VALLEY HEALTH TEAM
Family Medicine Residency Program

VALLEY HEALTH TEAM

FAMILY MEDICINE RESIDENCY

PROGRAM HANDBOOK

The updated Valley Health Team Family Medicine Residency Handbook will be available on Monday, November 23, 2026.



ACHIEVING SUCCESS IN HEALTH AND MEDICINE IN THE CENTRAL VALLEY

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Introduction

Welcome to the Valley Health Team Family Medicine Residency Program (VHTFMRP). VHTFMRP is sponsored by Valley Health Team, Inc. (VHT), a Federally Qualified Health Center in Fresno County. The VHTFMRP complies with Accreditation Council for Graduate Medical Education (ACGME) Common Program Requirements and the Special Requirements for Residency Training in Family Medicine.

Our Mission

Valley Health Team Family Medicine Residency Program is committed to teaching and training the next generation of high quality family medicine physicians

Our Mission is to be the program of choice for family medicine residents who are committed to the underserved, vulnerable, and will serve those communities in the San Joaquin Valley throughout their careers. We will train and graduate highly skilled clinicians who model professionalism, empathy, and a culture of safety. Our program emphasizes multidisciplinary patient-centered, culturally competent and relevant care.

Program AIMS

- Enhance program health through curricular innovation, expanded and diversified funding, fostering partner relationships and a commitment to continuous improvement.
- Ensure a high quality training experience within a nurturing, constructive and collaborative environment that emphasizes continuity of care, community health, cultural competence, patient safety and patient advocacy.
- Train and retain physicians who practice in underserved areas providing clinically excellent care while addressing social determinants of health.
- Recruit and retain residents that represent the diverse communities we serve.
- Promote a clinical learning environment that supports communication, connection, compassion, well-being and joy.
- Teach residents to work in a multidisciplinary team within a patient centered medical home that provides compassionate and empathetic delivery of culturally relevant quality healthcare to underserved populations.

Goals of the Valley Health Team Family Medicine Residency Program

VHTFMRP promotes and advocates for:

Excellence in Medical Education

- Teach residents the principles and practice of health maintenance, disease prevention, health education and community-oriented primary care, in addition to caring for a broad range of acute and chronic problems encompassing the full scope of family medicine.
- Develop and implement the health team concept in the health care delivery system for this region while providing ongoing support for research and educational activities.

Introduction

Highest Quality Patient Care

- Sustain learning environments that foster academic excellence, inspire the highest standards of professionalism, and ensure the delivery of safe, high- quality care to patients.

Service to Underserved Communities

- Facilitate an appreciation for and selection of practice sites in the Central San Joaquin Valley.

Respect for Residents' Well-Being

- Instruct residents in longitudinal care of their patients with an understanding of the impact of psychosocial factors on their own health and well-being

VALLEY HEALTH TEAM
LIVE BETTER. VIVE MEJOR.



Valley Health Team, a Federally Qualified Health Center, has been serving the Central Valley since 1973. VHT is the Institutional Sponsor of the Valley Health Team Family Medicine Residency Program with primary responsibility for compliance with the ACGME's Institutional and medical education program requirements.

Soyla A. Reyna-Griffin
Chief Executive Officer
Designated Institutional Official

Valley Health Team's Central Fresno Community Health Center serves as the Family Medicine Practice Site for the Program. VHT has grown to become one of the most dynamic, private and nonprofit, community based Federally Qualified Health Centers in the San Joaquin Valley as well as the State of California. We are a leader in the provision of primary health care and preventive health education services.

Valley Health Team's Central Fresno Community Health Center Family Medicine Practice Site



Valley Health Team Family Medicine Residency Program is located in Fresno, California. Fresno is located in California's great San Joaquin Valley at the base of the Sierra Nevada mountain range. With its convenient location, Fresno is about three hours driving time to San Francisco, Los Angeles, Big Sur, the Monterey Peninsula and Morro Bay. In addition, Yosemite National Park and the Sequoia and King's National Parks are less than 90 miles away. The population in the San Joaquin Valley is richly diverse, with approximately 90 different cultures represented.



Downtown Fresno Skyline

University of California, San Francisco is an academic partner of the Valley Health Team Family Medicine Residency Program. The UCSF-Fresno site serves as a resource center for the residents, and is centrally located near Valley Health Team and Community Regional Medical Center in Fresno, California.



University of California, San Francisco-Fresno

RESIDENCY FACULTY



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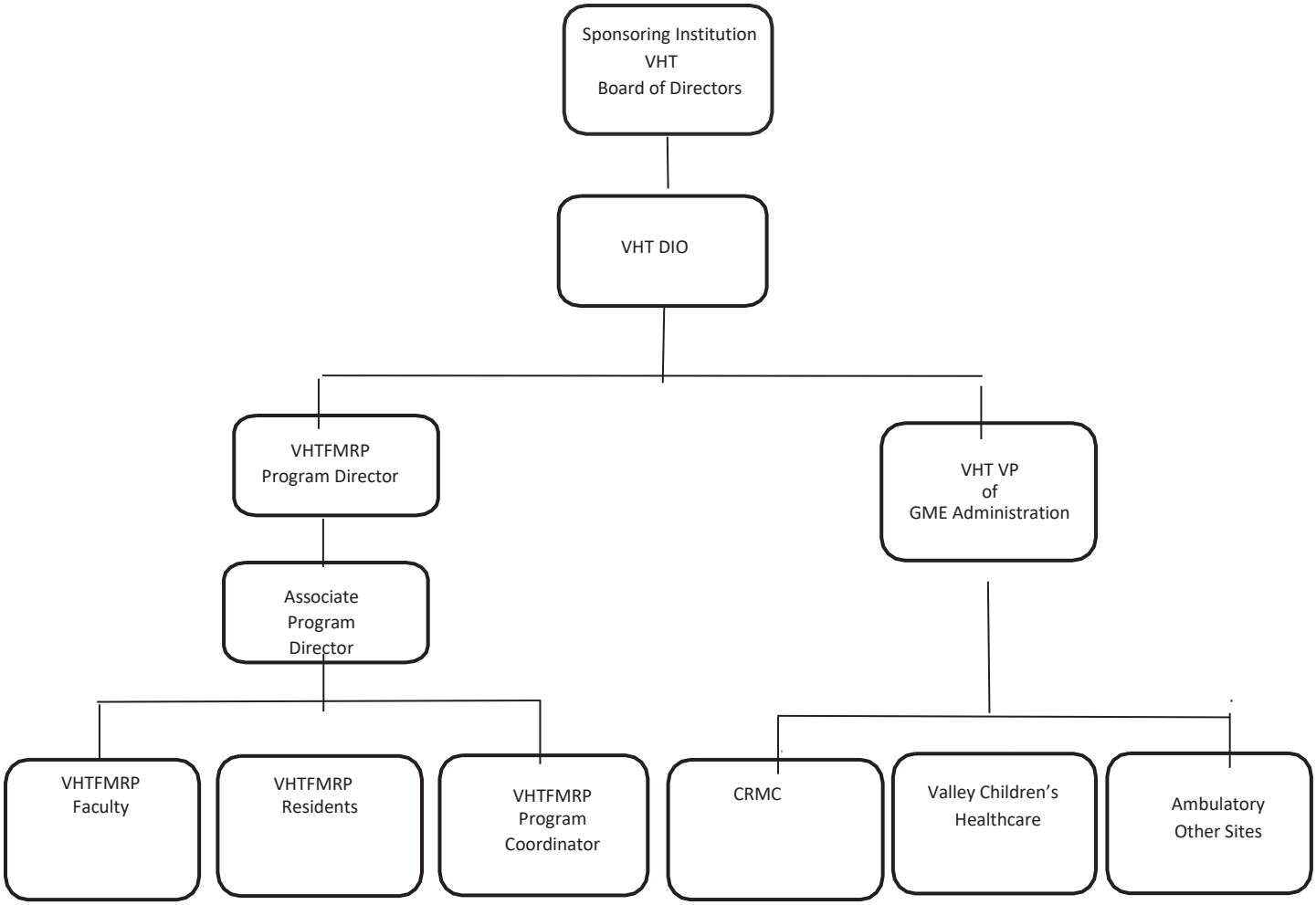
The VHTFMRP employs a well-rounded complement of program personnel that will serve the needs of the residents and comply with the policies and procedures applicable to the ACGME requirements. The following positions for Valley Health Team, Inc. will support the integrity and function of the VHTFMRP:

1. **Program Director**
   General duties of the Program Director include:
   a. Recruiting and interviewing residents
   b. Developing and overseeing the scheduling, rotations and curriculum development
   c. Monitoring and directing didactic/clinical education activities, evaluation materials, resident evaluation processes and Residency Program grievance
   d. Communicate with ACGME in preparing Residency Program reports
   e. Coordinating, directing and evaluating, site visits, Residency Program faculty and other faculty administration duties
   f. Implementing Residency Program policies/procedures for resident duty hours and responsible for any corrective action necessary
   g. Devote time in the provision of direct clinical care at the FMP and other locations

2. **Residency Coordinator**
   a. Maintains all resident academic files, confidential correspondence, and evaluations
   b. Provides organizational support for the residency program and assists the Program Director, including the recruitment and interview process for residency applicants
   c. Serves as the point of first contact for residents, other educational programs, and external stakeholders

3. **Program Faculty**
   Provide the following educational and administrative activities for residents:
   a. Clinical precepting in the outpatient and inpatient settings
   b. Didactic classroom training
   c. Resident and Program Evaluations
   d. Participation in Program-related administration activities, such as Program Faculty meetings, faculty development and committee assignments
   e. Advising of residents
   f. Participation in scholarly activities

Organizational Structure



Hospital Service

VHTFMRP carries out its training and patient care charge through a network of affiliated partners. Residents are expected to comply with the policies and procedures established at each hospital site. The main hospitals for teaching are as follows:





Community Regional Medical Center (CRMC)

CRMC is the central San Joaquin Valley's largest healthcare provider with a 909 bed hospital and trauma center located near downtown Fresno. The Valley Health Team Family Medicine Residency Program offices and Family Medicine Center are located 8.8 miles northwest of Fresno's Community Regional Medical Center.



Valley Children's Healthcare (VCH)

The 338 bed hospital is located in Madera, California just a short 15 minute drive from downtown Fresno, California. VCH is the referral center of choice for pediatric patients in Central California, with its own Pediatric Residency and hosting several Family Medicine residencies.

Hospital Service

Interns/PGY-1s

The general hospital services for first year residents are as follows (may be subject to change):

Medicine

Community Regional Medical Center (CRMC)

- 4 weeks of Cardiology
- 4 weeks of ICU
- 4 weeks of Inpatient Medicine (Medicine D) service

Family Medicine:

Community Regional Medical Center (CRMC)

- 8 weeks of Family Medicine Inpatient

General Surgery:

Community Regional Medical Center (CRMC)

- 4 weeks of Inpatient General Surgery, along with outpatient care

Orthopedics/Surgery:

Community Regional Medical Center (CRMC)

- 4 weeks of Inpatient Orthopedic Surgery, along with outpatient care

Emergency Medicine:

Community Regional Medical Center (CRMC)

- 4 weeks of Emergency Medicine

Obstetrics:

Community Regional Medical Center (CRMC)

- 4 weeks of OB/GYN



Hospital Service

Senior Residents/PGY-2s and PGY-3s

The general hospital services for PGY-2 and PGY-3 residents are as follows (may be subject to change):

Medicine

Community Regional Medical Center (CRMC)

- 4 weeks of Inpatient Medicine (Medicine D) Service as a PGY-2

Family Medicine:

Community Regional Medical Center (CRMC)

- 4 weeks of Family Medicine Inpatient as a PGY-2
- Call coverage for Family Medicine as a PGY-2 and PGY-3

Emergency Medicine:

Community Regional Medical Center (CRMC):

- 4 weeks of Emergency Medicine as a PGY-2

Valley Children's Healthcare (VCH)

- 2 weeks of Pediatric Emergency Medicine as a PGY-3

Obstetrics:

Community Regional Medical Center (CRMC)

- 2 weeks of OB as a PGY2
- Sunday OB Call coverage for 4 weeks as a PGY3

Pediatrics:

Valley Children's Healthcare (VCH)

- 4 weeks of Inpatient Pediatrics as a PGY-2

Outpatient Rotations

Sports Medicine:

Valley Children's Healthcare (VCH)

- 4 weeks of Sports Medicine as a PGY-2

Pediatrics

Geriatrics

Behavioral Health

Dermatology

Endocrinology

Rheumatology

And other curricular categories, including subspecialty areas



Hospital Service

Direct Admissions

- At CRMC all patients from the Family Medicine Practice (FMP) will be admitted to the Family Medicine Service.
- Other office/clinical sites whose patients are to be admitted to the Family Medicine Service correspond to family medicine practices of the UCSF Fresno Family Medicine Residency.
- A patient, who has established care at the FMP and needs admission prior to his next scheduled appointment at the FMP, will be admitted to the Family Medicine Service.
- Patients are admitted to Medicine D when they do not go to the FMP clinics or do not have an established Primary Care Physician (PCP).
- Family Medicine and Medicine D patients admitted to the ICU from the ED will be placed on the corresponding service when discharged from the ICU.
- Patients who were on the Family Medicine or Medicine D Service and transferred to the ICU will be placed back on the corresponding service when discharged from the ICU.

Discharges

- Patients admitted to the Family Medicine Service will be scheduled for outpatient follow -up with their primary care provider or an acceptable alternative at their medical home.
- Patients admitted to Medicine D who do not have an established provider may be scheduled for follow-up with a VHTFMRP resident who followed that patient in the hospital.
- Patients admitted to Medicine D who have an established relationship with an Internal Medicine primary care provider are to follow up with the IM primary care provider.

Transfer of Care (Hospital Sign Out)

Residents are expected to comply with the policies and procedures established at the affiliated site for signing in and out for each shift.

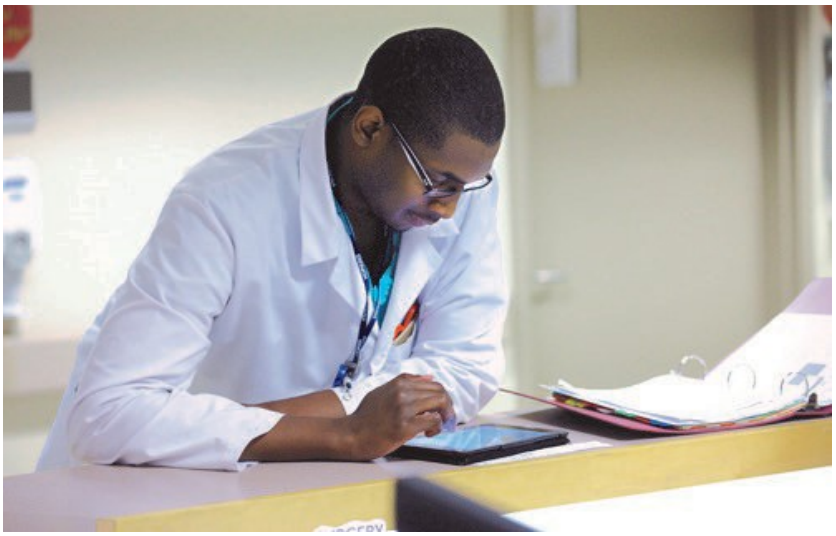


Hospital Service Schedules

Our call schedule complies with ACGME Clinical Education and Experience Hours requirements effective July 1, 2017. The assignment of call schedules is managed by the Chief Residents from VHTFMRP and UCSF-Fresno Family Medicine and requires approval by the Program Director. Coverage will include evaluating and admitting patients to CRMC where the VHTFMRP has an active Family Medicine Inpatient Service, following patients on the Service, responding to patient calls, and authorizing patient care.

Residents must be aware of the following:

- Call schedules at CRMC are posted online at www.amion.com and are available in the residency office.
- Residents who are on call are required to be in the respective hospital throughout their call assignment.
- Post-call residents shall present for morning report and discuss overnight admissions with the attending as directed.
- Please refer to the Clinical Education and Experience Hours policy for specific duty hours restrictions.



Hospital Service Schedules

Sick/Back-up Call

The Chief Residents, under the guidance of the Program Director, are 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 a back-up call person is required to cover for an assigned resident on call, the assigned resident will owe the back-up call resident coverage for **two** evenings, weekend days, or holidays **for each one** evening, weekend day or holiday provided by the back-up call resident.
- When a PGY-1 resident is unavailable the other members of the team will absorb his/ her duties. The Chief Resident or Program Coordinator will contact and attempt to designate another PGY-1, if a PGY-1 replacement is required. In that event, two replacement calls will be added to the scheduled resident's second year call tally for the VHTFMRP general call pool.

Abuse of the back-up call system will result in corrective action as described in the VHTFMRP Policy & Procedure Manual.

Changing the Call Schedule

Any changes in call must be communicated to the program coordinator, the UCSF-Fresno Family Medicine scheduler, the hospital, and the exchange service, after being approved by the Chief Resident and Program Director.

- The resident initiating the switch is responsible for making these calls and notifications.
- Residents are expected to notify the service or attending to which they are assigned.

The Program Director will be notified by the Chief Resident on a regular basis of changes in the call schedule and whenever the back-up call system is activated.



Home Call and Night Float

VHTFMRP does **not** participate in Home Call at this time. We do not have any Night Float rotations either. In the event that changes, we will abide by ACGME rules. Please refer to the Clinical Education and Experience Hours policy for specific duty hours restrictions.

Medical Records

All physicians are responsible for ensuring that the records for patients for whom they have provided care are completed timely. Records become delinquent if they are not completed within 48 hours of the date of service. Medical record delinquencies for VHTFMRP residents at CRMC and Valley Children's Healthcare may be posted at the discretion of the Program Director or designee.

Medical Records are:

- Tracked through the hospital medical records department at affiliated training sites.
- Electronic and can be signed through the convenience of a connected computer with internet.

The program tracks medical record deficiencies, and this information will be available as part of the resident's summative evaluation. Those with continued medical record deficiencies will be contacted by their faculty advisor or other personnel to ensure compliance with medical staff standards. Poor compliance with completion of medical records may be grounds for discipline due to lack of professionalism.

Hospitals

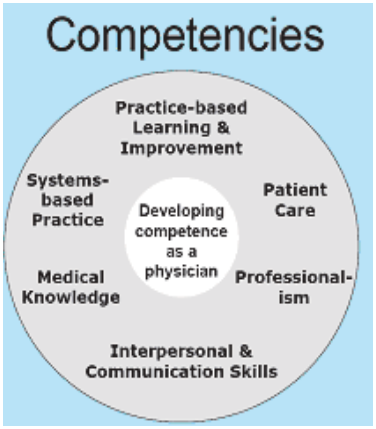
Hospital records will be reviewed by attending faculty and the quality assurance system established by the hospitals to document high quality care, logical progression from diagnosis to initiation of treatment through discharge, and attention to smooth progression from inpatient to outpatient status.

VHTFMRP residents will follow hospital procedures when writing orders concerning advanced directives and withholding of life sustaining interventions. For smooth completion of medical records, unlicensed first and second year residents will have their *do not resuscitate orders* and *death certificates* signed by their supervising senior resident on the Family Medicine, Medicine D, and other specialty services. VHTFMRP residents should write admission notes that cover pertinent historical points, physical findings, the assessment, and the management plan.

Core Competencies

Standards for All Residents

Advancement is based upon demonstrated competency in the six ACGME core competencies.



1. **Patient Care** that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health
2. **Medical Knowledge** about established and evolving biomedical, clinical, and cognate (e.g. epidemiological and social-behavioral) sciences and the application of this knowledge to patient care
3. **Practice-Based Learning and Improvement** that involves investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care
4. **Interpersonal and Communication Skills** that result in effective information exchange and teaming with patients, their families, and other health professionals
5. **Professionalism**, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population
6. **Systems-Based Practice**, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value

Professionalism

VHTFMRP fosters a professional environment, in which residents are held to the highest level of professionalism. All persons with whom you interact are to be treated with courtesy, sensitivity and respect. It is an expectation that all residents act to ensure a professional, gracious and overtly hospitable environment for patients, visitors and colleagues. It is our goal to maintain an atmosphere of personal and institutional excellence. Residents have a high responsibility for teaching and acting as role models to students and others.

Evaluation of Residency Professionalism

- E*Value/MedHub software will be used for evaluation of residents on all core competency measures, including professionalism.
- Evaluations will be compiled and reviewed at least twice a year by the Clinical Competency Committee (CCC) and recommendations made to the Program Director and to the Graduate Medical Education Committee (GMEC).
- Annually the Program Director, the CEO or delegate of Valley Health Team and representatives of the institutional sponsor meet to discuss resident performance and contract renewal, taking resident professionalism into account.
- Periodically and at least annually, members of the resident's health care team are asked to give written feedback on the resident's performance.

Rotations

VHTFMRP will establish a block rotation schedule for all residents to comply with all Accreditation Council for Graduate Medical Education-Residency Review Committee (ACGME-RRC) for Family Medicine requirements. All residents are expected to complete each rotation as scheduled. This information will be made available online and detailed information for specific block rotations will be sent via e-mail to all residents two weeks prior to the start of each rotation.



Receiving Credit for a Rotation

To receive credit for a rotation, residents must be present for at least 75% of the rotation, except in unusual circumstances, which require the written prior approval of the resident's advisor and Program Director.

Residents cannot take more than 25% of rotation block length as vacation or educational leave, excluding call and weekend responsibilities. For example, a 4-week block (20 weekdays) will have a maximum allowed leave of 5 weekdays. The above calculations for leave time do NOT include weekend days where a resident may or may not have required clinical activity.

Electives

See Residency Curriculum-Electives, (or VHTFMRP Policy and Procedures.)

Required Rotations

For detailed information on exact rotations refer to the VHTFMRP website, E*Value/ MedHub, or contact the Residency Coordinator, or Program Director. The general Rotational Curriculum is as follows:

- Pediatrics
- Internal Medicine
- Family Medicine
- Community Medicine/ Occupational Medicine
- OB/GYN
- Emergency Medicine
- Human Behavior and Psychiatry
- Practice Management/ Office Management
- Ambulatory Clinics
- Surgery
- Geriatrics
- Musculoskeletal Medicine
- Critical Care

Rotations

Rotation Schedule Changes

Given the complexity of coordinating rotation schedules VHTFMRP will consider requests for modifications in a resident's schedule only in exceptional circumstances, if the change can be reasonably accommodated, and on the express approval of the Program Director or designee. Rotation schedule change requests must:

- Be received **at least two months** in advance of the start of the academic year.
- Have a written approval from affected parties including the faculty responsible for the rotation, including VHT, the Chief Resident, the Program Coordinator, the residents' advisor, and the Program Director.
- If conflicts arise in the processing of a resident's request for a rotation change, the conflict will be brought to the Curriculum Committee for resolution.

Changes to the rotation schedule are subject to the evaluation and approval of the Program Director.

Rotation Lodging

Rotations will take place in both clinical and hospital settings. The following inpatient rotation locations provide resident call rooms to serve sleep and hygiene needs:

- Community Regional Medical Center
- Valley Children's Healthcare



Block Rotations

The Valley Health Team Family Medicine Residency Program (VHTFMRP) offers a three year (36 month) residency program. The duration of residency training is specified by and subject to change by the ACGME-RRC for Family Medicine. The VHTFMRP has its Family Medicine Center at Valley Health Team, Central Fresno Community Health Center. All residents are expected to complete each rotation as scheduled.

Note: There are 13-four week blocks in 12 months.

PGY-1 Block Rotations

Rotation	Location
Orientation	VHT
FM Inpatient	CRMC
FM Inpatient	CRMC
Medicine Inpatient	CRMC
ICU	CRMC
Cardiology	CRMC
OB/GYN	CRMC
Pediatric Outpatient	ACC at CRMC Campus
General/Surgery	CRMC
Orthopedic Surgery	CRMC
Emergency Medicine	CRMC
Community Medicine	VHT
Community Health	VHT

PGY-2 Block Rotations

Rotation	Location
FM Inpatient	CRMC
Emergency Medicine	CRMC
Medicine Inpatient	CRMC
OB/GYN	CRMC
UHC Rural Clinics	UHC
Rheumatology	ACC at CRMC Campus
Pediatric Inpatient	VCH
Sports Medicine	VCH
Behavioral Health	UHC
VHT Rural Clinics	VHT
Family Medicine Clinic	VHT
Elective	
Elective	

MICROSOF

Block Rotations

PGY-3 Block Rotations

Rotation	Location
OB/GYN	CRMC
Endocrinology/Diabetes	ACC at CRMC Campus
Specialty Clinics	ACC at CRMC Campus; VHT
Geriatrics	VHT & CBO
Ambulatory Procedures	VHT
UHC Rural Clinics	UHC
Advocacy & QI	VHT
Pediatric Emergency Medicine	VCH
VHT Rural Clinics	VHT
VHT Rural Clinics	VHT
Family Medicine Clinic	VHT
Elective	
Elective	

Family Medicine Center

The Family Medicine Clinic/Center serves as the primary clinic for residency education, and the Family Medicine Practice (FMP). The FMP is the primary focus of outpatient training for our residency program. As such, clinic time is protected from the demands of the residency training in order to provide high quality primary care and the continuity of care that is expected of Family Physicians.

The Valley Health Team, Inc. Central Fresno Community Health Center (VHT-CFCHC), serves as the main Family Medicine Practice site.

Continuity of Care

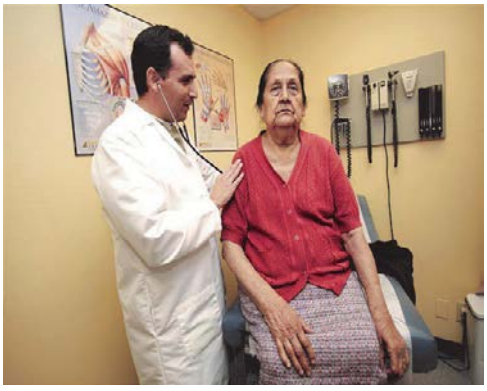
Continuity of care is a recognized core value of family medicine and of high priority at VHTFMRP. Continuity may pertain to individuals or to the practice in its entirety. VHTFMRP complies with the ACGME Program Requirements for Residency Education in Family Medicine, to ensure the highest level of continuity of care. To meet continuity of care guidelines, VHTFMRP requires residents to attend a sufficient number of continuity clinics. A minimum of 40 weeks per year, in each year of training, is required.



Continuity patients are assigned and/or cared for at several locations:

- VHT-CFCHC
- Family Medicine inpatient service at CRMC
- Nursing home
- Home visits

Residents are required to see a minimum number of 1700 visits in the continuity care setting throughout three years of training. The minimum target for patient visits by year of training for VHTFMRP is as follows:



PGY-1: 200 continuity patient visits
PGY-2: 550 continuity patient visits
PGY-3: 950 continuity patient visits

Family Medicine Center

FMC Responsibilities

1. The Program Director shall have the authority and responsibility for the educational activities of the Residents at the FMC and to ensure that the ACGME family medicine program and institutional requirements are met.
2. The Program Director shall be responsible for the appointment and assignment of Faculty preceptors at the FMC to ensure the presence of qualified faculty to monitor and evaluate the development of Residents and the availability of faculty for the needs of each Resident.
3. VHT will provide residents and FMC patients access to adequate laboratory and imaging facilities, as well as other requisite clinical and consultation services.
4. VHT will provide adequate support staff (e.g., nursing, billing, administrative) and support services (e.g., telephone services, and information technology services).
5. VHTFMRP will permit Residents to be able to admit and care for the continuity of their patients hospitalized from the FMC, including obstetrical patients and/or patients residing in skilled nursing facilities.
6. VHTFMRP will maintain FMC patients' access to their physicians or designated substitutes after scheduled clinic hours.
7. VHTFMRP will integrate behavioral science education in each Resident's FMP experience as part of the Residency Program (e.g., initial period or orientation, regular attendance at conferences).
8. VHTFMRP will cooperate with Sponsoring Institution in participating and/or responding to any inquiries, inspections, audits, surveys, or investigations involving the Residency Program, and Family Medicine Center.
9. VHT will maintain appropriate diagnostic and therapeutic equipment at the FMC to meet the basic needs of an efficient and up-to-date family medicine center consistent with ACGME requirements.
10. VHT will ensure that tests commonly included as waived or point-of-service (e.g., urine analysis, wet mounts, etc.) that require efficient physician interpretation are available within the FMC consistent with ACGME Requirements.
11. VHT will provide or arrange for diagnostic laboratory and imaging services within or nearby the FMC to provide convenient access by patients and Residents for patient care and education consistent with ACGME Requirements.



Documentation

VHTFMRP residents should write a SOAP note that covers pertinent historical points, physical findings and the assessment and the management plan. Requirements for documentation considerations:

- All pertinent findings are documented
- Documentation substantiates the level of billing
- Evidence of attending supervision is present whenever indicated
- Charts are completed within 24 hours of seeing the patient and are delinquent if not completed within 48 hours of the date of service.

Preceptors

VHTFMRP faculty preceptors are assigned to the family medicine clinic/center when residents are seeing patients. In general, preceptors will be scheduled to provide one preceptor for up to three residents of any PGY level. The faculty preceptor is expected to be present for the entire continuity clinic unless alternative coverage arrangements are made. Preceptors are expected to see 100 % of patients seen by residents, to meet all billing requirements. They may be more involved with patients seen by non-licensed residents, and all patients whose clinic visit warrants a billing code of level 99214 or higher. Additionally, preceptors participate in the care of all obstetric patients and children under 12 months of age. This involvement will be documented by co-signing the patient's chart. The VHTFMRP promotes the use of community physicians as preceptors.

Health Center Staff

VHT provides reception, clerical and administrative support for services offered through Valley Health Team, Inc.

Outside Request for Patient Information

The medical record is the property of Valley Health Team, Inc. and is maintained for the benefit of the patients and the medical staff of Valley Health Team. All required records shall be accurately maintained and readily available upon request by:

- The attending provider;
- Valley Health Team, Inc. staff, authorized officer, agent or employee;
- Authorized representatives of the Department of Health;
- Any person authorized by law to make a request.

In the event a medical record is requested, the following information is required:

- Written consent by the patient or his/her legally qualified representative for release of information
- Notation in the Electronic Health Record of request.

Dispensing of Medication

- The selection, distribution, safe, and effective use of medication at Valley Health Team, Inc. shall be established by the combined efforts of the VHTFMRP Faculty, the Chief Medical Officer, staff and Valley Health Team, Inc. administration.
- Drug supply shall contain the type and quantity of drugs necessary to meet the needs of the categories of patients that are served at Valley Health Team, Inc. as determined by the Chief Medical Officer.
- Drugs shall be dispensed only after review of the product and/or the provider's order.
- Medicine will be administered only on the order of a medical provider, who is a credentialed provider and has been granted clinical privileges to write such orders.
- Residents ordering a medication will be aware of the following information concerning each medication prior to administration:
    - Indication
    - Therapeutic action
    - Side effects
    - Antidote (when applicable) and its location
    - Route and frequency of administration
    - Normal dosage; maximum safe dosage
    - Signs of medication deterioration
    - Precautions
    - Contraindications



- No medications will be left in patient exam rooms.
- Insulin should be administered by a qualified or licensed staff member and will be checked by another qualified or licensed staff member prior to administration.
- Staff members administering the medication will stay with the patient until the medication is taken.
- All medication orders should contain one specific dosage (never a dosage range). Orders for medication that are not specific to strength and/or dosage must be clarified by the provider.
- Orders for medications to be administered via aerosol directly into the respiratory tract, must include:
    1. Name of medication
    2. Dosage
    3. Diluent to be used
- Drug reactions should be reported immediately to the provider and recorded into the patient's medical record.

HIPAA

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 mandated significant changes in the legal and regulatory environments governing the provision of health benefits, the delivery and payment of healthcare services, and the security and confidentiality of individually identifiable protected health information. The law is composed of two major legislative actions: provisions for health insurance reform and requirements for administrative processes. Complying with all aspects of HIPAA has required that providers and all entities within the healthcare industry (including clinical research) comply with certain standards in information systems, operations policies and procedures, and business practices.

Changing the Clinic Schedule

It is the policy of Valley Health Team, Inc. to establish working hours as required by workload and production flow, patients' service needs, and the efficient management of personnel resources. Residents' educational block assignments will include carved out time for clinic at the FMC. Given the complexity of coordinating schedule changes for the various residents and other medical providers, alternative work schedules will not be considered, unless there are extenuating circumstances and the change can be reasonably accommodated.

Health Center Hours

Clinic hours are from Monday through Friday, 8:00 a.m. to 5:00 p.m. Closed for lunch from 12:00 p.m. to 1:00 p.m.

Patient Transfer

- Patients will be transferred via an ambulance or private vehicle as appropriate to a local hospital for higher level of care.
- Transfer is by provider order only and copies of pertinent medical records are to be sent with the patient. The receiving hospital may be notified of the transfer by the provider.

For referrals for Home Health:

- Provider writes an order for Home Health assessment. The Home Health Agency will contact attending provider to discuss appropriateness and orders for the specific therapy.
- All necessary information on the patient and the name of the agency for home care arrangements is required. All services for the patient must be communicated thoroughly with the patient and/or family for the arrangements.

Residency Workplace/Library

The Residency Conference Room is the gathering place where special friendships develop, and where discussions among colleagues to enhance your learning experience take place routinely. It allows you and your fellow residents a space to confer, study, and relax. The room also serves as a private space in which residents can speak in confidence about issues pertaining to patients. The residency room is located centrally inside the clinic, and is a reserved space to serve the residents' needs.

Residency Curriculum

Electives

One of VHTFMRP's strengths is the wide variety of elective experiences available to residents. Electives allow the resident to pursue educational experiences which are relevant to the resident's future practice of family medicine but are not included in core rotational areas.

Residents in good standing may schedule a maximum of 4 blocks (16 weeks) of elective rotations during their PGY-2 and PGY-3 years. A minimum of 12 weeks total elective time per resident will be guaranteed regardless of program curricular changes. Additionally, off-campus electives are a privilege given to third-year residents in good standing with adequate continuity patient numbers. It allows them to have the opportunity for special (one-time) off campus residency rotations within California, out of state, or in other countries with all necessary approvals as noted below.

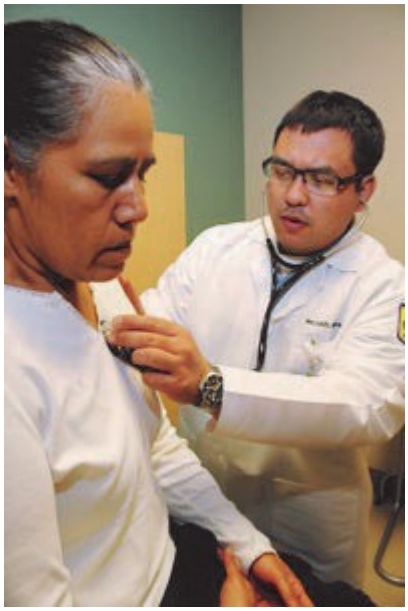
Requesting Electives

Residents should request electives in writing by proposing elective areas to his/her mentor in a timely fashion; a minimum of **three months prior** to the start of the rotation.

1. The resident must complete a written curriculum (with the help from their advisor and/or Program Director) to develop goals and objectives for their elective that fit within their overall goals for residency and their eventual career.
2. The resident (with the help of their advisor and program director) should also designate a rotation supervisor at the site, who will be required to complete an evaluation of his/her elective rotation performance.
3. The resident must submit the written curriculum to the department to review the elective request for final approval. Final approval is granted when the written curriculum is signed by the resident, rotation supervisor and program director.
4. Residents are responsible for:
    a. Continuity clinics during their elective experience. Residents may request a lesser number of clinics for electives subject to program and clinic approval, and at the discretion of the program director.
    b. Completing an evaluation of their elective based on the curricular objectives.
    c. Securing an evaluation of his/her performance on the elective from the rotation supervisor. Credit for electives will not be granted until such a completed evaluation is received.
    d. Maintaining good communication with the program director, rotation supervisor, and/or any faculty member associated with the elective process.
    e. Arranging and paying for their own travel, room, board, and incidental expenses during their electives.

Residency Curriculum

5. Residents hoping to perform electives outside the area should be familiar with the "Procedural Guidelines for Off-campus Electives" in the VHTFMRP Policy and Procedure Manual.
6. Residents who do not develop their own elective at least three months prior to the first day of the scheduled elective rotation may select from a menu of structured electives. An updated list of these electives is available for review through the residency coordinator.
7. Residents who do not develop their own elective and who do not choose a structured elective will be assigned a structured clinic elective by the VHT-FMRP.



General Expectations

Residents and faculty must conduct themselves in an exemplary fashion in all patient care settings. This includes adoption of Valley Health Team's Patient Experience Program, CICARE. The following behaviors are expected:

1. Learn and support the mission of the facility where you are practicing, without compromising quality of care.
2. Learn and adhere to the policies and procedures of the facility you are serving from.
3. Demonstrate CICARE behaviors with every patient on every encounter.
4. Recognize the privilege of serving patients.
5. Demonstrate courtesy and respect for patients and health team members.
6. Hold yourself to a high ethical and professional standard.
7. Report to clinical assignments on time and complete all patient care assignments within the expected timeframe.

In Training Examination

The In-Training Examination (ITE) bears close resemblance to the American Board of Family Medicine Certification examination taken just prior to completion of the residency. Scores are used primarily for program and individual self-evaluation. If they form part of an overall pattern of deficient performance, they may affect resident advancement. **Residents who score less than the 25th percentile will be placed on academic notice and given an education plan.** The ITE is made available to the taker after the exam is scored. Sample questions are available from the VHTFMRP and the American Board of Family Medicine. Remedial instruction will be required for low scores. All PGY2 and PGY3 residents will participate in a structured board review curriculum.

Conferences

VHTFMRP plans to provide residents with a host of activities designed to promote self-reflection and assessment and to create opportunities for residents to set goals for self-improvement. Required conferences, activities, seminars and workshops:

- BLS
- ACLS
- ALSO
- NRP
- PALS
- Family Medicine Noon Lectures
- Family Medicine Case Conferences
- Core-based Learning—M&M Conferences
- Resident Support Group
- PGY-1 Lecture Series*****
- PGY-2&3 Lecture Series*****
- Cross Cultural Competency Conferences
- USPSTF Guidelines Series
- Geriatric Lecture Series
- Pediatric Lecture Series
- Orthopedic Conference
- Clinical Conference
- Surgical Ground Rounds
- Journal Club
- Board Review
- Cardiology Lecture Series
- Medicine Grand Rounds
- Morning Report
- IHI Conference

Attendance will be monitored

Evaluation of Conferences

Residents and faculty will be asked to evaluate lectures on a 1-5 scale. Evaluations will be organized by VHTFMRP staff. Feedback will be given to FM faculty and resident presenters following their presentations.

Residency Committees

Clinical Competency Committee (CCC)

The Clinical Competency Committee oversees the evaluation of all residents to ensure the VHTFMRP meets a standard of excellence. Evaluation decisions are based on objective measures of competency-based findings informed by each resident's performance and demonstrated abilities. A minimum of three core faculty sit on the committee, and other members who have extensive contact and experience with trainees may serve as well.

Residency Faculty Meetings

Faculty meetings are held on at least a monthly basis unless otherwise determined by the Program Director. All faculty members including volunteer faculty and faculty affiliated with the VHTFMRP are invited and encouraged to attend faculty meetings. The Chief resident is encouraged to attend all faculty meetings. Faculty meetings are used to review GMEC action and receive input on significant issues facing the VHTFMRP and are conducted by the Program Director, or designee.

Graduate Medical Education Committee (GMEC)

The Graduate Medical Education Committee (GMEC) is the principal deliberative oversight body of VHTFMRP. Valley Health Team has created a Graduate Medical Education Committee to perform functions required by the ACGME. GMEC attempts to resolve issues at its meetings through the consensus process. Meetings will also be used for approval of major changes to the curriculum. The GMEC oversees the Valley Health Team Family Medicine Residency Program and ensures its fiscal and educational integrity. Two residents must be among the voting members on the VHTFMRP GMEC.

The GMEC Committee consists of:

Voting Members

1. Valley Health Team Designated Institutional Officer (DIO)
2. Valley Health Team Family Medicine Residency Program Director
3. Valley Health Team, Inc. (VHT) Operations / Safety Representative
4. Valley Health Team, Inc. Quality Improvement Representative
5. Valley Health Team, Inc. Compliance Representative
6. Community Regional Medical Center Representative
7. Valley Health Team Family Medicine Residency Program Faculty
8. University of California, San Francisco Fresno Medical Education Program Representative
9. Valley Children's Healthcare Pediatrics Residency Program Representative
10. Two Residents appointed by their peers

General Resident Responsibilities

Morning Report

Morning Report (MR) is a frequently held case conference to discuss recent inpatient admissions before the days' care of patients. Residents who are post-call shall present at morning report during the week, and may conduct formal teaching rounds with the faculty attending on weekends. When morning report is available for participation, residents will participate at the scheduled times.

Journal Club

Journal Club is a meeting in which residents demonstrate their ability to locate, appraise, and assimilate evidence from scientific studies and apply it to their patients' health problems. It emphasizes using information technology to find evidence to support practice decisions in topics of interest to residents. This is an opportunity for residents to share and become more aware of health topics of their interest as well as their fellow residents. Meetings are hosted by faculty, and residents are responsible for presenting a summary of articles at each meeting.

Morbidity and Mortality

Morbidity and Mortality (M & M) is a conference in which residents present their own personal experiences of medical cases either from inpatient or outpatient clinical encounters. Focus is to analyze the case and determine near misses if any, room for improvement, prevention of future errors that may result in morbidity or mortality. Meetings are hosted by faculty and residents are responsible for presenting cases.

Procedures Required for Graduation

All residents must document competence in these required procedures:

1. Cast/Splint Application and Removal
2. EKG Interpretation
3. Biopsy of skin lesions
4. Destruction of Skin lesions (Cryosurgery)
5. I&D Abscess, Skin
6. Ingrown Toenail, surgery/excision
7. Wet mount preparation and interpretation
8. Joint aspiration or injection
9. Suture removal
10. Pap Smear
11. Skin Tag Removal
12. Laceration repair, simple

Work Hours/ Violations

Work hours are assigned in compliance with the ACGME rules for Clinical Education and Experience Hours. Residents are responsible for call coverage, including back-up call. Residents must accurately track and report their work hours on a regular basis via E*Value/MedHub. Any violation of these requirements for residents will result in investigation and/or corrective action.

General Resident Responsibilities

Scholarly Project

Residents will be required to complete a longitudinal scholarly project during residency which will include: literature review and summary, data collection, analysis and summary of project results after proper approvals are given. The project will culminate with a presentation of the scholarly project to faculty and peers.

Assessment of Faculty

Feedback surveys are developed for faculty evaluations. Residents will rank the faculty on a scale of 1 to 5 in four key areas: Clinical role, teaching role, administrative role and interpersonal skills. The evaluations are submitted electronically and anonymously via E*Value/MedHub software. Faculty members have the opportunity to review these evaluations annually to constructively improve.

Home Visits

Each resident must perform home visits with at least one being for an older adult continuity patient. Home visits are required and encouraged on otherwise home-bound patients. Faculty must supervise all home and nursing home care either on site or by prompt chart review as is appropriate based on a resident's level of expertise and competence. Residents must document these home visits using E*Value/MedHub software.

At least one home visit will be required during their PGY-1 Community Medicine rotation. Additional home visits involving older patients will be integrated into the Geriatrics rotation, in the PGY-3 year. Home visits will also be encouraged at other points in training.



Nursing Home Visits

Starting in PGY-2, residents are assigned two nursing home patients that they will follow every month through third year of residency. Residents are responsible to do history and physical exams, preventative care, medication management and are responsible to answer any medical calls for their assigned patients. The first Thursday of every month at educational half day at UCSF, any issues related to nursing home visits are discussed. Notes for the visits and monthly updates are collected by the faculty. Residents are required to log the monthly visits in E-Value.

Resident Support Group

All residents will be required to attend a regularly scheduled Resident Support Group to be facilitated by one VHT behavioral health or other faculty. The purpose of this group will be to provide for the promotion of physician/resident well-being and the prevention of physician/resident impairment. The emphasis of the group will be to address the stresses, communication problems, personal and program challenges that residents often encounter during their residency training and careers in medicine.

Community Service

VHTFMRP promotes the well-roundedness of all residents. We believe that being a physician is based on more than just the academic and medical aspects, but also on the social justice and community levels of health. VHTFMRP provides opportunities for residents to attain increased knowledge and experience specific to the communities in which they serve. Community service is incorporated into rotations. Some community services include:

- The involvement of residents in all years of training in health careers pipeline activities. During different ambulatory rotations residents will form relationships with local middle and high schools, for the purpose of developing and presenting pertinent health-related topics and career advice. VHTFMRP residents will serve as role models to our community's youth.
- A quality improvement project for the FMP under the direction of faculty, VHTFMRP personnel, and/or clinic staff. The project is to be completed before the end of residency training. The goal will be for the FMP to use the residents' findings and recommendations to improve its health management systems.

Residents that wish to pursue additional community service projects can consult with the Program Director, their advisor, and/or site representatives for more opportunities.

Advising

Valley Health Team's Family Medicine Residency Program assigns faculty advisors at the beginning of the PGY-1 year. Advisors counsel residents regarding educational evaluations, elective planning, conference preparation, quality improvement and community medicine projects and, most importantly, personal and professional development.



Residents may have their advisor changed by the Program Director at the request of either the resident or the advisor after a review of the reason for the requested change.

Additionally the resident and advisor meet at least quarterly to review progress and more often as required. An established mentor/advisor and advisee relationship further ensures that the resident is making the correct choices and progressing towards optimal professional development in the VHTFMRP.

Evaluation

Residents are evaluated using many methods in various settings and from multiple sources. Evaluation tools may include direct observation on rotations, performance on standardized exams, lecture, clinic and rotation attendance and chart audit results. Videotaping and shadowing will be used by the VHTFMRP to assist in evaluating several core competencies, including professionalism and interpersonal communications skills.

Bi-Annual Formal Evaluation

A core-competency based comprehensive evaluation for each resident is completed on a semi-annual basis using information from the resident's file, advisor feedback and feedback from faculty, peers and staff. The summary evaluation includes the following:

- Resident's overall performance rating in each core competency for each rotation and comments received from faculty and peers
- Self-evaluation of their performance on each rotation
- A listing of required certifications, advisor meeting dates, scores on the ITE(s) and remediation status if applicable
- Lecture attendance, clinic productivity, documented procedures, documented home visits, nursing home visits, continuity patient visits, clinic attendance, duty hour reporting, medical record deficiencies
- Patient satisfaction survey results, chart review compliance with best practices rating, shadowing and videotaping status and summaries, participating and progress in scholarly activity, evidence-based medicine exam scores
- Online GME Today and American Board of Family Medicine (ABFM) KSA participation/score

This information is reviewed by the Clinical Competency Committee (CCC). The CCC then prepares recommendations based on Milestone ratings for the Program Director and the GMEC regarding resident performance, the need for any formal remediation, commendation or disciplinary actions and determination of satisfactory completion of requirements for advancement. The Program Director reviews and approves all recommendations. A bi-annual evaluation is then constructed and reviewed with each resident.

The Program Director meets with each resident semiannually to review progress and sign off on the resident bi-annual evaluation.

BUSINESS NAME

Tracking Progress

Procedure Log and Documentation

Residents are required to log procedures using E*Value/MedHub software. E*Value/MedHub software will also be used by an attending physician or supervising resident to evaluate resident performance whenever a procedure is directly observed. Procedural documentation will include:

- Date
- Name of Procedure
- Name of attending supervisor



Procedure documentation and resident performance will be regularly monitored. Residents will receive written updates regarding their progress in meeting procedure requirements as part of their bi-annual summary performance evaluation. As a component of the resident's bi-annual evaluation, documented procedures will be reviewed by and with faculty every six months.

Procedure Evaluation Forms

VHTFMRP will use E*Value/MedHub to track procedures. Once procedure information is entered, the attending will answer:

1. Whether the resident can perform this procedure independently and
2. Can the resident teach this procedure

This information will be used by the CCC and Program Director to evaluate whether the resident can be signed off to independently perform this procedure. Upon review of procedure performance evaluations by the CCC and the Program Director, the resident will either be advanced or required to complete a program of remediation.

Shadowing/Direct Observation and Videotaping

Residents will be evaluated via the use of shadowing/direct observation. A videotape evaluation will also be utilized. Failure to cooperate with the faculty member scheduled to shadow, or the clinic staff directed to videotape will result in a letter detailing the resident's failure to cooperate and meet the VHTFMRP requirement.

BUSINESS NAME

Resident Promotion

Resident Progress and Promotion

The criteria for promotion and graduation are determined by the Program Director with recommendation from the CCC and the faculty, and with approval of the GMEC. Satisfactory completion of the residency is only one requirement for certification by the ABFM. Please refer to the Renew and Promotion Policy for details.

Promotion PGY - 2

The decision to promote a resident to the following year until graduation will be determined by the Program Director with recommendation from the CCC using competency based criteria.

NOTE: The following lists are not all-inclusive, for more details see the Residency Coordinator or Program Director.

For Promotion to PGY-2 Residents must:

a. Identify the purpose(s) for a patient visit
b. Develop appropriate bio/psychosocial hypotheses that apply to the presenting problem
c. Conduct a focused evaluation of the presenting problem (Including H&P, Physical Exam, and Lab/Radiology procedures)
d. Appropriately prioritize the probable and potential diagnoses to ensure that attention is given to the most likely, most serious, and most readily treatable options
e. Present a provisional and working diagnosis to the patient
f. Arrange for follow-up of the current problem that fits the guidelines of current standard of care and/or attends to the special needs of the patient
g. Document patient care encounters in the medical record in a concise and legible manner following a problem-oriented format
h. Update the bio/psychosocial problem list and medication list regularly
i. Satisfactory performance as PGY-1
j. Pass of USMLE Steps I, II, & III, or COMLEX I, II, & III. Allopathic residents who have not passed USMLE Step III or osteopathic residents who have not passed COMLEX III may be suspended or terminated from the VHTFMRP, and will not be able to promote
k. Completion of the Advanced Life Support in Obstetrics (ALSO) Course.
l. Recommendation by faculty to advance
m. Competent to supervise PGY-1's and medical students as judged by faculty
n. Documentation of the PGY-1 specific procedures and encounters required for program advancement as listed on the program website. Specific required procedures may change from year to year
o. Conduct an interview that fosters an adequate and helpful doctor-patient relationship
p. Develop a plan of action that attends to salient medical, psychosocial, family, cultural and socioeconomic issues
q. Exercise fair and appropriate billing practices for services rendered, referring those who need financial assistance to the appropriate resources
r. Demonstrate acceptable attainment and progression along the Family Medicine Milestone continuum

Promotion PGY - 3

For Promotion to PGY-3 Residents must:

a. Implement the negotiated plan.
b. Inquire into and discuss sensitive issues that may impact on the execution of the negotiated management plan.
c. Incorporate the principles and practice of health maintenance into each patient care encounter, where appropriate.
d. Review the bio psychosocial problem list and attend to appropriate longitudinal issues.
e. Satisfactory performance as PGY-2.
f. California licensure unless international medical school graduate.
g. Recommendation by faculty to advance.
h. Demonstration of skills in teaching, supervision, and team leadership.
i. Documentation of the PGY-2 specific procedures and encounters required for program advancement as listed on the program website. Specific required procedures may change from year to year.
j. Conduct an encounter that recognizes the primacy of patient needs and treats the patient as an appropriately equal health care partner.
k. Conduct an interview in a manner consistent with the values of family medicine using appropriate verbal and non-verbal skills.
l. Conduct the visit in a time-efficient and professional manner.
m. If indicated, assist the patient in arranging for appropriate medical and ancillary referrals that seek to resolve specific issues in the diagnostic or management arenas.
n. Demonstrate acceptable attainment and progression along the Family Medicine Milestone continuum.

For Graduation from the Residency Program Residents must:

a. Complete the tasks of the patient care session so that all necessary duties (including telephone messages, charting, administrative tasks, patient care) are accomplished in a timely, organized, and professional manner.
b. Satisfactory completion of three years of Family Medicine training that meets the Residency Review Committee for Family Medicine guidelines unless prior authorization for advanced credit was received from the American Board of Family Practice.
c. Meet standards for attendance at noon lecture and Educational half-day activities.



d. Demonstrated engagement in activities that will foster personal and professional growth as a physician.
e. Recommendation of faculty to graduate.
f. Has engaged in continuing or delivering medical education activities that are influenced by interest, deficiency, and need.
g. Documentation of the specific procedures and encounters required for program completion. Specific required procedures may change from year to year.
h. Anticipate and recognize new curriculum necessary for future practice and advocate for needed reform in medical education.
i. Satisfactory completion of a scholarly activity project incorporating community oriented research, as determined by the VHTFMRP faculty.
j. Completed exercises in videotaping and shadowing.
k. Demonstrate sufficient professional ability to practice effectively, responsibly, and independently.
l. Work together with clerical staff and nursing staff in a manner that fosters mutual respect and facilitates an effectively run practice.
m. Work together with partners, fellow family physicians, and specialists in a manner that fosters mutual respect and facilitates the effective handling of patient care issues.
n. Work together with other professionals on the health care team in a manner that fosters mutual respect and facilitates the effective handling of patient care issues.
o. At each patient care encounter, present yourself and the practice in a manner that will encourage the patient to select you, the practice, and family medicine in the future.
p. Demonstrate acceptable attainment and progression along the milestone curriculum.

Final Summative Evaluation with Program Director

A final written summative evaluation will be based on performance during the entire period of training and must verify that the resident has demonstrated sufficient professional ability. Information is based on the content in the resident's academic file. Residents are:

- Permitted and encouraged to review all aspects of their academic file
- Not permitted to review their files without their advisor or representative of the VHTFMRP in attendance
- To complete self-evaluations to be part of their semi-annual evaluation

The evaluation will become part of the resident's permanent record and remained accessible for review of the resident. The resident will receive a copy of his/her final summative evaluation

Intent Not to Renew

Valley Health Team will make every effort to provide residents with a written notice of intent not to renew a resident's contract no later than three months prior to the end of the resident's contract. However, if the primary reason(s) for the non-renewal occur(s) or is under evaluation less than four months prior to the end of the contract, Valley Health Team will provide residents with as much written notice of the intent not to renew as the circumstances will reasonably allow.

Supervision of Residents

Residents must be appropriately supervised at all times and in all settings in which graduate medical education occurs. This includes both inpatient and outpatient settings, as well as any rotation away. In these clinical learning environments, each patient must have an identifiable, appropriately-credentialed and privileged attending physician who is ultimately responsible for that patient's care. Residents and faculty members should inform patients of their respective roles in each patient's care. Each program will develop mechanisms for supervision of residents that are appropriate to the specialty, CCC requirements, and consistent with appropriate educational development as may be determined by progress in educational milestones.

Interns

PGY-1 residents MUST be supervised either directly or indirectly with direct supervision immediately available.



MICROSOF

Clinical Education & Experience Hours

VHTFMRP endorses the Comprehensive Resident Clinical Education and Experience Hours (Previously known as Duty Hour) Policy developed by GMEC and complies with ACGME Clinical Education and Experience Hours requirements effective July 1, 2017. Resident assignments must be made in such a way as to prevent excessive patient loads, excessive new admission work-ups, inappropriate intensity of service or case mix, and excessive length and frequency of call contributing to fatigue and sleep deprivation. As such, violations of ACGME Duty and Hour requirements will lead to the program receiving corrective /disciplinary action from the Resident Review Committee (RRC). VHT has established policies for residents, which ensure residents are responsible for accurately reporting their duty hours, **including all time spent Moonlighting**, per program requirements. The Program Director monitors and enforces compliance with clinical education and experience hour guidelines. If specialty/subspecialty-specific program clinical education and experience hour requirements as defined by an individual RRC for that specialty/ subspecialty are more restrictive than the common program requirements, then the duty hour requirements of that RRC must be included in the policy of that specialty/subspecialty program and will supersede the institutional requirements. Concerns regarding clinical education and experience hours should be reported to the Program Director, Program Coordinator, Chief Resident, or the DIO, ASAP to avoid a violation.

Clinical education and experience hours are defined as all clinical and academic activities related to the program; i.e., patient care (both inpatient and outpatient), administrative duties relative to patient care, the provision for transfer of patient care; time spent in-house during call activities, and scheduled activities, such as conferences. Clinical education and experience hours **do *not* include** reading and preparation time spent away from the duty site.

Maximum Hours of Clinical and Educational Work per Week
Clinical and educational work hours must be limited to no more than 80 hours per week, averaged over a four-week period, inclusive of all in-house clinical and educational activities, clinical work done from home, and all moonlighting.

Mandatory Time Free of Clinical Work and Education
The program must design an effective program structure that is configured to provide residents with educational opportunities, as well as reasonable opportunities for rest and personal well-being.

Residents should have eight hours off between scheduled clinical work and education periods.

There may be circumstances when residents choose to stay to care for their patients or return to the hospital with fewer than eight hours free of clinical experience and education. This must occur within the context of the 80-hour and the one-day-off-in-seven requirements. Residents are required to provide the Program Director with the details of such activities in a timely manner.

Residents must have at least 14 hours free of clinical work and education after 24 hours of in-house call.

Clinical Education & Experience Hours

Residents must be scheduled for a minimum of one day in seven free of clinical work and required education (when averaged over four weeks). At-home call cannot be assigned on these free days.

Maximum Clinical Work and Education Period Length
Clinical and educational work periods for residents must not exceed 24 hours of continuous scheduled clinical assignments.

Up to four hours of additional time may be used for activities related to patient safety, such as providing effective transitions of care, and/or resident education.

Additional patient care responsibilities must not be assigned to a resident during this time.

Clinical and Educational Work Hour Exceptions
The Review Committee for Family Medicine will not consider requests for exceptions to the 80-hour limit to the residents' work week.

Moonlighting
Moonlighting must not interfere with the ability of the resident to achieve the goals and objectives of the educational program, and must not interfere with the resident's fitness for work nor compromise patient safety.

Time spent by residents in internal and external moonlighting (as defined in the ACGME Glossary of Terms) must be counted toward the 80-hour maximum weekly limit.

PGY-1 residents are not permitted to moonlight.

In-House Night Float
Night float must occur within the context of the 80-hour and one-day-off-in-seven requirements.

Night float experiences must not exceed 50 percent of a resident's inpatient experiences.

Maximum In-House On-Call Frequency
Residents must be scheduled for in-house call no more frequently than every third night (when averaged over a four-week period).

At-Home Call (We do not currently participate in At-Home Call)
Time spent on patient care activities by residents on at-home call must count toward the 80-hour maximum weekly 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 clinical work and education, when averaged over four weeks.

Clinical Education & Experience Hours

At-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each resident.

Residents are permitted to return to the hospital while on at-home call to provide direct care for new or established patients. These hours of inpatient patient care must be included in the 80-hour maximum weekly limit.

Monitoring
Program Director(s) must monitor duty hours in terms of frequency and characteristics to assure that residents and fellows are following basic guidelines established by the ACGME.

Our program requires that residents log duty hours at least weekly in MedHub/E*Value residency management software.

The Graduate Medical Education (GME) office will audit the program reports on a periodic basis to ensure that they reflect the actual clinical education and experience hours of the residents.

Education
VHTFMRP provides information to residents and faculty members regarding effects of loss of sleep and chronic fatigue.

The GMEC will review program Clinical Education and Experience Hours logged in MedHub/ E*Value and will notify programs that are not in compliance for follow up.

REPORTING STRUCTURE FOR OFF-SERVICE ROTATIONS
It is the intention of this section of the Clinical Education and Experience Hours policy to establish a process that will address compliance in a rapid and timely manner when a resident is rotating off service. Problems regarding compliance with clinical education and experience hour guidelines should be reported to the Chief Resident of the accepting training program or the senior resident on the service. If they are not able to adequately respond to the report of noncompliance, then the resident should report to the VHTFMRP Program Coordinator and Program Director asap, preferably before the violation occurs. The VHTFMRP Program Director will address the issues that led to the (potential) violation of the guidelines. The resident may notify the GME Office at any time. The DIO for GME will work with the training program if the issues are not settled on an immediate basis.

Resident Fatigue

House Officer Fatigue

- During orientation residents learn to recognize the signs and symptoms of fatigue, to understand the impact of fatigue on patient care, and to appreciate the cumulative effects of sleep deprivation on personal health and well-being.
- Residents will learn techniques for mitigating fatigue including adequate sleep, nutrition, and exercise before night call. They will learn about the value of short naps.
- The inpatient facilities where residents provide patient care provide sleep rooms for napping.
- Valley Health Team provides round trip taxi vouchers for residents too tired to safely drive home.
- To optimize health and wellness. (Residents will be encouraged to sign up with a primary care provider.)

Logging Clinical Education and Experience Hours (CEE)

- Residents will log Clinical Education and Experience Hours no less than weekly, accounting for all hours in E*Value/ MedHub.
- The program will monitor and address CEE hour violations in an expedient manner.
- Residents who fail to log CEE hours are subject to disciplinary action.

Moonlighting

VHTFMRP believes that the first priority of each resident is to achieve the goals and objectives of the training program. Without compromising this goal, it may be feasible for some residents to seek outside professional activities - "moonlight" - if the resident adheres to the guidelines within this policy.

Any outside employment of VHTFMRP house staff must clearly delineate the responsibilities in the moonlighting experience, be approved in writing by the Program Director and be governed by the following principles:

1. PGY-1 residents are not permitted to moonlight.
2. The Program Director has the exclusive right to approve a request for moonlighting activity. The request may be approved or denied for any reason.
3. Permission must be obtained PRIOR to engaging in moonlighting activity in writing. See reference to obtaining permission below.
4. The moonlighting workload is such that it should not interfere with the ability of the resident to achieve the goals and objectives of the residency program. As such, only residents in good standing may moonlight. Factors considered for a resident in good standing beyond academic performance include demonstrable progress in completing all program requirements, including scholarly activity, shadowing & videotaping requirements, clinical productivity and lecture attendance. Additional factors may be considered at the discretion of the Program Director.

MICROSOF

Moonlighting

5. There will be no outside employment during normal duty hours. A violation of this point may result in immediate suspension of moonlighting privileges and further corrective action.
6. Each resident must agree that if fatigue secondary to outside employment interferes with his/her performance, s/he will voluntarily reduce or eliminate that outside employment until the situation is remedied.
7. Total hours in the combined educational program and the moonlighting commitment cannot exceed the limits set by the residency program or the ACGME Residency Review Committee. Therefore, each resident who participates in outside employment must accept the responsibility to keep his/ her hours within the limits allowed by the RRC guidelines. Residents who moonlight shall enter their hours into E*Value/MedHub. Please refer to Moonlighting Privileges Request form in Attachments.
8. The moonlighting opportunity does not replace any part of the clinical experience that is integral to the resident's training program.
9. In accordance with ACGME regulations, residents must be licensed for unsupervised medical practice in the state where moonlighting will occur.
10. Residents on probation or remediation may not moonlight.
11. Malpractice coverage is NOT provided by VHT for any moonlighting activities. It is the responsibility of the resident to make sure malpractice coverage is provided by their outside employer or purchased by the resident.
12. The Program Director reserves the right to approve/deny/restrict any moonlighting activity for any reason and at any time as described in VHTFMRP policies.

Noncompliance with the VHTFMRP Clinical Education and Experience Hours and Moonlighting Policies may lead to corrective actions including verbal counseling, written warning, probation, suspension, or termination. It is the resident's responsibility to report all outside or moonlighting activity to the Program Director. The Program Director will closely monitor that resident, working with the resident with respect to his/her performance. Prior to engaging in any outside employment, the resident must submit and the VHTFMR Program Director must sign, a completed resident Moonlighting Privileges Request form that:

1. identifies the employer
2. informs VHTFMRP of the maximum number of hours to be scheduled at outside employment
3. indicates an understanding and agreement that VHT's professional liability insurance does not cover residents involved in outside employment
4. if requested by the Program Director, has signature approval of designated faculty and staff certifying resident is making adequate progress/in good standing with the requirements of the VHTFMRP

Violation of this policy, failure to obtain permission to moonlight, or continuation of moonlighting activities in the absence of explicit approval is grounds for placing the involved resident on probation or further corrective action.

Vacation and Leave Policies

Vacation Policy

Our vacation and leave policy allows flexibility for residents to grow in their personal lives. Residents are granted three weeks of vacation annually. The Resident Time-Off Request and Staff Request for Leave or Absence Form are official forms that are used by the Chief Resident, the Program Director, and Payroll to process requests for scheduled leave. It is the responsibility of the resident to ensure that the forms are filled out completely and approved appropriately. All signatures must be obtained by the resident and the form must be approved by the Family Medicine Program Director for vacation/leave to be granted. 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.

Holiday Time

Residents do not have holidays. If a resident is scheduled to work on a holiday, they do not receive extra duty pay or get another day to take later. If the resident is not scheduled to work at an assigned clinical site, they do not have to report for duty. Residents must request in advance specific holidays in accordance with the vacation and leave policy.

Educational Leave/Meeting Time/CME

Educational leave can be used for the following:

- Educational activities of merit and relevance to the practice of family medicine
- Board preparation
- Other approved CME course for continuing education, confirmed by Program Director
- USMLE/COMLEX examinations for PGY1 residents

Educational leave with compensation shall be five (5) days per academic year. The program 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. When submitting a time off request form for CME, you must indicate the dates and the name of the activity in which you will be participating. Careful planning with respect to block schedules needs to be considered, to allow time to retake an exam if necessary.

Guidelines for Leave

The following guidelines pertain to vacation and educational leave. All vacations and CME requests must be submitted to the Program Director by the established deadline. If a resident is absent from training for more than one week (unscheduled), even if the resident is compensated during the absence using vacation and/or sick leave, the resident must meet with the Program Director for the purpose of determining whether their training time needs to be extended to ensure compliance with American Board of Family Medicine (ABFM) requirements for duration of training.

Vacation and Leave Policies

Jeopardy Policy

The **back-up call** schedule will be assigned as a stand-by assignment in the event an on-call resident cannot fulfill his/her duties due to fatigue, illness or other reason. It will be treated as a home call for purposes of monitoring resident activities and tracking resident work hours. As an assigned activity, the back-up system will count as an assigned call for purposes of complying with existing and established norms for one day in seven off from all assigned activities averaged over four weeks. The maintenance and enforcement of the backup system is handled by the peer-elected Chief Resident with Program Director oversight. See also —Sick/Back-up Call of VHTFMRP.

Limitations on Absences

Though VHTFMRP is understanding of the personal leaves of residents, limitations on absences must be implemented to maintain continuous, comprehensive care of their patients, to ensure quality of education, and to meet requirements of training put forth by the American Board of Family Medicine. Such limitations include:

- Combined total of only three (3) weeks, fifteen (15) days, per academic year allowed for any type of vacation.
- To receive credit for a rotation, residents must be present for least 75% of the rotation.
- No two vacation periods may be concurrent (e.g., last week of PGY-2 year and the first week of the PGY-3 year in sequence)
- Annual vacations must be taken in the year of service for which the vacation is granted. Vacation periods do not accumulate from one year to another.
- No option of reducing the total time required for the residency by foregoing vacation time.
- No accumulation of vacations from year to year.
- Time off from the residency in excess of one month within the academic year must be made up before the resident advances to the next training level and the time must be added to the projected date of completion of the required 36 months of training.
- The limitations on absences are not meant to infringe on the protected leaves of absences for PDL, CFRA, FMLA or any other protected leave made available through State or Federal regulations.

Residents are responsible for obtaining all signatures as well as assuring timely completion and processing of the Time-Off Request and Staff Request for Leave or Absence Forms. Forms left with other services and received by the Program Staff after the submission deadline may not be approved.

It is the responsibility of the resident to verify that vacation time or educational leave time can be taken during any specific rotation.

a. PGY-1s will have vacations pre-assigned.

b. In order to receive credit for a rotation, residents cannot take more than 25% of rotation block length rounded up to the nearest full day within eligible rotations as vacation, educational or sick leave, excluding call and weekend responsibilities. For example, a 4-week block (20 weekdays) will have a maximum allowed leave of 5 weekdays. The above calculations for leave time do NOT include weekend days where a resident may or may not have required clinical activity.

Vacation and Leave Policies

While the program will attempt NOT to schedule the resident for weekend assignments around the requested vacation time, there is NO guarantee that residents will be free of weekend work activity before and/or after their scheduled vacation. Not reporting for call or weekend assignments will result in activation of the backup call system and disciplinary action.

c. The VHTFMRP values and respects the consideration of preceptors and other specialty services that dedicate time to meet the educational needs of residents. Residents are therefore expected to communicate to the preceptor and senior resident at the beginning of each rotation his or her expected days off due to vacation or post- call requirements that would interfere with the days they are scheduled to work with them.

Exceptions to the above will be reviewed on a case-by-case basis with the residents' advisor, Chief Resident and Program Director. (The policy written here supersedes the leave policy in the VHT Employee Handbook.)

Extended Leave and Unscheduled Leaves of Absence

Extended leave is defined as any absence from residency training for any reason that exceeds one month (30 calendar days). Individual requests for extended leave and/or leaves of absence will be reviewed on a case-by-case basis by the Program Director.

Valley Health Team recognizes that PGY-3s may, on occasion, need to take a vacation day to participate in job interviews which may not be scheduled when vacation days are assigned.

Valley Health Team FMRP will attempt to accommodate these requests, which should be made as soon as possible in writing with justification. The request should follow the procedures established for all other vacation and educational leave requests. These requests will be reviewed on a case-by-case basis by the Chief Resident and Program Director. Residents who obtain coverage during their absence are more likely to have their requests approved.

Sick Leave

Residents should keep in mind that while sick leave is a paid benefit, taking more than five (5) days of sick leave in any one academic year will place them at risk of being in violation of ABFM's requirements for duration of training.



Benefits

The housestaff is eligible for Medical, Dental, Life, Accidental Death and Dismemberment, Long-Term Disability, and Vision benefits offered through Valley Health Team insurance plans. These plans are not bundled; therefore, if a resident opts out of medical benefit s/he may still elect to enroll in the Dental and/or Vision coverages, which are all voluntary plans. These benefits options and annual premiums are re-negotiated annually. Contact Human Resources staff for further information regarding the various plan options.

Health Insurance

Each resident must submit the health insurance enrollment form to the program coordinator within 30 days of the appointment date. In December, VHT holds open enrollment for residents wanting to make **changes** to their existing medical/dental coverage plans. Changes to these plans are not allowed at any other time during the academic year unless due to a qualifying event; i.e. birth, marriage, etc. (contact Human Resources for more information.)Upon initial selection of coverage and enrollment, the effective date of coverage will be retroactive to the date of employment. To add a domestic partner, the Declaration of Domestic Partnership form must be completed with an enrollment form. If dependents are acquired during the year, they may be added within 30 days of a marriage, birth, or adoption. Deletions of dependents and domestic partners can be done at any time of the year with proof of other coverage. At the time of separation from Valley Health Team, continued insurance coverage under the terms of COBRA may be elected. Information regarding this coverage is available from the Human Resources staff.

Life Insurance and Accidental Death & Dismemberment

Housestaff is enrolled in the Life Insurance plan, in the amount of $50,000, and Accidental Death and Dismemberment. The Human Resources staff will give each resident a "Designation of Beneficiary" form at the time of employment/appointment. This form may be changed at any time by submitting a new form to the Human Resources department.

Disability

VHT supports and fully complies with the Americans with Disabilities Act (ADA) and the California Fair Employment and Housing Act (FEHA). VHT will make all reasonable efforts to accommodate qualified residents with verified disabilities by providing them with the necessary auxiliary aids and services that do not fundamentally alter the measurement of the skills or knowledge that is integral to residency training or result in an undue burden or hardship. The parties will engage in the interactive process to determine what accommodations may be necessary and reasonable under the ADA and the FEHA.

VHT, in the absence of applicable VHT policies, will refer to the ABFM ADA Policies and Procedures if applicable with regard to special accommodations for residents with disabilities and act in accordance with the ADA, FEHA and any other applicable local, state, or federal laws and regulations.

Benefits

If a resident or student wishes to receive special aids or assistance during an ABFM in - service examination or other tests and evaluation procedures due to a disability, the candidate must promptly submit to VHT, at the candidate's expense, documentation substantiating the candidate's disability.

For the purpose of requesting test accommodations, the ADA Amendments Act of 2008 defines a person with a disability as someone with a physical or mental impairment that substantially limits one or more major life activities such as walking, standing, seeing, hearing, eating, sleeping, speaking, breathing, learning, reading, concentrating, thinking, communicating or working.

Resident Services

Residents can obtain the following services directly from the Valley Health Team GME office (559) 364-2977 or brichardson@vht.org

- Notary public
- Processing of requests for training verification
- Information on student loan deferment and financial aid
- Training certificates
- Photo IDs
- Information regarding housing and community services and resources
- Information regarding cultural, recreational and fitness activities available to residents

Financial Aid/Student Loan Deferment

Many trainees can defer their student loans incurred during medical school or post - graduate training.

For more information on this, please contact the Valley Health Team GME Office.

Housestaff Communication Forums

Resident Support Group: The Resident Support Group (RSG) meets monthly to address issues related to the trainee work environment and educational experience. RC also participates in improving methods of delivering care to the patients of Valley Health Team and its training partners. All residents participate in a RSG.

Resident Services

GME Confidential Helpline: Residents may call (559) 203-6659 at any time and leave a message regarding any questions or concerns. Callers do not need to leave a name or phone number, but if they do, they will receive a follow-up call from the Office of GME.

Medical-Legal Assistance and Malpractice Insurance

Residents will receive malpractice insurance coverage on their first full day of employment with Valley Health Team. This malpractice policy does not cover residents should they ever be doing work or providing clinical services outside of the activities of the residency program.

Valley Health Team is covered by Federal Torts Claims Act (FTCA) and a NORCAL, Inc. malpractice policy to defend residents against any liability or malpractice claim arising out of the residents' acts or omissions within the scope of duties for work completed during the training period. Professional liability insurance coverage is maintained to defend Valley Health Team residents against any liability or malpractice claim arising out of residents' acts or omissions within the scope of Valley Health Team duties for work completed during the training period.
Exceptions to such coverage are acts or omissions in the course of activities not within the scope of resident duties and acts or omissions resulting from fraud, corruption, malice or criminal negligence.

Work at affiliated or associated hospitals, clinics or elsewhere is clearly covered when it falls within the course or scope of Valley Health Team employment. Non - Residents and clinical fellows who enroll for short-term elective rotations must provide documentation of malpractice insurance from their home institution.

The Office of GME is available to assist residents in situations where medical decisions could include legal considerations. The Office of GME attempts to minimize Valley Health Team's exposure to hospital and medical malpractice liability.

Attorneys or investigators may contact residents to review and comment on the care provided to a patient. Trainees should contact the Office of GME before responding to any such requests.

For information or questions about risk management or medical malpractice coverage please go to the Office of GME or call (559) 364-2977.

Workers' Compensation

If a trainee sustains a work-related injury or illness, he/she is eligible to receive benefits under workers' compensation law. This program is designed to guarantee medical attention for the injury or illness and to ensure regular monetary benefits as a means of financial support while medically unable to return to work. Valley Health Team pays the premiums for this program. Information regarding workers' compensation and its activation process is available upon request from Valley Health Team Human Resources at (559) 364-2983.

Resident Services

Reporting Procedures

Everyone at Valley Health Team is responsible to help assure that our educational environment is free from all forms of prohibited discrimination or harassment. If you believe you have experienced or witnessed any conduct that may be inconsistent with this policy, you are to immediately notify any of the following:

1. Valley Health Team Family Medicine Residency Program Director
2. Valley Health Team VP of GME Administration
3. Valley Health Team Human Resources Director

All reports describing conduct that is inconsistent with this policy will be investigated. It is the obligation of every member of the Valley Health Team community to cooperate in any investigation of alleged or suspected harassment or retaliation. If an investigation confirms that a violation of this policy or inappropriate conduct has occurred, Valley Health Team will take corrective action as is appropriate under the circumstances. In the event of harassment by an individual outside of Valley Health Team, Valley Health Team shall immediately contact the appropriate designated representative of the affiliated institution and/or take other action as deemed appropriate. Such affiliated institution and Valley Health Team shall then work jointly to reach a resolution to the issue.

Addressing Concerns

Valley Health Team is committed to providing a supportive educational environment. An important part of that commitment is to maintain an educational and professional culture that fosters learning for all housestaff members. Refer to Addressing Housestaff Concerns and Grievances Policy.

Grievances and Due Process

Residents may appeal the actions or inactions of VHTFMRP or its representatives. Refer to VHTFMRP Due Process Policy.

Resident Services

Prohibition of Retaliation

Valley Health Team forbids retaliation against anyone for reporting harassment, registering a complaint pursuant to this policy, assisting in making a harassment complaint, participating in an investigation, filing a charge of discrimination, or otherwise pursuing his/her rights under applicable municipal, county, state and federal laws. Anyone experiencing or witnessing any conduct he or she believes to be retaliatory should immediately report it to any of the individuals named above. Residents may also use the confidential online reporting system available on the VHTFMRP website.

Confidentiality

Valley Health Team is committed to balancing the interests of all parties involved in harassment complaints. Valley Health Team will attempt to keep the name of the complainant confidential consistent with its need to investigate complaints and to respect the rights of the accused harasser. Moreover, when credible information received through an investigation indicates that there may be violations of other Valley Health Team or affiliated institution policies, appropriate officials will be notified. Information related to complaints and investigations will be shared only with those representatives of the interested parties who have a need to know in order to investigate and resolve the matter.

Investigation Process

The Director of Human Resources or designee shall be responsible for investigating all reported complaints of harassment within the Valley Health Team community by working with appropriate Valley Health Team officials and officials of affiliated Valley Health Team entities.

Once the initial investigation is completed, including notice of the allegations and an opportunity to be heard, any house staff members found in violation of this policy will be subjected to corrective or disciplinary action including but not limited to reprimands, academic probation, termination or expulsion from the program. If the alleged violation of this policy involves individuals who are not Valley Health Team house staff members, the Director shall immediately contact the appropriate designated representative of the affiliated institution and/or take other action as deemed appropriate. Such affiliated institution and Valley Health Team shall then work jointly to reach a solution to the issue.

Investigation of Complaints

Residents who believe that they have been discriminated against because of a disability or protected status may pursue a complaint as provided under Valley Health Team Non-Harassment and Non- Discrimination Policy.

Resident Forums

There are about six Resident Forum meetings spaced out through the academic year that are chaired by the chief resident and two other peer elected resident representatives. Residents have an opportunity to discuss any rotation details, concerns, suggestions, wellbeing matters and bond with each other. Outcomes and any requests from the meetings are conveyed to the program director and GME office. The identified items are addressed by the program director in discussion with the chief resident and then conveyed back to the residents.

Resident Well Being

It is recognized by the VHTFMRP that residency is a time of intellectual and physical stress. All of the program staff maintain an awareness of the stressful nature of residency, and are prepared to offer help in problem solving for residents who may manifest psychiatric, economic, marital or social difficulties. All new residents attend GME Orientation where physician impairment and substance abuse are addressed.



The VHTFMRP will deal with the educational needs of residents with prolonged medical illness on an individual basis. Recommendations regarding appropriate and available counseling and support services will be provided. The Blue Shield - Employee Assistance Program (800-393-6130) offered by VHT provides 24 hour, toll-free access, for four free visits with licensed professionals and is available to all household and dependent family members. All services are confidential.

Resident Educational Funds

Educational funds enable residents to participate in educational conferences, purchase materials related to their education, and assist in providing additional educational tools to augment residency training. VHTFMRP is budgeted annually through VHT. Individual educational stipend funds may be used by residents to pay:

- USMLE/COMLEX Step 3 fees for PGY-1 residents
- Books, supplies, electronic equipment
- CME registration fees, tuition and transportation
- Licensure and credentialing fees

Resident Educational Funds

Reimbursement

Receipts need to be provided to the Finance department (with the appropriate finance form) for reimbursement to residents, within 6 months of receipt date.

- All receipts for a given academic year MUST be received no later than May 31st.
- See Appendix for Reimbursement Request Form and Reimbursement Instructions

VHTFMRP will be responsible for the preparation of VHT documentation for reimbursement of funds

Resources

Computer

Institutional officials, administrators of GME, program director, faculty, and residents must have access to adequate communication technologies and technological support to include at least computers and access to the Internet. Computers will be available on site for documentation of residency activity using the software E*Value/MedHub. Ask individuals on site for directions of which computer to use at each location.



Resources

Library

UCSF-Fresno Medical Library

The VHTFMRP has access to the UCSF-Fresno Center for Medical Education and Research facilities during regular work hours. 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 with passcodes will have full access to GALEN, the UCSF 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. Librarians are available for assistance.

The library is located in the UCSF-Fresno Medical Education building at 155 N. Fresno Street, located across the street from CRMC. The library is available to users during regular business hours.



UCSF-Fresno Center for Medical Education and Research

Select Conferences and Travel

Subject to availability of funds, the VHTFMRP will send exceptional and interested residents to a number of resident recruiting activities including high visibility recruitment fairs/conferences such as the American Academy of Family Physicians, the Society of Teachers of Family Medicine, and the California Academy of Family Physicians. There can be up to two residents per conference. Attendee selection is made by the Program Director. Those that are selected for conference attendance will be reimbursed actual cost in accordance with VHT Travel Policies.

To promote scholarly activity and collegial interaction VHTFMRP encourages presentation of research and/or contributions at professional meetings. Subject to availability of funds, VHTFMRP will cover the first $1,000 in expenses including registration, travel, lodging, and meals, to such forums.

Resources

Parking

Community Regional Medical Center (CRMC)

Located on the corner of Illinois and Wayte Streets, the East Medical Plaza Parking Garage is available to all resident members. Entrance into the parking garage is located on the west side of the building off of Wayte Street. Covered bridge access is available from the parking lot directly into the hospital.

Valley Children's Healthcare (VCH)

All residents who rotate to VCH must attend an orientation at the start of their rotation. During orientation, you can park in the visitor parking. After orientation you will receive a parking decal for physicians.

Meals

Community Regional Medical Center (CRMC)

Breakfast and lunch is available at the CRMC Physician Resource Center (PRC) Monday through Friday. Residents are responsible for food purchased from the CRMC cafeteria between 7 am to 6 pm weekdays. Residents using their badges to obtain food in the CRMC cafeteria during these hours will be billed at the end of the academic year. Each resident will be responsible to pay the balance of their account before advancing or graduating. Food is available to on-call residents between 6-8 pm and all day until 8 pm on Saturdays, Sundays, and holidays in the CRMC cafeteria. Outtakes Café (across from the cafeteria where the Gift Shop used to be) has food, and residents can charge food there until 2 am, when Outtakes closes. Food will be available in the PRC (microwavable meals, sandwiches, salad, ramen soups, chips and drinks) in the evening. The staff will stock the PRC before the cafeteria closes.

Valley Children's Healthcare (VCH)

Nutritious food is available for purchase in the Grape Jellyfish Café. In addition, there is a GME resident lounge located on the first floor GME Office and the Nilson Resident Workroom (Voyager unit) for all trainees. Valley Children's Healthcare does not provide food stipends for meals.

Call Room

Resident call rooms are located at each affiliated training site. The number and location of call rooms vary according to training site. It is the resident's responsibility to check with his/her department office or inpatient service for specific locations of call rooms, access codes and/or keys.

Appendix– Resident Forms

- **Resident Time Off Request Form**
- **Resident Elective Record Sheet**
- **Resident Moonlighting Privileges Request Form**
- **Resident Conference Request Form**
- **Reimbursement Request Form**
- **Reimbursement Instructions**
- **Resident CME Record Form**

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VALLEY HEALTH TEAM
LIVE BETTER. VIVE MEJOR.

Family Medicine Residency Program
Resident Time-Off Request Form

Resident Name: _____ **Date Submitted:** _____

Resident Signature: _____

Dates Requested	Block #	Rotation	Reason*

Please indicate dates requested in 7 day blocks (e.g. 7/7/12-7/13/12)

DUTY	Date Substitute	Date Substitute	Date Substitute	Date Substitute
On Call				
Jeopardy				

*V=vacation, P=personal leave, C=conference, O=other
___ Check if there is no call/jeopardy switches necessary.

For staff use only:
___ Block/Rotation/Date checked Initials: _____ Call/Jeopardy checked Initials: _____

___ **APPROVED** _____ Date: _____

___ **DISAPPROVE -** Reason: _____

Date returned to resident: _____ Date resubmitted: _____

___ Block/Rotation/Date checked Initials: _____ Call/Jeopardy checked Initials: _____

___ **APPROVED** _____ Date: _____

___ **DISAPPROVE -**Reason: _____

- - - Changes to the call or jeopardy schedule must be arranged and finalized prior to approval. The deadline for submitting a request with appropriate call arrangements is the first day of the block prior to the block where you are requesting leave (e. g. if leave is requested in the second week of block 4, the deadline is the first day of block 3).
- - - Requests are processed in the order in which they are received
- - - Office hours will NOT be cancelled or changed with less than 4 weeks notice

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VALLEY HEALTH TEAM
LIVE BETTER. VIVE MEJOR.

Family Medicine Residency Program
Resident Elective Record Sheet

Name: _____

Title of Elective: _____

Main Site of Elective: _____

Dates: _____

Block: _____

PGY: _____

What are your educational goals for this rotation? What activities do you propose to help you meet them? ***Attach additional sheets if needed.***

Signatures:

MAIN SITE ADVISOR

_____ _____ _____
Print Name/Title Signature Date

RESIDENCY DIRECTOR / ASSOCIATE RESIDENCY DIRECTOR

_____ _____ _____
VHT Program Director Signature Date

Main Site Advisor Contact Phone Number and Address:

Address to which evaluations should be mailed:

Advisor/Director/Supervisor Comments:

Elective Rotation Schedule:

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VALLEY HEALTH TEAM
LIVE BETTER. VIVE MEJOR.

Family Medicine Residency Program

Resident: _____ **Elective: _____**

PGY: _____ **Block: ___ Dates: _____**

	MON	TUES	WED	THURS	FRI	SAT	SUN
Dates							
AM							
PM							

	MON	TUES	WED	THURS	FRI	SAT	SUN
Dates							
AM							
PM							

	MON	TUES	WED	THURS	FRI	SAT	SUN
Dates							
AM							
PM							

	MON	TUES	WED	THURS	FRI	SAT	SUN
Dates							
AM							
PM							

CHECK LIST:

____ FM Continuity Clinic ____ CALL Schedules ____ Vacation/CME
____ Educational Half Day ____ POST CALL ____ Other required activities

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VALLEY HEALTH TEAM
LIVE BETTER. VIVE MEJOR.

Family Medicine Residency Program
Moonlighting Privileges Request Form

Achieving the goals and objectives of the educational program must be the highest professional responsibility of the house officer. Moonlighting is not a right, many programs do not allow moonlighting, and any moonlighting must be voluntary. Trainees requesting permission to moonlight must be a PGY 2 or higher, licensed, and must be in good standing.

By completing this form, I _____[print name], attest to the following:

- I have read and understand the GME policies and procedures relating to duty hours and moonlighting, including the ACGME requirements relating to moonlighting and clinical education and experience hours, including hours free of duty requirements.
- I have received approval by both my Program Director and the Designated Institution Official PRIOR to beginning any moonlighting activity.
- I will record all moonlighting hours in E*Value/MedHub.
- There will be no outside employment during normal duty hours.
- I will adhere to ACGME clinical education and experience hours standards, including hours free of duty requirements, and I under-stand that both internal and external moonlighting count towards my overall limit of 80 hours per week averaged over a four-week period.
- I must request and receive annual approval to moonlight, and I will report all moonlighting sites to both my program and to the Graduate Medical Education office. I understand that despite receiving annual approval, my program director or the GME office may terminate my right to moonlight at any time.
- I agree that if I moonlight without express written approval or fail to comply with any GME policies and procedures or any ACGME clinical education and experience hours standards, I will be subject to disciplinary action up to and including termination from the program.
- I agree to eliminate moonlighting if it interferes with my training, including education and/or patient care. I agree to stop all moon-lighting activities if it contributes to undue fatigue.
- I understand that this activity is apart from my assignment and in no way related to my employment as a resident of Valley Health Team. I understand that Valley Health Team is not responsible for and does NOT provide medical professional liability coverage, disability insurance or workers' compensation coverage for moonlighting activity. I agree that Valley Health Team has no obligation, responsibility, or liability whatsoever for any injury or harm which I may incur or which may befall me during my performance of or a result of this outside activity. I hereby release, forever discharge, and waive any and all claims I may have now or in the future arising out of or connected with my outside employment activities against Valley Health Team and the State of California, and any all officers, agents, employees, underwriters and insurers, all individually and in their respective official capacities.

Moonlighting Employer (One location/site per form):

Location 1: _____

Maximum number of hours per week:_____

Contact Name/Phone/Email):_____

Full Medical License Number: _____ Expiration Date: _____

Signature of Trainee: _____ Date: _____

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I certify that this trainee is in good standing. I will monitor this trainee to ensure moonlighting does not negatively impact his/her medical education and training.

Signature of Program Director:	**Date:**
Signature of DIO:	**Date:**
Affiliate Hospital Approval (if applicable)	**Date:**

(Return signed form to Bertha Richardson, GME via brichardson@vht.org)

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VALLEY HEALTH TEAM
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Family Medicine Residency Program
Supplemental Moonlighting Privileges Request Form

Trainee Name:_____

Program:_____

I am requesting to moonlight as (select one):
□ Resident/Support Person
□ Attending (complete following section)

If you selected Attending, are you credentialed as an Attending at this site?
□ Yes
□ No

Will you be billing?
□ Yes
□ No

Unit or Service where moonlighting will occur:_____
Begin date of moonlighting:_____
End date of moonlighting:_____
Estimated number of hours per shift:_____
Estimated number of shifts per month:_____

*Moonlighting hours **are counted** towards the education and experience work hour limits.*

Signature:_____Date:_____

Return completed form to Bertha Richardson, GME via brichardson@vht.org

For GME Office Use Only

□ Approval

□ Disapproval

Signature:_____ Date:_____

(Return signed form to Bertha Richardson, GME via brichardson@vht.org)

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Family Medicine Residency Program

Resident Conference Request Form

Todays' Date:

Name: **PGY Level:**

Conference:

Conference Date:

Conference Location:

Departure Date: **Return Date:** **Total Days Away:**

Expenses: (Note some expenses may approximate; actual cost is determined upon return and show of receipts)

Registration:_____ Payable to:_____

Lodging:_____ Payable to:_____

Transportation:_____ Payable to:_____

Meals:_____ Payable to:_____

Other:_____ Payable to:_____

Total expenses:_____

Advanced Payment Requested? If yes, items:_____

Total amount requested:_____ Due Date:_____

Total educational stipend remaining:_____

(Receipts/verifications must accompany expenses requested and submitted with travel reimbursement form.)

Resident Signature:_____ Date:_____

Program Director Signature:_____ Date:_____

CEO/DIO Signature:_____ Date:_____

VALLEY HEALTH TEAM
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Family Medicine Residency Program

Reimbursement Request Form

DATE: _____

NAME: _____ **DEPT:** Teaching Health Center

AMOUNT REQUESTED: _____

VENDOR: _____

EXPEDITURE FOR PURCHASE OF: _____

_____

_____

PURPOSE: _____

_____

_____

_____

_____

EXPENDITURE PRE-APPROVED ☐ **YES** ☐ **NO**

APPROVED P.O. NUMBER: _____

RECEIPT ATTACHED: ☐ **YES** ☐ **NO**

REIMBURSEMENT DATE: _____

PETTY CASH / CHECK NO: _____

All reimbursement expenses must comply with the established Valley Health Team, Inc. guidelines and regulations. A list of allowable education expenses is provided in Policy Number 0024 Resident Education funds Policy and Reimbursement Process.

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Family Medicine Residency Program

Reimbursement Instructions

Reimbursement Instructions:

- Complete the Reimbursement Request Form
- Attach original receipts to the Reimbursement Request Form
- Turn in to the Program Coordinator
- Program Coordinator will email and send original copy over to the GME Office
- GME Office will review and forward to Valley Health Team Finance Department

Reimbursement Guidelines:

- $1,600.00 per academic year is allowed. This amount will be prorated if you start off-cycle.
- Funds do not roll over from contract year to contract year.
- Reimbursement request are to be requested during the same academic year of purchase (academic year runs July 1st – June 30th).

All reimbursement expenses must comply with the established Valley Health Team, Inc. guidelines and regulations. A list of allowable education expenses is provided in Policy Number 0024 Resident Education funds Policy and Reimbursement Process.

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Family Medicine Residency Program

Resident CME Record

Name: _____ **PGY:** _____

Block: _____ **Dates:** _____

CME week proposals are **due 3 months** prior to the CME week, to allow time for review and approval.

What will you do during your CME week?

	Type of CME	How many will you complete
_____	AAFP FP Audios	_____
_____	AFP Journals	_____
_____	FP Essentials	_____
_____	AAFP Sample Board Review Questions: www.aafp.org/online/en/home/cme/selfstudy/bdreview.html19k	_____
_____	UWorld Question Bank (Step/Family Board) www.uworld.com	_____
_____	NEJM Knowledge plus Family Medicine Board Review www.knowledgeplus.nejm.org	_____
_____	USPSTF Guidelines https://www.uspreventiveservicestaskforce.org/Page/Name/recommendations	_____
_____	ABFM Tutorial. https://www.theabfm.org/cert/examtutorial.aspx	_____
_____	ABFM In-Training Exam: https://www.theabfm.org/cert/ite.aspx (requires your individual ABFM log-in) or copies from Program Coordinator Office	_____
_____	ABFM Study Guidance: https://www.theabfm.org/cert/fail-safe.pdf	_____
_____	ABFM Exam Content: https://www.theabfm.org/cert/CertRecertExaminationOutline.pdf	_____
_____	ABFM Knowledge Self-Assessment Modules (KSA)	_____
_____	Conference: _____ _____	_____
_____	Other: _____ _____	_____

You are required to submit documentation for your CME proposal. Examples of documentation is (screen shots of completed exams/questions with date time of completion, print out of CME verification from AAFP website, FP Audio and FP Essentials pre and posttest to be turned in)

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Family Medicine Residency Program
CME

	MON	TUES	WED	THURS	FRI	SAT	SUN
Dates							
AM							
PM							

I acknowledge that all my CME documentation is **due within 2 weeks** of completion of my CME week to the program coordinator.

Signatures:

RESIDENT

_____	_____	_____
Print Name	Signature	Date

RESIDENCY DIRECTOR

_____	_____	_____
VHTFMRP Program Director	Signature	Date

MICROSOF

Notes