Although we are proud of our managed care roots, we feel our residents must be trained to function well in any practice setting. Our graduates have chosen highly diverse careers and are sought after for their expertise in all aspects of family medicine.

The Program
Initially accredited in 1975, the training program is based on an integrated curriculum which stresses four pillars: ambulatory care, academics, procedures, and family. The training environment provides a close-knit resident-faculty group within a large department and medical center. The faculty is a stable, committed, innovative and enthusiastic group who practice family medicine side-by-side with residents and maintain a policy of open communication.

Our 27 residents are part of the largest clinical department in the Fontana Medical Center of more than 200 family physicians. There are 9 satellite clinics from Redlands, to the High Dessert, to Chino and Claremont that feed our medical center. The patient base is large and diverse with over 500,000 members from all walks of life, providing a wealth of experience for our residents. More than 400 board-certified specialists provide lectures, consultation, and one-on-one electives to hone subspecialty skills in addition to teaching in core rotations.

Our newly opened state of the art, 314 bed tertiary care hospital at Fontana provides most specialty care including neurosurgery and cardiac surgery. Our 224 bed Ontario Medical Center is part of our 2-campus area. Both hospitals are quite new with Fontana opening in spring 2013 and Ontario opening in fall 2012. The vast majority of your training occurs in Fontana, although we use our Ontario facility for select experiences. Thus the training environment provides broad exposure to diverse patients, specialties and teaching.
In our training program you will learn to practice cost-effective, evidence-based, patient centered, population based primary care. Our residency graduates are sought-after for their excellent skills. Many choose to stay with Kaiser Permanente (KP) throughout our various California locations. Others have joined diverse practice settings, including private practice, Indian Health Service, mission medicine, academic setting and rural medicine. Our graduates populate leadership positions both in and out of KP.

We also have 3 fellowships:
- **Sports Medicine** fellowship began in 1989 and trains 3 fellows per year. The fellowship is located within the Family Medicine Center and provides ready teaching and immediate curb-side consultation for residents.
- **Geriatric** fellowship started in 2007 and trains 3 fellows per year, working in nursing homes, skilled nursing facilities, home care, hospice and palliative care and supports the residency with teaching.
- **Community Medicine/Junior Faculty** fellow provides teaching in the community and home setting for residents.

Goals & Objectives
The Kaiser Permanente Fontana Family Medicine Residency has a simple goal to train the outstanding family physicians of tomorrow.

Besides excellent clinical experience, the resident will have access to daily lunchtime lectures, weekly grand rounds, all Kaiser Permanente Symposium, and lectures in behavioral health during the resident counseling clinic experience.

Residents are taught lecture skills and provide many of the lectures with the help of faculty. All residents do a written case presentation that is submitted for publication or poster presentation.

Resident and faculty offices are interspersed, so a resident is not more than a few feet from having a question answered. There are dedicated “mentors” in the clinic whose only responsibility is to aid the resident in their education. Resident will never be left without adequate backup to care for patients.

The most frequent call is every fourth night. We are dedicated to follow not only the letter but also the spirit of the rules regarding resident work hours.

Clinical Experiences
**PILLAR ONE: AMBULATORY CARE**
- High volume patient exposure
- Cultural, age and, socioeconomic diversity
- Unmatched exposure to common and rare pathology
- Residents have their own panel which they actively manage
- Family Medicine Center entrance point for all minor injuries
- Excellent exposure to sprains, strains, fractures and lacerations
- Outstanding training in population management of chronic disease
- Team-based care for diabetes, hypertension and lipid management
- Clinic teaching from core faculty and a myriad of other family physicians with years of experience
- Comprehensive Electronic Medical Record (EMR) across all levels of care
- Teaching of time management, in-box management
- Teaching of telephone and email communication with patients
- Sports Medicine fellowship in same site, with immediate “curbside” consultation available
- Excellent exposure to pediatrics, gynecology, orthopedics, adult medicine in your primary clinic
PILLAR TWO: ACADEMICS
• Noon teaching conferences 4 days per week of diverse family medicine topics
• Medical Subspecialty on inpatient medicine case conference
• Daily teaching conference on in-patient pediatrics
• Longitudinal behavioral science program with weekly teaching conference
• One-on-one teaching from various sub-specialty physicians
• Board Review during noon teaching conferences
• Outstanding hands-on teaching in all clinical settings
• Faculty development provided for teaching faculty
• Research opportunities
• Grants available through regional research
• Research subcommittee through Graduate Medical Education committee to support research

PILLAR THREE: PROCEDURES
• Focus on office-based procedures
• Lump and bump clinic with one-to-one teaching in the FMC during all 3 years
• Training in minor procedures in General Surgery and Plastic Surgery clinics during first year
• Flexible sigmoidoscopy training; further elective time if full competency desired
• Family Medicine does all vasectomies; observation with further training to full competency if desired
• Dermatology clinics with minor procedures included in FMC
• IUD clinics in FMC
• Teaching in endometrial biopsies
• Training for Nexplanon placement
• Sports medicine rotation with joint ultrasound as part of experience
• Training in joint injections typically done in Family Medicine clinic
• OB Ultrasound

PILLAR FOUR: FAMILY
• Biopsychosocial model of family care
• Patient centered care in a family context
• Integrated into all rotations
• Family Circles and genograms as tools to understand family systems
• Basic family skills covered during orientation
• Year long, weekly, longitudinal behavioral rotation
• Didactics covering all major behavioral and psychiatric topics
• Basic primary care counseling techniques
• Taught by family doctor, psychiatrist and various behaviorists
• Perform primary care counseling, with observation and feedback
• Learn to do basic counseling with the time constraints of a family physician

Rotations
ADULT MEDICINE
• 3 blocks in the first year, 3 blocks in the second year, 6 weeks in the third year
• 2 week ICU rotation
• 4 week in-patient cardiology in the 3rd year, working directly with Cardiologist doing hospital consults
• Various IM subspecialty rotations such as endocrinology, rheumatology, and other electives
• 3 teams—2 with Family Medicine attendings; one with Internal Medicine and/or hospitalist attendings
• 5 patients per resident
• Follow patients into and out of ICU/CCU while on Adult Medicine rotation
• Broad clinical experience with varied pathology, socioeconomic and racial diversity
• Full responsibility for patient care with excellent back up and teaching
• Admitting short calls during the first year
• Admitting short and overnight calls in the second year
• Medical officer on duty (MOD) overnight call in the second year with responsibility for in-house coverage during two separate night float weeks
• Excellent in-house back up for all calls
• Third year experience as Jr. attending/teaching responsibility
• Didactic conferences- morning report with subspecialty teaching

CHILD CARE
• 2 blocks of in-patient child care, one in the first year, one in the second year
• Manage all patient on the pediatric service which average between 10 and 20 patients
• PICU: provides night coverage for sicker children
• Didactic teaching every morning on in-patient service
• Hospitalist pediatricians provide bulk of attending and teaching
• Several short calls per block
• Cover floor and Emergency Room during short call
• Outpatient child care rotation with routine pediatrics, exposure to subspecialty care and learning disability clinic
• Pediatric Urgent Care in 1st and 2nd year for exposure to sick ambulatory children
• 2 weeks on newborn rotation learning new born care
• New assignments of newborns into your resident family clinic
• Exposure to newborns in postpartum area, Great Starts Newborn clinic and your own continuity clinics
• Breast feeding problems/consults in Great Starts Clinic
• Pediatric Emergency Department training in our ED taught by Pediatric Emergentologist

WOMEN’S HEALTH AND MATERNAL CHILD HEALTH
• One Obstetric block and one Gynecology block in each of the first and second year
• High volume of deliveries
• Exposure to high risk pregnancies with emphasis on normal risk
• Advance Life Support in Obstetrics course
• Prenatal care
• Early obstetric ultrasound training
• Teaching and clinical experience with most routine gynecologic care
• IUD insertion, endometrial biopsy and Nexplanon placement taught in Family Medicine Center as well as GYN rotations
• Exposure to subspecialty gynecology such as colposcopy, infertility, endocrinology, etc.
• Breast feeding training in Great Starts clinic
• Call is short call and some night call in both first and second year OB rotations
• Occasional OB night call on second year GYN rotation

SURGERY
• One inpatient surgery block, one outpatient surgery block in the first year
• Focus of in-patient surgery is minor procedures with exposure to OR and one week of rounding with surgical team
• Pre operative optimization and post op care is covered
• Consults for evaluation of potential surgical issues
• Occasional short calls
• Extensive training in outpatient surgery and other rotations on lump and bump, office procedures.
• Exposure in Urgent Care of acute minor trauma including laceration repairs
MUSCULOSKELETAL/SPORTS MEDICINE
• One block in Year 1 and Year 2
• Extensive sports medicine exposure in Sports Medicine clinic with our fellowship
• Sideline and event Sport Medicine Coverage
• Fracture management
• Work with Physical Medicine and Rehab, orthopedics, cast room
• Excellent exposure to acute injuries in Urgent Care

EMERGENCY ROOM
• Eight week rotation in the 3rd year in our high volume Emergency Department, which includes Peds ER
• Outstanding teaching from our emergentologists
• Opportunity to perform various procedures, including suturing, intubations, CPR, etc.

COMMUNITY MEDICINE
• Community work in all three years, including school based health clinic, community clinics, etc.
• Block community medicine rotation in 3rd year
• School based health clinic
• County health department
• Community clinics
• Elementary school health education programs
• Child protective services
• 2 week rotation in Chemical Dependency
• Home visit and homebound patient curriculum with community medicine fellow support and supervision

PRACTICE MANAGEMENT
• Longitudinal curriculum with exposure to all practice options, office management, financial planning, interview skills, etc.
• Ongoing feedback on utilization of resources: radiology, consults, lab, medications, etc.
• One block preceptorship in the 3rd year to explore practice options and understand practice management in an outside office setting
• Coding and Billing

GERIATRICS
• Exposure to geriatrics and nursing home care in all three years
• Didactic lectures during noon conferences and during block rotation
• Longitudinal care of 2 nursing home patients during 2nd & 3rd Year
• Four week block rotation in the 3rd year
• Geriatric assessment clinic
• Skilled nursing facilities
• Hospice
• Palliative
• Home care

BEHAVIORAL MEDICINE
• Family systems and behavioral training integrated in outpatient and inpatient rotations
• Longitudinal behavioral training
• Year long half day a week training
• Didactic lectures covering all major behavioral science topics, including medication management, counseling skills, etc.
• Experience in primary care counseling of basic family medicine issues, such as depression, anxiety, grief, life cycle issues, etc.
• Experience training in medication management when appropriate
• Taught by family physicians, psychiatrist and various behaviorists

SPECIALTY CLINICS/CURRICULUM
• Pain management: rotate with pain specialist in the Integrated Pain Management Program
• Dermatology: Family medicine patients seen in FMC with supervision of dermatologist. Weekly didactic training in dermatology
• Home care curriculum, including care of home-bound patients, home visits and palliative/hospice (done in Geriatric block)
• Women’s Health Curriculum
• Professionalism Curriculum

ELECTIVES
A total of 3 months elective time is available to tailor your training to your future needs. Your faculty advisor will work with you to optimize your training.

Visit residency-scal-kaiserpermanente.org
to learn more about how to apply, our faculty & residents, available clerkships & electives, and benefits & salary