#### **Graduate Medical Education**

## **Program Letter of Agreement**

#### Purpose:

The purpose of this agreement ("Agreement") is to maintain high quality educational experiences for residents from HCA Healthcare/Los Robles Regional Medical Center Emergency Medicine Residency Program ("Sponsoring Institution") assigned to Ventura County Fire Protection District ("Participating Institution"); to support and document compliance with the ACGME Institutional and Common Program requirements; to ensure proper verification of the credentials and training level of residents assigned to the Participating Institution; and to clarify the responsibilities of the parties.

#### Parties:

Sponsoring Institution: HCA Healthcare/Los Robles Regional Medical Center Hospital/Residency Program: Emergency Medicine Residency Program

Residency Program Director: Pardeep Thandi, MD

GME/Program Contact(s) Information: Denise Bell (denise.bell@hcahealthcare.com)

Participating Institution: Ventura County Fire Protection District, Local Site Director: Neil

Canby, MD

#### Term of the Agreement:

The initial term of this Agreement shall be one (1) year, commencing 07/01/2023, and will remain in effect for ten years, or until updated, changed or terminated by the Residency/Fellowship Program and Participating Site. This agreement may be terminated by any party, for any reason, by the party electing to terminate giving the other parties a ninety (90) day written notice of such election to terminate. This Agreement shall terminate ninety (90) days from the date of delivery of such notice.

The Sponsoring Institution and Participating Institution agree to the following responsibilities regarding the educational assignment of resident(s): The faculty at Participating Institution must provide appropriate supervision of residents/fellows in patient care activities and maintain a learning environment conducive to educating the residents/fellows in the ACGME competency areas. The faculty must evaluate resident performance in a timely manner during each rotation or similar educational assignment and document this evaluation at completion of the assignment

## **Responsibilities of Participating Institution**

Participating Institution shall provide administrative, educational, and supervisory services and support for Residents during the period of assignment to Participating Institution.

#### **Faculty Physician Responsibilities**

The local site director and/or faculty physicians listed above will have primary responsibility for direction, teaching, supervision, and evaluation of Residents during this rotation. The faculty physicians' responsibilities include completing an evaluation of the resident at the end of each rotation and submitting it to the Program Director of the Sponsoring Institution Residency Program. Other supervising teaching physicians, if any, should be consulted regarding the evaluation. The evaluation of Residents' performance should be based upon the written educational goals and objectives to be attained, as indicated in the attachment, for the period of assignments stated above.

#### **Responsibilities of Sponsoring Institution**

Sponsoring Institution will maintain ultimate responsibility for the program, as described in the ACGME Institutional Requirements. Sponsoring Institution will employ the assigned Residents and will continue Residents' salary and fringe benefits while they are assigned to Participating Institution. Sponsoring Institution will provide resources and assistance to Participating Institution and to supervising faculty physicians required to meet the educational purposes of this agreement.

#### **Sponsoring Institution Program Director Responsibilities**

The Sponsoring Institution Residency Program Director will retain ultimate responsibility for Residents' education during these rotations, in accordance with ACGME Institutional and Common Program Requirements, and will be available to provide assistance and direction to the faculty physicians as needed. Prior to the start of each academic year (July 1 – June 30), or prior to the start of the initial resident assignment, Sponsoring Institution Residency Program Director shall provide the Participating Institution Department of Graduate Medical Education with a list of the Residents who will be assigned to the Participating Institution and a copy of the program's block rotation schedule for the current academic year showing the dates (blocks) Residents will be assigned to the Participating Institution.

#### **Resident Responsibilities**

Residents will work under the direction and supervision of the faculty physician(s) listed above to achieve the stated educational goals and objectives of the rotation. Residents will participate in direct patient care activities during this educational assignment. Residents will strive to maintain the highest standards of professional conduct during the assignment.

#### **Duration of Resident Assignment:**

The duration(s) of the assignment(s) to the Participating Site is (are):
One-month EMS Rotation in PGY-1

#### Content of the Educational Experience:

The Educational Goals and Objectives of the assignment to Participating Institution shall be provided by Sponsoring Institution Program Director, shall be attached to this Agreement [Attachment A], and shall be distributed to the faculty and residents participating in the assignment.

### Policies, Rules and Regulations that Govern Resident Education:

Residents will be under the general direction of the HCA Healthcare/Los Robles Regional Medical Center's Medical Education Policy and Procedure Manual regarding educational matters as well as the Participating Site's policies, rules, and regulations regarding patient care activities.

#### Indemnification:

Each party agrees to indemnify and hold harmless the other parties and their respective and their boards, agencies, departments, officers, employees, agents, students and volunteers from any and all liability, loss, damage, claim, fine or expense, including costs and attorneys' fees (collectively, "Loss"), arising due to the negligence or intentional misconduct of such party, its employees or agents or, for the Sponsoring Institution, the residents in performing activities under or in connection with this Agreement. The foregoing indemnity will not apply to the extent that such Loss arises out of the negligence or intentional misconduct of the indemnified party or its indemnitees.

Each party shall cooperate with and grant the other party written notice of claims received which arise in connection with training programs at the Participating Institution involving residents of the Sponsoring Institution. This provision shall survive termination of this Agreement.

#### Insurance:

Throughout the term of this Agreement and any extension thereof, Sponsoring Institution will provide professional liability insurance coverage of \$1,000,000 for each claim and \$3,000,000 annual aggregate covering itself, its employees and each resident while resident is on rotation at Participating Institution and performing activities under the auspices of the training program. Such coverage may be afforded via commercial insurance, self-insurance, a captive insurance subsidiary, or some combination thereof. In the event that any of the coverage required is provided on a claims-made basis, the Sponsoring Institution shall provide so-called tail coverage at the limits of liability described herein for such time as the applicable statute of limitations permits the filing for claims arising in connection with the resident's or faculty member's services at the Participating Institution. Upon a party's request, the other party shall provide a certificate of insurance evidencing such coverage.

Throughout the term of this Agreement and any extension thereof, each party shall secure and maintain, at their respective sole expense, commercial general liability insurance coverage of \$1,000,000 per occurrence and \$3,000,000 annual aggregate, covering themselves and their respective employees, agents and, for the Sponsoring Institution, each resident while resident is on rotation at Participating Institution. Such coverage may be afforded via commercial insurance, self-insurance, a captive insurance subsidiary, or some combination thereof. Such coverage shall be primary and non-contributory. Upon a party's request, the other party shall provide a certificate of insurance evidencing such coverage.

Throughout the term of this Agreement and any extension thereof, each party shall secure and maintain, at their respective sole expense, workers' compensation insurance covering their respective employees in full compliance with California statutory requirements in the minimum amount of \$1,000,000.00.

Each party hereby waives all rights of subrogation against the other for losses arising directly or indirectly from the activities under this Agreement. The commercial general liability and workers' compensation policies shall contain a provision or endorsement needed to implement waiver of these rights of subrogation.

INDEPENDENT CONTRACTOR. The parties hereby acknowledge that they are independent contractors, and neither Sponsoring Institution nor any of its agents, representatives, students or employees or the residents shall be considered agents, representatives, or employees of Participating Institution, nor have any claim under this Agreement or otherwise against Participating Institution for any salary, wages, sick leave, vacation pay, retirement, social security, workers' compensation, disability, unemployment insurance, federal, state or local taxes, or other compensation, benefits or taxes of any kind. In no event shall this Agreement be construed as establishing a partnership or joint venture or similar relationship between the parties hereto.

#### Agreement Limited to Educational Purposes

The terms of this Agreement are limited to educational purposes and objectives and do not extend to any other clinical activities (e.g. "moonlighting") that Residents may be participating in with the Sponsoring Institution.

#### **Board Approval**

This Agreement is contingent upon approval by the Board of Directors of the Participating Institution.

The parties agree that this stipulation may be executed in one or more counterparts, and each counterpart should be treated as the original and signatures submitted via e-mail or facsimile should be treated as original signatures.

Pardeep Thandi, MD
Program Director Signature

Date

Date

Dasprit Takhar

Date

Dasignated Institutional Official Signature

Date

Participating Institution:

8-29-12

**Dustin Gardner, Chief** 

Neil Canby, MD

**Local Site Director Signature** 

Ventura Coupty Fire Protection District

Date



# Rotation: Emergency Medicine Services (EMS) PGY Level: PGY-1

PGY-1 residents will participate in a 4-week EMS rotation in Ventura County. They will ride along with Ventura County Fire and provide first response as part of the EMS system. They will also ride along with AMR/Gold Coast to participate in scene calls and ambulance transports. The residents will also work alongside the Ventura County EMS Agency to become familiarized with the administration of EMS, including the development of protocols, at a county level. During this time, they will triage patients, perform emergency field stabilizations, and assist with transport to the receiving hospital.

#### **Patient Care**

<u>Patient Care Goal</u>: Residents must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.

#### Patient Care Objectives:

- 1. Demonstrate the ability to obtain a history and perform a physical examination on patients in the pre-hospital setting.
- 2. Demonstrate the ability to care for trauma and medical patients prior to arriving to the emergency department and formulate a differential diagnosis for the patient's condition.
- 3. Assume responsibility for patient care decisions in the pre-hospital setting including evaluation and management.
- 4. Demonstrate the ability to identify EMS protocols during every ride along paired with a preceptor, noting and documenting all patients seen in a journal.
- 5. Demonstrate the skills to identify and treat seriously ill and injured patients.
- 6. Demonstrate the skills to triage and re-triage patients.
- 7. Demonstrate the skills to respond to a mass casualty incident.
- 8. Demonstrate the ability to assist in base station communication, transportation, and care of the patient in the field.
- 9. Demonstrate the ability to conduct MICN calls, performing base control in the hospital setting.
- 10. Demonstrate the ability to follow safety protocols as described in county policies.
- 11. Demonstrate the ability to function as a member of the Emergency Medicine Service team, including but not limited to:
  - a. Utilizing immobilization techniques
  - b. Transferring patients
  - c. Utilizing communication equipment



- 12. Demonstrate prompt attendance in pre-hospital meetings regarding STEMI Stroke and Trauma.
- 13. Develop presentation skills by leading and presenting didactic lectures relevant EMS.

## **Medical Knowledge**

<u>Medical Knowledge Goal:</u> Residents must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences, as well as the application of this knowledge to patient care.

# Medical Knowledge Objectives:

- 1. Demonstrate the knowledge of common symptoms encountered while on the Emergency Medicine Service and their management/treatment options, including but not limited to:
  - a. Weakness
  - b. Chest pain
  - c. Abdominal pain in a female of childbearing age
  - d. Abdominal pain in an older adult
  - e. Respiratory distress
  - f. Hypotension
- 2. Demonstrate knowledge of Field Treatment Protocols for Ventura County.
- 3. During ride-along experiences, demonstrate an understanding of the protocols and procedures implemented during the EMS response beginning from when an emergency call is answered to the arrival at the patient's location.
- 4. Demonstrate an understanding, through readings, of county protocols and medical literature on EMS.
- 5. Demonstrate communication skills for presenting pertinent clinical information to Emergency Department physicians after patient transport.
- 6. Demonstrate knowledge of standards of care and quality assurance.
- Demonstrate knowledge of the integration of EMS in regional disaster planning.
- 8. Discuss EMS training issues, legislative issues, and controversies.
- 9. Demonstrate an understanding of regionalization of care for time critical diagnoses that are encountered on the EMS rotation, including but not limited to:
  - a. Stroke
  - b. Trauma
  - c. STEMI
- 10. Demonstrate a comprehensive understanding and be able to properly perform pre-hospital airway management, applying items learned through training workshops.



## **Interpersonal and Communication Skills**

<u>Interpersonal and Communication Skills Goal</u>: Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals.

## **Interpersonal and Communication Skills Objectives:**

- 1. Demonstrate respectful behaviors towards patients, families, and other health care professionals.
- 2. Demonstrate the ability to communicate effectively with patients and their families, especially during difficult situations.
- 3. Demonstrate a commitment to providing timely, legible, and comprehensive medical records.
- 4. Demonstrate the ability to work on an interdisciplinary team with other health care professionals to provide optimal care to the patient.
- 5. Demonstrate the ability to provide concise and accurate clinical information in chart notes and oral presentations.

## **Professionalism**

<u>Professionalism Goal</u>: Residents must demonstrate a commitment to professionalism and an adherence to ethical principles.

## **Professionalism Objectives:**

- 1. Demonstrate the ability to follow ethical principles including those required for obtaining informed consent, providing clinical care, and protecting the confidentiality of patient information.
- 2. Demonstrate a commitment to continuous professional development throughout the program and afterwards.
- 3. Demonstrate a commitment to basic ethical principles including, but not limited to autonomy, beneficence, non-malfeasance, and justice.
- 4. Demonstrate a commitment to punctuality and attendance at all clinical activities and conferences.
- 5. Demonstrate the ability to provide well-rounded care to all patients no matter their ethical, cultural, and socioeconomic backgrounds.



## **Practice-Based Learning and Improvement**

<u>Practice-Based Learning and Improvement Goal</u>: Residents must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and lifelong learning.

## Practice-Based Learning and Improvement Objectives:

- 1. Demonstrate a commitment to life-long learning by asking for help and helping others.
- 2. Demonstrate an understanding of the limitations of one's knowledge in patient care.
- 3. Demonstrate a commitment to staying up to date with publications and the latest scientific methods for treating patients.
- 4. Demonstrate the ability to prioritize treatment decisions according to the severity of the patient's illness.
- 5. Demonstrate the ability to accept feedback to develop a self-improvement plan and learn from one's own mistakes.

## **Systems-Based Practice**

<u>Systems-Based Practice Goal</u>: Residents must demonstrate an awareness of a responsiveness to the larger context and system of health care, including the social determinants of health, as well as the ability to call effectively on other resources to provide optimal health care.

## **Systems-Based Practice Objectives:**

- 1. Demonstrate a commitment to assisting patients with system complexities and continuously advocating for quality patient care.
- 2. Demonstrate understanding of the patients' interest and convenience when coordinating their care management plans.
- 3. Demonstrate an understanding of socio-economic barriers that can impact the care of patients.
- 4. Demonstrate the understanding of the cost-effective uses of therapeutic and diagnostic technology.
- 5. Demonstrate the ability to contact a patient's primary care provider at the time of admission into the ED or soon afterwards.