



Contract Number

12.73

SAP Number

ARROWHEAD REGIONAL MEDICAL CENTER

Department Contract Representative
Telephone Number

William L. Gilbert
(909) 580-6150

Contractor

Dignity Health, dba St. Bernadine
Medical Center

Contractor Representative
Telephone Number

Corrina Sanchez

Contract Term

909-475-2630

Original Contract Amount

Five years from date of execution

Amendment Amount

Total Contract Amount

\$0

Cost Center

AFFILIATION AGREEMENT FOR RESIDENCY ROTATIONS

This affiliation agreement for residency rotations ("Agreement") is entered into by and between San Bernardino County ("County") on behalf of Arrowhead Regional Medical Center ("Medical Center", or "ARMC") and Dignity Health, a California nonprofit public benefit corporation dba St. Bernadine Medical Center ("Receiving Hospital").

WITNESSETH:

WHEREAS, the parties each provide approved Graduate Medical Education ("GME") program for medical school graduates ("Residents") which require clinical experiences for Resident(s) in accordance with the Accreditation Council for Graduate Medical Education ("ACGME"), or an accrediting agency reasonably equivalent to the Joint Commission ("TJC");

WHEREAS, the parties acknowledge a desire to contribute to health related education for the benefit of Resident(s) and to meet community needs;

WHEREAS, it is to the benefit of the parties that those in the GME Programs have the opportunity for clinical experience to enhance their capabilities as practitioners; .

WHEREAS, the facilities of each party have unique attributes that are of benefit to Residents in their training, and the parties have agreed that Residents in the emergency medicine residency program at ARMC should do clinical rotations at Receiving Hospital and its facilities; and

WHEREAS, Receiving Hospital has agreed to accept certain specified Residents of ARMC for training in accordance with the terms and conditions of this Agreement; and

NOW, THEREFORE, the parties hereto enter into this Agreement as a full statement of their respective responsibilities during the term of this Agreement, and in consideration of the representations made above and the covenants and conditions set forth herein, the parties agree as follows:

I. General Information

A. General Relationship

Based upon the terms and conditions set forth in this Agreement, Receiving Hospital shall make its facilities available to Residents from ARMC for the purpose of receiving clinical teaching and supervision in the specialty of emergency medicine for which the parties have entered into a Program Letter of Agreement ("PLA"), attached hereto as Exhibit C and incorporated as if set forth herein in full. To the extent of any inconsistencies between this Agreement and the PLA, this Agreement shall control. The number of ARMC Residents, the duration of rotation, and schedule for the rotations at Receiving Hospital shall be determined based on the PLA and mutual agreement by the program director for the emergency medicine residency program at ARMC and Receiving Hospital. All actions taken as a result of this Agreement shall be in accordance with the Receiving Hospital and ARMC rules and regulations that are in effect during the term of the Agreement.

B. Standards of Operations

The parties, at their own expense, shall operate and maintain their respective facilities in accordance with the standards prescribed and maintained by TJC, state and federal law, and other applicable accrediting agencies.

The parties shall each assume sole responsibility for the accreditation of their respective GME program(s) they sponsor and for obtaining required approval, if any, in accordance with the standards prescribed by the ACGME or TJC. During the term of this Agreement, both parties agree to comply with all such applicable ACGME or TJC standards for residency training, the PLA, and to collaborate as may be required for accreditation purposes.

C. ACGME Affiliation Approval

The parties understand and agree that if this Agreement is not acceptable to and/or is found not to meet the standards prescribed by the ACGME at any time, now or in the future, this Agreement shall be immediately terminated upon written notice by one party to the other party.

D. Licenses

The parties shall, through the term of this Agreement, maintain any license(s) or verify the maintenance of such license(s) necessary for the provision of the Resident(s) services hereunder as required by the laws and regulations of the United States, the State of California, County of San Bernardino and all other applicable governmental agencies and accrediting bodies. Each party shall notify the other party immediately in writing of its inability to obtain or maintain such license(s). Said inability shall be cause for immediate termination of this Agreement as determined solely by the party receiving such notice; the prior 30 day advanced written notice of termination set forth in Section XII of this Agreement shall not be required.

II. Training Issues and Duties

A. Residency Specialties

ARMC shall have knowledge of all residency programs at Receiving Hospital in which Residents from ARMC participate.

B. Rotation Directors and Supervising Physicians

Receiving Hospital will designate qualified members of its medical staff to provide coordination and oversight of ARMC Residents' educational activities and assignments while training at Receiving Hospital. Such persons shall be the Program Director or his or her designee of the emergency medicine program at Receiving Hospital.

C. Patients

The parties agree that all patients of Receiving Hospital may be part of the clinical training program, if agreed to by the patient's treating physician and the patient. It is understood and agreed that it is the responsibility of Receiving Hospital and its medical staff members to assure consent has been obtained from each patient prior to allowing ARMC Resident(s) to attend to any such patient as part of the training program at Receiving Hospital.

D. Confidentiality

The parties both agree to maintain confidentiality of patient records and information in accordance with all applicable state and federal laws, regulations, guidelines and directives relating to confidentiality of patient records and protected health information.

E. Non-Discrimination

The parties agree to make no unlawful distinction among Resident(s) covered by this Agreement on the basis of race, color, sex, sexual orientation, creed, age, disability, religion, national origin, or any other legally protected status based on California and federal laws.

F. Resident Decorum

Receiving Hospital shall notify the ARMC Program Director of the pertinent residency program if any ARMC Resident's conduct is found unacceptable to Receiving Hospital. ARMC shall take appropriate action to correct the unacceptable conduct of the Resident(s) in accordance with the policies and procedures or rules and regulations of its residency program. ARMC shall advise Resident(s) of their responsibility to abide by Receiving Hospital's policies, as applicable, including, but not limited to, patient confidentiality and the Drug Free Workplace Act. Receiving Hospital agrees to orient such Resident(s) to its policies and procedures for which they will be held accountable. Receiving Hospital agrees to provide ARMC's Resident(s) with its own Resident Information Handbook or equivalent, which includes general policies regarding graduate medical education training.

G. Corrective Action/Grievance

ARMC will adhere to its own policies concerning graduate medical education issues, including academic discipline, complaints and grievances from their Resident(s). An individual Resident's disciplinary problems relating to conduct at Receiving Hospital shall be evaluated jointly by ARMC and Receiving Hospital in conference. Any corrective action shall be undertaken consistent with the policies of the ARMC's residency program, but Receiving Hospital may immediately remove from its facilities and bar from returning any Resident who poses an immediate threat or danger to personnel or patients or to the quality of medical services at Receiving Hospital, based on the reasonable discretion of Receiving Hospital.

H. Health Verification

ARMC shall inform all Resident(s) assigned by it to Receiving Hospital of all applicable health verification requirements of the Receiving Hospital. ARMC agrees to assure that its Resident(s) have been trained in infection control procedures, maintain current Basic Life Support and Advanced Cardiac Life Support certificates, and are current with all required immunizations as required by Receiving Hospital policies at the time the Resident conducts his/her training at Receiving Hospital. Each Resident assigned to Receiving Hospital shall be required to provide to Receiving Hospital satisfactory evidence that each Resident is free from contagious disease and does not otherwise present a health hazard to Receiving Hospital patients, employees, volunteers or guests.

I. Medical Licensure

All Resident(s) shall meet and comply with either the requirements regarding state licensure or the postgraduate training registration requirements of the Medical Board of California or Osteopathic Board of California.

J. Resident Duties

The duration of ARMC Resident rotations and scope of activities of Residents at Receiving Hospital shall be jointly determined by the parties consistent with the pertinent Program Letter(s) of Agreement between the parties. The general duties of the Resident(s) shall include, but not be limited to, the following: histories and physical examinations, discharge summaries, consultations, care for inpatients and respective services, surgical and medical procedures and outpatient clinic service, under supervision by members of the medical staff as appropriate.

K. Medical Records

Medical records may be completed by the Resident(s) in compliance with the standard and restrictions imposed by the applicable regulatory agencies. The parties understand and agree, however, that the ultimate and final responsibility for medical records completion lies with Receiving Hospital's Medical Staff members and/or Supervising Physician, not ARMC.

L. Responsibilities of ARMC

In addition to those other responsibilities of ARMC as set forth in this Agreement, ARMC shall be responsible for the following: (a) ensuring that the Program Director for the emergency medicine residency program at ARMC is reasonably available for consultation with Receiving Hospital, ARMC Resident(s), and supervising faculty for all purposes associated with the emergency medicine residency program; (b) retaining responsibility for the overall planning, administration and coordination of the residency programs at ARMC; (c) informing all of its Residents who rotate through Receiving Hospital about their obligation to abide by the applicable policies, rules and regulations and bylaws of Receiving Hospital. Receiving Hospital may, at its reasonable discretion, remove from rotation and from Receiving Hospital's premises any ARMC Resident who materially fails to follow such policies, rules and regulations; (d) requiring each ARMC Resident to carry an identification card issued by Receiving Hospital and to conspicuously display his/her name badge when engaging in rotation activities at Receiving Hospital; (e) assisting in the planning and implementation of the clinical education program relating to ARMC Residents' training at Receiving Hospital; (f) operating its residency program in accordance with federal, state and local laws, rules and regulations; and (g) requiring each Resident to sign a Statement of Responsibility in the form attached hereto as Exhibit A, and a Statement of Confidentiality in the form attached hereto as Exhibit B.

M. Responsibilities of Receiving Hospital

In addition to the other obligations of Receiving Hospital as set forth in this Agreement, Receiving Hospital agrees to:

1. Assist in the planning and implementation of the clinical education program and to supervise and instruct the assigned ARMC Resident(s) during their clinical rotations at Receiving Hospital;

2. Designate a qualified member of Receiving Hospital's medical staff as the Site Director who will be responsible for the educational and experiential supervision of the Resident(s) in the implementation of the clinical experience;
3. Permit assigned ARMC Resident(s) to use its patient care and patient service facilities for clinical education according to the mutually approved curricula;
4. Retain responsibility for nursing care and related duties when Resident(s) are providing care to any patient at Receiving Hospital;
5. Permit ARMC Residents the use of such supplies and equipment as are commonly available to physicians for patient care at Receiving Hospital;
6. Permit use of the following facilities and services by ARMC Resident(s):
 - a. Parking areas;
 - b. Locker storage and dressing facilities, and sleep rooms for overnight call duty, as available;
 - c. Access to sources of information for clinical education purposes:
 - i. charts, nursing station references, cardex files;
 - ii. procedure guides, policy manuals;
 - iii. medical dictionaries, pharmacology references and other reference suitable to the clinical area;
 - iv. required health information relating to Receiving Hospital patients
7. Retain the right to remove, suspend or refuse access to any ARMC Resident(s) who, in Receiving Hospital's reasonable discretion, determines has failed to abide by Receiving Hospital's policy(ies) and procedure(s) and/or who do not meet Receiving Hospital's standards for safety, health, cooperation, or ethical behavior, and during any pending investigations of such conduct by Receiving Hospital.
8. Comply with federal, state and local laws and ordinances concerning the confidentiality of Resident(s) records;
9. Invite the participation of Resident(s) to such educational activities as conferences, rounds, and similar experiences including utilization review, quality assurance, evaluation and monitoring activities, as deemed appropriate by Receiving Hospital;
10. Require Resident(s) and instructors to participate, to the extent scheduled or otherwise requested and approved by Receiving Hospital, in activities and assignments that are of educational value and consistent with the requirements of the ACGME;
11. Require Resident(s) to participate in orientation programs provided by Receiving Hospital, including training for compliance with the Health Insurance Portability and Accountability Act of 1996, as amended (HIPAA);
12. Require Residents to cooperate in performance improvement and risk management activities designed to identify, evaluate and reduce risk of patient injury and enhance the quality of patient care;
13. Require Residents to cooperate in the preparation and maintenance of a complete medical record for each patient in whose care he/she participates in compliance with all state and federal laws and regulations, TJC and ACGME and ARMC's Bylaws, Rules and Regulations and policies, where

applicable. The medical record for Receiving Hospital patients shall, at all times, remain the property of Receiving Hospital;

14. Retain ultimate professional and administrative accountability for all patient care for patients at Receiving Hospital;

15. Audit the duty hours of Residents assigned to it and will assure that these duty hours will not exceed the work hour restrictions imposed by the ACGME.

16. Take reasonable measures to provide the following to ARMC Residents that train at Receiving Hospital under this Agreement:

- a. Orientation to and information about Receiving Hospital's security measures, fire safety and disaster protocols, and any additional recommended personnel safety and security precautions;
- b. Instruction in Receiving Hospital's policies and procedures for infection control including the handling and disposal of needles and other sharp objects, and in protocols for injuries and incident reporting including those resulting from needle stick injuries and other exposures to blood or body fluids; and
- c. First aid and other emergency treatment available on-site, including, but not limited to, immediate evaluation for risk of infection and appropriate follow-up care of Resident in the event of a needle stick injury or other exposure of Resident to blood or body fluids.

N. Direct Supervision

While obtaining training at Receiving Hospital, the clinical activities of Resident(s) shall be directly supervised by Medical Staff Member Physicians in good standing who shall be called "Supervising Physicians". A Supervising Physician shall be responsible for the overall direction and management of each Resident's performance while at Receiving Hospital.

O. Evaluation of Resident(s)

Receiving Hospital agrees that its Supervising Physicians shall provide to ARMC's Residency Program written reports which document and evaluate the participation of ARMC's Residents in the rotation at Receiving Hospital in procedures and activities and the skills with which they were performed. Receiving Hospital shall be responsible to provide such evaluation forms to ARMC in the timeframe and frequency requested by ARMC.

P. Medical Staff Membership

The presence of Resident(s) from ARMC at Receiving Hospital is based upon their continued participation in ARMC's Residency Training Program. As such, it is understood and agreed that Resident(s) assigned to Receiving Hospital shall not be granted medical staff membership or privileges at Receiving Hospital during their rotation as part of their educational requirement in the Residency Training Program.

Q. ACGME HIPAA Business Associates Agreement

Each party affirms it has signed a Business Associates Agreement with ACGME where required.

III. Payment and Billing

ARMC shall not bill Receiving Hospital or any private or public third party payer for services rendered by Residents while participating in rotations at Receiving Hospital. For purposes of billing to Medicare, Receiving Hospital shall retain the right to submit any claim for the participation of any ARMC Resident while training at Receiving Hospital to the extent permitted by applicable law.

IV. Insurance

A. Without in anyway affecting the indemnity herein provided and in addition thereto, each party hereto shall secure and maintain throughout the term of this Agreement the following types of insurance or program of self-insurance with limits as shown:

1. Workers' Compensation/Employers Liability - A program of Workers' Compensation insurance or a state-approved, self-insurance program in an amount or form to meet all applicable requirements of the Labor Code of the State of California, including Employer's Liability with \$250,000 limits, covering all persons including volunteers providing services on behalf of the party and all risks to such persons under this Agreement.

Each party agrees to maintain Worker's Compensation insurance as required under California State Law covering all eligible persons providing services at their respective facilities, except that Receiving Hospital's policy need not cover the ARMC Residents while training at Receiving Hospital unless required by law.

2. Comprehensive General Liability Insurance - General Liability Insurance covering all operations performed by or on behalf of each party, providing coverage for bodily injury and property damage with a combined single limit of not less than one million dollars (\$1,000,000), per occurrence. The policy coverage shall include:
 - (a) Premises operations and mobile equipment
 - (b) Products and completed operations.
 - (c) Broad form property damage (including completed operations).
 - (d) Explosion, collapse and underground hazards
 - (e) Personal injury
 - (f) Contractual Liability
 - (g) \$2,000,000 general aggregate limit.

3. Automobile Liability Insurance - Primary insurance coverage shall be written on ISO Business Auto coverage form for all owned, hire and non-owned automobiles or symbol 1 (any auto). The policy shall have a combined single limit of not less than one million dollars (\$1,000,000) for bodily injury and property damage, per occurrence.

If Receiving Hospital is transporting one or more non-employee passengers in performance of contract services, the automobile liability policy shall have a combined single limit of two million dollars (\$2,000,000) for bodily injury and property damage per occurrence.

If the Receiving Hospital owns no autos, a non-owned auto endorsement to the General Liability policy described above is acceptable.

4. Umbrella Liability Insurance - An umbrella (over primary) or excess policy may be used to comply with limits or other primary coverage requirements. When used, the umbrella policy shall apply to bodily injury/property damage, personal injury/advertising injury and shall include a "dropdown" provision providing primary coverage for any liability not covered by the primary policy. The coverage shall also apply to automobile liability.

5. Professional Liability - Professional liability insurance with limits not less than one million (\$1,000,000) per claim or occurrence and two million (\$2,000,000) aggregate limits. ARMC's policy shall cover ARMC Residents while training at Receiving Hospital.

If any of the required insurance coverage is provided on a "claims made" policy, the "retroactive date" shall be shown and must be before the effective date of the Agreement.

The claims made insurance shall be maintained or "tail" coverage provided for a minimum of five (5) years after the termination or expiration of the Agreement.

6. Abuse/Molestation Insurance – Receiving Hospital shall have abuse or molestation insurance providing coverage for all employees, instructors, faculty, and Residents for the actual or threatened abuse or molestation by anyone of any person in the care, custody, or control of any insured, including negligent employment, investigation and supervision. The policy shall provide coverage for both defense and indemnity with liability limits of not less than one million dollars (\$1,000,000) with a two million dollars (\$2,000,000) aggregate limit.

- B. Proof of Coverage – Upon request by a party, the other party shall furnish Certificates of Insurance or documentation of self-insurance to the requesting party evidencing the insurance coverage as required under this Agreement.

V. Indemnification:

- A. County agrees to indemnify, defend, and hold harmless Receiving Hospital, its authorized officers, employees, agents and volunteers from any and all claims, actions, losses, damages and/or liability arising out of this Agreement that are caused by the negligence or willful misconduct of ARMC. County also agrees to indemnify, defend, and hold harmless Receiving Hospital, its authorized officers, employees, agents and volunteers from any and all claims, actions, losses, damages and/or liability arising out of this Agreement caused by the professional negligence of ARMC Resident while training at Receiving Hospital, except where the act or omission of the ARMC Resident that caused harm was undertaken at the direction or supervision of Receiving Hospital, its officers, employees, agents, and volunteers.
- B. Receiving Hospital agrees to indemnify, defend, and hold harmless County, its authorized officers, employees, agents, and volunteers from any and all claims, actions, losses, damages and/or liability arising out of this Agreement caused by the negligence or willful misconduct of Receiving Hospital, its officers, employees, subcontractors, agents, and volunteers.
- C. The indemnification obligations under this Agreement will survive expiration or termination of the Agreement, regardless of the cause of such termination.

VI. OSHA Regulation

Receiving Hospital and ARMC certify awareness of the Occupational Safety and Health Administration (OSHA) of the U.S. Department of Labor, the derivative Cal/OSHA standards and laws and regulations relating thereto, and shall comply therewith as to all relative elements under this Agreement. ARMC shall be responsible for compliance by Residents with the final regulations issued by the Occupational Safety and Health Administration governing employee exposure to blood borne pathogens in the workplace under Section VI(b) of the Occupational Safety and Health Act of 1970, which regulations became effective March 6, 1992 and as may be amended or superseded from time to time (the "Regulations"), including but not limited to responsibility as "the employer" to provide all employees with (a) information and training about the hazards associated with blood and other potentially infectious materials, (b) information and training about the protective measures to be taken to minimize the risk of occupational exposure to blood borne pathogens, (c) training in the appropriate actions to take in an emergency involving exposure to blood and other potentially infectious materials, and (d) information as to the reasons the employee should participate in hepatitis B vaccination and post-exposure evaluation and follow-up. ARMC's responsibility with respect to the Regulations also shall include the provision of the hepatitis B vaccination in accordance with the Regulations.

VII. Status of Receiving Hospital and the County:

The parties expressly understand and agree that this Agreement is not intended and shall not be construed to create the relationship of agent, servant, employee, partnership, joint venture, or association between Receiving Hospital on the one hand and the County on the other hand, but rather is an agreement by and between independent contractors.

VIII. Publicity

Neither Receiving Hospital nor ARMC shall cause to be published or disseminated any advertising materials, either printed or electronically transmitted, which identify the other party or its facilities with respect to the Program without the prior written consent of the other party.

IX. Debarment and Suspension

The parties respectively certifies that neither they nor any of their principals and officers are presently disbarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency. (See the following United States General Services Administration's System for Award Management website <https://www.sam.gov>). The parties each further certify that if it is a business entity that must be registered with the California Secretary of State, it is registered and in good standing with the Secretary of State. Each party represents and warrants that it is not and at no time has been convicted of any criminal offense related to health care nor has been debarred, excluded, or otherwise ineligible for participation in any federal or state government health care program, including Medicare and Medicaid. Further, each party represents and warrants that no proceedings or investigations are currently pending or to the party's knowledge threatened by any federal or state agency seeking to exclude the party from such programs or to sanction the party for any violation of any rule or regulation of such programs.

X. Exclusion Lists Screening

Each party shall screen all of its current and prospective owners, legal entities, officers, directors, employees, contractors, and agents ("Screened Persons") against (a) the United States Department of Health and Human Services/Office of Inspector General ("OIG") List of Excluded Individuals/Entities (available through the Internet at <http://www.oig.hhs.gov>); (b) the General Services Administration's System for Award Management (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, the party who determined the existence of the Ineligible Person shall immediately notify the other party of the same.

XI. Exclusivity

This Agreement is nonexclusive and does not affect either party's ability to contract with other entities for the same type of services.

XII. Term and Termination

- A. This Agreement shall be effective on the last date signed by the parties and shall remain in effect for a term of five years, unless earlier terminated by the parties under the provisions of this Agreement.

B. This Agreement may be terminated, with or without cause, by either party at any time after giving the other party thirty (30) days advance written notice of its intention to terminate. The Director of ARMC is authorized to initiate termination on behalf of the County. Any termination by Receiving Hospital shall not be effective as to any ARMC Resident who at the mailing of said notice to County was participating in the Program until such Resident has completed the training at the Receiving Hospital for the then current academic year.

C. Any written notice given under this Agreement shall be sent, postage prepaid, by certified mail, return receipt requested, to the following person(s) as the case may be:

ARROWHEAD REGIONAL MEDICAL CENTER
400 N. Pepper Avenue
Colton, CA 92324
Attn: Director, Medical Center

DIGNITY HEALTH DBA ST. BERNADINE MEDICAL CENTER
2101 N. Waterman Ave
San Bernardino, CA 92404
Attn: Hospital President/Contracts.

cc: CommonSpirit Health Legal Team
185 Berry Street, Suite 200
San Francisco, CA 94107

Unless otherwise stated in this Agreement, notice is deemed effective two business days from the date of mailing.

XIII. Modification

No modification, amendment, supplement to, or waiver of any provision of this Agreement shall be binding upon the parties unless made in writing and duly signed by all parties.

XIV. Assignment

Neither party hereto shall assign its rights or obligations in this Agreement without the express written consent of the other party.

XV. Rules of Construction

The language in all parts of this Agreement shall in all cases be construed as a whole, according to its fair meaning, and not strictly for or against either party. Section headings in this Agreement are for convenience only and are not to be construed as a part of this Agreement or in any way limiting or amplifying the provisions hereof. All pronouns and any variations thereof shall be deemed to refer to the masculine, feminine, neuter, singular or plural, as the identifications of the person or persons, firm or firms, corporation or corporations may require.

XVI. Entire Agreement

This Agreement contains the final, complete, and exclusive agreement between the parties hereto. Any prior agreements, promises, negotiations or representations relating to the subject matter of this Agreement not expressly set forth herein are of no force or effect. This Agreement is executed without reliance upon any promise, warranty, or representation by any party or any representative of any party other than those expressly contained herein. Each party has carefully read this Agreement and signs the same of its own free

will. No waiver of any of the provisions of this Agreement shall be deemed or shall constitute a waiver of any other provision whether or not similar nor shall any waiver constitute a continuing waiver.

XVII. Governing Law and Venue.

This Agreement is made and entered into in the State of California, and shall in all respects be interpreted, enforced, and governed by and under the laws of the State of California. The parties acknowledge and agree that this Agreement was entered into and intended to be performed in San Bernardino County, California. The parties agree that the venue of any action or claim brought by any party to this Agreement will be the Superior Court of California, County of San Bernardino, San Bernardino District. Each party hereby waives any law or rule of the court, which would allow them to request or demand a change of venue. If any action or claim concerning this Agreement is brought by any third-party and filed in another venue, the parties hereto agree to use their best efforts to obtain a change of venue to the Superior Court of California, County of San Bernardino, San Bernardino District.

XVIII. Counterparts and Electronic Signatures

This Agreement may be executed in any number of counterparts, each of which so executed shall be deemed to be an original, and such counterparts shall together constitute one and the same Agreement. The parties shall be entitled to sign and transmit an electronic signature of this Agreement (whether by facsimile, PDF or other email transmission), which signature shall be binding on the party whose name is contained therein. Each party providing an electronic signature agrees to promptly execute and deliver to the other party an original signed Agreement upon request.

XIX. Conflict of Interest

The parties hereto and their respective employees or agents shall have no interest, and shall not acquire any interest, direct or indirect, which will conflict in any manner or degree with the performance of services or obligations required by this Agreement.

XX. Severability

The provisions of this Agreement are specifically made severable. If any clause, provision, right and/or remedy provided herein is unenforceable or inoperative, the remainder of this Agreement shall be enforced as if such clause, provision, right and/or remedy were not contained herein.

XXI. Authorization

The undersigned individuals represent that they are fully authorized to execute this Agreement on behalf of the named parties.

XXII. Accreditation/License

Any action or failure to act on the part of either party that result in the threatened loss of accreditation or licensure of the other party ("Non-Fault Party") will be considered a material breach of this Agreement, which permits the Non-Fault Party to terminate this Agreement immediately, effective upon service of notice of termination.

XXIII. Standards and Regulatory Compliance

All applicable provisions of law and other rules and regulations of any and all governmental authorities relating to the licensure and regulation of ARMC and to the operation of the Program shall be fully complied with by all parties hereto.

IN WITNESS whereof, this Agreement has been executed by the parties hereto as of the day and year signed by the parties below.

San Bernardino County on behalf of Arrowhead
Regional Medical Center


Curt Hagman, Chairman, Board of Supervisors

Dated FEB 08 2022

SIGNED AND CERTIFIED THAT A COPY OF THIS
DOCUMENT HAS BEEN DELIVERED TO THE
CHAIRMAN OF THE BOARD

Lynna Monell
Clerk of the Board of Supervisors
San Bernardino County

B
Y

Deputy

Dignity Health, a California
nonprofit public benefit
corporation dba St.
Bernardine Medical Center


(Authorized signature - sign in blue ink)

Name DOUGLAS KLEAM
(Print or type name of person signing contract)

Title PRESIDENT
(Print or Type)

Dated: 11/15/21

Address 2101 N. WATERMAN AVENUE

SAN BERNARDINO, CA 92404

FOR COUNTY USE ONLY
Approved as to Legal Form

Charles Phan, Deputy County Counsel

Date

Reviewed for Contract Compliance

Date

Reviewed/Approved by Department

Date

EXHIBIT A

STATEMENT OF RESPONSIBILITY

For and in consideration of the benefit provided the undersigned in the form of experience in evaluation and treatment (the "Program") of patients of Dignity Health, a California nonprofit public benefit corporation dba St. Bernardine Medical Center ("Receiving Hospital") under the Affiliation Agreement for Resident Rotations between the San Bernardino County on behalf of Arrowhead Regional Medical Center and Receiving Hospital, the undersigned and his/her heirs, successors and/or assigns do hereby covenant and agree to assume all risks of, and be solely responsible for, any injury or loss sustained by the undersigned while participating in the Program at Receiving Hospital unless such injury or loss is caused by Receiving Hospital's negligence or willful misconduct.

Dated this _____ day of _____, 20__.

Resident Name:

Witness

EXHIBIT B

CONFIDENTIALITY STATEMENT

The undersigned hereby acknowledges his/her responsibility under applicable state and Federal laws, including under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the Health Information Technology for Economic and Clinical Health (HITECH) Act, to keep confidential any information regarding patients of Dignity Health, a California nonprofit public benefit corporation dba St. Bernardine Medical Center ("Receiving Hospital"), as well as all confidential information of Receiving Hospital. The undersigned agrees, under penalty of law, not to reveal to any person or persons except authorized clinical staff and associated personnel any specific information regarding any patient and further agrees not to reveal to any third party any confidential information of Receiving Hospital, except as required by law or as authorized by Receiving Hospital.

Dated this _____ day of _____, 20__.

Resident Name:

Witness

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*.

Program Letter of Agreement

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

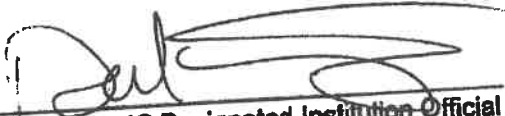
4. **Policies and Procedures that Govern Resident Education**

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

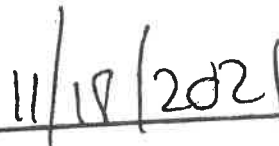

Signed: ARMC Designated Institution Official


Signed: ARMC Program Director



Signed: Participating Site Director

Participating Institution
St. Bernardine Medical Center

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


Date


Date


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	Role modeling by	Attending verbal or written, timely	PC, MK, ICS, PLI

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utilize laboratory data and ancillary studies	attending, participation in patient rounds, direct patient care experience, as well as text, didactic, and simulation training	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	
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-	Role modeling by attending and senior	Attending verbal or written, timely feedback on patient	PC, MK, ICS, P, PLI, SBP

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threatening conditions, the most likely diagnosis, and identify how and when to access medical information	resident, participation in patient rounds, direct patient care experience, as well as text, didactic, and simulation training	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	
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 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
15. Demonstrate	Role modeling by	Attending verbal or written, timely	PC, ICS, P, SBP

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accountability to patients, families, and fellow healthcare professionals.	attending, participation in patient rounds, direct patient care experience, participation in hospital grand rounds	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	
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 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			

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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, Splinting of strains and sprains	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
4. Demonstrate an understanding and discuss common medical and surgical interventions on	Role modeling by attending, participation in patient rounds, direct patient care	Attending verbal or written, timely feedback on patient interaction/communication, direct observation and feedback on patient care clinical decisions, faculty	PC, MK, ICS, P, PLI, SBP

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Emergency Medicine patients	experience, as well as text, didactic, and simulation training	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	
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 evaluations, New Innovations evaluations	PC, ICS, P, PLI
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	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,	PC, MK, ICS, P, PLI, SBP

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	as text, didactic, and simulation training	observation and feedback on rounds, 360 degree evaluations, mock in-service score, Rosh Review scores, in-service exam score	
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 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
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	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

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	attendance, patient rounds participation, participation in hospital grand rounds, text, didactic, Rosh Review, Hippo EM		
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 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
Goal 4. Administrative Skills			
Resident Objectives	Instructional Strategies	Assessment of Competence	ACGME Competency Goals *
1. Demonstrate the	Role modeling by	Attending verbal or written, timely	PC, ICS, P, PLI

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willingness to work with health care administrations to evaluate, coordinate, and improve healthcare and ultimately enhance the overall performance of the healthcare system	attending, direct patient care experience, participation in hospital grand rounds, committee attendance	feedback on patient interaction, faculty evaluations at end of rotations	
8. Demonstrate the ability to practice cost-effective health care and resource allocations without compromising 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	Role modeling by attending or senior resident, direct	Attending verbal or written, timely feedback on patient interaction, faculty evaluations at end of rotations, direct	PC, ICS, P, PLI

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healthcare professionals	patient care experience	attending or senior resident observation during patient care, 360 degree evaluations, New Innovations evaluations	
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 (909) 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 and 8:00 AM- 12:00 AM location will vary. The EM office number is (909) 580-1862.
2. **Mandatory Emergency Resident Lecture Series** occurs every Wednesday at 7:00 AM in the Oak CR
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	Role modeling by attending, participation in patient rounds and	Attending verbal or written, timely feedback on patient interaction/communication	PC, MK, ICS, P, PLI, SBP

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demonstrate an understanding and identify difficulties in arranging follow up care for Emergency Medicine patients in a Community Hospital Setting	direct patient care experience, hospital grand round attendance	n, direct observation and feedback on patient care clinical decisions, faculty evaluations at end of rotations, observation and feedback on rounds	
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 modeling by	Attending verbal or	PC, MK, ICS, P, PLI, SBP

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role directing care during resuscitations. Demonstrate the ability to work effectively and part of the team with staff to provide excellent patient care	attending and senior resident, participation in patient rounds, direct patient care experience, as well as text, didactic, and simulation training	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	
28. 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
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,	PC, MK, ICS, P, PLI, SBP

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		360 degree evaluations	
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			

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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 abscesses, Basic suturing 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

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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, 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
20. Use Ultrasound in procedures. Peripheral nerve blocks, joint aspiration, central	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	PC, ICS, P, PLI

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and peripheral venous access. The ability to instruct and teach junior residents on these procedures		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	Journal club attendance, patient	Observation and feedback on rounds,	MK, ICS, P, PLI

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controversies in the management of Emergency Medicine patients	rounds, text, didactic, Rosh Review, Hippo EM	mock in-service score, Rosh Review scores, in-service exam score	
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,	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

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	journal club attendance, patient rounds participation, text, didactic		
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	Role modeling by attending, direct patient care experience, participation in hospital grand	Attending verbal or written, timely feedback on patient interaction, faculty evaluations at end of rotations	PC, ICS, P, PLI

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	with health care administrations to evaluate, coordinate, and improve healthcare and ultimately enhance the overall performance of the healthcare system	rounds, committee attendance		
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	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

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system.			
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	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	PC, ICS, P, PLI

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constructiv e feedback from fellow healthcare profession als		observation during patient care, 360 degree evaluations, New Innovations evaluations	
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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.