

Frequently Asked Questions

What makes your program special?

Contra Costa Regional Medical Center is special for many reasons. We focus on learning to do common things uncommonly well. We serve the underserved. Graduates frequently stay at the county not only to help teach new generations of family practice physicians but also to develop and refine skills in a variety of areas of interest – from obstetrics and benign gyn surgery to pediatrics, gastroenterology, hepatitis C treatment, HIV primary care, musculoskeletal, heme/onc, emergency medicine, internal medicine, critical care, dermatology, and the list goes on and on. We encourage autonomy amongst the residents with a fantastic support network at the ready to help when needed. Our broad spectrum training (inpatient, outpatient, obstetrics and critical care) allows our graduates to be better family physicians - taking our patients through all the stages of their lives and helping care for several generations. This experience allows us to be there for our patients when they need us the most.

What is the 1:1 teaching system?

Our 1:1 teaching system is based on the British NHS “Registrar system.” The Registrar system is a mentoring system where a general practitioner is mentored by a specialist to acquire focused skills in that area of medicine. In our teaching system, you will work one on one with an attending allowing you to have more autonomy in caring for your patients while having more individualized learning. In this system, we find that residents are able to more quickly identify areas they’d like to focus attention and this unique dyad allows for quick adaptations to learning style. Because we’re not a stereotypical hierarchical program, residents, ancillary staff and attendings alike learn from one another constantly while providing high quality care to our patients.

Do your residents get to work together? How much teaching do residents do?

Yes! Though we utilize the one to one teaching system, our residents work closely with each other particularly during inpatient rotations, obstetrics, and during night rotations. Senior residents help teach the interns by being the first to field questions about floor patients and floor admissions. Residents also teach visiting medical students in their second and third years. Relative to typical team based programs, upper level residents have less formal teaching responsibility.

I hear you’re very inpatient heavy – is that true? What is the balance between inpatient and outpatient?

Here at Contra Costa, we do a lot of inpatient learning because it is high yield and we believe that it helps make us better outpatient physicians as well. We do a lot of procedures allowing us to pick up skills quickly and effectively. We also love our time in the outpatient setting building our continuity clinics and learning how to run a clinic efficiently and effectively. Each year is a little bit different, but in first year there are eight and a half inpatient months and four and a half outpatient months. In second and third year, there are six inpatient months and seven outpatient months. You will have your family practice continuity clinics during every rotation except for your weeks on nights.

What is the call schedule like?

Each year and rotation is a bit different. Please check out our curriculum for details. We take work hour restrictions seriously. Here are some additional details regarding our [curriculum](#).

Are all of your rotations at CCRMC?

Most of them are, however our residents also rotate through the Children's Hospital of Oakland (CHO). First-years are part of an inpatient service, second-years rotate through CHO's hospital-based urgent care, and third-years spend a month in CHO's ER.

What's OB like there?

We deliver a lot of babies. We typically deliver around 200 babies per month, about 25% via C-Section. Graduating residents average about 130 deliveries during residency including their continuity deliveries. Residents are taught how to do C-sections; those who would like to perform C-sections independently need extra training after graduating to be comfortable.

What type of woman's health training to do you offer? Are you a RHEDI program?

Yes! We are a RHEDI program, meaning that we offer opt-out abortion training for all of our residents in collaboration with TEACH (Training in Early Abortion for Comprehensive Healthcare). Faculty members meet individually with those residents who opt-out of training to develop an individualized curriculum that meets educational and personal goals. Residents who complete the second-year training typically do between 20 and 40 procedures, and then are offered the opportunity to complete CREATE (Continued Education for Advanced Training Efficacy), which helps motivated third year to become providers.

Do your residents do a lot of procedures?

We invite our residents to do as many procedures as are available, however specific numbers (as we are frequently asked for numbers) depend on what best serves our patients and each resident's interest. Residents need 250 procedures to graduate and most have from 300 - 600 at graduation. We believe this is where we have earned our "cowboy" reputation, however we prefer to see ourselves as providing broad-spectrum training.

I'm interested in international health - what does your program have to offer me? Will your program train me to work in an international/rural setting?

Our county-based residency program is very fortunate to have a global health (GH) track for those who are interested. Our GH interest group is vibrant with many faculty mentors and a long history of involvement in international work for many of our faculty. We also have a post-graduate fellowship in Global Health.

Our rigorous training prepares residents well for the critical thinking required to work wherever the need is and their interests lie. While we do not have a dedicated rural medicine track, our graduates are generally well-prepared to work in a rural medicine setting if they desire. Residents who wish to pursue this generally focus their elective time on gaining specific skills which will support this work.

How are your residents involved in community health/outreach?

Our residents get involved in the community through projects sponsored by their specific continuity clinic site, through work with our public health division in the schools and homeless shelter and through their home visits. There are many opportunities for individual residents to become more involved in community work if this is their area of interest.

How do you get feedback?

We continually work to provide and receive feedback, most often at the halfway point of each rotation. Residents are welcome to ask for or provide feedback, just like faculty can. Residents receive a formal evaluation for each rotation and can submit their thoughts about an attending in an anonymous fashion. Residents are also frequently evaluated by the Residency Leadership Group to ascertain that each individual is on track along their educational process and we have recently implemented the ACGME's "Educational Milestones."

What type of support do residents get?

Our residents often form close friendships within their classes and/or within the residency, often they identify faculty they can relate to and on whom they lean during residency. During every medicine/surgery rotation, one morning is set aside for resident support with one of our behavioral medicine psychologists. Similarly, there is a protected 2-hour time period every rotation for each class to get together with the behavioral medicine psychologists to share the ups/downs of residency and life. There are additional resources that faculty, residents, or the residency office can utilize to help residents in the wake of a traumatic event.

Can residents moonlight?

Yes. Once residents have a California license, [moonlighting](#) is allowed for residents in good academic standing.

Do all of your residents come from California? How diverse is your program?

Over the past 40 years, always as a Family Medicine Residency, we have built a national reputation for excellence. Consequently, we attract residents come from all over the United States, some of whom grew up or went to school abroad. Recent residents have come from: all over California (UCSF, the University of Southern California, UCSD, UCLA, UCI, Western University of Health Sciences), Brown, Dartmouth, Cornell, Georgetown, Mount Sinai, the Oregon Health Science University (OHSU), the University of Washington (WAMI), University of Illinois at Chicago, Loyola, Tulane, and the University of Arizona, to name a few. The wide variety of [schools](#) can be found on our resident bios. Our resident diversity is not as broad as our patient diversity. We are continually working to increase our diversity and reflect better the population we serve in our clinical work.

What is your patient population like? Is there diversity?

Our patient population is very diverse, reflecting the population of Contra Costa County (about 9.6% African American, 25% Hispanic or Latino, 15% Asian and 1% Native American). Reflecting the population of new immigrants in our patient population, nearly 50% of our patients prefer a language other than English as their primary language. We serve many new immigrants as well as many whose families have been here for one to two generations. We have a great deal of economic, educational and social diversity in the County and while our health system serves people at all levels, we primarily care for a large number of families at or below the Federal poverty level with overall lower levels of education and literacy.

Do I need to be fluent in Spanish to apply to your program?

No. We do have a large number of monolingual Spanish-speaking patients and while about 50% of staff/residents speak Spanish, interpreters are readily available. Interpreters are available for many other languages, some of the most commonly encountered in our clinics are: Cantonese, Mandarin, Arabic, Mongolian, Urdu, Punjabi, Tagalog, Vietnamese, Lao, Mien, Khmu, and Russian.

How many people apply on average? What are the requirements for IMGs/FMGs?

Over the years, we have been privileged to have great interest in our program. On average, over the past 5 years, we have screened over 700 applications each season. Our requirements for all medical students, including for IMGs/FMGs, are listed on our [application site](#).

Do you have an electronic application for clerkships?

No, this process is separate from ERAS. All [forms for clerkship application](#) are available online to submit via mail, fax, or email.

When is the best time to apply for a clerkship?

You may apply at any time, the “best” time may depend on when you want to do your clerkship (see information on “[seasons](#)”). We review applications in order of their arrival and will offer openings in a “first come, first served” manner; all positions are usually full by July or earlier.

Am I hurting my chances of getting in if I do not do a clerkship at Contra Costa?

While a [clerkship](#) is a great way to learn about our program, and for us to learn about you, we also match many applicants who have not rotated here as a student. It does not hurt your chances of matching with us!

That all sounds great...so where exactly are you located?

We are in the lovely San Francisco Bay Area in California. Martinez is 35 miles northeast of San Francisco and we enjoy time in the city as well as in [the surrounding area](#).

Where do residents live?

About 50% live in Martinez and most others live along the 680/24 corridor (e.g. Concord, Pleasant Hill, Walnut Creek, Oakland) or off of the 80 (e.g. Berkeley). Here is a [map of our county](#).

Do any of your residents have families?

We pride ourselves on being a program that, although rigorous, supports and looks after our residents. Many of our residents have spouses, the number of children depend on the residents who are in the program at the time. Some residents already have children upon entering, some have children during residency. Many of our social events are family-friendly and residents have an annual retreat to which families are invited.

How do your residents perform on inservice and board certification exams?

We are proud of the caliber of our residents. We generally score above the national average on the yearly inservice exam. Our graduates have an average 98% first-time pass rate on the American Board of Family Medicine Board Examination over the last five years; the national average is 89%.

What is the typical/average job your residents have after graduation?

Good question! We are not sure our graduates have a “typical” job. Each resident has specific interests and usually continues forth to pursue them after graduation. Many stay at CCRM/HCs as [faculty](#) in various roles while others utilize their skills in [different locations](#). Overall, our grads practice in urban, suburban, rural and international locations.