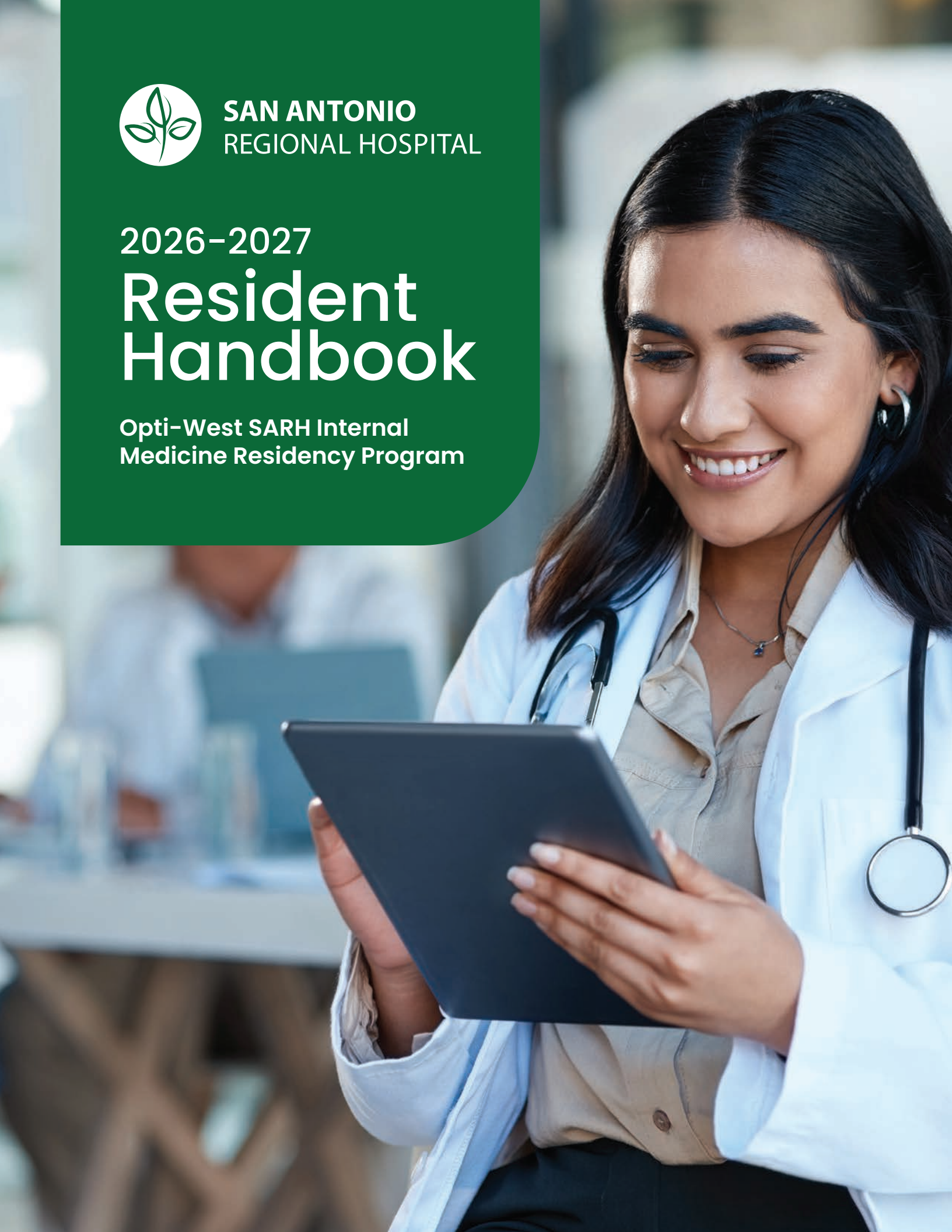
SAN ANTONIO
REGIONAL HOSPITAL

2026–2027

Resident Handbook

Opti-West SARH Internal Medicine Residency Program



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Program Introduction

Welcome to the Opti-West SARH Internal Medicine Residency Program (IMRP).

Dear Residents,

Welcome to the Internal Medicine Residency Program. We are excited to have you join our team and begin this important phase of your training.

Our program is committed to providing a supportive learning environment focused on excellent patient care, education, professionalism, teamwork, and resident wellness. Throughout your residency, you will develop the knowledge, skills, and confidence needed to become a strong Internal Medicine physician.

This handbook serves as a guide to program policies, expectations, and resources. Please review it carefully and refer to it throughout your training.

We look forward to supporting you during your residency journey and wish you a successful and rewarding experience.

Sincerely,

Nandini Gowda, MD, FACP Program Director, Internal Medicine Residency Program

Opti West SARH

This handbook serves as your comprehensive guide during your residency, outlining the program structure, expectations, policies, and available resources to help you succeed.

Our residency program is provisionally accredited by the Accreditation Council for Graduate Medical Education (ACGME) and based at San Antonio Regional Hospital (SARH) in Upland, California. It operates in partnership with the Opti-West Graduate Medical Education Consortium and Western University of Health Sciences in Pomona, California.

This handbook is divided into three parts:

1. Overview and structure of the residency program
2. Detailed program policies and procedures
3. Glossary of commonly used acronyms

For any questions, please reach out to the Program Director or Coordinator (contact details are in the "Program Administration" section).

Last revision approved by: Dr. Nandini Gowda, Program Director

About the Program

HISTORY

The Internal Medicine Residency Program (IMRP) at SARH was launched in collaboration with the Opti-West GME Consortium in 2024. Our first cohort of residents began in June 2025.

OPTI-WEST GME CONSORTIUM

Opti-West is a consortium of osteopathic medical schools across the western United States, including:

- Touro University Nevada
- Touro University California
- Touro University Montana
- Western University of Health Sciences

Learn more: Opti-West Programs

PRIMARY CLINICAL SITE:

San Antonio Regional Hospital (SARH) Upland, California

Mission, Goals, and Values

MISSION STATEMENT

Our mission is to train compassionate and capable internists in a collaborative environment, preparing them to serve as clinicians, educators, and leaders. We aim to develop physicians who are committed to advancing health equity, meeting community needs, and addressing physician shortages in the Inland Empire region.

PROGRAM GOALS

Our residency is designed to prepare physicians who:

- Deliver high-quality, evidence-based care to adult patients
- Are equipped to pursue internal medicine or its subspecialties
- Demonstrate professionalism, critical thinking, and compassion
- Are leaders and educators in their communities and advocate for underserved populations

PROGRAM VALUES

Our program reflects the core values of both SARH and the Internal Medicine profession:

- **Patient-Centered Care:** Engaging patients and families as key members of the healthcare team
- **Safety:** Prioritizing the safety of patients, staff, and learners
- **Compassion:** Treating all individuals with dignity and empathy
- **Inclusion:** Respecting diversity and promoting equity
- **Integrity:** Upholding the highest ethical standards
- **Innovation:** Embracing change and creativity
- **Excellence:** Pursuing the highest standards in clinical care and education
- **Accountability:** Taking responsibility for outcomes and behavior
- **Respect:** Valuing teamwork, communication, and mutual support

Program Administration, Core Faculty & Contact Information

This section outlines the key leadership, faculty members, and support staff responsible for guiding and mentoring residents throughout their training. Our leadership team is committed to fostering an environment of growth, professionalism, and academic excellence.

LEADERSHIP AND CONTACT INFORMATION

Program Director
Dr. Nandini Gowda, MD, FACP
nandini.gowda@sarh.org

Associate Program Director
Dr. Bilal Rayes, MD
bilal.rayes@sarh.org

Program Coordinator
Eric Dickerson
eric.dickerson@sarh.org

Research/Quality Improvement Advisor
Amy Kang, PharmD
akang@sarh.org

Core Faculty Members

- Dr. Azhar Majeed, MD – Internal Medicine
- Dr. Sara Khan, MD, Internal Medicine, Volunteer
- Saman Sarani, MD – Nephrology
- Dr. Timothy Wu, MD – Internal Medicine

(Emails provided upon request where not listed)

PROGRAM DIRECTOR RESPONSIBILITIES

The Program Director (PD) holds primary responsibility for the program's operation and must:

- Uphold and model professional standards
- Align program structure with institutional and community needs
- Maintain a learning environment aligned with ACGME core competencies
- Approve, evaluate, and remove faculty and residents when necessary

- Ensure an atmosphere of confidentiality, respect, and safety
- Submit timely and accurate reports to ACGME, DIO, and GMEC

The PD also collaborates with institutional leaders to maintain academic affiliations and regularly updates program goals and curriculum.

ASSOCIATE PROGRAM DIRECTOR (APD)

The APD assists the PD in:

- Curriculum design and evaluation
- Resident assessments and semi-annual reviews
- Organizing didactics and conferences
- Overseeing committees (e.g., CCC)
- Participating in the recruitment and interview process
- Representing the program in institutional meetings when needed

PROGRAM COORDINATOR

The Program Coordinator (PC) oversees the administrative and operational aspects of the residency, including:

- Managing communication between residents, faculty, and institutions
- Maintaining compliance with regulatory and accreditation documentation
- Coordinating recruitment, onboarding, evaluations, and scheduling
- Supporting residents and leadership in daily logistical needs

The PC is the main administrative liaison between the program and ACGME, ABIM, NRMP, and other bodies.

FACULTY ROLES AND EXPECTATIONS

General Faculty Responsibilities:

- Clinical teaching (inpatient & outpatient)
- Didactic instruction
- Resident evaluations and mentorship
- Active involvement in scholarly work and committee service
- Participation in faculty development sessions

Core Faculty Responsibilities (per ACGME standards):

- Significant involvement in resident education and supervision

- Teaching and feedback delivery
- Committee participation (e.g., CCC, PEC)
- Annual ACGME faculty surveys
- Advising and supporting resident development
- Meets regularly (1x per month minimum) to discuss program, faculty, and resident progress and any areas of concern.

Faculty Mentorship

Each resident is assigned a faculty mentor. Mentors are expected to:

- Meet quarterly with mentees (in-person or virtually)
- Provide feedback on clinical skills, research, and board preparation
- Review ITE scores and Individualized Education Plans (IEPs)
- Monitor QI/research progress
- Serve as advocates during academic concerns or remediation
- Document meetings and submit summaries to the coordinator

RESIDENT RESPONSIBILITIES IN MENTORSHIP

Residents must:

- Initiate and maintain regular contact with their assigned mentor
- Complete and update their IEP based on feedback
- Attend scheduled mentorship sessions quarterly
- Actively seek guidance on academics, career planning, and wellness

INFORMAL MENTORSHIP OPPORTUNITIES

- Faculty-Based: Residents may form additional mentorships with faculty aligned in interests or personalities; these are self-initiated and do not require formal documentation.
- Peer Mentorship:
  - Formal: Incoming interns are matched with upper-year mentors
  - Informal: Organic mentorships may develop between residents and are encouraged

ADMINISTRATIVE CLINICAL INSTRUCTOR (PGY-4 OR JUNIOR FACULTY)

This role is designed for recent graduates who serve as both teachers and administrators.

Key Responsibilities:

- Liaise between residents and program leadership

- Lead educational sessions and manage clinical supervision
- Assist with scheduling, coverage, and orientation
- Participate in faculty meetings and professional development
- Serve as a support resource and assist with recruitment

Qualifications:

- Graduate of an ACGME-accredited Internal Medicine program
- MD or DO license in California
- ABIM board certified in Internal Medicine

Unprofessional conduct may result in disciplinary action or removal from the role.

ASSISTANT CHIEF RESIDENTS (PGY-3 CHIEFS)

Third-year residents may be selected as Assistant Chiefs and are expected to:

- Support resident wellness, teaching, and scheduling
- Act as role models and liaisons between faculty and peers
- Exhibit professionalism, leadership, and teamwork
- Manage clinical conflicts and assist with didactics

Eligibility Requirements:

- Strong academic and professional standing
- Excellent organizational and communication skills
- Receptiveness to feedback and collaboration

Training Sites & Clinical Assignments

To ensure a comprehensive and well-rounded education, residents rotate through multiple clinical and non-clinical sites. These diverse settings allow exposure to a broad patient population and a variety of healthcare systems.

Residents will rotate through the following core settings:

- Inpatient Medicine (SARH): General medicine, ICU, night float
- Specialty Clinics (SARH): Cardiology, Endocrinology, Pulmonology, Rheumatology, etc.
- Procedural Training: Hands-on experience with central lines, paracentesis, joint injections, etc.
- Simulation Lab (pending): Regular sessions covering physical exam skills, emergency protocols, and procedures

PRIMARY CLINICAL SITE

San Antonio Regional Hospital (SARH)

- 999 San Bernardino Road,
  Upland, CA 91786
- SARH.org/about-us

IM CONTINUITY CLINICS

Care4U Family Health Centers

- 901 San Bernardino Road, Suite 300 Upland, CA 91786
  Upland clinic: 909-579-6865 (Nurse manager: Cecilia Moreno)
- 970 N Mountain Ave, Ontario, CA 91762 970 N Mountain Ave, Ontario, CA 91762
  Ontario clinic/urgent care: Case manager Jennifer Cronkrite, LVN
- 16465 Sierra Lakes Pkwy, Suite 220, Fontana, CA 92336
  Fontana Clinic: 909-434-1146 (Case manager Candy, LVN)
- https://www.sarh.org/about-us/locations/care4u-family-health-center

Nahel Al Bouz MD A Professional Medical Corp

- 811 E 11th St Road, Suite 203 Upland, CA 91786
- Tel:909-581-6420

SECONDARY CLINIC SITE(S):

Please see the multispecialty clinic sites.

ADDITIONAL TRAINING SITE(S)

Western University of Health Sciences – Pomona, CA

- 309 E. Second Street
  Pomona, CA 91766-1854

WesternU provides essential educational resources such as:

- Simulation Lab
- Point-of-Care Ultrasound (POCUS) Training

Parking Instructions:

- Parking in Lot #12 (behind Thirsty Girl Coffee and Characters Sports Bar)
- Permit: $2/day via Flowbird app or onsite kiosk

SUBSPECIALTY CLINICS:

Cardiology clinics:

United Heart Institute:
Dr. Samir Samarany (specialty director), Dr. Suraj Rasania, and Dr. Samit Bhateja

- www.elitecardiogroup.com
- 685 N 13th Ave, Suite 2
  Upland, CA 91786
- 909-981-8383

Main Assistant: Alissa Amezcula
- aamezcuia@unitedheartinstitute.com

Other Cardiology Physicians: Dr. Robert Castro, Dr. Vatsal Mody, Dr. Roger Duber, Dr. Hammad Khan

GI Clinic:

Ideal Gastro Associates:
Dr. Basim Abdelkarim, Dr. Bader Hammami (specialty director), Dr. Priyanka Yaramada

- www.idealgastro.com
- 8659 Haven, Suite 100
  Rancho Cucamonga, CA 91730
- 909-920-0444

or

Platinum Digestive Health
Dr. Andrew Dam, Dr. Arwa Zakaria, Dr. Bavesh Patel, Dr. Hussein Abidali (specialty director), Dr. William Hsueh

- www.pdhgi.com
- 9481 Pittsburgh Ave, #200
  Rancho Cucamonga, CA 91730
- 909-655-0300

Pulmonary Clinic:

CA Pulmonary Associates
Dr. Rohinder Sandhu (specialty director), Dr. Owais Zaidi (specialty site director),
Dr. Moustapha Abidali, Dr. Jaspreet Ahuja, Dr. Alexander Kassart, Dr. Nutan Bhaskar

- www.pulmonaryassociates.com
- 500 N Euclid Ave
  Upland, CA 91786

or

Inland Physicians Medical Group

Dr. Elbert Chang, Dr. Rick Siriatsivawong (specialty director), Dr. Calvin He (specialty director), Dr. Nicolas Grobler, Dr. Shahram Khorrami, Dr. John Kim, Dr. Christopher Lau, Dr. Ankur Bhagat

- https://inlandphysiciansmg.com/our-doctors/
- 1113 Alta Ave Ste 220
  Upland, CA 91786

Nephrology clinic:

Nephrology Associates of Upland and Pomona
Dr. Nima Naimi (specialty director), Dr. Minna Huang, Dr. Solomon C. Huang, Dr. Chirag Vaidya, Dr. Saman Sarani (core faculty)

- www.nephrologyassociatesonline.com
- 1317 W Foothill Blvd Ste 148
  Upland, CA 91786
- 909-981-5882

or

California Kidney Specialists
Dr. Abid Rizvi (specialty director), Dr. Nitin Bhasin, Dr. Christopher Wong, Dr. Michael Bien, Dr. Aamir Jamal, Dr. Syed Rizvi, Dr. Eduardo Juan Nam

- californiakidneyspecialists.com
- 901 San Bernardino Rd, Ste 104
  Upland, CA 91786
- 909-542-2779

Neurology:

Inpatient: Dr. Martin Constante, (specialtydirector at SARH)

Hematology/Oncology/Medical:

Inpatient at SARH, City of Hope with Dr. Neel Talwar (specialtydirector at SARH), Dr. Swapnil Rajurkar, and Dr. Shanmuga Subbiah (research mentor).

NON-CLINICAL EDUCATION SITES / GMEC OFFICE

Occasionally, educational workshops or simulation exercises will take place at the Resident Workroom / GMEC Internal Medicine Offices.

- **Secure Parking:** Free on-site parking is available. Recommended lot: 1175 E Arrow Hwy (entry via 11th Ave).
- **Food Access:** Complimentary meals are available in the faculty lounge and at the 1175 building.
- **Resident Workroom:** Located in the 1175 building for academic and clinical preparation.

GENERAL RESIDENT EXPECTATIONS:

- **Timeliness:** Punctual arrival to clinical duties, conferences, and being prepared for patient care responsibilities.
- **Professional Conduct:**
  - Maintain professionalism in communication, dress, and interaction.
  - Institutional Standard: Residents are expected to follow SARH's Code of Conduct and demonstrate professionalism across all settings.
- **Documentation:** Complete all clinical notes within 24 hours and manage patient messages regularly.
- **Communication:** Coordinate with faculty and staff for seamless transitions of care.
- **Learning Commitment:** Engage in self-directed learning using available institutional resources (UpToDate, MKSAP, UWorld, etc.)
- **Attendance:** All mandatory sessions are required
- **Dress Code:**
  - Scrubs: Permitted for hospital duties
  - Business attire: Required in clinic settings
- **Communication:**
  - Check SARH email and CareConnect daily
  - Respond promptly to messages and clinical responsibilities

DOCUMENTATION:

Chart Completion Policy

Timely and accurate documentation is essential for effective patient care and professional conduct.

General Guidelines:

- All medical notes must be completed and electronically signed within 24 hours of service.

- Charts not completed within 24 hours are marked “overdue.”

Expectations:

- Pre-Shift Prep: Residents must pre-review clinic charts before their clinic week and before inpatient shifts.
- Daily Documentation: All progress notes must be completed by the end of each workday.
- Clinic Responsibilities: Residents must check clinic messages and prescription refill requests at least twice weekly (once on a weekday and once on the weekend), excluding ICU or night shifts.

Consequences of Noncompliance:

- Delays in documentation are considered a breach of professional standards and may compromise patient care.
- Repeated delinquency will result in academic action per the policy outlined in the “Academic Action” section.
- Clinic notes: Complete within 24 hours
- Inpatient notes: Same-day completion required (i.e., before the end of the day)
- Phone messages & refills: Addressed twice per week, except during ICU/night/vacation

Unprofessional behavior or failure to meet expectations may result in formal academic action.

Salary, Benefits, Policies & Procedures

RESIDENT SALARY

PGY1: $68,057.60 PER YEAR

PGY2: 69,888.00 PER YEAR

PGY3: $72, 654.40 PER YEAR

RESIDENT BENEFITS

Residents of the Opti-West SARH IMRP receive a comprehensive benefits package through both Opti-West and San Antonio Regional Hospital (SARH), designed to support their professional and personal well-being throughout training.

EDUCATIONAL RESOURCES:

- **Access to Online Tools:**
  - UpToDate (SARH)
  - WesternU Online Library
  - MKSAP QBank (PGY-1 year)
  - UWorld QBank (PGY-3 year)
  - American Medical Association
    - AMA GME Competency Education Program (educational modules)
    - JAMA
  - Yale Ambulatory Curriculum
- **Annual Educational Stipend:** $1,000 for board prep resources, conference travel, licenses (PGY-3), subscriptions, or educational equipment.
  Note: Funds do not carry over to the next academic year.

LIFE SUPPORT CERTIFICATIONS (COVERED):

- Basic Life Support (BLS)
- Advanced Cardiovascular Life Support (ACLS)

APPAREL:

- Two custom embroidered white coats
- Four sets of scrubs

MEALS:

- Complimentary meals at SARH faculty lounge
- $30 daily SARH meal stipend. Accessible in the SARH Cafeteria or the SARH Café /coffee shop.

HEALTH & FINANCIAL BENEFITS:

- Health Insurance: Provided through SARH (Aetna), equal to standard hospital employee coverage
- 401(k) Retirement Plan: Automatic enrollment with SARH; adjustments made via LincolnFinancial.com
- Life Insurance: Term policy equal to one year's salary, paid by SARH
- Workers' Compensation: Covered while performing residency duties
- Mileage Reimbursement: At current IRS rates for travel related to program requirements
- Welfare Plans: Access to SARH health and welfare benefits per plan documents

PAID TIME OFF:

- Annual Personal Leave: Six weeks per academic year (includes vacation and education leave). Requires prior approval and cannot be carried over to subsequent years.
- Educational Leave: 5 workdays per academic year (drawn from personal leave days)
- Unused days do not roll over

ACADEMIC ACTION POLICY

The Internal Medicine Residency Program (IMRP) adheres to the Opti-West Graduate Medical Education (GME) policy on academic actions and resident grievance reporting.

Key Principles:

- The goal of academic action is improvement, not punishment. Residents are expected to meet professional and educational standards, and support is provided to help them do so.
- Concerns are addressed promptly and documented in the resident's training file.

Process:

1. Initial Concern:
    - The Program Director will discuss the issue with the resident and provide verbal feedback.
    - A summary of the meeting will be recorded in the resident's file.
2. Ongoing Issues:
    - If the problem persists, a written warning is issued outlining required improvements.
    - Further steps, including probation or dismissal, may follow based on GME policy guidelines.
3. Resident Grievance Process:
    - If the resident disagrees with an academic action, they may file a formal concern under the "Resident Reporting of Concerns" policy.
    - Policy documents are available on the Opti-West homepage and SARH's internal site (post-onboarding).

ALCOHOL & SUBSTANCE ABUSE POLICY

The IMRP follows the Opti-West GME policies on alcohol and substance use, including the "Resident Impairment Communication Plan."

Overview:

- Residents must be fit to always perform their clinical duties.
- Any impairment from alcohol or drugs poses a serious risk to patient safety and will be addressed immediately.

Situations for Evaluation:

- The Program Director may require a drug or alcohol evaluation if there is reasonable suspicion of impairment or performance concerns related to substance use.

Grounds for Termination:

A resident may be dismissed from the program if:

- They are found to be impaired while on duty
- They refuse evaluation or treatment
- They fail to comply with rehabilitation or monitoring protocols

Voluntary Disclosure & Support:

- Residents who voluntarily report substance use issues and agree to treatment will not face disciplinary action.
- Full cooperation with monitoring and recovery efforts is required.

Committee Participation

Participation in committees is a core component of residency training. Per ACGME guidelines, all residents must participate in at least one committee during their training to promote leadership, collaboration, and quality improvement.

1. PROGRAM EVALUATION COMMITTEE (PEC)

The PEC plays a vital role in ongoing program quality and curriculum assessment.

Responsibilities:

- Plan, develop, implement, and evaluate educational activities
- Review and revise competency-based curricular goals and objectives
- Address non-compliance with ACGME standards
- Analyze program effectiveness via evaluations and outcomes
- Conduct the Annual Program Evaluation (APE) and develop an action plan

Membership:

- Co-Chairs: Program Director and a Core Faculty Member (rotated annually)
- Members: At least two faculty and one resident per PGY level
- Support: Program Coordinator collects data, documents meetings, and distributes findings

Key Outputs:

- Annual Program Evaluation Report
- Action Plan for quality and educational improvements
- Review of outcomes (resident performance, milestone data, evaluations, match results, board pass rates)

2. CLINICAL COMPETENCY COMMITTEE (CCC)

The CCC monitors each resident's academic and clinical progress using ACGME Milestones.

Responsibilities:

- Meet at least twice annually
- Review resident evaluations, performance data, and compliance
- Advise the Program Director on resident promotion, remediation, or dismissal

Membership:

- Co-Chairs: Assistant Program Director + one Core Faculty
- Members: At least three faculty (may include PGY-4/Young Faculty)
- Non-voting roles: The Program Coordinator supports logistics and documentation

Note: Residents may not serve on the CCC unless they are PGY-4/Young Faculty.

3. RESIDENT COMMITTEES (HELD DURING DIDACTICS)

Residents participate in monthly committee meetings as part of the didactic curriculum. Active involvement is expected.

Committees Include:

- Wellness Committee: Promotes mental health, stress mitigation, and community
- Scholarly/Didactics Committee: Oversees journal clubs, workshops, and academic presentations
- Multidisciplinary Hospital Committee: Fosters interdepartmental collaboration
- Quality Improvement & Research Committee: Supports resident-led projects and data analysis

Minutes are recorded and stored in the "Program Committees" folder on New Innovations.

4. SAN ANTONIO REGIONAL HOSPITAL (SARH) COMMITTEES

Residents are encouraged to participate in hospital-level committees, including those related to:

- Patient safety

- Infection control
- Medical ethics
- Quality Management
- Pharmacy & Therapeutics
- Med Safety
- Risk Management
- Medicine Committee
- Opti-West GMEC

Participation offers insight into health systems management and advocacy.

5. FACULTY MEETINGS

- Held weekly for 30 minutes
- At least one Chief Resident or PGY-4 is expected to attend to discuss resident issues
- Led by the Program Director or Associate Program Director
- Topics include curriculum planning, faculty development, and GMEC updates

Conferences, Workshops & Resident Presentations

Didactic education is a cornerstone of the IMRP curriculum, complementing clinical learning with structured academic enrichment. Attendance, participation, and preparation are mandatory components of resident professional development.

WEEKLY DIDACTICS

- **Schedule:** Every Friday, 1:00–5:00 PM
- **Location:** SARH or via designated virtual platforms (e.g., Zoom)
- **Structure:** Includes lectures, case-based learning, simulation labs, workshops, and committee meetings

ATTENDANCE POLICY:

- Attendance is 95% for PGY1 Residents, 80% for PGY2 & PGY3 Residents, add unless excused by PD
- Mandatory for all residents unless on:
  - Vacation, sick leave, or educational/interview leave
  - Away rotation or night float/ICU where protected time isn't feasible

- Unexcused absences count as "Didactic Missed." More than 20% unexcused absences per quarter will require make-up assignments
- Residents must notify the Program Coordinator in advance if absent or late

ENGAGEMENT:

- Residents are expected to:
  - Actively participate in discussions and Q&A
  - Keep their cameras on for virtual sessions when appropriate
  - Use digital courtesy (e.g., hand-raising icons when speaking)

RESIDENT PRESENTATIONS

Each resident is required to deliver academic presentations throughout the year.

Requirements:

- 2 Didactic Lectures (case discussion with evidence-based information) per Year:
  - Topics chosen from a curated list provided by the Didactics/Scholarly Committee
  - Based on ABIM board-relevant content
- 1 Guideline didactic lectures with 2 MKSAP/Uworld Q&A
- 2 Journal Club Presentation per Year:
  - Residents analyze and present a peer-reviewed article
  - Includes discussion of clinical relevance, evidence strength, and potential practice changes
- 1 Monday Morning report at 7am-8am with Specialty Faculty by night float PGY2 resident

CONFERENCE TYPES

To support broad medical education, IMRP includes the following core conference activities:

Board Review

- Begins in PGY-2 and continues through PGY-3
- Covers ABIM content blueprint
- Includes case-based discussions and sample test questions
- Residents will complete the Awesome Board Review course

Journal Club

- Held regularly as part of the didactic schedule
- Encourages critical analysis of current literature
- Open to interdisciplinary participation

Workshops

Conducted every 4 months, focusing on hands-on learning and skill-building:

- Motivational Interviewing
- Outpatient Procedures (e.g., joint injections, Pap smears)
- Nutrition in Medicine
    - Residents collaborate to present nutrition topics and prepare a relevant dish or snack
    - Example themes: DASH Diet, Plant-Based Eating, Diabetic Diets

Committee Meetings (During Didactics)

Once quarterly, the following committees meet as part of the curriculum:

- Program Evaluation Committee (PEC)
- Resident Wellness Committee
- Quality Improvement & Scholarly Activities Committee
- Multidisciplinary Hospital Committee

Participation is required, and minutes are documented in New Innovations.

Simulation & Academic Half-Day

- Occurs monthly during didactics
- Includes POCUS, physical exam OSCEs, communication training, and critical care simulations
- First-year residents also use simulation time for procedure workshops (e.g., central line placement)

Academic half days are protected time for research, ambulatory curriculum, workshops, and wellness

In-Training Exam (ITE)

The ABIM In-Service Training Exam (ITE) is an essential evaluation tool used annually to assess residents' knowledge, clinical judgment, and board preparedness.

Key Details:

- Frequency: Administered each year during PGY-1, PGY-2, and PGY-3
- Purpose:
    - Measures progress in medical knowledge and reasoning
    - Helps residents and mentors identify areas for improvement
    - Predicts future board exam performance

Exam Content Overview:

Specialty Area	Approx. % of Exam
Cardiovascular Disease	14%
Endocrinology, Diabetes, Metabolism	9%
Gastroenterology	9%
Pulmonary Disease	9%
Infectious Disease	9%
Hematology	6%
Nephrology/Urology	6%
Oncology	6%
Rheumatology/Orthopedics	9%

Specialty Area	Approx. % of Exam
Neurology	4%
Psychiatry	4%
Dermatology	3%
Geriatrics	3%
OB/GYN	3%
Allergy/Immunology	2%
Miscellaneous	2%
Other Topics (e.g. Ethics, Safety)	Variable

Note: Exam includes multimedia cases and new questions not scored (pilot items).

Format:

- Up to 240 multiple-choice questions
- Single-best-answer format
- Clinical vignettes with labs, ECGs, images, or sounds

Tutorial:

A sample test and tutorial are available at:

ABIM Exam Tutorial

Dress Code Policy

Professional appearance reflects the standards of our residency and institution. All residents must adhere to the SARH dress code unless stated otherwise (e.g., OR simulation).

ACCEPTABLE ATTIRE:

- Button-down shirts/blouses (no large logos)
- Business dresses/skirts/slacks (modest length)
- Blazers or cardigans
- Closed-toe shoes (heels <2 inches if worn)
- Socks or hosiery
- Scrubs are acceptable only in hospital settings (must be clean and labeled with name/badge)

GROOMING STANDARDS:

- Nails should be short and clean
- Jewelry and accessories must be minimal
- Avoid excessive perfume or cologne
- Maintain good hygiene

UNACCEPTABLE ATTIRE:

- T-shirts, tank tops, crop tops
- Shorts or leggings/yoga pants
- Sundresses with thin straps
- Jeans or denim fabrics
- Open-toe shoes or sandals

Reminder: Always wear your white coat in clinical settings (excluding the OR surgical rotations).

Duty Hours Policy

IMRP strictly follows ACGME's guidelines for duty hours to ensure patient safety and resident well-being.

DEFINITIONS:

- Duty Hours Include: Clinical care (inpatient/outpatient), didactics, patient handoffs,

and administrative tasks

- Do NOT Include: Personal study time or commuting

REQUIREMENTS:

- Maximum Weekly Hours: 80 hours/week, averaged over 4 weeks
- Minimum Time Off Between Shifts: 10 hours (14 hours after a 24-hour shift)
- Max Continuous Clinical Work: 24 hours + 4 hours (transitions of care only)
- Time Off: 1 full day off every 7 days (no at-home call on this day)

ON-CALL POLICY:

- In-House Call: No more than every third night (averaged over 4 weeks)
- At-Home Call:
  - Counts toward 80-hour limit
  - Should not interfere with rest or wellness
  - Residents returning to the hospital must log that time

DUTY HOUR EXCEPTIONS:

- Requests for >80 hours/week (up to 88) must be justified by educational rationale and approved by GMEC and DIO.
- Not routinely granted

Educational Program Requirements

The Internal Medicine Residency Program (IMRP) at SARH is designed to meet ACGME accreditation standards while fulfilling the program's mission to develop skilled, compassionate internists. Training emphasizes progressive autonomy, diversity of clinical experience, and mentorship.

CLINICAL ROTATIONS

Residents will participate in diverse inpatient and outpatient rotations designed to build core internal medicine competencies and prepare them for independent practice or subspecialty training.

CORE ROTATIONS INCLUDE:

- Inpatient Medicine (SARH wards and ICU)
- Night Float
- Emergency Medicine
- Continuity Clinics

- Geriatrics
- Cardiology
- Endocrinology
- Nephrology
- Rheumatology
- Infectious Disease
- Gastroenterology
- Pulmonology
- Neurology
- Hematology/Oncology

PROCEDURAL TRAINING:

- Workshops in central line placement, paracentesis, thoracentesis, Pap smears, and more
- Simulation lab training (PGY-1 focus)

INPATIENT ROTATIONS:

- PGY-1: 6–10 patients per day.
  - Maximum Census: A PGY-1 resident/interns may not exceed more than 10 patients; patient acuity must be taken into consideration.
  - 3 new admits, and 5 transfers as needed
  - ≤5 new patients per admitting day (+2 in-house transfers), ≤8 new per 48 hours, ≤10 patients in ongoing care.
- PGY-2/3: 10–14 patients per day.
  - Maximum Census: A PGY-2 team may not exceed 14 patients.
  - Supervising PGY2/3 residents with multiple PGY-1s: ≤10 new + 4 transfers per admitting day, ≤16 new per 48 hours; ongoing care ≤14 (one PGY-1) or ≤20 (2PGY1s).
  - Call Schedule: 3 Day Shift Teams – Call will be dependent on the team.
  - Admissions: Up to 7:00 PM (arrival of night shift)
  - Night Shift Team: 7:00 PM to 7:00 AM

INPATIENT RULES:

- H&P needs to be conducted daily
- Medication reconciliation or review daily
- Address social determinant of health (SDOH), related to but not limited to: hospital discharge (case coordinators/managers vs social workers)

- ICU residents should attend all code blue calls overhead, unless there is an emergent patient care related duties that prohibits them as per attending physician (code pager- it spectralink)

  All residents are encouraged to attend **rapid responses and codes during floor rotation**s, if it doesn't interfere with any other essential duties like rounding with attendings, etc.
- Residents will receive mock code training at the beginning and mid-year with the Simulation team.
- Resident to create goals for each rotation and discuss with the attending.
- Attending physician to give rotation information and expectations at the beginning of each rotation.
- Residents should arrive a minimum 1.5hrs to 2hrs before rounding to complete pre-rounding.
- Rounding time is based on each attending's preferences.
- PGY1 residents will print a Mini-CEX form at the end of the first and second weeks. The attending physician will directly observe the resident, provide feedback, sign the form, and return it to the resident for scanning and submission to the program.
- All residents may prompt attendings and request feedback throughout their rotation.
- PGY1 residents will print a Mini-CEX form at the end of the first and second weeks. The attending physician will directly observe the resident, provide feedback, sign the form, and return it to the resident for scanning and submission to the program.
- All residents may prompt attendings and request feedback throughout their rotation.

INPATIENT EXPECTATIONS:

- You will round on your patients and will do multiple times per day (at the very minimum twice a day- talk to the patient before the end of the day).
- Notify attending if something is wrong with the patient, contact info per attending preference
- Examine patient daily
- Notes need to be conducted daily
- Medication reconciliation or review daily
- If you have done an admission for a new patient and then use resources (up-to-date/ open evidence, etc.) to come up with the top-4 differential diagnoses with 1 most probable diagnosis, and find the evidence (tests that you would like to work up your top diagnosis), and Medications that you are thinking of prescribing before talking to the attending.
- Attendings may communicate individual expectations, including the frequency and format of feedback (verbal and/or written). Attendings will also complete direct observation assessments and Mini-CEX evaluations for PGY1 residents on days 1–2 and again during week 2 to assess progress and improvement.
- Individualized based on each resident, after general expectations are communicated

CONTINUITY CLINIC

Continuity clinic is a central educational element. Residents build long-term relationships with their patients while refining outpatient skills.

RESIDENT-PATIENT VOLUME:

- PGY-1: 4–5 patients per half day
- PGY-2: 6–7 patients per half day
- PGY-3: 7–8 patients per half day
    - Eight half-days per 5-week cycle (4+1 schedule)

EXPECTATIONS:

- Pre-review charts the weekend before clinic week
- Respond to patient messages twice weekly, even on non-clinic weeks (excluding ICU/night shifts)
- Complete documentation and billing within 24 hours
- Attend to labs, imaging, and follow-up responsibilities
- Dress professionally (scrubs not allowed in the clinic)
- Discuss all new medications, consults, and procedures with the attending
- All sign-offs and authorizations should be completed within 24 hours
    - An extension will be allotted up to 3 days if you are out ill or have a personal emergency
    - EMR access will be limited, and the resident will be suspended if sign-offs are not completed by or before the 14th calendar day.

PGY-2/3 residents may earn increased autonomy based on prior performance and attending feedback.

Elective Rotations

Residents are offered 6 months of elective experiences across 3 years, designed to tailor their learning and explore areas of interest.

ALLOCATION:

- PGY-1: 1 month (4 weeks)
- PGY-2: 2.5 months (10 weeks)
- PGY-3: 2.5 months (10 weeks)

REQUIREMENTS:

- Electives must be approved by the Program Director
- Elective request forms are due by October 1st
- All paperwork must be finalized 60 days before start (or 90 days for away electives)
- As of now, away electives are not permitted.

CONTINUITY CLINIC DURING ELECTIVE ROTATIONS:

Residents must continue their continuity clinic responsibilities during elective months unless excused by the Program Director.

MEMORANDUM OF UNDERSTANDING (MOU)

For any rotation outside SARH or its affiliates (once approved in the future), a formal MOU must be completed outlining educational goals, supervision, and evaluation criteria. The ACGME's Sample Program Letter of Agreement will serve as the template.

These are key to academic development and ACGME compliance.

Scholarly Activity

Engagement in scholarly activity is a critical component of Internal Medicine training. Residents are encouraged to contribute to the body of medical knowledge through research, quality improvement, and academic presentations.

REQUIREMENTS:

- Minimum: 3 scholarly activities during residency
  - At least 1 QI project (team or individual) is required for IMC
  - Options for the second and third activity include:
    - Case reports
    - Posters or oral presentations
    - Peer-reviewed publications
    - Literature reviews or editorials

SUPPORT:

- Faculty mentors assigned to guide research/QI efforts
- Dedicated time provided during academic half-days and two-week rotations offered as admin electives for project works

- Workshops on study design, data analysis, and IRB process
- Access to institutional resources, such as:
  - UpToDate
  - MKSAP
  - WesternU Library
  - Quality & Safety data dashboards

Presenting at local, regional, or national conferences is highly encouraged. Funding may be available for conference attendance pending prior approval.

QUALITY IMPROVEMENT (QI) PROJECTS

Each resident must participate in a longitudinal QI project. Team or individual projects required for successful completion of scholarly component during the residency program.

QI Project Must Include:

- Topic, hypothesis, data collection, intervention, analysis
- Final write-up and presentation

Project Topics May Include:

- Patient safety initiatives
- Reducing readmission rates
- Improving medication reconciliation
- Enhancing vaccination compliance
- Streamlining discharge processes

Timeline: from PGY-1 to PGY-3 yr

- Intro to QI, topic selection, baseline data
- Project implementation and mid-point analysis
- Final data analysis, presentation, and poster creation

Oversight:

- Led by the QI/Scholarly Committee
- Presented during annual Opti-West virtual Resident Research Day (takes place annually in May)
- Evaluated for educational impact and sustainability

Additional Opportunities:

- Research, posters, peer-reviewed publications, teaching modules

- Conference participation encouraged:
  - SoCal ACP
  - Opti-West Virtual Research Day
- Mileage reimbursements available for presentations

Resident Evaluation & Assessment

Evaluation is an ongoing process designed to ensure resident progress, identify learning needs, and support competency development.

TYPES OF EVALUATIONS:

Formative Evaluations

- Provided by faculty throughout clinical rotations
- Includes verbal and written feedback
- Ongoing feedback to guide growth
- Occurs daily to monthly, during rotations

Summative Evaluations

- Completed at the end of each rotation
- Compares resident performance to rotation and program goals
- Used for promotion and graduation decisions
- Document performance in ACGME Core Competencies:
  - Patient Care
  - Medical Knowledge
  - Practice-Based Learning
  - Interpersonal & Communication Skills
  - Professionalism
  - Systems-Based Practice

360-Degree Evaluations (annually)

- Feedback from peers, nurses, patients, and staff (verbal or written)

In-Training Exam (ITE)

- Annual knowledge assessment (covered earlier)

Mini-CEX and Direct Observations

- Faculty observe residents during patient interactions and procedures

Patient Surveys

- Anonymous evaluations focusing on communication and professionalism
- Periodic assessments of satisfaction and communication
- Helps evaluate empathy, explanation skills, and care quality

Milestone Tracking:

The Clinical Competency Committee (CCC) reviews all evaluation data and assesses each resident's progress on ACGME Milestones. These evaluations guide decisions on:

- Promotion to the next PGY level
- Academic remediation
- Readiness for independent practice

Goals of Evaluation:

- Provide formative feedback (real-time, ongoing)
- Offer summative assessments (end-of-rotation summaries)
- Ensure continuous improvement and compliance with ACGME Core Competencies

Evaluation Process:

- Conducted through New Innovations
- Feedback is provided by:
  - Faculty and peer reviews
  - Faculty mentor input
  - Coordinator-collected evaluations via New Innovations
  - Other staff: Coordinator, pharmacy, nursing, etc. (360)
- Faculty advisors meet with residents quarterly to review progress
- Program director meets with residents at scheduled times twice year to evaluate milestones and learning plans

Promotion & Renewal

Residents are promoted annually based on meeting competency milestones, professional behavior, and program expectations.

Governed by: ACGME Technical Standards, IMRP Policies, and Core Faculty Oversight

PROMOTION REQUIREMENTS:

Level Criteria = PGY-1

Clinical competence, ITE participation, supervision of students, ≥80% didactic attendance

- Competency in basic patient care, documentation, and communication
- Completion of required rotations and continuity clinic visits
- Participation in didactics and ITE
- No unresolved professionalism concerns
- Have attempted to take Step 3/Level 3 within the first 6 months of entering PGY-1 year/internship

PGY-2 & PGY-3

Leadership in clinical care, Step 3 passed within 24 months, California license obtained, ≥80% didactic attendance. . If unable to pass Step 3 by the end of PGY-2, then a resident may be subjected to being on probation, prolonged duration of residency, or dismissal.

- Increased clinical independence
- Progress in scholarly activity and QI project involvement

Demonstrated teaching and leadership among peers

PGY-3 & Graduation

Independent clinical skills, QI/Scholarly project completed, ≥80% didactic attendance, ITE review and improvement shown

- Demonstrated mastery of the ACGME Core Competencies
- Completion of scholarly and QI requirements
- Preparation for ABIM certification
- Strong feedback from faculty and peers

Residents who do not meet the criteria will undergo academic review with potential for remediation.

General Process:

- Evaluations reviewed by the Clinical Competency Committee (CCC)
- Final decision made by the Program Director
- Residents are notified of promotion, remediation, or non-renewal decisions

Supervision Policy & Levels of Supervision

All residents are supervised in a graduated manner to ensure patient safety and appropriate autonomy.

SUPERVISION POLICY

All supervision adheres to ACGME requirements and SARH institutional policy. Supervision ensures patient safety while promoting progressive autonomy.

Clinical Sites:

- I**npatient:** Attending must always be available. Direct supervision is mandatory for procedures and codes
- **Clinic:** PGY-1s have full supervision. PGY-2/3s have indirect supervision with close oversight.
  - Medicare/Medicaid patients require attending documentation and confirmation for high-level visits (99214/99215)
  - Competency must be validated before performing procedures independently

LEVELS OF SUPERVISION:

1. Direct Supervision
   - Attending is physically present during patient interaction
   - Required for all PGY-1 residents and invasive procedures
2. Indirect Supervision (with direct supervision immediately available)
   - Attending is off-site but reachable by phone or pager, and can be on-site quickly
3. Oversight
   - Attending to review care post-encounter and provide feedback

RESPONSIBILITIES BY PGY LEVEL:

PGY Level	Expected Autonomy
PGY-1	Direct supervision for most tasks. May perform initial H&P and present to seniors; direct supervision required
PGY-2*	Indirect supervision with increasing independence
PGY-3*	Supervise interns and act as team leader under oversight

* Greater autonomy in initiating diagnostic and treatment plans; must still discuss all unstable patients with an attending

Faculty determine readiness for increased autonomy based on direct observation and milestone performance.

Resident Wellness & Support

IMRP is committed to resident well-being, recognizing its impact on personal development and patient care.

WELLNESS PROGRAM INCLUDES:

- Wellness Committee: Resident-led, reports to the PEC
- Scheduled Academic Half-Days for Wellness every 4–6 weeks
- Fatigue Mitigation Policies (e.g., rest space, protected time post-call)
- Confidential Counseling Services: Available via SARH
- 24/7 Crisis Hotlines: Emotional support lines available in emergencies

RESIDENT RESPONSIBILITIES:

- Seek help proactively for physical or emotional distress
- Report signs of fatigue, stress, or burnout in themselves or peers
- Participate in wellness events and feedback sessions

SARH ANTI-HARASSMENT & ADA POLICIES

- Zero Tolerance for Harassment:
  Any reports are handled confidentially and promptly through Program Leadership or SARH HR.
- Disability Accommodations:
  SARH complies with ADA and FEHA; reasonable accommodations are discussed and documented through an interactive process.

SARH HR CONTACT:

(909) 920-4713
msalcedo@sarh.org - Martha Salcedo

Confidential Ethics Hotline: (866) 580-5398

Moonlighting Policy

DEFINITION:

Moonlighting refers to any paid medical work outside the residency program or affiliated institutions, not directly related to residency training. Moonlighting is a privilege determined on a case-by-case basis by the PD.

ELIGIBILITY CRITERIA:

- Only PGY-3 residents are eligible
- Must hold an unrestricted California medical license
- Must be in good academic and professional standing:
  - No probationary or restricted status
  - Must have scored at or above the national median for their PGY level on the most recent In-Service Training Exam (ITE)>50%
  - Must have passed USMLE Step 3 or COMLEX Level 3
  - Only permitted during elective rotations

GUIDELINES & SCHEDULING:

- Primary responsibility is the residency program; moonlighting must not interfere with training
- All moonlighting hours count toward the 80-hour duty limit
- Must ensure sufficient rest before returning to clinical duties
- Written pre-approval from the Program Director is required
- Report all moonlighting activities and changes monthly to the Program Coordinator

MOONLIGHTING IS PROHIBITED:

- While on backup call
- During inpatient, ICU, or continuity clinic rotations
- When it conflicts with clinical or educational responsibilities
- If it causes scheduling conflicts (zero-tolerance policy)

Resident Portfolios & Procedure Logs

RESIDENT PORTFOLIO

A comprehensive collection of materials documenting progress and achievement during residency, including:

- Clinical procedure logs
- Case summaries
- QI project documentation
- Teaching experiences
- Research and individualized study activities

SYSTEM USED: NEW INNOVATIONS

RESIDENT RESPONSIBILITY:

Residents must enter and maintain accurate data throughout training.

Procedure Logging

- All procedures must be documented in New Innovations within one week
- Required information includes:
  - Procedure name
  - Diagnosis
  - Supervising attending's name
  - Patient's MRN (no patient names)
  - Complications and number of attempts

VERIFICATION:

- Attending physician receives an automated email for electronic sign-off
- Documents whether the resident "passed" or "did not pass" based on proficiency

MONTHLY REVIEW:

Program Coordinator shares reports with faculty mentors to confirm:

- Procedure volume
- Accuracy of logs
- Evaluation compliance

COMPETENCY DETERMINATION:

- Requires a minimum number of supervised procedures
- Faculty must observe the resident until competency is confirmed
- Only after verification can residents perform independently

Reasonable Accommodation

Policy: IMRP adheres to SARH's Reasonable Accommodation policy and ADA regulations.

Process:

- Residents must notify the Program Director regarding any disability-related needs
- Accommodations are determined in collaboration with SARH HR
- Accommodations are granted if they do not impose undue hardship

Reimbursement Policy

For educational expenses:

- Submit itemized receipts to the Program Coordinator
- If credit card info is incomplete, include bank statement showing:
  - Institution name
  - Last four digits of account number
  - Cardholder name
  - Transaction details

Deadline: May 15 for expenses before SARH's fiscal year-end

Contact: Eric Dickerson, BSHM (Program Coordinator – Eric.Dickerson@SARH.org)

California Medical Licensure

POSTGRADUATE TRAINING LICENSE (PTL):

Residents must apply for a PTL within 180 days of starting training. Eligibility includes:

- Graduation from a Board-approved medical school
- Enrollment in an ACGME-accredited California program
- Passing all required USMLE/COMLEX exams

FULL MEDICAL LICENSE:

- Issued after completing 36 months of accredited postgraduate training.
- US and international graduates must pass USMLE Step 3 within four attempts

More Info:

→ ***Apply for PTL***

→ ***DEA Applications***

Resident Reporting of Concerns

Residents may report concerns confidentially and without fear of retaliation via:

- Direct Communication: Program leadership or chiefs
- Anonymous Suggestion Boxes
- SARH HR Contact:
  - Phone: (909) 920-4721
  - Email: msalcedo@sarh.org - Martha Salcedo
- Ethics Hotline: (866) 580-5398

Policy details available on New Innovations → GME Policies folder

Resident Reporting of Concerns

The SARH Internal Medicine Residency Program (IMRP) follows the institutional "Resident Reporting of Concerns" policy, located in the GME Policies folder on the New Innovations homepage.

REPORTING OPTIONS:

Residents are encouraged to report concerns through the following channels:

- Program Director
- Associate Program Director(s)

- Program Coordinator
- Faculty members (core & non core) or staff
- Chief residents (as liaisons to leadership)
- OPTI- West Designated Institutional Official (DIO) - no direct supervisory role

To ensure fairness and prevent retaliation, additional reporting options include:

- SARH Human Resources: (909) 920-4721
- Martha Salcedo (HR Contact): msalcedo@sarh.org
- Confidential Ethics Hotline: (866) 580-5398
- Anonymous Suggestion Boxes (located throughout the institution)

Work-Related Injuries & Exposures

If Injured or Exposed:

1. Report to Nurse Manager
2. Complete Workers' Comp forms
3. Proceed to Emergency Department for testing/treatment

Resident Well-Being

SARH IMRP prioritizes the physical, emotional, and mental wellness of residents. The program aligns with institutional GME policies on "Well-Being" and "Duty Hours."

WELLNESS SUPPORTS:

- Safe working and learning environments
- 24/7 access to food, rest spaces, and lactation rooms
- Private, quiet sleep facilities
- Anonymous suggestion boxes
- Reasonable accommodations
- Well-Being Committee support

SELF-CARE RESOURCES:

Residents are encouraged to use tools such as:

→ Physician Well-Being Index
https://www.mywellbeingindex.org/versions/physician-well-being-index

→ ACP Emotional Support Hub | https://www.acponline.org

OPTIONAL SELF-ASSESSMENTS:

- PHQ-9 (Depression)
- GAD-7 (Anxiety)
- Empathy Quiz
- Sleepiness Scale
- Work-Life Balance Test
- Maslach Burnout Inventory (MBI)

FATIGUE MITIGATION

To reduce the risk of errors due to exhaustion:

- Annual training provided to identify and manage fatigue
- Residents must immediately report if they are too fatigued to provide safe care
- Program Coordinator and Chiefs will arrange alternate coverage
- No punitive action will be taken, but missed time must be made up

MENTAL HEALTH & CRISIS RESOURCES

In alignment with the OPTI WEST GME "Resident Impairment Communication Plan," SARH IMRP ensures access to urgent and long-term mental health care.

EMERGENCY & CRISIS LINES:

- 911
- 988 Suicide & Crisis Lifeline
- SARH Emergency Room
- Sexual Assault Hotline: 800-656-4673

SUPPORT RESOURCES:

- SARH Employee Assistance Program (EAP) 1-800-266-0510
- SARH Wise@Work App
- Headspace Care
- Calm App or ASH App
- CalHOPE Connect: (833) 317-HOPE

ADDITIONAL RESOURCES:

- Suicide Prevention Toolkit – AFSP
- [SARH HR Contact]: (909) 920-4721
- [Confidential Ethics Hotline]: (866) 580-5398

Resident Selection & Eligibility

SARH IMRP adheres to institutional policies on "Resident Selection" and "Technical Standards for Admission and Graduation." These guidelines comply with ACGME and ABIM regulations.

Aligned with: ACGME and ABIM requirements

ELIGIBILITY CRITERIA:

- Apply through ERAS and NRMP
- Must be a graduate of one of the following:
  - LCME-accredited U.S. medical school
  - AOA-accredited U.S. osteopathic medical school
  - International medical school listed as eligible for California licensure

Note: All applicants must be eligible to start residency by July 1 of the application year.

ELIGIBILITY FOR PGY-1 APPOINTMENT:

Candidates must meet one of the following qualifications:

- Graduate (or pending graduation by July 1) from a U.S. LCME-accredited medical school
- Graduate from an AOA-accredited osteopathic medical school
- Graduate of an international medical school eligible for California licensure, with a valid ECFMG certificate

EXAMINATION REQUIREMENTS:

- USMLE or COMLEX Steps I, II CK, and CS (preferred score >210)

SELECTION PROCESS:

- Applications are accepted via ERAS
- All PGY-1 positions are filled through NRMP Match
- Selection is based on:
  - Academic qualifications

- Letters of recommendation
- Dean's letter
- Interview performance
- Professionalism and communication skills

All candidates are evaluated without regard to race, color, religion, sex, national origin, age, disability, or sexual orientation, in accordance with federal and state law.

Glossary

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SAN ANTONIO
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