some indirect supervision allowed based on fellows' performance.
 - Majority of complex questions/curbsides will be reviewed with the attending physician before recommendations are given. Straightforward questions/curbsides may be answered, and preliminary recommendations given by the fellow, after which attending review will be required.
 - As the fellow becomes more experienced, there will be increasing autonomy given based on fellow performance, attending assessment, and with crucial CCC guidance.
- PGY6
 - Direct and indirect supervision for all consults
 - Majority of questions/curbsides may be answered, and preliminary recommendations given by the fellow, after which attending review will be required.
 - As the fellow becomes more experienced, there will be increasing autonomy given based on fellow performance, attending assessment, and with crucial CCC guidance.

Conferences

- Fellows will participate in all the standard conferences including core curriculum didactics, flipped didactics, board review, grand rounds, M&M, journal club, guideline conference, and practice of GI.
- These will generally be Zoom-based to allow for easy participation and minimal travel time.
- Additional ARMC-based conferences may develop in the future.

Evaluation

- Medhub will be utilized
- The evaluations used for the inpatient consult rotation at St. Bernardine Medical Center will be utilized
- 360° evaluations will be sought from students, residents, NPPs, and GI RNs.
- Evaluations will be reviewed at CCC.

Site Direction: George Saffouri, MD

Communication between Site Director (SD) and Program Director (PD)

- SD and PD will be in direct communication via quarterly meetings to review the rotation and address concerns.
- SD and PD have a strong working relationship and are accessible via email, mobile phone, text message, and in-person.
- SD will participate in PEC and CCC meetings semiannually

Research

- ARMC has robust research capabilities and fellows will be able to access this unique and powerful tool to pursue projects.
- Research at ARMC has the potential to be highly relevant to the community of San Bernardino.
- CITI (Collaborative Institutional Training Initiative) modules are available and free of charge to facilitate research training and methodology.
- Research coordinators are available to help trainees with projects

Quality Improvement: QI projects are not required, but are certainly encouraged at ARMC, as this also provides an excellent institution in which fellow-led QI projects have the potential to significantly enhance care.

Wellbeing Policy

- Fellow wellbeing is essential to a compassionate, productive program and rotation
- Wellbeing overview lecture given annually
- UC Riverside GME Wellbeing Committee oversight and programs accessible for all fellows
- Fatigue policy applies (see appropriate section)
- Taxi service available free of charge for fatigued fellows

Facilities

- Fully outfitted GI lab with new Pentax scopes and equipment.
- Advanced procedure exposure and hands-on education including ERCP and EUS.
- Video capsule endoscopy exposure and hands-on education.
- Call rooms available if needed, however there will be no in-house call.
- Multiple computers available in GI lab and on the wards and in the ICUs

January 16, 2022

Arrowhead Regional Medical Center Curriculum
Gastroenterology Consults – Inpatient

Program Aims

- Sponsoring Institution mission – The partnership with Arrowhead Regional Medical Center (ARMC) is of utmost importance given UC Riverside's mission of education, scholarship, and excellent care to serve the underserved community. ARMC is the county hospital for San Bernardino County and has a long history as a teaching institution. The cerebral, clinical, and procedural scope afforded by ARMC will be a massive benefit to the fellows at UC Riverside. The ability to work at and learn in the county hospital in an underserved region will allow the fellows to enhance and hone their appreciation for service and health equity.
- Needs of community it serves – San Bernardino County is a historically and persistently underserved region in Southern California, and indeed, in the nation. The population is growing at a rapid rate and presently there are over 2-million residents, of whom >60% are from races/ethnicities that regularly experience marginalization with regards to healthcare and health access. San Bernardino unfortunately has a poverty level that exceeds the national average. Crucially, the ratio of physicians to patients in the county is far below the national average. All of this underscores the significant importance in including ARMC as a training site for UC Riverside fellows. It allows the trainees and the program to give back to the community in desperate need of physicians and excellent medical care.
- Desired capabilities of graduates – Graduates rotating through ARMC as part of the fellowship will be expected to learn, understand, and incorporate the knowledge of health disparities in the training of gastroenterology/hepatology and the delivery of subspecialty care including procedural care.

Rotation Outline/Structure Fundamentals

- 4 week length
- 5 days of standard inpatient service per week (typically 7:00 AM to 5:00 PM, subject to service volume/case load)
- One call weekend-day/night per week (Friday at 5:00 PM to Sunday at 6:00 AM)
- Inpatient consults from 8:00 AM to 5:00 PM
- Inpatient endoscopy
- Bedside teaching with ARMC medical students and residents
- Team-based work environment with students (0-2 per month), residents (0-1 per month), GI inpatient non-physician practitioner(s) (NPPs – 1 per month), GI RNs, consultative teams (IM, FM, Surgery, ICU, etc.)
- Participation in regular program conferences/lectures.

Competency Based Goals/Objectives

- PGY4

- **Professionalism** – fellows will be evaluated and assessed on timeliness, timeliness of consultations, recommendation communication, interpersonal communication and respect for all team-members (students, residents, GI inpatient NPP, GI RNs, consultative teams). In the PGY-4 level, the fellow will learn these expectations from the attendings and seek feedback regularly throughout the rotation. This feedback will be provided formally by attendings as well on a – at minimum – weekly basis.

Goals

- Ensure excellent, timely, appropriate communication to referring teams
 - Facilitate a comfortable learning environment wherein mutual respect is shown and expected
- **Patient Care & Procedural Skills** – fellows will divide patients with the PA-C, residents, and students. Patients being cared for by medical students are considered fellows' patients to facilitate teaching and to begin to shape oversight skills. Endoscopy will be for inpatients primarily (unless patient volume allows for the scoping of outpatients at the discretion of the attending) in the GI lab and at the bedside in the ED or ICUs.

Goals

- Provide comprehensive, thorough, yet specialty-specific consultation for GI-related issues.
- Provide compassionate, appropriate, effective consultative patient care with regards to the entire spectrum of luminal and hepatic diseases including, but not limited to, GI bleeding, peptic ulcer disease, luminal neoplasia, acute and chronic liver diseases, biliary infections, obstructions, malignancies, nutrition including enteral access, GI infections, inflammatory bowel diseases including acute/severe flares, surgery-specific issues requiring GI care/expertise, and women's health issues.
- In PGY4 level, endoscopy will begin via observation initially, but then quickly progress to hands-on education. Oversight will always be direct by the attending physician and autonomy will be apportioned when consistent skill attainment has been demonstrated, in consultation with the CCC, and at the discretion of the attending physician. Each component of a diagnostic technique (e.g. biopsy) or a more advanced techniques such as therapeutics will be first demonstrated by the attending and then gradually introduced with hands-on and verbal instruction.
- Fellows' procedure volume will be dependent on the day-to-day and week-to-week assessment by the attendings with significant

contribution from the CCC. The time constraints of a busy inpatient service will need to be considered with cases allowed for fellows. As PGY4 year progresses, more and more cases will be allowed and achievable by the fellows.

- **Medical Knowledge** – fellows will begin to grasp, understand, and demonstrate scientific, evidence-based thinking and apply this to patient care.
 - **Goals**
 - Apply evidence-based care, typically in consultation with the relevant major society guidelines, with demonstration of this knowledge during rounds, with bedside teaching, and in appropriate documentation.
 - Demonstrate understanding of procedural indications, contraindications, complications. Demonstrate the process of informed consent. In PGY4 level, this is modeled after attending physician demonstrating the appropriate method(s). PGY4s will provide consent autonomously if and only if they have shown the attendings that their consent language/technique is correct with in-person demonstration.
 - Demonstrate understanding of sedation medications including pharmacology, administration, reversal, complications. In PGY4, this will initially be strongly guided by the attending physician to model appropriate and safe behaviors. Fellows will always require attending physicians to agree (or disagree) with sedation dosage suggested. Attendings will teach and explain why a certain dose is potentially incorrect.
- **Practice-Based Learning & Improvement** – Fellows will consistently seek and receive feedback throughout the rotation. Attendings will model this behavior by reflecting on and learning from salient patient cases or incidents on service. M&M cases will be generated by this rotation and allow for a formal, didactic, root cause analysis to take place at conference.
 - **Goals**
 - Self-evaluation – fellows will evaluate their care of patients in partnership with the attendings, but also the GI team members including students, residents, non-physician practitioners, GI RNs. Formal feedback sessions will incorporate this self-reflection throughout the rotation.
 - Lifelong learning – appraisal of the medical literature with respect to patient care being seen/demonstrated to ensure evidence-based medicine is continually assessed and reassessed.
- **Interpersonal & Communication Skills** – Fellows will recognize, understand, and demonstrate the crucial importance of communication skills, particularly in a procedural field where interpersonal skills and clear, effective communication is essential.
 - **Goals**

- Patient and family – in addition to a thorough history and physical exam, fellows will communicate the assessment/plan on rounds with the attending and GI team. PGY4 fellows will initially model the attending communication and behavior before gradually accepting increasing autonomy in communicating the plan. Family members will always be updated and informed at the discretion of the patient or in instances where the patient cannot receive the information.
- Referring teams – prompt communication verbally or electronically will be expected and then formal recommendations will be communicated after rounds and with the approval of the attending physician. Respectful, helpful language will always be emphasized. PGY4 fellows will initially avoid giving preliminary recommendations without the attending's approval, but as they become more autonomous and experienced (at the discretion/evaluation of the attending and in consultation with the CCC), this will be increasingly encouraged.
- Procedural – clear, precise, direct communication will be required during endoscopy with regards to verbal sedation orders, pre-/post-procedure diagnoses. Concerns of all the procedural team members will be promptly addressed and taken seriously to ensure safe procedural patient care. Respectful language will be required for all endoscopy team members involved. PGY4 fellows will initially learn this in observing the attendings and then progressively communicate of their own accord with the attending's agreement. Post-procedural findings/plans will always be communicated with the patient/family/referring team.
- **Systems-Based Practice** – special emphasis at ARMC will be paid to marginalized patients who are regularly seen at ARMC. This greatly influences the delivery of care with regards to resources, follow up, procedures, etc. Fellows will consistently review, consider, and incorporate social determinants of health. Resources at ARMC to allow for certain needed services to be provided will be sought out in consultation with the primary teams and other relevant players (e.g. social workers, case managers).
 - Goals
 - As the county hospital to an underserved community, ARMC will allow, and indeed, necessarily requires fellows to actively navigate the many social determinants of health to provide quality care. Fellows will demonstrate knowledge of these issues on rounds and in communication with the patients/families/referring teams. PGY4 fellows will initially learn these systems-based issues in close discussion with the attendings, and then progressively incorporate this into their own presentations and everyday care models.

- QI projects will be strongly encouraged (though not required) at ARMC given the size of the institution and the hospital's need for subspecialty input. Attendings will provide mentorship for these projects. GI RNs will be instrumental and active participants in these endeavors when appropriate.
- PGY5
 - **Professionalism** – fellows will continue to be evaluated and assessed on timeliness, timeliness of consultations, recommendation communication, interpersonal communication and respect for all team-members (students, residents, GI inpatient NPP, GI RNs, consultative teams). In the PGY-5 level, the fellow will have increasing autonomy in these arenas, though they will still seek feedback regularly throughout the rotation. This feedback will be provided formally by attendings as well on a – at minimum – weekly basis.
 - Goals
 - Ensure excellent, timely, appropriate communication to referring teams
 - Facilitate a comfortable learning environment wherein mutual respect is shown and expected
 - In PGY5 level, fellows will take a more active role in guiding the team of residents/students in the appropriate, professional communication and facilitation of the educational, positive learning environment. The attending will step in when needed and when the fellow or team need additional guidance.
 - **Patient Care & Procedural Skills** – fellows will divide patients with the PA-C, residents, and students. Patients being cared for by medical students are considered fellows' patients to facilitate teaching and to begin to shape oversight skills. Endoscopy will be for inpatients primarily (unless patient volume allows for the scoping of outpatients at the discretion of the attending) in the GI lab and at the bedside in the ED or ICUs.
 - Goals
 - Provide comprehensive, thorough, yet specialty-specific consultation for GI-related issues.
 - Provide compassionate, appropriate, effective consultative patient care with regards to the entire spectrum of luminal and hepatic diseases including, but not limited to, GI bleeding, peptic ulcer disease, luminal neoplasia, acute and chronic liver diseases, biliary infections, obstructions, malignancies, nutrition including enteral access, GI infections, inflammatory bowel diseases including acute/severe flares, surgery-specific issues requiring GI care/expertise, and women's health issues.
 - In PGY5 level, endoscopy autonomy will increasingly be given, though oversight will still always be direct by the attending physician. Autonomy will be apportioned when consistent skill

attainment has been demonstrated, under guidance from the CCC, and at the discretion of the attending physician. More advanced skills such as hemostatic therapeutics will be encouraged and expected at this level. The majority of attending hands-on involvement will be to assist with more complex maneuvers or to ensure safe care. Attendings will continue to provide verbal instruction and advice throughout the cases.

- Fellows' procedure volume will still be dependent on the day-to-day and week-to-week assessment by the attendings with significant contribution from the CCC. The time constraints of a busy inpatient service will continue to be considered with cases allowed for fellows. However, in the PGY5 year, fellows will likely be completing all or nearly all of the inpatient cases per day.
- **Medical Knowledge** – fellows will begin to grasp, understand, and demonstrate scientific, evidence-based thinking and apply this to patient care.
 - **Goals**
 - Apply evidence-based care, in consultation with the relevant major society guidelines, with demonstration of this knowledge during rounds, with bedside teaching, and in appropriate documentation. In PGY5 year, guideline-based knowledge will continue to be emphasized, however use of more original papers from top journals will be encouraged and expected if they are relevant to patient care.
 - Continue to demonstrate understanding of procedural indications, contraindications, complications. In PGY5, fellows will fully understand and execute the process of informed consent. Attendings will nevertheless continue to be present for informed consent discussions in all cases and provide additional guidance or expertise if needed by the parties in question.
 - Demonstrate continued understanding of sedation medications including pharmacology, administration, reversal, complications. In PGY5, fellows will be encouraged and expected to provide all verbal sedation orders. Fellows will still always require attending physicians to agree (or disagree) with sedation dosage suggested. Attendings will continue to teach and explain why a certain dose is potentially incorrect or why a different approach may be considered.
- **Practice-Based Learning & Improvement** – Fellows will consistently seek and receive feedback throughout the rotation. Attendings will model this behavior by reflecting on and learning from salient patient cases or incidents on service. M&M cases will be generated by this rotation and allow for a formal, didactic, root cause analysis to take place at conference.
 - **Goals**

- Self-evaluation – fellows will continue to evaluate their care of patients in partnership with the attendings, but also the GI team members including students, residents, non-physician practitioners, GI RNs. Formal feedback sessions will incorporate this self-reflection throughout the rotation.
 - Lifelong learning – appraisal of the medical literature with respect to patient care being seen/demonstrated to ensure evidence-based medicine is continually practiced, assessed, and reassessed.
- **Interpersonal & Communication Skills** – Fellows will recognize, understand, and demonstrate the crucial importance of communication skills, particularly in a procedural field where interpersonal skills and clear, effective communication is essential.
 - Goals
 - Patient and family – in addition to a thorough history and physical exam, PGY5 fellows will now almost fully/autonomously communicate the assessment/plan on rounds with the attending available to provide clarification or answer additional questions as needed. Family members will continue to be updated and informed at the discretion of the patient or in instances where the patient cannot receive the information. These conversations with family can now occur almost fully with the PGY5 fellow and the family members with attending input provided on a case-by-case basis.
 - Referring teams – prompt communication verbally or electronically will be expected, and then formal recommendations will be communicated after rounds and with the approval of the attending physician. Respectful, helpful language will continue to be emphasized. PGY5 fellows will be encouraged and expected to provide appropriate preliminary recommendations without the attending's explicit approval in many circumstances. Crucial decisions such as emergency procedural need will continue to require attending approval and open communication with the fellow, attending, and GI team is a must in these and indeed all instances.
 - Procedural – clear, precise, direct communication will continue to be required during endoscopy with regards to verbal sedation orders, pre-/post-procedure diagnoses. Concerns of all the procedural team members will be promptly addressed and taken seriously to ensure safe procedural patient care. Respectful language will be required for all endoscopy team members involved. PGY5 fellows will have greater autonomy in procedural communication (e.g. which tools/devices to employ, how to obtain and label biopsies, when to give more sedation medications, etc.). Post-procedural findings/plans will always be

communicated with the patient/family/referring team, and in the PGY5 level, these can be done with much less attending direct oversight.

- **Systems-Based Practice** – special emphasis at ARMC will be paid to marginalized patients who are regularly seen at ARMC. This greatly influences the delivery of care with regards to resources, follow up, procedures, etc. Fellows will consistently review, consider, and incorporate social determinants of health. Resources at ARMC to allow for certain needed services to be provided will be sought out in consultation with the primary teams and other relevant players (e.g. social workers, case managers).

- **Goals**

- As the county hospital to an underserved community, ARMC will allow, and indeed, necessarily requires fellows to actively navigate the many social determinants of health to provide quality care. Fellows will demonstrate knowledge of these issues on rounds and in communication with the patients/families/referring teams. PGY5 fellows will lead these discussions and incorporate these salient features into their rounds, running of the team, and teaching.
- QI projects will continue to be strongly encouraged (though not required) at ARMC given the size of the institution and the hospital's need for subspecialty input. Attendings will provide mentorship for these projects. GI RNs will be instrumental and active participants in these endeavors when appropriate.

- **PGY6**

- **Professionalism** – fellows will continue to be evaluated and assessed on timeliness, timeliness of consultations, recommendation communication, interpersonal communication and respect for all team-members (students, residents, GI inpatient NPP, GI RNs, consultative teams). In the PGY6 level, the fellow will have increasing autonomy in these arenas, though they will still seek feedback regularly throughout the rotation. This feedback will be provided formally by attendings as well on a – at minimum – weekly basis.

- **Goals**

- Ensure excellent, timely, appropriate communication to referring teams
- Facilitate a comfortable learning environment wherein mutual respect is shown and expected
- In PGY6 level, fellows will act as a junior faculty in many respects, almost totally guiding the team of residents/students in the appropriate, professional communication and facilitation of the educational, positive learning environment. The attending will step in when needed and when the fellow or team need

additional guidance. Fellow autonomy will of course continue to be based on attending assessment and CCC evaluation/guidance.

- **Patient Care & Procedural Skills** – fellows will divide patients with the PA-C, residents, and students. Patients being cared for by medical students are considered fellows' patients to facilitate teaching and to begin to shape oversight skills. Endoscopy will be for inpatients primarily (unless patient volume allows for the scoping of outpatients at the discretion of the attending) in the GI lab and at the bedside in the ED or ICUs.
 - **Goals**
 - Provide comprehensive, thorough, yet specialty-specific consultation for GI-related issues.
 - Provide compassionate, appropriate, effective consultative patient care with regards to the entire spectrum of luminal and hepatic diseases including, but not limited to, GI bleeding, peptic ulcer disease, luminal neoplasia, acute and chronic liver diseases, biliary infections, obstructions, malignancies, nutrition including enteral access, GI infections, inflammatory bowel diseases including acute/severe flares, surgery-specific issues requiring GI care/expertise, and women's health issues.
 - In PGY6 level, endoscopy autonomy will continue to increasingly be given, though oversight will still always be direct by the attending physician. Autonomy will continue to be apportioned when consistent skill attainment has been demonstrated, under guidance from the CCC, and at the discretion of the attending physician. More advanced skills such as hemostatic therapeutics will be encouraged and expected at this level. The majority of attending hands-on involvement will be to assist with more complex maneuvers or to ensure safe care. Attendings will continue to provide verbal instruction and advice throughout the cases.
 - In PGY6 year, the opportunity for advanced endoscopy procedures will be afforded and taught. These will include ERCP, EUS, enteral stenting. The advanced endoscopy attendings will assess fellows' readiness for these procedures and provide direct supervision at all times. CCC oversight will remain as essential.
 - In the PGY6 year, fellows will be encouraged and expected to complete all inpatient cases on a given day. Attendings will rarely step in when needed to ensure efficient flow in the GI lab and to ensure duty hours are of course followed.
- **Medical Knowledge** – fellows will understand and demonstrate scientific, evidence-based thinking and apply this to patient care. They will teach these skills to residents and students.
 - **Goals**

- Apply evidence-based care, in consultation with the relevant major society guidelines, with demonstration of this knowledge during rounds, with bedside teaching, and in appropriate documentation. In PGY6 year, guideline-based knowledge will continue to be emphasized and expected. At this level, however, the use of more original papers from top journals will be expected if they are relevant to patient care. At the PGY6 level, fellows will also increasingly identify gaps in medical literature to allow for research projects.
 - Continue to demonstrate understanding of procedural indications, contraindications, complications. In PGY6, fellows will fully understand and execute the process of informed consent. Attendings will continue to be present for informed consent discussions in all cases and provide additional guidance or expertise if needed by the parties in question. In PGY6, fellows will be able to manage procedural complications with guidance and oversight by the attending.
 - Demonstrate continued understanding of sedation medications including pharmacology, administration, reversal, complications. In PGY6, fellows will be encouraged and expected to provide all verbal sedation orders. Attending physicians will provide input to adjust/alter this plan when needed.
- **Practice-Based Learning & Improvement** – Fellows will consistently seek and receive feedback throughout the rotation. Attendings will model this behavior by reflecting on and learning from salient patient cases or incidents on service. M&M cases will be generated by this rotation and allow for a formal, didactic, root cause analysis to take place at conference.
 - **Goals**
 - Self-evaluation – fellows will continue to evaluate their care of patients in partnership with the attendings, but also the GI team members including students, residents, non-physician practitioners, GI RNs. Formal feedback sessions will incorporate this self-reflection throughout the rotation.
 - Lifelong learning – appraisal of the medical literature with respect to patient care being seen/demonstrated to ensure evidence-based medicine is continually practiced, assessed, and reassessed.
 - **Interpersonal & Communication Skills** – Fellows will recognize, understand, and demonstrate the crucial importance of communication skills, particularly in a procedural field where interpersonal skills and clear, effective communication is essential.
 - **Goals**
 - Patient and family – in addition to a thorough history and physical exam, PGY6 fellows will fully/autonomously communicate the

assessment/plan on rounds with the attending available to provide clarification or answer additional questions as needed. Family members will continue to be updated and informed at the discretion of the patient or in instances where the patient cannot receive the information. These conversations with family will occur fully with the PGY6 fellow and the family members with attending input provided on a case-by-case basis.

- Referring teams – prompt communication verbally or electronically will be expected, and then formal recommendations will be communicated after rounds and with the approval of the attending physician. Respectful, helpful language will continue to be emphasized. PGY6 fellows will provide appropriate preliminary recommendations without the attending's explicit approval in the majority of circumstances. Crucial decisions such as emergency procedural need will continue to require attending approval, however at the PGY6 level, the appropriateness of these decision will be anticipated and expected.
- Procedural – clear, precise, direct communication will continue to be required during endoscopy with regards to verbal sedation orders, pre-/post-procedure diagnoses. Concerns of all the procedural team members will be promptly addressed and taken seriously to ensure safe procedural patient care. Respectful language will be required for all endoscopy team members involved. PGY6 fellows will provide all procedural communication (e.g. which tools/devices to employ, how to obtain and label biopsies, when to give more sedation medications, etc.). Attendings will provide input when needed. Post-procedural findings/plans will always be communicated with the patient/family/referring team, and in the PGY6 level, these can be done without direct attending oversight unless needed.
- **Systems-Based Practice** – special emphasis at ARMC will be paid to marginalized patients who are regularly seen at ARMC. This greatly influences the delivery of care with regards to resources, follow up, procedures, etc. Fellows will consistently review, consider, and incorporate social determinants of health. Resources at ARMC to allow for certain needed services to be provided will be sought out in consultation with the primary teams and other relevant players (e.g. social workers, case managers).
 - Goals
 - As the county hospital to an underserved community, ARMC will allow, and indeed, necessarily requires fellows to actively navigate the many social determinants of health to provide quality care. Fellows will demonstrate knowledge of these issues on rounds and in communication with the patients/families/referring teams. PGY6 fellows will lead these discussions and incorporate these

salient features into their rounds, running of the team, and teaching. They will take the lead in advocating for patients in communication with ancillary teams/services.

- QI projects will continue to be strongly encouraged (though not required) at ARMC given the size of the institution and the hospital's need for subspecialty input. Attendings will provide mentorship for these projects. GI RNs will be instrumental and active participants in these endeavors when appropriate.

Additional Details

Supervision (see above for specifics)

- PGY4
 - Direct supervision for all consults and procedures
 - All questions/curbsides will be reviewed with the attending physician before recommendations are given.
 - As the fellow becomes more experienced, there will be increasing autonomy given based on fellow performance, attending assessment, and with crucial CCC guidance.
- PGY5
 - Direct supervision for all consults and procedures
 - Majority of complex questions/curbsides will be reviewed with the attending physician before recommendations are given. Straightforward questions/curbsides may be answered, and preliminary recommendations given by the fellow, after which attending review will be required.
 - As the fellow becomes more experienced, there will be increasing autonomy given based on fellow performance, attending assessment, and with crucial CCC guidance.
- PGY6
 - Direct supervision for all consults and procedures
 - Majority of questions/curbsides may be answered, and preliminary recommendations given by the fellow, after which attending review will be required.
 - As the fellow becomes more experienced, there will be increasing autonomy given based on fellow performance, attending assessment, and with crucial CCC guidance.

Conferences

- Fellows will participate in all the standard conferences including core curriculum didactics, flipped didactics, board review, grand rounds, M&M, journal club, guideline conference, and practice of GI.
- These will generally be Zoom-based to allow for easy participation and minimal travel time.

- Additional ARMC-based conferences may develop in the future.

Evaluation

- Medhub will be utilized
- The evaluations used for the inpatient consult rotation at St. Bernardine Medical Center will be utilized
- 360° evaluations will be sought from students, residents, NPPs, and GI RNs.
- Evaluations will be reviewed at CCC.

Site Direction: George Saffouri, MD

Communication between Site Director (SD) and Program Director (PD)

- SD and PD will be in direct communication via quarterly meetings to review the rotation and address concerns.
- SD and PD have a strong working relationship and are accessible via email, mobile phone, text message, and in-person.
- SD will participate in PEC and CCC meetings semiannually

Research

- ARMC has robust research capabilities and fellows will be able to access this unique and powerful tool to pursue projects.
- Research at ARMC has the potential to be highly relevant to the community of San Bernardino.
- CITI (Collaborative Institutional Training Initiative) modules are available and free of charge to facilitate research training and methodology.
- Research coordinators are available to help trainees with projects

Quality Improvement: QI projects are not required, but are certainly encouraged at ARMC, as this also provides an excellent institution in which fellow-led QI projects have the potential to significantly enhance care.

Wellbeing Policy

- Fellow wellbeing is essential to a compassionate, productive program and rotation
- Wellbeing overview lecture given annually
- UC Riverside GME Wellbeing Committee oversight and programs accessible for all fellows
- Fatigue policy applies (see appropriate section)
- Taxi service available free of charge for fatigued fellows

Facilities

- Fully outfitted GI lab with new Pentax scopes and equipment.
- Advanced procedure exposure and hands-on education including ERCP and EUS.
- Video capsule endoscopy exposure and hands-on education.

- Call rooms available if needed, however there will be no in-house call.
- Multiple computers available in GI lab and on the wards and in the ICUs

January 16, 2022

Arrowhead Regional Medical Center Curriculum
Outpatient Endoscopy and GI/IBD Clinic

Program Aims

- Sponsoring Institution mission – The partnership with Arrowhead Regional Medical Center (ARMC) is of utmost importance given UC Riverside's mission of education, scholarship, and excellent care to serve the underserved community. ARMC is the county hospital for San Bernardino County and has a long history as a teaching institution. The cerebral, clinical, and procedural scope afforded by ARMC will be a massive benefit to the fellows at UC Riverside. The ability to work at and learn in the county hospital in an underserved region will allow the fellows to enhance and hone their appreciation for service and health equity.
- Needs of community it serves – San Bernardino County is a historically and persistently underserved region in Southern California, and indeed, in the nation. The population is growing at a rapid rate and presently there are over 2-million residents, of whom >60% are from races/ethnicities that regularly experience marginalization with regards to healthcare and health access. San Bernardino unfortunately has a poverty level that exceeds the national average. Crucially, the ratio of physicians to patients in the county is far below the national average. All of this underscores the significant importance in including ARMC as a training site for UC Riverside fellows. It allows the trainees and the program to give back to the community in desperate need of physicians and excellent medical care.
- Desired capabilities of graduates – Graduates rotating through ARMC as part of the fellowship will be expected to learn, understand, and incorporate the knowledge of health disparities in the training of gastroenterology/hepatology and the delivery of subspecialty care including procedural care.

Rotation Outline/Structure Fundamentals

- 4 week length
- 5 half days (mornings) of outpatient endoscopy at ARMC GI lab
- Up to 5 half days (afternoons) of either continuity clinic or outpatient GI clinic or IBD clinic at ARMC
- Subject to master call schedule for weekdays and weekends
- Endoscopy mornings from 8:00 AM up to 12:00 PM at latest.
- Clinic afternoons from 1:00 PM up to 5:00 PM at latest.
- Bedside teaching with ARMC medical students and residents that may rotate through clinics.
- Team-based work environment with students (0-1 per month), residents (0-1 per month), GI non-physician practitioner(s) (NPPs – 0-1 per month), GI RNs.

- Participation in regular program conferences/lectures.

Competency Based Goals/Objectives

- PGY4
 - **Professionalism** – fellows will be evaluated and assessed on both endoscopy and clinic report time punctuality, timeliness of procedure start times, patient preop reading, interpersonal communication, appropriate documentation and ordering, and respect for all team-members (students, residents, GI inpatient NPP, GI RNs). In the PGY4 level, the fellow will learn these expectations from the endoscopy and clinic attendings and seek feedback regularly throughout the rotation. This feedback will be provided formally by both attendings as well on a – at minimum – weekly basis.

Goals

- Ensure punctuality for procedure start times and pre-read on any available pre-op patient information to guide procedural strategies, sedation appropriateness, procedural therapeutic needs.
- Timely and efficient GI/IBD clinic documentation will be expected with same day note completion strongly encouraged, same day billing required, and same day orders/prescriptions required.
- Ensure excellent, timely, appropriate communication during procedures
- Facilitate a comfortable learning environment wherein mutual respect is shown and expected
- **Patient Care & Procedural Skills** – fellows will divide patients with the clinic attending, and (if present) PA-C, residents, and students. Patients being cared for by medical students are considered fellows' patients to facilitate teaching and to begin to shape oversight skills. Endoscopy will be for outpatients primarily (unless patient volume allows for the scoping of inpatients at the discretion of the endoscopy attendings) in the GI lab.

Goals

- Provide comprehensive, thorough, yet specialty-specific consultation for GI-related issues and for IBD-specific issues per below. In PGY4 level, fellows will be responsible for relatively fewer patients per half-day clinic (i.e. 4-6) with more time allocated for questions, teaching, note-writing, and orders. Increased patient volume (up to 8 patients) will be allowed/encouraged based on attending assessment, fellow feedback, and performance evaluations with crucial CCC guidance.
- Provide consultative patient care with regards to the entire spectrum of outpatient luminal and hepatic diseases including, but not limited to, GERD, EoE, constipation, diarrhea, GI bleeding,

luminal and hepatic neoplasia/malignancy, acute and chronic liver diseases, biliary obstruction, nutrition including enteral access, GI infections, inflammatory bowel diseases including acute/severe flares, surgery-specific issues requiring GI care/expertise, and women's health issues.

- With regards to IBD clinic, specifically this focuses on evaluating and following patients with IBD, appropriate endoscopy referrals, use of biologic and immunomodulator therapy, use of ASA therapies in all application forms/routes, surgical evaluation for IBD management, therapeutic drug monitoring, IBD and pregnancy/fertility, extraintestinal manifestations.
 - In PGY4 level, endoscopy will begin via observation initially (if the fellow is early in his/her training), but then quickly progress to hands-on education. Oversight will always be direct by the attending physician and autonomy will be apportioned when consistent skill attainment has been demonstrated, in consultation with the CCC, and at the discretion of the attending physician. Each component of a diagnostic technique (e.g. biopsy) or a more advanced techniques such as therapeutics will be first demonstrated by the attending and then gradually introduced with hands-on and verbal instruction.
 - Fellows' procedure volume will be dependent on the day-to-day and week-to-week assessment by the attendings with significant contribution from the CCC. The time constraints of a busy outpatient list will need to be considered with cases allowed for fellows. As PGY4 year progresses, more and more cases will be allowed and achievable by the fellows.
- **Medical Knowledge** – fellows will begin to grasp, understand, and demonstrate scientific, evidence-based thinking and apply this to patient care.
- **Goals**
 - Apply evidence-based care, typically in consultation with the relevant major society guidelines, with demonstration of this knowledge during clinic presentations, with bedside teaching, and in appropriate documentation.
 - Demonstrate understanding of procedural indications, contraindications, complications. Demonstrate the process of informed consent. In PGY4 level, this is modeled after attending physician demonstrating the appropriate method(s). PGY4s will provide consent autonomously if and only if they have shown the attendings that their consent language/technique is correct with in-person demonstration.
 - Demonstrate understanding of sedation medications including pharmacology, administration, reversal, complications. In PGY4,

this will initially be strongly guided by the attending physician to model appropriate and safe behaviors. Fellows will always require attending physicians to agree (or disagree) with sedation dosage suggested. Attendings will teach and explain why a certain dose is potentially incorrect.

- **Practice-Based Learning & Improvement** – Fellows will consistently seek and receive feedback throughout the rotation. Attendings will model this behavior by reflecting on and learning from salient patient cases or incidents in clinic and in the GI lab. M&M cases will be generated by this rotation and allow for a formal, didactic, root cause analysis to take place at conference.
 - **Goals**
 - Self-evaluation – fellows will evaluate their care of patients in partnership with the attendings, but also the GI team members including students, residents, non-physician practitioners, GI RNs. Formal feedback sessions will incorporate this self-reflection throughout the rotation.
 - Lifelong learning – appraisal of the medical literature with respect to patient care being seen/demonstrated to ensure evidence-based medicine is continually assessed and reassessed.
- **Interpersonal & Communication Skills** – Fellows will recognize, understand, and demonstrate the crucial importance of communication skills, particularly in a procedural field where interpersonal skills and clear, effective communication is essential.
 - **Goals**
 - Patient and family – in addition to a thorough history and physical exam, fellows will communicate the assessment/plan in the clinic with the attending. PGY4 fellows will initially observe and model the attending communication and behavior in the room before gradually accepting increasing autonomy in communicating the plan. Family members will always be updated and informed at the discretion of the patient or in instances where the patient cannot receive the information.
 - Documentation – notes will be clear, succinct when applicable, and evidence-based. Documentation will be periodically assessed by clinic attendings to evaluate for thoroughness and completion. Strong emphasis will be placed on ensuring that notes are readable, straightforward, and easily comprehensible for referring providers and patients. In the PGY4 level, notes will likely be longer and contain more background information as this can be an effective way to learn and demonstrate knowledge. As the fellow becomes more experienced, this will likely (and be expected to) decrease.
 - Procedural – clear, precise, direct communication will be required during endoscopy with regards to verbal sedation orders, pre-

/post-procedure diagnoses. Concerns of all the procedural team members will be promptly addressed and taken seriously to ensure safe procedural patient care. Respectful language will be required for all endoscopy team members involved. PGY4 fellows will initially learn this in observing the attendings and then progressively communicate of their own accord with the attending's agreement. Urgent post-procedural findings/plans (i.e. malignancy) will always be communicated with the patient/family in the recovery area with the attending physician present to assist in these discussions.

- **Systems-Based Practice** – special emphasis at ARMC will be paid to marginalized patients who are regularly seen at ARMC. This greatly influences the delivery of care with regards to resources, follow up, procedures, etc. Fellows will consistently review, consider, and incorporate social determinants of health. Resources at ARMC to allow for certain needed services to be provided will be sought out in consultation with the primary teams and other relevant players (e.g. social workers, case managers).
 - Goals
 - As the county hospital to an underserved community, ARMC will allow, and indeed, necessarily requires fellows to actively navigate the many social determinants of health to provide quality care. Fellows will demonstrate knowledge of these issues during clinic encounters and in communication with the patients/families and – when applicable – referring physicians. PGY4 fellows will initially learn these systems-based issues in close discussion with the attendings, and then progressively incorporate this into their own presentations and everyday care models.
 - QI projects will be strongly encouraged (though not required) at ARMC given the size of the institution and the hospital's need for subspecialty input. Attendings will provide mentorship for these projects.
- PGY5
 - **Professionalism** – fellows will be evaluated and assessed on both endoscopy and clinic report time punctuality, timeliness of procedure start times, patient preop reading, interpersonal communication, appropriate documentation and ordering, and respect for all team-members (students, residents, GI inpatient NPP, GI RNs). In the PGY5 level, the fellow will generally understand and demonstrate these skills and continue to seek feedback regularly throughout the rotation. This feedback will be provided formally by both attendings as well on a – at minimum – weekly basis.
 - Goals
 - Ensure punctuality for procedure start times and pre-read on any available pre-op patient information to guide procedural

strategies, sedation appropriateness, procedural therapeutic needs.

- Timely and efficient GI/IBD clinic documentation will be expected with same day note completion strongly encouraged, same day billing required, and same day orders/prescriptions required.
 - Ensure excellent, timely, appropriate communication during procedures
 - Facilitate a comfortable learning environment wherein mutual respect is shown and expected
- **Patient Care & Procedural Skills** – fellows will divide patients with the clinic attending, and (if present) PA-C, residents, and students. Patients being cared for by medical students are considered fellows' patients to facilitate teaching and to begin to shape oversight skills. Endoscopy will be for outpatients primarily (unless patient volume allows for the scoping of inpatients at the discretion of the endoscopy attendings) in the GI lab.
- **Goals**
 - Provide comprehensive, thorough, yet specialty-specific consultation for GI-related issues and for IBD-specific issues per below. In PGY5 level, fellows will be responsible for up to 8 patients per half day.
 - Provide consultative patient care with regards to the entire spectrum of outpatient luminal and hepatic diseases including, but not limited to, GERD, EoE, constipation, diarrhea, GI bleeding, luminal and hepatic neoplasia/malignancy, acute and chronic liver diseases, biliary obstruction, nutrition including enteral access, GI infections, inflammatory bowel diseases including acute/severe flares, surgery-specific issues requiring GI care/expertise, and women's health issues.
 - With regards to IBD clinic, specifically this focuses on evaluating and following patients with IBD, appropriate endoscopy referrals, use of biologic and immunomodulator therapy, use of ASA therapies in all application forms/routes, surgical evaluation for IBD management, therapeutic drug monitoring, IBD and pregnancy/fertility, extraintestinal manifestations.
 - In PGY5 level, endoscopy will be almost entirely hands-on education. Oversight will always be direct by the attending physician and autonomy will be apportioned when consistent skill attainment has been demonstrated, in consultation with the CCC, and at the discretion of the attending physician. Standard diagnostic techniques (e.g. biopsy) and standard therapeutic techniques (e.g. routine polypectomy) will be primarily performed independently by the fellow, with more advanced techniques such as therapeutics (e.g. complex polypectomy, dilations) likely

requiring additional attending input, either hands-on or verbal-only depending on the skill level and experience of the fellow.

- Fellows' procedure volume will be dependent on the day-to-day and week-to-week assessment by the attendings with significant contribution from the CCC. The time constraints of a busy outpatient list will need to be considered with cases allowed for fellows. In the PGY5 year, the fellow will typically complete the entire morning's list of cases if feasible.
- **Medical Knowledge** – fellows will begin to grasp, understand, and demonstrate scientific, evidence-based thinking and apply this to patient care.
 - **Goals**
 - Apply evidence-based care, typically in consultation with the relevant major society guidelines, with demonstration of this knowledge during clinic presentations, with bedside teaching, and in appropriate documentation.
 - Demonstrate understanding of procedural indications, contraindications, complications. Demonstrate the process of informed consent. In PGY5 level, fellows will provide consent autonomously in most situations.
 - Demonstrate understanding of sedation medications including pharmacology, administration, reversal, complications. In PGY5, fellows will almost always provide direct orders and instructions with regards to sedation. Fellows will still require attending physicians to agree (or disagree) with sedation dosage suggested. Attendings will continue to teach and explain why a certain dose is potentially incorrect.
- **Practice-Based Learning & Improvement** – Fellows will consistently seek and receive feedback throughout the rotation. Attendings will model this behavior by reflecting on and learning from salient patient cases or incidents in clinic and in the GI lab. M&M cases will be generated by this rotation and allow for a formal, didactic, root cause analysis to take place at conference.
 - **Goals**
 - Self-evaluation – fellows will evaluate their care of patients in partnership with the attendings, but also the GI team members including students, residents, non-physician practitioners, GI RNs. Formal feedback sessions will incorporate this self-reflection throughout the rotation.
 - Lifelong learning – appraisal of the medical literature with respect to patient care being seen/demonstrated to ensure evidence-based medicine is continually assessed and reassessed.
- **Interpersonal & Communication Skills** – Fellows will recognize, understand, and demonstrate the crucial importance of communication skills, particularly in a

procedural field where interpersonal skills and clear, effective communication is essential.

- **Goals**
 - Patient and family – in addition to a thorough history and physical exam, fellows will communicate the assessment/plan in the clinic with the attending. PGY5 fellows will generally communicate the plan in most encounters. Family members will always be updated and informed at the discretion of the patient or in instances where the patient cannot receive the information. Attendings will provide clarification and additional insight when appropriate.
 - Documentation – notes will be clear, succinct when applicable, and evidence-based. Documentation will be periodically assessed by clinic attendings to evaluate for thoroughness and completion. Strong emphasis will be placed on ensuring that notes are readable, straightforward, and easily comprehensible for referring providers and patients. In the PGY5 level, notes will be shorter and more efficient compared to the PGY4 level.
 - Procedural – clear, precise, direct communication will be required during endoscopy with regards to verbal sedation orders, pre-/post-procedure diagnoses. Concerns of all the procedural team members will be promptly addressed and taken seriously to ensure safe procedural patient care. Respectful language will be required for all endoscopy team members involved. PGY5 fellows will communicate of their own accord with the attending's input if needed. Post-procedural findings/plans will always be communicated in person in the recovery area with the patient/family if an urgent diagnosis is made (i.e. malignancy). The attending will be present and will assist in this endeavor if needed, however the PGY5 fellow will be expected to communicate and convey the findings.
- **Systems-Based Practice** – special emphasis at ARMC will be paid to marginalized patients who are regularly seen at ARMC. This greatly influences the delivery of care with regards to resources, follow up, procedures, etc. Fellows will consistently review, consider, and incorporate social determinants of health. Resources at ARMC to allow for certain needed services to be provided will be sought out in consultation with the primary teams and other relevant players (e.g. social workers, case managers).
 - **Goals**
 - As the county hospital to an underserved community, ARMC will allow, and indeed, necessarily requires fellows to actively navigate the many social determinants of health to provide quality care. Fellows will demonstrate knowledge of these issues during clinic encounters and in communication with the patients/families and – when applicable – referring physicians. PGY5 fellows will

incorporate this into their own presentations and everyday care models.

- QI projects will be strongly encouraged (though not required) at ARMC given the size of the institution and the hospital's need for subspecialty input. Attendings will provide mentorship for these projects.

- PGY6

- **Professionalism** – fellows will be evaluated and assessed on both endoscopy and clinic report time punctuality, timeliness of procedure start times, patient preop reading, interpersonal communication, appropriate documentation and ordering, and respect for all team-members (students, residents, GI inpatient NPP, GI RNs). In the PGY6 level, the fellow will almost fully understand and demonstrate these skills and continue to seek feedback regularly throughout the rotation. This feedback will be provided formally by both attendings as well on a – at minimum – weekly basis.

Goals

- Ensure punctuality for procedure start times and pre-read on any available pre-op patient information to guide procedural strategies, sedation appropriateness, procedural therapeutic needs.
- Timely and efficient GI/IBD clinic documentation will be expected with same day note completion strongly encouraged, same day billing required, and same day orders/prescriptions required.
- Ensure excellent, timely, appropriate communication during procedures
- Facilitate a comfortable learning environment wherein mutual respect is shown and expected
- **Patient Care & Procedural Skills** – fellows will divide patients with the clinic attending, and (if present) PA-C, residents, and students. Patients being cared for by medical students are considered fellows' patients to facilitate teaching and to begin to shape oversight skills. Endoscopy will be for outpatients primarily (unless patient volume allows for the scoping of inpatients at the discretion of the endoscopy attendings) in the GI lab.

- Goals

- Provide comprehensive, thorough, yet specialty-specific consultation for GI-related issues and for IBD-specific issues per below. In PGY6 level, fellows will typically be responsible for 8 patients per half day, but up to 10 patients per half day may be reasonable based on the consult content, fellows' performance level, and attending assessment of the fellow, with crucial guidance from the CCC.
- Provide consultative patient care with regards to the entire spectrum of outpatient luminal and hepatic diseases including,

but not limited to, GERD, EoE, constipation, diarrhea, GI bleeding, luminal and hepatic neoplasia/malignancy, acute and chronic liver diseases, biliary obstruction, nutrition including enteral access, GI infections, inflammatory bowel diseases including acute/severe flares, surgery-specific issues requiring GI care/expertise, and women's health issues.

- With regards to IBD clinic, specifically this focuses on evaluating and following patients with IBD, appropriate endoscopy referrals, use of biologic and immunomodulator therapy, use of ASA therapies in all application forms/routes, surgical evaluation for IBD management, therapeutic drug monitoring, IBD and pregnancy/fertility, extraintestinal manifestations.
 - In PGY6 level, endoscopy will be virtually entirely hands-on education. Oversight will always be direct by the attending physician and autonomy will continue to be apportioned when consistent skill attainment has been demonstrated, in consultation with the CCC, and at the discretion of the attending physician. Standard diagnostic techniques (e.g. biopsy) and standard therapeutic techniques (e.g. routine polypectomy) will be performed independently by the fellow, as will some of the more advanced techniques such as therapeutics (e.g. complex polypectomy, dilations), though these will still require additional attending input, either hands-on or verbal-only, depending on the skill level and experience of the fellow.
 - Fellows' procedure volume will be dependent on the day-to-day and week-to-week assessment by the attendings with significant contribution from the CCC. The time constraints of a busy outpatient list will need to be considered with cases allowed for fellows. In the PGY6 year, the fellow will typically complete the entire morning's list of cases.
- **Medical Knowledge** – fellows will begin to grasp, understand, and demonstrate scientific, evidence-based thinking and apply this to patient care.
- **Goals**
 - Apply evidence-based care, typically in consultation with the relevant major society guidelines, with demonstration of this knowledge during clinic presentations, with bedside teaching, and in appropriate documentation.
 - Demonstrate understanding of procedural indications, contraindications, complications. Demonstrate the process of informed consent. In PGY6 level, fellows will provide consent autonomously in all situations.
 - Demonstrate understanding of sedation medications including pharmacology, administration, reversal, complications. In PGY6,

fellows will always provide direct orders and instructions with regards to sedation. Fellows will still require attending physicians to agree (or disagree) with sedation dosage suggested, though this will be rare. Attendings will continue to teach and explain why a certain dose is potentially incorrect if needed, though this too is expected to be rarer compared to PGY4 and PGY5 years.

- **Practice-Based Learning & Improvement** – Fellows will consistently seek and receive feedback throughout the rotation. Attendings will model this behavior by reflecting on and learning from salient patient cases or incidents in clinic and in the GI lab. M&M cases will be generated by this rotation and allow for a formal, didactic, root cause analysis to take place at conference.
 - **Goals**
 - Self-evaluation – fellows will evaluate their care of patients in partnership with the attendings, but also the GI team members including students, residents, non-physician practitioners, GI RNs. Formal feedback sessions will incorporate this self-reflection throughout the rotation.
 - Lifelong learning – appraisal of the medical literature with respect to patient care being seen/demonstrated to ensure evidence-based medicine is continually assessed and reassessed.
- **Interpersonal & Communication Skills** – Fellows will recognize, understand, and demonstrate the crucial importance of communication skills, particularly in a procedural field where interpersonal skills and clear, effective communication is essential.
 - **Goals**
 - Patient and family – in addition to a thorough history and physical exam, fellows will communicate the assessment/plan in the clinic with the attending. PGY6 fellows will communicate the plan in almost all encounters. Family members will always be updated and informed at the discretion of the patient or in instances where the patient cannot receive the information. Attendings will provide clarification and additional insight when appropriate.
 - Documentation – notes will be clear, succinct when applicable, and evidence-based. Documentation will be periodically assessed by clinic attendings to evaluate for thoroughness and completion. Strong emphasis will be placed on ensuring that notes are readable, straightforward, and easily comprehensible for referring providers and patients. In the PGY6 level, notes will likely be shorter, more impactful, and more efficient compared to the PGY4 and PGY5 levels.
 - Procedural – clear, precise, direct communication will be required during endoscopy with regards to verbal sedation orders, pre-/post-procedure diagnoses. Concerns of all the procedural team members will be promptly addressed and taken seriously to

ensure safe procedural patient care. Respectful language will be required for all endoscopy team members involved. PGY6 fellows will communicate essentially autonomously, with the attending providing input if needed. Post-procedural findings/plans will always be communicated in person in the recovery area with the patient/family if an urgent diagnosis is made (i.e. malignancy). The attending will be present and will assist in this endeavor if needed, however the PGY6 fellow will fully communicate and convey the findings and answer questions.

- **Systems-Based Practice** – special emphasis at ARMC will be paid to marginalized patients who are regularly seen at ARMC. This greatly influences the delivery of care with regards to resources, follow up, procedures, etc. Fellows will consistently review, consider, and incorporate social determinants of health. Resources at ARMC to allow for certain needed services to be provided will be sought out in consultation with the primary teams and other relevant players (e.g. social workers, case managers).
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 - QI projects will be strongly encouraged (though not required) at ARMC given the size of the institution and the hospital's need for subspecialty input. Attendings will provide mentorship for these projects.

Additional Details

Supervision (see above for specifics)

- PGY4
 - Direct supervision for all clinic visits and procedures
 - As the fellow becomes more experienced, there will be increasing autonomy given based on fellow performance, attending assessment, and with crucial CCC guidance.
- PGY5
 - Direct supervision for most clinic visits and for all procedures
 - As the fellow becomes more experienced, there will be increasing autonomy given based on fellow performance, attending assessment, and with crucial CCC guidance.

- PGY6
 - Direct supervision for clinic visits if needed (based on fellow assessment, attending assessment, and patient needs) and direct supervision for all procedures.
 - As the fellow becomes more experienced, there will be increasing autonomy given based on fellow performance, attending assessment, and with crucial CCC guidance.

Conferences

- Fellows will participate in all the standard conferences including core curriculum didactics, flipped didactics, board review, grand rounds, M&M, journal club, guideline conference, and practice of GI.
- These will generally be Zoom-based to allow for easy participation and minimal travel time.
- Additional ARMC-based conferences may develop in the future.

Evaluation

- Medhub will be utilized
- The evaluations used for the inpatient consult rotation at St. Bernardine Medical Center will be utilized
- 360° evaluations will be sought from students, residents, NPPs, and clinic MAs, GI RNs.
- Evaluations will be reviewed at CCC.

Site Direction: George Saffouri, MD

Communication between Site Director (SD) and Program Director (PD)

- SD and PD will be in direct communication via quarterly meetings to review the rotation and address concerns.
- SD and PD have a strong working relationship and are accessible via email, mobile phone, text message, and in-person.
- SD will participate in PEC and CCC meetings semiannually

Research

- ARMC has robust research capabilities and fellows will be able to access this unique and powerful tool to pursue projects.
- Research at ARMC has the potential to be highly relevant to the community of San Bernardino.
- CITI (Collaborative Institutional Training Initiative) modules are available and free of charge to facilitate research training and methodology.
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Quality Improvement: QI projects are not required, but are certainly encouraged at ARMC, as this also provides an excellent institution in which fellow-led QI projects have the potential to significantly enhance care.

Wellbeing Policy

- Fellow wellbeing is essential to a compassionate, productive program and rotation
- Wellbeing overview lecture given annually
- UC Riverside GME Wellbeing Committee oversight and programs accessible for all fellows
- Fatigue policy applies (see appropriate section)
- Taxi service available free of charge for fatigued fellows

Facilities

- Fully outfitted GI lab with new Pentax scopes and equipment.
- Advanced procedure exposure and hands-on education including EMR, EUS, ERCP.
- Video capsule endoscopy exposure and hands-on education.
- Call rooms available if needed, however there will be no in-house call.
- Multiple computers available in GI lab and on the wards and in the ICUs
- Multiple computers and workstations in the GI clinic area