

Louisiana State University  
Health Sciences Center



Department of Neurosurgery  
Resident Manual  
2014 – 2015

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## ***OVERVIEW OF NEUROSURGICAL TRAINING PROGRAM***

The mission of the clinical training program is excellence in patient care, scholarship, and neurosurgical education. Program goals have been established by which satisfaction of the mission is judged. Residents first establish foundations in fundamental clinical and surgical skills. As training progresses, increasing clinical and scholarly neurosurgical expertise is acquired. Upon completion of the neurosurgery residency, each graduate will be highly skilled in managing the full spectrum of neurosurgical disease. Furthermore, all graduates will be educated in neurosurgical scholarship, promoting the advancement of neurosurgical knowledge.

The LSU Neurosurgical Residency is a 7 year (84 months) program. There are 60 months of clinical neurosurgery of which the last 12 months serve as chief residency. Three months of the NS1 year are spent on the general surgery service establishing the fundamental clinical skills of the evaluation and management of the general surgical patient with an emphasis on trauma and clinical critical care. Another three months are spent in neurology learning to master the neurological examination and formulating a differential diagnosis in the neurological patient. Other service rotations during the PGY-1 Year include West Jefferson Medical Center, University Hospital along with neuroscience rotations which include 2-3 months of neuroradiology, and 2 months of neuropathology. The fourth year (NS4) is divided between WJMC senior resident rotation and pediatric neurosurgery at Children's Hospital. The fifth year (NS5) is considered an academic/research year at the LSU Neuroscience Center of Excellence or another approved academic experience. This non-clinical year is devoted to academic pursuit, which includes graduate classes or enfolded fellowship experiences in Neurointerventional surgery, pediatric neurosurgery or endoscopic skull base surgery. The resident is required to contribute to the neurosurgical literature. The last year (NS7) is spent as chief resident. In summary, there are 24 months of clinical junior residency, neuroscience rotations, another 24 months of clinical senior rotations, a year of academic work, and a final 12 months of clinical neurosurgery serving as chief resident.

Neuro-critical care experience is emphasized throughout the training, and extensive exposure to subspecialty services including neurovascular, Neuro-oncology, epilepsy surgery, spinal neurosurgery, stereotactic radiosurgery, Neurotrauma, functional neurosurgery and pediatric neurosurgery. Conferences are protected from clinical commitments and include morbidity and mortality conference, case conference, subspecialty conferences, journal club, neuroradiology, neurology, and neuropathology conferences. Our skull base lab is also utilized for a monthly approach directed by the residents with faculty guidance. In addition, preparation of scientific manuscripts, review articles, book chapters and abstracts, as well as presentation skills and leadership/administrative skills are fostered within a structured mentored environment in a multidisciplinary fashion.

## ***PROGRAM OVERALL GOALS, OBJECTIVES, AND GRADUATION REQUIREMENTS***

The overall goal of the residency program is to develop in our graduating residents a proficiency level appropriate for a new and independent practitioner in the six core competencies as outlined by the ACGME.

1. Patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.
2. Medical knowledge about established and evolving biomedical, clinical, epidemiological and social-behavioral sciences, as well as the application of this knowledge to patient care.
3. Practice-Based learning to demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve their patient care based on constant self-evaluation and life-long learning.
4. Interpersonal and communication skills that result in the effective exchange of information and collaboration with patients their families, and health professionals.
5. Professionalism manifested through a commitment to carrying out professional responsibilities and an adherence to ethical principles.
6. Systems-based practice as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal care.

Each rotation is designed to contribute to the achievement of the overall goal and therefore share the common goal. In order to direct progress toward goal achievement, general and specific objectives are identified. General Objectives are purposefully common to all rotations and listed separately. Unique aspects of each rotation are outlined and specific objectives are listed under each rotation. In order to achieve our stated goal, we have purposefully mirrored the goals and objectives of the ACGME Outcome Project. Our assessment tools are designed to demonstrate progress towards these objectives by direct linking via a common format.

***Residents are responsible for reviewing all general and specific goals and objectives prior to beginning each rotation.***

## ***DEPARTMENTAL POLICIES***

### ***Residency Selection Policy***

Graduates of all LCME schools in the United States and Canada are invited to submit applications through the Electronic Resident Application System (ERAS). Additionally applications are also accepted from Foreign Medical Graduates meeting the ECFMG criteria and submitted through ERAS. The Department of Neurosurgery does not support Visas. If a foreign medical graduate matches with our program, they must be registered and certified through the Educational Commission for Foreign Medical Graduates before beginning their residency training. All applicants must also meet the requirements for licensure through the Louisiana State Board of Medical Examiners – either an intern card, which will eventually lead to an unrestricted license or a Graduate Education Training Permit (GETP) given to foreign medical graduates.

Submitted applications are then reviewed by the Coordinator, Program Director and other faculty.

Criteria for interview involve performance on standardized tests, medical school performance, letters of recommendation, personal statement, extra-curricular activities, and research activities.

Interviews take place in November, December, and January. Applicants are interviewed by the interview committee (Approximately 8-10 faculty and 2-3 chief residents) with interviews approximately 15 minutes long. All applicants will meet with the Program Director and Chairman.

At the completion of the interview process, applicants will be ranked on the basis of the preceding factors in combination with a subjective evaluation of the interview by the faculty. Faculty, chief residents, program director, and the chairman meet and based on the applicants interviewed and their advocates among the faculty, a final ranking list is prepared and then submitted to the National Resident Match Program (NRMP). If the program does not fill through the usual matching process, the position will be filled outside the match from available applicants. The most qualified individuals based on the above factors will be invited for interview. The position will be offered based on a vote of the faculty.

### ***Resident Promotion Policy***

There are several areas where a resident must demonstrate accomplishments and proficiency to advance to the next level of training or be considered qualified to practice neurosurgery at the highest level. These are as follows: Evaluations by faculty, peers, and students, proficiency in the 6 Competencies, satisfying graduate medical requirements, satisfying ACGME Milestone requirements, successful completion of the written neurosurgical board exams for the appropriate year of training, Quality improvement research project involvement, and scholarly activity (presentations and manuscript preparation). The practice of an excellent standard of medical care in each area of the six competencies is regularly evaluated through the biannual evaluation process as well as in regular clinical mentoring. Milestone evaluations are reported to the ACGME semi-annually. By participating with the American Board of Neurological Surgery (ABNS) examinations, the Residency Review Committee for Neurological Surgery (RRC) and the Accreditation Council for Graduate Medical Education (ACGME) oversight, the residents are assessed compared to national standards for neurosurgery. The LSU School of Medicine Office of Graduate Medical Education requires the completion of Core Curriculum Modules with an 80% pass rate on each test for resident advancement to the next year of training. Residents must pass USMLE Step 3 in order to advance to the PGY 3 level.

### ***Resident Dismissal Policy***

The Department of Neurosurgery adheres to the Institutional Policy of non-renewal of agreement of appointment which ensures that the resident receive notification of non-renewal of appointment no later than four months prior to the end of the resident's current agreement of appointment. If the primary reason for the non-renewal occurs within the four months prior to the end of the agreement of appointment, the institution must ensure that the program provide their residents with as much written notice of the intent not to renew as the circumstances will reasonably allow, prior to the end of the agreement of appointment. Residents must be allowed to implement the institution's grievance procedures when they have received a written notice of intent not to renew their agreements of appointment.

## ***Professionalism and Learning Environment***

The Department of Neurosurgery wishes to ensure:

1. Patients receive safe, quality care in the teaching setting of today.
2. Graduating residents provide safe, high quality patient care in the unsupervised practice of medicine in the future.
3. Residents learn professionalism and altruism along with clinical medicine in a humanistic, quality learning environment.

To that end we recognize that patient safety, quality care, and that excellent learning environment are about much more than duty hours. Therefore, we wish to underscore any policies address all aspects of the learning environment, not just duty hours. These include:

1. Professionalism, including accepting responsibility for patient safety
2. Alertness management
3. Proper supervision
4. Transitions of care
5. Clinical responsibilities
6. Communication / teamwork

Residents must take personal responsibility for and faculty must model behaviors that promote:

1. Assurance for fitness of duty
2. Assurance of the safety and welfare of patients entrusted in their care
3. Management of their time before, during, and after clinical assignments
4. Recognition of impairment (e.g. illness or fatigue ) in self and peers
5. Honest and accurate reporting of duty hours, patient outcomes, and clinical experience data

The institution further supports an environment of safety and professionalism by:

1. Providing and monitoring a standard Transitions Policy as defined elsewhere.
2. Providing and monitoring a standard policy for Duty Hours as defined elsewhere.
3. Providing and monitoring a standard Supervision Policy as defined elsewhere.
4. Providing and monitoring a standard master scheduling policy and process in New Innovations.
5. Adopting an institution-wide policy that all residents and faculty must inform patients of their role in the patient's care.
6. Providing and monitoring a policy on Alertness Management and Fatigue Mitigation that includes:
  - a. Online modules for faculty and residents on signs of fatigue.
  - b. Fatigue mitigation, and alertness management including pocket cards, back up call schedules, and promotion of strategic napping.
7. Assurance of available and adequate sleeping quarters when needed.
8. Requiring that programs define what situations or conditions require communication with the attending physician.

***(Professionalism and Learning Environment policy adopted from ACGME Quality Care and Professionalism Task Force AAMC Teleconference July 14, 2010.)***

## **Process for Implementing Professionalism Policy**

The programs and institution will assure effective implementation of the Professionalism Policy by the following:

1. Program presentations of this and other policies at program and departmental meetings.
2. Core Modules for faculty and residents on Professionalism, Duty Hours, Fatigue Recognition and Mitigation, Alertness Management, and Substance Abuse and Impairment.
3. Required LSBME Orientation.
4. Institutional Fitness for Duty and Drug Free Workplace policies.
5. Institutional Duty Hours Policy, which adopts in to the ACGME Duty Hours Language.
6. Language added specifically to the Policy and Procedure Manual, the House Officer manual and the Resident Contract regarding Duty Hours Policies and the responsibility for and consequences of not reporting Duty Hours accurately.
7. Comprehensive Moonlighting Policy incorporating the new ACGME requirements.
8. Orientation presentations on Professionalism, Transitions, Fatigue Recognition and Mitigation, and Alertness Management.

## **Monitoring Implementation of the Policy on Professionalism**

The program and institution will monitor implementation and effectiveness of the Professionalism Policy by the following:

- a. Evaluation of residents and faculty including:
  - a. Daily rounding and observation of the resident in the patient care setting.
  - b. Evaluation of the residents' ability to communicate and interact with other members of the health care team by faculty, nurses, patients where applicable, and other members of the team.
  - c. Semi-annual competency based evaluation of the residents.
  - d. Annual Milestone reporting the ACGME.
  - e. By the institution in Annual Reviews of Programs and Internal Reviews.
  - f. By successful completion of modules for faculty and residents on Professionalism, Impairment, Duty Hours, Fatigue Recognition and Mitigation, Alertness Management, and others.
  - g. Program and Institutional monitoring of duty hours and procedure logging as well as duty hour violations in New Innovations.



## ***Grievance Procedures, Sexual Harassment, Equal Opportunity, and Drug Free Workplace***

The department follows the Louisiana State University's GME Handbook regarding the above noted topics. The department strives to create a professional work environment, regardless of gender and ethnicity. If questions arise regarding sexual harassment please feel free to contact Dr. Jason Wilson ([jwils8@lsuhsc.edu](mailto:jwils8@lsuhsc.edu)).

## ***Policy on Effective Transitions***

The transitions policy is created in recognition that multiple studies have shown that transitions of care create the most risk or medical errors (ACGME teleconference July 14, 2010.) In addition to the below specific policies, promotion of patient safety is further ensured by:

- Provision of complete and accurate rotational schedules in New Innovations
- Presence of a backup call schedule for those cases where a resident is unable to complete their duties.
- The ability of any residents to be able to freely and without fear of retribution report their inability to carry out their clinical responsibilities due to fatigue or other causes.

### **Policy and Process**

Residents receive educational material on Transitions in Orientation and as a Core Module.

In any instance where care of a patient is transferred to another member of the health care team an adequate transition must be used. Although transitions may require additional reporting than in this policy a minimum standard for transitions must include the following information:

1. Demographics
  - a. Name
  - b. Medical Record Number
  - c. Unit/room number
  - d. Age
  - e. Attending physician – Phone numbers of covering physician
  - f. Gender
  - g. Allergies
  - h. Admit date
2. History and Problem List
  - a. Primary diagnosis(es)
  - b. Chronic problems (pertinent to this admission/shift)
3. Current condition/status
4. System based
  - a. Pertinent Medications and Treatments
  - b. Oral and IV medications
  - c. IV fluids
  - d. Blood products
  - e. Oxygen
  - f. Respiratory therapy interventions
5. Pertinent lab data
6. To do list: Check x-ray, labs, wean treatments, etc. - rationale

7. Contingency Planning – What may go wrong and what to do
8. ANTICIPATE what will happen to your patient. Ex: *“If patient seizes > 5 minutes, give him Ativan 0.05mg/kg. If he still seizes load him with 5mg/kg of fosphenytoin.”*
9. Code status/family situations
10. Difficult family or psychosocial situations
11. Code status, especially recent changes or family discussions

This information is found on pocket cards delivered to each house officer. The process by which this information is distributed is via Core Modules and Orientation presentations to residents and via a Compliance Module for faculty. In addition this information is presented in program/departmental meetings.

**How Monitored:**

The process and effectiveness of each program’s system is monitored through the Annual Program Review and the Internal Review process. The institution and program will monitor this by periodic sampling of transitions, as part of the Annual Review of Programs and as part of the Internal Review Process. Faculty members are regularly present as transition meetings with residents and are able to provide on-the-spot correction to residents if the transitions process is not in line with department and institutional policy. Faculty are also required to answer a question on the effectiveness of witnessed transitions on each evaluation.

***Policy on Alertness Management / Fatigue Mitigation Strategies***

**Policy and Process**

Residents and faculty are educated about alertness management and fatigue mitigation strategies via on line modules and in departmental conferences. Alertness management and fatigue mitigation strategies are outlined on the pocket cards distributed to all residents and contain the following suggestions:

1. Warning Signs
  - a. Falling asleep at Conference/Rounds
  - b. Restless, Irritable w/ Staff, Colleagues, Family
  - c. Rechecking your work constantly
  - d. Difficulty Focusing on Care of the Patient
  - e. Feeling Like you just don’t Care
  - f. Never drive while drowsy
2. SLEEP STRATEGIES FOR HOUSESTAFF
  - a. Pre-call Residents
  - b. Don’t start call with a sleep deficit – get 7-9 hours of sleep
  - c. Avoid heavy meals and/or exercise within 3 hours of sleep
  - d. Avoid Stimulants to keep you up
  - e. Avoid ETOH to help you sleep
  - f. ON Call Residents
3. Tell Chief/PD/Faculty, if too sleepy to work!
  - a. Nap whenever you can (> 30 min or < 20 min)
  - b. BEST Circadian Window 2PM-5PM & 2AM- 5AM
  - c. AVOID Heavy Meal
  - d. Strategic Consumption of Coffee (t ½ 3-7 hours)

- e. Know your own alertness/Sleep Pattern!
- f. Post Call Residents
- g. Lowest Alertness 6AM –11AM after being up all night
- h. Full Recovery from Sleep Deficit takes 2 nights
- i. Take 20 min. nap or Cup Coffee 30 min before Driving

In addition programs will employ back up call schedules as needed in the event a resident can't complete an assigned duty period.

**How Monitored:**

The institution and program monitor successful completion of the on line modules. Residents are encouraged to discuss any issues related to fatigue and alertness with supervisory residents, chief residents, and the program administration. Supervisory residents will monitor lower level residents during any in house call periods for signs of fatigue. Adequate facilities for sleep during day and night periods are available at all rotation sites and residents are required to notify Chief Residents and program administration if those facilities are not available as needed or properly maintained. At all transition periods supervisory residents and faculty will monitor lower level residents for signs of fatigue during the hand off. The institution will monitor implementation of this indirectly via monitoring of duty hours violations in New Innovations, the Annual Resident Survey (administered by the institution to all residents and as part of the annual review of programs) and the Internal Review process. The internal review process consists of accurate timely reporting of hours to the program coordinator and program director to ensure residents do not exceed work hour limits.

***Policy Ensuring Residents have Adequate Rest***

In order to ensure residents have adequate rest between duty periods and after on –call sessions we adopt the following policies:

1. Our Duty Hours Policy contains the following relevant language:
  - a. PGY-1 resident should have 10 hours, and must have eight hours, free of duty between scheduled duty periods.
  - b. Skill-level II residents, as defined by the Neurosurgery Review Committee, should have 10 hours free of duty, and must have eight hours between scheduled duty periods. They must have at least 14 hours free of duty after 24 hours of in-house duty.
  - c. Skill level III residents and above, as defined by the Neurosurgery Review Committee, must be prepared to enter the unsupervised practice of medicine and care for patients over irregular or extended periods. This preparation must occur within the context of the 80-hour, maximum duty period length, and one-day-off-in seven standards. While it is desirable that residents in their final years of education have eight hours free of duty between scheduled duty periods, there may be circumstances [as defined by the Review Committee] when these residents must stay on duty to care for their patients or return to the hospital with fewer than eight hours free of duty.
2. Circumstances or return-to-hospital activities with fewer than eight hours away from the hospital by residents in their final years of education must be monitored by the program director.
  - a. All of this is in the context of the other duty hours requirements.

3. All employees of LSUHSC are under Chancellors Memorandum 37 which is the LSHSC Fitness for Duty Policy. This describes the expectations for employees to report to work fit and safe to work. It further defines what are considered unsafe/impaired behaviors, the requirement for self or supervisor referral to the Campus Assistance Program, and what steps are taken thereafter.
4. The institutional Policy of Professionalism and Learning Environment further amplifies the expectations for residents to be fit for duty and to take it upon themselves to be well rested with the following language.
  - a. Residents must take personal responsibility for and faculty must model behaviors that promote:
    - i. Assurance for fitness of duty.
    - ii. Assurance of the safety and welfare of patients entrusted in their care.
    - iii. Management of their time before, during and after clinical assignments.
    - iv. Recognition of impairment (e.g. illness or fatigue) in self and peers.
    - v. Honest and accurate reporting of duty hours, patient outcomes, and clinical experience data.
    - vi. Adequate sleep facilities are in place at each institution and our alertness management / fatigue mitigation policy and process encourages good sleep hygiene as well as recommending such strategies and pre-call strategies, strategic napping and post-call naps.
5. Foremost our Professionalism and Learning Environment Policy requires faculty to model behaviors that encourage fitness for duty as noted above and our Supervision Policy requires faculty to observe for signs of fatigue especially during transitions.

**Use of Strategic Napping:**

Strategic napping is utilized while on call to ensure that residents are able to avoid fatigue. Residents are encouraged to nap overnight especially between the hours of 10:00 PM through 8:00 AM to avoid excessive fatigue. The effectiveness of this process will be monitored by faculty responsible for patient care that the resident is involved in the following day. Difficulties will be reported to the program director for review.

***Supervision and Progressive Responsibility Policy***

SUPERVISION OF RESIDENTS

**Purpose:** To ensure that residents are provided adequate and appropriate levels of supervision during the course of the educational training experience and to ensure that patient care continues to be delivered in a safe manner.

**Policy and Procedure:** All program faculty members supervising residents must have a faculty or clinical faculty appointment in the School of Medicine or be specifically approved as supervisor by the Program Director. Faculty schedules will be structured to provide residents with continuous supervision and consultation.

Residents must be supervised by faculty members in a manner promoting progressively increasing responsibility for each resident according to their level of education, ability and experience. Residents will be provided information addressing the method(s) to access a supervisor in a timely and efficient manner at all times while on duty.

The program provides additional information addressing the type and level of supervision for each post-graduate year in the program that is consistent with ACGME program requirements and, specifically, for supervision of residents engaged in performing invasive procedures.

1. To provide patients with quality care and house officers with a meaningful learning experience, a supervising attending physician shall be clearly identified for each patient admitted to or consulted by the neurosurgical service. It is the responsibility of the house officer to notify an attending physician that a consultation or admission has been initiated on his/her service, based on the call schedule and back-up mechanisms established in the department.
2. The supervising attending physician is ultimately responsible for all recommendations rendered and care delivered by house officers, paramedical personnel and other trainees on the neurosurgical service.
3. Supervision shall be readily available to all house officers on duty. Each program or service in the department shall maintain a clear call list of attending physicians, with appropriate back up in the event the supervising physician is not immediately available (this typically represents another attending faculty on call that same day). A comprehensive call list of house officers and attending physicians is disseminated to all switchboard operators, patient affair coordinators, clinical care areas and all covering house officers on a monthly basis.
4. Supervision shall be conducted to ensure that patients receive quality care and house officers assume progressively increased responsibility in accordance with their ability and experience, based on curriculum objectives for the respective level of training.
5. Levels of supervision include attending physician demonstrating a procedure, assisting with the procedure, present physically in the area where intervention is performed, attending available by telephone, senior house officer or other supervisor present physically or available by telephone. The attending physician in charge of a respective procedure shall determine the level of supervision for a particular house officer and the specific invasive procedure.
6. The responsible attending physician may delegate supervision of more junior house officer to a more senior resident as appropriate. These determinations shall be consistent with the individual house officer's knowledge base and skills, the complexity of the case and procedure, and the house officer's prior evaluations regarding levels of performance per the residency program core curriculum objectives for each level of training.
7. House officers must request help when the need for assistance is perceived, and responsible attending physicians must respond personally when such help is requested. When a patient's attending physician is not available, a previously designated physician or the attending on call shall assume all coverage responsibilities for the patients.
8. The Chief Resident shall relay to the Department Chair or the Program Director any incident where another house staff did not notify a responsible faculty member, a responsible faculty member was not responsive, or any other breach of supervision as outlined in this policy.

**Policy and Process:**

Several of the essential elements of supervision are contained in the Policy of Professionalism detailed elsewhere in this document. The specific policies for supervision are as follows.

Faculty Responsibilities for Supervision and Graded Responsibility:

Residents must be supervised in such a way that they assume progressive responsibility as they progress in their educational program. Progressive responsibility is determined in a number of ways including:

1. GME faculty on each service determine what level of autonomy each resident may have that ensures growth of the resident and patient safety.
2. The Program Director and Chief Resident assesses each resident’s level of competence in frequent personal observation and semi-annual review of each resident.
3. Where applicable, progressive responsibility is based on specific milestones
4. Completion of the SNS Boot Camp

The expected components of supervision include:

1. Defining educational objectives.
2. The faculty assessing the skill level of the resident by direct observation.
3. The faculty defines the course of progressive responsibility allowed, starting with close supervision and progressing to independence as the skill is mastered.
4. Documentation of supervision by the involved supervising faculty must be customized to the setting based on guidelines for best practice and regulations from the ACGME, JACHO and other regulatory bodies. Documentation should generally include but not be limited to:
  - a. progress notes in the chart written by or signed by the faculty
  - b. addendum to resident’s notes where needed
  - c. counter-signature of notes by faculty
  - d. A medical record entry indicating the name of the supervisory faculty.
5. In addition to close observation, faculty are encouraged to give frequent formative feedback and required to give formal summative written feedback that is competency based and includes evaluation of both professionalism and effectiveness of transitions.

**The levels of supervision are defined as follows:**

- **Direct Supervision by Faculty** - faculty is physically present with the resident being supervised.
- **Direct Supervision by Senior Resident** – same as above but resident is supervisor.
- **Indirect with Direct Supervision IMMEDIATELY Available – Faculty** – the supervising physician is physically present within the hospital or other site of patient care and is **immediately** available to provide Direct Supervision.
- **Indirect with Direct Supervision IMMEDIATELY Available – Resident** - same but supervisor is resident.
- **Indirect with Direct Supervision Available** - the supervising physician is not physically present within the hospital or other site of patient care, but is immediately available by means of telephonic and/or electronic modalities, and is available to provide Direct Supervision.
- **Oversight** – The supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.

**Inpatient Services**

Skill Level	Direct by	Direct by	Indirect but	Indirect but	Indirect	Oversight
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	Faculty	senior residents	immediately available - faculty	immediately available - residents	available	
I	X	X				
II	X	X	X	X		
III	X	X	X	X	X	X

**Intensive Care Units**

Skill Level	Direct by Faculty	Direct by senior residents	Indirect but immediately available - faculty	Indirect but immediately available - residents	Indirect available	Oversight
I	X	X				
II	X	X	X	X		
III	X	X	X	X	X	X

**Ambulatory Settings**

PGY	Direct by Faculty	Direct by senior residents	Indirect but immediately available - faculty	Indirect but immediately available - residents	Indirect available	Oversight
I	X	X				
II	X	X	X	X		
III	X	X	X	X	X	X

**Operating Rooms:**

PGY	Direct by Faculty	Direct by senior residents	Indirect but immediately available - faculty	Indirect but immediately available - residents	Indirect available	Oversight
I	X	X	X			
II	X	X	X			
III	X	X	X			

**Skill-level 1 residents may not be unsupervised by either faculty or more senior residents in the hospital setting.**

**How Monitored:**

The institution will monitor implementation of the policies through Annual Review of Programs and Internal Reviews. Furthermore the institution monitors supervision through a series of questions in the Annual Resident Survey. The program will monitor this through feedback from residents and monitoring by Chief Residents and Program Directors. Supervision will be added to the annual review of programs.

## *Policy on Mandatory Notification of Faculty*

### **Policy and Process:**

In certain cases faculty must be notified of a change in patient status or condition. The table below outlines those instances in which faculty must be called by PGY level.

<b>Condition</b>	<b>Skill Level 1</b>	<b>Skill Level 2</b>	<b>Skill Level 3 and above</b>
Care of complex patient	X	X	
Transfer to ICU	X	X	
DNR or other end of life decision	X	X	
Emergency surgery	X	X	X
Acute drastic change in course	X	X	
Unanticipated invasive or diagnostic procedure	X	X	X

### **How monitored**

Chief Residents, faculty, and programs will monitor by checking for proper implementation on daily rounds, morning reports, and other venues as well as solicitation of reports from faculty on lack of appropriate use of the policy.

### **Continuity of Care Ensured in the Case Where a Resident is Unable to Perform:**

If a resident is unable to perform, the faculty responsible for patient care assumes responsibility for continuity of care. The effectiveness of this policy will be reported to and reviewed by the program director, and any cases will be reviewed at the monthly GEC meeting to ensure optimal patient care.

### **Guidelines for Resident Mandatory Communication with Attending:**

The following situations require mandatory direct communication with the faculty responsible for patient care, during routine working hours, or after hours and weekends:

1. Death
2. Suicide attempt
3. Violence requiring physical restraints
4. Pregnancy (initial notification)
5. Transfer of care to another medical or surgical service
6. Any serious adverse event from pharmacologic or psychotherapeutic intervention
7. Any complex decision making process that the resident doesn't feel adequately qualified to undertake without immediate input from faculty

Any lapse in this process will be reported to the program director, who will monitor the reporting process and review monthly at the GEC meeting

## *Moonlighting Policy*

### **Purpose:**

To ensure that professional activities falling outside the course and scope of the training program are consistent with policies and guidelines set forth by the Accrediting Council for Graduate Medical Education (ACGME) and Graduate Medical Education Committee. Moonlighting is defined as any professional activity not considered an integral part or required rotation of the curriculum for a postgraduate training program, irrespective of remuneration. Residents will not be required to participate in moonlighting activities.



## ***Policy on residents staying longer than 24+4***

### **Policy and Process:**

PGY 1 residents' duty periods may be no longer than 16 hours and there are no exceptions allowed. Upper level residents are not allowed to stay longer than 24 hours with 4 hours for transitions. In those rare and extenuating cases where a resident absolutely must remain after 24+4 the resident must contact the Program Director for a specific exemption. If that is permitted verbally then the resident must communicate by email with the Program Director telling:

- a. the patient identifying information for which they are remaining,
- b. the specific reason they must remain longer than 24+4 ,
- c. assurance that all other patient care matters have been assigned to other members of the team,
- d. assurance that the resident will not be involved in any other matter than that for which the exemption is allowed and
- e. Assurance that the resident will notify the program director when they are complete and leaving.

In the event that the Program Director does not hear from the resident in a reasonable time (four hours), the Program Director or designee will locate the resident in person and assess the need for any further attendance by the resident. Residents caught in violation of this policy or who abuse this rare privilege will be subject to disciplinary action for unprofessional behavior.

### **How Monitored:**

The program director will directly monitor each of these cases. It is anticipated these requests will be infrequent at most. The Program Director will collect and review the written requests on a regular basis on each case and all cases in aggregate. The institution will monitor numbers and types of exceptions of this during annual reviews of programs and Internal Reviews.

## ***Hurricane Policy and Call for Evacuation***

The following outlines the LSUHSC-NO Department of Neurosurgery resident policy in the event of a hurricane or other natural disaster.

1. Residents assigned to a given hospital will be responsible for resident on-service coverage of that hospital during a hurricane or other natural disaster
2. The residents who are on-service at a given hospital should communicate with one another such that one resident is on-duty and plans to stay at the hospital through the duration of the storm.
3. Decisions regarding coverage should be made well ahead of any formal declarations of mandatory evacuation so that the evacuating resident may secure his/her family and belongings and leave the city.
4. Unless there is a chief resident, there will be one senior resident contact assigned for each hurricane. This will be specified ahead of time and everyone will be notified.
5. When the decision is made among the residents on service, they should notify the chief resident with their plan. In turn the chief resident should notify the chairman and program director. At the appropriate time, the chief resident should present the pre and post hurricane plan to the chairman and program director for approval or alterations.
6. All other on-service residents should evacuate with plans of returning to the hospital and relieving the on-duty resident within 48-72 hours of the storm passing, provided that it is safe and permissible to return to the city.
7. Residents who are off-service should make every attempt to stay in contact with the chief

- resident in case their help is needed after the storm passes.
8. If a resident is unable to stay at the hospital during a storm due to extenuating circumstances, he/she must preferably find another resident to take his/her place or have permission of the chairman and program director to evacuate.
  9. During an emergency situation, such as a hurricane, every attempt will be made to follow the ACGME duty hour guidelines. However, patient safety and resident safety is the priority. Our departmental decisions made for resident coverage are independent of Code Gray at hospitals and the medical school.

## ***INSTITUTIONAL POLICIES***

### ***INSTITUTIONAL POLICY ON DUTY HOURS***

(Passed June 11, 2003; Revised Nov 20, 2008; Feb 17, 2011)– GMEC)

The institution through GMEC supports the spirit and letter of the ACGME Duty Hour Requirements as set forth in the Common Program Requirements and related documents July 1, 2003 and subsequent modifications. Though learning occurs in part through clinical service, the training programs are primarily educational. As such, work requirements including patient care, educational activities, administrative duties, and moonlighting should not prevent adequate rest. The institution supports the physical and emotional wellbeing of the resident as a necessity for professional and personal development and to guarantee patient safety. The institution will develop and implement policies and procedures through GMEC to assure the specific ACGME policies relating to duty hours are successfully implemented and monitored. These policies may be summarized as:

#### **Maximum Hours of Work per Week**

Duty hours must be limited to 80 hours per week, averaged over a four week period, inclusive of all in-house call activities and all moonlighting.

#### **Mandatory Time Free of Duty**

Residents must be scheduled for a minimum of one day free of duty every week (when averaged over four weeks). At-home call cannot be assigned on these free days.

#### **Maximum Duty Period Length**

Duty periods of PGY-1 residents must not exceed 16 hours in duration.

Duty periods of PGY-2 residents and above may be scheduled to a maximum of 24 hours of continuous duty in the hospital. Programs must encourage residents to use alertness management strategies in the context of patient care responsibilities. Strategic napping, especially after 16 hours of continuous duty and between the hours of 10:00 p.m. and 8:00 a.m., is strongly suggested.

It is essential for patient safety and resident education that effective transitions in care occur. Residents may be allowed to remain on-site in order to

accomplish these tasks; however, this period of time must be no longer than an additional four hours.

Residents must not be assigned additional clinical responsibilities after 24 hours of continuous in-house duty.

In unusual circumstances, residents, on their own initiative, may remain beyond their scheduled period of duty to continue to provide care to a single patient. Justifications for such extensions of duty are limited to reasons of required continuity for a severely ill or unstable patient, academic importance of the events transpiring, or humanistic attention to the needs of a patient or family.

Under those circumstances, the resident must:

Appropriately hand over the care of all other patients to the team responsible for their continuing care; and,

Document the reasons for remaining to care for the patient in question and submit that documentation in every circumstance to the program director.

The program director must review each submission of additional service, and track both individual resident and program-wide episodes of additional duty.

### **Minimum Time Off between Scheduled Duty Periods**

PGY-1 resident should have 10 hours, and must have eight hours, free of duty between scheduled duty periods.

Intermediate-level residents [as defined by the Review Committee] should have 10 hours free of duty, and must have eight hours between scheduled duty periods. They must have at least 14 hours free of duty after 24 hours of in-house duty.

Residents in the final years of education [as defined by the Review Committee] must be prepared to enter the unsupervised practice of medicine and care for patients over irregular or extended periods.

This preparation must occur within the context of the 80-hour, maximum duty period length, and one-day-off-in seven standards. While it is desirable that residents in their final years of education have eight hours free of duty between scheduled duty periods, there may be circumstances [as defined by the Review Committee] when these residents must stay on duty to care for their patients or return to the hospital with fewer than eight hours free of duty.

Circumstances or return-to-hospital activities with fewer than eight hours away from the hospital by residents in their final years of education must be monitored by the program director.

### **Maximum Frequency of In-House Night Float**

Residents must not be scheduled for more than six consecutive nights of night float. [The maximum number of consecutive weeks of night float, and maximum number of months of night float per year may be further specified by the Review Committee.]

### **Maximum In-House On-Call Frequency**

PGY-2 residents and above must be scheduled for in-house call no more frequently than every-third-night (when averaged over a four-week period).

### **At-Home Call**

Time spent in the hospital by residents on at-home call must count towards the 80-hours maximum weekly hour limit. The frequency of at-home call is not subject to the every-third-night limitation, but must satisfy the requirement for on-day-in-seven free of duty, when averaged over four weeks.

At-home call must not be as frequent or taxing as to preclude rest or reasonable Personal time for each resident.

Residents are permitted to return to the hospital while on at-home call to care for new or established patients. Each episode of this type of care, while it must be included in the 80-hour weekly maximum, will not initiate a new “off-duty period”.

Residents are required to log all duty hours in New Innovations Software Program or its replacement program. Those who fail to log duty hours or log erroneous duty hours are subject to disciplinary action.

The institution as well as each program is required to monitor and document compliance with these requirements for all trainees. This policy applies to every site where trainees rotate.

## ***INSTITUTIONAL HOUSE OFFICER POLICIES*** **LSUHSC HOUSE OFFICER MANUAL 2014-2015**

The LSU School of Medicine – New Orleans (School of Medicine) is responsible for supervising House Officer training programs. This responsibility is delegated to individual departments and is fulfilled by the medical faculty. The level of supervision must be commensurate with the House Officer's level of training and the House Officer's individual level of clinical skills. On-call schedules for faculty are designed so that supervision and/or consultation is readily available at all times to House Officers on duty. Each Department has established policies for House Officers that will be consistent with the ACGME General Requirements and Special Requirements of each program.

At the beginning of each academic year, each House Officer Program will provide the House Officer an outline of specific rotations and regularly scheduled lectures, conferences and seminars. House Officers will be informed about departmental duties and disciplinary policies during orientation and/or by written guidelines. These policies will describe training goals and expectations, program evaluation methods, possible basis for adverse actions such as probation or dismissal, and due process procedures.

The educational effectiveness of each House Officer Program will be periodically reviewed by departmental faculty. Reviews will include resident evaluations of faculty and the House Officer Program and faculty evaluations of program effectiveness.

### **EVALUATION AND PROMOTION OF HOUSE OFFICERS**

Records of House Officer Evaluations are to be maintained by the Departmental Program Directors. These files will generally be available to the individual trainees, training faculty, Program Director, and other University personnel as may be required by the LSU House Officer Program, School Of Medicine, or University (Health Sciences Center). House Officers will be formally evaluated no less than twice a year; however, more frequent feedback is encouraged. Both strengths and weaknesses should be documented and discussed in the evaluation process, as well as plans to remediate any deficiencies. Evaluation of House Officers will follow the ACGME requirements for evaluations. Additionally, each House Officer is expected to participate in departmental self-assessment when applicable. Except where specifically described herein, house officers in regular training programs who successfully complete training during a year would normally be promoted to the next training level. (Revised 7/1/2005)

### **RESIDENT TRANSFERS**

Before accepting a resident who is transferring from another program, the program director must obtain written or electronic verification of previous educational experiences and a summative competency-based performance evaluation of the transferring resident from the previous program director/program. The LSU program director must provide timely verification of residency education and summative performance evaluations for residents who leave the LSU program prior to completion. A written release must be signed by the house officer before the performance information can be disseminated.

### **MEDICAL SPECIALTY BOARD INFORMATION**

Residents are directed to the appropriate Board via the American Board of Medical Specialties web site ([www.abms.org](http://www.abms.org) or [http://www.abms.org/Who\\_We\\_Help/Member\\_Boards/contactinfo.aspx](http://www.abms.org/Who_We_Help/Member_Boards/contactinfo.aspx)) regarding qualifications and requirements to sit for their specialty boards. (Revised 2007)

### **PRELIMINARY INTERVENTION**

Substandard disciplinary and/or academic performance is determined by each Department. Corrective action for minor academic deficiencies or disciplinary offenses which do not warrant remediation as defined below, shall be determined and administered by each Department. Corrective action may include oral or written counseling or any other action deemed appropriate by the Department under the circumstances. Corrective action for such minor deficiencies and/or offenses are not subject to appeal.

### **PROBATION**

House Officers may be placed on probation for, among other things, issuance of a warning or reprimand; or imposition of a remedial program. Remediation refers to an attempt to correct deficiencies which, if left uncorrected, may lead to a non-reappointment or disciplinary action. In the event a House Officer's performance, at any time, is determined by the House Officer Program Director to require remediation, the House Officer Program Director shall notify the House Officer in writing of the need for remediation.

A remediation plan will be developed that outlines the terms of remediation and the length of the remediation process. Failure of the House Officer to comply with the remediation plan may result in termination or non-renewal of the House Officer's appointment.

A House Officer who is dissatisfied with a departmental decision to issue a warning or reprimand, impose a remedial program, or impose probation may appeal that decision to the Department Head informally by meeting with the Department Head and discussing the basis of the House Officer's dissatisfaction within ten (10) working days of receiving notice of the departmental action. The decision of the Department Head shall be final.

### **CONDITIONS FOR REAPPOINTMENT**

Programs will provide notice in writing of the intent to non-renew or non-promote residents 4 months prior to the end of the current contract, except in the case when the cause for non-promotion/non-reappointment occurred within the final 4 months. In such cases house officers will be notified in writing with as much notice as possible (revised 6/21/2007).

### **TERMINATION, NON-REAPPOINTMENT, AND OTHER ADVERSE ACTION**

A House Officer may be dismissed or other adverse action may be taken for cause, including but not limited to: i) unsatisfactory academic or clinical performance; ii) failure to comply with the policies, rules, and regulations of the House Officer Program or University or other facilities where the House Officer is trained; iii) revocation, expiration or suspension of license; iv) violation of federal and/or state laws, regulations, or ordinances; v) acts of moral turpitude; vi) insubordination; vii) conduct that is detrimental to patient care; and viii) unprofessional conduct.

The House Officer Program may take any of the following adverse actions: i) issue a warning or reprimand; ii) impose terms of remediation or a requirement for additional training, consultation or treatment; iii) institute, continue, or modify an existing summary suspension of a House Officer's appointment; iv) terminate, limit or suspend a House Officer's appointment or privileges; v) non-renewal of a House Officer's appointment; vi) dismiss a House Officer from the House Officer Program; vii) or any other action that the House Officer Program deems is appropriate under the circumstances.

### **DUE PROCESS**

**All communication regarding due process will occur by either official campus email, certified letter, or hand delivery** (revised 12/15/2009). Dismissals, non-reappointments, non-promotion (revised 6/21/2007) or other adverse actions excluding probation (revised 3/2010) which could significantly jeopardize a House Officer's intended career development are subject to appeal and the process shall proceed as follows:

Recommendation for dismissal, non-reappointment, or other adverse action which could significantly threaten a House Officer's intended career development shall be made by the Program Director in the form of a Request for Adverse Action. The Request for Adverse Action shall be in writing and shall include proposed disciplinary action, a written statement of deficiencies and/or charges registered against the House Officer, a list of all known documentary evidence, a list of all known witnesses and a brief statement of the nature of testimony expected to be given by each witness. The

Request for Adverse Action shall be delivered in person to the Department Head. If the Department Head finds that the charges registered against the House Officer appear to be supportable on their face, the Department Head shall give Notice to the House Officer in writing of the intent to initiate proceedings which might result in dismissal, non-reappointment, summary suspension, or other adverse action. The Notice shall include the Request for Adverse Action and shall be sent by campus email, certified mail to the address appearing in the records of the Human Resource Management, or may be hand delivered to the House Officer (revised 12/15/2009).

Upon receipt of Notice, the House Officer shall have five (5) working days to meet with the Department Head and present evidence in support of the House Officer's challenge to the Request for Adverse Action. Following the meeting, the Department Head shall determine whether the proposed adverse action is warranted. The Department Head shall render a decision within five (5) working days of the conclusion of the meeting. The decision shall be sent by campus email, certified mail to the address appearing in the records of the Human Resource Management, or hand delivered to the House Officer and copied to the Program Director and Academic Dean (revised 12/15/2009).

If the House Officer is dissatisfied with the decision reached by the Department Head, the House Officer shall have an opportunity to prepare and present a defense to the deficiencies and/or charges set forth in the Request for Adverse Action at a hearing before an impartial Ad Hoc Committee, which shall be advisory to the Academic Dean. The House Officer shall have five (5) working days after receipt of the Department Head's decision to notify the Academic Dean in writing or by email (revised 12/15/2009) whether the House Officer would challenge the Request for Adverse Action and desires an Ad Hoc Committee be formed. If the House Officer contends that the proposed adverse action is based, in whole or in part on race, sex (including sexual harassment), religion, national origin, age, Veteran status, and/or disability discrimination, the House Officer shall inform the Academic Dean of that contention. The Academic Dean shall then invoke the proceedings set out in the Section entitled "Sexual Harassment Policy" of this Manual. The hearing for adverse action shall not proceed until an investigation has been conducted pursuant to the Section entitled "Sexual Harassment Policy."

The Ad Hoc Committee shall consist of three (3) full-time **(75% or greater effort)** clinical faculty members who shall be selected in the following manner:

The House Officer shall notify the Academic Dean of the House Officer's recommended appointee to the Ad Hoc Committee within five (5) working days after the receipt of the decision reached by the Department Head. The Academic Dean shall then notify the Department Head of the House Officer's choice of Committee member. The Department Head shall then have five (5) working days after notification by the Academic Dean to notify the Academic Dean of his recommended appointee to the Committee. The two (2) Committee members selected by the House Officer and the Department Head shall be notified by the Academic Dean to select the third Committee member within five (5) working days of receipt of such notice; thereby the Committee is formed. Normally, members of the committee should not be from the same program or department, In the case of potential conflicts of interest or in the case of a challenge by either party, the Academic Dean shall make the final decision regarding appropriateness of membership to the ad hoc committee. (Revised 7-1-2005) Once the Committee is formed, the Academic Dean shall forward to the Committee the Notice and shall notify the Committee members that they must select a Committee Chairman and set a hearing date to be held within ten (10) working days of formation of the Committee. A member of the Ad Hoc Committee shall not discuss the pending adverse action with the House Officer or Department Head prior to the hearing. The Academic Dean shall advise each Committee member that he/she does not represent any party to the hearing and

that each Committee member shall perform the duties of a Committee member without partiality or favoritism.

The Chairman of the Committee shall establish a hearing date. The House Officer and Department Head shall be given at least five (5) working days' notice of the date, time, and place of the hearing. The Notice may be sent by campus email, certified mail to the address appearing in the records of the Human Resource Management, or may be hand delivered to the House Officer, Department Head, and Academic Dean. Each party shall provide the Academic Dean five copies of the witness list, a brief summary of the testimony expected to be given by each witness, and a copy of all documents to be introduced at the hearing at least three (3) working days prior to the hearing. The Academic Dean will assure that all parties will receive the other parties' documents. The hearing shall be conducted as follows:

The Chairman of the Committee shall conduct the hearing. **The hearing shall include the following persons: the resident appealing the action, the members of the AdHoc Committee, the Program Director with or without the Department Head, counsel if present and any other persons deemed by the Chairman of the Ad Hoc Committee to carry out the hearing.** Each party shall have the right to appear, to present a reasonable number of witnesses, to present documentary evidence, and to cross-examine witnesses. The parties may be excluded when the Committee meets in executive session. The House Officer may be accompanied by an attorney as a nonparticipating advisor. Should the House Officer elect to have an attorney present, the program may also be accompanied by an attorney. The attorneys for the parties may confer and advise their clients upon adjournment of the proceedings at reasonable intervals to be determined by the Chairman, but may not question witnesses, introduce evidence, make objections, or present argument during the hearing. However, the right to have an attorney present can be denied, discontinued, altered, or modified if the Committee finds that such is necessary to insure its ability to properly conduct the hearing. Rules of evidence and procedure are not applied strictly, but the Chairman shall exclude irrelevant or unduly repetitious testimony. The Chairman shall rule on all matters related to the conduct of the hearing and may be assisted by University counsel.

There shall be a single verbatim record, such as a tape recording, of the hearing (not including deliberations). Deliberations shall not be recorded. The record shall be the property of the University (revised 3/2010).

Following the hearing, the Committee shall meet in executive session. During its executive session, the Committee shall determine whether or not the House Officer shall be terminated, or otherwise have adverse actions imposed, along with reasons for its findings; summary of the testimony presented; and any dissenting opinions. The Academic Dean shall review the Committee's report and may accept, reject, or modify the Committee's finding. The Academic Dean shall render a decision within five (5) working days from receipt of the Committee's report. The decision should be in writing and sent by campus email or certified mail to the House Officer, and a copy shall be sent to the Department Head and Dean (revised 12/15/2009).

If the Academic Dean's final decision is to terminate or impose adverse measures and the House Officer is dissatisfied with the decision reached by the Academic Dean, the House Officer may appeal to the Dean, with such appeal limited to alleged violations of procedural due process only. The House Officer shall deliver Notice of Appeal to the Dean within five (5) working days after receipt of the Academic Dean's decision. The Notice of Appeal shall specify the alleged procedural defects on which the appeal is based. The Dean's review shall be limited to whether the House Officer received



procedural due process. The Dean shall then accept, reject, or modify the Academic Dean's decision. The decision of the Dean shall be final.

A House Officer who at any stage of the process fails to file a request for action by the deadline indicates acceptance of the determination at the previous stage.

Any time limit set forth in this procedure may be extended by mutual written agreement of the parties and, when applicable the consent of the Chairperson of the Ad Hoc Committee.

## **SUMMARY SUSPENSIONS**

The House Officer Program Director, or designee, or the Department Head or designee shall have the authority to summarily suspend, without prior notice, all or any portion of the House Officer's appointment and/or privileges granted by University or any other House Officer training facility, whenever it is in good faith determined that the continued appointment of the House Officer places the safety of University or other training facility patients or personnel in jeopardy or to prevent imminent or further disruption of University or other House Officer training facility operations.

Except in those cases where suspension occurs as part of other appealable disciplinary actions, within two (2) working days of the imposition of the summary suspension, written reason(s) for the House Officer's summary suspension shall be delivered to the House Officer and the Academic Dean. In those other appealable cases the due process as described in the above section of this manual labeled Termination, Non-Reappointment, and Other Adverse Action takes precedence. The House Officer will have five (5) working days upon receipt of the written reasons to present written evidence to the Academic Dean in support of the House Officer's challenge to the summary suspension. A House Officer, who fails to submit a written response to the Academic Dean within the five (5) day deadline, waives his/her right to appeal the suspension. The Academic Dean shall accept or reject the summary suspension or impose other adverse action. Should the Academic Dean impose adverse action that could significantly threaten a House Officer's intended career, the House Officer may utilize the due process delineated above.

The Department may retain the services of the House Officer or suspend the House Officer with pay during the appeal process. Suspension with or without pay cannot exceed 90 days, except under unusual circumstances.

## **OTHER GRIEVANCE PROCEDURES**

Grievances other than those departmental actions described above or discrimination should be directed to the Program Director for review, investigation, and/or possible resolution. Complaints alleging violations of the LSUHSC EEO policy or sexual harassment policy should be directed to the appropriate supervisor, Program Director, Director of Human Resource Management and EEO/ AA Programs, or Labor Relations Manager (504-568-3916).

Resident complaints and grievances related to the work environment or issues related to the program or faculty that are not addressed satisfactorily at the program or departmental level should be directed to the Associate Dean for Academic Affairs, Dr. Charles Hilton (504-568-4006). For those cases that the resident feels can't be addressed directly to the program or institution s/he should contact the LSU Ombudsman, Dr. Joseph Delcarpio. (GMEC October 2007)

## **OMBUDSMAN**

Dr. Joseph Delcarpio, Associate Dean for Student Affairs is available to serve as an impartial, third party for House Officers who feel their concerns cannot be addressed directly to their program or institution. Dr. Delcarpio will work to resolve issues while protecting resident confidentiality. He can be reached at 504-568-4874. He is located on the 7<sup>th</sup> Floor of the Lions Building in the Office of Student Affairs. (3/2010)

## **REVIEW OF TRAINING PROGRAMS**

Each House Officer Program at the LSU School of Medicine-New Orleans will be reviewed regularly between accreditation site visits and in accordance with the ACGME guidelines. The Graduate Medical Education Committee (GMEC) is a standing school committee charged with the oversight of Graduate Medical Education. Program evaluation is accomplished by a detailed internal site visit process quite similar to the regular ACGME site visit.

At the conclusion of the GMEC review, the committee should make recommendations, formulate a suggested action plan if necessary, and summarize its findings for each program reviewed. Minutes and summary reports should be filed in the GME Office. Serious programmatic problems should be brought to the attention of the Department Head and the Dean.

## **EVALUATIONS**

**Purpose:** The program recognizes the need to provide a structure by which performance related to the training program will be assessed and consideration given for promotion to the next level of training. Evaluation will be provided in accordance with Graduate Medical Education Committee policy and ACGME common program requirements.

Note: This policy addresses performance relating to academic program requirements and does not supersede other institutional or legal requirements that must be met by the resident to remain in a training program.

**Policy:** Residents will receive written evaluation, goals and objectives from their faculty for each year and/or major rotation of their training program. All residents participating in training will be provided, at a minimum, a semi-annual formal evaluation developed by the faculty. Residents shall be allowed to review semi-annual evaluations contained in permanent records and other evaluations as determined by program policy.

The formal written evaluation shall:

1. Address each of the six ACGME core competencies and neurosurgical milestones.
2. Include scoring and rating criteria that seek to minimize subjective assessment of performance.
3. Include language indicating satisfactory performance, advancement to the next level of training (if applicable) or provide specific actions and performance requirements by the resident to return to a level of satisfactory performance or advancement to the next level of training.
4. Be signed and dated by the resident and faculty.
5. Become a part of the permanent record file for the resident.

In addition, each resident will meet near the midpoint of each year with the Program Director for an informal progress evaluation to assess strengths and weaknesses in performance, so that adjustments can be made over the remainder of the year.

**Resident Evaluation by Faculty** – All residents are evaluated at the end of each rotation by the staff members they worked under. The goals & objectives and evaluation forms are rotation and level specific and should be reviewed by the resident before starting the rotation. This evaluation becomes part of the permanent file and will be used at the ACGME milestone evaluation meetings by the Clinical Competency Committee as a means of determining strengths, weaknesses, problems and promotions. These evaluations, the ABNS Board Exam results, and comments from the staff are the basis for renewal of contracts and promotions as well as recommendation to graduate from the program.

**Faculty Evaluation by Residents** – Just as the faculty have an opportunity to evaluate house officers, house officers are provided the opportunity to evaluate individual staff members with whom they have worked. An evaluation of the rotation should be completed on all rotations. These evaluation forms will be completed via New Innovations upon the completion of the rotation. Residents are encouraged to be completely honest in their assessments. All staff members receive a typed, anonymous cumulative report of their evaluations at the end of the year. The staff members cannot trace information back to the individual residents.

**Peer Evaluations** – Residents complete evaluations of their peers at the completion of each academic year. These evaluations are confidential and part of each resident’s record.

**Program Evaluations** – All residents will complete a comprehensive program evaluation in May or June of each year. The results of this evaluation will be synthesized and reviewed by the Program Director, Coordinator, and a faculty committee to determine program strengths and weaknesses and as a basis for program development and change.

## **STATEMENT ON OVERSIGHT AND LIAISON**

The Program Director maintains contact with faculty members placed in positions of supervision and oversight of residency training. Faculty members are encouraged to discuss resident issues with the Program Director in personal interviews.

### **RESIDENT TRAINING LIAISON AND OVERSIGHT**

Training Site	Liaison and Oversight
West Jefferson Medical Center	Frank Culicchia, M.D.
Interim LSU Public Hospital	Gabriel Tender, M.D.
Children’s Hospital	Clarence Greene, M.D.
Texas Methodist Hospital (PGY 1)	Suzanne Powell, M.D.
Neuroscience Center of Excellence	Nicholas Bazan, M.D.

## **SIX GENERAL COMPETENCIES**

The ACGME has implemented the requirement of six general competencies into the curriculum of all accredited programs. These competencies will be used as an evaluation tool for faculty evaluating

residents on each rotation, the definition of each is outlined on the below:

#### **PATIENT CARE AND PROCEDURAL SKILLS**

Residents must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health. Residents must be able to competently perform all medical, diagnostic, and surgical procedures considered essential for the area of practice.

#### **MEDICAL KNOWLEDGE**

Residents must demonstrate knowledge about established and evolving biomedical, clinical, epidemiological and social-behavioral sciences, as well as the application of this knowledge to patient care.

#### **PRACTICE-BASED LEARNING AND IMPROVEMENT**

Residents must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve their patient care based on constant self-evaluation and life-long learning.

#### **INTERPERSONAL AND COMMUNICATION SKILLS**

Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients their families, and health professionals.

#### **PROFESSIONALISM**

Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles.

#### **SYSTEMS-BASED PRACTICE**

Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal care.

### ***ADMINISTRATIVE INFORMATION***

#### **VACATIONS:**

- Each resident will have four (4) weeks of vacation in every academic year, not consecutive.
- It is expected that the vacation weeks will take place at a time convenient for the other residents as well as the faculty in the program.
- A vacation request slip must be submitted to the chief resident and program director prior to each three month rotation block. The completed leave slip must be given to the residency coordinator.
- In arranging schedules, special circumstances and needs are always given the highest priority. If all things are otherwise equal, resident seniority is considered in cases of timing conflicts.
- The chief resident will then submit the subsequent 6 month vacation plan to the Program Director for approval or conflict resolution.
- If there are questions or concerns from any of the resident staff they are welcome to contact the Program Director at any time.
- No vacations are allowed in June or the first 2 weeks of July of each year unless special circumstances arise.
- No vacations for on-service residents before the boards in March.
- Only one on-service resident at a time will be allowed to take a vacation.

**Educational Leave** – Residents are allowed five days per year to attend and/or present at scientific

meetings and conferences. Any additional time will be recorded as leave without pay.

**Maternity/Paternity Leave** – Residents must inform the Program Director as soon as possible so schedule changes may be made accordingly. This requires early planning and the cooperation of the residents in the program.

**Compassionate Leave** – Brief periods of absence may be granted to a resident by the Chairman and/or Program Director in cases of urgent personal need, such as those occasioned by death or serious illness in the resident's family. For these brief periods, full salary and benefits will continue.

#### MEETINGS:

Residents may attend conferences if they have had an abstract accepted as a poster or presentation. The Department will pay for reasonable travel expenses. No more than one resident may leave the clinical service to attend a meeting.

#### Travel

The department will support the travel costs for residents who have paper(s) accepted for oral presentation at a National Society Meeting or Conference, provided all state travel regulations are followed. Should the resident have a poster accepted for presentation or wish to attend an educational course, they will need to find external grant funding to support their travel. The resident should contact the business manager and/or residency coordinator for assistance with the grant process.

1. The resident should meet with the residency coordinator no later than two (2) months prior to the meeting in which they are requesting to attend so that travel paperwork can be completed. International travel requests require additional institutional approvals; therefore, the resident should meet with the residency coordinator at least three (3) months in advance of the meeting.
2. The resident will be responsible for contacting the state travel agency (Short's travel) to book and pay for their airfare. Airfare MUST be purchased through the state travel agency. Should the airfare be purchased thirty (30) or more days in advance of the meeting, the department can request a travel advance for that expense; otherwise, the resident will have to be reimbursed upon their return.
3. The resident will be responsible for making and booking their own hotel accommodations. Please note that there is a state daily per diem for hotels and meals based upon travel destination. On the last page you will find a copy of a travel pocket guide which lists all per diems. It will be your responsibility to find accommodations within these established per diems.
4. Resident must submit an educational leave slip signed by the chief resident and Program Director. The completed leave slip must be given to the residency coordinator.
5. The resident will have up to 30 days upon returning from the meeting in which to submit all travel receipts to the residency coordinator.
6. Travel Pocket Guide – Please use the attached information (at the end of the manual) as it pertains to your travel needs. Please inform the residency coordinator of any questions or concerns prior to making any travel arrangements.

Any other requests or deviations from the department's guidelines must go through the department head for approval.

**ROTATIONS:**

Resident rotations are designed to optimize the educational experience of each individual resident, to allow progression per curriculum objectives and to satisfy the requirements of the ACGME in Neurological Surgery.

On all neurosurgical rotations, all residents are required to participate in the call schedule unless on vacation.

The rotation schedules are generally available a year in advance. Residents will be notified at the earliest possible time if necessary changes are made in the schedule. All residents should feel free to contact the Program Director with questions or other concerns regarding the rotations. The rotation schedule cannot be changed without the knowledge and consent of the Program Director. See final page of program manual for 2014-2015 Rotation schedule.

**SURGICAL HOUSESTAFF ASSIGNED TO NEUROSURGERY SERVICE:**

Surgical interns and house staff assigned to the neurosurgical service shall be integrated under the oversight of neurosurgery residents. They shall assist in clinical and call activities, although the priority of assignment to surgical procedures shall be for neurosurgery residents.

**CALL SCHEDULES:**

The call schedule for each hospital is primarily the responsibility of the chief resident. Problems with, and changes in the schedule must be approved by the Chief of the respective service. Neurosurgery call is taken from home. No in-house call is expected unless necessitated by patient care needs. The call (taken from home) schedule must comply with the duty hour requirements of the 80 hour work week. Patient care and educational objectives must be monitored, and if the long weekends are too great a burden for one resident, this option will no longer be allowed for that resident. On-call rooms are available at each hospital for resident use. Resident work hours should be monitored by the chief resident on an on-going basis, with the aim of modifying call policies and manpower decisions to insure continued full compliance with the ACGME requirements.

**MEALS:**

West Jefferson Medical Center, LSU Interim Public Hospital, and Children's Hospital offer free meals to residents/physicians. Contact the faculty of each site for instructions.

**PAGERS:**

The Louisiana State University provides digital pagers for the residents. Residents will usually retain the same pager number for the duration of their training. Each pager is allowed one free battery per month, which can be obtained from the hospital operators. At each of the main Neurosurgery offices, extra batteries are available from the secretarial staff. If a pager is lost or stolen please contact the Program Coordinator immediately for replacement.

The department will cover the cost of a beeper for each resident; however, will not support the cost of a cell phone. In addition, should a resident misplace or lose a pager it will be their responsibility to pay the \$55.20 replacement cost to obtain a new pager through the GME office. This fee must be paid by check or cashier's check only. The residency coordinator should be contacted if a resident loses or misplaces their pager.

## Payroll

All payroll checks are distributed on a semi-monthly basis in the Department of Neurosurgery. Paystubs are automated and can be found by logging in to the link below. Should you have any questions please ask the program coordinator. <https://prd.pshe.lsuhscc.edu/psp/hrprd/?cmd=login>

## Insurance Coverage

Please see the GME House Officer Manual on Policies and Procedures for information on health, life, and malpractice insurance as well as disability coverage.

## Computers and Libraries

Computers and medical libraries are available to residents at all hospitals and in the department offices located in the Lion's building on LSUHSC Campus. User ID's and passwords are assigned by Computer Services after completing paperwork given to you during GME intern orientation. **All residents are given an email account through LSU and are required to check it daily. This is the primary way in which information concerning the residency program will be distributed.**

## Medical Licensure

Payment of licensure will be the financial responsibility of each resident. Every resident is required to hold a Louisiana medical license. A copy must be provided to the Department upon initial receipt and upon renewal each year. All interns must be registered to take **USMLE Step 3** by the end of their intern year. Once you have passed you must notify your coordinator and submit a copy of your scores to the department.

Specific licensure information should be obtained directly from the Louisiana State Board of Medical Examiners. [www.lsbme.louisiana.gov](http://www.lsbme.louisiana.gov) or you can call them at 504.568.6820.

## Policy (Step 3):

It is required that all residents must take USMLE Step 3 by December 31 of their PGY 2 year. If they fail, they continue to take the exam again. If they fail for a second time, they are placed on probation by the discretion of the program director with the notion to study/take again. If the resident fails for a third time, they are released from the program. If they fail (initial or second time) and it is near the PGY 3 year, they can be placed on leave/off cycle and allowed to return once pass or probation/term follows.

## Textbooks

Resident will be given a limit, depending on their level, (PGY 1 - \$600.00 and PGY 2 - \$300.00) towards a yearly text book fund. In the event a resident chooses to forego the book fund, the department can purchase something else of educational and/or clinical value as long as it is within the established limit and is approved by the Program Director.

The process for book(s) or educational/clinical item(s), within the established limit, and email the residency coordinator with all of the pertinent information.

1. Residents will identify the book(s) or educational/clinical item(s), within the established limit, and email the residency coordinator with all of the pertinent information.
2. The department will have the requested item purchased.

## Lab Coats

The department will fund the purchase of 2 lab coats every six months. The department does not

support the cleaning of lab coats. This will be the financial responsibility of the resident.

The process for having the lab coat(s) purchased will be as follows:

1. Residents will email the residency coordinator with the size and style of the lab coat needed.
2. The residency coordinator will place the order for the lab coat(s).
3. The residency coordinator will notify the residents once their lab coat(s) has/have arrived.

#### **Lead Apron and Thyroid Shield**

The department will cover the cost of one lead apron and one thyroid shield for each resident. Contact the residency coordinator for additional information.

#### **Surgical Loupes**

The department will support the cost of one pair of surgical loupes during their intern year. The resident should contact the residency coordinator for additional information.

#### **Laptops and I-Pads**

The department has purchases Mac laptops and I-Pads for residents to use while they are completing their residency training within our program. Upon graduation, residents will turn in these items which will en-turn be given to the incoming resident(s) to use during their residency training within our program.

### ***AMERICAN BOARD OF NEUROLOGICAL SURGERY PRIMARY EXAMINATION***

On the middle Saturday of March each year, the American Board of Neurological Surgery primary examination is administered. This exam consists of two test books, each containing items related to the basic and clinical sciences. The examination consists of approximately 375 questions. Residents taking the exam should develop and maintain a daily study routine to ensure the highest possible score. **Every resident is required to take the exam annually for self-evaluation. After achieving a self-evaluation score of 400, residents can then take the exam for credit.**

### ***MEDICAL RECORDS***

Residents are responsible for dictating and signing medical records on all patients they are responsible for. Operative notes must be dictated immediately after the operation. Admission history, physical exams, consults and discharge summaries should also be dictated immediately so they appear in the patient's chart in a timely manner. It is the resident's responsibility to visit medical records weekly and sign off on all notes. If you do not sign off on notes in a timely manner you will be placed on the delinquent list, which will ultimately lead to a suspension of privileges without pay. Timely completion of medical records is a cornerstone of professionalism.

### ***ACGME CASE LOGS***

All residents must enter their operative experience concurrently during each year of the resident in the



ACGME Case log system. The following information is required for each case entered on the ACGME website:

- Resident
- Attending
- Institution
- Resident’s Role
- Rotation
- Patient type
- Procedure date
- Case ID (patient’s hospital number)

If the patient was involved in trauma it must be indicated CPT Code (more than one CPT code may be entered. However, only one may be marked for credit)

The ACGME Residency Review Committee (RRC) and the American Board of Neurological Surgery require that all residents participate in a minimum number of operative cases in certain “defined categories.” Please refer to the information below for the minimum number and for the procedures that count in each defined category. There are no exceptions to these minimum numbers. Residents must continue to record cases even after finishing the minimum numbers.

Please contact your coordinator at 504-568-6120 if you have any problems logging into the ACGME case log system.

**Your ACGME case log will be monitored weekly by the Program Director and Program Coordinator.**

***NEUROSURGERY RRC DEFINED CATEGORIES AND MINIMAL REQUIREMENTS***

The numbers listed are the minimum requirements you must meet for each category during your seven years of training. A lesser amount will not be accepted. You must maintain complete records of all the cases in which you participate. **Continue recording cases even after you have reached the required minimum. You will be held to these as well as the Program case requirements.**

<b>Procedures</b>	<b>Minimum</b>
Total Adult Craniotomy - Brain Tumor	60
Total Adult Craniotomy - Trauma	40
Total Adult Craniotomy for Intracranial Vascular Lesion	40
Total Endovascular Therapy for Tumor or Vasc Lesion	10
Total Adult Craniotomy - Pain	5
Total Adult Cranial-Transphenoidal-Sellar/Parasellar Tum	15
Total Adult - Cranial-Extracranial Vascular Procedures	5
Total Adult - Radiosurgery	10

Total Adult Functional Procedures	10
Total Adult VP Shunt (CSF Diversion)	10
Total Adult Spinal - ACD with Instrumentation	25
Total Adult Spinal - C-spine Fracture Op Stabiliz Proc	15
Total Adult Spinal - Lumbar Discectomy	25
Total Adult Spinal - Thoracic/Lumbar Instrum and Fusion	20
Total Adult Spinal - Peripheral Nerve Procedures	10
Total Pediatric Craniotomy - Brain Tumor	5
Total Pediatric Craniotomy for Trauma	10
Total Pediatric Spinal Procedures	5
Total Pediatric VP Shunt	10
Total Craniotomy for Epilepsy (Adult and Pediatric)	10
Total Minor Procedures/Critical Care	90
Total Additional Procedures	0

### ***LSUHSC DEPARTMENT OF NEUROSURGERY CONFERENCES***

The conferences occur during a block of time protected from elective clinical activity. Attendance is required by all residents and medical students on the service. Designated faculty are assigned to oversee each conference. All faculty members are encouraged to attend all conferences and are required to attend selected conferences.

**Resident Core Curriculum Conference:** All residents, medical students and designated faculty will attend weekly. Approximately 21 lectures are given that cover the knowledge base requirements of the Neurosurgery Residency Core Curriculum. These are repeated every 3 years. Residents are assigned topics for presentation and are expected to present a thorough review of the literature in a formal power point presentation.

**M&M/Complications:** Morbidity and Mortality Conference covering the cases of the previous month is held the first and second Friday of each month. This conference is held to discuss in detail selected surgical cases that have had associated deaths or complications. It is the responsibility of the most senior resident on the service to submit accurate data on all surgical cases, including deaths and complications, performed on the service the month prior. Complications conference is attended by the most senior resident on each service and the chief resident. Final decisions regarding which cases will be presented in full Morbidity and Mortality Conference will be made by Dr. Tender with the input of the chief resident. The chief resident will then prepare them for presentation at M&M. Each case presentation should include:

- detailed history and physical examination of the patient,

- details of the hospital course
- details of the decision process made in the care of the patient
- literature review relevant to the case
- alternative treatments
- Options/suggestions to avoid complications or death in the future.

This is to be presented in a power point format. The chief resident should be able to answer questions on any of the cases included in the statistics. All residents on the service are required to attend and participate in the discussions.

**Journal Club:** Several recent meritorious journal articles are presented and reviewed in depth by a resident with a designated faculty, and placed in context using classically quoted articles on that topic. Designated faculty and all residents are required to attend.

**Neuropathology Conference:** Select faculty and all residents attend neuropathology conferences held at WJMC and University Hospital. Led by pathology faculty, this conference will review a general neuropathology topic and highlight interesting cases from the preceding month.

**Neurosurgery Case conference:** In preparation for the oral boards interesting cases from each hospital, chosen by the chief resident, are presented for discussion. Differential diagnosis and management options are discussed in detail to formulate a treatment plan. The residents and students are asked to present their plans for treatment with explanations for their choices. This plan is then discussed and critiqued by the faculty and other residents.

**Skull base Conference:** Once per month (March-October), skull base approach lectures are given followed by hands-on resident dissection in the laboratory.

**Vascular Conference:** Monthly vascular cases are presented and discussed the chairman and Neurointerventional staff.

**Tumor Board:** Each month, new brain tumor patient cases are presented, and recommendations are made for the appropriate plan of treatment. The reviews typically include imaging studies (MRI, CT, and/or PET scans), pathology studies, lab results, as well as past medical and surgical history.

**Neuroradiology Conference:** This monthly conference is moderated by members of the neuroradiology service. Interesting cases from the preceding month are presented along with the relevant Neuro-diagnostic images.

#### *Academic Outline 2014-2015*

A didactic schedule will be given to you at the beginning of the year regarding the lectures to be held during Friday conference. Please contact your coordinator if you do not receive the schedule.

#### ***Louisiana Annual Neurosurgical Society (LANS) Meeting***

LANS, as its members refer to it, is the official organization of the Louisiana Neurosurgeons. It is in collaboration with the LSU, Tulane, and Shreveport Department of Neurosurgery Residency programs. LANS was also established to promote the advancement of knowledge, practice and teaching of neurosurgery. Every January the Society holds an annual conference in which all residents are expected

to participate and attend.

***DUTIES OF THE RESIDENTS IN EACH YEAR***

Duties of the residents in the LSU Neurosurgical Residency program are structured to provide a graduated experience and involvement in neurosurgical patient management and preoperative, intraoperative, and postoperative patient care, foster a learning environment to develop the resident as a neuroscientist, and mentor the resident to mature as a thoughtful, caring, and compassionate physician.

**The standard rotation schedule for neurosurgery rotations is depicted below. Note that variations will occur based on individual circumstances and personnel changes.**

<b>YEAR</b>	<b>JULY-DECEMBER</b>	<b>JANUARY-JUNE</b>
<b>PGY-1</b>	<b>UH, Neurology, Trauma, Critical Care, Neuroscience, TMHS</b>	<b>TMHS, Neurointervention, WJMC</b>
<b>PGY-2</b>	<b>WJMC, UH</b>	<b>WJMC, UH</b>
<b>PGY-3</b>	<b>WJMC</b>	<b>WJMC</b>
<b>PGY-4</b>	<b>WJMC, Children’s Hospital</b>	<b>WJMC, Children’s Hospital</b>
<b>PGY-5</b>	<b>Academic/Research</b>	<b>Academic/Research</b>
<b>PGY-6</b>	<b>WJMC</b>	<b>University Hospital</b>
<b>PGY-7</b>	<b>University Hospital</b>	<b>WJMC</b>

**PGY 1/NS 1—First year resident in Neurosurgery**

This is a clinical resident rotation where early skills and habits will be developed. Three months of the PGY1 year are spent on the general surgery service establishing the fundamental clinical skills of the evaluation and management of the general surgery patient with an emphasis on trauma and clinical critical care. Goals in the general surgery months are to develop skills in patient diagnosis and management, learn basic critical care and emergency management, learn to manage ICU patients, recognize the complications of surgery and trauma, and learn basic surgical techniques. The three months are spent on the clinical neurology and neurophysiology services learning to master the neurological examination and formulating a differential diagnosis in the neurological patient. Two months are spent at The Methodist Hospital in Houston for a neuropathology rotation. The resident participates in brain cutting, tumor board, conferences and book study to acquire appropriate knowledge and skills in neuropathology. The PGY1 resident also spends two months on a Neurointerventional surgery rotation at West Jefferson Medical Center. The goal of this rotation is primarily to acquire skill in diagnostic neuroradiology although some exposure to interventional radiology is expected. Interpretation of CT of the brain and spine, CT angiography, MRI of the brain, spine, and peripheral nervous system, MRA, MR Spectroscopy, ultrasound of the cerebrovascular system including transcranial Doppler, intraoperative ultrasound, cisternography, PET, SPECT, and performance and interpretation of myelography will be covered. The two month of the PGY1 year is spent on the general neurosurgery service at West Jefferson Medical Center, learning the fundamentals of the evaluation and management of the Neurosurgical patient.

**PGY 2/NS2—Second year resident in Neurosurgery**

The majority of the PGY-2 year is spent on the general neurosurgery service at University Medical

Center. The resident will serve as the junior resident with the Chief (PGY-7) resident focusing on spinal, trauma and general neurosurgery. The resident will attend one clinic every week at University Hospital focusing on general neurosurgery working directly with faculty. This experience will allow the resident to acquire the ability to prepare treatment plans for patients presenting in a non-urgent environment and follow the patient from first visit through surgery and recovery. The resident will begin to develop the skills of neurosurgical patient management by following the patient through the course of their treatment with more involvement in the surgical care.

### **Educational and Competency Goals (NS2)**

#### **Patient Care:**

The residents will be able to:

- Perform and document a comprehensive Neurosurgery history and physical examination [H&P]
- Understand and interpret laboratory studies and imaging, including appropriate indications
- Develop and demonstrate patient education and management skills
- Develop skill to place ICP monitors and external ventricular drains with minimal assistance
- Perform selected surgical procedures under direct supervision (exposure and closing some spinal procedures, open and close simple craniotomies, etc.)
- Assist in major surgical procedures and perform those portions of such procedures (under supervision) that are appropriate for level of training
- Develop skills necessary to establish and implement an effective patient management plan

#### **Medical Knowledge:**

The residents will be able to:

- Demonstrate a solid foundation of neuroscience knowledge in conferences and on patient rounds
- Develop accuracy in clinical evaluation skills
- Develop a solid foundation of knowledge in the specialties associated with each of the rotations
- Demonstrate the foundation for clinical Neurosurgery problem solving and decision making
- Successfully complete the functional curriculum

#### **Practice-Based Learning and Improvement:**

The residents will be able to:

- Establish a solid evidence-based approach to patient care in formulating treatment plans

#### **Interpersonal and Communication Skills:**

The residents will be able to:

- Provide compassionate ward and outpatient care as determined by patients, families, colleagues and ancillary health professionals
- Develop and nurture sound and appropriate interpersonal and communication skills
- Focus on and develop a compassionate approach to deal with patients, to their illness and to the patients' families
- Deliver high quality professional communications, including scholarly work

#### **Professionalism:**

The residents will be able to:

- Demonstrate a high level of professionalism at all times

- Advocate for the patient, according to ethical principles, and exhibit sensitivity to a diverse patient population.
- Behave in a manner respectful to patients, families, colleagues, and healthcare personnel at all times.

**System Based Practice:**

The residents will be able to:

- Demonstrate an awareness of and responsiveness to the larger context and systems resources to provide care that is of optimal value.
- Apply evidence-based information to clinical decision making in a cost effective manner

**Clinical and Academic Duties (NS2)**

Hospital patients are generally in ICU or on the post-op surgical floor although some consultation patients are on other floors. The census runs from about 10-15 patients. Residents make early morning rounds, evaluating and examining all patients, reviewing charts and studies, and planning dispositions. Rounds may be made with the attending in the morning, or later in the day, depending on the operative schedule and meetings, emergencies, and other factors. The residents and medical students are fully integrated into the outpatient clinics. Patients are first seen by a resident and/or medical student. The attending then sees the patient with the resident and the case is discussed. The resident may dictate the consultation or post op note but it must be read, corrected, and signed by the attending. Outpatient clinic is held Mondays and administered by the chief resident. The caseload is such that the NS2 resident may be “one on one” with the attending in the operating room. The resident is allowed increasing involvement in the operation as surgical skills improve. Following the operation details are discussed and critiqued and recommendations for improvement made. Call is every third to fourth night as determined by the Chief resident. On Fridays, all residents attend the neurosurgery conference block. When possible, the resident is encouraged to attend any others of the multiple conferences at the LSU Neuroscience Center. The NS2 resident is expected to present a paper at the annual meeting of the Louisiana Neurosurgical Society, and to prepare papers for submission to journals and presentation at meetings. All residents are required to submit one manuscript to a major peer review journal each year.

**PGY3/NS3—Third year Neurosurgery resident**

The PGY-3 year is spent at WJMC for spine, tumor and cerebrovascular neurosurgery experience. Here the resident is exposed to a broad spectrum of neurosurgical disorders, working one on one with subspecialty neurosurgery faculty. The resident is involved in the work up of patients admitted to the neurosurgical service. He/she is responsible for history and physical examination on elective admits and develops a management plan in conjunction with the attending. He/she reviews the findings on diagnostic studies and discusses the treatment options with the attending neurosurgeon. Surgical treatment is discussed and the procedure reviewed in detail. The resident assists at operation and is included in the postoperative management. Rounds are made with the attending on a daily basis. Consults will be answered either with the attending or initially by the resident and then presented to the attending. Emergency Room consults may be answered initially by the resident and presented to the attending. The resident is on call every third to fourth night. The resident attends selected clinics and evaluates new patients and presents the findings to the attending. The resident keeps a personal log of all cases through the ACGME website.

## **Educational and Competency Goals (NS3)**

### **Patient Care:**

The residents will be able to:

- Teach medical students the fundamentals of the neurosurgical H&P
- Accurately interpret complex laboratory and imaging tests and other fundamental skills
- Develop complex patient diagnostic and managerial skills
- Perform selected surgical procedures under direct supervision e.g. laminectomy for stenosis and intermediate-level craniotomies
- Assist in major surgical procedures and perform those portions of the operation that are appropriate to the resident's level of training under guidance
- Demonstrates competency regarding performance of inpatient and surgical procedures
- Demonstrate clear and concise patient care plans
- Demonstrate the ability to implement the aforementioned patient care plans
- Demonstrate necessary skills to diagnosis and perform radiosurgery procedures. This includes pre-operative and peri-operative decision-making and dosimetry planning, frame placement, and procedural performance
- Acquire skill in managing head trauma and commensurate critical care skills

### **Medical Knowledge**

The residents will be able to:

- Perform above the 50th percentile on the Neurosurgery in-service examination
- Demonstrate the ability to evaluate medical literature in journal clubs and on rounds
- Demonstrate understanding of the pathophysiology of common pediatric neurosurgical conditions

### **Practice-Based Learning and Improvement**

The residents will be able to:

- Perform a clinical or basic science research project appropriate for presentation at a national scientific meeting and for subsequent publication
- Demonstrate sound habits of personal scholarship and scientific inquiry
- Finalize the design of the research project to be carried out during the PGY-4 year
- Demonstrate an ongoing and improving ability to learn from errors
- Learn to identify and improve system problems that impede patient care and/or resident education.

### **Interpersonal and Communication Skills**

The residents will be able to:

- Demonstrate ability to provide compassionate care to patients and their families
- Demonstrate a high level of interpersonal communication skills
- Demonstrate a compassionate and objective approach to patient counseling

### **Professionalism**

The residents will be able to:

- Demonstrate a high level of professionalism at all times

### **System Based Practice**

The residents will be able to:

- Apply cost effectiveness and evidence-based approaches to the previously acquired clinical decision making skills
- Understand practice management issues in Neurosurgery such as patient processing, Evaluation and Management Coding, procedural terminology, documentation of services rendered, and other reimbursement process related issues
- Demonstrate an understanding of practice opportunities, practice types, health care delivery systems and medical economics

### **Clinical and Academic Duties (NS3)**

The PGY 3 resident spends the year at West Jefferson Medical Center under the direction and supervision of the Staff Neurosurgeons. The resident is involved in the work up of patients admitted to the neurosurgical service. He/she is responsible for history and physical examination on elective admits and develops a management plan in conjunction with the attending. He/she reviews with the attending neurosurgeon the findings on diagnostic studies and discusses the treatment options. Surgical treatment is discussed and the procedure reviewed in detail. The resident assists at operation and is included in the postoperative management. Patients admitted to the ICU are provided care by the neurosurgical service with assistance of consults. This includes inserting pressure monitors under the supervision of the attending to manage intracranial pressure.

Rounds are made with the attending on a daily basis. Consults will be answered either with the attending or initially by the resident and then presented to the attending. Emergency Room consults may be answered initially by the resident and presented to the attending. The resident is on call every third to fourth night. The resident attends selected clinics and evaluates new patients and presents the findings to the attending. He/she attends specialty clinics where he observes the interdisciplinary approach to functional, spine, vascular disorders, etc. The resident collects the statistics for the neurosurgery service and presents them at the monthly Morbidity and Mortality conference. The resident keeps a personal log of all cases. To successfully complete the rotation, the resident must engage in a clinical research project to be presented at the annual Louisiana Neurosurgical Society meeting and submitted for publication.

### **PGY4/NS4—Fourth year Neurosurgery resident**

In the fourth year, the resident remains at West Jefferson as a senior resident, typically focusing more on complex cranial and spine pathology. The resident has more autonomy in the operating room under the direction of the neurosurgical staff. The fourth year manages the ICU patients with assistance from the chief resident and staff. Managerial skills are developed and implemented during this year. Medical student and junior resident teaching are encouraged through daily rounds and conference lectures.

### **Educational and Competency Goals**

#### **Patient Care:**

The residents will be able to:

- Demonstrate competency regarding performance of inpatient and surgical procedures
- Demonstrate clear and concise patient care plans



- Demonstrate the ability to implement the aforementioned patient care plans

### **Medical Knowledge**

The residents will be able to:

- Demonstrate the ability to evaluate the medical literature in journal clubs and on rounds

### **Research**

The residents will be able to:

- Demonstrate a high capacity for work and intensity in the laboratory/research environment
- Develop problem solving skills that can be used to design, implement and report research that is relevant to the clinical arena
- Establish sound research and research-related problem solving habits, which includes becoming extraordinarily familiar with the relevant literature
- Become an integral component of the research team
- Demonstrate an ongoing and improving ability to learn from errors

### **Interpersonal and Communication Skills**

The residents will be able to:

- Demonstrate a high level of interpersonal communication skills
- Communicate effectively with all members of the research team
- Utilize the aforementioned communication, interpersonal, and team building skills to effectively participate in and lead research projects

### **Professionalism**

The residents will be able to:

- Demonstrate a high level of professionalism at all times

### **System Based Practice**

The residents will be able to:

- Demonstrate an understanding of practice opportunities, practice types, health care delivery systems and medical economics

## **PGY5/NS5—Fifth year Neurosurgery resident**

The fifth year of training is spent in pursuit of neurosurgical scholarship, most frequently in a laboratory in the LSU Neuroscience Center of Excellence. We also encourage enfolded fellowship experiences in pediatric neurosurgery and Neurointerventional surgery. The resident is expected to develop a plan well in advance with the program director. Clinical duties are strictly limited, though some call coverage may be expected to maintain clinical skills through this period. This academic year is an opportunity for the resident to fine-tune their skills in academic pursuit including research design, conduct, and ethics, as well as academic professional communication skills. The content of the investigation is largely determined by the interests of the resident, but must of high quality as determined by the program director. It is fully expected that this work should result in at least one publication in a major peer reviewed journal.

### **Clinical & Academic Duties (NS5)**

The resident is expected to present a paper at the annual meeting of the Louisiana Neurosurgical Society, and required to prepare papers for submission to journals and presentation at meetings.

### **Educational and Competency Goals (NS5)**

#### **Patient Care:**

The residents will be able to:

- Accurately interpret complex laboratory and imaging tests
- Begin to direct ward and clinic patient care
- Instruct residents and medical students regarding their performance of selected non-complex surgical procedures appropriate to their level of training
- Demonstrate competency regarding performance of inpatient and surgical procedures
- Demonstrate clear and concise patient care plans
- Demonstrate the ability to implement the aforementioned patient care plans
- Provide high level non-operative care
- Perform complex neurosurgery procedures (spine and cranial) and assist with those cases that are CR-level cases.

#### **Medical Knowledge:**

The residents will be able to:

- Perform at passing or above on the Neurosurgery in-service (written board) examination
- Teach and mentor PGY-2 residents
- Demonstrate the ability to evaluate the medical literature in journal clubs and on rounds
- Build upon the previously established foundation of knowledge in the specialties associated with each of the four rotations
- Demonstrate understanding of radiologic diagnosis of neurosurgical disease, interventional radiology skills including angiograms, and pathological diagnosis.

#### **Research:**

The residents will be able to:

- Demonstrate a high capacity for work and intensity in the laboratory/research environment
- Develop problem solving skills that can be used to design, implement and report research that is relevant to the clinical arena
- Establish sound research and research-related problem solving habits, which includes becoming extraordinarily familiar with the relevant literature
- Become an integral component of the research team
- Demonstrate an ongoing and improving ability to learn from errors

#### **Interpersonal and Communication Skills**

The residents will be able to:

- Demonstrate a high level of interpersonal communication skills

#### **Professionalism**

The residents will be able to:

- Demonstrate a high level of professionalism at all times

### **System Based Practice**

The residents will be able to:

- Demonstrate an understanding of practice opportunities, practice types, health care delivery systems and medical economics

### **Academic Duties (NS5)**

The academic year is an opportunity for the resident to fine tune their skills in academic pursuit including research design, conduct, and ethics, as well as academic professional communications skills. The content of the investigation is largely determined by the interests of the resident, but must be of high quality as determined by the program director or assistant program director. It is fully expected that this work should result in at least one publication in a major peer reviewed journal.

The Neuroscience Center is widely known for research in cerebral ischemia and degenerative diseases. Spinal cord regeneration and peripheral nerve pathology are other areas of interest. Dr. Gabriel Tender on our full-time neurosurgical academic faculty has interests in pain and spine biomechanics. The neurosurgery skull base anatomy lab is available as well. The resident is expected to join or design a project that can be reasonably completed within a year.

### **PGY6/NS6—Sixth year Neurosurgery resident**

The sixth year begins as the junior chief resident at WJMC and sharing chief call with the senior chief resident. In the second six months, the PGY6 resident goes to lead the ILPH service. In this year, the resident begins to take “chief call”, seeing all potential operative cases on call and reporting directly to the attending on call with their assessment. In addition, they function as the senior resident on their services, managing the patient care duties of one junior resident. It is expected that they will participate in the most complex procedures at each hospital during this year, functioning as a chief is at both hospitals.

### **Educational and Competency Goals**

#### **Patient Care:**

The residents will be able to:

- Demonstrate competency regarding performance of inpatient and surgical procedures
- Demonstrate clear and concise patient care plans
- Demonstrate the ability to implement the aforementioned patient care plans

#### **Medical Knowledge:**

The residents will be able to:

- Demonstrate the ability to evaluate the medical literature in journal clubs and on rounds

#### **Research:**

The residents will be able to:

- Demonstrate a high capacity for work and intensity in the laboratory/research environment
- Develop problem solving skills that can be used to design, implement and report research that is relevant to the clinical arena

- Establish sound research and research-related problem solving habits, which includes becoming intimately familiar with the relevant literature
- Become an integral component of the research team
- Demonstrate an ongoing and improving ability to learn from errors

#### **Interpersonal and Communication Skills:**

The residents will be able to:

- Demonstrate a high level of interpersonal communication skills
- Communicate effectively with all members of the research team
- Utilize the aforementioned communication, interpersonal, and team building skills to effectively participate in and lead research projects

#### **Professionalism**

The residents will be able to:

- Demonstrate a high level of professionalism at all times

#### **System Based Practice**

The residents will be able to:

- Demonstrate an understanding of practice opportunities, practice types, health care delivery systems and medical economics

#### **Clinical and Academic Duties (NS 6)**

The resident is expected to present a paper at the annual meeting of the Louisiana Neurosurgical Society, and required to prepare papers for submission to journals and presentation at meetings

#### **PGY7/NS7—Seventh year Neurosurgery resident**

At the conclusion of the PGY6 year, the resident is amply prepared for the true chief residency. First at University Hospital and then at WJMC, the chief is fully responsible for coordination of all patient care on all the services, resident manpower decisions, complication review, and the conference and call schedules. In addition, they directly manage the service they are on.

#### **Educational and Competency Goals**

##### **Patient Care:**

The resident will be able to:

- Demonstrate ability to perform all major neurosurgical procedures
- Demonstrate the highest level of patient care skills, problem solving skills and technical skills
- Manage and administrate the complexities of a large clinical and academic service
- Instruct and nurture junior residents in critical care related procedures, intensive care unit, call, etc.
- Demonstrate ability to teach effectively
- Manage and lead the patient care conference
- Assist program director in overseeing personal, academic and clinical growth and development of junior residents
- Participate actively and lead conferences in a manner that demonstrates a high level of global

awareness regarding clinical neurosurgery, applied research, an understanding of the literature, neurosurgical education and program building

**Practice-Based Learning and Improvement:**

The resident will be able to:

- Manage and administrate the complexities of a large clinical and academic service
- Develop skills as program builder and an administrator of the neurosurgical service

**Interpersonal and Communication Skills:**

The resident will be able to:

- Demonstrate a high level of interpersonal communication skills

**Professionalism:**

The resident will be able to:

- Demonstrate a high level of professionalism at all times

**System Based Practice:**

The resident will be able to:

- Demonstrate understanding of legal issues in neurosurgery
- Demonstrate a high level of understanding regarding practice types, medical economics and medical politics

**Clinical and Academic Duties (NS7)**

The NS 7 year, the resident is responsible for the day to day running of the neurosurgical service under the supervision of the faculty. He/she is expected to discuss and plan patient management including surgical operations with the attending's, take leading roles patient evaluation, planning of treatment, surgical procedures, and postoperative care. He/she is responsible for supervising resident assignments to the operating room, producing call schedules, and supervising the junior residents and medical students. He/she provides overall supervision for conferences including data collection for morbidity and mortality conferences, works with the junior residents to assure compliance with case log recording and monitoring of duty hours, and works with the Chairman of Neurosurgery and the Program Director to provide an academic learning experience. He/she communicates with Chief Residents in other medical and surgical specialties to coordinate consultations, manage multi-trauma or other cases requiring team management. At this level, will be familiar with billing and coding, medical liability and patient safety issues, governmental regulatory concerns and practice development. It is anticipated that the finishing resident will be fully qualified to practice the highest level of neurosurgery.

**LSU DEPARTMENT OF NEUROSURGERY SUPPORT STAFF**

**Wendy Roark**

Business Manager  
2020 Gravier Street, 7<sup>th</sup> Floor  
(504) 568-2582  
[wroark@lsuhsc.edu](mailto:wroark@lsuhsc.edu)

**Brittany Copeland**

Residency Coordinator  
2020 Gravier Street, 7<sup>th</sup> Floor  
(504) 568-6120  
[Bcope1@lsuhsc.edu](mailto:Bcope1@lsuhsc.edu)

**Erin Fannin**

Editorial Consultant  
2020 Gravier Street, 7<sup>th</sup> Floor  
(504) 568-2641  
[efanni@lsuhsc.edu](mailto:efanni@lsuhsc.edu)





**DEPARTMENT OF NEUROSURGERY ATTESTATION SIGNATURE FORM**

I hereby certify that I have received the mandatory 2014-2015 Neurosurgery House Officer Manual. I understand that I will be accountable for conducting duties in the workplace in accordance with the information contained in this manual. I understand that additional information is available through the LSUHSC-NO website; <http://www.lsuhschool.edu/no/Administration>; [http://www.medschool.lsuhschool.edu/medical\\_education/graduate](http://www.medschool.lsuhschool.edu/medical_education/graduate); LSU Bylaws and Regulations, LSU System Policies, LSUHSC Policies and GME Policies.

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Print Name

\_\_\_\_\_  
PGY Level

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please return to Program Coordinator:

Brittany Copeland  
2020 Gravier Street, Room 749  
New Orleans, LA 70112  
(O) 504-568-6120  
(F) 504-568-6127  
[Bcope1@lsuhsc.com](mailto:Bcope1@lsuhsc.com)