**Osteopathic Pledge of Commitment**

As members of the Osteopathic medical profession, in an effort to instill loyalty and strengthen the profession, we recall the tenets on which this profession is founded – the dynamic interaction of mind, body and spirit; the body’s ability to heal itself; the primary role of the musculoskeletal system; and preventive medicine as the key to maintain health. We recognize the work our predecessors have accomplished in building the profession, and we commit ourselves to continuing that work.

I pledge to:
- Provide compassionate, quality care to my patients;
- Partner with them to promote health;
- Display integrity and professionalism throughout my career;
- Advance the philosophy, practice and science of osteopathic medicine;
- Continue life-long learning;
- Support my profession with loyalty in action, word and deed; and
- Live each day as an example of what an Osteopathic physician should be.

**Introduction**

The RCRMC Orthopaedic Surgery Residency Program strives to recruit and train physicians from diverse backgrounds who are interested in providing healthcare to the underserved populations of Riverside County while receiving a high quality broad-based education in Orthopaedic Surgery. Our goal is to train surgeons who will choose to practice in the underserved areas in Riverside County and the State of California.

It is the role of each department at RCRMC to carry out the mission of the hospital, including the education of residents, interns, medical students, and students in the allied health professions.

**Objectives**

The Orthopaedic Surgery Residency Program at RCRMC was created in accordance with the guidelines set forth by the American Osteopathic Association (AOA) “Accreditation Document for Osteopathic Postdoctoral Training Institutions (OPTI) and the Basic Document for Postdoctoral Training Programs.” This document can be found in PDF format on the AOA website, [http://www.DO-Online.org](http://www.DO-Online.org).

The objective of the RCRMC Orthopaedic Surgery Residency Program is to train a complete surgeon who is exceedingly competent in academic and clinical medicine and surgery, who practices medicine with kindness and compassion, who communicates with respectful logical actions and words, who integrates Osteopathic philosophy into the care of the entire person, who progressively improves the individual and societal practice of medicine, fostering education, camaraderie and cooperation, who excels in the business and professional aspect of medicine, nurturing growth, research, teaching, and best standards of practice, and who can solidify the many facets of medicine leading to improved patient care, public instruction and confidence. The program is designed to provide residents a thorough grounding in fundamental knowledge of orthopaedic surgery, as well as to develop diagnostic and therapeutic judgment along with the requisite surgical skills needed to practice medicine and surgery.
Riverside County Regional Medical Center opened January 30, 1998 in the city of Moreno Valley, CA. Although the building is new, our staff still carries on the tradition of caring and teamwork that goes back more than 100 years. RCRMC is centrally located to improve access from all areas of Riverside County. RCRMC is a busy regional Level II Adult and Pediatric Trauma Center and as such provides for a wide variety of clinical experience.

Features of RCRMC include:
- 364 Single Patient Rooms
- 520,000 Square Feet
- 5 Floors
- Level II Adult and Pediatric Trauma Center
- Adjacent heliport
- 12 Operating Rooms
- Intensive Care Unit
- 24-Hour Pharmacy with Clinical Pharmacist on site
- Complete Radiology services including MRI & CT scans
- Occupational & Physical Therapy services
- Complete Pulmonary services including Hyperbaric Oxygen treatments
- Complete diagnostic services including EEG, EKG and Echo
- Full Pediatric Services
- Birthing Rooms

To receive credit for the AOA-approved RCRMC Orthopaedic Surgery Residency Program, candidates shall:

- Have graduated from a COCA-accredited college of osteopathic medicine and be and remain members in good standing of the AOA.
- Have successfully completed COMLEX-USA Level 1 and COMLEX-USA Level 2 examinations and, by the end of their second year of post-graduate medical education, have taken COMLEX-USA Level 3 examination and obtained a license to practice medicine in the state of California.
- Participate in the AOA Intern Resident Registration Program (IRRP).
- Sign a resident contract and train with RCRMC.
- Candidates will negotiate directly with the RCRMC Orthopaedic Surgery Residency Program.
- Admission to the RCRMC Orthopaedic Surgery Residency Program shall not be influenced by race, sex, religion, creed, national origin, age, handicap, sexual orientation or veteran status.

Candidates selected for the RCRMC Orthopaedic Surgery Residency Program will be employees of Riverside County and as such must meet all Riverside County employment requirements. These requirements include, but are not limited to, a pre-employment physical, including drug screening, and a Department of Justice background check.

As of July 1, 2012 the base salaries for the Orthopaedic Surgery Residents are as follows:

- PGY-1: $41,844
- PGY-2: $46,940
- PGY-3: $50,866
- PGY-4: $55,958
- PGY-5: $58,342
Residents are paid bi-weekly for 26 pay periods per year and direct deposit of your paycheck is available. You will be given a County payroll calendar at Orientation.

**BENEFITS**

Residents will receive the following benefits, subject to the same conditions applicable to Hospital exempt employees and the terms and conditions of the County of Riverside’s current benefit plans and/or policies. The benefits listed below may be modified unilaterally by RCRMC from time to time:

- **Health and Dental Insurance:** RCRMC Human Resources will inform the Residents of various medical and dental insurance plans and options at the earliest opportunity so that residents may enroll early in an appropriate insurance plan. RCRMC will provide comprehensive health insurance at no charge to the resident. Residents wanting family coverage for medical insurance shall pay the difference between the premium for the family plan and the premium for the individual plan.
- **Disability Insurance:** RCRMC will provide long-term disability insurance to the resident.
- **Life Insurance:** RCRMC will provide life insurance coverage to the resident.
- **Worker’s Compensation:** RCRMC will provide Worker’s Compensation Insurance to the resident, consistent with RCRMC’s benefits program.
- **Counseling:** Counseling services are available through the Employee Assistance Program (EAP).
- **Lab coats / scrubs:** Lab coats and scrub suits are provided and laundered at no cost to the resident.
- **Meals:** Meals at no cost are provided to the resident in the RCRMC cafeteria with a limit of $5 per meal.
- **Housing:** Other than access to call rooms with toilet and shower facilities while on call, RCRMC does not provide housing.

**LEAVE POLICY**

A maximum of 20 days (Monday-Friday) of vacation, professional, sick or other leave may be granted by the Program Director, unless such leave is designated by federal or state regulations. In such cases, federal or state regulations shall supersede these policies. No more than 20 business days of leave may be granted for any purpose, without extending the program. If a resident is given a leave of absence for reasons of maternity, physical or mental disability, and returns to duty, he/she may continue the training to completion.

**PAID LEAVE**

- **Vacation:** residents are entitled to fifteen working days of vacation time per year, with full pay, upon approval of vacation by the Program Director. This time is cumulative and, alternatively, may be taken as equivalent pay at the end of tenure. Requests to utilize vacation time should be submitted to the Residency Coordinator on the appropriate form at least six weeks in advance. The Coordinator will process the form and obtain either an approval or denial from the Program Director. No more than two orthopaedic surgery resident will be permitted to be on vacation at one time and no more than 9 days of leave (one week + 2 weekends) will be granted at a time. Vacation will not be granted during the last week of June or the first week of July.
- **Conference:** residents are entitled to 5 working days for Continuing Medical Education annually. This time is most often utilized to attend conferences that are mandatory for successful completion of the residency program and arrangements for attendance at these conferences is handled by the Residency Coordinator. Any additional requests to utilize conference time should be submitted to the Residency Coordinator on the appropriate form. The Coordinator will process the form and obtain either approval or denial from the
Program Director. Conference days may not be carried over from one academic year to the next.

- **Holidays:** As County employees, residents are entitled to all County holidays. Resident will be entitled to compensatory time off for any County holidays worked. Earned compensatory time off may be taken off during the same academic year that it was earned. Requests to utilize holiday compensatory time should be submitted to the Residency Coordinator on the appropriate form at least one month prior to the requested date off. The Coordinator will process the request and obtain approval (or denial) from the Program Director. The resident will be paid at the end of their training for any compensatory time not used during the corresponding academic year.

- **Sick Leave:** Residents earn 4 hours per pay period of paid sick leave. This time may be utilized for illness or injury, either that of the resident him/herself or immediate family, and bereavement as indicated in County of Riverside policies. Residents should be aware that the use of sick leave is monitored closely by the Program for abuse. Residents attempting to utilize sick leave for reasons other than illness, injury or bereavement are subject to disciplinary action up to and including termination from the program. **Residents are required to notify the residency coordinator by telephone immediately when they are out sick. If it is after hours, leave a message on the coordinator’s voicemail. It is not acceptable to ask another resident to inform the coordinator of your absence.**

**UNPAID LEAVE**
Residents are entitled to benefits under the County of Riverside Family and Medical Leave Act (FMLA), as may be amended from time to time. Other medical or personal unpaid leave may be granted with the approval of the Program Director, consistent with AOA Rules and Regulations, as applicable, only after the resident has exhausted all of his/her benefits. Makeup time and/or repeat of training will be determined by the Program Director and specialty requirements.

**ADMINISTRATION OF THE PROGRAM**
**ROLE OF THE OSTEOPATHIC DIRECTOR OF MEDICAL EDUCATION**
The Osteopathic Director of Medical Education (ODME) at RCRMC is R. Corey Garrison, DO. As RCRMC ODME Dr. Garrison’s responsibilities are:

- Responsible for organization and supervision of the medical student, Internship and resident training programs.
- Responsible for clinical education of the medical students, interns and residents.
- Conducts quarterly reviews of the Residency Program via Osteopathic Graduate Medical Education Committee.

Dr. Garrison can be reach at 951-486-4640 or via e-mail at rogarrison@co.riverside.ca.us.

**ROLE OF THE PROGRAM DIRECTOR**
The Program Director of the Orthopaedic Surgery Residency Program is Wade Faerber, FAOAO. As Program Director, Dr. Faerber’s responsibilities are;

- Responsible for the organization and administration of the Residency program.
- Responsible for clinical education of the Residents
- Meets at least quarterly with all residents to ensure program objectives are met.
- Reviews resident evaluations and logs on a regular basis.
- Meets with residents at the end of the academic year for an annual review/report.

Dr. Faerber can be reached at 951-486-5690 or via e-mail at wfaerber@co.riverside.ca.us.
ROLE OF THE RESIDENCY COORDINATOR
The Residency Coordinator is Atrina Sloan. As Coordinator, Atrina is the “go to” person for residents requiring information regarding the program, the hospital and its policies and procedures, etc. Atrina can be reached at 951-486-4698 or via e-mail at asloan@rivcormc.org.

OPTI AFFILIATION
Osteopathic Postdoctoral Training Institute (OPTI)
An OPTI is a consortium of an osteopathic medical school and one or more teaching hospitals, the purpose of which is to establish a stronger and higher quality of postdoctoral training than can be realized by the individual institutions. The OPTI concept was mandated by the American Osteopathic Association (AOA) and its Council on Postdoctoral Training (COPT). The AOA required that all osteopathic postdoctoral training programs be a member of an OPTI by July 1999.

The OPTI of which RCRMC is a part is OPTI-West. OPTI-West is located at Western University of Health Sciences in Pomona, CA. The Mission of OPTI-WEST is to establish standardized osteopathic postdoctoral training through a collaborative arrangement between WesternU/COMP and other health care provider institutions capable of quality postdoctoral training and willing to commit the necessary resources to such an undertaking. Further, OPTI-WEST resolves to meet all criteria and standards for osteopathic postdoctoral training, as established by the American Osteopathic Association (AOA) and its Council on Postdoctoral Training (COPT). It will undertake to enhance the number and quality of member osteopathic postdoctoral programs in the Western United States, with the goal of providing AOA-approved internship and residency training for osteopathic graduates.

The Chief Academic Officer of OPTI-West is J. Michael Finley, DO, FACP, FACOI, FACR.

CHAIN OF COMMAND
Following is a flow chart delineating the Chain of Command as it relates to the RCRMC Orthopaedic Surgery Residency Program. Residents with complaints, concerns, suggestions, etc. are asked to work their way up the chain of command.

AOA DIVISION OF POST-DOCTORAL TRAINING
AOA Postdoctoral Program Violation Hotline
1-877-325-8197

CHIEF ACADEMIC OFFICER, OPTI-WEST
J. Michael Finley, DO

RCRMC OSTEOPATHIC DIRECTOR OF MEDICAL EDUCATION
R. Corey Garrison, DO

RESIDENCY PROGRAM DIRECTOR
Wade Faerber, DO, FAOAO

RESIDENCY COORDINATOR
Atrina Sloan
RESIDENT

**ORIENTATION**

**PURPOSE**
To provide a structured introduction to the Residency Program, the duties of the resident, and the hospital itself – the actual facility in addition to hospital policies and procedures.

**DESCRIPTION**
Orientation is held one morning during the first week of the new academic year. Residents are paid for this time. This time is utilized to orient new residents to the program as well as update current residents on changes in rules, regulations, policies and procedures of the program.

**CLINICAL EDUCATION**
The RCRMC Orthopaedic Surgery Residency Program provides a well-rounded clinical training program. The curriculum is structured to fulfill all AOA and AOAO requirements. Residents will be given the clinical rotation block schedule at orientation.

**DIDACTIC EDUCATION**
Residents are required to attend the following weekly conferences:

<table>
<thead>
<tr>
<th>Day</th>
<th>Time</th>
<th>Conference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday</td>
<td>7-9 am</td>
<td>Pre-Op and Post-Op Conference</td>
</tr>
<tr>
<td>Monday</td>
<td>4:30-7:00 pm</td>
<td>Topic Lectures / Cadaver Workshop / OMM/OMT Lecture</td>
</tr>
<tr>
<td>Tues</td>
<td>6:30-7:30 am</td>
<td>Trauma Grand Rounds</td>
</tr>
<tr>
<td>Weds</td>
<td>7-9 am</td>
<td>Pediatrics Conference</td>
</tr>
<tr>
<td>Friday</td>
<td>7-9 am</td>
<td>Indications Conference / Morbidity &amp; Mortality Review</td>
</tr>
</tbody>
</table>

**Additional requirements:**
Journal Club is held once a month on Monday evening. Articles for Journal Club are distributed approximately two weeks prior to the date of the meeting. Grand Rounds is held monthly on Wednesdays at noon. A schedule of both Journal Club / Grand Rounds will be distributed at Orientation.

Attendance at all conferences is mandatory and is tracked. Residents must sign in to obtain credit for attendance. For the Monday, Wednesday and Friday conferences, a resident will be assigned responsibility for returning the sign-in sheet to the Coordinator **the same day**. The only valid excuse for missing a conference is either the resident being on sick, vacation or conference leave or when the resident is providing urgent hands-on patient care that cannot be delegated to another physician (including an attending). As soon as the resident is able (the same day) the resident must call the coordinator to explain the reason for not attending and ask for an excused absence.

Residents on out rotations are excused from attending the weekly conferences, but must attend the monthly Journal Club / Grand Rounds.

In addition to the mandatory conferences described above, the hospital offers a wide variety of educational conferences and lectures throughout the month and residents are encouraged to attend those of interest to them as their schedules and rotation supervisors allow.

**OUTSIDE CONFERENCE ATTENDANCE**
Residents will be scheduled to attend the following outside conferences during the training year indicated:

- **PGY-2:** AO Basic Course
- **PGY-3:** Musculoskeletal Pathology Course, AANA Arthroscopy Course, ATLS Course
- **PGY-4:** Miller Review Course, AOAO Annual Meeting
- **PGY-5:** AAOS Annual Meeting, Board Review (50% of cost)

The residency program coordinator makes all arrangements for attendance at these
courses including payment of fees, travel, etc. Whenever possible, residents of the same
gender will be expected to share hotel rooms.

**Core Competencies**

The Residency Program has incorporated the seven core competencies set forth by the
AOA. As mandated by the AOA, each core competency will be measured and mastered.
These measured “Core Competencies” are Osteopathic Manipulative Medicine,
Philosophy and Practice, Medical Knowledge, Patient Care, Interpersonal and
Communication Skills, Professionalism, Practice-based Learning and Improvement, and
Systems-Based Practice. Additional information regarding the Core Competencies,
including goals and objectives, can be found in Appendix I, “The Seven Core
Competencies.”

**Educational Resources**

**Medical Library**

The RCRMC Medical Library is open from 8:30 am to 5:00 p.m. Monday through Friday.
The Library is locked during after-hours, weekends and holidays. When the library is
closed, access is granted to residents by badge swipe access.

Providing up-to-date, authoritative medical information is the primary service to library
users. This is accomplished by:

- Maintaining a current collection of Medical and Nursing journals.
- Updating and expanding our book collection
- Providing computerized bibliographic literature searches through the National
  Library of Medicine database known as Pubmed
- Providing two workstations with Internet access for end-user searching
- Providing patients and their families with consumer health information for their
  health related illnesses
- Providing access to journal articles and books not available in the library by
  requesting interlibrary loans from other libraries
- Sharing our resources with other hospitals by filling interlibrary loans
- Providing library service to outside physicians through NLM’s Loansome DOC
  program
- Ordering personal books for the attending staff, residents, residents and students
- Researching and ordering books and journals for other hospital departments
- Subscription to two online resources: MD Consult and Cochrane Database

**Additional Resources at RCRMC**

RCRMC makes available the use of a wide variety of audio-visual equipment including
LCD projectors, sound systems, screens, computers, and teleconferencing and
videoconferencing equipment. Numerous conference rooms are available for the use of
the training programs at RCRMC, including the Orthopaedic Surgery Residency
Program. Additionally, the Program is given the use of the Rehabilitation Services
Department space and equipment for the hands-on clinical skills lab portion of OMM /
OMT training. Photocopying at no cost is available to residents in the Program office
and the Medical Library. Copying privileges are for the copying of materials directly related to
a resident’s educational activities only.

**Educational Resources through OPTI-West**

With the assistance and resources of OPTI-West, the Orthopaedic Surgery Residency
Program has been given access to the Medical Library at Western University of Health
Sciences either via interlibrary loan or the residents utilizing their County ID Badge for
admission to the library itself. Additionally, again with the assistance of OPTI-West,
RCRMC has been able to obtain the use of a cadaver at the hospital as well as obtain
state-of-the-art video conferencing equipment which will be utilized to share didactic
programs with other institutions within OPTI-West.
SUPERVISION OF THE RESIDENT

Direct supervision of the residents while on rotations is provided by attending physicians. These supervisors are known as "Rotation Supervisors." It is the responsibility of the Rotation Supervisors to provide the day-to-day supervision of the residents’ clinical education while the residents are on their service. The level of supervision will be commensurate with the resident’s level of training and his/her individual level of clinical skills. On-call schedules for Rotation Supervisors assures that supervision and/or consultation is readily available at all times to residents.

POLICY ON THE SUPERVISION OF RESIDENTS

Purpose:
To define the levels of supervision required for residents in inpatient and outpatient settings. The RCRMC Orthopaedic Surgery Residency Program follows the institutional requirements for trainee supervision of the American Osteopathic Association (AOA) as defined in the “Basic Documents for OPTI and Postdoctoral Training Programs.”

Scope:
1. Attending physicians are responsible for the care provided to each patient and they must be familiar with each patient for whom they are responsible. Fulfillment of that responsibility requires personal involvement with each patient and each resident who is participating in the care of the patient. Each patient must have an attending physician whose name is recorded in the patient record. It is recognized that other staff physicians may at times be delegated responsibility for the care of the patient and provision of supervision to the residents involved. It is the responsibility of the attending physician to be sure that the residents involved in the care of the patient are informed of such delegation and can readily access a staff practitioner at all times.

2. Within the scope of the training program, all residents must function under the supervision of attending physicians with appropriate clinical privileges. A responsible attending physician must be immediately available to the resident in person or by telephone or other telecommunication device as appropriate and be able to be present within a reasonable period of time.

3. The Orthopaedic Surgery Residency Program is structured in such a manner as to encourage and permit residents to assume increasing levels of responsibility, commensurate with their individual progress in experience, skill, knowledge and judgment.

4. The provisions of this policy are applicable to all patient care services, including, but not limited to, inpatient, outpatient, and the performance and interpretation of all diagnostic and therapeutic procedures.

5. In order to ensure the quality of patient care and to provide opportunity for maximizing the educational experience of the resident in the ambulatory setting, at least one appropriately privileged attending physician will be available for supervision during clinic hours.

Definitions:
1. **Resident:** The term “resident” refers to an individual who is engaged in a graduate medical education training program in orthopaedic surgery at RCRMC and participates in patient care under the direction of attending staff physicians in the Department of Orthopaedic Surgery.

2. **Attending Physician:** Attending physician refers to licensed, independent physicians and surgeons from the Department of Orthopaedic Surgery, regardless of the type of appointment, who have been credentialed and privileged at RCRMC in accordance with applicable requirements. Attending
physicians may provide care and supervision only for those clinical activities for which they are privileged.

3. **Level of Supervision:** Supervision is defined at three levels: General, Direct and Personal. General Supervision allows for the care or procedure to be conducted under the attending physician’s overall direction and control but the physician’s presence is not required at the time of care although the attending physician should be able to present within a reasonable period of time if needed. Direct supervision requires that the physician must be immediately available to furnish assistance and direction. Personal supervision means that the attending physician must be in attendance at the time that the care or procedure is conducted.

**Roles, Responsibilities and Documentation:**
Each resident is responsible for communicating to the attending physician significant issues as they relate to patient care. Such communication must be documented in the patient record.

The attending physician is responsible for, and must be involved in, the care provided to individual patients in inpatient and outpatient settings. When a resident is involved in the care of the patient, the responsible attending physician must continue to maintain involvement in the care of the patient. The attending physician is expected to fulfill this responsibility, at a minimum, in the following manner:

1. The attending physician will direct the care of the patient and provide the appropriate level of supervision based on the nature of the patient’s condition, the likelihood of major changes in the management plan, the complexity of care, and the experience and judgment of the resident being supervised. Medical or surgical services must be either rendered under the supervision of the attending physician or be personally furnished by the attending physician. Documentation of this supervision will be by progress notes entered into the record by the attending physician or reflected within the resident’s progress note at a frequency appropriate to the patient’s condition. In all cases, there shall be, at the minimum, a daily note. Where the provision of supervision is reflected within the resident’s progress note, the note shall include the name of the attending physician with whom the case was discussed.

2. Patients admitted to the Orthopaedic Service who are in stable condition will receive General Supervision. The resident should notify the attending physician of the admission at the discretion of that attending physician (e.g. for every patient admitted or for selected patients). The attending physician will be expected to see the patient and/or review the management plan within 24 hours.

3. Residents seeing patients in an outpatient clinic will receive Direct Supervision. Management plans or revision of management plans will be reviewed with an attending physician before the patient has left the clinic. Documentation of review by the attending physician will be made in the clinic note and the note will be countersigned by the attending physician.

4. Residents providing orthopaedic surgery consultation or care to patients in the Emergency Room will receive general supervision. Dispositions of these patients may be discussed by phone with the appropriate staff member and/or reviewed on return to the outpatient clinic. If the patient is admitted, the treatment plan will be reviewed by an attending physician the next day.

5. With respect to the performance of procedures in the Operating Room, it will be the decision of the individual attending physician, with advice from the program director, as to which activities each individual resident physician will be allowed to perform. For all operative cases, the attending physician will be
physically present to provide personal supervision for the critical portion of
the procedure and be immediately available for all other portions of the
procedure. Documentation of the level of involvement of both the attending
and resident physician will be noted in the Operative Report.

6. The residents, as individuals, must be aware of their limitations and not
attempt to provide clinical services or do procedures for which they are not
trained. They must know the graduated level of responsibility described for
their level of training and not practice outside of that scope of service.

**Graduated Levels of Responsibility**

As part of their training program, residents should be given progressive responsibility for
the care of the patient. The determination of a resident's ability to provide care to patients
without a supervisor present or act in a teaching capacity will be based on documented
evaluation of the resident's clinical experience, judgment, knowledge, and technical skill.
Ultimately, it is the decision of the attending physician as to which activities the resident
will be allowed to perform within the context of the assigned levels of responsibility. The
overriding consideration must be the safe and effective care of the patient that is the
personal responsibility of the attending physician.

**Emergency Situations**

An "emergency" is defined as a situation where immediate care is necessary to preserve
the life of, or to prevent serious impairment of the health of a patient. In such situations,
any residents, assisted by other healthcare associates, shall be permitted to do
everything possible to save the life of a patient or to save a patient from serious harm.
The appropriate attending physician will be contacted and apprised of the situation as
soon as possible. The resident will document the nature of that discussion in the patient's
record.

**Roles and Duties of the Resident**

**AOA / AAOA Membership**

It is a requirement that residents be members of the AOA and candidate members of the
AAOAO.

**Educational Logs**

As mandated by the AAOAO, the resident must keep a log for each rotation in order to
receive credit for successful completion of the rotation. The log must document all patient
encounters – inpatient, Emergency, outpatient, OR, consultation as well as list all
procedures performed, manipulations performed, and conferences attended (mandatory,
service-specific and optional). Logs are entered on the online log service provided by the
AAOAO. The web address is [https://www.aoaocaselog.org](https://www.aoaocaselog.org). Residents will be given user
names and passwords at the beginning of their residency.

Logs entries should be made daily and must be complete for each month by the first day
of the following month. Failure to maintain logs as required may result in progressive
disciplinary action being taken and adversely effect satisfactory progression to the next
year of residency.

**Call**

All residents will be scheduled to take call each month. The call schedule will be done by
the chief resident to ensure adequate coverage of the service. The final call schedule will
be approved by the Program Director. During the PGY-2 year residents take in-house
call on a rotating 2-week "night float" schedule. During the PGY-3, -4 and -5 years
residents are permitted to take call from home. This is however, a privilege, not a right,
that can be revoked should a resident not be providing adequate supervision and
teaching of the residents, interns and students scheduled with them. Policies regarding
call may be changed as the coverage needs of the service change.

**Documentation, Floor Procedures & Orders**
Information regarding RCRMC Policies and Procedures as they apply to documentation, floor procedures and orders can be found in the “Physician Reference Manual” (Appendix II) and the “Medical Staff Bylaws, Rules and Regulations” (Appendix III).

Residents must document a preoperative patient evaluation with surgical procedures and surgical indications and a post-operative evaluation for all patients with whom they are involved in the operative treatment. For all patients assigned to them, operative or not, residents must make an admitting note as well as progress notes in addition to any notes entered by the attending physician or intern.

**Operating Room**
OR assignments will be made on the basis of which service each resident is scheduled to be on. Residents should come to the OR prepared to actually perform the operation, whether or not they actually expect to. The resident should have reviewed the anatomy and the technique, know the purpose of and indications for the surgery, risks, post-op care, etc. If it is apparent that the resident is unprepared for the surgery, he/she should expect the attending to take over the surgery. If the resident has questions about the surgery, these should be asked *before* the day of surgery. Each attending has variations with respect to expectations of the resident before, during and after surgery. These should be discussed with the attending ahead of time. The most senior orthopaedic surgery resident on each service has the responsibility for ensuring that the surgical procedure has been thoroughly discussed and explained to the patient and that a complete informed consent has been obtained from the patient prior to surgery.

**Under no circumstances should a patient be scheduled for surgery without the knowledge and approval of the attending.**

As stated above, residents must document a preoperative patient evaluation with surgical procedures and surgical indications and a post-operative evaluation for all patients with whom they are involved in the operative treatment. For all patients assigned to them, operative or not, residents must make an admitting note as well as progress notes in addition to any notes entered by the attending physician or intern.

**Clinics**
Clinic experience will vary according to attending preference. In all clinics, however, it is expected that the resident will see and evaluate patients, order and interpret imaging studies and be able to present a concise patient presentation to the attending. In addition, the residents may be expected to perform procedures appropriate to their level of training.

Clinic notes should include enough information to allow the next person who sees the patient to understand the problem without reading the entire chart. Documentation should include patient’s age, diagnosis, duration of onset, any surgical procedures performed and date of surgery, past medical history, family history, social history, physical examination, interpretation of imaging studies, a diagnostic or therapeutic plan, and instructions for next visit (x-ray, labs, cast change, etc.). Patients who work should have their anticipated period of disability documented as well.

**In-patient Wards**
All residents are expected to see their patients and document this evaluation on a daily basis with the exception of the weekend. On the weekend, all in-patients will be seen by
the post-call and on-call residents. Residents must be on time for daily rounds. Daily rounds will be organized by the Chief Resident to ensure that all patients are ready for presentation to the attending.

**Resident as Teacher**
Residents will be asked to participate in the instruction of interns and residents from other services rotating on the Orthopaedic Surgery Service as well as medical and physician assistant students. This instruction will take many forms, from providing backup while the interns, residents or students are on call to providing lectures.

**Quality Improvement / Risk Management Activities**
By accepting a position with the RCRMC Orthopaedic Surgery Residency Program, residents agree to participate in and cooperate with Quality Improvement / Risk Management activities as directed by the Program Director, Quality Management Department Manager, or County Risk Management and to provide such statistical information as may be required to fulfill the Quality Improvement / Risk Management / Patient Safety efforts of RCRMC.

As part of their education with respect to the Residents will be required, each quarter, to conduct a peer review on randomly selected cases of their peers on a quarterly basis

**Dress Code**
All Medical Staff are required to present a professional appearance at all time. Male medical students, interns, residents and attendings are required to wear a tie, dress shirt and slacks at all times. Female medical students, interns, residents and attendings are expected to wear dress slacks or a business dress or skirt and blouse. Sandals and denim fabrics are not acceptable.

All medical staff must wear socks or other types of hosiery with shoes that cover the toes. Weekend dress may be casual, but remain professional. Under no circumstances are t-shirts, shorts, jeans, sundresses or sandals acceptable.

All personnel entering the semi-restricted and restricted areas of the surgical suite and labor and delivery suites are required to be in RCRMC dark blue scrub suits. If for some justified reason staff needs to leave the area with dark blue scrubs, this should be totally covered by a gown or a lab coat completely tied. Scrubs are considered to be soiled after one (1) use. These scrubs are provided and laundered by the hospital. RCRMC scrub suits are not to be removed from the hospital or worn outside the hospital. Scrubs will be issued and returned to the Scrub Dispensing Machine. Residents must adhere to the Operating Room Dress Code.

White doctors’ coats will be provided to the resident at the beginning of the academic year. These will be laundered by the RCRMC Linen Department. These must be returned at the end of the academic year. Failure to return all issued scrubs and doctors’ coats at the end of the academic year may result in a hold being placed on the Resident’s final paycheck.

**Responsibilities While on Out Rotations**
The responsibilities of residents while on out rotations are the same as when at RCRMC with respect to the requirements of the program, including, but not limited to, log completion and submission of work hours. The exception to this is with regard to the Didactic Program. Residents on out rotations are excused from attending daily conferences. Residents on out rotations must still attend the monthly Journal Club / Grand Rounds conference.
While at the outside facility, residents are subject to the policies, procedures, rules and regulations of that institution.

**Responsibilities of Chief Resident**

The Chief Resident is responsible for assisting in providing organizational and administrative leadership for the residency program. His/her responsibilities include:

**Call Schedule:** The chief resident will prepare the ortho residents' call schedule to ensure adequate coverage at all times. This schedule is due to the Department Secretary and Residency Coordinator by the 15th of the preceding month.

**OR Assignments:** While OR assignments are dictated somewhat by what service each resident is scheduled for, the chief resident will oversee the assignment of cases and ensure that all operating rooms have coverage as well as resolve any conflicts among residents with respect to assignments.

**Didactic Programming:** The chief resident will assist in the planning of the year's didactic schedule as well as assist the Coordinator in ensuring that attending physicians are notified of upcoming lecture responsibilities, sign-in sheets are turned in, etc.

**In-Patient Rounds:** The chief resident is responsible for organizing rounds to ensure that all patients are ready for presentation to the attending. The chief resident should make sure he has a complete understanding of all patients on the service.

**Orthopaedic In-Training Exam (OITE)**

All residents are required to take the Orthopaedic In-Training Exam (OITE) on an annual basis as scheduled. Usually the exam occurs on the second Saturday in November. All residents must take the exam on the date scheduled as there are no opportunities for make-up exams. All testing fees are paid for by the Program. The results of the OITE are kept confidential and are used as a tool to measure progress over the entire term of the residency program as well as to evaluate the effectiveness of the training program itself. The tests alone are not the determining factor with respect to advancement in the program from one year to the next.

**Scientific / Research Papers**

Residents are required to submit a scientific or research paper each year, with the exception of the first year of training. As a substitute for one of the scientific / research papers a resident may, for one year only, substitute a poster or exhibit. This must be approved by the Program Director and only one presented can be credited.

Residents may also choose to do a multi-year research project according to the following schedule:

- **OGME-2:** Letter of commitment, hypothesis and literature search.
- **OGME-3:** Materials and methods with raw data and a summary progress report.
- **OGME-4:** Rough draft of final paper. Letter indicating which periodical the paper will be submitted to for possible publication.
- **OGME-5:** Final paper of publishable quality.

Residents must be prepared to present to the Program Director their plan for a research or scientific paper at their first quarterly review each academic year. Completed papers are due at the end of the academic year, with the exception of the final year at which time the paper is due by January 1.
PROFICIENCY AND EXPECTATION LEVELS
A guide to the proficiency and expectations for each level resident can be found in Appendix VI, “Resident Proficiency and Expectation Levels.”

MEDICAL RECORDS
All medical records are the property of the hospital and shall not be removed from the hospital’s jurisdiction and safekeeping. All medical records needed for patient care or review must be requested and issued in the computer by medical records staff before removing them from the Medical Records department. All medical records must be returned before the end of the day they were requested. Returned medical records may be put on “hold” in the Medical Records Department / Chart Room if needed again the next day.

Completion of the medical record, including dictation of a discharge summary, is an integral component of medical care and is part of the Resident’s responsibilities. All patients’ charts shall be completed within fourteen (14) days after discharge. All operative dictations are to be completed immediately after the surgery. Charts not completed within this timeframe are considered delinquent and are reported to the Program Director. The summary of case sheet is to be completed at discharge. Residents are required to report to Medical Records at least one time per week to complete charts. The Resident should notify medical records staff at least 24 hours prior to the time he/she wishes to complete charts. This will allow Medical Records adequate time to retrieve all charts.

OPERATIVE DICTATIONS
All operative dictations are to be done immediately after surgery.

VERBAL ORDERS
Verbal and telephone orders will only be obtained in the case of an emergency or when the patient’s condition will be adversely impacted by not obtaining the order. Verbal orders may only be given when the resident is involved in the urgent or emergent care of another patient and is not immediately able to assess a second patient. It is assumed that resident will come to assess the second patient in a timely manner and sign the verbal order, once the urgent or emergent situation with the first patient is resolved. All verbal orders must be signed as well as have date and time of signature indicated and this must occur within 48 hours of when the order was given. Compliance with policies regarding the issuance of verbal orders and their signature is monitored by the Medical Records Department and reported to the Program Director and Department Chair.

RESIDENT SIGNATURES AND LEGIBILITY
Anyone making an entry into a patients’ chart is required to date, time and sign that entry and below their signature print their name, title, and pager number. For this reason, the Program will order pocket stampers with this information for all residents. The use of these stampers is mandatory. All residents are asked to write legibly – this means that someone besides you is able to read the entry.

EVALUATION PROCESS
EVALUATION OF THE RESIDENT
Service Evaluations of resident performance are completed by the Rotation Supervisor(s) at the end of each block. A sample block rotation evaluation form can be found in Appendix IV, “Sample Evaluation Forms.” On a quarterly basis, the Program Director completes an evaluation of the resident’s progress in satisfactorily meeting the Core Competencies as well as other requirements of the program including conference attendance, completion of medical records and logs, etc. A sample of this evaluation form may also be found in Appendix IV. This information is based on information provided in the Service Evaluations, Resident’s Evaluation of Service Rotation, Resident
Logs, conference attendance, work hours reports, and the Resident's Portfolio. This quarterly evaluation will be provided to the Resident in both verbal and written format. The resident will be notified of this quarterly review at least one week in advance. This is the opportunity for residents to provide the Program Director with their feedback on the Residency Program, both positive and negative. Should residents have areas of improvement they would like to discuss with the Program Director they are asked to be prepared with ideas regarding ways in which these areas could be improved. At the end of the academic year an Annual Report is completed by the Program Director. This report documents the satisfactory progress of the resident in the program and Program Director’s recommendation that the resident proceed into the next training year and/or be issued a certificate of completion at the end of the year. These reports are forwarded to the AOAO at the end of the academic year.

**Residents’ Evaluation of Service Rotations**

Just prior to the end of each Service Rotation the resident will be given an evaluation to complete to evaluate the rotation. A sample copy of the form can be found in Appendix IV “Sample Evaluation Forms.” It is asked that these evaluations be completed within one week of completion of the rotation. We are aware that the schedule of the residents is quite busy and it is tempting to answer only those questions that require a rating be circled. However, we ask that you take a few moments to give specific comments in the areas of strengths and weaknesses of the rotation.

**Disciplinary Process and Grievance Policy**

**Academic-Related Disciplinary Action**

Academic-related disciplinary action is progressive in nature beginning first with a verbal warning of the deficiency and instructions with respect to corrective action to be undertaken on the part of the resident and the timeline with which this correction action must be completed to prevent further disciplinary action(s).

Failure to meet the corrective actions given to the resident verbally and to correct the deficiency within the timeframe given will result in a Letter of Notice of Deficiency given to the resident and a copy placed in the resident’s training file. This notice will again outline the corrective actions needing to be taken by the resident and the timeline by which these actions should occur for the resident to be considered in good standing with the program.

Failure to correct within the timeline defined the deficiencies outlined in the Letter of Notice of Deficiency will result in further progressive disciplinary actions being taken including possible placement on academic probation, suspension or termination from the program. Any disciplinary action requiring the removal of the resident from participation in clinical educational activities will result in an extension of the resident’s training period thus leading to a delay in participation in his/her chosen fellowship or private practice and could also jeopardize the resident’s ability to take boards in their fifth year of training.

**Due Process for Academic-Related Disciplinary Action**

It is the intent of RCRMC that each resident successfully complete the program and become eligible to proceed with further training or directly into practice. RCRMC does not anticipate the need to take corrective action or discipline against a resident. However, in the event corrective action or discipline is deemed appropriate, it is the intent of RCRMC to provide the resident with the opportunity to seek informal review and to appeal the action imposed.

The Orthopaedic Surgery Program follows the procedures for due process for academic-related disciplinary action as outlined in RCRMC GME Policy #108” Disciplinary and Grievance Process.”
LICENSURE, CERTIFICATIONS AND EXAMS

CALIFORNIA LICENSURE

It is required that all residents have their California State Medical License by the time they have completed their 24th month of post-graduate training. Failure to have your license by this time may result in the termination or suspension from employment and residency. For information on obtaining a California license, you may contact the California Osteopathic Medical Board at 916-263-3100 or http://www.dca.ca.gov/osteopathic/. The Program does not pay for licensure fees.

DEA LICENSURE

Residents are encouraged to apply for their DEA license once they have obtained their California license. DEA license fees are waived for residents at RCRMC. Please see the residency coordinator when you are ready to apply for your DEA certificate and she will assist you in the process to have the fee waived. Once you have both your California license and your DEA, you may contact the Orthopaedic Surgery Residency Coordinator to have prescription pads ordered for you.

BLS AND ACLS CERTIFICATIONS

Residents must be BLS and ACLS certified and maintain this certification throughout their participation in RCRMC Graduate Medical Education programs.

MOONLIGHTING

Orthopaedic Surgery residency education is a full time endeavor. The resident must ensure that moonlighting does not interfere with their ability to achieve the goals and objectives of the residency program. All moonlighting hours must be counted toward the 80-hour weekly limit on duty hours. Residents are responsible for ensuring that the addition of moonlighting hours does not result in violations of the AOA’s work hour rules, or result in fatigue which might affect patient care or learning. The Orthopaedic Surgery residency program director has the authority to permit or deny moonlighting privileges to residents. At the discretion of the program director, moonlighting privileges may be granted if the following requirements are met:

1. The resident must be in post-graduate training year four or higher and in good academic standing.
2. The resident must not be on any type of remediation or probation.
3. The resident must fulfill all responsibilities to Riverside County Regional Medical Center as a house staff officer.
4. The resident must maintain the 80-hour work week inclusive of all moonlighting hours. All moonlighting hours must be reported to the program director.
5. The resident must not allow moonlighting hours to adversely affect the performance of their residency responsibilities.
6. It is the responsibility of the resident to notify the program director if they wish to moonlight.
7. The program director must provide a written statement of permission prior to any moonlighting activity, and this will become part of the resident’s file.
8. The program director will monitor resident performance to ensure that moonlighting activities do not adversely affect patient care or learning.
9. If the program director determines that the resident’s performance is deficient, the resident may be subject to withdrawal of permission to moonlight and/or possible disciplinary actions.
10. The program director may require detailed information on the timing and level of activity to assure it does not cause fatigue or interfere with patient care and the goals and objectives of the program.
11. The resident understands he or she is responsible for their own professional liability coverage, Drug Enforcement Agency licensure, Medicare provider number and licensure requirements of the Osteopathic Medical Board of
California and any other requirements for clinical privileging at the employment site.

12. The resident understands that moonlighting requires written permission from the program director. Moonlighting conducted without the written permission of the program director may result in any or all of the following disciplinary actions:
   a. Immediate dismissal from the residency program
   b. Immediate probationary status
   c. Notification of the state medical licensure board
   d. Written correspondence to all future inquiries from any hospital, educational institution, and/or local, state or national regulatory organization informing them of your unauthorized clinical activity and unprofessional behavior.

**WORK HOURS POLICY**

Initial education of the residents with respect to duty hours is provided at Orientation. However, education is ongoing throughout the entire program as duty hours are monitored and issues addressed. Residents are provided with training regarding fatigue and sleep deprivation at orientation utilizing an online training module. The training module is available to residents online on the RCRMC website for their review at any time.

Situations in which residents work an excessive number of hours can lead to errors in judgment and clinical decision-making. These errors can impact on patient safety, as well as the safety of the residents through increased motor vehicle accidents, stress, depression and illness related complications. RCRMC, the ODME, and the Program Director must maintain a high degree of sensitivity to the physical and mental well being of the residents and make every attempt to avoid scheduling excessive work hours leading to sleep deprivation, fatigue or inability to conduct personal activities. To prevent such negative outcomes, the RCRMC Orthopaedic Surgery Residency Program has adopted the following work hours policies:

- **Duty hours are defined as all clinical and academic activities related to the residency program (patient care, administrative duties related to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled academic activities such as conferences). Duty hours do not include reading and preparation time spent away from the duty site.**
- The resident shall not be assigned to work physically on duty in excess of 80 hours per week averaged over a 4-week period, inclusive of in-house night call.
- The PGY-1 resident shall not work in excess of 16 hours in a one day.
- The PGY-2 and above resident shall not work in excess of 24 consecutive hours inclusive of morning and noon educational programs. Allowances for inpatient and outpatient continuity, transfer of care, educational debriefing and formal didactic activities may occur, but may not exceed four hours. Residents may not assume responsibility for a new patient after working 24 hours.
- The resident shall have on alternate weeks 48-hour periods off, or at least one 24-hour period off each week.
- Adequate time for rest and personal activities must be provided between all daily duty periods.
  - PGY-1 residents must have 10 hours free of duty between scheduled work periods.
  - PGY-2 and above must have 10 hours between scheduled duty period. They must have at least 14 hours free of duty after 24 hours of in-house duty.
- All off-duty time must be totally free from assignment to clinical or educational activity.
- The resident must always remember that patient care responsibility is not precluded by the work hour policy. In cases where a resident is engaged in...
patient responsibility which cannot be interrupted, additional coverage should be provided as soon as possible to relieve the resident involved.

- The resident may not be assigned to call more often than every third night averaged over any consecutive four-week period.
- At-home call (or pager call) is defined as call taken from outside the assigned institution. The frequency is not subject to the every third night limitation. Residents must still be provided with 1 day in 7 completely free of clinical responsibilities, averaged over a 4-week period. When residents are called into the hospital from home, the hours residents spend in-house are counted toward the 80-hour limit.

**Monitoring of Resident Work Hours**
The Program Director requires that he be notified immediately when a resident finds themselves being scheduled for duty in such a manner as to be in violation of the above policies. In addition to that, residents are to enter work hours into New Innovations daily. From this information, the Coordinator will complete and turn into Payroll the timecard that will generate the resident’s actual paycheck. Failure to enter work hours as required will result in delay of pay for any hours not entered. Progressive disciplinary action, up to and including termination, will be taken against any resident found to be falsifying work hours.

Monitoring of duty hours is done by the Coordinator. Notifications of violations are sent first to the resident for verification and explanation/comment and then to the supervising attending and program director.

Duty Hours reports are reviewed monthly at the Osteopathic Graduate Medical Education Committee (OGMEC) meeting.