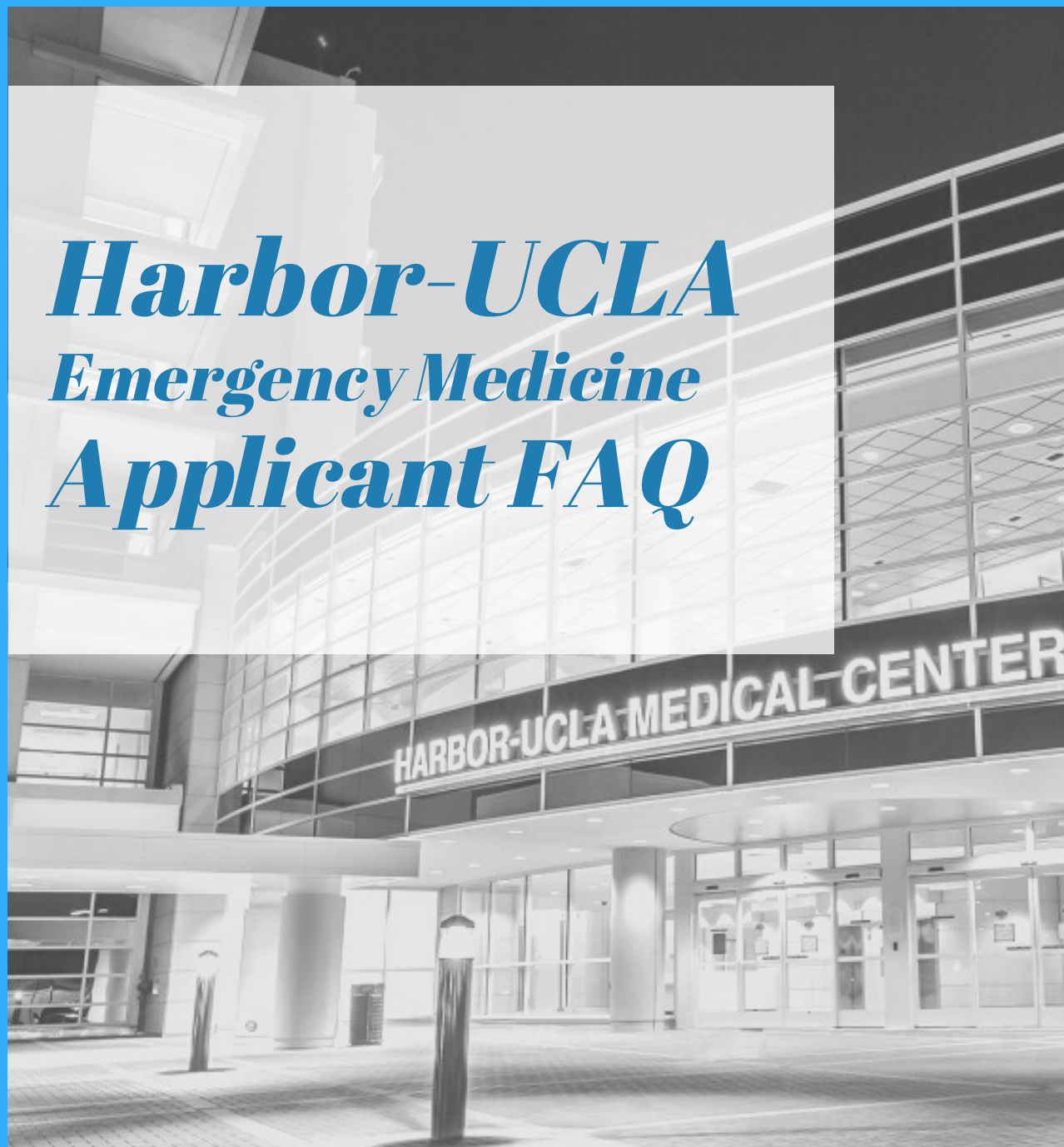

***Harbor-UCLA
Emergency Medicine
Applicant FAQ***



GENERAL

- **4-year Program:** Harbor-UCLA became a 4-year program in 2013. We have always trained leaders in Emergency Medicine and our goal is to continue to do so, while providing the option of working in any setting after graduation. With the expansion of the scope of practice of Emergency Medicine and the addition of fellowship options for EM graduates, the 4th year has allowed us to add a significant amount of elective and selective time (See **Electives** and **Selectives**) during which residents can explore a variety of interests. Each year adds a graduated level of responsibility and independence. The schedule in the 4th year also affords additional time to work on and complete projects with faculty and fellows.
- **County and Academic Program:** Harbor-UCLA is very unique in that it is both a large County/Public safety-net hospital serving low-income, vulnerable, and uninsured or underinsured individuals and also a major academic center with ongoing clinical, bench, and translational research in almost every department. The Lundquist Institute is the on-campus private IRB.
- **Founded in 1978:** Harbor-UCLA is one of the oldest and most established EM programs in the country. It started in 1978 as a 2-year program and has expanded and grown with the growth of Emergency Medicine. We have over 500 residency and fellowship alumni all over the country and the world, many of whom hold leadership positions.

Curriculum

The curriculum consists of the clinical rotations as well as didactics, orientations, retreats, mock oral boards, and daily teaching rounds.

Clinical Curriculum

PGY1	Weeks	PGY2	Weeks	PGY3	Weeks	PGY4	Weeks
Vacation	4	Vacation	4	Vacation	4	Vacation	4
Orientation with ED and Peds ED shifts	2	R2 Orientation	2	ED (Adult / Peds / RME)	36	ACEP	1
Adult ED	10	ED (Adult / Peds /Fast Track)	34	Long Beach Memorial ED	3	ED (Adult / Peds /Fast Track)	31
Peds ED	6	VA MICU	3	Cedars Sinai MICU	3	Long Beach Memorial ED	3
Ortho	6	St. Mary's ED	3	Selective	4	NICU (White)	3
MICU	4	Trauma Team	2	Elective/Jeopardy	2	Selective	6
SICU	4	Elective/Jeopardy	2			Admin/Jeopardy	2
OB	4	EMS	2			Social EM	2
CCU	4						
Psych ED	2						
Anesthesia MLK	2						
Ultrasound	2						
Trauma Surgery	2						
	52		52		52		52

- **Adult ED:**
 - 8.5-10.5 hour shifts which start and end with one hour of protected time used for rounds and teaching. We do not do 12-hour shifts in the ED.
 - Schedules are out 6 months at a time
 - Two teams in the Adult ED; Day (7a-5p; 7:30a-6p), Swing (3:30p-1a; 4:30p-2a), and Night (11:30p-8a; 12:30a-9a)
 - Each team has a Senior (PGY3 or 4) and a Junior (PGY2 or 3).

- PGY4 is always the senior on the team
 - PGY3 functions as a senior if the other resident is a PGY2
 - PGY3 functions as a junior if the other resident is a PGY4
 - PGY2 is always the junior on the team
 - Team combinations: 4/3, 4/2, 3/3, 3/2
 - Teams may also have an intern or medical student +/- an off-service Family Medicine or UCLA Med/Peds resident.
- **Pediatric ED:**
 - About 25% of shifts throughout the year are in the Pediatric ED, so residents experience the breadth of pediatrics throughout the year
 - 100% of supervision is by EM or Pediatric EM boarded faculty members
 - **RME (Rapid Medical Evaluation):**
 - PGY3s screen patients in the triage area and begin evaluations.
 - **Fast Track Team:**
 - Made up of a PGY4 and PGY2 with the PGY4 supervising the PGY2 and NPs
 - Faculty supervision of the PGY4s at this point is via chart review, but faculty are available on site for questions.
 - 25% of shifts combined over the PGY2 and PGY4 years
 - **Outside rotations:**
 - MLK Community Hospital for Anesthesia in the PGY1 year (2 weeks)
 - Long Beach Memorial ED (3 weeks in each of the PGY3 and PGY4 years)
 - St. Mary's ED (3 weeks) in PGY2 year
 - VA MICU (3 weeks) in the PGY2 year
 - Cedars Sinai MICU (3 weeks) in PGY3 year
 - White Memorial NICU (3 weeks) in the PGY4 year
 - **Elective/Jeopardy:**
 - Residents can spend their elective time on any service in our hospital. The most common electives are Ultrasound, Radiology, Ophthalmology, Research, Medical Spanish, and WikEM (which involved editing, updating, and writing new content for WikEM).
 - What is jeopardy?
 - This is a back-up system in the event that a resident has an emergency or falls ill within 24 hours of their scheduled shift. These shifts are then paid back later in the academic year
 - Residents cover jeopardy during elective time and the PGY3 selective time

- **Selective:**
 - 10 weeks of time dedicated to a focused area in EM, serving as a “mini fellowship.” There is no jeopardy while on Selective in the PGY4 year (non-COVID times). (* Indicates that we have a fellowship in this area)
 - Ultrasound*
 - Pediatrics*
 - EMS*
 - Administration/Public Health
 - Education
 - Wilderness Medicine
 - Clinical Practice
 - Research
 - Toxicology
 - Social EM (Curriculum currently being developed)

Didactics

- Our scheduled didactics are Thursday mornings from 8a-12n. They are typically in the large conference room in our office building across from the ED. Now many are occurring via Zoom.
- Faculty cover the ED for the day shift on Thursdays to allow more residents to attend conference.
- Interactive and creative teaching modalities
 - Simulation sessions every other month in our SIM Center
 - They occur on “Triple threat” days during which participants split into 3 groups and rotate between SIM stations and two other sessions (covering board review, cases, escape rooms etc.)
 - Audience response systems are often used
 - Joint conferences with:
 - Trauma surgery (monthly)
 - Pediatrics (quarterly)
 - Cardiology (quarterly)
 - Other local EM programs during our biannual All LA with LAC+USC and UCLA. Residents/faculty from LAC+USC, UCLA, the West LA VA and Kern participate
- Asynchronous learning for one hour a week
 - Posted on the Harbor-UCLA educational website
 - EM Coach, Emergency Medicine Practice, FOAMed resources and journal articles are all included
- Mock Oral Boards
 - PGY3s and PGY4s participate in mock oral board sessions to help prepare for the oral boards. This occurs once in the PGY3 year and twice in the PGY4 year.

Rounds

Each Shift in the adult ED starts and ends with sign-out and teaching rounds with the on-coming attending. Rounds are run by the senior resident on the team and occur in separate room with a large computer monitor. Each patient is presented, and feedback and teaching are provided about each case. During the last 10 minutes of rounds, faculty and seniors often present interesting cases or provide mini-lectures on a variety of topics. Rounds end with a 3-minute briefing with the nursing staff called "TeamSTEPPS."

Graduated Level of Responsibility in Each Year

- PGY1:
 - Present all patients to senior residents in the Adult ED and directly to the attending in the Pediatric ED
 - Call consultants with direct senior resident or attending supervision
- PGY2:
 - Call consultants independently
 - Begin to answer paramedic radio calls
 - Teach non-EM bound students (in the latter part of the academic year)
- PGY3:
 - Teach EM bound students and all interns
 - Screening shifts in RME (Rapid Medical Evaluation) area
 - May moonlight in urgent cares
- PGY4:
 - Supervise PGY2s and NPs in fast track
 - May moonlight in EDs

Orientations

- **Intern orientation** consists of one-week of educational sessions, simulation/skills laboratories, meet the PDs, and chiefs, etc., and one week of shifts in the adult and pediatric EDs:
 - Sessions covered:
 - Approach to the ED Patient
 - FOAMed
 - ECGs
 - Wellness
 - EMR templates
 - Meet the Chiefs and PDs
 - Feedback
 - Airway Lab, Suture Lab, and Procedure Lab
 - ACLS Simulation

- Ultrasound
 - Social Determinants of Health and Health Equity/Poverty Simulation
 - Your Student Loans
 - Ventilator Management
- Hospital orientation occurs for three days before the start of department orientations:
 - Three days of orientation to the county, EMR, benefits etc.
 - ACLS provided
- **PGY2 Orientations** is a 2-week orientation with additional training sessions including
 - Procedure labs (including an airway lab, splinting session, suture lab and dental lab) skills stations
 - Ultrasound
 - Disaster preparedness
 - EMTALA
 - Documentation and Billing
 - Leadership 101
 - Dealing with difficult patients
 - Ventilator management
 - ED Follow-up and RME orientation
 - Wellness
 - ATLS and the approach to Trauma at Harbor
 - PALS
 - Social Emergency Medicine
 - Orchid and Order Sets
 - Social Media/FOAMed
 - Resuscitation cases
 - Program requirements

Benefits

Retreats

- Department:
 - A weekend away with friends and family at the Lake Arrowhead UCLA Conference Center
 - All residents and 1/3 of the faculty (other faculty staff the ED)
 - Team building activities
 - Costume party
 - Wellness or other educational activity
 - Resident faculty town hall
- PGY1 retreat – Every intern throughout Harbor-UCLA has one week of scheduled time off the final week of intern year. Our classes traditionally use this time to travel together and bond with recent destinations including Turks and Caicos, Lake Tahoe, and Cuba
- PGY2 retreat – Residents are free from duties the swing and night before and also the night after these retreats.
 - Base station training: Residents learn to answer the EMS radio and provide on-line medical direction to paramedics. This occurs about 6 months into the PGY2 year and is followed by proctored calls for several months in the ED
- PGY3 retreat – Off the swing and night before and also the night after this retreat
 - Neonatal Resuscitation Course(NRP) offered (formerly called NALS)
 - Preparation for the PGY4 NICU rotation
- PGY4 retreat - Free of clinical duties for a week
 - Attend ACEP
 - Contract Negotiations and Financial Planning session
- **Class Weekends** (PGY2-4) are built into the schedule (Non-COVID time)

Leadership Openness to Feedback

- Most changes in our program are based on feedback from the residents
- End-of-rotation meetings every month with interns to get feedback about outside rotations
- Quarterly resident faculty meetings (including one at retreat)
- Residents actively serve on most committees:
 - Education committee
 - ED Community Council
 - Conference Committee
 - End of Year Program Evaluation Committee
 - Resident Selection Committee
- Residents have initiated a number of departmental committees including

- Equity, Diversity, and Inclusion
- Wellness
- Recruitment
- Social EM
- Designated Institutional Officer (DIO): This is the person in charge of all of the training programs at the hospital. He hosts a semiannual meeting with residents in each department. None of the department faculty are present. This allows him to gather feedback about the program which he then anonymously summarizes and gives to the PD to help direct improvements and changes.

Recent changes

- MLK Anesthesia
- Transitioning the Cedars MICU from PGY4 to PGY3 year
- Intern rotations of Medicine Ward and Neurology Wards were shifted to expand Orthopedics and Trauma Surgery
- The department chair recently retired

Faculty

- 23 Core Faculty who all work clinically. This is a relatively small faculty size for the number of residents in the program meaning that all of the faculty get to know all of the residents. We have very little faculty turn over because Harbor-UCLA is an amazing place to work.

Accreditation

- Fully Accredited

Board pass rate

- 99.2%

Salary

- Year
 - PGY1-\$56,830
 - PGY2-\$61,728
 - PGY3-\$66,884
 - PGY4-\$72,074
- Here is a link to the GME website where all of the County benefits are described: <https://www.harbor-ucla.org/gme/current-residents/salary-and-benefits/>

Benefits

- \$4,000/year housing stipend
- \$2,000 at the end of PGY1 year
- \$1,200/year bilingual bonus

- \$1,000/year education fund
- Up to \$3000/year back in unspent health benefits
- ACEP and any conference where a resident serves on a committee or is giving a presentation is covered by our department
- 3 more years of a \$600k grant
 - Simulation equipment
 - Conferences for residents
 - EMRA membership for all residents
 - ROSH review for all PGY4s
 - Website updated

Applicant FAQ's

- **Where do people work?**
 - We have graduates all over the world.
- **How may graduates pursue fellowships?**
 - About 25% of our residents continue on to fellowships and we have 100% match rate into fellowships.
- **What are the projects in social emergency medicine in which residents can be involved?**
 - We have a Social EM elective which is required 2-week rotation for the PGY4s where you can dedicate time to a project and learn more about the services our institution offers.
 - We are part of the UCLA Department of Emergency Medicine Section on International and Domestic Health Equity (IDHEAL) with Harbor being one of the two clinical sites for the IDHEAL Fellow
 - Residents participate in the Summer Urban Health Fellowship to encourage local high school and college students to pursue a career in medicine and health sciences.
 - Several residents, including Dr. Ai Xin Chen, Dr. Elizabeth Scott, and Dr. Hannah Carr are actively pursuing grants to further develop our Food pharmacy which provides fresh produce to our patients with food insecurity.
 - Dr. Shamsheer Samra and Dr. Natasha Thomas lead the hospital-based violence intervention program and trauma recovery center, respectively
 - Dr. Shamsheer Samra is also leading work around community engagement and advocacy on issues such as immigration, jail/prison abolition, and structural violence
 - Dr. Shamsheer Samra chairs an elective for first year medical students at UCLA on the social and structural determinants of health
 - Dr. Andrea Wu is leading work around medication-assisted therapy (MAT) and substance use disorder
 - Dr. Sophia Fornbaucher is leading work on social needs screening using technology (chatbot) and social needs navigation (1 Degree) under the mentorship of Drs. Dennis Hsieh, Shamsheer Samra, Juliana Tolles, and Kabir Yadav
 - Dr. Rammy Assaf is leading parallel work on social needs screening in the pediatric ED under mentorship from Drs. Mohsen Saidinejad and Dennis Hsieh
 - Dr. Lauren Fryling is actively developing a homeless clinic mobile care unit to provide greater continuity of care for the local homeless population under the mentorship of Dr. David Tanen.
 - Dr. Hannah Janeway is a leader in the organization, Refugee Health Alliance, with which residents can assist in providing medical care to refugees in Tijuana. This is not an official rotation, but a volunteer opportunity for those who are interested.
 - Drs. Adedamola Ogunniyi and Dennis Hsieh are two of the lead editors for the IDHEAL modules and advancing work in the development of a social emergency medicine curriculum

- **In what ways do you demonstrate a commitment to diversity, representation, and inclusion in your program?**
 - The department has developed a Committee on Equity, Diversity, and Inclusion with the purpose of recruiting and training individuals who represent our patient population and enhance diversity within our specialty.
 - We are committed to recruiting underrepresented minority (URM) students, first generation college graduates, and LGBTQI individuals who are committed to caring for our patient population
 - Our faculty, alumni, and residents exhibit diversity in age, gender, race, ethnicity, sexual orientation, national origin, and experiences
 - 100% of our departmental senior leaders are women and/or individuals of color
 - 50% of our core faculty are women and over 45% are people of color
 - Our EM department has one of the largest percentages of female faculty in the nation. Many of our female faculty hold leadership positions in national organizations, including Dr. Amy Kaji (our Chair), who is the current SAEM President-Elect. Dr. Marianne Gausche-Hill is also a national leader in both emergency medicine and pediatric emergency medicine, the medical director for the Los Angeles County EMS Agency, and American Board of Emergency Medicine, President-Elect.
 - An Annual Diversity Social is held to celebrate the diversity of our department, community, and applicants
 - Scholarships are available for students traditionally underrepresented in medicine. For more information about scholarships or about the committee itself, please contact harboremdiversity@gmail.com
 - We have a history of matching applicants from around the country, osteopathic graduates, and international medical graduates. Of note, the county does not sponsor visas, and international rotations are not currently an option.

- **What is the shift schedule?**
 - 8-10 hour shifts with 2 hours of dedicated patient handoff and teaching “rounds”
 - Approximately 20 shifts per 28-day period as a PGY2, which slowly tapers down to 16 shifts per 28-day period as a PGY4
 - Circadian cycle, progressing from day -> swing -> night -> off

- **What is the added benefit to a fourth year of residency?**
 - Graduated responsibility including the ability to discharge patients independently and supervise NPs in addition to junior residents and medical students as a PGY4.
 - Fewer shifts in the ED with increased elective time to develop career interests and explore a subspecialty interest in EM similar to a “mini fellowship.”
 - Ability to work in any setting immediately after residency

- **What is your resident exposure to pediatrics in the curriculum?**

- Pediatric EM blocks (6 weeks) during intern year to begin to develop comfort with pediatric evaluation and management
 - Pediatric shifts are interspersed in PGY2-4 schedule throughout the year to gain an appreciation for the seasonality of disease in pediatric patients
 - We recently added a NICU rotation in the PGY4 year
 - Opportunities for pediatric critical care and community PEM electives are available for PGY 2-4s
- **How has the program demonstrated efforts to serve the LGBTQ+ community?**
 - Dr. Clint Coil and the emergency medicine faculty and residents have led the way in establishing Harbor UCLA as a certified LGBTQ+ friendly institution
 - All county benefits apply to significant others regardless of gender identity
 - Harbor is designated a Healthcare Equality Leader for 2019-2021 based on our score of 100/100 points on the Healthcare Equality Index (HEI) from the Human Rights Campaign Foundation.
- **Can residents afford to live in Los Angeles?**
 - We receive a \$4000 housing stipend at the beginning of each academic year in addition to an annual \$1000 education fund which can be used to purchase a variety of educational materials, subscriptions, etc.
 - Residents are able to comfortably live in neighborhoods including the beach cities (Redondo, Hermosa), West LA, downtown LA, and Long Beach.
- **How are traumas run at Harbor?**
 - For the highest level of trauma activations for which trauma surgery is contacted prior to arrival, the EM resident runs the resuscitation, performs the examination, and performs the intubation if necessary. Chest tubes are alternated with trauma surgery. Thoracotomies may be performed under trauma attending supervision.
 - An EM PGY2 rotates on the trauma team, so when the chest tube is assigned to the trauma team, the EM PGY2 performs the procedure much of the time.
- **Are there resources to help care for non-English speaking patients?**
 - We have 24/7 phone interpreter services
 - We have electives in medical Spanish to encourage Spanish language development
 - Providers who are fluent in a second language may become certified interpreters for a \$100 monthly bonus. This is true for the top 10 non-English languages spoken by our patients.
- **How would you describe resident wellness at Harbor?**
 - The 8-10-hour shift schedule allows residents the flexibility to enjoy their time off after a busy shift.
 - Our department is family friendly with residents and attendings assisting each other in childcare.

- Our residents and faculty have a wide variety of interests with group chats for surfing, cycling, eating out, and more!
- We incorporate class weekends and retreats into the schedule.
- **Is training for residents more hands-on or hands-off from the perspective of attending oversight?**
 - This is part of the graduated level of responsibility. Each year of training affords additional levels of independence
 - See Graduated level of responsibility...
- **It's great to see faculty, such as Dr. Lewis, as an expert in clinical trials. Can you speak further to the program's opportunities for EM research?**
 - There are a number of EM faculty actively involved in clinical and bench research and residents all have opportunities to participate. We work collaboratively with many other departments on campus as well.
- **How does "UCLA-Harbor differ from Reagan/Olive View"?**
 - Please note that we are "**Harbor-UCLA**" ... We are a county training program and have an academic affiliation with UCLA.
 - We are a completely independent program from UCLA/Reagan, but we share an academic affiliation. Harbor-UCLA serves the working poor population of South Los Angeles and we are a large public hospital. UCLA/Reagan is located in West Los Angeles and is a large university-based program.
- **How do you go about couples matching? Do you communicate with other programs or is your review process completely independent?**
 - We treat each applicant independently, but we also communicate with other programs on campus regarding applicants in the couples' match.
 - We do not move people up or down based on couples' match, but we certainly take a second look at the files of applicants who are interested in a specific area because of the couples' match. We receive about 1000 applications for 16 positions, and we often have about 200 people with excellent applications, who we would love to be able to interview, but simply cannot. Information about couples' match or interest in the Los Angeles area is useful to help us pick amongst these applicants.
- **How does mentorship work at Harbor?**
 - Interns are assigned an Associate Program Director as well as a "family" to start the mentorship process. The APD meets with the resident twice a year and each year of training has a year-specific APD. These APDs lead the resident throughout the training process and also direct them to faculty members with similar interests, when appropriate.
- **How would you say the relationships are between EM residents and other specialties/ancillary staff?**
 - We have an excellent working relationship with other services, and we have admitting privileges to all services in the hospital. This has helped minimize turf battles.
- **How much staff turnover is there in your ED?**

- Almost none. This is a great question and one you all should ask at every interview. People typically only leave Harbor when they retire and 3 of our retired faculty still volunteer to work with our patients and residents.
- **What is the ratio of faculty to residents on shifts?**
 - 1 faculty for 3 residents for each team in the adult ED and 1 faculty to 4 residents in the pediatric ED.
- **Any recommendations for how a non-California resident can express interest this year since recruitment is virtual? How can people express interest now that there are no in-person meetings?**
 - We assume that your application is an expression of interest and we try to recruit residents from all over the country and the world.
- **What are some changes this program has made in the last few years based on resident feedback?**
 - We make changes every year to the curriculum and conference based almost entirely on resident feedback. Residents participate as members of the education committee as well as the conference committee.
 - The intern rotations change almost every year based on intern and resident feedback. We no longer have the interns rotate on the medicine wards or the neurology wards, but have increased our MICU and orthopedics time.
 - The addition of video conferences has been well received and we plan to continue with this after COVID times and incorporate it into about 50% of required didactics.
 - We EMRAfied the program and purchased ROSH Review for all PGY4s.
- **Do you have any osteopathic residents or faculty and if not, are you open to considering osteopathic applicants?**
 - Yes and yes...
 - We typically match about one osteopathic resident per academic year, and osteopathic applicants typically comprise about 5% of our interview and match list.
 - The Director of the Adult ED is an Osteopath and we have had a number of Osteopathic fellows as well.
- **I'm wondering if those 10 weeks of selective are spread out or consecutive? At what stage in training can you take this selective time?**
 - It is spread out over the PGY3 and PGY4 years