

The Department of Orthopaedic Surgery  
University of California San Francisco School of Medicine

# UCSF Arthroplasty for the Modern Surgeon: Hip, Knee and Health Innovation Technology in Sonoma

Thursday - Friday

**September 15-16, 2022**

Fairmont Sonoma Mission Inn • Sonoma, CA



# General Information

## Evaluation

Your opinion is important to us – we do listen! Please complete the course evaluation online as it is important to future course planning.

<https://arthro.ucsf.edu/>

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UCSF  
University of California  
San Francisco

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Register Now!

2022

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Course Overview and Objectives:  
Our nationally and internationally known faculty have created a dynamic program focused on the latest advances in digital health, and innovative technologies in hip and knee surgery. This primarily case based program will focus on the general orthopaedic surgeons as well as those who specialize in hip and knee replacement. Combining didactic, case based, and small group breakout sessions, our esteemed faculty hopes to engage the attendee in two days of interactive education.

Target Audience:  
The target audience is the surgeon in general orthopaedic practice or arthroplasty surgeon, as well as those interested in the application of modern health technology solutions in orthopaedic practice.

Registration  
Travel  
Course Agenda  
Course Videos  
Syllabus Presentations  
Evaluation  
Thursday  
Friday

## Internet WIFI

SSID: Fairmont Meeting

Password: KNEE1401

## Security

We urge caution with regard to your personal belongings and syllabus books. We are unable to replace these in the event of loss. Please do not leave any personal belongings unattended in the meeting room during lunch or breaks.

## Social Activities

**Welcome Reception**, Thursday, 4-6pm, guests invited

## Acknowledgement of Commercial Support: Educational Grants and In-kind Donations

Stryker

Wolters Kluwer

## **Exhibitors**

Biocomposites Inc.  
DePuy/Golden State Orthopaedics  
Heraeus Medical, LLC  
Heron Therapeutics  
Kinamed, Inc.  
OrthAlign, Inc.  
Pacira  
SmithNephew  
Stryker  
Zimmer Biomet

## **Federal and State Law**

### **Regarding Linguistic Access and Services for Limited English Proficient Persons**

#### **I. Purpose.**

This document is intended to satisfy the requirements set forth in California Business and Professions code 2190.1. California law requires physicians to obtain training in cultural and linguistic competency as part of their continuing medical education programs. This document and the attachments are intended to provide physicians with an overview of federal and state laws regarding linguistic access and services for limited English proficient (“LEP”) persons. Other federal and state laws not reviewed below also may govern the manner in which physicians and healthcare providers render services for disabled, hearing impaired or other protected categories

#### **II. Federal Law – Federal Civil Rights Act of 1964, Executive Order 13166, August 11, 2000, and Department of Health and Human Services (“HHS”) Regulations and LEP Guidance.**

The Federal Civil Rights Act of 1964, as amended, and HHS regulations require recipients of federal financial assistance (“Recipients”) to take reasonable steps to ensure that LEP persons have meaningful access to federally funded programs and services. Failure to provide LEP individuals with access to federally funded programs and services may constitute national origin discrimination, which may be remedied by federal agency enforcement action. Recipients may include physicians, hospitals, universities and academic medical centers who receive grants, training, equipment, surplus property and other assistance from the federal government.

HHS recently issued revised guidance documents for Recipients to ensure that they understand their obligations to provide language assistance services to LEP persons. A copy of HHS’s summary document entitled “Guidance for Federal Financial Assistance Recipients Regarding Title VI and the Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons – Summary” is available at HHS’s website at: <http://www.hhs.gov/ocr/lep/> .

As noted above, Recipients generally must provide meaningful access to their programs and services for LEP persons. The rule, however, is a flexible one and HHS recognizes that “reasonable steps” may differ depending on the Recipient’s size and scope of services. HHS advised that Recipients, in designing an LEP program, should conduct an individualized assessment balancing four factors, including: (i) the number or proportion of LEP persons eligible to be served or likely to be encountered by the Recipient; (ii) the frequency with which LEP individuals come into contact with the Recipient’s program; (iii) the nature and importance of the program, activity or service provided by the Recipient to its beneficiaries; and (iv) the resources available to the Recipient and the costs of interpreting and translation services.

Based on the Recipient’s analysis, the Recipient should then design an LEP plan based on five recommended steps, including: (i) identifying LEP individuals who may need assistance; (ii) identifying language assistance measures; (iii) training staff; (iv) providing notice to LEP persons; and (v) monitoring and updating the LEP plan.

A Recipient’s LEP plan likely will include translating vital documents and providing either on-site interpreters or telephone interpreter services, or using shared interpreting services with other Recipients. Recipients may take other reasonable steps depending on the emergent or non-emergent needs of the LEP individual, such as hiring bilingual staff who are competent in the skills required for medical translation, hiring staff interpreters, or contracting with outside public or private agencies that provide interpreter services. HHS’s guidance provides detailed examples of the mix of services that a Recipient should consider and implement. HHS’s guidance also establishes a “safe harbor” that Recipients may elect to follow when determining

whether vital documents must be translated into other languages. Compliance with the safe harbor will be strong evidence that the Recipient has satisfied its written translation obligations.

In addition to reviewing HHS guidance documents, Recipients may contact HHS's Office for Civil Rights for technical assistance in establishing a reasonable LEP plan.

### **III. California Law – Dymally-Alatorre Bilingual Services Act.**

The California legislature enacted the California's Dymally-Alatorre Bilingual Services Act (Govt. Code 7290 *et seq.*) in order to ensure that California residents would appropriately receive services from public agencies regardless of the person's English language skills. California Government Code section 7291 recites this legislative intent as follows:

"The Legislature hereby finds and declares that the effective maintenance and development of a free and democratic society depends on the right and ability of its citizens and residents to communicate with their government and the right and ability of the government to communicate with them.

The Legislature further finds and declares that substantial numbers of persons who live, work and pay taxes in this state are unable, either because they do not speak or write English at all, or because their primary language is other than English, effectively to communicate with their government. The Legislature further finds and declares that state and local agency employees frequently are unable to communicate with persons requiring their services because of this language barrier. As a consequence, substantial numbers of persons presently are being denied rights and benefits to which they would otherwise be entitled.

It is the intention of the Legislature in enacting this chapter to provide for effective communication between all levels of government in this state and the people of this state who are precluded from utilizing public services because of language barriers."

The Act generally requires state and local public agencies to provide interpreter and written document translation services in a manner that will ensure that LEP individuals have access to important government services. Agencies may employ bilingual staff, and translate documents into additional languages representing the clientele served by the agency. Public agencies also must conduct a needs assessment survey every two years documenting the items listed in Government Code section 7299.4, and develop an implementation plan every year that documents compliance with the Act. You may access a copy of this law at the following url: <http://www.spb.ca.gov/bilingual/dymallyact.htm>

## **UCSF COVID Policy (As of 8/12/2022):**

### **VACCINATION**

1. UCSF faculty, staff, learners and vendors must comply with the mandatory [UC Office of the President Vaccination Policy](#) to attend an in-person meeting or event.
2. UCSF vaccination-exempt personnel must receive a negative Color/PCR test in the previous 48 hours, or a negative COVID-19 antigen test within 12 hours prior to the event.
3. Non-UCSF guests (individuals that are not UCSF faculty, staff and learners including vendor staff) must be up to date on vaccinations meaning fully vaccinated plus booster once eligible to attend or support an in-person meeting or event.
4. Vendors must require all their staff to be up to date on vaccination and must comply with the mandatory UCSF Vendor Policy.
5. At course check-in, to confirm that you are up to date on you vaccinations, we will ask that you sign an attestation form at registration.

### **TRAVEL**

All individuals attending a UCSF-event, on or off campus, and who have traveled within the last 10 days must pass the Daily Health Screener (links below).

### **MASKING**

1. Masking indoors strongly recommended

### **DAILY HEALTH SCREENER**

All event attendees are required to take the [Daily Health Screener](#) prior to coming onsite.

Non-UCSF guests attending the event are required to take the [Visitor/Guest Health Screener](#).

If you have any questions about the UCSF COVID policy please contact [erin.simon@ucsf.edu](mailto:erin.simon@ucsf.edu). Please reference this link for further details: <https://coronavirus.ucsf.edu/events>

# Save the Date!

<https://orthosurgery.ucsf.edu/education/programs>

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## Courses, Grand Rounds, and CME

SORT DESCENDINGLY | SORT ASCENDINGLY



15th Annual UCSF Sports Medicine Sports Injury and Rehabilitation Conference: A Multidisciplinary Approach to Treating Athletes in Pain



16th Annual International San Francisco Orthopaedic Trauma Course



Digital Orthopaedics Conference San Francisco (DOCSF)



IGOT SMART Course(s)



Managing Children with Lower Limb Differences: An Integrated Approach



UCSF 17th Annual Primary Care Sports Medicine Conference



UCSF Approaches to the Modern Surgeon: Hip, Knee and Health Innovation Technology in Sonoma



UCSF Dept. of Orthopaedic Surgery Grand Rounds, 2022-2023



UCSF Pediatric and Adult Spine Surgery Course



UCSF Pediatric Musculoskeletal Conference for Primary Care Providers



UCSF Techniques in Complex Spine Surgery

