

RESIDENT APPOINTMENT AGREEMENT

CLINICA SIERRA VISTA RIO BRAVO FAMILY MEDICINE RESIDENCY PROGRAM

DEFINITION: *The term "resident" refers to all postgraduate trainees (ACGME residents).*

Clinica Sierra Vista hereby offers _____ an appointment as a postgraduate trainee in the Rio Bravo Family Medicine Residency Program, postgraduate year one (PGY1), subject to the following terms and conditions.

1. APPOINTMENT AND TERM

The initial appointment is for a one-year period commencing 6/23/2014_____ and ending on 6/30/2015_____. Reappointment, advancement and completion of the year is contingent upon maintenance of academic good standing and satisfactory performance of assigned rotations, exams and duties as determined by evaluations by the Program Director and faculty.

2. COMPENSATION

Salary: \$_50,283per 12 months. Salary increases are generally made annually at the beginning of the appointment to the next step. Residents are paid biweekly. PGY 1's will also receive compensation for orientation done prior to appointment year.

<i>POSTGRADUATE YEAR</i>	<i>ANNUAL GROSS SALARY</i>	<i>MONTHLY GROSS SALARY</i>
1	\$50,283	\$4,190.25
2	\$52,004	\$4,333.67
3	\$54,050	\$4,504.17

3. ACADEMIC, LICENSURE AND CERTIFICATION REQUIREMENTS

- A. The resident must be a graduate of an institution accredited by the Liaison Committee of Medical Education or otherwise must meet the eligibility requirements of Part II, Section A of the ACGME Institutional Requirements.
- B. Residents who graduated from U.S. or Canadian medical schools must have a license to practice medicine from the State of California after two years of training in any ACGME accredited training program. Graduates of international medical schools, whether United States nationals or not, must have a California license to practice medicine after three years of training in an ACGME accredited training program. Failure to have the necessary license at the time of appointment or reappointment will result in non-appointment and automatic resignation.
- C. The resident must at all times maintain in effect and verify, upon request, all legally required permits, licenses, and other relevant documents. At the beginning of the residency, residents must also provide proof of authorization to work in the United States. Failure to obtain or maintain necessary licenses and permits and to maintain eligibility to work in the United States will result in automatic suspension and may result in dismissal.

- D. All residents in the Family Medicine training program must be ACLS and PALS certified. They must present evidence of certification in ACLS and PALS certification by the American Heart Association prior to the completion of their training program, as required by the individual RRC.
- E. At the start of the appointment, residents must be eligible and available to start their program. They cannot have an appointment in another program which is in conflict with the position they are accepting. They must adhere to the policies of the ACGME program requirements, and NRMP as pertains to their selection and appointment.
- F. Successful completion of USMLE Step 3 is necessary to obtain a California medical license, which is required for appointment by the end of the PGY 1 year, in accordance with California licensing regulations.

USMLE STEP 1 & 2

1. Incoming PGY 1 residents are required to take and pass USMLE Step 1 and 2 (CS and CK) before the beginning of their training at RBFMRP. They must provide the program director with copies of their USMLE scores to document their successful completion of these examinations.

USMLE STEP 3

1. All PGY 1 residents must take the USMLE Step 3 examination during their first year of postgraduate training (no later than June 30), unless previously successfully completed. Residents are required to notify the program director of the results of the USMLE Step 3 exam upon receiving their results (pass/fail).
2. Residents accepted into the training program at RBFMRP after completing their first year of training at another institution (at the PGY 2 level), must have successfully completed USMLE Step 3 prior to beginning training at RBFMRP. Residents are required to provide their program director with a copy of their USMLE Step 3 scores to document this.
3. Residents who fail Step 3 must re-take the exam within 90 days.
4. Residents who have not passed Step 3 by January 1 of their second postgraduate year (PGY 2) will receive notification that they will not be reappointed as a PGY 3.

4. RBFMRP will provide or monitor in conjunction with Kern Medical Center as appropriate the following:

- A. **House Staff Sleep Quarters and Resident Lounge:** House staff sleep quarters are provided. Sleep quarters may be used for overnight calls, strategic napping and napping prior to driving home when there are concerns about fatigue. A lounge with telephones, computers and TV is located near the house staff sleep quarters. Food service is available 24 hours/day in the resident lounge.
- B. **Meals:** Meals will be provided as described in the policy and procedure manual and resident handbook, in compliance with ACGME requirements. The Meal policy can be found on the GME website: www.riobravofmrp.org.
- C. **Uniforms:** Two (2) long white coat will be issued to each resident.
- D. **Duty Hours:** Program requirements relating to duty hours and on call schedules are based on educational rationale and patient care needs including continuity of care. Assigned duty hours will comply with ACGME, specific RRC and RBFMRP guidelines. (See policy and procedure manual and resident handbook.) Back up support will be provided when patient care responsibilities are especially difficult or prolonged, or if unexpected circumstances create resident fatigue sufficient to jeopardize patient care.
- E. **Communications:**
Pagers will be supplied for the year of appointment. The RBFMRP will provide email and internet access.
- F. **Libraries**
All residents have full access to the Kern Medical Center's Medical Library at no cost. This features a state-of-the-art library with full library services to assist physicians, faculty, residents, students, and staff with the latest medical, scientific and research resources. Users have full access to GALEN, the digital library, which includes thousands of electronic journals and texts as well as a collection of databases. The library provides full support for the information needs of its users including literature searching,

instruction, and bibliographic management. The library is available to users during regular business hours, and users also have remote access to all electronic library resources 24 hours a day.

- G. **OSHA and CDC Recommendations:** Compliance is required with OSHA and CDC recommendations which assume that every direct contact with a patient's blood and other body substances is infectious and requires the use of protective equipment to prevent parenteral, mucous membrane and non-intact skin exposures to the health care provider. Protective equipment including gloves, masks, face shields and cover gowns are provided by RBFMRP and Kern Medical Center. Prior to the beginning of training, all residents must have received the Hepatitis B vaccination series or sign an OSHA approved declination form. Annual TB screening is required. MMR, varicella, and influenza vaccines are highly recommended, and proof of vaccination status or a declination form will be required.

5. RESIDENT RESPONSIBILITIES

The goals of the residency program are to provide residents with experience in the art and science of medicine in order to achieve excellence in the diagnosis, care, and treatment of patients. To achieve these goals, the resident agrees to do the following: (goals listed in handbook: Excellence in Medical Education, Respect for Resident's Well-Being, and Highest of Quality Patient Care)

- A. Develop and participate in a personal program of self-study and professional growth with guidance from the program's teaching staff.
- B. Participate in the care of patients as appropriate to their level of training and abilities under the supervision and direction of their attending physicians.
- C. Participate fully in the educational activities of the residency program, and assume responsibility for participation in the teaching of more junior physicians and medical students. In this regard, be knowledgeable of the goals and objectives of the program, rotation and/or clerkship.
- D. Develop an understanding of ethical, socioeconomic and medical/legal issues that affect the practice of medicine.
- E. Consider cost containment measures in the provision of patient care.
- F. Comply with all RBFMRP and Kern Medical Center rules, regulations, practices, procedures and policies, professional standards and codes of ethics. These include but are not limited to, the policy and procedure manual, resident handbook, CSV employment handbook, including but not limited to the Sexual Harassment policy, HIPAA, Policy on Substance Abuse, criminal background checks and health screenings.
- G. Adhere to the call schedule and schedule of assignments in a prompt and timely fashion.
- H. Attend and participate in the standing committees of the GMEC and Medical Staff, especially those that relate to patient care educational activities, as assigned by the program director or elected by your peers.
- I. Keep charts, records and reports signed and up to date as per Medical Staff policy. This requires the resident to be capable of using the electronic health record system in place at both KMC and the RBFMRP office, as well as any other sites where they may be assigned clinical duties.
- J. Adhere to ACGME, RRC, Program, and Board requirements, including meeting duty hour restrictions as per program policy and appropriately addressing rest and fatigue issues; see the GME website <http://www.acgme.org/acgmeweb/>
- K. Participate in the evaluation of the training program and its faculty using the mechanisms provided by the RBFMRP in a timely manner.

- L. Comply with Program and ACGME policies regarding moonlighting. This includes obtaining permission of the program director prior to any moonlighting activities. The RBFMRP Policy on Moonlighting can be found at www.riobravofmrp.org - click on “Resident Policies”.
- M. The special nature of residency programs requires ongoing communication between the residents, the training programs, administrators and others at RBFMRP, and affiliated institutions. The general policy of the RBFMRP requires residents be available by email, and check email at frequent intervals (not less than every three days) unless on approved leave. The RBFMRP Policy and Procedure Manual on email can be found at www.riobravofmrp.org; click on “Resident Policies.”
- N. Identify in themselves and others physician impairment from fatigue, drugs, depression, or other causes, and seek help for themselves or others so identified.
- O. Comply with specific/special requirements of affiliated institutions to which trainee may rotate as part of his/her training. These may include, but are not limited to, criminal background checks, substance abuse testing, health screenings, and providing additional paperwork/information.
- P. Comply with CSV’s policies and procedures.
- Q. Must notify program and GME office of conviction for any misdemeanor or felony.

6. BENEFITS/LEAVE

A. Leave:

Residents are entitled to three (3) calendar weeks of paid vacation time per year, which shall be scheduled by the Program Director, department chairperson, or chief resident. All other leaves, including medical, sick, maternity/paternity, or family leave may be taken according to written policy as noted on the program website www.riobravofmrp.org - click on “Resident Policies.”) Time spent on leave other than vacation may be required to be made up per program and American Board requirements. Residents are granted three weeks of vacation annually. As a general rule, vacation time does not carry forward from year to year and must be scheduled and taken in the same academic year the vacation is earned. Educational leave with compensation shall be five (5) days per academic year. The department does not include educational leave as a portion of the annual vacation leave. Educational time does not carry forward from year to year and must be scheduled and taken in the same academic year the educational leave is earned. See the RBFMRP Policy and Procedure Manual, Resident Handbook, and CSV Employee Handbook for a description of all leaves, required documentation for requests, and approval process.

B. Malpractice Insurance: CSV shall procure and maintain at its own cost and expense professional liability (malpractice) insurance which will cover CSV and the Employee. This professional liability insurance will be provided through a combination of one or both of the following:

(a) Federal Tort Claims Act coverage if the organization and its activities are “deemed” covered by the Department of Justice. Federal Tort Claims Act coverage is issued on an occurrence basis, eliminating the need to purchase tail coverage; and/or,

(b) A policy of professional liability coverage purchased by CSV providing liability limits of not less than One Million Dollars (\$1,000,000.00) per occurrence and Three Million Dollars (\$3,000,00.00) aggregate per year.

The choice of coverage options, and the combination of such coverage, shall be made in the sole and absolute discretion of CSV.

C. Health Insurance: The residents and eligible members of his/her immediate family are provided with health, dental, life, and vision care insurance at the beginning of their employment agreement. Information on these plans can be found at www.riobravofmrp.org., under Salary and Benefits Summary

D. Parking: Parking is available to all residents at all of the practice and rotation locations.

7. PROFESSIONAL ACTIVITIES BEYOND THE SCOPE OF THE RESIDENCY

Residents are discouraged from engaging in compensated medical professional activities beyond the scope of this Agreement since the resident's primary responsibility is to their education. CSV's liability insurance or other indemnity does not cover a resident who participates in unapproved clinical activities outside of the RBFMRP Training Program (moonlighting). All residents must comply with the institutional and program policies on moonlighting.

8. EVALUATION, COUNSELING AND ADVANCEMENT

- A. A written evaluation of each resident shall be made by the attending physician(s) on each resident's rotation(s). An annual written composite of all evaluations shall be made and a copy of the composite must be provided to the individual resident. The resident shall be given the opportunity to discuss his/her performance with the program director or designee semi-annually. The resident shall be notified within a reasonable time if an evaluation for a given rotation indicates unsatisfactory performance. Both annual and rotational evaluations shall be included in the resident's records.
- B. Residents' personnel files will be maintained consistent with applicable federal and state law. Residents may review their composite evaluations and other administrative materials upon request and in accordance with applicable CSV, RBFMRP, and federal policies. Evaluations of individual performance are part of the training evaluation and per Evaluation policy, are maintained as confidential. The progress of all residents is monitored throughout their training. The residency program relies on the Resident Evaluation Committee (REC) and its system of mentors to oversee resident progress. The REC reports to the GMEC on resident progress regularly. All GMEC actions are reviewed at regular CLINICA SIERRA VISTA Board meetings.
- C. Program appointment, advancement and completion are not assured or guaranteed to the resident, but are contingent upon the resident's satisfactory demonstration of progressive advancement in scholarship and continued professional growth. Unsatisfactory resident evaluation can result in required remedial activities, temporary suspension from duties, or termination of appointment and residency education. These actions and any periods of absence may result in the extension of the training program.

9. DUE PROCESS

Residents have the right to appeal adverse actions through the Institutional Policy for Academic Due Process and Leave in the RBFMRP Handbook, as found on the program website at www.riobravofmrp.org - click on "Resident Policies". Residents initiate this process through contact with the program's Graduate Medical Education Committee.

10. COMMITTEE PARTICIPATION

The following committees address resident issues:

- o The Graduate Medical Education Committee (GMEC) is the institutional oversight committee which reviews the accredited training program at RBFMRP. The GMEC oversees the Rio Bravo Family Medicine Residency Program and ensures its fiscal and educational integrity. Committee members perform internal reviews of the residency program as mandated by the Accreditation Council for Graduate Medical Education. All training programs must be approved by the GMEC. The Committee also works closely with the program to assist it with its RRC accreditation site visits. This Committee meets quarterly and is composed of the Residency Program Director, administration, faculty and residents. Residents who are interested in serving on this Committee may contact the Program Director for details.
- o Medical Staff Committees
Residents are appointed to serve and participate on a variety of Medical Staff Committees which involve resident training. Residents interested in serving on any of these committees should contact the Program Director

11. NONDISCRIMINATION

CSV and the RBFMRP does not discriminate on the basis of race, color, national origin, religion, sex, physical or mental disability, medical condition, ancestry, marital status, age, sexual orientation, citizenship

**Exhibit I - ACGME Work Hours and On Call Policy
RIO BRAVO FAMILY MEDICINE RESIDENCY PROGRAM
POLICY ON DUTY HOURS**

DUTY HOURS

RBFMRP has established policies for residents, which ensure:

1. Residents must not be scheduled for more than 80 duty hours per week, averaged over a four-week period, inclusive of all in-house call activities and all moonlighting;
2. At least one day out of seven, averaged over 28 days, away from the residency program. At-home call cannot be assigned on these free days. The 24-hour period after a resident is post call cannot be counted as a day off;
3. In-house on-call duty: No more frequently than every third night, averaged over a four- week period;
4. In-house night float maximum: Residents must not be scheduled for more than 6 consecutive nights of night float.
5. At-home call: Time spent in the hospital by residents on at-home call must count towards the 80-hour maximum weekly hour limit. The frequency of at-home call is not subject to the every-third-night limitation, but must satisfy the requirement for one-day-in-seven free of duty when averaged over four weeks. Residents are permitted to return to the hospital while on at-home call to care for new or established patients. Each episode of this type of care, while it must be included in the 80-hour weekly maximum, will not initiate a new “off-duty period”.
6. PGY-1 continuous on-site duty, including in-house call, must not exceed 16 consecutive hours.
7. PGY-2 and above residents may be scheduled to a maximum of 24 hours of continuous duty in the hospital. Strategic napping, especially after 16 hours of continuous duty and between the hours of 10:00 pm and 8:00 am is strongly suggested. Residents may be allowed to remain on-site no longer than an additional 4 hours in order to accomplish safe and effective patient care transitions. Residents must NOT be assigned additional clinical responsibilities after 24 hours of continuous in-house duty.
8. PGY-1 residents should have 10 hours free of duty and MUST have 8 hours free of duty between scheduled duty periods.
9. PGY-2 residents should have 10 hours free of duty and MUST have 8 hours free of duty between scheduled duty periods. They must have at least 14 hours free of duty after 24 hours of in-house duty.
10. While it is desirable that PGY-3 residents have 8 hours free of duty between scheduled duty periods, there may be circumstances when these residents must stay on duty to care for their patients or return to the hospital with fewer than 8 hours free of duty. Such circumstances are defined by the ACGME Review Committee as: required continuity of care for a severely ill or unstable patient, or a complex patient with whom the resident has been involved; events of exceptional educational value; or humanistic attention to the needs of a patient or family. Such circumstances will be monitored by the Program Director.
11. Adequate back up is provided if sudden and unexpected patient needs create resident fatigue sufficient to jeopardize patient care during or following on-call periods.

12. All residents are required to document hours worked (including days off, sick time, vacation, etc.) for every rotation by Friday of each week. If duty hours are not reported by Friday of each week, additional call may be assigned to that individual. Residents shall document hours using E*Value software. This information is collected and reported to the department and the duty hours subcommittee in order to address compliance with ACGME Duty Hour guidelines.
13. Residents are expected to inform the involved service of their planned absence when they are post-call.

For more information about the duty hours to go www.riobravofmrp.org and click on the Policy and Procedures Manual and Resident Handbook.

ON CALL ACTIVITIES

An on-call/after hour coverage system for residents is developed each year by the department to cover RBFMRP patients. The assignment of the call schedule is to be managed by the Chief Residents once the program matures and is subject to approval by the Program Director. Coverage will include responding to patient calls, authorizing patient care, and admitting and following patients admitted to the RBFMRP \Inpatient Service. After hours coverage for the RBFMRP service may be provided by the resident(s) on the inpatient night float rotation. Residents are expected to complete a thorough history and physical. This can be documented using a history and physical form approved by the institution where the resident is working or by completing a thorough admission note and dictating a comprehensive history and physical. If an admission note is written it should indicate that the history and physical was dictated.

The faculty member rounding the following morning is expected to review the history and physical done by the resident on call the prior day and evening. The rounding physician is expected to provide feedback to the resident on call if there are significant concerns regarding their history and physical or the associated orders. Significant concerns may be forwarded by the rounding physician to the Resident Evaluation Committee for evaluation.

All faculty will be asked to comment on resident performance while on call as part of our regularly scheduled semi-annual review of each resident.

The Chief Residents will be responsible for enforcing/maintaining a back-up call schedule for senior residents to be activated if the resident assigned to call is unavailable for whatever reason. If the back-up call person is required to cover for a resident assigned to be on call, the resident assigned will owe the resident providing the back-up call coverage two evenings, weekend days, or holidays for each one evening, weekend day or holiday provided by the back-up call resident. If residents involved are unable to amicably arrange for this coverage, the issue will be brought first to the Chief Residents, and, if necessary, to the Duty Hours Committee for further action.

For first-year residents' call on a non-family medicine service, the RBFMRP Chief Resident should be contacted by the senior resident, Chief Resident, or the attending on the service when a RBFMRP PGY-1 resident is unavailable for call. The Chief Resident will contact and designate another RBFMRP PGY-1, if available, for call on the involved service. If a back-up call person is assigned by RBFMRP to cover for a resident assigned to be on call, the resident originally scheduled will owe the resident providing the back-up call coverage two evenings, weekend days, or holidays for each one evening, weekend day or holiday provided by the back-up call resident. If a replacement is not available, then the two replacement calls will be added to the scheduled resident's second year call tally for the general RBFMRP call pool.

If residents involved are unable to amicably arrange for this coverage, the issue will be brought first to the Chief Residents, and, if necessary, to the Duty Hours Committee for further action.

It is considered unprofessional behavior to activate the back-up call system for circumstances that are not beyond the control of the resident on-call. Abuses of the back-up call system are grounds for corrective action as described in the Policy & Procedure Manual.

Residents on call are required to be in the hospital when they are on call.

Family Medicine residents are occasionally scheduled to be on call in-house the last day of their rotation. If this occurs, they cannot take call the following day nor can they attend in-patients or clinics on their new rotation (on a different service) due to duty hour restrictions. Please note: this does not include the resident completing the night float rotation as this is not considered in-house call. Residents completing the night float rotation are expected to report for a regular day of work on the Monday of the new rotation.

Residents providing in house call are excused from all clinical and educational activities the following day aside from related post-call educational debriefing and on-site transitioning of patient care the morning after being on call. Residents are expected to inform the involved service of any planned absence when they are post-call. The program coordinator is available for confirmation when questions arise.

Call schedules will ensure equity in call assignments among residents. Equity in resident call means the Chief Residents, if necessary, can mandate assigned call, and/or calls on holidays and weekends to more equitably distribute resident calls.

Knowing which residents and faculty are on call is critical. To ensure this occurs, the following procedures are followed:

1. Call schedules are posted online at www.amion.com. When at full capacity this will be done by the Chief Residents. They will send a copy to the department scheduler who will notify the necessary departments.
2. Any changes in call must be communicated to the program office, Scheduling Coordinator, and the clinical sites involved after being approved by the Chief Residents. The resident initiating the switch is responsible for making these calls. Residents are also expected to notify the service or attending to which they are assigned.
3. The Duty Hours Committee will be notified by the Chief Residents on a regular basis of changes in the call schedule and whenever the disaster call system is activated.
4. If more than three second or third year residents are unable to contribute to the call pool either because of departure from the training program or for prolonged periods of disability, faculty may cover any additional short-falls in call coverage.

I HAVE READ AND AGREE TO THE ABOVE AND EXHIBIT I and II, AND HAVE RECEIVED A COPY.

Resident

Date

Exhibit II – Attestation Questions

1. Have you ever been convicted of or pled novo contendere to ANY offense in any state in the United States or a foreign country? This includes a citation, infraction, misdemeanor and/or felony, except for minor traffic violations. Serious traffic convictions such as reckless driving, driving under the influence of alcohol and/or drugs, hit and run, evading a peace officer, failure to appear, driving while the license is suspended or revoked MUST be reported. If in doubt as to whether a conviction should be disclosed, it is better to disclose the conviction.

Yes No

2. Have you ever been convicted of or pled nolo contendere to any violation of any federal, state, local or a foreign country law(s) relating to the possession, use, illegal sale, transportation, manufacture, distribution or dispensing of controlled substances, or is any such action pending?

Yes No

3. Have you ever been arrested, charged or convicted of a sex crime, or any offense involving a child victim

Yes No

You are required to disclose any conviction that has been set aside, diverted, deferred, dismissed, pardoned or expunged from the court record.

Violation and Location	Date	Penalty or Disposition

For yes answers to questions above, please indicate the circumstances in the area below:

(You may add additional sheets if necessary).

I hereby affirm that the information submitted is true, correct and complete to the best of my knowledge and belief and is furnished in good faith. I understand that material breach of professionalism, omissions or misrepresentations may result in termination of my postgraduate training.

Print Name Here _____ Dept. _____

Signature _____ Date _____