



*RIVERSIDE UNIVERSITY HEALTH SYSTEM*

*EMERGENCY MEDICINE ADVANCED*

*PROVIDER FELLOWSHIP PROGRAM*

*HANDBOOK*

*2024 - 2025*

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**Riverside University Health System  
Emergency Medicine Advanced Provider  
Fellowship Program**

Welcome to Riverside University Health System (RUHS) Emergency Medicine Advanced Provider Fellowship Program. It has taken much work and focused attention for your arrival at this point in your career - CONGRATULATIONS! Your choice of a fellowship has been pivotal, for it will affect your future professional satisfaction and your contribution to medicine, as well as your personal and family life. The fellowship training may be stressful and time consuming, but this intensity will be rewarded by accomplishment and the acquisition of advanced technical skills and knowledge.

This fellowship program believes and promotes the philosophy of excellence in emergency medicine education. We have specifically arranged every rotation to enrich the experience of our fellows. We believe this approach is the most effective way of teaching the science and the art of emergency medicine. Our goal is to train safe, confident, and competent Advanced Providers who will be tomorrow's leaders in the specialty of emergency medicine.

**MISSION AND AIMS STATEMENT:**

**MISSION:**

The Emergency Medicine Advanced Provider Fellowship mission aligns with that of RUHS as we are dedicated to improving the health and well-being of our patients and communities through a commitment to exceptional and compassionate care, education and research. Grounded in the values of integrity, excellence, and teamwork, our fellowship offers outstanding education and hands-on clinical experience. We strive to serve our diverse community by training advanced providers to deliver exceptional, patient-centered care with compassion, expertise, and a spirit of collaboration.

**AIMS:**

- Lead the evolution of Emergency Medicine education for advanced providers.
- Educate on work-life balance and wellness to our fellows, faculty, staff and patients.
- Encourage leadership, outreach programs and service to our communities.
- Provide excellent service, compassionate communication and genuine care for our patients and community.

**GENERAL EDUCATIONAL OBJECTIVES:**

The overall goal and mission of the Emergency Medicine Advanced Practice Provider Fellowship Program is to provide the knowledge, skills and professional environment to develop professional, ethical, and highly skilled advanced practitioners. The fellows will dedicate themselves to the ongoing high standard of practice, learning and improvement that RUHS represents. The emergency medicine faculty are, and fellows will be, committed to upholding the highest professional standards while maintaining integrity and continued service to the community. The faculty are dedicated to providing high quality compassionate patient care through teamwork and leadership while fostering a learning environment. Additional focus is provided to foster advanced provider wellbeing, ensuring personal and professional satisfaction and a commitment to lifelong learning and improvement.

Fellows will participate in ongoing faculty and resident led lectures while also actively participating in a wide variety of existing interdepartmental learning opportunities. Fellow rotations provide a progressive learning experience within each of the multiple modalities and across all organ systems and anatomical regions. Rotations are structured to allow fellows to customize their learning experience and focus on areas of interest and to supplement their practice of emergency medicine.

*The program aspires to teach the knowledge, attitudes, and skills necessary to equip advanced providers to function at a high level within local, national, and/or international emergency settings. This program will make strides to advance the program's facilities, clinical experience and academic program to achieve the vision of the department as well as meet the healthcare needs of the community it serves.*

*Seven areas of competency define the framework for which the curriculum is developed. Fellows will be evaluated in these areas on a regular basis, and must demonstrate competency of each in order to graduate the program. The seven areas are:*

**Patient Care and Procedural Skills:** *Fellows must be able to provide patient care that is compassionate, appropriate and effective for the treatment of health problems and promotion of health. Fellows must be able to competently perform all medical, diagnostic and technical procedures considered essential for the area of practice. Procedural requirements are listed below.*

**Medical Knowledge:** *Fellows must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social behavioral science as well as the application of this knowledge to patient care.*

**Practice-based Learning and Improvement:** *Fellows 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 life-long learning.*

**Clinical Efficiency:** *Fellows must meet efficiency standards equal to those of staff advanced providers, as is industry standard, which includes: ability to disposition 2 patients per hour, on average; completion of charting, per department policy (all charts completed within 48 hours).*

**Interpersonal and Communication Skills:** *Fellows must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, supervising physicians, and the health care team.*

**Professionalism:** *Fellows are expected to demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles.*

**System-based Practice:** *Fellows must demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care.*

### **Program Goals and Objectives**

*Our educational goal is to train and educate Emergency Medicine (EM) fellows to achieve clinical competence and acquire the ability to care for a wide range of acute conditions while integrating the responsibility of a lifetime of learning. The RUHS EM Fellowship graduates will gain knowledge in clinical emergency medicine while gaining confidence in managing a wide array of patient conditions in a variety of settings. Fellows will learn to provide efficient, compassionate, and cost-effective care with the patient's best interest in mind. Fellows will profit from strong clinical experiences enabling them to assume leadership roles immediately following graduation and continue educating throughout their careers. We strive to shape advanced providers who are able to work alongside emergency medicine physicians to confidently diagnose, stabilize, and co-manage all patients presenting to the Emergency Department.*

#### **To achieve these goals, we will provide:**

1. High-quality didactic teaching
2. Supervised clinical experiences through simulation labs
3. Direct supervised patient care
4. Comprehensive POCUS training
5. Wellness Program

**The Following is a General Outline of Fellow Responsibilities:**

**Fellows Procedure Minimums:**

<b>Procedure</b>	<b>#Performed on Patients</b>	<b>#Performed in Lab</b>
<i>Adult Medical Resuscitation</i>	2	2
<i>Adult Trauma Resuscitation</i>	2	2
<i>Arterial Cannulation</i>	2	2
<i>Central Venous Access</i>	2	2
<i>Chest Tubes</i>	2	2
<i>Cricothyrotomy</i>		
<i>Dislocation Reduction</i>	10	0
<i>ED Bedside Ultrasound</i>	100	25
<i>Intubations</i>	2	2
<i>Lumbar Puncture</i>	2	2
<i>Pediatric Medical Resuscitation</i>	2	2
<i>Pediatric Trauma Resuscitation</i>	2	2
<i>Pericardiocentesis</i>	0	0
<i>Procedural Sedation</i>	2	0
<i>Vaginal Delivery</i>	0	0

Performance of these procedures under direct supervision of an attending physician are required before the fellow can be allowed to perform with indirect supervision. Other procedures are encouraged, and some will be required, based upon future career goals. The fellowship leadership team will review fellow progress and assess for competency for independence. All procedures must be tracked for internal review. It is the responsibility of the fellow to ensure the accuracy of the procedure log. Supervisors or Program Director will confirm performance of procedures and document readiness for independent function during quarterly evaluations.

### **Importance of Documenting Fellowship Experiences**

It is essential for each fellow to document procedures performed and quantities of patients treated with different conditions. Performing or assisting in procedures, must be recorded. Patients cared for in the MICU, SICU, PICU, ED and Trauma Unit should similarly have their procedures logged. This information will become essential in the future as the practitioners apply for clinical privileges in hospitals

When graduates apply for privileges, (such as procedures, ability to interpret tests, etc.) they may be required to document the quantity, dates, degree of involvement, and the experience in the related procedures or with special patients. This process will be expedited if fellows keep a running documentation of experiences and procedures encountered during fellowship.

### **CONTINUATION IN FELLOWSHIP PROGRAM:**

Continuation in the fellowship program is determined by clinical and academic performance. It is ultimately determined by the recommendation of the Program Directors and core faculty. Clinical performance is based on the quarterly evaluation of each fellow, based on ongoing feedback from core faculty members and off service attending physicians. Academic performance is based on participation during lecture, skills labs, and journal clubs.

Fellows are hired by Vituity as “at will employees”, and may resign or be terminated at any time, for any reason. Though the duration of the program is 12.5 months, continuation within the program requires the fellow remain in good standing and shows progression of skills and concepts throughout the year. Quarterly evaluations and continual one-on-one mentorship is provided to aid in highlighting areas of opportunity and provide any additional support needed to meet program standards.

Fellows are given an opportunity to moonlight within the department after the third month of clinical training, dependent on the approval of the program directors. This opportunity provides additional income and experience for the fellow, however, it is not guaranteed or required.

### **Fellow Performance Evaluations:**

An evaluation of fellow performance is completed by the program directors quarterly. Evaluations are done one-on-one, and are an opportunity to highlight areas of excellence and opportunities for growth.

Evaluations cover the following topics, at minimum: case presentations and decision-making skills; clinical efficiency; involvement in critical care cases; advanced procedures; charting and time management; fellow well-being and work / life balance.

In addition, fellows must obtain verbal and written feedback at the end of each off service rotation. **YOU ARE TO REVIEW YOUR ROTATION PERFORMANCE WITH YOUR ATTENDING STAFF MEMBER AT THIS TIME. PLEASE MAKE AN EXTRA EFFORT TO MEET WITH YOUR ATTENDING STAFF FOR THIS FINAL EVALUATION. THE EVALUATION MUST BE REVIEWED BY YOU AND THE ATTENDING STAFF.** All rotation evaluations are to be uploaded to the Vituity OneDrive folder labeled for each fellow. The evaluations are kept in each fellow’s file and are available for review at any time.

### **Attending and Rotation Evaluations:**

We are very interested in your feedback regarding faculty and other providers who are engaged in your learning experience. At the close of each rotation, you will be expected to complete rotation evaluation forms. Evaluations of the Emergency Department core faculty members will also be provided at a midpoint and the end of your

*fellowship program. Faculty/Rotation evaluation reminders will be sent to you via e-mail for New Innovations when you complete the rotation. Reminders will continue to be sent to you through your e-mail address until you submit the evaluation. **These evaluations are completely anonymous; this anonymity is guaranteed. The administrators do not have access to, nor can we obtain, your password.** These evaluations are reviewed by the Program Director, the Fellowship Medical Director, the appropriate section Chairman, and are used in Faculty Evaluations. These evaluations are used to improve the content and quality of the fellowship program.*



**Journal Club / Online Journal Club:**

*Fellows are required to participate in Journal Club alongside the EM residents. The journal clubs are quarterly beginning in September through June on Wednesday. Journal club is moderated by both faculty and residents. The expectation of fellows is to attend 3 of the 4 journal clubs throughout the fellowship year. Presenting at journal club is not a requirement of the fellowship.*

**Lectures:**

*Important in the training of an emergency Advanced provider is the continual acquisition of medical knowledge. You are encouraged to develop your own study program of regular reading. To facilitate your learning, we have set up a lecture schedule.*

*All fellows will be **required to attend the Thursday didactic sessions where the Tintinalli's Emergency Medicine Just The Facts is used.** These lectures are designed to review current emergency medicine practice and serve as a forum for clinical case discussions. Oral examination-type discussion is encouraged.*

The schedule is distributed during orientation week and is posted on the RUHS EM website. Revisions are also posted there as necessary. Attendance is taken at each lecture, and fellows must be present at, or have an excused absence for, all lectures. Excused absences include vacation, sick all day, personal or family emergency, or rotating off service. If you are sick or otherwise unable to attend, please notify the program directors as soon as possible. **Any absence from these meetings must be explained.**

### **Grievances and Complaints:**

All PA fellows have the right to express concerns and seek resolution through a defined and confidential process. The fellowship program encourages early, open communication and aims to resolve grievances at the most local level possible.

### **Grievance Procedure**

1. **Informal Resolution through Fellowship Mentor** PA fellows are encouraged to first discuss their concern with their assigned fellowship mentor. The mentor will listen objectively and work collaboratively with the fellow to understand the issue and explore potential resolutions. If the issue cannot be resolved informally or requires further attention, the mentor will escalate the matter appropriately to the next level of leadership.
2. **Formal Complaint to Program Leadership** If a resolution cannot be achieved through discussion with the mentor, or if the fellow prefers to bypass the mentor for any reason, the fellow may submit a formal complaint in writing to one or both of the following individuals:
  - a. **Program Medical Director**
  - b. **Emergency Department Chair**

The written complaint should include:

- c. A detailed description of the grievance
  - d. Steps taken to resolve the issue
  - e. The outcome desired by the fellow
3. **Investigation and Resolution** Upon receipt of a formal complaint, the Program Medical Director and/or Department Chair will review the matter in a timely and confidential manner. The investigation may involve gathering statements, reviewing relevant documents, and meeting with involved parties. The fellow will be informed of the outcome and any actions taken, typically within 30 days of submission.
4. **Non-Retaliation** Retaliation against any fellow who files a grievance in good faith is strictly prohibited. All concerns will be handled with the highest level of discretion and professionalism.
5. **Appeals Process** If the fellow is dissatisfied with the resolution, they may request a review by the Department Chair or designee. The decision of the Chair will be considered final.

### **Fellow Travel for Professional Activities:**

Criteria for approved travel:

The reason for traveling is for participation in educational activities approved by the Program Director.

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- One Vituity sponsored conference will be mandatory during the fellowship. You will be notified of the dates and scheduled accordingly based on your rotation block schedule

If fellows are interested in competing in the annual SEMPA Quiz Bowl, this conference and all related expenses will be covered. Interested fellows will be chosen by the Program Directors, if more than two are interested.

The above conferences will be paid for by Vituity and the fellowship program.

Any additional conferences or CME activity will be done on the fellow's personal time and expenses will be covered via the

*Vituity CME policy (see Vituity Advanced Provider Handbook).*

**CALIFORNIA LICENSE and DEA:**

Fellows are required to obtain and maintain an active California Physician Assistant or Nurse Practitioner License prior to the start of the program. DEA licensure is also required. Copies of these will be required to start your credentialing process with Vituity and the hospital.

The one-time Controlled Substances Course, required by California for prescribing controlled substances, is not a requirement of the fellowship, but is highly recommended, as this is required for practice after program completion.

**ACLS/BLS/PALS:**

RUHS requires all fellows complete ACLS, BLS, and PALS courses prior to beginning training, and these must remain current throughout the duration of the program. Copies of these will be required to start your credentialing process with Vituity and the hospital. It is your responsibility to renew these courses and submit proof of renewal to Vituity and the med staff office.

**ATLS**

Fellows will take the ATLS course within the first three months of the fellowship start date.

**CLINICAL ROTATIONS:**

Clinical rotations form the core of emergency medicine training. We have developed clinical rotations that allow for the progressive development of skill and responsibility of an emergency Advanced provider. Every effort is made to ensure that fellows have a basic core of clinical rotations with some allowances made to those who wish to pursue special interests or research time.

The rotation schedule is created at the beginning of your fellowship. Improvements in the fellowship may result in unexpected changes in the rotation schedule. If you have a specific request regarding your rotation schedule, please submit it in writing and schedule an appointment to discuss this request with the Program Director.

**MEDICAL RECORDS:**

Chart completion is an important part of your work as advanced provider. It is imperative that you complete all reports, discharge summaries and signatures in a **TIMELY MANNER.**

**ALL** reports and discharge summaries must be dictated **WITHIN 48 HOURS.** If you **do not** complete the medical records per the hospital policy, you will be suspended. During suspension, you are not permitted to participate in **ANY** aspect of patient care, including on-call or procedural activities. If a fellow accumulates 7 or more days of suspension, this is grounds for termination. The Department requires timely completion of all medical records. We keep records of chart completion and include this in letters of recommendations to hospitals.

## **LEAVES:**

### **Authorized Absence:**

*Vacation weeks are predetermined during orientation week, when each fellow chooses their block schedule for the year. A "Leave Request" must be completed for any time off requested outside of scheduled vacation weeks.*

### **Vacation and Leave Policy:**

*Fellows are granted the following vacation and sick time, per Vituity policy.*

- *Vacation: 3 weeks (150 hours paid)*
- *69 Sick hours (accrue at 3.33% of hours worked)*

**Vacation requests may not be approved if 2 or more fellow request the same vacation time. In this case, the earliest request will have priority. All vacation requests go through the Assistant Fellowship Director.**

**Sick Leave:**

Fellows are provided with 7 days of paid sick leave.

- Fellows must notify the assigned service and the Program Directors office if they are unable to work due to illness.
- Fellows are responsible for keeping their fellowship/department aware of their status
- The Program Directors will determine whether sick leave used will have to be made up in compliance with program requirements.

In the event of an extended leave, the program directors and Vituity Human Resources department must be notified if a fellow is hospitalized or is ill/disabled on an outpatient basis for more than seven days so that disability benefits, if any, can be applied for. Application for State Disability is required by the Medical Center if either of these situations arises. It is imperative that a disability application be submitted as soon as possible in order to avoid interruption of pay. Application for benefits must be made no later than the 20th day after the first day for which benefits are payable.

**No call / No show:**

Fellows are expected to report to work on time for each assigned work shift. Fellows must notify, in advance, the attending in charge of their assigned service, and the program director of tardiness or of their inability to report to work due to illness or emergency.

In the event that a fellow fails to notify the above parties of their tardiness or absence, the following protocol will be used:

- The program directors will be notified of the absence.
- The program directors will attempt to contact the fellow as soon as the absence is noticed. Contact will be attempted via text message, phone calls to cell phone and home phone (if available), and email. Multiple attempts will be made to each contact method.
- If, after an hour of attempting to reach the fellow, the program directors have not heard back from the fellow regarding the absence, the program coordinator or program director will call the fellow's emergency contact(s) to express concern that the fellow has not arrived to work. They may request that the emergency contact go to the fellow's home to check on the fellow.
- In the event the fellow and emergency contact cannot be reached, the program director may contact the local Police Department to request a wellness check.

- If the program directors have increased concern for the wellbeing of a fellow, they may activate the above protocol immediately.

Discussion of fellow absence or no-show for work will be limited to the program director, the program medical director, the department medical directors, Vituity's human resources representatives, and others only as needed for fellow safety. Preserving fellow privacy will be prioritized to the extent possible except where there is concern for fellow safety.

Fellows are responsible for providing their physical address and at least one emergency contact (name, phone number, and relationship) to the program director. Fellows are required to update this information as appropriate via the Emergency Department Program Administrators.

#### **Bereavement Leave:**

Three (3) regularly scheduled workdays off, with pay, for funeral leave are granted in the case of a death in the fellow's immediate family. **Immediate family includes** spouse, children, stepchildren, parents, stepparents, father-in-law, mother-in-law, brothers, sisters, stepbrothers, stepsisters, only living relative, foster parents and legal guardians. The fellow must notify the Program Director's office and Vituity in the event funeral leave is required.

#### **Jury Duty:**

Fellow will be compensated for days on jury duty provided court verification of jury duty served is provided to the program coordinator. The GME office, the residency office, and your attending must be notified of **both potential and actual jury duty**. Please be aware however, that to qualify for the American Board of Emergency Medicine, you are only allowed to miss 20 weekdays total a year without having time added to that academic year. It is advised you notify the court / judge of this if you are called.

#### **PROGRAM POLICIES:**

##### **Dress code:**

**YOUR DRESS IS A DEMONSTRATION OF THE QUALITY OF YOUR PROFESSIONAL SKILLS.** It is expected that fellows always appear well-groomed and professional. White clinical coats are optional, but your name tag is always required while on site. It is expected all personnel will dress in a professional way that represents the Department of Emergency Medicine.

##### **The Learning and Working Environment:**

The program recognizes that a sound academic and clinical education should be carefully planned and balanced with concerns for patient safety, quality of care, and fellow well-being. Learning objectives of the program will not be compromised by excessive reliance on fellows to fulfill service obligations.

**Patient Safety/Quality Improvement:**

The program ensures a culture of patient safety and continuous quality improvement. Fellows and faculty demonstrate an understanding and acceptance of their personal role in:

- Assurance of the safety and welfare of patients entrusted to their care
- System wide performance improvement and patient safety systems
- Promotion of safe, inter-professional and team-based care
- Reporting responsibilities and process for reporting patient safety events and near misses
- Disclosure of adverse patient safety events
- Quality improvement process and health care disparities, including review of data and quality metrics

All fellows are required to complete on an annual basis RUHS educational modules on:

- "Know Your Patient"
- "Patient Safety- Further Steps to Prevent Harm"
- "HIPPA Updates"
- "Universal Protocol"

Fellows will also participate in root cause analyses and performance improvement committees during their fellowship at RUHS. In addition, fellow undergo experiential learning involving things such as inter-professional quality improvement activities which include reducing health care disparities.

**Supervision and Accountability:**

The program has developed curriculum and rotation assignments where the clinical responsibilities must be based on program level, experience of the fellow, patient safety, severity and complexity of patient illness/condition, and available support services. Patients must have an identifiable and appropriately credentialed and privileged attending who is responsible and accountable for their care. Although the attending physician is ultimately responsible for the care of the patient, fellows share in the responsibility and accountability for their efforts in the provision of care.

When providing direct patient care, fellows and faculty must inform each patient of their respective roles in their care. Badges, including an attached badge buddy identification card, must be always worn while on site.

Faculty provide supervision of fellows in an educational setting which provides safe and effective care to patients while allowing fellows to develop the skills, knowledge and attitudes necessary graduate and practice medicine under indirect supervision, as is standard for Advanced Providers. Fellows are supervised by faculty according to the Program Supervision Policy.

**Supervision Policy:**

The program follows the principle that supervision is necessary at all levels of fellowship training, but recognizes that a delicate balance exists in which graduated responsibility and opportunity to make decisions is vital to the growth and development of medical judgment by the fellow. The program directors will evaluate each fellow's abilities based on specific criteria, guided by the milestones. As fellows gain knowledge, proficiency in manual and problem-solving skills, and demonstrate acquisition of good judgment, the intensity of supervision decreases to foster independent decision-making. Fellow capabilities are monitored on a regular basis through direct observation by faculty to ensure fellow are working within their experience and documented ability.



**Professionalism:**

*Fellows display professionalism through patient safety and personal responsibility. Acceptance of the personal role in support of the patients' safety, including accurate reporting of duty hours, patient outcomes, and clinical experience data. The program directors will ensure a culture of professionalism that stresses the importance of awareness and accountability for fitness for duty.*

*The program educates fellows and faculty members concerning the professional responsibilities of providers to appear for duty appropriately rested and fit to provide the services required by their patients and promotes patient safety and provider well-being in a supportive educational environment.*

*The Program Directors ensures a culture of professionalism that supports patient safety and personal responsibility. Fellows and faculty demonstrate an understanding and acceptance of their personal role in:*

- *Provision of patient and family-centered care*
- *Reporting of unsafe conditions and adverse events*
- *Assurance of their fitness for duty*
- *Management of their time before, during, and after clinical assignments*
- *Recognition of impairment, including illness and fatigue, in themselves and in their peers*
- *Commitment to lifelong learning*
- *Monitoring of patient care performance improvement indicators*
- *Honest and accurate reporting of duty hours, patient outcomes and clinical experience data*

*All fellows and faculty members demonstrate responsiveness to patient needs that supersedes self-interest. Our physicians recognize that, under certain circumstances, the best interests of the patient may be served by transitioning that patient's care to another qualified and rested provider.*

**Well-being:**

*Psychological, emotional, and physical well-being are critical in the development of competent, caring and resilient providers and requires proactive attention to life inside and outside of medicine. The program supports the well-being of the fellows and faculty members by providing a learning and working environment that includes:*

- *Finding meaning in work by minimizing non-provider obligations, providing administrative support, allowing progressive autonomy and flexibility, and enhancing professional relationships*
- *Monitoring of work schedules*
- *Evaluating the safety of fellows and faculty members in the learning and working environment*
- *Providing education on identification of burnout, depression, and substance abuse*

*Fellows and faculty are encouraged to alert the program director or other designated personnel if signs of burnout, depression, substance abuse, suicidal ideation, or potential for violence is displayed by another fellow or faculty member. The program will grant time for fellows to attend medical, mental health, and dental care appointments. Fellows are encouraged to notify the department of scheduled appointments as soon as possible to allow for sufficient time to make schedule adjustments.*

**Fatigue Mitigation:**

Education is provided to all faculty physicians and fellows to recognize the signs of fatigue and sleep deprivation. Fellows are encouraged to stop and rest when fatigued. If sufficiently fatigued to potentially impair their ability to perform, the fellow must transfer responsibility to another provider or to a faculty physician and notify the Program Director or designee of transfer needs. The attending and program director will work together to arrange for appropriate coverage.

At RUHS, there are comfortable sleep facilities available for fellows who are too fatigued to safely return home. Fellows who recognize that they may be too fatigued to drive home are encouraged to utilize the sleeping facilities to rest before leaving the work site or utilize the safe ride home services provided by the Department and GME. Should a fellow require a safe ride home, they can contact UBER for the ride and submit receipt to the program coordinator for reimbursement. These ride home options are available to all RUHS fellows. Fellows can also utilize these services the next day to return to work and retrieve their vehicle.

Fellows must monitor themselves for signs suggestive of fatigue that usually occur after prolonged periods of sleeplessness such as:

- Sluggish thought patterns and inability to concentrate
- Impaired Recall
- Moodiness and Depression
- Inability to maintain a wakeful state in absence of external stimulation
- Micro-episodes of sleep
- Inflexible thinking or impairment of planning
- Intention tremors while performing delicate procedures
- Errors in judgment

**Clinical Responsibilities:**

The program has developed curriculum and rotation assignments to ensure the clinical responsibilities of each fellow are based on the physical status of the patient, the program level and experience of the fellow, patient safety, severity and complexity of patient illness/condition, and available support services. Fellow capabilities are monitored on a regular basis through direct observation by faculty to ensure fellows are working within their experience and documented ability.

**Teamwork:**

Fellows will care for patients in an environment that maximizes effective communication. The program provides the opportunity for fellows to work as a member of inter-professional teams appropriate to the service to which a fellow is assigned. Fellows will collaborate on a regular basis with their attending, residents, other fellows, staff advanced providers, nursing staff, and other inter-professional and multidisciplinary teams to formulate treatment plans for our diverse patient population.

**Transition of Care:**

Fellows will utilize the Departments Transition of Care policy to promote patient safety through accurate communication regarding patient care, treatment services, current condition, and any recent or anticipated changes. In addition to the departmental policy, fellows should refer to the hospital-wide policy 621.1 "Hand-off Communication". The Transition of Care policy should be utilized if a fellow is unable to perform their patient care responsibilities due to excessive fatigue, illness, or family emergency.

**Clinical Experience and Educational Work Hours:**

Fellows are scheduled to work an average of 50 clinical hours per week. Lecture / didactic training may fall outside of clinical shift time, adding an additional 3 hours of required time each week. Per California law and Vituity policy, fellows will be paid 150% for all time over 8 hours worked in a single day, and for all hours worked beyond 40 hours for the week. After 12 hours in 1 day or 50 hours in 1 week, fellows will earn double time. Fellows are encouraged and mentored to be able to leave shifts on time as often as possible. Due to the nature of the work within the emergency department, fellows may stay beyond the scheduled shift times, if it is to the benefit of their education, or is required for patient safety.

Initial education of the fellow with respect to clinical and educational work hours is provided at department orientation. However, education is ongoing throughout the entire program as hours are monitored and issues addressed at quarterly evaluations, or more often, if necessary.

Any charting outside of shifts, required reading, lecture time, or other required activities will be paid at the fellow's regular rate.

The program structure is configured to provide the fellow with a balance between educational opportunities and opportunities for rest and personal well-being.

Situations in which fellows work an excessive number of hours can lead to errors in judgment and clinical decision-making. These errors can impact patient safety, as well as the safety of the fellow through increased motor vehicle accidents, stress, depression and illness related complications. Vituity, RUHS, and the Program Directors must maintain a high degree of sensitivity to the physical and mental well-being of the fellow 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 program has adopted a clinical and educational work hours' policies which mirror the ACGME standards

Time cards via ADP must be updated daily to accurately reflect all time worked. The pay period closes every other Saturday night at midnight, and fellows are required to review and sign their timecards that Sunday by midnight. Fellows will be paid every other Friday.

**Moonlighting:**

Fellowship training is a full-time educational experience, and the special nature of fellowship training requires extensive clinical activity and availability to patients at times other than the regular working day. Extramural paid medically related activities (moonlighting) must not interfere with the fellow's educational performance, clinical responsibilities and/or rest periods. Moonlighting is allowed following a 3 month evaluation, during which the fellow is identified by the program directors as ready to participate in moonlighting. The Program Directors retains the right to revoke, limit, or grant moonlighting privileges to a fellow, regardless of the guidelines outlined in the policy as his discretion.

**Disciplinary Action and Remediation Policy:**

All fellows are expected to abide by and follow the policies set forth in this handbook. Should an issue arise in regards to patient safety, the faculty and preceptors will intervene immediately, including removing the fellow from the case or sending the fellow home early, if necessary. Patient safety, professionalism, and educational concerns will all be brought to the fellowship directors for review. Isolated infractions will be documented and discussed with the fellow informally. If infractions are repeated, or are creating a difficult practice or learning environment for others, formal disciplinary action will be required. Formal disciplinary action will be in the form of a Professional Improvement Plan (PIP), and will be reviewed and approved by Vituity Human Resources prior to being presented to the fellow. A PIP will include opportunities for improvement, action plan, and date(s) for follow up. PIPs will be presented in a private setting between the fellow and the fellowship directors. Once the behavior has improved, per the action plan written in the PIP, the PIP will be closed and signed as no longer active.

**Disciplinary, Remediation, and Appeal Process:**

Riverside University Health System-Medical Center (RUHS-MC) and Vituity strives to provide Fellows with an environment conducive with academic and professional development. RUHS-MC understands that academic-related concerns or conflicts may arise during the term of the fellowship program. This policy and procedure is established to assist in clarifying and/or resolving

*academic-related disciplinary and/or remediation issues during the term of the fellowship.*

**Further, this policy and procedure is:**

1. To establish guidelines for corrective action, remediation and/or disciplinary action relative to academic matters.
2. To assure careful consideration, reasoned action, and fair treatment with due consideration and regard for the facts and circumstances which lead to any corrective action, remediation and/or disciplinary action recommended or taken;
3. To provide an opportunity for Fellow to address and resolve issues related to corrective actions, remediation and/or disciplinary action imposed due to academic matters.

*These guidelines apply to Emergency Medicine fellow.*

**Fellowship Representation:**

*When a fellow has a particular problem/concern with the program, he/she has three avenues in which to discuss the problem/concern. First, the Fellow will meet on a quarterly basis with the Program Director to discuss issues, concerns, and changes with the program. Second, a fellow may discuss issues with their one-on-one mentor at any time, who will strive to provide resolution while maintaining as much confidentiality as possible. Third, the fellow can bring the problem to the Program Medical Director at any time.*

**Personal Files:**

*A personal file is maintained for each fellow. Information kept on file consists of applications, correspondence, leave requests, and other miscellaneous items. Rotation evaluations will be reviewed with you at your quarterly review.*

**Library:**

*The Department of Emergency Medicine currently maintains a core resident library in the RUHS library. No books are to be taken from the library. The library is available after hours by badge swipe access.*

**Mailboxes and e-mail:**

*Mailboxes are in the resident work room. Please check them regularly for important program information and notices.*

*All fellows receive both a RUHS and Vituity e-mail address. These e-mail address are your primary email address for duration of the program. This is where all hospital departments/programs will e-mail you, including program e-mail and announcements. It is your responsibility to check your e-mail daily as you will be accountable for all medical records and announcement that need your immediate attention.*

## FELLOWSHIP HANDBOOK ACKNOWLEDGEMENT FORM – 2024-2025

- *I have received the RUHS Emergency Medicine Advanced Provider Fellowship Program handbook for academic year 2024-2025 and I understand that it is my responsibility to read and comply with the policies contained in this handbook and any revisions made to it. The handbook describes important information about the EMAP Program, and I understand that this handbook replaces any previous understanding, practice, manual, handbook or workplace addenda, policy, or representation concerning the terms and conditions of the EMAP Program.*
- *I am aware of the fellowship program's disciplinary policy.*
- *I agree to abide by the policies and procedures contained within the handbook and its addendums. I understand that the policies and benefits contained in this handbook may be changed, modified, or deleted at any time.*
- *I understand that it is my responsibility to retain a copy of this handbook and to request a new copy if mine is lost or damaged.*
- ***I certify that I will accurately and completely report my work hours.***

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***Employee Name (please print)***

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***Employee Signature***

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***Date***