PROGRAM LETTER OF AGREEMENT

This Program Letter of Agreement is used to implement the Association of American Medical Colleges (AAMC) Uniform Terms and Conditions which address important legal and business terms between the Sponsoring Institution and the Participating Site. The Uniform Terms and Conditions include provisions on the administration of the residency program; resident salaries and benefits; immunizations, criminal background checks, licensure, access to resources, resident supervision and evaluation, insurance coverage, Health Insurance Portability and Accountability Act (HIPAA) and other important issues. This Program Letter of Agreement should not be signed before reading and fully understanding the AAMC Uniform Terms and Conditions.

This Program Letter of Agreement is the residency training affiliation agreement between the Sponsoring Institution and the Participating Site with respect to a clinical training experience for the Sponsoring Institution's assigned residents, and the agreement of the parties to abide by all terms and conditions of the AAMC Uniform Terms and Conditions dated January 22, 2018 which is hereby incorporated by reference, without modification or exception except as specified below. Any conflict between this Program Letter of Agreement and the AAMC Uniform Terms and Conditions are to be interpreted in favor of this Program Letter of Agreement.

This Program Letter of Agreement is effective from **October 22, 2025 through June 30, 2028,** and will remain in effect until updated or changed by the Sponsoring Institution and the Participating Site or terminated by either party.

1. Parties

Sponsoring Institution: **Board of Regents of the Nevada System of Higher Education on behalf of the University of Nevada, Reno School of Medicine, Department of Pediatrics**

Participating Site: **Washoe County Department of Juvenile Services – Jan Evans Juvenile Justice Center**

2. Persons Responsible for Education and Supervision

Program Director at Sponsoring Institution: Caroline Barangan, MD

Site Director at Participating Site: Caroline Barangan, MD

Other faculty at Participating Site (by name or general group): Jan Evans Juvenile Justice Center - Marly Stubbs, APRN, NP.C, MSN

The above named people are responsible for the education and supervision of the residents while rotating at the Participating Site.

3. Responsibilities

The faculty at Participating Site must provide appropriate supervision of residents in patient care activities and maintain a learning environment conducive to educating the residents in the competency areas identified by Accreditation Council for Graduate Medical Education (ACGME) or other applicable accrediting bodies. Supervision must provide safe and effective care to patients; ensure development of skills, knowledge, and attitudes required to enter the unsupervised practice of medicine and establish a foundation for continued professional growth. The faculty must evaluate resident performance in a timely manner during each rotation or similar educational assignment and document this evaluation at the completion of the assignment.

4. Goals and Objectives of the Educational Experiences

The goals and objectives of the educational experiences have been developed according to ACGME Residency Program Requirements or other applicable accrediting bodies, and are delineated in the attached document.

The Program Director, Site Director and the program faculty at the Participating Site are together responsible for the day-to-day activities of the residents during the course of the educational experiences at the Participating Site in furtherance of the goals and objectives.

5. Policies, Rules and Regulations that Govern Resident Education

Residents will be under the general direction of their Sponsoring Institution Program's Policy and Procedure Manual regarding educational matters as well the Participating Site's policies, rules and regulations regarding patient care activities.

6. Financial Responsibility

Sponsoring Institution Responsible Financially:
Sponsoring Institution or its affiliate as otherwise described under Section 7 herein shall continue to employ the residents and is responsible for the payment of any salary and compensation to the residents, as well as providing or requiring health insurance coverage and workers compensation coverage, and withholding all applicable taxes. Sponsoring Institution understands that its residents will not be covered by or entitled to any social security, unemployment compensation, retirement, pension and/or any other benefits programs or workers' compensation program offered or provided by Participating Site, and no resident shall have any right, title or claim to participate in the same.

7. Other Modifications or Exceptions to the AAMC Uniform Residency Training

7.1 This Program Letter of Agreement shall be governed by Nevada law and any dispute arising out of or in any way related to the Agreement shall be brought in a court of competent jurisdiction in the State of Nevada.

7.2 Both parties and their employees shall conduct themselves in compliance with all applicable federal, state, and local laws, rules, and regulations and the applicable standards of professional practice.

7.3 Participating Site shall maintain, at its own cost and expense, general and professional liability insurance covering Participating Site as an entity and each of its health care providers and employees against professional liability (malpractice) claims, in the minimum amount of one million dollars ($1,000,000.00) per occurrence and three million dollars ($3,000,000.00) aggregate. Evidence of such insurance shall be provided to Sponsoring Institution upon request. Participating Site will also maintain a commercially reasonable policy of commercial general liability insurance and maintain workers' compensation insurance in accordance with Nevada law.

7.4 Participating Site and Sponsoring Institution liability shall be limited to the amounts set forth in NRS 41.0305 to NRS 41.039, as may be amended from time to time by the Nevada Legislature. References to "governmental immunity" in the Uniform Terms and Conditions Agreement should be interpreted as meaning NRS 41.0305 to NRS 41.039.

7.5 To the extent limited in accordance with NRS 41.0305 to NRS 41.039, Participating Site shall indemnify, defend, and hold harmless Sponsoring Institution, its governing board, officers, faculty, agents, and employees from and against any and all liabilities, claims, losses, lawsuits, judgments, and/or expenses including attorney fees, arising, either directly or indirectly, from any act or failure to act by Participating Site or any of its health care staff or employees, which may occur during or which arise out of the performance of this Agreement. In accordance with the provisions of NRS 41.0305 to NRS 41.039, with regard to acts or omissions of Participating Site and/or its employees, this indemnity obligation shall be limited per cause of action.

7.6 To the extent limited in accordance with NRS 41.0305 to NRS 41.039, Sponsoring Institution shall indemnify, defend, and hold harmless Participating Site, its governing board, officers, faculty, agents, and employees from and against any and all liabilities, claims, losses, lawsuits, judgments, and/or expenses including attorney fees, arising, either directly or indirectly, from any act or failure to act by Sponsoring Institution or any of its employees, which may occur during or which may arise out of the performance of this Agreement. In accordance with the provisions of NRS 41.0305 to 41.039, with regard to acts or omissions of Sponsoring Institution and/or its employees, this indemnity obligation shall be limited per cause of action.

The individuals executing this program letter of agreement are authorized to sign on behalf of their institutions and certify that their institutions have accepted the AAMC Uniform Terms and Conditions for Program Letters of Agreement and further agree to comply with its terms except as noted above.

Sponsoring Institution: Board of Regents of the Nevada System of Higher Education on behalf of the University of Nevada, Reno School of Medicine, Department of Pediatrics
1664 N. Virginia Street, M/S 1332, Reno, Nevada 89557-1332

Recommended:

_____
Caroline Barangan, MD Date
Program Director
Pediatric Residency

_____
David Carlson, MD Date
Associate Dean of Graduate Medical Education

Approved:

_____
Paul J. Hauptman Date
Dean, UNR School of Medicine

Participating Site: Washoe County Department of Juvenile Services
Jan Evans Juvenile Justice Center
650 Ferrari McLeod Blvd., Reno NV 89512

_____
Its Duly Authorized Representative Date

Name of Rotation	Adolescent Medicine
Duration	4 weeks
Location	75 Pringle Suite 505 (Main) and other sites
Where to Go on Day 1	75 Pringle Suite 505
Rotation Director	Caroline Barangan, MD
Other Faculty	None
Other Requirements	PGY-2
Last Revision	June 25, 2025

Orientation

1. Work hours: In General, Monday to Friday 8A – 4PM. Factors impacting these hours are inpatient consults.
2. Residents are required to attend all mandatory conferences and weekly continuity clinic.
3. Expected call responsibilities: no overnight call. Weekend rounding depending on inpatient consults.
4. Dress: Business casual or scrubs
5. Rotation feedback: Mid-rotation and end of rotation feedback will be provided by rotation director. Residents are encouraged to solicit feedback.
6. Call out procedure: Residents are required to follow procedure regarding calling out sick to include emailing the PD, program coordinator, chief resident and rotation attending. They should also text the chief resident/PD and rotation director by 0700 the morning of call out via text.
7. Contact information: caroline.barangan@renown.org; 702-266-5043 cell
8. Residents will function as physicians of first contact for patients followed by and referred to the Division of Adolescent Medicine. Residents will interview and examine patients with attention to the issues of consent and confidentiality, cultural/gender sensitivity, and developmental stage. Residents are expected to formulate comprehensive differential diagnoses and diagnostic and treatment plans. Each case will be presented to the supervising attending physician for review and discussion.
9. Residents are expected to make full and judicious use of the provided self-directed learning time towards achieving their personal learning objectives utilizing the Reading Materials/ Resources listed in the section below.

Introduction:

The Adolescent Medicine clinical rotation seeks to:

1. Introduce learners to the field of adolescent health and medicine
2. Provide learners with formative experiences in adolescent health supervision and clinical care
3. Promote the development of learner competencies critical to quality adolescent health supervision and clinical care
4. Foster youth advocacy among learners

Facilities/ Resources:

1. Renown Pediatric Specialty Clinic/ Adolescent Medicine
2. Renown Adolescent Eating Behaviors Program

3. Jan Evans Juvenile Justice Center
4. Eddy House
5. Renown Regional Center

Reading Materials/ Resources:

1. Flash Drive from Dr. Barangan
2. Youth Risk Behavior Surveillance System (YRBSS) | CDC: https://www.cdc.gov/healthyyouth/data/yrbs/index.htm
3. Homepage | Physicians for Reproductive Health (prh.org): https://prh.org
4. Teens | Guttmacher Institute: https://www.guttmacher.org/global/teens
5. SAHM (adolescenthealth.org): https://adolescenthealth.org/
6. PREP Adolescent Medicine Questions
7. ABP Board Certification Exam Content Specifications: Adolescent Medicine section: https://www.abp.org/become-certified/about-our-certifying-exams/general-pediatrics-content-outline

Rotation Foci:

1. Normal vs. Abnormal
2. Common Conditions Not Referred
3. Conditions Generally Referred
4. Prevention During Illness/Problem Care
5. Health Supervision Visit
6. History and Physical Examination
7. Screening laboratory
8. Nutrition and Eating Disorders
9. Psychosocial Development
10. School Health
11. Immunizations
12. Physical Activity
13. Injury Prevention
14. Sexuality
15. Tobacco Use
16. Substance Abuse
17. Depression and Suicide
18. Health promotion and Disease Prevention

1: Normal Versus Abnormal. Understand normal adolescent behavior, growth, and development and be able to recognize deviations from the norm.

a. Describe normal patterns of physical growth and pubertal development during adolescence and apply this knowledge to evaluation of variations in growth patterns and pubertal changes.

b. Describe normal psychosocial development in adolescents and apply this knowledge to evaluation of "behavior problems" in adolescents.

2: Common Conditions Not Referred. Understand how to diagnose and manage common conditions in adolescents which generally do not require referral.

a. Recognize the presenting symptoms of, diagnose, describe the pathophysiology of, and manage these conditions:

1. **Abdominal:** chronic abdominal pain
2. **Cardiovascular:** risk factors, hyperlipidemia, hypertension, chest pain, syncope.
3. **Dermatologic:** acne, viral exanthems, dermatoses, eczema.
4. **Genitourinary:** dysmenorrhea, mild uterine bleeding, irregular menses, vaginitis, cervicitis, STIs, uncomplicated pelvic inflammatory disease (PID), epididymitis, UTI, pregnancy diagnosis.
5. **Musculoskeletal:** kyphosis, scoliosis $\leq$ 20 degrees, Osgood-Schlatter Disease, patellofemoral syndrome.
6. **Neuropsychiatric:** headaches, dizziness, school phobia and truancy, attention deficit disorder.
7. **Pulmonary:** asthma, mild and moderate.
8. **Other:** obesity, breast fibroadenoma/fibrocystic disease, gynecomastia.

3: Conditions Generally Referred. Understand how to recognize, manage, and refer adolescent conditions which generally require consultation or referral.

a. Identify, provide initial evaluation and management of, and refer appropriately these conditions:

1. **Cardiovascular:** mitral valve prolapses, pathologic heart murmurs.
2. **Dermatologic:** cystic or nodular acne.
3. **Endocrinology:** hyper or hypothyroidism, galactorrhea, unusual hirsutism or virilism, abnormal growth, delayed puberty, unstable diabetes mellitus.
4. **Genitourinary:** pregnancy, ectopic pregnancy and abortion, primary and secondary amenorrhea of undetermined etiology, severe dysfunctional uterine bleeding, polycystic ovary syndrome, ovarian cysts and tumors, testicular torsion, scrotal mass, varicocele, hydrocele, HIV, GU trauma, Bartholin's abscess, complicated PID.
5. **Musculoskeletal:** patella dislocation, scoliosis greater than 20 degrees, bone tumors.
6. **Neuropsychiatric:** anorexia nervosa, bulimia, chronic fatigue syndrome, depression, suicidal ideation, learning disabilities, substance abuse including anabolic steroids, psychosis, conduct disorders.
7. **Other:** breast masses; transgender adolescents seeking gender affirming care

4: Prevention During Illness/Problem Care. Understand the role of the pediatrician in the prevention of adolescent health problems in the context of delivering adolescent illness or problem care.

a. In the context of illness and problem care of adolescents, assess risks, and counsel as indicated for the following:

1. Activity (after school and others) and sports.
2. Communication skills and self-esteem building.

3. Education and career/vocational planning.
4. Expected growth and pubertal changes.
5. Injury and violence, particularly related to motor vehicle safety, helmet use, weapon avoidance or safety, water safety.
6. Nutritional issues, particularly related to prudent diet, anemia risk in menstruating adolescents, vitamin D and calcium
7. Nutritional deficits in adolescents, and risks of obesity, anorexia nervosa, bulimia and other eating disorders or risk for an eating disorder.
8. Sexuality (particularly STIs), pregnancy, contraceptive use, date rape.
9. Gender Identity, specifically providing guidance and support
10. Tobacco, alcohol, and other substance abuse.
11. Transition to adult health care services.

5: Health Supervision Visit. Understand key strategies for scheduling and organizing health supervision care visits for adolescents.

a. Describe the recommendations (outlined by the Bright *Futures* and *GAPS* guidelines) for the frequency and type of adolescent health care visits and discuss the rationale behind these recommendations.

b. Discuss how to organize the adolescent visit (e.g., individualization according to the adolescent's developmental level, cultural background, and family characteristics).

c. Describe ways to make the office environment suitable to serving this age group and providing education and counseling both to adolescents and their parents (e.g., separate waiting rooms, extended hours, patient education methods).

6: History and Physical Examination. Understand the process and content of an effective adolescent history and physical examination, including issues related to confidentiality and privacy.

a. Obtain and interpret a detailed history from the adolescent assessing current health concerns, social history, and behaviors that may affect health.

b. Obtain and interpret a history from the adolescent's parent (s) including: concerns about the adolescent's health, past medical history, family history, social history, needs for anticipatory guidance, etc.

c. Obtain and interpret a detailed menstrual history from biological female adolescents

d. Describe how to use questionnaires (e.g., Depression screening with PHQ2/PHQ9, anxiety screening using SCARED, substance use screening using CRAFFT), trigger questions (e.g., from Bright *Futures*), and organized interview techniques (e.g., H.E.A.D.S.S.).

e. Demonstrate how to approach and perform the physical examination of male and

female adolescents and young adults.

f. Perform and interpret screening physical examinations for problems such as:

1. Cardiovascular disease or risk (hypertension, mitral valve prolapse, cardiac arrhythmia, obesity).
2. Dental and periodontal disease.
3. Musculoskeletal problems (e.g., Osgood Schlatter disease, scoliosis, injury, sports fitness).
4. Sexual maturity rating/Tanner staging (pubic hair, genital development, breast development).
5. Skin problems (acne, melanoma, etc.)
6. Sexually transmitted infections (pelvic exam, male reproductive health screening).

g. Discuss consent and confidentiality and their relationship to treating the adolescent patient as well as involvement of parents in providing care to adolescents.

h. Discuss specific times when confidentiality should be abrogated (e.g., life threatening situations, illegal situations, compromise in adolescent's health, danger to the patient, adolescent's inability to handle the problem him /herself).

h. Manage these common conditions appropriately:

1. Variations of timing of puberty, menarche, growth
2. Gynecomastia in adolescent male
3. Acne
4. Dysmenorrhea
5. Menstrual disorders

7: Screening laboratory. Understand the principles of and be able to perform standard laboratory procedures for adolescent health screening.

Discuss rationale, timing, office methods, and interpretation of results for the following screening procedures:

a. Sexually transmitted infections (GC, Chlamydia, Syphilis, HIV, HPV, Trichomonas)
b. Cervical dysplasia, not until age 21 years
c. Hepatitis
d. Anemia
e. Hyperlipidemia
f. Tuberculosis
g. Hearing screening
h. Vision screening

8: Nutrition and Eating Disorders. Understand health supervision for adolescents related to healthy diet and eating patterns.

a. Use screening tools to evaluate growth and measure weight and height; plot on standardized growth charts; calculate the body mass index.

b. Obtain a nutritional history to assess dietary patterns; use trigger questions to further assess risk for obesity, poor nutrition, and eating disorders (e.g., assess television watching time, conformity with food fads, adolescent special diets, satisfaction with eating patterns, eating in secret, perception of body image, use of laxatives).

c. Obtain a family medical history and use it with the dietary history to assess risk for obesity and/or other medical problems (hypertension, hyperlipidemia).

d. Obtain a family psychosocial history and use it with dietary history to assess risk for nutritional problems or eating disorders.

e. Perform a physical examination focusing on findings that could indicate an eating disorder (malnutrition, bradycardia, hypothermia, lanugo-type hair over face/upper trunk, orthostatic pulse and blood pressure changes, etc.).

Health promotion and disease prevention

f. Describe a healthy adolescent diet.

g. Recognize common deficiencies in the diet of an adolescent (low iron, low calcium) and their consequences.

h. Describe the importance of routine physical activity and suggest the types that should be included in adolescent's daily activities.

i. Discuss the relationships between adequate weight, overall health, normal physical development, and physiologic functioning.

j. Counsel adolescents to recognize risks for eating disorders and ways to overcome them.

k. Recognize when adolescents cannot resolve diet/eating problems on their own and assist them in finding solutions that may include outside counseling or involving parents.

Common problems

l. Manage these common problems:

1. A mildly overweight adolescent
2. An adolescent female with inadequate calcium intake
3. An adolescent with iron deficiency anemia
4. An adolescent at risk for cardiovascular disease
5. An adolescent with a tendency to exercise or diet in excess

9: Psychosocial Development. Understand health supervision related to the psychosocial development of adolescents.

a. Identify the stages of psychosocial development in adolescence and the stages at which they usually occur.

b. Explore the adolescent's perspective on relationships with families and peers using organized interview technique (H.E.A.D.S.S) or trigger questions (*Bright Futures, GAPS)*.

c. Identify the adolescent's concerns regarding appearance, self-esteem, and ability to handle stress.

d. Recognize adolescents at risk for being victims of excessive peer pressure.

e. Recognize adolescents in conflict with their families and parents having serious difficulties parenting their teenager.

f. Recognize the importance of the co-variation of behaviors (e.g., alcohol and sexual behavior) and consider the relationship between individual problems or concerns and other conditions.

g. Recognize the importance of providing support and guidance when an adolescent identifies as a sexual minority and/ or gender minority youth.

Health promotion/disease prevention

g. Counsel and work with adolescents to identify:

1. Old habit(s) they want to change or eliminate
2. New behavior(s) they want to develop
3. Steps to begin change
4. Barriers to developing new behaviors
5. People that will help and what they can do
6. A time frame to complete the change

h. Counsel adolescents about physical and emotional changes which are part of normal adolescent development.

i. Counsel families about normal adolescent psychosocial development and provide guidance about ways to help the teen develop appropriate independence, self-esteem, and social competency.

j. Present strategies to both parents and adolescents to assist them in maintaining their positive relationship.

k. Counsel adolescents that peer pressure exists, but should not rule their lives, and present strategies to help deal them with it.

l. Encourage adolescents to accept, manage, and express feelings in a positive way to promote good mental and physical health.

Common problems

m. Recognize and manage or refer these common problems:

1. Adolescent having disagreements with his/her parents
2. Adolescent concerned about peer pressure
3. Adolescent scared of his/her feelings
4. Adolescent with somatic complaints
5. Parent(s) in need of additional guidance about raising teens

10: School Health. Understand health supervision for adolescent related to education, school performance and school-related behaviors.

a. Collect a screening history which includes school performance, school attendance, and parental involvement in education.

b. Identify risks factors for school problems such as learning disabilities, ADHD, psychopathology, lack of parental involvement, cultural barriers, homelessness, gang involvement, etc.

c. Recognize early signs/behaviors of school problems or inappropriate educational placement (e.g., gifted child, child with learning disabilities).

d. Evaluate children who "fail" school screening tests (scoliosis, vision, hearing, etc.).

Health promotion/disease prevention

e. Demonstrate interest in learning about school policy, health screening, and health education policy, scoliosis screening, sex/HIV education, drug abuse counseling).

f. Discuss with parents and adolescents the importance of:

1. Continuing good habits for school and learning.
2. Completing schooling.
3. Work, vocation, or college plans after high school graduation.
4. Career planning while in college.

Common problems

g. Recognize and manage or refer appropriately:

1. School avoidance and absenteeism syndromes
2. School behavior, performance, or homework problems
3. Learning problems
4. Chronic illness with special school/educational needs
5. Physical safety related to school activities (sports)
6. Teens who drop out of school
7. Educational needs of pregnant teens and teen parents

8. Adolescents pushed or pressured to excel
9. Special needs of gifted children

11: Immunizations. Understand health supervision for adolescents related to immunizations.

a. Describe the routine immunizations needed in this age period and their rationale.

b. Describe risk factors and indications for special vaccines in this age group (e.g., influenza).

c. Describe effective routines for gathering immunization information during visits for illness and health supervision care.

d. Identify the immunization status of the adolescent.

e. Identify adolescents with medical conditions requiring special immunizations (e.g., teens with respiratory or cardiac conditions needing influenza vaccine).

Health promotion/disease prevention

f. Provide routine immunizations and related counseling or contraindications, common side effects, and informed consent.

g. Discuss strategies to improve vaccination rates among teens.

Common problems

h. Recognize and manage these common conditions:

1. Adolescent behind in his/her immunizations.
2. Common reactions to routine immunizations.

12: Physical Activity. Understand health supervision for adolescents related to healthy physical activity.

a. Describe the importance of including regular physical activity into the routines of adolescents and young adults.

b. Assess adolescent's physical activity by using trigger questions from *Bright Futures* or questionnaires from *GAPS*.

c. Identify adolescents at risk from routine participation in physical activities (e.g., those immature adolescents, teens in contact sports).

Health promotion/disease prevention

d. Recognize and praise involvement in physical activity and praise this positive health behavior by providing information on the benefits of regular physical activity.

e. Counsel adolescents on the importance of warm-up activities and physical conditioning before engaging in sports or other physical activities.

f. Counsel adolescents on the importance of participating in physical activities either daily or nearly every day, and the psychological benefits of regular physical activity (enjoyment, social experience, time alone, opportunity for family activity, stress control, mood elevation).

g. Counsel adolescents on the risks of excessive exertion (e.g., rapid weight loss, listlessness, sleeplessness, chronic joint pain, delay of sexual maturation).

h. Discuss the potential risks from a sedentary life style.

Common problems

i. Manage these common problems:

1. Minor injuries from physical activity.
2. Menstrual irregularities due to physical activity.
3. Athletes who significantly alter their diets during training.

13: Injury Prevention. Understand health supervision related to adolescent injuries.

a. List and explain the four major risk factors associated with injuries to adolescents (use of substances, failure to use safety devices, access to firearms, participation in sports).

b. Describe how developmental and behavioral stages of adolescence and psychosocial factors relate to risks for injury, violence and abuse.

c. Use trigger questions to determine the potential risk for intentional and unintentional injury.

Health promotion/disease prevention

d. Provide injury counseling which is tailored to adolescents, based on their particular risks (exposures) and level of development (early, middle, and late adolescence).

e. Recognize adolescents' perceptions of what impresses their peers as a potential barrier to compliance with anticipatory guidance.

f. Counsel adolescents about dangerous behavior in a highly focused manner, including discussion of important factors known to increase risk (e.g., when counseling about safe driving, target: drunk driving, wearing restraints, speeding, and driving under hazardous conditions).

g. Present anticipatory guidance to adolescents in a manner which enhances their trust and encourages a realistic sense of personal vulnerability (e.g., attach behavior to the occurrence of specific negative outcomes).

h. Counsel effectively on these topics:

1. Firearms.
2. Substance abuse.
3. Use of safety devices (seat belts, helmets, flotation devices for water activities).
4. Peer violence and abuse.

Common Problems

i. Manage these common problems:

1. Simple lacerations, contusions, and musculoskeletal trauma from mild injuries.
2. Counsel about risk reduction when seeing an adolescent following minor injury related to risk behaviors.

14: Sexuality. Understand health supervision for adolescents related to sexual issues.

Assess the adolescent's knowledge of sexual identity, sexual activity, reproduction, and transmission of disease, and relate this to the three stages of adolescence.

a. Gather information about the adolescent's sexual development and sexuality using organized interview techniques (H.E.A.D.S.S.) or trigger questions (*GAPS, Bright Futures*).

c. Obtain and interpret a sexual history including such topics as menstrual history,nocturnal emissions, sexual activity, STIs, AIDS, contraception, homosexuality, abstinence, pregnancy, and safe sex.

d. Perform and interpret an examination for sexual maturity rating, using standard descriptions for rating.

e. Perform and interpret an examination for STIs, cervical dysplasia, pregnancy, HIV if indicated.

f. Determine adolescents' risks for

1. STIs and HIV infection
2. Pregnancy
3. Exploitation
4. Past or present sexual abuse

Health promotion/disease prevention

g. Counsel adolescents on areas that influence their sexual behavior, such as:

1. Information about sexual functioning and reproduction
2. Attitudes about sexual behavior for self and others
3. Feelings about one's sexuality
4. Skills for communicating about sexual issues

h. Counsel adolescents about avoiding exploitation, date rape, and other situations where they can be vulnerable.

i. Counsel adolescent to anticipate risk situations in advance (e.g., dating people who are considerably older and more sexually experienced) and present strategies to handle such situations.

j. Counsel adolescents that sexuality education is a life long process of acquiring information and forming attitudes, beliefs, and values about identity, relationships, and intimacy.

k. Provide demonstrations and instruction on:

1. Using condoms
2. Contraception(s)
3. Prevention of disease transmission

l. Assist the adolescent in developing strategies to promote safe sexual activities.

Common problems

m. Recognize, manage and know when to refer the following common problems:

1. Adolescent with a vaginal/urethral discharge
2. Adolescent with missed or irregular menstrual periods
3. Adolescent concerned about isosexual attraction
4. Adolescent with concerns about HIV
5. Adolescent who is pregnant

15: Tobacco Use. Understand health supervision for adolescents related to tobacco use

a. Assess the adolescent's use of tobacco (cigarettes and/or smokeless tobacco) and attitudes about starting or quitting.

b. Document other risk factors associated with tobacco use (e.g., family members who smoke, peers or friends who smoke, early sexual involvement, limited coping resources, overestimation of smoking prevalence).

c. Perform a physical examination, looking for physical signs of smoking (e.g., yellow staining on hands) or tobacco effects (exacerbation of asthma, abnormality of gums due to tobacco chewing).

Health promotion and disease prevention

d. Assess the adolescent's knowledge about the effects on the body of smoking or passive exposure to tobacco.

e. Counsel adolescent on the positive health and social benefits associated

with avoidance of tobacco use or passive exposure

f. Provide positive reinforcement to teens who don't use tobacco or who quit using it.

g. Counsel adolescents on the risks of tobacco use, including social disadvantages, reduction of athletic ability, staining of teeth, and associated health risks.

h. Describe strategies to resist tobacco products.

i. Be aware of smoking prevention programs taught in school.

Common problems

j. Counsel adolescents who use tobacco products about strategies for quitting, including how to find out about and or enroll in smoking cessation programs in the community.

h. Recognize and manage adolescents with asthma who experience exacerbations because of tobacco use.

16: Substance Abuse. Understand health supervision for adolescents related to substance abuse.

a. Obtain and interpret a history to assess risk factors for substance abuse, including:

1. Family factors (e.g., alcoholism and other drug use in parents or siblings, genetic factor, cultural factors, inconsistent parental direction or discipline, parental psychopathology).

2. Peer factors (e.g., friends who smoke, drink, or use other drugs; risk behaviors in peer group; peer group endorsement of use).

3. Personal factors (e.g. , low self esteem, poor social skills, school problems, early antisocial behavior, lack of bonding to usual social groups).

b. Gather information about the adolescent's attitudes about and use of alcohol and other drugs, including anabolic steroids using organized interview techniques (CRAFFT, H.E.A.D.S.S.) or trigger questions (*GAPS, Bright Futures*).

c. Carry out additional screening to:

1. Identify those adolescents who use substances.
2. Determine the chronicity and severity of risk.
3. Determine the consequences of alcohol or other drug use.
4. Obtain sufficient information to make a referral for in-depth assessment and treatment.

d. Obtain and interpret a history looking for systemic complaints associated with substance abuse (e.g., fatigue, poor appetite, abdominal pain, vomiting, constipation, cough/wheezing, rhinitis, recurrent epistaxis, tremors, headaches).

e. Discuss physical exam findings usually found in adolescents with substance abuse (e.g., usually normal exam; rarely-fatigue, tachycardia, malnutrition, hepatomegaly, gynecomastia, recurrent skin abscesses, muscle wasting, steroid induced muscle development).

Health promotion/disease prevention

f. Provide positive reinforcement to adolescents who are not currently using alcohol or other drugs and encourage continued non-use.

g. Review with the patient the health risks of alcohol and other drugs.

h. Review with the patient health-threatening behaviors associated with substance abuse (e.g., violence and injuries, poor grades, depression, delinquency, unsafe sexual behavior, and risk for HIV infection).

i. Determine the adolescent's knowledge and attitudes towards alcohol and other drugs and refute commonly-held myths.

j. Provide health education and guidance to reinforce healthy decisions and choices.

k. Counsel adolescents to avoid situations where drug and alcohol use is expected of everyone.

l. Counsel adolescents to make a commitment not to use alcohol and other drugs and discuss alternatives to drinking and using drugs.

m. Counsel adolescents who use alcohol or other substances about quitting and/or using community rehabilitation programs.

n. Recognize and manage or refer appropriately:

1. Adolescent developing muscles too quickly.
2. Adolescent with physical findings suggestive of drug abuse (e.g., sudden weight loss, needle tracks, or recurrent skin infections).
3. Adolescent with a hangover.
4. Adolescent with injuries (e.g., peer violence, motor vehicle injury) related to the influence of alcohol or other substances.

17: Depression and Suicide. Understand health supervision for adolescents related to depression and suicide.

a. Perform and interpret screening for depression and risk of suicide, including:

1. Review of systems to screen for associated somatic complaints associated with depression (e.g., headache, chest pain, abdominal pain, lethargy, syncope).

2. Behavioral history to screen for behaviors associated with depression (e.g., school failure, truancy, sexual acting out, delinquent acts, substance abuse, other mental health/ psychiatric conditions).

3. Social history to assess parental mental health.

b. Use trigger questions (e.g., *GAPS, Bright Futures*) to identify teens at risk for suicide or at risk for adverse consequences related to depression.

c. Perform extended assessments on adolescents at risk for depression to determine:

1. Level of depression
2. Health and functional consequences of depression
3. Social support system

d. Perform extended assessments on adolescents at risk for suicide (e.g., frequent suicidal thoughts, planning suicide, written suicide note).

e. Recognize different levels of depression and suicide risks and discuss appropriate disposition including supportive therapy, psychiatric evaluation, judicious use of medications, an/or immediate hospitalization with psychiatric evaluation.

Health promotion and disease prevention

Common problems

f. Recognize and manage or refer the following common problems:

1. Adolescent who is mildly depressed without suicidal ideation.
2. Adolescent who has experienced recent death of a parent, sibling, neighbor, or classmate

Competency-based Goals and Objectives

COMPETENCY 1. Patient Care. Provide family centered patient care that is developmentally and age appropriate, compassionate, and effective for the treatment of health problems and the promotion of health.

1. Perform adolescent health maintenance visits:
   - Obtain and interpret a history from the adolescent's parent(s) including: concerns about the adolescent's health, past medical history, family history, psycho-social history, spiritual or religious history, academic performance, needs for anticipatory guidance, etc.

- ♦ Obtain and interpret a detailed, sensitive, and private history from the adolescent (assessing current health concerns, bio-psycho-social history, and behaviors that may affect health).
- ♦ Be familiar with structured interview techniques (H.E.E.A.D.S.S.S).
- ♦ Complete a sensitive and skillful physical examination of male and female adolescents and young adults.
- ♦ Counsel and provide patient education in a developmentally appropriate manner, remaining respectful of the adolescent's needs and privacy.

2. Evaluate immunization status and administer indicated immunizations.

SCREENING

3. Perform psychosocial screening (e.g., home relationships, school performance, mood disorders eating disorders, tobacco and substance abuse, sexual risks, media use, other risk-taking behaviors)
4. Perform physical exam screens (e.g., cardiovascular disease or risk, nutritional risk, dental disease, musculoskeletal problems and pre-participation sports physicals, sexual maturity ratings, skin problems, sexually transmitted diseases, scoliosis [using scoliometer], thyroid disease)
5. Laboratory or procedural screens (e.g., hearing, vision, anemia, hyperlipidemia when indicated, tuberculosis when indicated)
6. Conduct screening of adolescents to evaluate growth and nutrition and recognize the results for patients at risk for nutritional problems (e.g., anemia, insufficient calcium, type 2 diabetes, hypertension) and.
7. Screen adolescents for use of tobacco; counsel them on the dangers of all kinds of tobacco use; and assist them in avoiding or overcoming nicotine addiction.
8. Screen adolescents for use and abuse of alcohol, inhalant and illicit drug use; counsel them on the direct and indirect dangers of substance abuse; and assist them in avoiding or overcoming addiction.

HISTORY

9. Obtain and interpret a comprehensive sexual history and risk assessment, including such topics as menstrual history, nocturnal emissions, sexual activity, abstinence, contraception, safer sex, pregnancy, homosexuality, sexually transmitted diseases (STD's), AIDS, and sexual abuse or exploitation.
10. Describe elements of an adolescent health and behavioral history that might raise concerns:
    - ♦ Mood history
    - ♦ Review of systems to screen for associated somatic complaints
    - ♦ Behavioral history
    - ♦ Social history to assess parental, family and sibling mental health
11. Evaluate adolescents to determine:
    - ♦ Level of daily function including school activities and performance
    - ♦ Social support system.
12. When caring for patients with potential nutritional or eating problems, obtain and interpret an appropriate and detailed history

PHYSICAL EXAM

13. Conduct an examination for sexual maturity rating, using standard descriptions for rating and interpret the results.
14. Conduct a comprehensive male genital exam in an adolescent in a sensitive manner

15. Describe the indications for a pelvic exam and conduct a comprehensive pelvic exam in an adolescent female in a sensitive manner, including collection of associated tests (e.g. PAP, STD testing, pH, microscopy for WBC, bacterial vaginosis, yeast, trichomoniasis)
16. Conduct an examination for pregnancy, STD's, cervical dysplasia, and HIV (if indicated), interpret the results of tests for these conditions, and counsel the patient on strategies to prevent pregnancy and STD transmission.
17. Demonstrate appropriate use of normative growth curves, body mass index (BMI), percent ideal body weight (IBW)
19. Recognize physical examination and laboratory findings that could indicate an eating disorder (e.g. low BMI, bradycardia, dental erosions, lanugo-type hair over face/upper trunk

LABORATORY

20. Order and interpret clinical and laboratory tests to identify adolescent disease versus non-disease. Recognize effect of sexual maturity stage on some lab values.

COUNSELING

21. Provide preventive and anticipatory counseling to patients and families about the importance of good nutrition and physical activity, the consequences of obesity and poor eating habits, and strategies for improving their diet and exercise; recognizing stress and how to develop healthy coping skills
22. Recognize adolescents who have been sexually abused or assaulted and provide appropriate guidance and referrals, including emergency interventions.

DISEASE ASSESSMENT and MANAGEMENT

23. Evaluate and manage common signs, symptoms and situations or risks in adolescents, recognizing when referral is indicated.
24. Develop a strategy to evaluate complaints in adolescents that may represent functional complaints or psychosocial problems:
    - ♦ Recognize common patterns of functional complaints in adolescents (e.g., headaches, abdominal pain, fatigue, chest pains)
    - ♦ Develop a sensitive, supportive approach to the evaluation of these concerns
    - ♦ Recognize characteristics in the adolescent's history or health course warranting further diagnostic tests versus watchful and supportive observation

.

25. Recognize presenting symptoms, diagnose, describe the pathophysiology, and manage common presentations of the following conditions..Recognize which can be managed by the general pediatrician and might be referred to an adolescent subspecialist or other subspecialist.

    - ♦ **Behavioral/psychiatric**: substance use disorders, chronic recurrent somatoform symptoms, Attention Deficit Hyperactivity Disorder (ADHD)and learning disabilities; anxiety, mood and conduct disorders; suicidal/homicidal ideation, school related problems (absenteeism, truancy , drop out, poor school behavior; poor school performance); sleep disturbance; social avoidance; parent-adolescent disagreements; risk taking behaviors, oppositional behaviors, adolescent bereavement, social isolation, eating disorders. , substance abuse including performance enhancing medications. Manage the assessment and pharmacologic treatment of ADHD, minor depression, anxiety, self-harm behaviors

- **Cardiovascular**: risk for cardiovascular disease in adulthood, hyperlipidemia, hypertension, functional heart murmurs, chest pain, syncope, murmurs, IHSS,
- **Dermatologic**: acne, hair loss, acanthosis nigricans, body art including piercings and tattoos, scars from self-harm behaviors
- **Growth Endocrine**: abnormalities in growth rate or puberty; thyroid enlargement
- thyroid disease, galactorrhea, hirsutism, non-pathologic short or tall stature, male gynecomastia, polycystic ovary syndrome (PCOS)
- **GI:** acute and chronic abdominal pain, dyspepsia, irritable bowel syndrome, gastroesophageal reflux disease (GERD), mild gastritis, encopresis, constipation.
- **GU/ Nephrology**: dysuria, frequency, urethritis, scrotal swelling and mass; varicocele , scrotal pain, testicular torsion , epididmytis, feared STD, sexual concerns in males, need for contraception
- **GYN:** dysmenorrhea, vaginal discharge, lower abdominal pain, menstrual pain or systemic symptoms, amenorrhea,, missed, irregular or excessive vaginal bleeding, vaginitis, cervicitis, STDs, uncomplicated pelvic inflammatory disease (PID), pregnancy diagnosis, ectopic pregnancy and other complications of pregnancy, ovarian cysts, tumors and torsion, breast disorders; sexual concerns in females; need for contraception in female. Also describe findings on history that would initiate a pelvic exam.Bartholin's abscess, , PAP smear abnormalities, endometriosis, congenital mullerian anomalies, contraception in teen with chronic disease
- **Hematology/oncology:** , Iron deficiency, fatigue, swollen glands, fear of cancer
- **Infections:** Mononucleosis, lymphadenopathy; deficient immunizations;
- **Musculoskeletal/Sports medicine**: kyphosis, scoliosis, common acute sports injuries, overuse sports injuries,(Osgood-Schlatter Disease, patello-femoral syndrome), back pain, excessive/rapid muscular development in an athlete; missed periods in a female athlete
- **Neurologic:** headaches; dizziness; passing out; head injury; common seizure disorders, uncomplicated tics, migraine headaches
- **Nutritional**: Obesity, weight loss, unusual eating habits (vegan diet, alternative diets or food supplements, diet changes during sports training to enhance performance), vegetarianism

26. Diagnose, manage and counsel adolescents with common deficiencies or excesses in their diet (e.g., low dietary iron, low dietary calcium, unusual fad diet, excess simple sugars, excess fat)
27. Recognize, evaluate and manage the overweight or obese teenager
28. Recognize and appropriately refer adolescents with mental health problems. Discuss appropriate disposition including immediate hospitalization with psychiatric evaluation .

COMPETENCY 2. Medical Knowledge. Understand the scope of established and evolving biomedical, clinical, epidemiological and social-behavioral knowledge needed by a pediatrician; demonstrate the ability to acquire, critically interpret and apply this knowledge in patient care.

1. Understand the basic approach to the history and physical exam including the health maintenance visit and the goals of screening, prevention, and health promotion . Recognize the common morbidities and mortalities in this age group.
2. Understand normal adolescent behavior, growth, development and physiology and recognize deviations from the norm.

3. Recognize the range of normal psychosocial development in adolescents; the stages of development across early, mid and late adolescent years; and appropriately identify when behaviors lie outside the norm, requiring special intervention or referral.
4. Understand basic principles of confidentiality and consent in adolescent health care.
5. Understand sexuality issues for adolescents and provide appropriate education, counseling and care in this important area of health and psychosocial well-being.
6. . Understand the basic screening, diagnosis and treatment of common STI's in adolescents.
7. Discuss the evaluation and treatment of the most common menstrual problems in adolescents.
8. Discuss the evaluation and treatment for adolescents with obesity and eating disorders; describe criteria for primary care management and situations warranting referral to specialists.
9. Understand the screening, evaluation and referral process for adolescent anxiety and depression.
10. Understand the screening, evaluation and referral process for adolescent substance use disorders.
11. Understand the pediatrician's role in the promotion of school performance and the evaluation and management of school problems in children and adolescents.
12. Recognize the most common sports injuries in adolescents and methods of examination, treatments and referral requirements.

COMPETENCY 3. Communication Skills. Demonstrate interpersonal and communication skills that result in information exchange and partnering with patients, their families and professional associates.

1. Communicate effectively with adolescents to create and sustain a therapeutic relationship across the broad range of socioeconomic and cultural backgrounds.
2. Communicate with adolescents regarding behavioral change using the FRAMES approach
3. Educate adolescents on sexual decision-making and prevention of sexuality-related health problems.
4. Educate adolescents on healthy nutritional choices and exercise.
5. Educate adolescents on substance use and its health consequences.
6. Communicate effectively with parents of adolescents and provide helpful parenting advise.
7. Communicate effectively with other health professionals to create a team approach for patient care as a consultant on adolescent matters.

COMPETENCY 4. Practice-based Learning and Improvement. Demonstrate knowledge, skills and attitudes needed for continuous self-assessment, using scientific methods and evidence to investigate, evaluate, and improve one's patient care practice.

1. Use scientific methods and evidence to investigate, evaluate and improve one's own patient care practice in adolescent medicine.
3. Alter one's method of practice of adolescent medicine in response to new discoveries and advances in clinical care.
4. Seek and incorporate feedback and self-assessment into a plan for professional growth and practice improvement.

COMPETENCY 5. Professionalism. Demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to diversity.

1. Work effectively with a wide range of health professionals who care for adolescents with health care issues.
2. Be honest and use integrity in your professional duties.
3. Demonstrate sensitivity and responsiveness to patients' age, gender, culture, disabilities, ethnicity and sexual orientation.
4. Recognize provider emotional issues relating to adolescent behaviors and adherence and how they effect care.
5. Meet high standards of legal and ethical behavior.
6. Follow federal, state and local laws that apply to adolescent healthcare and confidentiality.

COMPETENCY 6. Systems-Based Practice. Understand how to practice quality health care and advocate for patients within the context of the health care system.

1. Understand the barriers to adolescent health care that derive from the health care system
2. Learn about community sites of health care and supportive resources for adolescents.

AAMC UNIFORM TERMS AND CONDITIONS FOR PROGRAM LETTERS OF AGREEMENT

WHEREAS, the purpose of this document is to set forth the terms and conditions of the affiliation between Sponsoring Institution and Participating Site as incorporated into the Association of American Medical Colleges (AAMC) Program Letter of Agreement, including the working arrangements, and agreements in furtherance thereof to provide high-quality clinical learning experiences for resident physicians (such term to include fellows or interns as applicable) of the Sponsoring Institution.

WHEREAS, this document, implemented through its associated Program Letter of Agreement, is intended and shall be interpreted to meet the Sponsoring Institution's accreditation standards related to affiliation agreements with clinical affiliates which require at a minimum:

- Identification of faculty who will assume both educational and supervisory responsibilities for residents.
- Specification of the faculty's responsibilities for teaching, supervision and formal evaluation of residents.
- Specification of the duration and goals and objectives of the educational rotation.
- Statement of the policies and procedures that will govern resident education during the assignment.

WHEREAS, neither party intends for this document to alter in any way its respective legal rights or its legal obligations to any third party.

NOW, THEREFORE, in consideration of the mutual covenants and agreements contained herein along with those of the Program Letter of Agreement, the parties agree as follows:

A. Responsibilities of Sponsoring Institution

1. Administration of Residency Program. Sponsoring Institution shall, through its Program Director, assume responsibility for the overall administration of the program including the program curricula; general supervision of residents; appointment of the Site Director at the Participating Site (whose responsibilities are described in paragraph B.1 below) and designation of the Faculty at the Participating Site; assignment of residents to rotations; and, evaluation of the rotation.

2. Designation of Residents. Prior to the beginning of each rotation, the Sponsoring Institution shall submit to the Participating Site a list of program residents to participate in rotations at the Participating Site. Sponsoring Institution shall only submit residents who meet applicable qualifications for participation.

3. Program Policies, Rules and Regulations. The Sponsoring Institution's policies, rules and regulations, such as clinical and educational work hours and moonlighting, shall govern program resident education. Program residents shall also be directed by Sponsoring Institution to comply with Participating Site's policies, rules and regulations while rotating at Participating Site. In the event there is a conflict between the Sponsoring Institution's policies, rules and regulations and those of the Participating Site, the parties shall confer to resolve the conflict.

4. Responsibility for Residents. Sponsoring Institution maintains ultimate responsibility for resident education through its Program Director. Performance issues will be handled by Sponsoring Institution in accordance with its policies, rules and regulations governing residents; provided however, that as described in paragraph B.7 below, Participating Site may remove a resident from participation in a clinical rotation in the event Participating Site determines just cause exists to conclude that resident's participation jeopardizes patient care or is otherwise disruptive to Participating Site's normal business operations.

5. Resident Salaries and Benefits. Residents are and shall be deemed employees of Sponsoring Institution except for those residents who are active duty members of the United States military assigned to Sponsoring Institution's Program. Sponsoring Institution shall at all times be responsible for ensuring the terms of employment, including as applicable, benefits including health, disability and workers compensation insurance, salary and payroll withholding of program residents. Sponsoring Institution agrees that its residents will not be covered by or entitled to any social security, unemployment compensation, retirement, pension and/or any other benefits programs or workers' compensation program offered or provided by the Participating Site, and no resident shall have any right, title or claim to participate in the same. Program-specific financial responsibilities between Sponsoring Institution and Participating Site, if any, shall be set forth in the Program Letter of Agreement.

6. Immunizations. Sponsoring Institution requires all residents in the program to have properly documented and updated immunizations appropriate for health care providers on file with the Sponsoring Institution, and Sponsoring Institution will inform residents if they may be required to provide these records and undergo additional immunizations to meet the requirements of the Participating Site. Sponsoring Institution will make its immunization policies available to Participating Site upon request.

7. Criminal Background Checks. Sponsoring Institution performs a criminal background check on each individual accepted into its residency program and reviews the results of such background check prior to the start of the resident's rotation at Participating Site. The criminal background check covers all states of legal residence

within the five years prior to entering residency as reported by the resident. Consistent with the representations contained in paragraph A.2 above, Sponsoring Institution will only assign those residents to clinical rotations covered by this agreement that Sponsoring Institution deems appropriate for the rotation. Sponsoring Institution will make its criminal background check requirements available to Participating Site upon request.

8. Licensure. Sponsoring Institution will only assign residents to Participating Site who are currently licensed or otherwise authorized to engage in the practice of medicine under the laws and regulations of the state in which the Sponsoring Institution is located, and will not assign a resident to Participating Site if that resident's license has been suspended or revoked. If the state in which Participating Site is located requires a separate license or other filing, Participating Site will provide information to Sponsoring Institution and resident pertinent to applying for and/or maintaining such license and/or making such filing.

9. Availability of Mental Health Resources. Sponsoring Institution, in cooperation with the Participating Site, must provide access to confidential, affordable mental health assessment, counseling, and treatment, including access to urgent and emergent care 24 hours a day, seven days a week ("Mental Health Services").

10. Change in Accreditation Status. Sponsoring Institution will provide timely notice to Participating Site of any change in program accreditation status.

B. Responsibilities of Participating Site

1. The Site Director of the Participating Site is identified in the Program Letter of Agreement. The Site Director will have responsibility for the coordination and administration of resident rotations at Participating Site. The Participating Site faculty identified in the Program Letter of Agreement will have responsibility for resident training, supervision and assessment during the rotations at the Participating Site.

2. Participating Site Program Faculty Changes. Participating Site shall provide Sponsoring Institution with advance written notice of any material change in the number or qualifications of Participating Site Program faculty assigned to supervise the rotations.

3. Cooperation with Accreditation. Participating Site agrees to provide such information, documentation and assistance as the Sponsoring Institution may require in order to comply with applicable accreditation requirements of the program.

4. Access to Resources. Participating Site shall make available to each resident a copy of Participating Site's policies, rules and regulations and other pertinent documents applicable to residents. The Participating Site shall provide each program resident with such equipment, resources and facilities (including without limitation cafeteria and library access, and suitable sleeping quarters for residents with night and

weekend on-call responsibilities) as are provided to Participating Site-sponsored residents (if any) and as are required by the applicable accreditation standards including but not limited to access to Mental Health Services provided in cooperation with Sponsoring Institution. Participating Site shall also provide necessary professional, technical, and clerical personnel needed to support the program rotation(s), including but not limited to, intravenous, phlebotomy and laboratory services; messenger and transporter services; appropriate and effective laboratory, pathology, and radiologic information systems; a medical records system that documents the course of each patient's illness and care and includes access at all times; and appropriate security and personal safety measures for all locations at Participating Site including parking facilities, on-call quarters, hospital and institutional grounds and any other related clinical facilities.

5. Resident Supervision. Participating Site and its faculty will supervise each resident in accordance with applicable state and federal laws as well as applicable accreditation requirements of the program. Participating Site and its faculty will supervise and interact with residents in a professional manner. Sponsoring Institution will make its resident supervision policies available to Participating Site upon request.

6. Resident Evaluation. In a timely manner, and in accordance with applicable accreditation standards, after completion of each resident's rotation at the Participating Site, or as otherwise required by the applicable accreditation standards, the Participating Site shall provide the Sponsoring Institution with evaluations of each resident's performance during the rotation, including completion of such forms as the Sponsoring Institution might provide or approve for such purpose.

7. Resident Removal from Participation. Participating Site shall provide the Sponsoring Institution with written notice of the proposed removal of any program resident and shall confer with the Program Director and attempt in good faith to resolve the issue(s). Participating Site may, however, remove a resident from participation in a rotation when, at its sole discretion, it determines there is just cause to conclude the resident's behavior poses an imminent threat to patient safety or welfare or is otherwise disruptive to Participating Site's normal business operations. In the event that the Participating Site determines that there is just cause to conclude that a resident's behavior constitutes an imminent threat to patient safety or welfare exists or is otherwise disruptive to Participating Site's normal business operations and that resident participation should be discontinued, removal of a resident need not be preceded by written notice. In such event, notice shall be provided to the Sponsoring Institution as soon as is practicable.

8. Supervision and Limitation of Resident's Authority. Participating Site has ultimate authority and responsibility for patient care. Residents shall participate in patient care under the supervision of Participating Site's Program Faculty. Residents are subject to Participating Site's policies regarding supervision consistent with applicable accreditation requirements of the program. Residents shall not have actual or apparent authority on behalf of Participating Site or independent health care

responsibilities and are not to be considered independent health care providers or employees of Participating Site while providing health care pursuant to the terms of the Program Letter of Agreement.

9. License and Accreditation. Participating Site shall at all times maintain appropriate licensure and accreditation by The Joint Commission or any other applicable accrediting agency.

10. Emergency Medical Treatment. Participating Site shall provide or arrange for emergency medical treatment, as necessary, to any program resident who becomes ill or is injured while participating in a rotation at Participating Site. Participating Site may demand payment for such treatment from the program resident or any applicable health insurance plan. If a resident sustains a needle-stick injury or other substantial exposure to bodily fluids of another or other potentially infectious material while at Participating Site, resident shall communicate such injury or exposure to Participating Site, and upon notification by resident, Participating Site agrees to provide the resident access to its available health care services as soon as possible after the injury to initiate testing and follow-up protocols.

C. Financial Arrangements

Financial Arrangements between the parties, if any, are set forth in the Program Letter of Agreement.

D. Insurance

Unless otherwise agreed to by the parties in the Program Letter of Agreement for specific programs, Sponsoring Institution shall provide and maintain, at its own expense, professional liability insurance or a program of self-insurance covering residents rotating to Participating Site in an amount no less than $1,000,000 per occurrence and $3,000,000 in the aggregate per year. Sponsoring Institution shall provide a certificate of insurance on request of Participating Site.

E. Term and Termination

These terms and conditions will be implemented through Program Letters of Agreement and shall be effective for the period of time stated therein. Either party may terminate the Program Letter of Agreement on 30 days written notice unless a different notice period is specified in the Program Letter of Agreement. Should notice of termination be given for a Program Letter of Agreement, at the Sponsoring Institution's option, residents already scheduled to complete a rotation at Participating Site will be permitted to complete the previously scheduled clinical assignment.

F. Independent Contractors

Nothing in this document shall be interpreted or construed to make Participating Site, its employees, residents or faculty, employees, joint venturers, partners, or agents

of Sponsoring Institution. It is expressly understood the parties are Independent Contractors.

G. Confidentiality & Health Insurance Portability and Accountability Act.

Each party will comply with all applicable federal and state laws and regulations involving patient privacy and confidentiality as they may be amended from time to time, including but not limited to Health Insurance, Portability, and Accountability Act of 1996 ("HIPAA") and all regulations promulgated thereunder, including the Standards for Privacy of Individually Identifiable Health Information and Security Standards for the Protection of Electronic Protected Health Information. Sponsoring Institution represents it has provided appropriate HIPAA training to residents assigned under a Program Letter of Agreement.

Residents participating in clinical training pursuant to a Program Letter of Agreement are members of the Participating Site's workforce for purposes of HIPAA within the definition of "health care operations" and are the subject of the Participating Site's policies and procedures regarding the use, access, and disclosure of Protected Health Information. Residents therefore may have access to patient medical information as provided for in the Privacy Rule of HIPAA. Therefore, additional agreements are not necessary for HIPAA compliance purposes. This paragraph applies solely to HIPAA privacy and security regulations applicable to the Participating Site and, as stated in paragraph A.5, above, does not establish an employment relationship between the resident and the Participating Site.

H. Compliance with Applicable Laws, Rules and Regulations.

In performing its obligations under the Program Letter of Agreement, each party will comply with the requirements of all applicable laws, rules and regulations, including, without limitation, the federal Stark Law, the federal Anti-Kickback Statute, the federal False Claims Act and other state and federal fraud and abuse laws and rules, as each may be amended from time to time.

I. Assignment

The Program Letter of Agreement will not be assigned by either party without the prior written consent of the other**.** Any assignment without prior written consent is voidable by the nonconsenting party, and the nonconsenting party shall have the option of terminating the agreement immediately upon such assignment. It is expressly understood that a change in ownership or control of a party to a Program Letter of Agreement, whether by merger with another entity, acquisition by another entity, or sale of substantially all of its assets to another entity is considered an assignment for the purposes of this Agreement.

J. Governmental Immunity

If the Sponsoring Institution is a public entity entitled to protections of governmental immunity under applicable law, it is specifically understood and agreed that nothing contained in this paragraph or elsewhere in this document will be construed as: an express or implied waiver by the Sponsoring Institution of its governmental immunity or of its state governmental immunity, including actions for indemnity; an express or implied acceptance by Sponsoring Institution of liabilities arising as a result of actions which lie in tort or could lie in tort in excess of the liabilities allowable under the applicable governmental immunity laws; or, a pledge of the full faith and credit of a debtor contract; or, as the assumption by the Sponsoring Institution of a debt, contract, or liability of the Participating Site.

K. No Exclusion from Federal Healthcare Programs

Sponsoring Institution and Participating Site represent that no adverse action by a state or federal government agency that will or may result in exclusions from a government healthcare program has occurred or is pending or threatened against it, its affiliates, or to the best of its knowledge, against any of its employees, agents, or subcontractors. Sponsoring Institution and Participating Site each agree that it shall not perform any act that shall cause it to become excluded from a government health care program during the term of the Program Letter of Agreement. In the event either party becomes excluded from a government healthcare program, the party shall promptly provide the other party written notice of the exclusion, which shall entitle the other party to immediately terminate the Program Letter of Agreement upon written notice to the other party. If a Sponsoring Institution has actual knowledge that a resident has become excluded or that an exclusion action is pending or threatened, it must promptly notify the Participating Site in writing.

L. Choice of Law

This document does not address choice of law and unless otherwise agreed to the Program Letter of Agreement, the parties will rely on the common law to resolve any issues relating to choice of law.

M. No Third Party Beneficiary.

Neither the Program Letter of Agreement nor these Terms and Conditions are intended to and shall not be construed to give any third party any interest or rights with respect to or in connection with any agreement or provision contained herein or contemplated hereby.

N. Notices

All notices provided by either party to the other will be in writing, and will be deemed to have been duly given when delivered personally; when confirmed delivery of

an email or facsimile; within one day after deposited with a national overnight courier with tracking; or, within three days after deposited in the United States mail, First Class, postage prepaid, addressed as indicated in the Program Letter of Agreement.

O. Severability

The invalidity of any provision of these terms and conditions will not affect the validity of any other provisions.

P. Captions

Captions in this document are for convenience only**.**

Q. Entire Agreement

This document, along with its implementing Program Letter of Agreement contains the entire agreement of the parties as it relates to this subject matter and may be modified only by additional written provisions contained in a properly executed Program Letter of Agreement.