



*The Heart of a
Healthy Community*

www.arrowheadregional.org

EXHIBIT C

PROGRAM LETTER OF AGREEMENT

This document serves as an Agreement between *Arrowhead Regional Medical Center* Department of Emergency Medicine Residency Program and St. Bernadine Medical Center involved in resident education.

The term of this Letter of Agreement will run concurrently with the term set forth in the Affiliation Agreement for Residency Rotations, entered into by and between San Bernardino County on behalf of Arrowhead Regional Medical Center and Dignity Health dba St. Bernadine Medical Center.

Persons Responsible for Education and Supervision

1. At Arrowhead Regional Medical Center: Carol H. Lee, M.D.

At Participating Site: Travis Henson, M.D.

List other Faculty by name or general group.

Emergency Medicine Department at St. Bernadine Medical Center

The above mentioned people are responsible for the education and supervision of the *Emergency Medicine* resident while on a rotation at **St. Bernadine Medical Center**

2. Responsibilities

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

3. Content and Duration of the Educational Experiences

The content of the educational experiences has been developed according to the ACGME *Emergency Medicine Residency* requirements and include the following goals and objectives:

Please see the attached goals and objectives for the Community Emergency Medicine PGY 2-4 rotations

Travis Henson, M.D. and the faculty at St. Bernadine Medical Center are responsible for the day-to-day activities of the residents to ensure that the outlined goals and objectives are met during the course of the education experiences at St. Bernadine Medical Center.

BOARD OF SUPERVISORS

COL. PAUL COOK (RET.)
First District

JANICE RUTHERFORD
Second District

DAWN ROWE
Vice Chair, Third District

CURT HAGMAN
Chairman, Fourth District

JOE BACA, JR.
Fifth District

LEONARD X. HERNANDEZ
Chief Executive Officer

The duration(s) of the assignment(s) to St. Bernadine Medical Center are:
1 month for each assignment

4. ***Policies and Procedures that Govern Resident Education***

Residents will be under the general direction of the ARMC Graduate Medical Education Committee policies, the *ARMC Emergency Medicine Program Policies and Procedure Manual*, and St. Bernadine Medical Center Policies.

Sponsoring Institution
Arrowhead Regional Medical Center

Name: *Carol H. Lee, M.D.*
Title: Program Director

Name: Dr. Dotun Ogunyemi, MD
Title: Designated Institutional Official

Participating Institution
University of Nebraska Medical Center

Name: *Travis Henson, M.D.*
Title: Site Supervisor

Signed: ARMC Designated Institution Official

Date

Signed: ARMC Program Director

Date

Signed: Participating Site Director

Date

DEPARTMENT OF EMERGENCY MEDICINE

ACGME Competency-based Curriculum: Goals and Objectives

ROTATION: COMMUNITY EM PGY 2

TEXT: Tintinalli's Emergency Medicine 8th Edition, Rosh Review, HIPPO EM

Goal 1. Patient Care in the Emergency Department			
Resident Objectives	Instructional Strategies	Assessment of Competence	ACGME Competency Goals *
1. Perform Primary Assessment on Critical Patients (Both Adult and Pediatric)	Role modeling by attending, participation in patient rounds and direct patient care experience	Attending verbal or written, timely feedback on patient interaction/communication, direct observation and feedback on patient care clinical decisions, faculty evaluations at end of rotations, observation and feedback on rounds	PC, MK, ICS
2. Recognize when patient is critical and needs immediate intervention	Role modeling by attending, participation in patient rounds and direct patient care experience	Attending verbal or written, timely feedback on patient interaction/communication, direct observation and feedback on patient care clinical decisions, faculty evaluations at end of rotations, observation and feedback on rounds	PC, MK, ICS, P, PLI, SBP
3. Formulate differential diagnoses based on their patients' complaint and plan appropriate work-ups	Role modeling by attending, participation in patient rounds, direct patient care experience, as well as text, didactic, and simulation training	Attending verbal or written, timely feedback on patient interaction/communication, direct observation and feedback on patient care clinical decisions, faculty evaluations at end of rotations, observation and feedback on rounds, Rosh Review testing	PC, MK, ICS, PLI
4. Plan admission, transfer, referrals and discharges as well as demonstrate an understanding and identify difficulties in arranging follow up care for Emergency Medicine patients in a Community Hospital Setting	Role modeling by attending, participation in patient rounds and direct patient care experience, hospital grand round attendance	Attending verbal or written, timely feedback on patient interaction/communication, direct observation and feedback on patient care clinical decisions, faculty evaluations at end of rotations, observation and feedback on rounds	PC, MK, ICS, P, PLI, SBP

5. Appropriately order and utilize laboratory data and ancillary studies	Role modeling by attending, participation in patient rounds, direct patient care experience, as well as text, didactic, and simulation training	Attending verbal or written, timely feedback on patient interaction/communication, direct observation and feedback on patient care clinical decisions, faculty evaluations at end of rotations, observation and feedback on rounds, Rosh Review testing	PC, MK, ICS, PLI
6. Demonstrate the ability to formulate, assess, and implement timely and effective patient management plan for Emergency Department patients	Role modeling by attending, participation in patient rounds, direct patient care experience, as well as text, didactic, and simulation training	Attending verbal or written, timely feedback on patient interaction/communication, direct observation and feedback on patient care clinical decisions, faculty evaluations at end of rotations, observation and feedback on rounds, Rosh Review testing, 360 degree evaluations	PC, MK, ICS, P, PLI, SBP
7. Appropriately utilize specialty consultation and understand the need for higher level of care transfers if necessary	Role modeling by attending, participation in patient rounds, direct patient care experience, as well as text, didactic, and simulation training	Attending verbal or written, timely feedback on patient interaction/communication, direct observation and feedback on patient care clinical decisions, faculty evaluations at end of rotations, observation and feedback on rounds, Rosh Review testing, 360 degree evaluations	PC, MK, ICS, P, PLI, SBP
8. Take on Leadership role directing care during resuscitations. Demonstrate the ability to work effectively and part of the team with staff to provide excellent patient care.	Role modeling by attending and senior resident, participation in patient rounds, direct patient care experience, as well as text, didactic, and simulation training	Attending verbal or written, timely feedback on patient interaction/communication, direct observation and feedback on patient care clinical decisions, faculty evaluations at end of rotations, observation and feedback on rounds, Rosh Review testing, 360 degree evaluations	PC, MK, ICS, P, PLI, SBP
9. Demonstrate the ability to appropriately diagnose and treat the following in critically ill Emergency Medicine patients: Hepatic failure, Renal failure, Cardiac failure, Shock, Sepsis	Role modeling by attending and senior resident, participation in patient rounds, direct patient care experience, as well as text, didactic, and simulation training	Attending verbal or written, timely feedback on patient interaction/communication, direct observation and feedback on patient care clinical decisions, faculty evaluations at end of rotations, observation and feedback on rounds, Rosh Review testing, 360 degree evaluations	PC, MK, ICS, P, PLI, SBP

10. Demonstrate the ability to identify life-threatening conditions, the most likely diagnosis, and identify how and when to access medical information	Role modeling by attending and senior resident, participation in patient rounds, direct patient care experience, as well as text, didactic, and simulation training	Attending verbal or written, timely feedback on patient interaction/communication, direct observation and feedback on patient care clinical decisions, faculty evaluations at end of rotations, observation and feedback on rounds, Rosh Review testing, 360 degree evaluations	PC, MK, ICS, P, PLI, SBP
11. Demonstrate the ability to prioritize and stabilize multiple patients while simultaneously performing other responsibilities	Role modeling by attending and senior resident, participation in patient rounds, direct patient care experience, as well as text, didactic, and simulation training	Attending verbal or written, timely feedback on patient interaction/communication, direct observation and feedback on patient care clinical decisions, faculty evaluations at end of rotations, observation and feedback on rounds, 360 degree evaluations	PC, MK, ICS, P, PLI, SBP
12. Demonstrate the ability to obtain and utilize information about the resident's own patient population as well as the larger population from which their patients are drawn from.	Role modeling by attending and senior resident, participation in patient rounds, direct patient care experience, participation in hospital grand rounds	Attending verbal or written, timely feedback on patient interaction/communication, direct observation and feedback on patient care clinical decisions, faculty evaluations at end of rotations, observation and feedback on rounds, 360 degree evaluations	PC, MK, ICS, P, PLI, SBP
13. Demonstrate the utmost respect, compassion, and integrity when interacting with patients, families, and fellow healthcare professionals.	Role modeling by attending, participation in patient rounds, direct patient care experience, participation in hospital grand rounds	Attending verbal or written, timely feedback on patient interaction/communication, direct observation and feedback on patient care clinical decisions, faculty evaluations at end of rotations, observation and feedback on rounds, 360 degree evaluations	PC, ICS, P, SBP
14. Demonstrate the ability to respond to the needs of the patients and society in a way that supersedes self-interest.	Role modeling by attending, participation in patient rounds, direct patient care experience, participation in	Attending verbal or written, timely feedback on patient interaction/communication, direct observation and feedback on patient care clinical decisions, faculty evaluations at end of rotations, observation and feedback on rounds, 360 degree evaluations	PC, ICS, P, SBP

	hospital grand rounds		
15. Demonstrate accountability to patients, families, and fellow healthcare professionals.	Role modeling by attending, participation in patient rounds, direct patient care experience, participation in hospital grand rounds	Attending verbal or written, timely feedback on patient interaction/communication, direct observation and feedback on patient care clinical encounters, faculty evaluations at end of rotations, observation and feedback on rounds, 360 degree evaluations	PC, ICS, P, SBP
16. Demonstrate sensitivity to patients' age, gender, culture, socioeconomic status, and disabilities.	Role modeling by attending, participation in patient rounds, direct patient care experience, participation in hospital grand rounds	Attending verbal or written, timely feedback on patient interaction/communication, direct observation and feedback on patient care clinical encounters, faculty evaluations at end of rotations, observation and feedback on rounds, 360 degree evaluations	PC, ICS, P, SBP
17. Demonstrate the ability to advocate for quality patient care and assist patient in dealing with system complexities.	Role modeling by attending, participation in patient rounds, direct patient care experience, participation in hospital grand rounds	Attending verbal or written, timely feedback on patient interaction/communication, direct observation and feedback on patient care clinical encounters, faculty evaluations at end of rotations, observation and feedback on rounds, 360 degree evaluations	PC, MK, ICS, P, PLI, SBP
18. Demonstrate the ability to compassionately deliver bad news to patients and families.	Role modeling by attending, participation in patient rounds, direct patient care experience, participation in hospital grand rounds	Attending verbal or written, timely feedback on patient interaction/communication, direct observation and feedback on patient care clinical encounters, faculty evaluations at end of rotations, observation and feedback on rounds, 360 degree evaluations	PC, MK, ICS, P, PLI, SBP
19. Demonstrate the ability to effectively communicate with family members and Emergency Medicine patients regarding their condition and	Role modeling by attending, participation in patient rounds, direct patient care experience, as well	Attending verbal or written, timely feedback on patient interaction/communication, direct observation and feedback on patient care clinical encounters, faculty evaluations at end of rotations,	PC, MK, ICS, P, PLI, SBP

appropriate management.	as text, didactic, and simulation training	observation and feedback on rounds, 360 degree evaluations	
Goal 2. Procedural Skills			
Resident Objectives	Instructional Strategies	Assessment of Competence	ACGME Competency Goals *
1. Carefully understand and utilize universal precautions	Role modeling by attending, direct patient care experience	Attending verbal or written, timely feedback on patient interaction, faculty evaluations at end of rotations	PC, MK, P, PLI
2. Perform and be able to teach common diagnostic and therapeutic procedures as defined by the ACGME list of EM required procedures in order to care for Emergency Medicine patients	Role modeling by attending or senior resident, participation in patient rounds, direct patient care experience, as well as text, didactic, and simulation training	Direct attending or senior resident observation during patient care, attending verbal or written, timely feedback on patient interaction, faculty evaluations at end of rotations, New Innovations procedure sign offs	PC, MK, ICS, P, PLI
3. Demonstrate appropriate: Oxygen administration, Bag-valve mask device usage, Closed chest compression, Oropharyngeal and nasopharyngeal airways, Pelvic examination, Arterial blood gas sampling, Thoracentesis, Vaginal deliveries, Central line placement, Lumbar puncture, Paracentesis, Basic wound management, Incision and drainage of abscesses, Basic suturing of lacerations,	Role modeling by attending or senior resident, participation in patient rounds, direct patient care experience, as well as text, didactic, and simulation training	Direct attending or senior resident observation during patient care, attending verbal or written, timely feedback on patient interaction, faculty evaluations at end of rotations, New Innovations procedure sign offs	PC, MK, ICS, P, PLI

Splinting of strains and sprains			
4. Demonstrate an understanding and discuss common medical and surgical interventions on Emergency Medicine patients	Role modeling by attending, participation in patient rounds, direct patient care experience, as well as text, didactic, and simulation training	Attending verbal or written, timely feedback on patient interaction/communication, direct observation and feedback on patient care clinical decisions, faculty evaluations at end of rotations, observation and feedback on rounds, Rosh Review testing, 360 degree evaluations, mock in-service score, Rosh Review scores, in-service exam score	PC, MK, ICS, P, PLI, SBP
5. Demonstrate adherence to patient's informed consent and confidentiality	Role modeling by attending, participation in patient rounds, direct patient care experience	Attending verbal or written, timely feedback on patient interaction/communication, direct observation and feedback on patient care clinical decisions, faculty evaluations at end of rotations, observation and feedback on rounds, 360 degree evaluations	PC, ICS, P, SBP
6. Demonstrate ability to utilize ultrasound in the Emergency Department for Diagnosis. Perform eFAST, RUSH, Ophthalmologic and soft tissue examination	Role modeling by attending or senior resident, direct patient care experience	Attending verbal or written, timely feedback on patient interaction, faculty evaluations at end of rotations, direct attending or senior resident observation during patient care, 360 degree evaluations, New Innovations evaluations	PC, ICS, P, PLI
7. Use Ultrasound in procedures. Peripheral nerve blocks, joint aspiration, central and peripheral venous access	Role modeling by attending or senior resident, direct patient care experience	Attending verbal or written, timely feedback on patient interaction, faculty evaluations at end of rotations, direct attending or senior resident observation during patient care, 360 degree	PC, ICS, P, PLI

		evaluations, New Innovations evaluations	
Goal 3. Basic Emergency Medical Knowledge			
Resident Objectives	Instructional Strategies	Assessment of Competence	ACGME Competency Goals *
1. Demonstrate adequate performance on the annual in-service exam	Text review, Rosh Review, weekly didactic sessions, simulation training, Hippo EM, mock in-service exam	Mock in-service score, Rosh Review scores, in-service exam score	MK
2. Demonstrate an analytical and problem-solving approach to a variety of clinical situation.	Role modeling by attending, participation in patient rounds, direct patient care experience, as well as text, didactic, and simulation training	Attending verbal or written, timely feedback on patient interaction/communication, direct observation and feedback on patient care clinical decisions, faculty evaluations at end of rotations, observation and feedback on rounds, 360 degree evaluations, mock in-service score, Rosh Review scores, in-service exam score	PC, MK, ICS, P, PLI, SBP
3. Demonstrate an understanding and be able to discuss the indications for and interpretation of urinalysis, lab analysis, medical imaging and basic ophthalmologic exam	Role modeling by attending, participation in patient rounds, direct patient care experience, as well as text, didactic, and simulation training	Attending verbal or written, timely feedback on patient interaction/communication, direct observation and feedback on patient care clinical decisions, faculty evaluations at end of rotations, observation and feedback on rounds, 360 degree evaluations, mock in-service score, Rosh Review scores, in-service exam score	PC, MK, ICS, P, PLI, SBP
4. Demonstrate the ability to investigate controversies in the management of Emergency Medicine patients	Journal club attendance, patient rounds, text, didactic, Rosh Review, Hippo EM	Observation and feedback on rounds, mock in-service score, Rosh Review scores, in-service exam score	MK, ICS, P, PLI
5. Demonstrate the ability to facilitate the education and learning of students, fellow residents, and other healthcare	Role modeling by attending or senior resident, direct attending observation of resident actively	Attending verbal or written, timely feedback on patient interaction/communication, direct observation and feedback on patient care clinical decisions, faculty evaluations at end of rotations,	MK, ICS, P, PLI, SBP

professionals in Emergency Medicine.	engaged in teaching at didactic sessions as well as on shift, journal club attendance, patient rounds participation, text, didactic, Rosh Review, Hippo EM	observation and feedback on rounds, 360 degree evaluations, mock in-service score, Rosh Review scores, in-service exam score	
6. Demonstrate the ability to utilize technology to continuously enhance education and improve patient care.	Role modeling by attending or senior resident, direct attending observation of resident actively engaged in teaching at didactic sessions as well as on shift, journal club attendance, patient rounds participation, participation in hospital grand rounds, text, didactic, Rosh Review, Hippo EM	Attending verbal or written, timely feedback on patient interaction/communication, direct observation and feedback on patient care clinical decisions, faculty evaluations at end of rotations, observation and feedback on rounds, 360 degree evaluations, mock in-service score, Rosh Review scores, in-service exam score	MK, ICS, P, PLI, SBP
7. Demonstrate the ability to appraise medical knowledge critically by applying knowledge of study design and statistical methods.	Begin search for initial research project, Role modeling by attending or senior resident, direct attending observation of resident actively engaged in teaching at didactic sessions as well as on shift, journal club attendance, patient rounds participation, text, didactic	Attending verbal or written, timely feedback on patient interaction/communication, direct observation and feedback on patient care clinical decisions, faculty evaluations at end of rotations, observation and feedback on rounds	MK, ICS, P, PLI, SBP
8. Demonstrate a commitment to excellence and on-going professional	Role modeling by attending or senior resident, direct attending	Attending verbal or written, timely feedback on patient interaction/communication, direct observation and feedback on patient	MK, ICS, P, PLI, SBP

development in Emergency Medicine.	observation of resident actively engaged in teaching at didactic sessions as well as on shift, journal club attendance, patient rounds participation, participation in hospital grand rounds, text, didactic, Rosh Review, Hippo EM	care clinical decisions, faculty evaluations at end of rotations, observation and feedback on rounds, 360 degree evaluations, mock in-service score, Rosh Review scores, in-service exam score	
Goal 4. Administrative Skills			
Resident Objectives	Instructional Strategies	Assessment of Competence	ACGME Competency Goals *
1. Demonstrate the willingness to work with health care administrations to evaluate, coordinate, and improve healthcare and ultimately enhance the overall performance of the healthcare system	Role modeling by attending, direct patient care experience, participation in hospital grand rounds, committee attendance	Attending verbal or written, timely feedback on patient interaction, faculty evaluations at end of rotations	PC, ICS, P, PLI
8. Demonstrate the ability to practice cost-effective health care and resource allocations without comprising the quality of care.	Role modeling by attending or senior resident, participation in patient rounds, direct patient care experience, as well as text, didactic, and simulation training	Direct attending or senior resident observation during patient care, attending verbal or written timely feedback on patient interaction, faculty evaluations at end of rotations	PC, ICS, P, PLI
9. Demonstrate an understanding in the role of Emergency Medicine within the larger health system.	Role modeling by attending, direct patient care experience, participation in hospital grand rounds, committee attendance	Attending verbal or written, timely feedback on patient interaction, faculty evaluations at end of rotations, direct attending or senior resident observation during patient care	PC, ICS, P, PLI

10. Demonstrate the ability to effectively negotiate as well as resolve conflicts specific to Emergency Medicine.	Role modeling by attending or senior resident, direct patient care experience, participation in hospital grand rounds, committee attendance	Attending verbal or written, timely feedback on patient interaction, faculty evaluations at end of rotations, direct attending or senior resident observation during patient care	PC, ICS, P, PLI
11. Demonstrate the ability to receive constructive feedback from fellow healthcare professionals	Role modeling by attending or senior resident, direct patient care experience	Attending verbal or written, timely feedback on patient interaction, faculty evaluations at end of rotations, direct attending or senior resident observation during patient care, 360 degree evaluations, New Innovations evaluations	PC, ICS, P, PLI
12. Demonstrate the ability to receive constructive feedback from fellow healthcare professionals	Role modeling by attending or senior resident, direct patient care experience	Attending verbal or written, timely feedback on patient interaction, faculty evaluations at end of rotations, direct attending or senior resident observation during patient care, 360 degree evaluations, New Innovations evaluations	PC, ICS, P, PLI
13. Demonstrate the ability to receive constructive feedback from fellow healthcare professionals	Role modeling by attending or senior resident, direct patient care experience	Attending verbal or written, timely feedback on patient interaction, faculty evaluations at end of rotations, direct attending or senior resident observation during patient care, 360 degree evaluations, New Innovations evaluations	PC, ICS, P, PLI

1. **St. Bernadine Medical Center, Supervising Attending:** *Travis Henson MD*, Residents must contact Dr. Henson by phone (990) 580-1862 or email travishenson@vituity.com. Secretary Lori Taylor E-mail loritaylor@vituity.com, Phone 909-881-7161. EM Resident scheduling is done by Chief Resident
2. **Mandatory Emergency Resident Lecture Series** occurs ***every Wednesday at 7:00 AM*** in the Oak CR and 8:00 AM- 12:00 AM location will vary. The EM office number is (909) 580-1862.
3. **Rosh Review Assignments:** Residents must complete the following Rosh Review Academic Curriculum modules at www.roshreview.com
4. Resident must attend any required committees they are assigned to or required for residents to attend.

*** ACGME Competency Goals, defined:**

PC – *Provide patient care that is compassionate, appropriate, and effective for the treatment of health problems.*

MK – *Demonstrate knowledge of evolving science and apply the knowledge to patient care*

ICS – *(a) Communicate effectively with physicians, other health professionals and health related agencies; (b) Work effectively as a member or leader of a health care team*

P – *Demonstrate commitment to carrying out professional responsibilities and adherence to ethical principles.*

PLI – *Evaluate your care of patients, appraise scientific evidence, and improve care through self-evaluation and life-long learning.*

SBP - *Be aware and responsive to the larger context of health care. Call effectively on the resources in the system to provide optimal care.*

DEPARTMENT OF EMERGENCY MEDICINE

ACGME Competency-based Curriculum: Goals and Objectives

ROTATION: COMMUNITY EM PGY 3 & 4

TEXT: Tintinalli's Emergency Medicine 8th Edition, Rosh Review, HIPPO EM

Goal 1. Patient Care in the Emergency Department			
Resident Objectives	Instructional Strategies	Assessment of Competence	ACGME Competency Goals *
20. Perform Primary Assessment on Critical Patients (Both Adult and Pediatric)	Role modeling by attending, participation in patient rounds and direct patient care experience	Attending verbal or written, timely feedback on patient interaction/communication, direct observation and feedback on patient care clinical decisions, faculty evaluations at end of rotations, observation and feedback on rounds	PC, MK, ICS
21. Recognize when patient is critical and needs immediate intervention	Role modeling by attending, participation in patient rounds and direct patient care experience	Attending verbal or written, timely feedback on patient interaction/communication, direct observation and feedback on patient care clinical decisions, faculty evaluations at end of rotations, observation and feedback on rounds	PC, MK, ICS, P, PLI, SBP
22. Formulate differential diagnoses based on their patients' complaint and plan appropriate work-ups	Role modeling by attending, participation in patient rounds, direct patient care experience, as well as text, didactic, and simulation training	Attending verbal or written, timely feedback on patient interaction/communication, direct observation and feedback on patient care clinical decisions, faculty evaluations at end of rotations, observation and feedback on rounds, Rosh Review testing	PC, MK, ICS, PLI
23. Plan admission, transfer, referrals and discharges as well as demonstrate an understanding and identify difficulties in arranging follow up care for Emergency Medicine patients in a	Role modeling by attending, participation in patient rounds and direct patient care experience, hospital grand round attendance	Attending verbal or written, timely feedback on patient interaction/communication, direct observation and feedback on patient care clinical decisions, faculty evaluations at end of rotations, observation and feedback on rounds	PC, MK, ICS, P, PLI, SBP

Community Hospital Setting			
24. Appropriately order and utilize laboratory data and ancillary studies	Role modeling by attending, participation in patient rounds, direct patient care experience, as well as text, didactic, and simulation training	Attending verbal or written, timely feedback on patient interaction/communication, direct observation and feedback on patient care clinical decisions, faculty evaluations at end of rotations, observation and feedback on rounds, Rosh Review testing	PC, MK, ICS, PLI
25. Demonstrate the ability to formulate, assess, and implement timely and effective patient management plan for Emergency Department patients	Role modeling by attending, participation in patient rounds, direct patient care experience, as well as text, didactic, and simulation training	Attending verbal or written, timely feedback on patient interaction/communication, direct observation and feedback on patient care clinical decisions, faculty evaluations at end of rotations, observation and feedback on rounds, Rosh Review testing, 360 degree evaluations	PC, MK, ICS, P, PLI, SBP
26. Appropriately utilize specialty consultation and understand the need for higher level of care transfers if necessary	Role modeling by attending, participation in patient rounds, direct patient care experience, as well as text, didactic, and simulation training	Attending verbal or written, timely feedback on patient interaction/communication, direct observation and feedback on patient care clinical decisions, faculty evaluations at end of rotations, observation and feedback on rounds, Rosh Review testing, 360 degree evaluations	PC, MK, ICS, P, PLI, SBP
27. Take on Leadership role directing care during resuscitations. Demonstrate the ability to work effectively and part of the team with staff to provide excellent patient care	Role modeling by attending and senior resident, participation in patient rounds, direct patient care experience, as well as text, didactic, and simulation training	Attending verbal or written, timely feedback on patient interaction/communication, direct observation and feedback on patient care clinical decisions, faculty evaluations at end of rotations, observation and feedback on rounds, Rosh Review testing, 360 degree evaluations	PC, MK, ICS, P, PLI, SBP
28. Demonstrate the ability to appropriately diagnose and treat the following in critically ill	Role modeling by attending and senior resident, participation in	Attending verbal or written, timely feedback on patient interaction/communication, direct observation and feedback on	PC, MK, ICS, P, PLI, SBP

Emergency Medicine patients: Hepatic failure, Renal failure, Cardiac failure, Shock, Sepsis	patient rounds, direct patient care experience, as well as text, didactic, and simulation training	patient care clinical decisions, faculty evaluations at end of rotations, observation and feedback on rounds, Rosh Review testing, 360 degree evaluations	
29. Demonstrate the ability to identify life-threatening conditions, the most likely diagnosis, and identify how and when to access medical information	Role modeling by attending and senior resident, participation in patient rounds, direct patient care experience, as well as text, didactic, and simulation training	Attending verbal or written, timely feedback on patient interaction/communication, direct observation and feedback on patient care clinical decisions, faculty evaluations at end of rotations, observation and feedback on rounds, Rosh Review testing, 360 degree evaluations	PC, MK, ICS, P, PLI, SBP
30. Demonstrate the ability to prioritize and stabilize multiple patients while simultaneously performing other responsibilities	Role modeling by attending and senior resident, participation in patient rounds, direct patient care experience, as well as text, didactic, and simulation training	Attending verbal or written, timely feedback on patient interaction/communication, direct observation and feedback on patient care clinical decisions, faculty evaluations at end of rotations, observation and feedback on rounds, 360 degree evaluations	PC, MK, ICS, P, PLI, SBP
31. Demonstrate the ability to obtain and utilize information about the resident's own patient population as well as the larger population from which their patients are drawn from	Role modeling by attending and senior resident, participation in patient rounds, direct patient care experience, participation in hospital grand rounds	Attending verbal or written, timely feedback on patient interaction/communication, direct observation and feedback on patient care clinical decisions, faculty evaluations at end of rotations, observation and feedback on rounds, 360 degree evaluations	PC, MK, ICS, P, PLI, SBP
32. Demonstrate the utmost respect, compassion, and integrity when interacting with patients, families, and fellow healthcare professionals	Role modeling by attending, participation in patient rounds, direct patient care experience, participation in hospital grand rounds	Attending verbal or written, timely feedback on patient interaction/communication, direct observation and feedback on patient care clinical decisions, faculty evaluations at end of rotations, observation and feedback on rounds, 360 degree evaluations	PC, ICS, P, SBP

33. Demonstrate the ability to respond to the needs of the patients and society in a way that supersedes self-interest	Role modeling by attending, participation in patient rounds, direct patient care experience, participation in hospital grand rounds	Attending verbal or written, timely feedback on patient interaction/communication, direct observation and feedback on patient care clinical decisions, faculty evaluations at end of rotations, observation and feedback on rounds, 360 degree evaluations	PC, ICS, P, SBP
34. Demonstrate accountability to patients, families, and fellow healthcare professionals	Role modeling by attending, participation in patient rounds, direct patient care experience, participation in hospital grand rounds	Attending verbal or written, timely feedback on patient interaction/communication, direct observation and feedback on patient care clinical encounters, faculty evaluations at end of rotations, observation and feedback on rounds, 360 degree evaluations	PC, ICS, P, SBP
35. Demonstrate sensitivity to patients' age, gender, culture, socioeconomic status, and disabilities	Role modeling by attending, participation in patient rounds, direct patient care experience, participation in hospital grand rounds	Attending verbal or written, timely feedback on patient interaction/communication, direct observation and feedback on patient care clinical encounters, faculty evaluations at end of rotations, observation and feedback on rounds, 360 degree evaluations	PC, ICS, P, SBP
36. Demonstrate the ability to advocate for quality patient care and assist patient in dealing with system complexities	Role modeling by attending, participation in patient rounds, direct patient care experience, participation in hospital grand rounds	Attending verbal or written, timely feedback on patient interaction/communication, direct observation and feedback on patient care clinical encounters, faculty evaluations at end of rotations, observation and feedback on rounds, 360 degree evaluations	PC, MK, ICS, P, PLI, SBP
37. Demonstrate the ability to compassionately deliver bad news to patients and families	Role modeling by attending, participation in patient rounds, direct patient care experience, participation in hospital grand rounds	Attending verbal or written, timely feedback on patient interaction/communication, direct observation and feedback on patient care clinical encounters, faculty evaluations at end of rotations, observation and feedback on rounds, 360 degree evaluations	PC, MK, ICS, P, PLI, SBP

38. Demonstrate the ability to effectively communicate with family members and Emergency Medicine patients regarding their condition and appropriate management	Role modeling by attending, participation in patient rounds, direct patient care experience, as well as text, didactic, and simulation training	Attending verbal or written, timely feedback on patient interaction/communication, direct observation and feedback on patient care clinical encounters, faculty evaluations at end of rotations, observation and feedback on rounds, 360 degree evaluations	PC, MK, ICS, P, PLI, SBP
Goal 2. Procedural Skills			
Resident Objectives	Instructional Strategies	Assessment of Competence	ACGME Competency Goals *
14. Carefully understand and utilize universal precautions	Role modeling by attending, direct patient care experience	Attending verbal or written, timely feedback on patient interaction, faculty evaluations at end of rotations	PC, MK, P, PLI
15. Perform and be able to teach common diagnostic and therapeutic procedures as defined by the ACGME list of EM required procedures in order to care for Emergency Medicine patients	Role modeling by attending or senior resident, participation in patient rounds, direct patient care experience, as well as text, didactic, and simulation training	Direct attending or senior resident observation during patient care, attending verbal or written, timely feedback on patient interaction, faculty evaluations at end of rotations, New Innovations procedure sign offs	PC, MK, ICS, P, PLI
16. Demonstrate appropriate: Oxygen administration, Bag-valve mask device usage, Closed chest compression, Oropharyngeal and nasopharyngeal airways, Pelvic examination, Arterial blood gas sampling, Thoracentesis, Vaginal deliveries, Central line placement, Lumbar puncture, Paracentesis, Basic wound management, Incision and drainage of	Role modeling by attending or senior resident, participation in patient rounds, direct patient care experience, as well as text, didactic, and simulation training	Direct attending or senior resident observation during patient care, attending verbal or written, timely feedback on patient interaction, faculty evaluations at end of rotations, New Innovations procedure sign offs	PC, MK, ICS, P, PLI

abscesses, Basic suturing of lacerations, Splinting of strains and sprains			
17. Demonstrate an understanding and discuss common medical and surgical interventions on Emergency Medicine patients	Role modeling by attending, participation in patient rounds, direct patient care experience, as well as text, didactic, and simulation training	Attending verbal or written, timely feedback on patient interaction/communication, direct observation and feedback on patient care clinical decisions, faculty evaluations at end of rotations, observation and feedback on rounds, Rosh Review testing, 360 degree evaluations, mock in-service score, Rosh Review scores, in-service exam score	PC, MK, ICS, P, PLI, SBP
18. Demonstrate adherence to patient's informed consent and confidentiality	Role modeling by attending, participation in patient rounds, direct patient care experience	Attending verbal or written, timely feedback on patient interaction/communication, direct observation and feedback on patient care clinical decisions, faculty evaluations at end of rotations, observation and feedback on rounds, 360 degree evaluations	PC, ICS, P, SBP
19. Demonstrate ability to utilize and teach ultrasound in the Emergency Department for Diagnosis. Perform eFAST, RUSH, Ophtomologic and soft tissue examination	Role modeling by attending or senior resident, direct patient care experience	Attending verbal or written, timely feedback on patient interaction, faculty evaluations at end of rotations, direct attending or senior resident observation during patient care, 360 degree evaluations, New Innovations evaluations	PC, ICS, P, PLI
20. Use Ultrasound in procedures. Peripheral	Role modeling by attending or senior	Attending verbal or written, timely feedback on patient interaction,	PC, ICS, P, PLI

nerve blocks, joint aspiration, central and peripheral venous access. The ability to instruct and teach junior residents on these procedures	resident, direct patient care experience	faculty evaluations at end of rotations, direct attending or senior resident observation during patient care, 360 degree evaluations, New Innovations evaluations	
Goal 3. Basic Emergency Medical Knowledge			
Resident Objectives	Instructional Strategies	Assessment of Competence	ACGME Competency Goals *
9. Demonstrate adequate performance on the annual in-service exam	Text review, Rosh Review, weekly didactic sessions, simulation training, Hipo EM, mock in-service exam	Mock in-service score, Rosh Review scores, in-service exam score	MK
10. Demonstrate an analytical and problem-solving approach to a variety of clinical situation	Role modeling by attending, participation in patient rounds, direct patient care experience, as well as text, didactic, and simulation training	Attending verbal or written, timely feedback on patient interaction/communication, direct observation and feedback on patient care clinical decisions, faculty evaluations at end of rotations, observation and feedback on rounds, 360 degree evaluations, mock in-service score, Rosh Review scores, in-service exam score	PC, MK, ICS, P, PLI, SBP
11. Demonstrate an understanding and be able to discuss the indications for and interpretation of urinalysis, lab analysis, medical imaging and basic ophthalmologic exam	Role modeling by attending, participation in patient rounds, direct patient care experience, as well as text, didactic, and simulation training	Attending verbal or written, timely feedback on patient interaction/communication, direct observation and feedback on patient care clinical decisions, faculty evaluations at end of rotations, observation and feedback on rounds, 360 degree evaluations, mock in-service score, Rosh Review scores, in-service exam score	PC, MK, ICS, P, PLI, SBP
12. Demonstrate the ability to investigate controversies in the management of Emergency Medicine patients	Journal club attendance, patient rounds, text, didactic, Rosh Review, Hippo EM	Observation and feedback on rounds, mock in-service score, Rosh Review scores, in-service exam score	MK, ICS, P, PLI

13. Demonstrate the ability to facilitate the education and learning of students, fellow residents, and other healthcare professionals in Emergency Medicine	Role modeling by attending or senior resident, direct attending observation of resident actively engaged in teaching at didactic sessions as well as on shift, journal club attendance, patient rounds participation, text, didactic, Rosh Review, Hippo EM	Attending verbal or written, timely feedback on patient interaction/communication, direct observation and feedback on patient care clinical decisions, faculty evaluations at end of rotations, observation and feedback on rounds, 360 degree evaluations, mock in-service score, Rosh Review scores, in-service exam score	MK, ICS, P, PLI, SBP
14. Demonstrate the ability to utilize technology to continuously enhance education and improve patient care	Role modeling by attending or senior resident, direct attending observation of resident actively engaged in teaching at didactic sessions as well as on shift, journal club attendance, patient rounds participation, participation in hospital grand rounds, text, didactic, Rosh Review, Hippo EM	Attending verbal or written, timely feedback on patient interaction/communication, direct observation and feedback on patient care clinical decisions, faculty evaluations at end of rotations, observation and feedback on rounds, 360 degree evaluations, mock in-service score, Rosh Review scores, in-service exam score	MK, ICS, P, PLI, SBP
15. Demonstrate the ability to appraise medical knowledge critically by applying knowledge of study design and statistical methods	Begin search for initial research project, Role modeling by attending or senior resident, direct attending observation of resident actively engaged in teaching at didactic sessions as well as on shift, journal club attendance, patient rounds participation, text, didactic	Attending verbal or written, timely feedback on patient interaction/communication, direct observation and feedback on patient care clinical decisions, faculty evaluations at end of rotations, observation and feedback on rounds	MK, ICS, P, PLI, SBP

16. Demonstrate a commitment to excellence and on-going professional development in Emergency Medicine	Role modeling by attending or senior resident, direct attending observation of resident actively engaged in teaching at didactic sessions as well as on shift, journal club attendance, patient rounds participation, participation in hospital grand rounds, text, didactic, Rosh Review, Hippo EM	Attending verbal or written, timely feedback on patient interaction/communication, direct observation and feedback on patient care clinical decisions, faculty evaluations at end of rotations, observation and feedback on rounds, 360 degree evaluations, mock in-service score, Rosh Review scores, in-service exam score	MK, ICS, P, PLI, SBP
17. Construct and deliver lectures to the junior residents and students on Common Emergency Medicine topics	Role modeling by attending or senior resident, direct attending observation of resident actively engaged in teaching at didactic sessions as well as on shift, journal club attendance, patient rounds participation, participation in hospital grand rounds, text, didactic, Rosh Review, Hippo EM	Attending verbal or written, timely feedback on patient interaction/communication, direct observation and feedback on patient care clinical decisions, faculty evaluations at end of rotations, observation and feedback on rounds, 360 degree evaluations, mock in-service score, Rosh Review scores, in-service exam score	
Goal 4. Administrative Skills			
Resident Objectives	Instructional Strategies	Assessment of Competence	ACGME Competency Goals *
2. Demonstrate the willingness to work with health care administrations to evaluate, coordinate, and improve healthcare and ultimately enhance the overall performance	Role modeling by attending, direct patient care experience, participation in hospital grand rounds, committee attendance	Attending verbal or written, timely feedback on patient interaction, faculty evaluations at end of rotations	PC, ICS, P, PLI

of the healthcare system			
21. Demonstrate the ability to practice cost-effective health care and resource allocations without comprising the quality of care	Role modeling by attending or senior resident, participation in patient rounds, direct patient care experience, as well as text, didactic, and simulation training	Direct attending or senior resident observation during patient care, attending verbal or written timely feedback on patient interaction, faculty evaluations at end of rotations	PC, ICS, P, PLI
22. Demonstrate an understanding in the role of Emergency Medicine within the larger health system.	Role modeling by attending, direct patient care experience, participation in hospital grand rounds, committee attendance	Attending verbal or written, timely feedback on patient interaction, faculty evaluations at end of rotations, direct attending or senior resident observation during patient care	PC, ICS, P, PLI
23. Demonstrate the ability to effectively negotiate as well as resolve conflicts specific to Emergency Medicine	Role modeling by attending or senior resident, direct patient care experience, participation in hospital grand rounds, committee attendance	Attending verbal or written, timely feedback on patient interaction, faculty evaluations at end of rotations, direct attending or senior resident observation during patient care	PC, ICS, P, PLI
24. Demonstrate the ability to receive constructive feedback from fellow healthcare professionals	Role modeling by attending or senior resident, direct patient care experience	Attending verbal or written, timely feedback on patient interaction, faculty evaluations at end of rotations, direct attending or senior resident observation during patient care, 360 degree evaluations, New Innovations evaluations	PC, ICS, P, PLI
25. Demonstrate the ability to receive constructive feedback from fellow healthcare professionals	Role modeling by attending or senior resident, direct patient care experience	Attending verbal or written, timely feedback on patient interaction, faculty evaluations at end of rotations, direct attending or senior resident observation during patient care, 360 degree evaluations, New Innovations evaluations	PC, ICS, P, PLI

26. Demonstrate the ability to receive constructive feedback from fellow healthcare professionals	Role modeling by attending or senior resident, direct patient care experience	Attending verbal or written, timely feedback on patient interaction, faculty evaluations at end of rotations, direct attending or senior resident observation during patient care, 360 degree evaluations, New Innovations evaluations	PC, ICS, P, PLI
---	---	--	-----------------

1. Carol Lee, MD is the supervising Attending for the Emergency Medicine rotation. Resident must contact Dr. Lee by phone 909-580-1862 or e-mail: LeecarH@armc.sbcounty.gov
2. **St. Bernadine Medical Center, Supervising Attending:** Travis Henson MD, Residents must contact Dr. Henson email travishenson@vituity.com or Dr. Nathan Cloar by e-mail: Nathan.cloar@vituity.com Cell: 951-742-1098 Secretary Lori Taylor E-mail loritaylor@vituity.com, Phone 909-881-7161. EM Resident scheduling is done by Chief Resident
3. **Mandatory Emergency Resident Lecture Series** occurs ***every Wednesday at 7:00 AM*** in the Oak CR and 8:00 AM- 11:00 AM location will vary. The EM office number is (909) 580-1862.
4. **Rosh Review Assignments:** Residents must complete the following Rosh Review Academic Curriculum modules at www.roshreview.com
5. Resident must attend any required committees they are assigned to or required for residents to attend.

*** ACGME Competency Goals, defined:**

PC – *Provide patient care that is compassionate, appropriate, and effective for the treatment of health problems.*

MK – *Demonstrate knowledge of evolving science and apply the knowledge to patient care*

ICS – *(a) Communicate effectively with physicians, other health professionals and health related agencies; (b) Work effectively as a member or leader of a health care team*

P – *Demonstrate commitment to carrying out professional responsibilities and adherence to ethical principles.*

PLI – *Evaluate your care of patients, appraise scientific evidence, and improve care through self-evaluation and life-long learning.*

SBP - *Be aware and responsive to the larger context of health care. Call effectively on the resources in the system to provide optimal care.*