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OSTEOPATHIC PLEDGE OF COMMITMENT

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

I pledge to:

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

INTRODUCTION

MISSION STATEMENT

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

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

OBJECTIVES

The Traditional Rotating Internship and Osteopathic residency programs at RCRMC were created in accordance with the guidelines set forth by the American Osteopathic Association (AOA) “Accreditation Document for Osteopathic Postdoctoral Training Institutions (OPTI) and the Basic Document for Postdoctoral Training Programs.” This document can be found in PDF format on the AOA website, http://www.DO-Online.org.

The objective of the RCRMC Traditional Rotating Internship Program is to train a complete physician who is exceedingly competent in academic and clinical medicine and surgery, who practices medicine with kindness and compassion, who communicates with respectful logical actions and words, who integrates Osteopathic philosophy into the care of the entire person, who progressively improves the individual and societal practice of medicine, fostering education, camaraderie and cooperation, who excels in the business and professional aspect of medicine, nurturing growth, research, teaching, and best standards of practice, and who can solidify the many facets of medicine leading to improved patient care, public instruction and confidence. The program is designed to provide interns a thorough grounding in fundamental knowledge of medicine and surgery, as well as to develop diagnostic and therapeutic judgment along with the requisite surgical skills needed to practice medicine and surgery.
PROGRAMS
The AOA-accredited residency programs offered at RCRMC are:
1. Traditional Rotating Internship
2. Anesthesia Residency
3. Orthopaedic Surgery Residency

Additionally, RCRMC offers two ACGME-accredited residency programs:
1. Family Medicine
2. General Surgery

FACILITIES
Riverside County Regional Medical Center opened January 30, 1998 in the city of Moreno Valley, CA. Although the building is new, our staff still carries on the tradition of caring and teamwork that goes back more than 100 years. RCRMC is centrally located to improve access from all areas of Riverside County. RCRMC is a busy regional Level II Adult and Pediatric Trauma Center and as such provides for a wide variety of clinical experience.

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

INTERN SELECTION CRITERIA AND APPLICATION PROCESS
To receive credit for the AOA-approved RCRMC Traditional Rotating Internship Program, candidates shall:
- Have graduated from a COCA-accredited college of osteopathic medicine and be and remain members in good standing of the AOA.
- Have successfully completed COMLEX-USA Level 1 and COMLEX-USA Level 2 examinations.
- Participate in the AOA Intern Resident Registration Program (IRRP).
- Sign an intern contract and train with RCRMC.
- Satisfactorily complete the internship, as described in the AOA Policies and Procedures for Intern Training.

Candidates applying for the RCRMC Traditional Rotating Internship Program must apply through ERAS (Electronic Residency Application System) and negotiate directly with RCRMC. In addition, the candidate must register to participate in the “Match” process.
- Intern recruitment at RCRMC shall be conducted according to the policies and procedures of the AOA IRRP, and all appointments shall be made through this program. RCRMC shall not attempt to impose local requirements to supersede the IRRP.
- Admission to the RCRMC Traditional Rotating Internship shall not be influenced by race, sex, religion, creed, national origin, age, handicap, sexual orientation or veteran status.
The RCRMC Traditional Rotating Internship program shall enroll only graduates of COCA-accredited college of osteopathic medicine.

RCRMC and all associated internship and residency programs shall be members of an AOA approved OPTI.

**COUNTY HIRING REQUIREMENTS**

Candidates selected for the RCRMC Traditional Rotating Internship Program will be employees of Riverside County and as such must meet all Riverside County employment requirements. These requirements include a pre-employment physical, including drug screening, and a Department of Justice background check.

**SALARY AND BENEFITS**

**SALARY**
The base salary of the Traditional Rotating Intern is $41,844.19 per year. Interns are paid bi-weekly for 26 pay periods per year and direct deposit of your paycheck is available. You will be given a County payroll calendar at Orientation.

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

- **Health and Dental Insurance:** RCRMC Human Resources will inform the Interns of various medical and dental insurance plans and options at the earliest opportunity so that Interns may enroll early in an appropriate insurance plan.
- **Disability insurance:** RCRMC will provide long-term disability insurance to the Intern.
- **Life insurance:** RCRMC will provide life insurance coverage to the Intern.
- **Worker’s Compensation:** RCRMC will provide Worker’s Compensation Insurance to the Intern, consistent with RCRMC’s benefits program.
- **Counseling:** Counseling services are available through Employee Assistance Services (EAS).
- **Lab coats / scrub suits:** Lab coats and scrub suits are provided at no cost to the intern.
- **Meals:** Meals at no cost are provided to the Intern in the RCRMC cafeteria while scheduled to work/on call with a limit of $5 per meal.
- **Housing:** Other than access to call rooms with toilet and shower facilities while on call, RCRMC does not provide housing.

**LEAVE POLICY**

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

**PAID LEAVE**

- **Vacation:** Interns are entitled to 15 working days of vacation time per year, with full pay, upon assignment of vacation by the Program Director. This time is cumulative and, alternatively, may be taken as equivalent pay at the end of tenure.

- **Conference:** Interns are entitled to 5 working days for Continuing Medical Education annually.
Holidays: As County employees, interns are entitled to all County holidays. Interns will be entitled to compensatory time off for any County holidays worked. Earned compensatory time off may be taken off during the academic year upon request and approval of the Rotation Supervisor and Program Director. Each service has its own policies for taking such leave – please consult the specific service for more information.

Sick Leave: Interns earn 4 hours per pay period of paid sick leave. This time may be utilized for illness or injury, either that of the intern him/herself or immediate family, and bereavement as indicated in County of Riverside policies.

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

ADMINISTRATION OF THE PROGRAM

ROLE OF THE OSTEOPATHIC DIRECTOR OF MEDICAL EDUCATION
The Osteopathic Director of Medical Education (ODME) at RCRMC is R. Corey Garrison, DO. Dr. Garrison’s responsibilities are:
- Responsible for organization and supervision of the medical student, internship and resident training programs.
- Responsible for clinical education of the medical students, interns and residents.
- Determines yearly block rotation schedule for all interns.
- Meets at least quarterly with each intern to ensure program objectives are met.
- Regularly reviews intern and resident rotation logs, performance reviews, and preceptor evaluations.

Dr. Garrison can be reached at 951-486-5914 or via e-mail at rogarris@co.riverside.ca.us.

ROLE OF THE INTERNSHIP PROGRAM DIRECTOR
The Program Director of the RCRMC Traditional Rotating Internship is Brett Powers, DO. As Program Director, Dr. Power’s responsibilities are:
- Responsible for the organization and administration of the Internship program.
- Responsible for clinical education of the interns
- Meets at least quarterly with all interns to ensure program objectives are met.
- Reviews intern evaluations and logs on a regular basis.
- Meets with Interns at the end of the academic year for an annual review/report.

Dr. Powers may be reached at 951-486-5914 or via e-mail at osteoedu@co.riverside.ca.us.

ROLE OF THE INTERNSHIP COORDINATOR
The Internship Coordinator of the RCRMC Traditional Rotating Internship Program is Denise Adams. As Coordinator, Denise is the “go to” person for interns requiring information regarding the program, the hospital and its policies and procedures, etc. Denise can be reached at 951-486-5914 or via e-mail at dadams@co.riverside.ca.us.
OPTI AFFILIATION

OSTEOPATHIC POSTDOCTORAL TRAINING INSTITUTE (OPTI)

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

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

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

CHAIN OF COMMAND

Following is a flow chart delineating the Chain of Command as it relates to the RCRMC Traditional Rotating Internship Program. Interns with complaints, concerns, suggestions, etc. are asked to work their way up the chain of command.

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

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

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

INTERNSHIP PROGRAM DIRECTOR
Brett Powers, DO

INTERNSHIP COORDINATOR
Denise Adams

INTERN
DESCRIPTION
The formal orientation process begins approximately two weeks prior to the start of the academic year. Interns are paid for this time. The orientation process kicks off with a half-day meeting with the Program Director, DME, and Internship Coordinator. At this time the policies, procedures, goals and expectations of the Internship Program will be formally reviewed with the interns.

Following this meeting, there will be a structured introduction to the hospital beginning with a tour of the facility itself. This tour is intended to familiarize the intern with the locations of the various areas in which they will be working as well as to show them the location of call rooms, the intern/resident lounge, cafeteria, parking, Human Resources, mailboxes, etc. Interns will also meet with representatives from various departments within the hospital as well as from the services on which they will rotate.

CLINICAL EDUCATION
The RCRMC Osteopathic Traditional Rotating Internship provides a well-rounded clinical training program. The curriculum is structured to fulfill all AOA requirements while still allowing for specialized training of interest to the individual interns. Each rotation block is four weeks long with thirteen rotation blocks per year. Scheduled block rotations include:

- Emergency Medicine (1 Block)
- Family Medicine (1 Block)
- General Surgery (1 Block)
- Surgical ICU (1 Block)
- Internal Medicine (3 Blocks)
- OB-Gyn (1 Block)
- Pediatrics (1 Block)
- Electives (3 Blocks)
- Selective (1 Block)

Electives: Electives are chosen by the intern, with approval of the Program Director, to their specific educational interest or residency program requirements. Interns are permitted to apply to participate in elective rotations outside of RCRMC. Participation in elective rotations outside of RCRMC has been very beneficial to interns as audition rotations, or, for those who have already secured a residency program, meeting preliminary residency requirements.

DIDACTIC EDUCATION
Interns are required to attend a four hour block of didactic conferences every Thursday afternoon held in conjunction with our Family Medicine Residency Program. The topics of these conferences vary from week to week. Additionally, interns are required to attend Tumor Board every Tuesday, an Osteopathic Manipulative Medicine, Philosophy and Practices lecture held at 5 p.m. on the first Monday of the month and Hospital wide Grand Rounds held on the second Wednesday of each month.

Again, attendance at these conferences is mandatory and is tracked. Interns are required to maintain a minimum of 60% conference attendance. Failure to meet this requirement will result in progressive disciplinary action. Interns are excused from conference attendance during their Emergency Medicine rotation or if approved to participate in an elective rotation that occurs outside RCRMC. The only other valid excuse for missing a conference is either post call status, vacation or when the intern is providing urgent hands-on patient care that cannot be delegated to another physician. As soon as the intern is able (the same day) the intern must call the coordinator to explain the reason for not attending and ask for an excused absence.

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

Interns are required to complete the reading assignments on each rotation. Should the service the Intern is rotating on not have a scheduled reading program, the Intern is to request suggestions for additional reading assignments from their Rotation Supervisor.

**CORE COMPETENCIES**

The RCRMC Traditional Rotating Internship Program has incorporated the six core competencies set forth by the AOA. As mandated by the AOA, each core competency will be measured and mastered. These measured “Core Competencies” are Medical Knowledge, Patient Care, Interpersonal and Communication Skills, Professionalism, Practice-based Learning and Improvement, and Systems-Based Practice. Interns are evaluated on their competency in these seven core competencies. As indicated in the Institutional Core Competency Plan, Osteopathic Manipulative Medicine and Treatment has been incorporated into the six core competencies.

**EDUCATIONAL RESOURCES**

**MEDICAL LIBRARY**

The RCRMC Medical Library is open from 8:30 am to 5:00 p.m. Monday through Friday. The Library is locked during after-hours, weekends and holidays. When the library is closed, access is granted to Interns by badge swipe access. Providing up-to-date, authoritative medical information is the primary service to library users. This is accomplished by:

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

**ADDITIONAL RESOURCES AT RCRMC**

RCRMC makes available the use of a wide variety of audio-visual equipment including LCD projectors, sound systems, screens, computers, and teleconferencing and videoconferencing equipment. Numerous conference rooms are available for the use of the training programs at RCRMC, including the Internship Program. Additionally, the Program is given the use of the Rehabilitation Services Department space and equipment for the hands-on clinical skills lab portion of OMM / OMT training.

Photocopying at no cost is available to Interns in the Program office and the Medical Library. Copying privileges are for the copying of materials directly related to an Intern’s educational activities only.

**EDUCATIONAL RESOURCES THROUGH OPTI-WEST**

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

Direct supervision of the interns while on clinical block rotations is provided by attending physicians and, in some cases, allied health professionals. These supervisors are known as “Rotation Supervisors.” Interns may additionally be provided with supervision from Chief or Senior Residents on those services with residency programs. It is the responsibility of the Rotation Supervisors to provide the day-to-day supervision of the interns’ clinical education while the interns are on their service. The level of supervision will be commensurate with the intern’s level of training and his/her individual level of clinical skills. On-call schedules for Rotation Supervisors assure that supervision and/or consultation is readily available at all times to interns on assigned clinical duties.

PERFORMANCE OF PROCEDURES

For procedures performed on either the inpatient wards or in the Emergency Department, all interns will be supervised on site / in person either by a licensed senior resident certified to do the particular procedure or by an attending physician. Interns may not perform any procedure on a patient unless their supervising attending physician has been credentialed by RCRMC Medical Staff to perform the procedure.

ROLES AND DUTIES OF THE INTERN

AOA MEMBERSHIP

RCRMC pays interns membership fees for the American Osteopathic Association for the Internship year only. It is a requirement that Interns be members of the AOA.

EDUCATIONAL LOGS

As mandated by the AOA, the intern must keep a log for each rotation in order to receive credit for successful completion of the rotation. The log must document all patient encounters – inpatient, Emergency, outpatient, OR, OB – as well as list all procedures performed, manipulations performed, conferences attended (mandatory, service-specific and optional) and all reading completed. Interns will be given blank templates for their logs at Orientation.

Logs are due to be turned into the Internship Coordinator one week after the end of the block. Failure to submit complete logs will result in progressive disciplinary action being taken against the intern. Continued failure to meet this basic requirement can lead to termination from the program.

DOCUMENTATION, FLOOR PROCEDURES & ORDERS

Information regarding RCRMC Policies and Procedures as they apply to documentation, floor procedures and orders can be found in the “Physician Reference Manual” and the “Medical Staff Bylaws, Rules and Regulations.”

INTERN AS TEACHER

As Interns rotate through the various services at RCRMC, they may be asked to participate in the instruction of both medical and physician assistant students. The Intern should be aggressive about ensuring that the student is learning and doing their work and educational duties. Students usually need significant guidance in their learning process and in their work duties. The intern must provide the guidance necessary to ensure the student is learning and doing those things that are appropriate to develop their medical skills and knowledge base. Students have spent the majority of their lives in a guided, passive educational role. The Intern needs to help the student make the transition from passive learner to active learner. Students should have minimal downtime during the day. When a student is not actively engaged in learning, they need to be guided to learn.

QUALITY IMPROVEMENT / RISK MANAGEMENT ACTIVITIES

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

Interns, on a rotating basis, also participate as an invited guest at the monthly hospital Performance Improvement Committee.

**DRESS CODE**

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

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

All personnel entering the semi-restricted and restricted areas of the surgical suite and labor and delivery suites are required to be in RCRMC scrub suits. These scrubs are provided and laundered by the hospital. RCRMC scrub suits are not to be removed from the hospital or worn outside the hospital. Scrubs will be issued and returned as per the Auto Valet Policy. Interns must adhere to the Operating Room Dress Code.

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

**INSTITUTIONAL REVIEW BOARD**

RCRMC has an Institutional Review Board (IRB) and no research activities will be conducted by the Intern without prior approval of the IRB. Research is defined to include:

A. review of RCRMC medical records for collection of information/data for research purposes.
B. performance of an experimental clinical study.
C. conduct of a survey at RCRMC.

Additionally, no presentation or publication of research conducted at RCRMC will occur without submittal of the paper to the IRB for review and acknowledgement prior to the presentation or publication of such research. Interns may contact the IRB Committee Chair or recorder at 6-4455 for assistance and forms.

**MEDICAL RECORDS**

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

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

**INTERN SIGNATURES AND LEGIBILITY**
Anyone making an entry into a patients’ chart is required to date, time and sign that entry and below their signature print their name, title, and pager number. All interns are asked to write legibly – this means that someone besides you is able to read the entry.

**VERBAL ORDERS**
Verbal and telephone orders will only be obtained in the case of an emergency or when the patient’s condition will be adversely impacted by not obtaining the order. Verbal orders may only be given when the intern is involved in the urgent or emergent care of another patient and is not immediately able to assess a second patient. It is assumed that interns will come to assess the second patient in a timely manner and sign the verbal order, once the urgent or emergent situation with the first patient is resolved. All verbal orders must be signed within 48 hours of when the order was given. Compliance with policies regarding the issuance of verbal orders and their signature is monitored by the Medical Records Department. Progressive disciplinary action may be taken against interns in violation of these policies.

**EVALUATION PROCESS**

**EVALUATION OF THE INTERN**
Service Evaluations of intern performance are completed by the Rotation Supervisor(s) at the end of each block rotation. On a quarterly basis, the Program Director completes an evaluation of the interns’ progress in satisfactorily meeting the Core Competencies. This information is based on information provided in the Service Evaluations, Intern’s Evaluation of Service Rotation, Intern Logs, conference attendance, work hours reports, and the Interns’ Portfolio. This quarterly evaluation will be provided to the intern in both verbal and written format. Additionally, the ODME will sit down with each intern and conduct a quarterly review. The intern will be notified of both of these quarterly review meetings at least one week in advance. This is the opportunity for interns to provide both the Program Director and the ODME with their feedback on the Internship Program, both positive and negative. Should interns have areas of improvement they would like to discuss with either the Program Director or ODME they are asked to be prepared with ideas regarding ways in which these areas could be improved.

**INTERNS’ EVALUATION OF SERVICE ROTATIONS**
Just prior to the end of each Service Rotation the intern will be given a form for their evaluation of that rotation. It is asked that these forms be returned to the Internship Coordinator within one week of completion of the rotation. We are aware that the schedule of the Interns is quite busy and it is tempting to answer only those questions that require a rating be circled. However, we ask that you take a few moments to give specific comments in the areas of strengths and weaknesses of the rotation.
ACADEMIC-RELATED DISCIPLINARY ACTION

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

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

Failure to correct within the timeline defined the deficiencies outlined in the Letter of Notice of Deficiency will result in further progressive disciplinary actions being taken including possible placement on academic probation, suspension or termination from the program. Any disciplinary action requiring the removal of the intern from participation in clinical educational activities will result in an extension of the intern’s training period thus leading to a delay in participation in his/her chosen residency program.

DUE PROCESS FOR ACADEMIC-RELATED DISCIPLINARY ACTION

It is the intent of RCRMC that each intern successfully complete the program and become eligible to proceed to his/her desired residency program. RCRMC does not anticipate the need to take corrective action or discipline against an intern. However, in the event corrective action or discipline is deemed appropriate, it is the intent of RCRMC to provide the intern with the opportunity to seek informal review and to appeal the action imposed.

Informal Review of Corrective Action or Discipline

Except when the Internship Program Director determines that a corrective action or discipline should be immediately imposed, the corrective action or discipline shall be reviewed with the intern before being implemented. The intern shall have the opportunity to seek informal review of a corrective action or discipline in accord with the following:

a. As stated above, the Internship Program Director shall provide the Intern a Letter of Notice of Deficiency (hereafter “Notice”) including a description of the deficiency, corrective action(s) to be taken and timeline in which action(s) should occur and any disciplinary action to be taken.

b. Within seven (7) days of receipt of the Notice the intern may request, in writing, the opportunity to meet with the Internship Program Director to discuss, explain and/or refute the charges. In absence of the intern’s request for an informal review, the Notice shall be the Internship Program Director’s decision in the matter.

c. After the informal review with the resident, the Internship Program Director may take such further action as may be appropriate, including, but not limited to, letting the charges and or corrective action and discipline stand, or modifying the corrective action and/or discipline. Within seven (7) days after the review meeting with the intern, the Internship Program Director shall provide the intern with written notice of his/her future decision in the matter. Said further decision shall be the Internship Program Director’s decision in the matter.

d. Corrective action or discipline imposed shall be effective until otherwise modified upon the completion of the hearing process set forth below.

Hearing After Imposition of Corrective Action or Discipline
An intern shall have the right to have a corrective action or discipline imposed against him/her reviewed in accord with the following:

a. Within ten (10) days of receipt of the Internship Program Director’s decision, the intern may request, in writing, a formal hearing. The request for a hearing shall be directed to the Osteopathic Director of Medical Education (ODME). If the intern fails to request a hearing as specified herein, he/she shall be deemed to have waived the right to said hearing and acquiesce to the corrective action or discipline imposed.

b. Upon receipt of the intern’s request for a review of the corrective action or discipline taken against him/her, the ODME shall promptly set a date for the convening of a committee to review the action; but not later than fifteen (15) days after the committee is constituted. The committee’s membership shall consist of the ODME, Medical Director or designee, and Human Resources Director or designee. The ODME shall serve as Chair of the committee.

c. The ODME shall provide the intern, committee members and other appropriate persons with written notice of the time, place and date of the hearing.

d. The intern and the Internship Program Director shall appear at the hearing. Each party may be represented by legal counsel or other representation; however, in no case shall the Internship Program Director be represented by legal counsel if the intern is not represented by legal counsel. Failure of the intern to appear at the hearing or to present his/her case at the hearing shall constitute a waiver of his/her right to a review hearing and acceptance of the corrective action or discipline.

e. The hearing shall proceed and evidence taken in accord with the following:
   - Upon opening the hearing, the chair shall explain the hearing procedures and the rights of the parties as established hereunder;
   - The hearing shall be limited to matters relevant to the committee’s review of the action imposed against the intern;
   - The admission of relevant evidence will not be restricted by evidentiary rules applicable in a court of law;
   - Within reasonable limitations, both sides at the hearing may call and examine witnesses, cross-examine witnesses, and present exhibits or documents;
   - A recording of the proceeding will be effectuated by the use of a court reporter, an electronic recorder, or both, as appropriate;
   - Members of the committee may at any time ask questions of the parties or witnesses in order to gain a full understanding of the issues and facts. At the discretion of the chair, to aide the committee in its deliberations, the chair may request the production of any evidence not presented by the parties and seek the advisement of legal counsel to address relevant issues of law;
   - At the discretion of the chair, closing arguments may be made by the parties; and,
   - Unless both parties agree to an open hearing, the hearing shall be closed and its proceedings deemed confidential. Witnesses other than the parties shall be excluded from the hearing except when providing testimony.

f. No later than fifteen (15) days after the close of the hearing, the committee shall prepare a decision and submit it to the Hospital Administrator. The decision shall contain the committee’s recommendation as to whether the action imposed should be sustained, modified, or rescinded, and the basis for the recommendation. The recommendation shall be supported by the preponderance of the evidence presented during the hearing. The parties shall promptly be provided a copy of the decision.

g. Within fifteen (15) days of receipt of the committee’s decision, the Hospital
Administrator, upon consideration of the corrective action or discipline taken and the review committee’s report, shall issue a final decision as to the action taken against the Intern. Upon issuance, the parties will be provided a copy of the decision.

Miscellaneous
a. The time requirements, with notice to the parties, provided hereunder may be extended or shortened as may be reasonable for the fair and timely resolution of a disputed corrective action or discipline.
b. This policy and procedure applies to intern academic and training performance, corrective action and discipline within the training program, and shall not otherwise substitute for any other administrative review rights that interns may have as established by the County of Riverside or the hospital.
c. Notwithstanding an intern’s informal review or appeal of a corrective action or discipline as provided hereunder, as approved by the Hospital Administrator and Chief of Medical Staff, the intern may continue his/her clinical duties.
d. The ODME, where he/she finds it would aid the review process, may appoint an intern who is not involved in the corrective action or discipline being reviewed to serve as a non-voting member of the Committee.
e. Upon a finding that it is necessary to ensure the fair and impartial review of a corrective action or discipline, the Hospital Administrator may, upon an individual case-by-case basis and with notice to the parties, modify any term or provision of this policy and procedure.

GRIEVANCE POLICY

RCRMC endeavors to provide Interns with an environment conducive with assisting the Intern to work and develop professionally. RCRMC understands that concerns, issues or conflicts may arise during the Intern’s term at the hospital. RCRMC recognizes the importance of having Interns’ grievances addressed and resolved in an appropriate and expeditious manner. When possible, grievances should be addressed and resolved informally.

Informal Review
Every effort should be made to resolve Intern grievances informally in accord with the following:

a. An Intern with a grievance shall immediately consult with the Internship Program Director for assistance in resolving the grievance. Where the nature of the grievance is such that it should be brought to a person other than the Internship Program Director, the resident shall consult with the Osteopathic Director of Medical Education (ODME) for assistance in resolving the grievance. When possible, all grievances shall be promptly addressed.
b. In consulting with the Internship Program Director regarding a grievance, the intern shall fully explain the facts and circumstances constituting the basis of the grievance and the intern’s proposed resolution of the matter. The Internship Program Director shall endeavor to promptly address and resolve the grievance, if possible.

Formal Review
In the event that an Intern’s grievance has been submitted and reviewed under the provisions as delineated above, and remains unresolved, the Intern may seek further review of the grievance in accord with the following:

a. Within thirty (30) days of the act(s) or event(s), which are the subject of the resident’s grievance, he/she shall provide the Internship Program Director with a written statement of the grievance (hereafter “Grievance Statement”). The Grievance Statement shall state the facts and circumstances constituting the grievance and the intern’s desired resolution of the matter.
b. The Internship Program Director shall issue a written response to the Intern’s
Grievance Statement within ten (10) days after receipt of the Grievance Statement. The response shall address the merits of the Intern’s grievance and, as appropriate, resolution of the matter.

Grievance Review by Committee
In the event that the Internship Program Director’s written response does not resolve the grievance to the satisfaction of the Intern, he/she may seek further review of the matter pursuant to the following:

a. Within ten (10) days of receiving the Internship Program Director’s written response, the intern shall file a written request that the grievance be reviewed by a grievance committee with the ODME.

b. Upon receipt of an Intern’s request for review of the matter by a grievance committee, the ODME shall promptly set a date for the convening of a committee hearing, but no later than fifteen (15) days after the committee is constituted. The committee’s membership shall consist of the ODME, Chief of Medical Staff or designee, and the Human Resources Director or designee. The ODME shall serve as Chair of the Committee.

c. The ODME shall provide the intern, committee members and, as may be appropriate, other persons with written notice of the time, place and date of the hearing.

d. The Intern and Internship Program Director shall appear at the hearing. Each party may be represented by legal counsel or other representative, however, in no case shall the Internship Program Director be represented by legal counsel if the Intern is not represented by legal counsel. Failure of the Intern to appear at the hearing or to present his/her case at the hearing shall constitute a waiver of his/her right to a committee review hearing and acceptance of the Internship Program Director’s response.

e. The hearing shall proceed and evidence taken in accord with the following:
   - Upon opening the hearing, the chair shall explain the hearing procedures and the rights of the parties established hereunder;
   - The hearing shall be limited to matters to the committee’s review of the Intern’s grievance statement and the Internship Program Director’s response;
   - The admission of relevant evidence will not be restricted by evidentiary rules applicable in a court of law;
   - Within reasonable limitations, both sides at the hearing may examine witnesses, cross-examine witnesses, and present exhibits or documents;
   - A recording of the proceeding will be effectuated by the use of a court reporter, an electronic recorder, or both as appropriate;
   - Members of the committee may, at any time, ask questions of the parties or witnesses in order to gain a full understanding of the issues and facts. At the discretion of the chair, to aide the committee in its deliberations, may request the presentation of any evidence not presented by the parties and seek the advisement of legal counsel to address issues of law;
   - At the discretion of the chair, closing statements may be made by the parties; and,
   - Unless both parties agree to an open hearing, the hearing shall be closed and its proceedings deemed confidential. Witnesses other than parties shall be excluded from the hearing, except when providing testimony.

f. No later than fifteen (15) days after the close of the hearing, the committee shall prepare and submit a written decision to the Hospital Administrator. The decision shall contain a recommendation as to whether the grievance, in any part, should be sustained or denied and, as appropriate, what remedial action should be taken. The committee’s decision shall be supported by the
preponderance of the evidence presented at the hearing. The parties will be promptly provided a copy of the decision.

g. Within fifteen (15) days of receipt of the committee’s decision, the Hospital Administrator shall accept or modify any part thereof. The committee’s decision shall become final as accepted or modified by the Hospital Administrator.

Miscellaneous

a. The time requirements, with notice to the parties, provided hereunder may be extended or shortened as may be reasonable for the fair and timely resolution of a grievance.

b. This policy and procedure applies to Intern Grievances as to academic and training in the Training Program and shall not otherwise substitute for any other administrative review rights that Interns may have as established by the County of Riverside or Hospital.

c. The ODME, where he/she finds it would aid the review process, may appoint an Intern who is not involved in the grievance being reviewed to serve as a non-voting member of the committee.

d. Upon a finding that it is necessary to ensure the fair and impartial review of a grievance, the Hospital Administrator may, upon an individual case basis and with notice to the parties, modify any term of the provisions of this Policy and Procedure.

NON-ACADEMIC DISCIPLINARY PROCESS
All Interns are employees of Riverside County Regional Medical Center (RCRMC) and as such non-academic disciplinary action may be taken against an Intern for violation of RCRMC rules, regulations or policies or conduct by the Intern seriously and clearly prejudicial to the best interest of RCRMC. The Intern will be informed of any non-academic disciplinary action(s) in writing. Due process shall occur according to RCRMC and/or Riverside County policies addressing such. However, if it is determined that any action by the Intern can seriously affect immediate patient care, a termination or suspension shall become immediate, subject to review.

NBOME EXAMS, LICENSURE, AND CERTIFICATIONS

NBOME (COMLEX) STEP III
In order to become licensed to practice in the State of California, the intern will need to complete all three steps of the NBOME. All residents at RCRMC are required to take COMLEX Step III prior to completion of the OGME-1 year. The program does not cover the cost of taking COMLEX Step III. Copies of your COMLEX Step III scores must be submitted to the Internship Coordinator for placement in your file. Additional information on registering to take the test may be found at the NBOME website http://www.nbome.org/.

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

BLS AND ACLS CERTIFICATIONS
Interns must be BLS and ACLS certified and maintain this certifications throughout their participation in RCRMC Graduate Osteopathic Medical Education programs.
Moonlighting by Interns in the RCRMC Traditional Rotating Internship Program is strictly prohibited. There are no exceptions to this policy.

Work Hours Policy

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

- The intern shall not be assigned to work physically on duty in excess of 80 hours per week averaged over a 4-week period, inclusive of in-house night call.
- The Intern shall not work in excess of 16 consecutive hours inclusive of morning and noon educational programs.
- The Intern shall have on alternate weeks 48-hour periods off, or at least one 24-hour period off each week.
- Upon conclusion of a 16-hour duty shift, Interns shall have a minimum of 10 hours off before being required to be on duty again.
- All off-duty time must be totally free from assignment to clinical or educational activity.
- Rotations in which the Intern is assigned to Emergency Department duty shall ensure that Interns work no longer than 12 hours shifts.
- The Intern must always remember the patient care responsibility is not precluded by the work hour policy. In cases where an Intern is engaged in patient responsibility which cannot be interrupted, additional coverage should be provided as soon as possible to relieve the Intern involved.

Monitoring of Intern Work Hours

The ODME and Program Director require that they be notified immediately when Interns find themselves being scheduled for duty in such a manner as to be in violation of the above policies. Interns are required to enter duty hours weekly into the Program’s New Innovations computer system. From this report of work hours, the Internship Coordinator will complete and turn into Payroll the timecard that will generate the Intern’s actual paycheck. Failure to turn in these work hours timecards on the due dates will mean that the Payroll timecard will not be submitted by the Internship Coordinator and will result in a delay in pay for duty hours not logged. Additionally, progressive disciplinary action(s) may be taken.