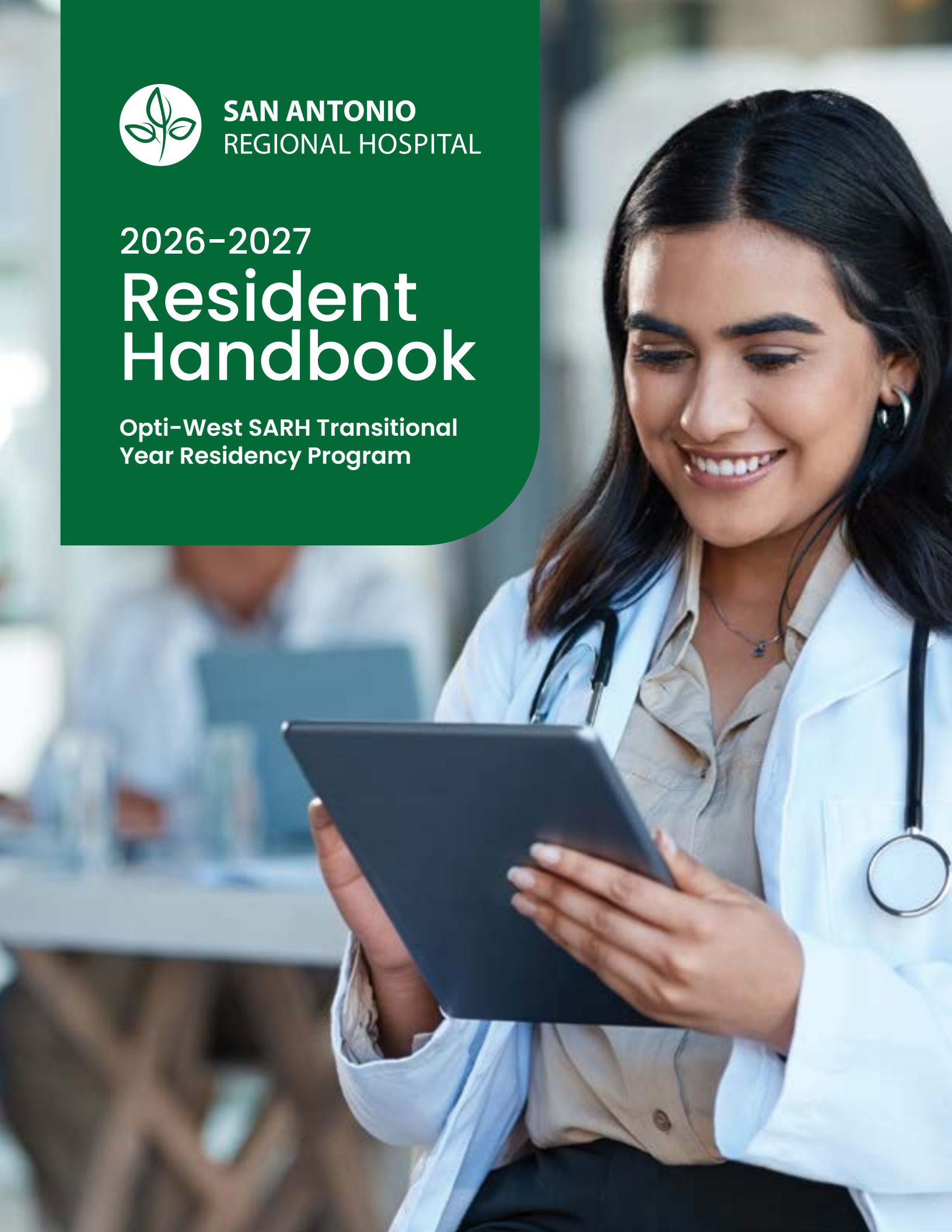
SAN ANTONIO
REGIONAL HOSPITAL

2026–2027

Resident Handbook

Opti-West SARH Transitional Year Residency Program



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Program Introduction

Welcome to the Opti-West SARH Transitional Year Residency Program (TYRP).

Dear Residents,

Welcome to the Transitional Year Residency Program (TYRP). We are excited to have you join our team and begin this important phase of your training.

Our program is designed to provide a strong clinical foundation while supporting your professional and personal growth. Through diverse clinical experiences, dedicated mentorship, and a collaborative learning environment, you will develop the knowledge, skills, and confidence necessary to thrive in your future specialty training and become a compassionate, well-rounded 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,

Ecler Jaqua, MD, MBA, FAAFP, AGSF, FACLM, DABOM, Program Director (PD), Opti West SARH Transitional Year Residency Program (TYRP)

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 (PD) or Coordinator (contact details are in the "Program Administration" section).

About the Program

HISTORY

The Transitional Year Residency Program (TYRP) at SARH was launched in collaboration with the Opti-West GME Consortium in 2026. Our first cohort of residents began in June 2026.

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 physicians by providing a strong foundation in clinical medicine, preparing residents for success in their advanced specialty training while fostering professionalism, lifelong learning, and patient-centered care. 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 prepared to successfully enter their advanced specialty training in a broad range of disciplines
- 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 (PD)
Dr. Ecler Jaqua, MD, MBA, FAAFP, AGSF, FACLM, DABOM
ecler.jaqua@sarh.org

Associate Program Director (APD)
Dr. Nandini Gowda, MD
nandini.gowda@sarh.org

Program Coordinator (PC)
Karen Arriaga, MPH
karen.arriaga@sarh.org

Core Faculty Members

- Dr. Steven Barag, DO – Family Medicine
  drbarag@gmail.com
- Dr. Mark Shiu, DO - Family Medicine
  mshiu05@gmail.com

(Emails provided upon request where not listed)

PROGRAM DIRECTOR (PD) 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 (PC)

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, NRMP, ERAS, OPTI-West, and other regulatory 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 in clinical and didactic settings
- Providing timely feedback and resident evaluations
- Participating in resident advising, mentoring, and professional development
- Participating in program committees, including the Clinical Competency Committee (CCC) and Program Evaluation Committee (PEC)

- Completing semiannual resident evaluations and contributing to milestone assessments
- Completing the annual ACGME Faculty Survey
- Participating in faculty development activities
- Meeting regularly to discuss program operations, curriculum, faculty development, resident progress, and areas of concern
- Supporting continuous quality improvement efforts within the residency program

Faculty Mentorship

Each resident is assigned a faculty mentor to support their professional development, educational progress, and overall well-being throughout the academic year. Mentors are expected to:

- Meet with residents at least quarterly
- Provide guidance regarding clinical performance, professional growth, and career planning
- Review resident goals and Individualized Education Plans (IEPs)
- Assist residents in identifying strengths, areas for improvement, and opportunities for growth
- Monitor academic progress and provide support when concerns arise
- Serve as a resource and advocate for residents navigating personal or professional challenges
- Document mentorship meetings in accordance with program requirements and communicate significant concerns to program leadership as appropriate

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

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 sessions will be scheduled throughout the academic year, as appropriate. 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

SUBSPECIALTY CLINICS:

Family Medicine Clinic:

Aureus Medical Group:
Drs. Steven Barag and Mark Shiu

www. drbarag.com

7974 Haven Ave Suite 250
Rancho Cucamonga, CA 91730

909-941-0855

Obstetrics Clinic:

Care for Womens Medical Group:
Dr. Franklin Johnson

cfwmg.com

1310 San Bernardino Rd STE 201
Upland, CA 91786

909-579-0806

Gynecology Clinic:

Dr. Mark Alwan:
Dr. Mark Alwan

- www.markalwan.com
- 1310 San Bernardino Rd STE 201
  Upland, CA 91786
- 909-981-9991

Pediatrics Clinic:

Saad Medical Group:
Dr. Anthony Saad and Dr. May K. Dagher

-
- 630 N 13th Ave Suite E
  Upland, CA 91786
- 909-946-6676

Surgery Clinic:

California Surgical Specialists:
Dr. Ali Abidali and Dr. Sana Ahmad

- www.csurgicalspecialists.com
- 400 N Mountain Ave Suite #215
  Upland, CA 91786
- 353 West Foothill Blvd
  Glendora Ca 91741
- 909-757-8425

Cardiology Clinic:

United Heart Institute:
Dr. Samir Samarany (site 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

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 are expected to review and address inbox messages and prescription refill requests at least twice weekly during ambulatory rotations unless otherwise directed by supervising faculty.

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: $71,760 PER YEAR

RESIDENT BENEFITS

Residents of the Opti-West SARH TYRP 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
  - 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, 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: Residents receive six weeks of paid leave annually, which includes vacation, educational leave, holidays (if applicable), and other approved leave according to institutional policy.
- Educational Leave: 5 workdays per academic year (drawn from personal leave days)
- Unused days do not roll over

ACADEMIC ACTION POLICY

The Transitional Year Residency Program (TYRP) 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 (PD) 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 TYRP 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 (PD) 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 (PD) and a Core Faculty Member (rotated annually)
- Members: At least two faculty and at least one resident representative
- Support: Program Coordinator (PC) 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 (PD)on resident promotion, remediation, or dismissal

Membership:

- Co-Chairs: Assistant Program Director (APD) + one Core Faculty
- Members: At least three faculty
- Non-voting roles: The Program Coordinator (PC) supports logistics and documentation

3. 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.

Conferences, Workshops & Resident Presentations

Didactic education is a cornerstone of the TYRP 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 approved virtual platform
- **Structure:** Includes lectures, case-based learning, simulation labs, workshops, and committee meetings

ATTENDANCE POLICY:

- Attendance at scheduled didactic conferences is mandatory for all residents unless they are on:
  - Approved vacation
  - Sick leave
  - Educational
  - Interview leave
  - Assigned clinical duties that prevent attendance
- Residents are expected to attend and actively participate in all educational activities. Any absence must be communicated to the Program Coordinator (PC) in advance whenever possible. Failure to attend required educational activities without prior notification or an approved reason may be addressed through the program's professionalism and accountability policies.

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)

CONFERENCE TYPES

To support broad clinical education and preparation for advanced specialty training, the Transitional Year Residency Program (TYRP) includes the following educational activities:

Didactic Conferences

- Regular educational conferences covering core clinical topics across multiple specialties
- Emphasis on evidence-based medicine, clinical reasoning, patient safety, and professionalism
- Interactive case discussions designed to enhance clinical decision-making

Journal Club

- Held regularly as part of the didactic curriculum
- Encourages critical appraisal of current medical literature
- Promotes evidence-based clinical practice and lifelong learning

Workshops

Workshops may be offered throughout the academic year to support professional development and clinical education:

Topics may include:

- Motivational Interviewing
- Outpatient Procedures (e.g., joint injections, Pap smears)
- Nutrition in Medicine
    - Interactive nutrition workshops may include food demonstrations or healthy meal preparation activities
    - Example themes: DASH Diet, Plant-Based Eating, Diabetic Diets

Academic and Professional Development Activities

All residents are required to complete at least one scholarly activity during the academic year. Scholarly activities may include quality improvement initiatives, case reports, educational presentations, research projects, curriculum development, or other scholarly work approved by the Program Director (PD).

Residents are encouraged to present their work at local, regional, or national meetings when opportunities are available..

Health Systems Management (HSM)

Residents are provided with one to two protected Health Systems Management (HSM) half-days per block to support their professional development, wellness, and administrative responsibilities. This dedicated time may be used to work on scholarly activities, quality improvement projects, residency assignments, board preparation, and other educational pursuits. Residents are also encouraged to use this time to complete clinical documentation, review patient care responsibilities, attend scheduled meetings, and focus on personal wellness and self-care. The HSM half-day is intended to promote balance, professional growth, and successful progression through the residency year. Academic half days are protected time for research, ambulatory curriculum, workshops, and wellness

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
- Professional closed-toe footwear
- 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

TYRP 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 Transitional Year Residency Program (TYRP) at San Antonio Regional Hospital is designed to meet ACGME accreditation standards while providing a broad-based clinical experience that prepares residents for advanced specialty training. The program emphasizes fundamental clinical skills, progressive responsibility, diverse patient care experiences, professionalism, and lifelong learning in a supportive educational environment.

FUNDAMENTAL CLINICAL SKILLS (FCS) CURRICULUM

The Transitional Year curriculum is designed to provide residents with broad-based education in Fundamental Clinical Skills (FCS) through diverse patient care experiences in Internal Medicine, Ambulatory Care, Surgery, Obstetrics and Gynecology, Pediatrics, Emergency Medicine, Cardiology, and elective rotations. These experiences provide the clinical foundation required for successful transition into advanced specialty training while fostering competency in patient care, communication, professionalism, and interdisciplinary collaboration.

INPATIENT RULES:

- Daily patient assessment and progress note
- 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 code blue calls overhead, when patient care responsibilities allow (code pager- it spectra link)
- All residents are encouraged to attend rapid responses and codes during floor rotations, if it doesn't interfere with any other essential duties like rounding with attending physicians, 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 physician
- Attending physician to give rotation information and expectations at the beginning of each rotation
- Residents should arrive sufficiently before rounds to complete prerounding and prepare patient presentations according to service expectations
- Rounding time is based on each attending physician'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 attending physicians 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 physician if something is wrong with the patient, contact info per attending physician 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 develop an appropriate differential diagnosis and initial diagnostic and treatment plan before discussing the case with the attending physician, 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 physician.
- Attending physicians may communicate individual expectations, including the frequency and format of feedback (verbal and/or written). Attending physicians 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

Elective Rotations

Residents are provided with three elective rotations (12 weeks total) during the academic year, allowing them to individualize their educational experience and explore areas of clinical interest relevant to their future specialty training and career goals. Elective rotations offer opportunities for additional exposure to medical and surgical specialties, support career exploration, and enhance clinical knowledge beyond the core curriculum.

ALLOCATION:

- PGY-1: 3 elective rotations (12 weeks total)

REQUIREMENTS:

- Elective rotations must be approved by the Program Director (PD).
- Residents should discuss elective interests with their faculty mentor and Program Director (PD) early in the academic year.
- Elective requests should be submitted as early as possible to facilitate scheduling and site coordination.
- All required paperwork, approvals, and scheduling arrangements must be completed at least 60 days prior to the start of the elective rotation.
- Currently, away electives are not permitted.

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

Participation in scholarly activity is an important component of the Transitional Year Residency Program (TYRP) and promotes lifelong learning, critical thinking, and professional development. Residents are expected to engage in scholarly work that contributes to medical knowledge, quality improvement, patient care, or medical education.

REQUIREMENTS:

All residents are required to complete at least one scholarly activity during the academic year. Scholarly activities must be approved by the Program Director (PD) or faculty mentor.

Examples of scholarly activities include:

- Quality improvement projects
- Case reports or case series
- Poster or oral presentations
- Educational or curriculum development projects
- Literature reviews
- Research projects
- Community health initiatives

SUPPORT:

- Faculty mentors are available to guide residents through scholarly and quality improvement projects.
- Protected Health Systems Management (HSM) time may be utilized for scholarly work, project development, and professional activities.
- Residents are encouraged to present their work at local, regional, or national meetings when opportunities are available.
- Program leadership provides guidance regarding project selection, scholarly expectations, and dissemination of completed work.

- Access to institutional resources, such as:
  - UpToDate
  - 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.

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)

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 resident evaluation data on a semiannual basis and assesses each resident's progress using the ACGME Transitional Year Milestones. The CCC provides recommendations to the Program Director (PD) regarding:

- Achievement of educational goals and competencies
- Resident progression and advancement within the program
- Identification of areas requiring additional support or focused development
- Individualized learning plans and remediation when necessary
- Readiness for successful transition into advanced specialty training

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 (PD) meets with residents at scheduled times twice year to evaluate milestones and learning plans

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

LEVELS OF SUPERVISION:

1. Direct Supervision
   - Attending physician is physically present during patient interaction
   - Supervision is based on resident competence, clinical setting, and patient acuity, with graduated autonomy throughout training in accordance with ACGME requirements
2. Indirect Supervision (with direct supervision immediately available)
   - Attending physician is off-site but reachable by phone or pager, and can be on-site quickly
3. Oversight
   - Attending physician 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

Resident Wellness & Support

TYRP 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
Internally (Extension): 44713
msalcedo@sarh.org - Martha Salcedo

Confidential Ethics Hotline: (866) 580-5398

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 physician'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 (PC) 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: TYRP adheres to SARH's Reasonable Accommodation policy and ADA regulations.

Process:

- Residents must notify the Program Director (PD) 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 (PC)
- 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: Karen Arriaga, MPH (Program Coordinator – karen.arriaga@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: Martha Salcedo
  - Phone: (909) 920-4713
  - Email: msalcedo@sarh.org
- Ethics Hotline: (866) 580-5398

Policy details available on New Innovations → GME Policies folder

Resident Reporting of Concerns

The SARH Transitional Year Residency Program (TYRP) 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 (PD) or Associate Program Director(s) (APD)
- Program Coordinator (PC)
- Faculty members or staff
- Chief residents (as liaisons to leadership)

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

- SARH Human Resources: (909) 920-3825
- 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 TYRP 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)
- Sleepiness Scale
- 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 (PC) 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 TYRP 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 TYRP 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

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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