



SUTTER SANTA ROSA  
**family medicine residency**

In affiliation with University of California, San Francisco





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**MISSION AND VALUES STATEMENT**..... 2

**COMMITMENT TO DIVERSITY AND ADVOCACY**..... 3-4

    Culturally Responsive Medicine Curriculum..... 3

    The Community and Patient Population..... 4

**PHILOSOPHY OF TRAINING**..... 5

**PROGRAM EXPECTATIONS**..... 5

**THE PROGRAM HISTORY**..... 6

**OUR COMMUNITY PARTNERS**..... 7-8

**CURRICULUM (TABLE)**..... 9

**INPATIENT EXPERIENCES**

    Inpatient Teams at SSRRH..... 10

    Adult Medicine..... 10

    Pregnancy Care..... 11

    Care of Children..... 12

    Night Float..... 12

**OUTPATIENT EXPERIENCES**

    Sports Medicine and Musculoskeletal Care of Patients..... 13

    Emergency Medicine ..... 13

    Procedures Training ..... 13

    Geriatrics..... 13

    Specialty Experiences..... 14

    Abortion Training..... 14

    Reproductive Health..... 14

**LONGITUDINAL EXPERIENCES**

    Behavioral Medicine..... 15

    Leadership and Professional Development..... 15

    Family Medicine Resident Practice at Santa Rosa Community Health (SRCH)..... 16

    Culinary Medicine..... 17

    Integrative Medicine ..... 17-18

**UNIQUE LEARNING OPPORTUNITIES**

    Electives..... 19

    HIV Training..... 20

    Resident-Physician Wellness..... 20

    Scholarly Activity..... 21

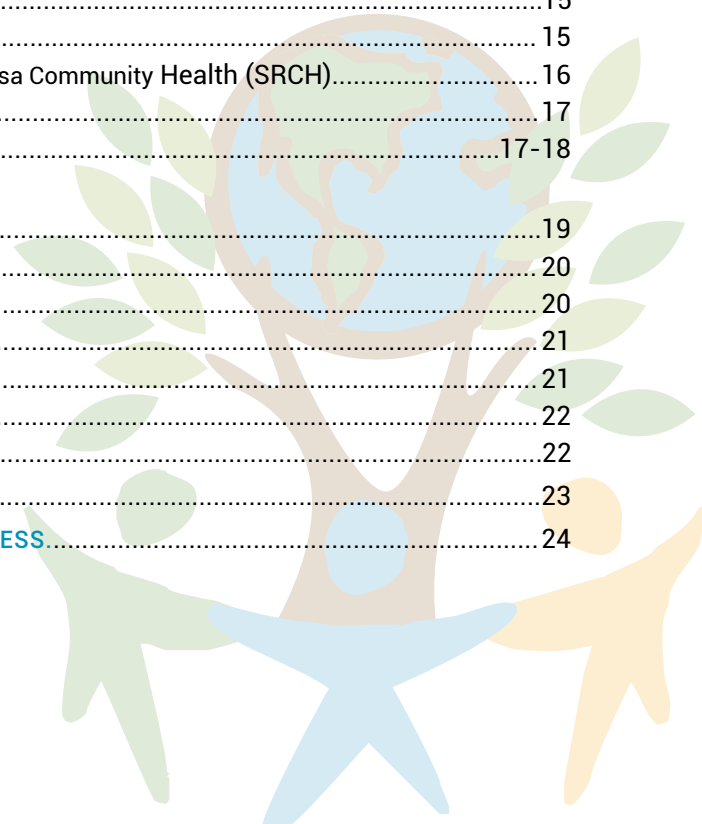
    Resident Participation In Governance..... 21

    Didactic Curriculum..... 22

    Medical Student Program..... 22

**PROGRAM DIRECTORS**..... 23

**SALARIES, BENEFITS AND APPLICATION PROCESS**..... 24





## Our Mission

Guided by equity and empathy, grounded in relationship and community, we train full-spectrum family physicians who provide exceptional care for systemically-disadvantaged patients and advocate for social justice.

## Our Vision

Faculty and graduates of the Sutter Santa Rosa Family Medicine Residency are physician leaders from diverse backgrounds who collaborate in creating just systems that: support all patients to achieve their fullest potential, promote healthy communities, cultivate joy and sustainability in practice.

## Our Values

Equity  
Empathy  
Relationship  
Healthy Patients And Communities  
Full-spectrum  
Exceptional Care  
Systemically-Disadvantaged Patients Advocacy  
Social Justice/Just Systems Leadership  
Diversity Collaboration  
Joy and Sustainability in Practice

### Culturally Responsive Medicine Curriculum

The mission of our curriculum is to promote and strengthen the relationship between the residency program and the diverse communities we serve, guided by a mindset of cultural mindfulness and compassion.

*Our specific goals are as follows:*

- **Understand the impact of culture and identity on health.**
- **Develop skills to provide culturally responsive care.**
- **Appreciate the importance of self-reflection and identity development as physicians.**
- **Contribute to the empowerment and wellness of the diverse communities we serve through the acts of education, service, mentoring, and relationship-building.**
- **Nurture a diverse and inclusive environment where all of our residents can develop into outstanding family physicians prepared to engage and serve their community.**

Our three-year longitudinal curriculum includes training in cultural mindfulness, health disparities, and linguistically appropriate care. Through formal didactics and experiential learning activities based in diversity, equity, and inclusion principles, residents will develop the knowledge, skills, and attitudes necessary to provide culturally responsive health care.



### Commitment to Diversity

Since its founding in 2010, the Community Engagement and Diversity Action Work Group (CEDAWG) is a steering committee comprised of faculty and residents who work together to engage with issues of inequity. We are committed to addressing racism within our residency and sponsoring institutions. We make recommendations, create new initiatives, and generate actions that guide our residency's culturally responsive medicine curriculum, community engagement, and recruitment of diverse faculty and residents.

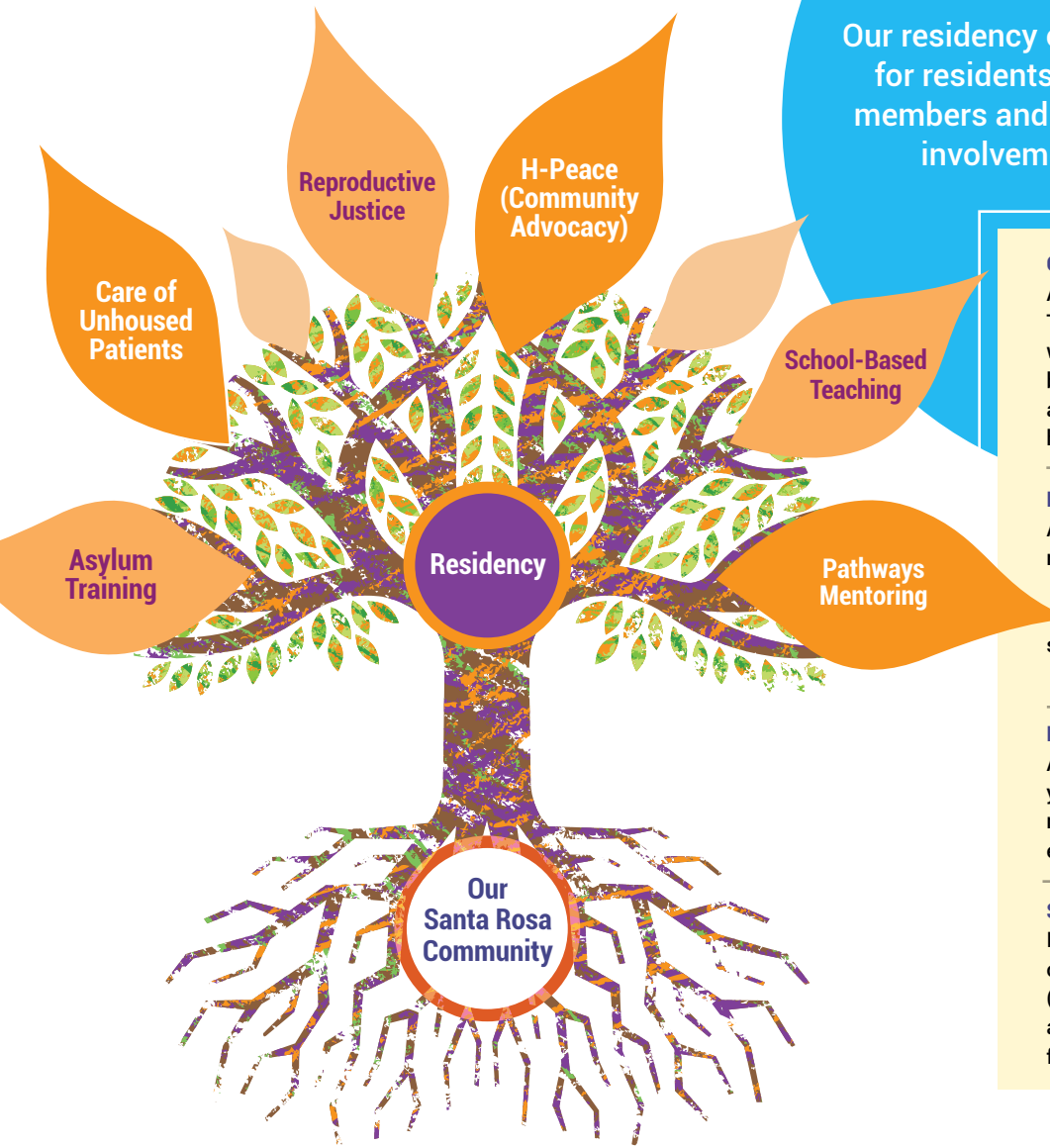
As a program, we believe that multiculturalism, equity and justice enrich the practice of medicine and medical training. In spring 2019, our residency, in consultation with Dr. Sharon G.E. Washington, launched PEACE (Process of Engaging in Action to Create Equity) an inclusive, strategic process of organizational reflection, growth, transformation, and revitalization through the lens of diversity, equity, social justice, restorative healing and collaboration, and allyship. We welcome contributions and participation from incoming intern cohorts to enhance the trajectory of this pioneering approach to compassionately confront and eliminate individual, collective, and institutional bias and marginalization.

### Faculty Diversity

The cultural, racial, socioeconomic, and gender diversity of our faculty have evolved over time from predominantly Caucasian and male to a more balanced cross-section. However, our core faculty does not yet fully reflect the diverse population we serve. To most optimally align with our patients needs, we recognize that this must change and are actively working toward diversifying our faculty. As the diversity as our residents increases, we are leveraging the diversity of their insight in order to inform the cultivation of an environment where our residents can thrive, see themselves as future faculty, and contribute to recruitment efforts of diverse faculty from around the country.

# COMMITMENT TO DIVERSITY AND ADVOCACY

Our residency offers curricular opportunities for residents to partner with community members and organizations through direct involvement and shared learning.



### Cesar Chavez Health Fair

An annual health fair geared toward students grades T-K through 2nd, in which residents and faculty welcome the students to a variety of interactive booths geared at promoting health through exercise and nutritious food, as well as through exposure to healthcare careers.

### Roseland Pathways Project

A longitudinal classroom-based program in which residents teach lessons to 3rd-6th graders on human anatomy, how the body works, nutrition and healthy living, as well as the significant contributions of scientists and physicians of color throughout history.

### Future Faces of Family Medicine

A semester-long program that recruits minority youth interested in health careers. Residents provide mentorship, offer clinic shadowing, and facilitate experiential workshops.

### Summer Youth Program at Bayer Farms

In collaboration with a community farm in the heart of Roseland, we offer Healthy Eating Active Living (H.E.A.L.) and health care pathways activities to youth ages 2-18 years old receiving lunch from our local food bank.

## The Community and Patient Population

Located 55 miles north of San Francisco, Santa Rosa is the county seat and the largest city in Sonoma County, which has a population of about 500,000. In a community in which the distance between great wealth and poverty is separated by mere miles, our residency is committed to providing just health care, especially to those most marginalized.

Over 40% of the family medicine patients are monolingual Spanish speakers, including agricultural workers in Sonoma County. All individual practices vary markedly; some of our bilingual resident physicians see as many as 80% monolingual Spanish speakers in their clinics. Vietnamese, Cambodian, Eritrean, and Ethiopian are also represented in our patient population. Seeking to provide the most culturally responsive care, we prioritize and explore recruiting residents and faculty who reflect our patient population demographics.

**A PORTRAIT OF SONOMA COUNTY** is an in-depth report that provides a deeper understanding of the disparities within Sonoma County among neighborhoods and along the lines of race, ethnicity, and gender. This data has offered us a guide for setting priorities and helps identify specific geographic places and populations in the County where we have the potential to positively affect long-term health outcomes. <http://measureofamerica.org/sonoma/>

## LIFE EXPECTANCY A Tale Of Two Neighborhoods



**EAST BENNETT VALLEY**  
Life Expectancy 85 Years

Mostly White (90%)

- Extensive parks and green space
- Median personal earnings \$72,412
- 97.6% have a high school degree

85  
Years

76.3  
Years



**ROSELAND**  
Life Expectancy 76.3 Years

Mostly Latinx (66%)

- Limited parks and green space
- Median personal earnings \$24,325
- 68.1% have a high school degree

The Sutter Santa Rosa Family Medicine Residency trains physicians in the care of all people and their families, from birth to death. The program focuses on the increasingly complex biomedical skills needed by family physicians, with comprehensive attention to the many psychological, social, and systems issues that affect health, illness, and healing.

We recognize residency training as a tremendous opportunity for human growth and development for both residents and faculty. The program curriculum is rigorous and comprehensive. Residents graduate proficient in a full range of office procedures, office counseling, emergency care, common inpatient and outpatient medical problems, obstetric and minor surgical skills. The faculty is accessible, supportive, and possesses a large variety of special interests, including health policy, care of older patients, cultural humility,

addiction medicine, reproductive health, surgical obstetrics, community engagement, integrative medicine, global health, and preventive medicine. Faculty members and residents participate in Balint training, a group process devoted to exploring the impact and meaning of the doctor-patient relationship. The program is committed to the integration of biopsychosocial principles into daily practice.

We are committed to serving members in our community who face barriers to health and healthcare and are interested in residents who aim to develop skills in cultural mindfulness and underserved medicine as an integral component of their career development.

### PROGRAM EXPECTATIONS

The educational program is based on two principles: first, that individualized guidance throughout residency training helps residents achieve their full potential as family physicians; second, that a diverse faculty with a wide variety of interests and strengths can best help residents achieve their goals.

#### *Graduating residents will be able to:*

- Manage the great majority of problems seen in Family Medicine.
- Provide comprehensive and continuing care to patients of all ages and at all stages of life.
- Work as a member of an interdisciplinary team.
- Lead change and innovation in approaches to health care delivery with the goal of improving access, quality, efficiency, and satisfaction for all.
- Recognize personal limitations in medical knowledge and skills and be committed to the idea of being life-long learners of the art and science of Family Medicine.
- Reflect on their own personal growth and development as physicians, explore areas of stress and impairment, and find sources of support for themselves and their families.



## Timeline of Sutter Santa Rosa Family Medicine Residency History

With the initiation of formal training dating back to the early 20th century, Sutter Santa Rosa Family Medicine Residency has an established tradition of excellent training with strong support from community family physicians and specialists alike. Many of the program's graduates live in the area and have become active teachers in the program as well as leaders in the medical community.

Throughout its long history, the residency has achieved national recognition for outstanding work in preparing family physicians to lead and provide the full spectrum of care. Today, there are 36 family medicine residents and a teaching staff composed of over 200 full-time, part-time, and volunteer faculty.

## THE PROGRAM HISTORY

1854

Santa Rosa incorporated and becomes county seat.

1888

Sonoma County builds hospital near poor farm.

1908

First record of interns staffing county hospital.

1936

New county hospital and general practice residency open.

1970

Family Medicine becomes a specialty, program switches.

1972

SRFMR becomes first Family Medicine program at UCSF when Department is created.

1996

Sutter assumes responsibility of hospital and residency.

2007

Sutter affiliates with Santa Rosa Community Health Centers.

2010

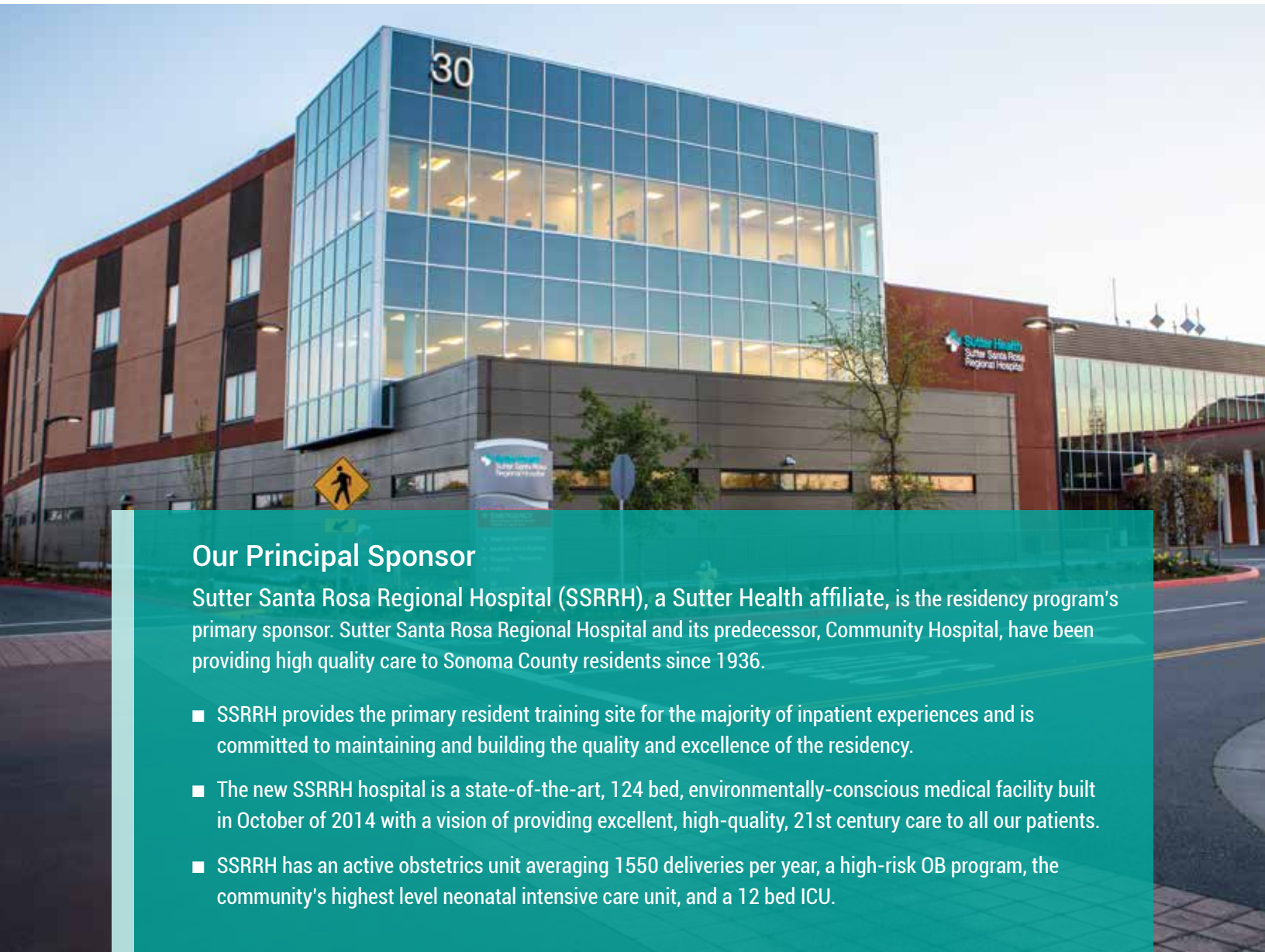
New Family Medicine Center at Vista opens.

2014

New hospital opens.

2022

New wing of hospital opens with additional 40 beds.



### Our Principal Sponsor

Sutter Santa Rosa Regional Hospital (SSRRH), a Sutter Health affiliate, is the residency program's primary sponsor. Sutter Santa Rosa Regional Hospital and its predecessor, Community Hospital, have been providing high quality care to Sonoma County residents since 1936.

- SSRRH provides the primary resident training site for the majority of inpatient experiences and is committed to maintaining and building the quality and excellence of the residency.
- The new SSRRH hospital is a state-of-the-art, 124 bed, environmentally-conscious medical facility built in October of 2014 with a vision of providing excellent, high-quality, 21st century care to all our patients.
- SSRRH has an active obstetrics unit averaging 1550 deliveries per year, a high-risk OB program, the community's highest level neonatal intensive care unit, and a 12 bed ICU.

### The supporting partners of the Sutter Santa Rosa Family Medicine Residency work together to provide optimal opportunities for excellent resident education.

The Sutter Santa Rosa Family Medicine Residency partnerships solidify the future and promises to be a centerpiece for the evolving health care system of Sonoma County. Additionally, the partnerships offer a model of residency education for the nation.

It is this opportunity for training, leadership, and creativity that the residency offers to residents, faculty, and partners in the community.

The Sutter Santa Rosa Family Medicine Residency and its community partners are committed to building upon the enduring strengths and values of the program, while reaching into the future to stay at the forefront of training the best family doctors in the country.

## Supporting Partners

As one of the centerpieces of the primary care infrastructure of the county, the residency is supported through a number of partnerships with healthcare organizations in the community and region.

**The University of California, San Francisco, School of Medicine** launched the Department of Family and Community Medicine in 1972. Our program, then known as Community Hospital of Sonoma County, became the first Family Medicine Residency associated with the new Department of Family and Community Medicine. We have maintained strong ties with the Department of Family and Community Medicine through required and elective medical student rotations in Family Medicine, faculty appointments, and annual leadership and academic meetings of the UCSF Family Medicine Educational Alliance and the Jack Rodnick Family Medicine Colloquium. UCSF provides educational resources for all residents and faculty such as electronic access to online learning resources and full-text online access to the medical literature. Our faculty and residents also have access to a broad array of faculty development trainings and educational certificates offered throughout the year at the campus in San Francisco as well as virtually.

- Faculty appointments for SRFMR faculty are granted through UCSF.
- UCSF provides faculty and residents with academic resources such as mobile electronic library access, ongoing faculty development and an annual academic forum for sharing innovations in teaching Family Medicine known as the Jack Rodnick Colloquium.

**Sutter Medical Group of the Redwoods/Sutter Pacific Medical Foundation** have been long-time partners with the residency. Today, the Medical Group and Foundation employ some of the core residency faculty, residency staff and many of the community faculty who teach in the hospital and in ambulatory care settings.

### **Santa Rosa Community Health (SRCH),**

our outpatient partner since 2007, operates nine primary care sites in the Santa Rosa area and employs about half of the SRFMR faculty.

- SRCH operates the Vista Campus, a Federally-Qualified Health Center (FQHC) which serves as the primary outpatient practice site for residents and core faculty, and is the largest clinic in the SRCH network.
- The residency and SRCH have a joint mission of excellence in residency education, patient care, service, and community involvement.
- Vista offers comprehensive primary care and health education to community members with Medi-cal/Partnership Health Plan, Medicare, or no insurance. A number of state programs help us meet the reproductive health and cancer screening needs of our patients who do not have insurance.

### **Kaiser Medical Center and The Permanente Medical Group**

have provided educational support to SRFMR since 2006. Kaiser employs a small number of SRFMR residency core faculty and we have collaborated with the Kaiser family medicine faculty and residents for annual procedural workshops, scholarly activity and job fairs.

### **Providence Santa Rosa Memorial Hospital/UCSF Benioff Children's Hospital**

are where residents complete their pediatric inpatient training. Pediatric patients from the residents' practice at Santa Rosa Community Health are admitted to Providence Santa Rosa Memorial Hospital when inpatient care is needed. Fully staffed with pediatric hospitalists, the unit has capacity for 12 beds and provides general pediatric care for children in the North Bay and beyond. Additional pediatric services include a Level II Trauma Unit and the UCSF Neonatal Intensive Care Unit.

# CURRICULUM FOR 2023/2024 ACADEMIC YEAR

## FIRST YEAR

14 Weeks (3 weeks night float)

Adult Medicine

12 Weeks (3 weeks night float)

Maternity Care (OB)

8 Weeks

Pediatrics<sup>1</sup>

2 Weeks

Substance Use Disorder<sup>1</sup>

2 Weeks

Leadership<sup>1</sup>

3 Weeks

Vacation<sup>1</sup>

4 Weeks

Musculoskeletal<sup>1</sup>

2 Weeks

Behavioral Medicine<sup>1</sup>

2 Weeks

Capstone

1 Week

Electives<sup>1</sup>

2 Weeks

Ambulatory Care<sup>1</sup>

## SECOND YEAR

10 Weeks (3 weeks night float)

Adult Medicine

10 Weeks (3 weeks night float)

Maternity Care (OB)

4 Weeks

Pediatrics ED

2 Weeks

Leadership<sup>1</sup>

3 Weeks

Vacation<sup>1</sup>

2 Weeks

Musculoskeletal<sup>1</sup>

2 Weeks

Behavioral Medicine<sup>1</sup>

4 Weeks

Emergency Medicine

4 Weeks

Reproductive Health<sup>1</sup>

2 Weeks

Geriatrics<sup>1</sup>

2 Weeks

Procedures<sup>1</sup>

4 Weeks

Electives<sup>1</sup>

3 Weeks

Transitions Hospital Coverage

## THIRD YEAR

4 Weeks

Adult Medicine

6 Weeks

Maternity Care (OB)

4 Weeks

Pediatrics<sup>1</sup>

6 Weeks

Night Float (OB & AMS)

2 Weeks

Leadership<sup>1</sup>

3 Weeks

Vacation<sup>1</sup>

2 Weeks

Emergency Medicine<sup>1</sup>

4 Weeks

Reproductive Health<sup>1</sup>

2 Weeks

Geriatrics<sup>1</sup>

2 Weeks

Procedures<sup>1</sup>

4 Weeks

Dermatology<sup>1</sup>

12 Weeks

Electives<sup>1</sup>

1 Week

Transitions Hospital Coverage

<sup>1</sup> No overnight shift this rotation.

The curriculum displayed is current up to the date of printing. The program reserves the right to make changes at any time with resident input.

## Inpatient Teams at SSRRH

The inpatient training includes rotations in adult medicine and maternity care. The teams for each service are composed of first- and second-year residents, who take first call and a third-year resident who is chief of service. The on-call resident experience varies for each rotation. While on-call, residents are typically responsible for admissions and cross-cover for the specific service. There is always one third-year resident in the hospital to supervise the first-year resident's work and help second-year residents. Second-year residents function more independently. Third-year residents primarily supervise, teach, and organize the functioning of the inpatient teams. The faculty physicians provide attending back up. The attending physicians are generally in the hospital during daytime work hours, and are available by telephone for consultation, admission, or deliveries during the night. Rotations are two-weeks long and include weekend coverage with a minimum of two days off in 14. Weekends are generally completely off on alternating two-week ambulatory rotations.



The inpatient training includes rotations in adult medicine, maternity care, and care of children.

## Adult Medicine

Residents on Adult Medicine admit patients from our local Community Health Centers, the local VA clinics, those who are incarcerated, and patients without a primary care physician. First-year and second-year residents take primary call, admitting patients through the emergency department (ED) and from the intensive care unit (ICU). The second-year residents also follow patients admitted to the ICU under the supervision of an ICU attending.

Residents on the Adult Medicine service meet throughout the day with the Family Medicine Attendings. They discuss cases both individually and in a team setting, including pharmacy, social work, and discharge planning. Scheduled time is provided daily for teaching by the family medicine attendings and by specialists. A night float system is employed to relieve the burden of overnight call.

## Pregnancy Care

The residency program considers maternity care an essential part of family medicine and emphasizes a family-centered approach to pregnancy and childbirth. Residents participate in a variety of high and low-risk deliveries. Our residency team delivers roughly 120 babies per month at Sutter Santa Rosa Regional Hospital. In addition to deliveries done while on-call, residents follow obstetrical patients in their continuity panel - doing prenatal care, labor management, and their patients' deliveries. Residents primarily work with family physicians who do OB, but also learn from obstetricians and midwives. Finally, resident education is enhanced by program-sponsored training in the ALSO Course. Residents become proficient in first trimester obstetrical ultrasound, and limited second/third trimester ultrasound and a variety of experiences in specialized outpatient obstetrics including conditions such as gestational diabetes and substance use disorders in pregnancy.

A maternal health educator works closely with the residents and their patients and doulas are available for patients in labor. Additional elective opportunities are available with midwives at a local birth center and at a nearby rural hospital in Lake County. Residents interested in pursuing training in surgical obstetrics can gain experience with performing cesarean sections as senior residents, however an obstetrical fellowship will be required to achieve competence. Opportunities for scholarly activity and mentorship exist within the program for residents that express an interest in maternity care after graduation. Results from recent ACGME graduate surveys show that 100% of our recent graduates feel adequately prepared to provide maternity and newborn care. Typically, 30-40% of our graduates continue to deliver babies after graduation. Which is far above the national average for Family Physicians of the same training years.



## Care of Children

Residents will learn about the care of children in a variety of settings throughout our community.

- The outpatient experience happens at several Santa Rosa Community Health sites: the Vista Campus, the Pediatric Campus in Roseland, and at the high school-based Elsie Allen Campus. These settings ensure a broad experience in preventive health care, as well as management of common and complex childhood conditions.
- The inpatient experience is based at the Providence Santa Rosa Memorial Hospital/UCSF Benioff Children's Hospital pediatric unit. Fully staffed with pediatric hospitalists, the unit provides general pediatric care for children in the North Bay and beyond. Additional pediatric services include a Level III Trauma Unit and UCSF Neonatal Intensive Care Unit.



- During the R2 year, our residents rotate through the Emergency Department at UCSF Benioff Children's Hospital Oakland where they manage acutely ill children with a wide range of medical conditions.
- Elective opportunities include clinics focusing on adolescent medicine, pediatric subspecialties, and pediatric urgent care. Our residents graduate with the ability to provide high quality personalized care for all children.

## Night Float

### Adult Medicine Night Float:

First-year and second-year residents spend three weeks a year on the Adult Medicine Service as the night float resident. The remainder of the adult medicine team rotates through a short call schedule during the days and evenings. The senior resident provides direct supervision.

### Maternity Care Night Float:

First and second-year residents spend three weeks each year on the Maternity Care Service as the night float resident. This system allows for shorter shifts on the remaining rotation days and is a great opportunity to manage a busy labor and delivery unit more independently. The senior resident provides direct supervision, and attending physicians are readily available.

### Third-Year Night Float:

Third-year residents spend six weeks per year as the night float supervisor for first and second year residents on the inpatient medicine and obstetrics services. The third-year assesses and reviews patients admitted and triaged by junior residents, performs neonatal resuscitation during deliveries, attends rapid response pages, and provides teaching whenever possible.

### Sports Medicine and Musculoskeletal Care of Patients

Care of the musculoskeletal system is central to the training of a family physician. The curriculum is designed to provide residents with skill in caring for a wide range of musculoskeletal conditions. Residents learn physical diagnostic techniques and how to manage sprains, strains, fractures, etc. while working alongside family physicians, sport medicine trained specialists, foot & ankle surgeons. In addition, our residents get valuable exposure to the complimentary care of musculoskeletal issues by working with a community chiropractor, osteopathic physicians and participating in a series of musculoskeletal teaching workshops. Residents refer and see their own patients at our Musculoskeletal consult clinic at the Vista Campus.

### Emergency Medicine

Sutter Santa Rosa Regional Hospital maintains a very busy community Emergency Department with approximately 30,000 patient visits per year. Residents on ED rotations work directly with staff Emergency Physicians to evaluate patients and perform a variety of procedures.

Residents spend six weeks total in the ED in the second and third year of training. In addition, residents work closely with the ED during inpatient rotations to admit patients to the Adult Medicine and Obstetrics services. Residents seeking additional experience in Emergency Medicine may use some of their elective time during the second and third years to sharpen their Emergency Department skills at our hospital and other nearby hospitals in more rural settings.



### Procedures Training

Procedures training takes place during rotations and in continuity clinics at the Vista Campus and at sites throughout the community under direct supervision. Family medicine faculty assist the residents in learning skin biopsy techniques, injections, ultrasound, vasectomy, colposcopy, LEEP, and various other reproductive health and minor surgical procedures. Residents perform skin procedures while on dermatology rotation and various procedures in the health center during all three years of training. The Procedures rotations in the second and third year are focused on outpatient procedures in multiple settings, including focused training in the health center. Residents will perform a variety of procedures while serving on their inpatient medicine and obstetric rotations, and emergency medicine rotations (at both community and pediatric sites). Residents may use elective time in their second and third years to arrange further training in a variety of procedures.

### Geriatrics

Throughout residency, residents will be exposed to older patients in many settings. Residents have a two week block of geriatrics in both the R2 and R3 years where the most important topics of geriatrics and palliative care/hospice are highlighted. By the end of residency, each resident will be confident handling common geriatric inpatient and outpatient problems, managing a medication list for older patients, understanding a primary palliative care approach, and using various community-based programs for the elderly.



### Specialty Experiences

Throughout the three year curriculum, residents are exposed to medicine subspecialties in a variety of settings. Residents work with neurologists, rheumatologists, cardiologists, gynecologists, and endocrinologists in a variety of settings including the various campuses of Santa Rosa Community Health, Sutter Medical Group of the Redwoods and varied private practices. These varied experiences teach residents how to effectively triage and manage complicated patients and specialty referrals.

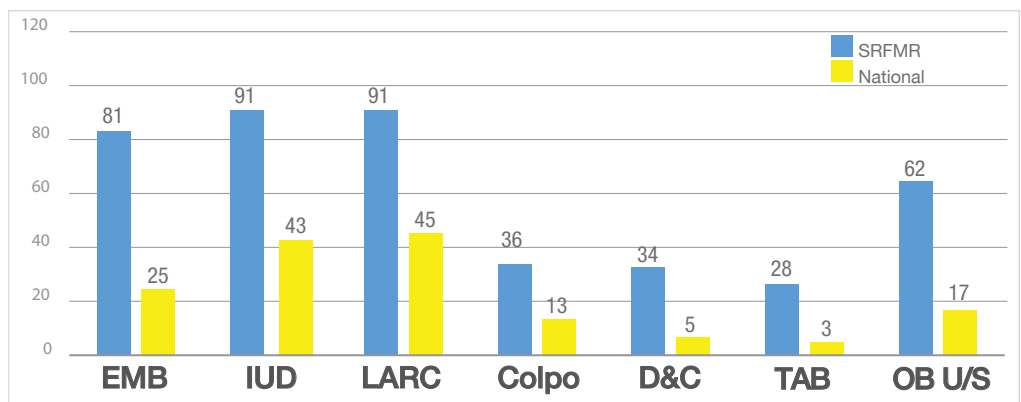
The various campuses of Santa Rosa Community Health provide additional specialty care for our patients. The specialty clinics are staffed by residents within various rotations along with specialists from the community. This includes clinics in gender-affirming care, integrative medicine, dermatology, procedures, neurology, substance use disorders, diabetes care, rheumatology, gynecology, cardiology, and perinatal substance use.

### Abortion Training

The Sutter Santa Rosa Family Medicine Residency has a comprehensive training program for all residents in first trimester abortion. Our program was the first Family Medicine program on the west coast to offer abortion in the outpatient Family Health Center where residents routinely see patients. In addition, we collaborate with a local Planned Parenthood to provide a higher volume experience and didactic teaching including values clarification, medication abortion, miscarriage management and abortion complications. We train residents to do aspiration procedures and medication abortions. Residents with a moral objection to performing abortions can opt out of procedural training but must complete didactic training in values clarification and options counseling.

### Reproductive Health

Training in reproductive health takes place both in continuity practice as well as on dedicated rotations. These rotations offer residents experiences in management of undesired pregnancy, early pregnancy loss, birth control procedures and counseling, ultrasound skills, colposcopy, LEEP, gynecologic conditions, menopause, breast care, and gender-affirming care.



Our program has a long history of providing exceptional training in the care of reproductive health conditions. According to data from the American Board of Family Medicine Graduate Surveys from 2017 and 2021 (now 5 years of data), graduates of our program are performing far more reproductive health procedures than the national cohort from the same years.

### Behavioral Medicine

The behavioral medicine program is designed to help resident physicians learn about the psychological aspects of medicine, how to forge therapeutic relationships with their patients, and how to understand their own professional socialization.

The curriculum currently consists of four weeks of required rotation activities divided between the first and second years, as well as longitudinal experiences scheduled throughout all three years of residency.

Training includes developing knowledge and skills in the following areas: assessment and diagnosis of psychological and psychiatric disorders with a particular focus on anxiety, depression and other mood disorders, psychopharmacology, office counseling; behavioral medicine, motivational interviewing and lifestyle change, child development, psychological disorders of childhood/adolescence, parenting; family systems, crisis intervention, family violence, chronic pain and substance use, cross-cultural perspectives, community resources, and guided review of their recorded patient interviews.

Residents participate in Balint training, which is an experiential group process for better understanding complex and challenging patient-physician relationships and increasing empathic capacity and attunement with those patients. Video Review helps residents develop effective and efficient relationship-centered interviewing skills. In the outpatient setting, residents receive consultation from the behavioral medicine faculty. Conferences and workshops on a core set of behavioral medicine topics are held throughout all three years.



### Leadership and Professional Development

Being an exceptional family doctor for our communities requires more than just clinical acumen. The three-year, longitudinal “Leadership and Professional Development” curriculum adds leadership and advocacy to the list of skills required by the “full spectrum” Family Physician. This curriculum allows our exceptional residents to build on the skills they bring to the residency and offers lectures, small-group sessions, self-directed modules and one-on-one mentorship in the skills needed for legislative and community advocacy, community engagement, cultural humility, scholarship, teaching, practice management, and personal and professional development. Specific attention is paid to developing the skills for influencing policy and decision-makers. SRFMR provides training and support to write advocacy letters to legislators, making legislative visits to policy makers, craft resolutions for the California Academy of Family Physicians, and to write Opinion Editorials or reviews for publication.



## Family Medicine Resident Practice at Santa Rosa Community Health (SRCH)

The new state-of-the-art Vista campus of SRCH serves as the primary location for our Family Medicine Resident Practices. It contains 56 exam rooms and also includes faculty offices, workrooms, conference rooms, and a well-equipped learning center that houses the residents and faculty (28 exam rooms). The clinic recently transitioned to a new EPIC OCHIN electronic health record, which aims to improve clinical efficiency and integration with other health systems. The clinic provides clinical decision-support tools such as UpToDate to all clinic providers for learning and evidence-based decisions during clinical practice. After Vista was badly damaged in the Sonoma County wildfires of 2017, it was redesigned specifically with residency practice needs in mind.

Vista provides residents with a longitudinal experience in team-based family medicine practice. Each care

team has faculty attendings who provide clinical and administrative oversight, co-residents, and also includes an interdisciplinary, mostly bilingual, bicultural staff that consists of nurses, medical assistants, behavioral medicine specialists, management staff, clinical team assistants, pharmacists and others.

Each resident provides primary care for a balanced (age, language, ethnicity, etc) panel of patients that grows from about 75-100 patients as an incoming first-year to about 300-350 patients as a third-year resident. During ambulatory rotations, residents spend between two to five shifts per week dedicated primarily to their continuity panel. Family physician preceptors are present during all continuity clinic sessions, with efforts to optimize the preceptor-to-resident ratio. Additional shifts are spent seeing clinic patients in subspecialty clinics with community specialists at Vista. Core faculty family physicians also see their patients alongside the residents at Vista. Video review and live observation of encounters also help residents improve their out-patient skills.





### Culinary Medicine

Culinary medicine blends the art and science of cooking with evidence-based nutrition, promoting optimal health and well-being through the power of food. Lifestyle choices drive at least 60% of the factors leading to health and quality of life, foremost of which is nutrition. Yet most doctors receive very little education in nutrition and often hesitate to include nutrition recommendations in their daily patient care.

Dr. Kohatsu is also a professional chef, and loves to bridge the gap between healthy eating and practical kitchen know-how for patients and doctors alike. Healthy can be tasty! We specifically focus on affordable, plant-based options to mitigate the chronic diseases – diabetes hypertension, digestive disorders, mental health, etc. – that commonly affects our patients. During this part of the rotation, we review nutrition literature, medical science, and whip up complementary recipes that nourish the mind and body, and top it with a dollop of joy! We'll see you in the kitchen!

### Integrative Medicine

Integrative Medicine (IM) is healing-oriented medicine that addresses the whole person – mind, body and soul – incorporating evidence-based lifestyle, allopathic, and other therapeutic modalities.

Core faculty member, Wendy Kohatsu, MD, directs the IM Fellowship and facilitates the longitudinal IM education for the residency. These key programs provide access for our patients to much needed integrative health services and allow residents to gain skills in IM throughout their training.

#### *Some of our key features:*

**Integrative Medicine Fellowship** We have a thriving one-year, post-graduate Integrative Medicine Fellowship, approved by the American Board of Physician Specialties to allow our fellow graduates to be eligible for board certification in IM. The Sutter Santa Rosa Integrative Family Medicine Fellowship is committed to training physicians to incorporate holistic principles into the delivery of effective care to diverse and underserved populations.

**IM Consult Clinic** Residents refer patients to, and participate in, the IM Consult Clinic in which we explore patients' foundational practices – nutrition, exercise, stress reduction/mental health, sleep hygiene, interpersonal relationships, and spirituality. We prioritize lifestyle changes that are especially important for underserved populations.

**Integrative Therapies** Clinics at SRCH offer osteopathy, acupuncture, chiropractic, massage, naturopathy, and group visits for yoga, qi gong, mindfulness, and diabetes lifestyle management.

## The Integrative Medicine Fellowship curriculum is grounded in teaching each fellow about the promotion of lifestyle and behavioral change as foundations of IM.

Fellows also learn the principles of basic supplementation, herbal medicine, and an overview of traditional systems such as Ayurveda and Chinese Medicine. The IM Fellow is given a generous CME budget in which they can choose to focus their training on a specific area of interest. The Fellow serves as a junior faculty member and also completes a project to deepen their practice of IM.

Some of our previous fellowship projects include: chronic pain groups, yoga classes, mindfulness groups, launching the IM4Us annual conference, no-cost chiropractic/ acupuncture/ massage clinic, an evidence-based herbal and supplement formulary in our health center pharmacy, planting a clinic medicinal herb garden, and creating an acupuncture group for patients with addiction.

**IM4US** Our fellowship birthed the Integrative Medicine for the Underserved (IM4US) movement which is now a vibrant network of hundreds of community clinics nationally. Through our work in the community and across the country, we are taking IM from the boutiques to the streets. Our hope is that in the future what we currently call 'integrative medicine' simply becomes good medicine.

See our web site for links,  
[srfmr.org](http://srfmr.org)



### Electives

For local electives, residents may choose from a menu of pre-set options or build an elective to meet their educational needs. During the residency, each resident has a total of 17 weeks of elective time available, up to six weeks of which may be spent at other facilities outside the program, state or country. Residents have done a huge variety of clinical rotations in countries all over the globe and we have connections to facilitate many experiences according to resident interests.

#### "Ready to go" elective activities in Santa Rosa

- Point of care ultrasound
- Substance use disorder
- Advanced abortion
- Integrative medicine
- HIV
- Diabetes and endocrinology
- Birthing center experience with nurse-midwives
- Urgent care
- Sonoma County Indian Health
- Cardiology
- MSK / Sports medicine

#### Other elective opportunities

- Rural OB and ED elective in Lake County
- Correctional medicine elective
- Wellness elective
- International electives

## HIV Training

The multidisciplinary HIV Care Team serves patients as a Patient Centered Medical Home at Santa Rosa Community Health ([www.srhealth.org/service/hiv](http://www.srhealth.org/service/hiv)). Interested first-year residents may apply to do a two-year HIV Area of Concentration ([www.srfmr.org/hiv-training](http://www.srfmr.org/hiv-training)). This longitudinal ambulatory care experience includes providing primary care to a panel of 20 HIV+ patients with support from HIV Specialist preceptors.

## Resident-Physician Wellness

Residency is one of the most challenging periods in one's professional development. Therefore we have a multi-dimensional program to support residents as they become family physicians.

Following orientation week team building activities, each new class of residents begins a Personal and Professional Development Group that meets weekly throughout all three years of residency. Each group is facilitated by a psychologist experienced in group dynamics and familiar with medical socialization. This group provides a confidential time for residents to check-in about the week, the experiences of residency, the way one is thinking or feeling, or whatever else residents want to talk about, as well as to hear the stories of one's peers and support each other's development.

Our residency program strongly emphasizes community and connectedness. There are many opportunities for residents and faculty to learn together as well as have fun together. Dinners, exercise, retreats, and poetry evenings are just some of the ongoing activities that help residents develop a positive and productive way of moving between their work and their life outside of medicine.

Working to recognize, validate and interrupt bias is another key element of how we focus on resident wellness. We believe that all faculty and residents must become fluent in the language of anti-oppression work in order to make sure that our learners are able to access the learning they came here for in a supportive environment without discrimination on the basis of any aspect of their identity.

Our Behavioral Medicine core faculty members are always available to talk with residents about any issues that may arise. We are committed to creating and fostering a supportive environment in which residents, faculty, and staff work together to help train reflective, resilient, conscientious, connected, creative, and outstanding family physicians.



### Addiction Medicine Curriculum

The curriculum to teach residents about substance use disorders (SUD) consists of a required 2-week rotation in PGY1 year plus select clinical experiences during PGY2 and PGY3 years. In addition, opportunities for one or more 2-week electives exist during the PGY2 or PGY3 years. All residents receive training in the prescription of buprenorphine for treatment of opioid use disorders with a four-hour in-person training during orientation and are encouraged to complete the additional four-hours of online training to receive their DEA X-Waiver.

Residents rotate through a variety of settings including outpatient buprenorphine and methadone maintenance clinics, a local needle exchange program, a perinatal SUD intensive outpatient treatment program and several clinics that provide healthcare services to unhoused adults. Additionally, residents rotate through SUD specialty clinics at the Vista Campus of SRCH including an adult medication assisted treatment (MAT) clinic for patients with opioid use disorder, an HIV and Hepatitis C clinic, and a perinatal clinic for patients with SUD, unstable housing and/or mental health disorders called New Beginnings.

In continuity clinics, residents manage more stable patients with SUD histories and can refer their patients to these more specialized clinics for co-management when appropriate. Residents also have frequent exposure to patients with SUDs in the inpatient setting, both on the maternity care rotation and adult medicine. Residents gain experience with initiating patients on a variety of medications for treating SUD, both for managing symptoms of withdrawal and preventing relapse. Several core and community faculty are board certified in Addiction Medicine and provide mentorship and regular didactic teaching. All core faculty are X-Waivered and prescribe outpatient buprenorphine.



### Scholarly Activity

All residents across the country are required to participate in scholarly activity projects during their three years of residency. All third year residents will give a Ground Rounds lecture as well as a capstone R3 lecture on a topic of special personal interest. In the outpatient setting, residents will undertake a longitudinal quality improvement project each year which is done together as a class. Residents are given time with faculty oversight to work on their class project individually and as a group. These longitudinal projects can ideally become scholarly posters and presentations when they are completed. Residents are encouraged to submit presentations detailing their activities in curriculum implementation and quality improvement at regional and national conferences such as the annual UCSF Family and Community Medicine Colloquium, CAFM Clinical Forum, the Society of Teachers of Family Medicine, NAPCRG and others. Opportunities for peer-reviewed publication, Op-Eds and reflective writing are available with the mentorship of faculty, especially from Dr. Mark Sloan, a retired faculty member with extensive experience with writing for publication.

### Resident Participation In Governance

Our residency prides itself on making sure that the residents have a voice at the leadership table. There are multiple formal positions within the residency for residents who seek to gain leadership experience and play a role in the governance of the program. Outside of formal positions, all residents are invited to bring their ideas and opinions to a monthly Program Meeting to discuss relevant issues for feedback to faculty and administration. We are open to creating new positions



for those interested in particular areas of residency programming.

### Current peer-elected positions include:

- 4 Chief Resident Positions (2 PGY2 and 2 PGY3).
- 4 Positions as SEIU Resident Union Representatives.

### Residents who show special interest may apply for a number of positions:

- Future Faces of Family Medicine Program Lead(s).
- Roseland Elementary Longitudinal Project Lead(s).
- Community Engagement-Diversity Action Working Group (CEDAWG) Chairs.
- Resident Curriculum Chair.

## Didactic Curriculum

Our teaching curriculum has continually improved to meet the needs of our residents utilizing an expanded variety of methods and resources. A portion of every Thursday afternoon is protected teaching time which includes our new Case-Based Learning curriculum, hands on workshops (i.e. procedures, simulation, musculoskeletal, and women's health), along with specialty topics (i.e. ED, surgery, pediatrics, culturally responsive medicine, and behavioral health). In both the hospital and clinic, we created a successful method of teaching that helps residents retain the most useful

information: CLIPS (Clinical Learning In Practice Sessions). Our once weekly Grand Rounds includes a multidisciplinary audience with a variety of topics, ranging from the latest in diabetes care to racial inequities in pain control to clinical conundrums on our OB and Medicine inpatient services. Furthermore, nearly all of our new learning is accessible online (and via app) where we share content and resources. A few residents work in collaboration with faculty to ensure that we provide an exceptional didactic curriculum.

## Medical Student Program

Sutter Santa Rosa Family Medicine Residency offers a four week clerkship for fourth-year medical students. Students spend two weeks with the inpatient medicine or OB team and two weeks in the outpatient setting, and will experience the broad spectrum of Family Medicine, including adult and pediatric care, prenatal care, and management of acute and chronic conditions. In outpatient clinic, students see patients independently, and are supervised by an attending family medicine preceptor and/or senior resident. Outpatient opportunities include HIV clinic, sub-specialty medicine clinics, school and community based health programs, and women's health clinics. Students also participate in a variety of resident didactic sessions. The clerkship is not a prerequisite for acceptance into the residency program.



### Program Director



**Tara Scott, M.D.** has served as Program Director since June 2017. She is a native of southern California who came north to college at Berkeley. Originally drawn to the arts, she received her BA in the History of Art and spent her early post-graduate years teaching special-needs children and adults with an emphasis

on art and creativity. After a volunteer position at Children's Hospital in Oakland propelled her towards a career in medicine, she completed a post-baccalaureate program at Mills College in Oakland and attended Harvard Medical School. She happily returned home to Northern California to complete residency in Family Medicine here in Santa Rosa.

Following graduation from residency, Dr. Scott worked in multiple community health centers, urgent care centers and emergency rooms throughout Sonoma County but soon gravitated back to the residency community of the Sutter Santa Rosa Family Medicine Residency. She joined the faculty in 2007 and served as an Associate Program Director for many years prior to becoming the Program Director.

Dr. Scott is dedicated to working with un- or underinsured populations. She is fluent in Spanish and practices and teaches Family Medicine at the Vista Family Health Center and Sutter Santa Rosa Regional Hospital. She also teaches colposcopy and is one of the program's TEACH trainers, overseeing residents in our pregnancy options clinic as well as at Planned Parenthood.

Outside of work, Dr. Scott is an avid commuter cyclist and can often be seen around town on her cargo bike. She loves to eat and cook local food for friends and family, sew and work in the garden. Along with her partner Travers and son Theo, she spends time in the outdoors as much as possible.

### Associate Program Directors

**Cherie Green, M.D.**, Associate Program Director, has been on the faculty since 2006. She was raised in Berkeley so didn't have to travel far to attend UC Berkeley. She completed a combined Internal Medicine and Pediatrics residency at University of Michigan where she did her best to become a family doctor at heart. She joined the faculty in 2006 as the Director of Pediatrics with an interest in teaching well childcare, childhood obesity, and addressing social determinants of health. After over a decade working as a primary care provider, she shifted her clinical focus to adult hospital medicine, and since 2017 has co-directed the Adult Inpatient Medicine Service at Sutter Hospital. She still loves teaching pediatrics so you can also find her precepting in the pediatric clinic. Cherie enjoys spending time with her husband and two teenagers, reading, hiking, trail running in Annadel State Park, and spending time in Jenner – the jewel of the Sonoma Coast.

**Erin Lund, M.D., M.P.H.**, Associate Program Director and Evaluation Lead; Erin grew up in the rural mountains of Oregon. She completed her schooling in Boston and then returned west to Santa Rosa for residency. After graduation, she completed a two-year surgical obstetrics fellowship and MPH at the University of New Mexico where she developed an interest in treating addiction in pregnancy. Erin returned to Santa Rosa in 2010 to join the obstetric call group at Vista. Erin joined the core faculty in 2013 as the Maternity Care Director, a role that she held until 2020. In 2015, Erin founded the New Beginnings Clinic to care for perinatal patients with substance use disorders, mental health conditions and unstable housing. Further developing her growing passion for addiction medicine, Erin became board certified in Addiction Medicine in 2020 and has been working to expand the residency curriculum in addiction medicine and care of unhoused populations. She continues to practice outpatient and inpatient surgical obstetrics with a full spectrum outpatient panel at the Vista Campus. Erin also enjoys yoga, hiking, reading, and spending time with her husband and two young boys.

Please visit our website to view  
our faculty and resident bios  
at [srfmr.org](http://srfmr.org)

## House Staff Salaries In 2023-2024\*

\* For the academic year:

July 1, 2023 – June 30, 2024

**R1: \$69,534**

**R2: \$72,654**

**R3: \$79,934**

*Contract negotiations are underway summer 2023*

*\*All rates and benefits are subject to change with ratification of 2023 SEIU CIR agreement.*

### Additional compensation includes:

- Bilingual pay available at an additional \$1.00 per hour, per requirements
- Paid sick coverage
- Double-time for worked holidays

## Benefits

- Health, dental and vision insurance; dependents and domestic partner coverage available.
- Life insurance coverage of \$50,000.
- Malpractice insurance.
- Maximum Paid Time Off (PTO), including 4 weeks of vacation, 9 holidays, and 7 “personal” days off.
- Bi-annual multi-purpose stipend to cover resident mandatory expenses (i.e. licensing) \$3,612.50 (before taxes) paid out in JULY and again in JANUARY.
- Relocation reimbursement: up to \$1,000 (before taxes) for relocation from Northern California and \$1,800 (before taxes) for relocation from outside Northern California.
- Administrative support for licensing, boards, and scheduling.
- A focus on well-being in the midst of residency, with weekly personal and professional development groups, an annual resident retreat, and a culture of supporting residents.

PGY-1 applicants apply through ERAS, the Electronic Residency Application Service, through your medical school. International medical graduate applicants also use ERAS through the ECFMG (Educational Commission for Foreign Medical Graduates). The ECFMG phone number is (215) 386-5900. We are currently unable to sponsor visas.

If upon review of your application you are selected to interview, you will be contacted by telephone and/or email. Our interviews are held on Mondays and Fridays. We will be interviewing from early November through late December.

Couples or partners are encouraged to apply to our program. Every attempt is made to accommodate individual scheduling needs.

## PGY-2

PGY-2 positions are sometimes available. Applicants are encouraged to call the Residency Office about availability of PGY-2 positions.

## Medical Students

If interested in participating in an elective experience at the Sutter Santa Rosa Family Medicine Residency, please contact us via phone or email.

Our Internet address is [www.srfmr.org](http://www.srfmr.org) and our email address is [fpsantarosa@sutterhealth.org](mailto:fpsantarosa@sutterhealth.org)

## Equal Opportunity Employment

The Sutter Santa Rosa Family Medicine Residency is an equal opportunity employer. Individual employment decisions are based solely on the ability and potential to perform the requirements of the position, without regard to race, color, ancestry, national origin, religion, sex, marital status, age, medical condition, disability, or sexual orientation. We do not tolerate harassment or discrimination.

The deadline for residency applications and supporting materials is November 1, 2023.



SUTTER SANTA ROSA  
**family medicine residency**

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