



Louisiana State University
Health Sciences Center
Department of Neurosurgery
Resident Manual
2010 - 2011

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. The remaining 6 months of the NS1 year are spent on the general neurosurgery service learning the fundamentals of the evaluation and management of the Neurosurgical patient. Other service rotations during the residency training program include University Hospital, Childrens Hospital, along with neuroscience rotations which include 2-3 months of neuroradiology, and 2 months of neuropathology. The fifth year (NS5) is a research year at the LSU Neuroscience Center of Excellence. This non-clinical year is devoted to academic pursuit. The resident is expected 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. Weekly conferences are protected from clinical commitments and include morbidity and mortality conference, case conference, subspecialty conferences, journal club, neuroradiology, and neuropathology conferences. 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.

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.

SERVICE	JULY-DEC	JAN-JUN
University Hospital	Chief, PGY2	PGY6, OMFS Intern
Purple Service	PGY6, OMFS Intern	Chief, PGY1
Gold Service	PGY3	PGY4, PGY2
Pediatrics	Vacant	PGY3
Neuroscience	PGY4	Vacant
Research	PGY5	PGY5

PGY 1/NS 1—First year resident in Neurosurgery

This is a clinical resident rotation where early skills and habits will be developed. The first 3 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. 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 second three months are spent on the clinical neurology service learning to master the neurological examination and formulating a differential diagnosis in the neurological patient. We reserve the third month of neurology for a rotation on neurophysiology to cover EEG, EMG, and intraoperative neuromonitoring. The last 6 months of the NS1 year are spent on the general neurosurgery service at West Jefferson Medical Center (WJMC) learning the fundamentals of the evaluation and management of the Neurosurgical patient. There are five fulltime neurosurgeons and one interventional neuroradiologist working in this hospital. The services are divided into the Purple and Gold Services. During this rotation the resident serves as the junior resident on the Purple service, primarily focusing on cranial and general neurosurgery, with Drs. Culicchia, Ulm, and Dawson. The service also includes the West Jefferson head of service.

PGY 2/NS2—Second year resident in Neurosurgery

The first 6 months are spent on the service at University Hospital. This is a very busy trauma center with trauma call for the first 15 days of each month. The resident is responsible to attend a full day of outpatient clinic each week and there are four block days for surgical procedures. The senior resident will run the service and mentor the NS2 resident. Each chief resident will define detailed responsibilities of the NS2 resident, but it is expected that direct non-operative patient care will take precedence over surgery. The NS2 resident will become comfortable with the management of the neurological critical care patient, competent in the placement of ICP monitors, VP shunts, positioning of a patient for surgery, opening and closing a craniotomy, and exposure and closure of spinal procedures. The second six months of the second year, the resident will serve as the junior resident with the intermediate (PGY4) resident on the Gold Service, focusing on spinal and functional neurosurgery with Drs. Steck, Richter, and Tender.

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 15 to 20. 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 Monday through Thursday and the chief resident will assign junior residents to each clinic. 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 encouraged to prepare papers for submission to journals and presentation at meetings. **All residents are strongly encouraged to submit one manuscript to a major peer review journal each year.**

PGY3/NS3—Third year Neurosurgery resident

The resident continues the first 6 months on the Gold Service, now managing the service independently as an intermediate resident, without a senior resident on the service. For the second block, the resident goes to Children’s hospital for a 4-6 month pediatric neurosurgery experience. Here the resident is exposed to a broad spectrum of pediatric neurosurgical disorders. There are two full-time fellowship trained pediatric neurosurgeons working at Children’s.

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:

- _ Demonstrate an ongoing and improving ability to learn from errors
- _ Develop critical care and trauma care and technical skills
- _ Perform a clinical or basic research project that is appropriate for presentation at a national scientific meeting and for subsequent publication
- _ Develop fundamental research skills

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 expectations on the Gold Service are a continuation of the previous rotation, with the exception that the resident is now expected to assume management responsibility for the service.

The PGY 3 resident spends 4-6 months at Children's Hospital 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 PICU are provided care by the neurosurgical service with assistance from the intensivists. 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 craniofacial disorders, spasticity, 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.

All residents are strongly encouraged to submit one manuscript to a major peer review journal for their academic year.

PGY4/NS4—Fourth year Neurosurgery resident

The first 6 months include neuroscience rotations, including 2 or 3 months on neuroradiology and 2 months on neuropathology.

The second 6 months of the year, the resident returns to the Gold service as a senior resident to manage that service and mentor the PGY2 resident.

Educational and Competency Goals (NS3)

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:

- _ 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 –5 and 6 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 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

Clinical and Academic Duties (NS4)

Neuroradiology: This rotation is at West Jefferson Medical Center under the Department of Radiology, Section of Neuroradiology. There are three fellowship trained neuroradiologists, one of whom does interventional neuroradiology. The goal of this rotation is primarily to acquire skill in diagnostic neuroradiology although some exposure to interventional neuroradiology 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.

Neuropathology: The NS 4 resident travels to M.D. Anderson Hospital in Houston for two months in

neuropathology. While there, the resident participates in brain cutting, tumor board, conferences, and book study to acquire appropriate knowledge and skills in neuropathology.

Neurophysiology: Dr. Leo Happel, a Ph.D. neurophysiologist who has been with the LSU Department of Neurosurgery for over 30 years directs this month of neurophysiology. The resident will learn the basics of EEG and EMG and will participate in Dr. Happel's very busy practice in intraoperative neuromonitoring. Dr. Happel is a recognized expert in the clinical use of SSEP's , BAER's, and direct nerve recordings. The resident also spends time reviewing basic neurophysiology. Dr. Happel also gives frequent lectures to all neurosurgical residents at basic science conferences and actively participates with Dr. Richter in the design of the conference schedule to meet all educational objectives.

The resident is expected to present a paper at the annual meeting of the Louisiana Neurosurgical Society, and encouraged to prepare papers for submission to journals and presentation at meetings. **All residents are strongly encouraged to submit one manuscript to a major peer review journal for their academic year.**

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. The resident is expected to develop a plan well in advance with either the program director or assistant program director. Clinical duties are strictly limited, though some call coverage may be expected to maintain clinical skills through this period.

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

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. Dr. Richter's lab involves functional neurosurgery and neurodegenerative disorders. Dr. Ulm's 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 is a senior clinical year in preparation for chief residency. The sixth year begins as the senior resident managing the vascular (purple) service, and sharing chief call with the chief resident. In the second 6 months, the PGY6 goes to lead the UH service.

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)

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 the “sub chief” when the chief is at the other hospital.

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 (purple when at WJMC).

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 attendings, 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 (Assistant) Program Director to provide an academic learning experience. He/she communicates with Chief Residents in other medical and surgical specialties to coordinate consultations, manage multitrauma 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. **All residents are strongly encouraged to submit one manuscript to a major peer review journal for their academic year.**

Overall Criteria for Yearly Advancement

There are three 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: proficiency in the 6 Competencies, satisfying graduate medical requirements and successful completion of the written neurosurgical board exams for the appropriate year of training. The first, 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. 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.

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 150 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 third 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. These are reviewed with Dr. Steck in Complications Conference on the second Friday of each month. Complications conference is attended by the most senior resident on each of the 4 services and the chief resident. Final decisions regarding which cases will be presented in full Morbidity and Mortality Conference will be made by Dr. Steck 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.

Pain Conference:

Multidisciplinary pain conference occurs on the last Friday of every month. Cases are gathered by the senior resident on the Gold service. This conference is open to community physicians and is sponsored jointly by the LSU HSC Department of Neurosurgery and the LSU Pain Fellowship in Neurology and Physical Medicine and Rehabilitation. The Resident presents the complete history, physical examination, clinical course, and relevant imaging, and then the pain fellows begin a discussion of the diagnosis and treatment options. Thereafter the audience is encouraged to ask questions, and the attending describe their thoughts on the case. The emphasis is on cases from the community practices for which both surgical and non-surgical options exist.

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. Led by a neuropathologist, this conference will review a general neuropathology topic and highlight interesting cases from the preceding month, the first and third Friday. Brain cutting conference is held the last Friday of each month at WJMC morgue.

Neurosurgery Case conference: 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.

Neuroradiology Conference: Faculty from Radiology participates and moderate. When possible, topics are coordinated to coincide with the didactic core presentation.

RESIDENT 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.
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 rotation with the (Assistant) 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 rotation.

Departmental Policies and Procedures

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.

MOONLIGHTING

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

Moonlighting is not permitted at any time during Neurosurgery Residency

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) Remaining 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.

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.

Resident Schedules

VACATIONS

Each resident will have four 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 must be submitted to the chief resident and/or program director prior to each six month rotation block.

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.

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 a service to attend a meeting.

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.

SURGICAL HOUSESTAFF ASSIGNED TO NEUROSURGERY SERVICE

Surgical interns and housestaff 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 is 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.

POLICY ON RESIDENT DUTY HOURS

Duty hours are defined as all mandatory clinical and academic activities related to the residency program, i.e. patient care (both inpatient and outpatient), administrative duties related to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled academic activities such as conferences. Duty hours do not include reading and preparation time spent away from the duty site. Duty hours will be limited to 80 hours per week at all Neurosurgical sites in this program, averaged over a four-week period, inclusive of all in-house call activities. Residents will be provided with a minimum of 1 day in 7 free from all educational and clinical responsibilities, averaged over a 4-week period. One day is defined as one continuous 24-hour period. Adequate time for rest and personal activities will be provided. This will consist of a 10-hour time period provided between all daily duty periods and after in-house call. Residents are not to work longer than 30 continuous hours at any time. Some exceptions can be made for unusual cases offering great educational value. If at any time a resident believes he or she is forced to violate these rules, they should contact the program director or the office of Charles Hilton, the DIO of LSU School of Medicine. Residents are responsible for the accurate and timely recording of their duty hours.

MEALS

WJMC, UH, and Children's Hospital offer free meals to 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 for immediately for replacement.

Disciplinary Policy and Procedures

(from 2009-2010 LSU House Officer Manual)

PRELIMINARY INTERVENTION

Each Department determines substandard disciplinary and/or academic performance. 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 is 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 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

Dismissals, non-reappointments, non-promotion (revised 6/21/2007) or other adverse actions 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 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 certified mail to the address appearing in the records of the Human Resource Management or may be hand delivered to the House Officer.

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 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.

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 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 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 impartiality 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 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 Committee Chairman and the other party a 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 hearing shall be conducted as follows:

The Chairman of the Committee shall conduct 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 Department Head 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. The hearing shall be recorded. At the request of the Dean, Academic Dean, or Committee Chairman, the recording of the hearing shall be transcribed in which case the House Officer may receive, upon a written request at his/her cost, a copy of the transcript.

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. In any hearing in which the House Officer has alleged discrimination, the report shall include a description of the evidence presented with regard to this allegation and the conclusions of the Committee regarding the allegations of discrimination. 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 shall be in writing and sent by certified mail to the House Officer, and a copy shall be sent to the Department Head and Dean.

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.

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. 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 Ms. Flora McCoy, Labor Relations Manager (504-568-8742).

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. For those cases that the resident feels can't be addressed directly to the program or institution s/he should contact the LSU Ombudsman. (GMEC October 2007)

OMBUDSMAN

Dr. Joseph Delcarpio, Associate Dean for Student Affairs will 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.

Neurosurgery Department – Resident Spending Guidelines

Purpose:

Due to the state's estimated budget deficit, budget cuts have been imposed on departments within the institution. As a result of the state's budget deficit, our departmental funding will be decreased and spending/reimbursement limits have been established for all residents. Should further cuts be imposed upon the department during the upcoming academic year, modifications to the guidelines will be made and the residents will be notified.

Policy:

Textbooks

Each resident will be given a limit in the amount of \$250 with which to have book(s) purchased for them. The process for having the book(s) purchased will be as follows:

- 1.) Residents will identify the books and email the residency coordinator with the following information (title of book; author of book; edition of book; ISBN (if available) as well as any other pertinent information).

- 2.) The residency coordinator will place the order through the LSUHSC campus bookstore.
- 3.) The residency coordinator will notify residents once their books have arrived.

Lab Coats

The department will fund the purchase of no more than 2 lab coats no sooner than 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 of the lab coat needed.
- 2.) The residency coordinator will place the order for the lab coat(s) with our campus bookstore.
- 3.) The residency coordinator will notify the residents once their lab coat(s) has/have arrived.

Beepers

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 \$50.00 replacement cost to obtain a new pager. The residency coordinator should be contacted if a resident loses or misplaces their pager.

Licensure

Payment of licensure will be the financial responsibility of each resident. The department will NOT fund the payment or reimbursement of licensure for any resident.

Travel

The department will support the travel costs for residents, provided all state travel regulations are followed and who are either invited to present a paper at a meeting or to teach a course. In addition, the department will support the travel costs to one national meeting in the Continental United States at which the resident is not presenting. The resident is encouraged to go to this meeting early in their academic career.

- 1.) The resident will be responsible for submitting a completed (**typed**) travel prior approval form with all estimated travel costs (within travel regulations and guidelines) to the residency coordinator no later than 60 days or two months prior to the meeting.
- 2.) The resident will be responsible for contacting the state travel agency to book and pay for their airfare. Airfare MUST be purchased through the state travel agency. Should the airfare be purchased 30 or more days in advance of the meeting, the department can request an advance for this expense; otherwise, the resident will have to be reimbursed upon their return. Please note that there are no mechanisms in place for the department to have any airfare purchased.
- 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. Attached 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.) The department can arrange to have the meeting registration paid. A completed registration form along with a completed and approved travel prior approval form can be submitted 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.

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