



Health Sciences Center

DEPARTMENT OF PEDIATRICS

POLICY AND PROCEDURE MANUAL

TABLE OF CONTENTS

POLICY

AWAY ROTATIONS	3
CHIEF RESIDENT DUTIES	5
CODE GREY LSU-CHILDREN'S	7
CONTINUITY CLINIC.....	9
ELIGIBILITY/SELECTION REQUIREMENTS	10
EVALUATION.....	11
GRIEVANCE PROCEDURES	13
HOUSE OFFICER MOONLIGHTING	14
HOUSE OFFICER ON CALL.....	15
LEAVE	16
LINE OF SUPERVISION	18
NON-RESIDENT – GENERAL BACKGROUND INFORMATION	19
PROCEDURE AND CASE LOGS	22
REQUIRED SUBSPECIALTY EXPERIENCE.....	23
RESIDENT DUTY HOURS.....	24
WEEKEND/HOLIDAY SWITCHOVER	27
YEARLY PROMOTION CRITERIA	28



POLICY ON ~ AWAY ROTATIONS

1. The resident must have completed 24 months of pediatric training.
2. The resident must be in full compliance with the following mandatory resident activities prior to receiving approval to do an away rotation:
 - a. Resident must attend a **minimum** attendance of three continuity clinics per month and all clinics must be logged into the ACGME website.
 - b. Resident must see the required average number of patients in continuity clinic per level of training. As a PGY-1, resident must have logged an average of 3 patients/clinic and as a PGY-2, resident must have logged an average of 4 patients/clinic. PGY-3 residents must log an average of 5 patients/continuity clinic to be in compliance.
 - c. Resident must not be delinquent in conference attendance.
 - d. Resident must complete the required twenty PREP questions per month online.
 - e. Resident must complete all required online core curriculum modules.
 - f. Resident must complete all online faculty and peer evaluations via Residency Partner.
 - g. Resident must complete all outstanding charts in medical records.
3. The resident must be deemed competent in all core competencies and in a supervisory role. This will be ascertained based on the resident's faculty and peer evaluations.
4. The resident must secure medical licenses and malpractice insurance and present proof of confirmation of the above at a minimum of two weeks prior to departure.
5. The resident must demonstrate the necessity of the away rotation to provide a specific clinical or research education experience not otherwise available at the home institution.
6. The resident should develop a list of written objectives prior to departure.
7. The resident should identify a preceptor in the host country or at the host institution.
8. The resident should orient themselves with the host institution's policies and procedures prior to departure. If an international rotation, the resident should

- become familiar with the host country's climate, culture, politics, and health and safety issues.
9. If the resident is not fluent in the host country's language, arrangements must be made for translators.
 10. The resident should secure travel documents before departure.
 11. The resident should arrange housing and medical care for him/herself.
 12. The resident must be formally evaluated by their appointed preceptor at the completion of the rotation, primarily to identify satisfaction of his/her objectives.
 13. Upon returning, the resident should submit a written summary of his experiences to the program director and formally evaluate the elective with the appropriate faculty.
 14. The resident must participate in the call rotation at Children's Hospital, the sponsor institution of LSU Pediatrics to ensure payment of monthly salary. This can be scheduled at the beginning or end of the month the resident is away.
 15. The resident must receive prior approval from the program director and program coordinator prior to making any travel arrangements.



POLICY ON ~ CHIEF RESIDENT DUTIES

The chief resident position involves administrative, teaching, and clinical responsibilities.

From an administrative standpoint, the chief residents are responsible for developing a yearly schedule for all interns and residents. This schedule needs to reflect the requirements put forth by the ACGME and RRC for pediatric house officers while at the same time providing appropriate coverage for inpatient and outpatient services. House officers from other programs (family practice, etc.) will also need assignment within this schedule. Chief residents will also be required to develop the monthly PER schedules. This should be completed 2-3 weeks prior to the start of the month and distributed to the appropriate residents and ER faculty in a timely manner. It is beyond the scope of the chief resident's job to provide daily scheduling for outpatient/elective rotations – the individual department heads should do this. In the event that scheduling conflicts should arise due to illness, pregnancy/maternity leave, death of a family member, etc., the chief resident should assist that person in his/her attempts to arrange alternate coverage (especially if it means utilizing the jeopardy system). The chief resident is also responsible for formulating special resident schedules in the event of a natural or external disaster (i.e., Code Grey) and will be required to be present at the hospital which they are covering during any such disaster.

Chief residents are also liaisons between the faculty and the house officers. In light of this, they will need to attend numerous meetings (RRC, Competency Committee, LSU Faculty Meeting, etc.) and relay this information to the housestaff. While their primary goal should be advocating on the residents' behalf, there may be times when disciplinary action is necessary, and the chief resident is responsible for initial interventions. The program director should be notified of any significant or ongoing problems.

Chief residents are an integral part of the resident recruitment process. All current and incoming chief residents will be part of the Recruitment Committee and will be assigned applications for review. The committee meets weekly during the heart of interview season to discuss the candidates and formulate the rank list. The chief residents are responsible for presenting the "Nuts and Bolts" of the program with interviewees. The chief residents should also assist in any efforts to provide interviewees with the opportunity to get to know current residents (i.e., lunches or recruitment parties) outside of the hospital setting.

One of the primary roles of the chief resident is that of teacher. He/She will conduct morning report (4 times weekly at Children's Hospital) in a manner that is geared toward intern/resident learning. The chief residents are also responsible for scheduling of all house staff teaching conferences (Noon Conference, M+M, and Case Conference) in accordance with ACGME/RRC requirements. In addition, the chief residents may round with the inpatient teams covering private general pediatric patients in order to provide

teaching to students and house officers. During these months, it is the chief's responsibility to provide evaluations for students, interns, and residents on those teams.

The clinical responsibilities of the chief resident are minimal. Occasionally, he/she may be asked to help with coverage in the Continuity Clinic. The chief residents will be allowed to take call for CHPA, if desired. All clinical work done on a faculty level will need to be co-signed by appropriate staff. Though the jeopardy system should limit the need for chief resident coverage of house staff absences, scheduling conflicts may arise that require the chief resident to cover a shift or service.



LSU Health Sciences Center
DEPARTMENT OF PEDIATRICS



POLICY ON ~ CODE GREY FOR LSU RESIDENTS & CHILDREN'S HOSPITAL

CHIEF RESIDENT RESPONSIBILITIES

- The Chief Residents are responsible for staying aware of the Code Grey situation at all times from the beginning (Code Grey Watch) until the code is actually completed. They will pass information on to the residents.
- The Chief Residents will be notified by the hospital administration at the time that the Code Grey is called.
- The Chief Residents are responsible for assuring that an adequate number of residents are on duty during the Code. One Chief Resident will be stationed at Children's Hospital during the Code Grey and will coordinate the call teams and arrange appropriate shelter for residents, with the assistance of hospital administration. That same Chief Resident will also be available for back-up coverage if it is needed on any of the teams. The remaining Chief Resident will evacuate with other evacuating residents and assist with organization of the recovery team and communications during the code.
- If a Chief Resident is unavailable for any reason, a designee will serve as the Chief Resident. This designee will be appointed by the Chief Resident or Residency Director.
- During the Code Grey, an LSU Attending Staff Member will be in the hospital to serve as an advisor to the Chief Resident.

RESIDENT RESPONSIBILITIES

- All pediatric residents are responsible for knowing the Code Grey status. This will be communicated to them by the Chief Residents and via the Children's Hospital website (www.chnola.org).
- One upper-level resident from each of the ward teams will be available to care for patients during the Code Grey. Two upper-level residents will be present for both the NICU and PICU teams during the code. The Chief Residents may call in additional residents as needed. Upon notification of a Code Grey, upper-level residents on call that day and the next day should report to the hospital as soon as it is safe to do so. Once the Code Grey has been activated, no resident is allowed to leave the hospital unless approved by the Chief Resident.
- Pediatric residents will be expected to cover the pediatric medical patients on the floors and in the intensive care units with the help of attending staff. Call will be on an every-other night basis. In the event of an emergency involving a surgical patient, the pediatric residents will be available to see to the patient until a surgeon is available, as is

the case in non-disaster situations. Daily progress notes on surgical patients will be written by the surgery teams.

- If there are special circumstances that would prohibit an on-call resident from taking Code Grey call, said resident must notify the chief resident AND find a replacement. It is solely the activated resident's responsibility to find his or her replacement if circumstances prohibit him from working on the Code Grey team.
- Interns will not be called to work during a Code Grey.
- Interns and upper-level residents not called to work in the hospital during the Code Grey should leave the city if a mandatory evacuation is called. During the Code they should check the hospital web site (www.chnola.org) and their e-mail regularly for updates. Residents who evacuate should return to the city as soon as possible after the Code in order to relieve those who stayed.
- Every House Officer not participating in the Code should notify the Chief Resident either by phone or e-mail as to their expected location during the Code. This will assist the Chief Resident in composing the Recovery Team.
- Every Resident must provide an emergency contact name/number and a non-LSU e-mail address at the beginning of the year and keep the chief residents updated to any changes in this information.

FAMILY MEMBERS

- No family members are allowed due to inadequate space. No pets are allowed either.

FOOD AND SHELTER

- The hospital will provide food for residents within its ability. There may be a nominal charge for food served during the Code.
- Residents should bring extra water and food just to be safe though.
- Residents should also bring extra bedding, towels and necessary clothes and toiletries. The call rooms and designated patient rooms will be available for the residents to use for sleeping.
- During the event of a vertical evacuation, some resident space (e.g. the resident lounge) may be needed for other hospital functions.

RECOVERY TEAM

- During a Code Grey a recovery team will be created by the Chief Resident to relieve those residents who have stayed in the hospital more than 48 hours.
- If the Code Grey has lasted 48 hours or longer, those serving on the Code Grey team will be relieved of all duties for a period of 48 hours. The recovery team will be responsible for all patient care during that time. After 48 hours, all residents will be expected to return to their regularly assigned duties.



POLICY ON ~ CONTINUITY CLINIC

1. Residents are assigned to a one half day per week continuity clinic throughout the three years of their residency training.
2. This experience must receive priority over other responsibilities and may be interrupted only for vacations and outside rotations located at too great a distance to allow for the resident to return.
3. Residents are not expected to attend continuity clinic when they are post-call.
4. Residents rotating in the PICU, NICU or a busy inpatient ward are not exempt from attending clinic.
5. You must be on time at your clinic as patients are waiting for you.
6. If you anticipate being late for clinic you must contact an attending physician in your continuity clinic.
7. Interns should see 3-6 patients, PL2s should see 4-8 patients and PL3's should see 5-10 patients per ½ day clinic experience.
8. A log of patient information must be maintained as per RRC guidelines on the ACGME web site, www.acgme.org.
9. Notification of vacation dates to your clinic is your responsibility so that patients will not be scheduled for you.
10. Residents are responsible for notifying the clinic for changes or additional leaves of absence.



RESIDENT ELIGIBILITY FOR SELECTION

First year House Officers must participate in the National Residency Matching Program (NRMP).

House Officers must be:

1. Graduates of Medical Schools in the United States and Canada accredited by the Liaison Committee on Medical Education (LCME).
2. Graduates of Colleges of Osteopathic Medicine in the United States accredited by the American Osteopathic Association (AOA).
3. Graduates of medical schools outside the United States who have received a currently valid certificate from the Education Commission for Foreign Medical Graduates or have a full and unrestricted license to practice medicine in a United States licensing jurisdiction.

All House Officer trainees must have a valid license or permit to practice medicine in the State of Louisiana. The Louisiana State Board of Medical Examiners will confer unlimited licensure only after the candidate successfully completes the post-graduate year 1 level and passes the USMLE Steps 1 through 3 or COMLEX Steps 1 through 3.

House officers candidates are selected by the Department of Pediatrics Recruitment Committee made up of the Program Director, Associate Program Directors, Chief Residents, Future Chief Residents, Medical Student Clerkship Director, and Program Coordinator. The selection is based on application, curriculum vitae, personal statement, grades, board scores and letters of recommendation. All applications are screened by the committee members and those who are felt to represent possible candidates are invited for interview.

House Officers are appointed for one year. Contract renewal is subject to mutual written consent of the Department Head and the House Officer.



POLICY ON ~ EVALUATION

Resident Evaluation

Recent trends in medical education and residency training have led to the development of a competency based evaluation method for assessing adequacy of training and acquisition of the necessary skills to practice medicine. The ACGME requires documentation of competence in six areas related to the practice of medicine. The six mandated competencies are:

- 1) Patient Care
- 2) Medical Knowledge
- 3) Interpersonal and Communication Skills
- 4) Professionalism
- 5) Practice-Based Learning and Improvement
- 6) Systems-Based Practice

While the first four are relatively self explanatory, the last two are less intuitive and are reviewed below.

Practice-based learning and improvement involves a continuous process of evaluating one's clinical practice in light of cumulative clinical experience and the rapidly expanding fund of available scientific knowledge. Residents must demonstrate the ability to make improvements in their practice based on this ongoing evaluation. All physicians must take responsibility for becoming life-long learners and be able to recognize one's strengths, weaknesses and limitations within the context of their practice.

Systems-based practice involves maintaining an awareness of and responsiveness to the entire healthcare system as it relates to the practice of medicine. This includes: knowledge of resources available within the healthcare system to optimize care, delivering cost-effective health care, risk management and the importance of reviewing medical errors to prevent further system errors, and the organization and financing of a clinical practice.

Documentation of competency during the course of your residency will be accomplished primarily through global evaluations submitted by supervising faculty members for each clinical rotation. This evaluation form addresses each of the competencies individually with additional comments provided at the end of the form. Other sources of feedback/evaluation include: 1) a 360 degree review which includes peer, nurse, patient and student input, 2) yearly In-service exam, 3) monthly PREP questions, and 4) completion of a quality assessment and improvement project during the third year of residency. Interns and residents will also take part in reflective practice exercises bi-annually as part of the professionalism/practice-based learning curriculum. As these exercises are often personal, they will not be formally evaluated by faculty members.

Instead, they will become part of each resident's portfolio for review during their third year exit interview.

1. All residents will be evaluated monthly by the faculty who is responsible for the rotation.
2. Residents will be evaluated by patients in their continuity clinic and on the inpatient teams.
3. Nurses in select areas of the hospital will evaluate the residents.
4. Medical students who rotate in pediatrics will evaluate the residents who supervise them.
5. Biannual review
 - a. Performed twice a year
 - b. Conducted by program director, associated program directors, advisors
 - c. Individualized Learning Plans will be completed using AAP Pedialink Residency Center, www.pedialink.org, which includes:
 - i. Future goals; strategies to assist in achieving these goals
 - ii. Self assessments
 - iii. Self – ratings of competency level
 - iv. Creation of learning objectives and strategies to accomplish these
 - d. Review of all evaluations
 - e. Review of in-training examination
 - f. Creation of a Portfolio documenting all formal teaching and learning activities and procedures
 - g. Review of ACGME procedure and clinic case logs

Residency Partner: all evaluations of residents by faculty are entered on an internet site, <https://lsuhsc.residencypartner.com/webp/rp.asp>. Residents can view their evaluations at all times by logging into this system using your LSU username and password. Residents will also be asked to complete faculty evaluations via this internet system.



POLICY ON ~ GRIEVANCE PROCEDURES

1. The Department of Pediatrics Residency Program follows the guidelines set by the LSUHSC Graduate Medical Education, which are documented in the House Officer Manual at the below address: http://www.medschool.lsuhscc.edu/medical_education/graduate/HouseOfficerManual
2. In addition, the Department has a Competency Committee which oversees the promotion and graduation of our residents. Meetings are held at least biannually and more often, if deemed necessary. The committee reviews all of the residents' progress as documented in their monthly evaluations. If a resident's performance is deemed substandard, the committee has the duty of creating a written remediation plan, discussing this plan with the resident, and following the resident's progress.
3. If an adverse action such as probation or dismissal is taken, the Chair and the Associate Dean of Graduate Medical Education will be notified.
4. The resident will be notified of his/her due process and has the right to appeal this decision. The resident must follow the timeline set forth by the Office of Graduate Medical Education.
5. Residents will be referred to the Campus Employee Assistance Program if personal problems, substance abuse, or mental illness are suspected by the committee.



POLICY ON ~ HOUSE OFFICER MOONLIGHTING

1. Moonlighting is defined as employment as a physician outside of the scope of the House Officer Program.
2. House officers must have written approval by the Program Director and/or Department Head before engaging in this activity. The Residency Office will maintain a moonlighting file of all the written approvals.
3. The Department of Pediatrics can withdraw permission for moonlighting if the resident's performance is substandard or if there is any evidence of fatigue.
4. House Officers while engaged in professional activities outside the scope of the program are not provided professional liability coverage unless the services are performed at a public charity health care facility. For professional activities at Children's Hospital, residents must have additional malpractice coverage that is available through Children's Hospital Finance Department.
5. Residents must abide by the guidelines for moonlighting times.
 - a. Residents cannot moonlight the day before or the day after a regularly scheduled call day.
 - b. Residents cannot moonlight during an every 4th night call rotation month.
 - c. Moonlighting activities cannot interfere with required rotation duties which place restrictions on the timing of moonlighting activities. Moonlighting hours cannot conflict with the Resident Duty Hour Policy (see policy) and are counted towards the 80-hour work-week limits. Residents must have 4 days off averaged over a 4 week period; must have 10 hours off between duties and can not work more than 24 hours consecutively.
 - e. Residents are limited to 5 weekday moonlighting calls/month
6. Monitoring of activities will be performed formally at the monthly Department of Pediatrics Residency Review Committee meetings. The moonlighting schedules for Children's Hospital transport team will also be reviewed.
7. Moonlighting by J-1 visa holders is not allowed.
8. All House Officers must be fully licensed by the Louisiana State Board of Medical Examiners to moonlight; i.e., have an unrestricted license, which usually means passing Step III and more restrictions for ECFMG holders.



POLICY ON ~ HOUSE OFFICERS ON CALL

1. On-call duties begin at 4:00 pm for both Children's Hospital and East Jefferson General Hospital on the weekdays and begin at 7:00 am on the weekends and holidays.
2. On-call ends at 7:00 am the next day with 6 hours that may follow in order to finish duties pertaining to established patients, rounding, didactics and for the transfer of care of the new patients acquired while on call.
 - a. The on-call intern/resident may see no new patients after 7:00 am the next day.
 - b. On post-call days the intern/resident must finish all work and leave by 1:00 pm. If unable to finish, the intern/resident must delegate the unfinished work to the other team members.
 - c. The post-call intern/resident must not go to any subspecialty clinics after 7:00 am, should they be on a subspecialty rotation.
 - d. If the intern/resident should be post-call on a switch-over day, the intern/resident must not acquire any new patients on the new service.
3. For the intern, floor call takes precedence. However it is an intern's best interest to perform admissions as he or she is available to do so. The duties of the intern while on call include being responsible for floor call designated to them and to perform patient admissions with the admit resident (which includes writing the History and Physical, formulating a plan, and discussing it with the resident). The intern is to check out any new patients to respective team members the following morning.
4. The duties of the resident while on call include being responsible for all admissions assigned to them and established patient issues when assigned to a unit month. They are responsible for supervising interns with patient admissions and should be available for the intern(s) with any questions or concerns pertaining to patients on the floors. The resident is responsible for contacting the admitting physician to discuss newly admitted patient plans. The admit resident is required to check out any new patients to respective team members the following morning.



POLICY ON ~ LEAVE

LEAVE

The residency office or the chief residents must be notified for all absences. House Officers are granted leave benefits as described in the LSUHSC House Officer Manual. There is no additional leave granted for personal time.

Job or Fellowship Interviews

There is no allocated time for job interviews. Vacation leave is utilized for this activity. Absences for interviews can only be taken during outpatient rotations. The residency office and chief residents must be notified of these absences. It is the responsibility of the resident to arrange coverage.

Vacation leave

Post-graduate year 1 trainees are entitled to twenty-one days including weekends per year. Post-graduate year 2 and above are entitled to twenty-eight days including weekends per year. Vacation leave must be used during the calendar year.

Sick Leave

House officers are permitted fourteen days including weekends of paid sick leave per year that may not be accumulated into subsequent calendar years and may only be used for the illnesses of the House Officer. A call system is created for use of needed replacement for the sick House Officer which is named "Jeopardy Call". There is one upper level resident on call every day to relieve residents who are ill. The chief resident will decide if jeopardy call will be implemented depending on the need of the ill resident's service.

Educational Leave

House officers are permitted five days including weekends of education leave per year to attend or present at medical meetings that may not be accumulated into subsequent calendar years. The resident can schedule this meeting only on outpatient/ambulatory rotations and must notify the chief resident six months in advance so the schedule can be altered. The time off from the resident schedule does not affect their work schedule as it does for vacation leave.

For example, if a resident is schedule in the PER for a full month and attends a medical meeting, then that resident is still responsible for the same number of shifts as a resident who is not attending a meeting. Participating in a medical camp is counted as a medical meeting. The International Conference on Bioethics is classified as an elective, not educational leave.



LINE OF SUPERVISION FOR LSU HOUSE OFFICERS

Interns

Interns are to be supervised by junior and senior residents as well as fellows and faculty. History and Physicals performed by interns must be reviewed and co-signed by their supervising junior or senior resident and the faculty. All procedures done by interns must be supervised by a junior/senior resident and/or faculty and procedure notes must be co-signed by the supervisor. All patients followed by interns are to be physically seen by a junior or senior resident and faculty.

Junior and Senior Residents

Junior and Senior residents must be supervised by fellows and faculty. All progress notes and History and Physicals are to be reviewed and signed by faculty. When History and Physicals are performed on new patients, whether done by an intern or junior/senior resident, the resident must discuss the patient's diagnosis and plan for treatment with the admitting faculty or fellow. This may be either by directly speaking with the faculty/fellow when in house or by calling the faculty/fellow. Procedures that have been performed by the junior/senior resident several times do not require faculty/fellow supervision but the procedure note must be signed by the faculty. All procedures performed by the resident for the first time are to be supervised by a fellow or faculty.

Chief Residents

The chief residents are a liaison between the residents and the faculty. If any conflicts arise between the residents and faculty, the chief resident should be notified. The chief resident is responsible for contacting the Program Director. The residents are in charge of informing the Program Director of any problems that are unresolved by the chief residents.

Faculty

Faculty members are ultimately responsible for all patient care. They must be available at all times, 24 hours, 7 days a week for resident supervision. All patients that are managed by the residents must be evaluated by faculty.

Chair

The Chair of the Department of Pediatrics will receive the annual summary reports on the residents' evaluations of the entire faculty. He/she is responsible for providing feedback to the faculty on their performance.



NON-RESIDENT – GENERAL BACKGROUND INFORMATION

This information is meant to provide some guidance to any non-resident Foreign Medical Graduate who is undergoing their Pediatric Residency at LSU Health Sciences Center on a visa or work authorization. The most important aspect of your status with LSUHSC is that you always maintain your visa status during your training program. This applies to any type of employment authorization: J1, H-1B or EAD (as an exception to policy). In addition to the standard conditions of a negative pre-employment drug screen and a valid medical license from the Louisiana State Board of Medical Examiners (LSBME), a person may NOT begin their training program prior to the start date provided on the respective authorization document, (DS-2019, Fm I-797A or EAD card) and may NOT work beyond the end date given on the authorization document. This memo is not meant to be an all-inclusive listing of the various Federal Government regulations and/or LSUHSC policies on visa issues; however, it is meant to assist you in understanding some of the important aspects of your status with us.

Important – If the actual start date is delayed beyond the official start date provided on the employment authorization, a person is not permitted to work beyond the expiration date of their original authorization unless the date officially has been extended or renewed in advance of the expiration. Visa extensions, if permitted under the applicable visa category, must be applied for well in advance of the expiration date. In the case of J-1 visas, the time period to extend a program is two to three months in advance of the current visa expiration date. For H-1B visa holders, the H-1B should be renewed six months in advance of the expiration date, if allowed. For specific information on your individual case, please contact our Assistant Business Manager of Personnel, Mr. Owen Allen, 200 Henry Clay Avenue, Suite 2022, New Orleans, LA 70118. You may contact him in person, by phone at 504-896-2143, or by e-mail at oallen@lsuhsc.edu.

- 1) Insurance Coverage – Federal law requires that all J-1 personnel and their dependents have specific insurance coverage during their stay in the U.S. The minimum coverage required is: 1) medical benefits of at least \$50,000 per accident or illness, with a maximum \$500 deductible per accident or illness, 2) repatriation of remains coverage in the amount of \$7,500, and 3) coverage for any expenses associated with medical evacuation in the amount of \$10,000. (FYI, ECFMG will purchase the repatriation of remains coverage and the medical evacuation coverage once a person has been approved for sponsorship.)
- 2) Change in Status – It is strongly discouraged for an individual to travel to the U.S. in one status and then attempt to change to another status after entering the country. Very few of these requests are approved and, therefore, it is important the proper status be determined, and obtained, prior to coming to the U.S.
- 3) H-1B (Non-Immigrant Worker) – Under the Immigration and Nationality Act, individuals are permitted to travel to the U.S. for temporary employment, not to

exceed a maximum of six years. The lead time necessary to process the H-1B application is six to eight months unless an expedited processing fee of \$1,000 is paid. This category can be used for scholars, researchers or faculty members; and, in the case of clinical trainees, if there is justification, an exception to current LSUHSC policies can be requested. Any clinical trainee who requests that they be allowed to carry out their training in H-1B status must first have taken and passed USMLE Step 3 before a request for training is submitted.

Important – If your visa status is H-1B status, employment is job-specific and you may work only at the work sites that were listed in the LSUHSC-15 (Notice to Employees) posting that supported your H-1B application. You should be aware of the work site listings for your sponsorship. You should NOT go to a location that is included in this listing.

- 4) EAC (Employment Authorization) – If a non-resident (either a dependent of a person holding another visa status or someone awaiting pending approval of permanent residency status) obtains authorization to work from the INS, we can submit a request for an exception to LSUHSC policy. A non-resident is only authorized to work during the period for which the EAD is valid; therefore, an individual must ensure their EAD is renewed in time to be permitted to continue beyond the original expiration date documented on the EAD card. The lead time necessary to renew an EAD can be four to five months and, if the extension of the EAD does not arrive prior to the expiration date of the current EAD, the non-resident must discontinue work.

IMPORTANT ISSUES:

- 1) Social Security Card – If a non-resident does not yet have a social security number when that person first begins our training program, the individual may start our program pending the issuance of a SSN as long as they have passed the pre-employment drug test, have a valid medical license, and have the required work authorization documents. However, we cannot enter a person into our payroll system until a social security number (SSN) has been issued. Due to additional procedures recently implemented by the Social Security Administration whereby an individual's status is verified with Homeland Security prior to the initial issuance of a SSN, there may be additional delays in the processing of an application. In addition, after arrival in the United States, an individual must wait ten days before applying for a Social Security Card.
- 2) Change of Address Notification – Under Federal law, all non-US citizens are required to mail a change of address form (Fm AR-11) to the U.S. Department of Homeland Security, Bureau of Citizenship & Immigration Services within ten (10) days of establishing a new address in the United States. This includes moving from one location to another within the same city.
- 3) International Travel (Visa/Passport Renewal and Travel Letters) – We do not encourage our visa personnel to travel outside of the U.S. during the course of their

training; however, occasionally this is unavoidable. Therefore, if a trip outside of the country is planned during the course of a non-resident's stay in the U.S., it is their responsibility to make certain that sufficient advance notification of the intended travel is given in order that the travel request is processed in a timely manner by the respective office. Should it be necessary to renew a visa or passport prior to re-entry into the U.S., the visa and/or passport **MUST** be renewed before an individual returns to the U.S. Upon return to the U.S., a copy of the **FRONT** and **BACK** of the **new I-94** and the new visa/passport, if applicable, must be provided to Mr. Allen for forwarding onto the International Services Office. For J-1 visa personnel, please contact Mr. Allen and he will request a "letter of good standing" from ECFMG and also request that they update the SEVIS System.

For H-1B personnel, Mr. Allen will coordinate the generation of the requisite letter from the LSUHSC Governmental Programs Office.

Invitation for Family/Relatives Visit (obtain visitor's visa) – If you are interested in having a family member visit, all immigration-related correspondence must be issued from the LSUHSC Governmental Programs Office. Before a letter requesting a visitor's visa can be issued, the following information must be provided to Mr. Allen:

- a) Exact name(s) – Last name in CAPITAL LETTERS, first name, middle name
 - b) Relationship
 - c) Date of birth
 - d) City and country of birth
 - e) Citizenship
 - f) Dates of expected visit
- 4) Licensure – It is the individual's responsibility to always maintain a valid medical license from the Louisiana State Board of Medical Examiners (LSBME). Should a situation develop whereby medical licensure has not been renewed in a timely manner, the individual will be placed on leave of absence (without pay) until proof has been obtained from LSBME that the individual possesses a valid medical license. FYI: the LSBME requires successful completion of USLME Step 3 before issuing a renewal GETP beyond the first 24 months of training. If the FMG is applying for unrestricted licensure, completion of the FCVS profile through the Federation of State Medical Boards (FSMB) is also required.



POLICY ON ~ PROCEDURE AND CASE LOGS

1. All residents must keep a record of procedures performed and continuity clinic patients seen during their residency.
2. Each procedure and continuity clinic should be recorded with a medical record number, date, and location the procedure was performed. It should also include who supervised the procedure and how well the resident performed the procedure.
3. There are three categories of procedures:
 - Procedures tracked until competent
 - Arterial puncture
 - Bladder catheterization
 - Placement of IV line
 - Reduction & splinting of simple dislocation
 - Suturing of laceration
 - Venipuncture
 - Procedures tracked throughout residency
 - Endotracheal intubation
 - Lumbar puncture
 - Umbilical artery catheter placement
 - Umbilical vein catheter placement
 - Additional procedures
 - Circumcision
 - Gynecological evaluation
 - Developmental screening test
 - Incision and drainage of abscess
 - Any other procedure
 - (a list of other Additional Procedures can be found at www.acgme.org)
4. Competence in a procedure is defined as having completed the procedure ten times satisfactorily per the person supervising each procedure.
5. All patients seen in continuity clinic must be logged into the case log system. All information requested, such as age, gender, date of visit, and diagnosis code must be entered.



POLICY ON ~ REQUIRED SUBSPECIALTY EXPERIENCE

Residents must complete a minimum of 7 months in subspecialty training during the 3 years of residency. A minimum of 4 different 1-month block rotations must be taken from the following list of pediatric subspecialties:

- Allergy/Immunology
- Cardiology
- Endocrinology
- Genetics
- GI/Nutrition
- Hematology/Oncology
- Infectious Diseases
- Nephrology
- Neurology
- Pulmonary
- Rheumatology

Additional subspecialty experiences to comply with the minimum of 7 months may be scheduled from the list above or from the following list:

- Anesthesiology
- Child Psychiatry
- Dermatology
- ENT
- Ophthalmology
- Orthopedics & Sports Medicine
- Pediatric Physical Medicine and Rehabilitation
- Pediatric Radiology
- Pediatric Surgery

Two subspecialty areas from this list may be combined over a 1 or 2 month period.

Residents who perform below the national average on the Annual American Board of Pediatrics In-Training examination and first year residents can only choose subspecialty rotations from the first list.



POLICY ON ~ RESIDENT DUTY HOURS

The Department of Pediatrics Residency Program provides residents with a sound academic and clinical education that is carefully planned and balanced with concerns for patient safety and resident well-being. The program ensures that the learning objectives are not compromised by excessive reliance on residents to fulfill service obligations. Didactic and clinical education is a priority in the allotment of residents' time and energies. Duty hour assignments recognize that faculty and residents collectively have responsibility for the safety and welfare of patients.

1. Duty Hours

- a. Duty hours are defined as all 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.
- b. Duty hours will be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.
- c. Residents will be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a 4-week period, inclusive of call. One day is defined as one continuous 24-hour period free from all clinical, educational, and administrative activities.
- d. Adequate time for rest and personal activities will be provided. This should consist of a 10-hour time period provided between all daily duty periods and after in-house call.

2. On-Call Activities

- a. In-house call will not occur no more frequently than every third night, averaged over a four-week period. For inpatient rotations, residents will take every 4th night call. During outpatient rotations as an upper level, residents will be assigned 1-3 cross covers per month; for interns, call will be every 4th night. Residents will have 4 call free months throughout the three-year training. For the emergency room rotations, residents will work 16 shifts.

- b. Continuous on-site duty, including in-house call, will not exceed 24 consecutive hours. Residents may remain on duty for up to six additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical care.
 - 1. Examples of work schedules: If the resident's workday starts at 9:00am, they must leave by 3:00 pm post call. If the workday starts at 8:00am, they must leave by 2:00 pm post call. If the workday starts at 7:00 am, they must leave by 1:00 pm post call.
 - c. No new patients will be accepted after 24 hours of continuous duty.
 - d. At-home call (pager call) is defined as call taken from outside the assigned institution.
 - 1. The frequency of at-home call is not subject to the every third night limitation. However, at-home call will not be so frequent as to preclude rest and reasonable personal time for each resident. Residents taking at-home call must be provided with 1 day in 7 completely free from all educational and clinical responsibilities, averaged over a 4-week period.
 - 2. When residents are called into the hospital from home, the hours residents spend in-house are counted toward the 80-hour limit.
 - 3. The program director and the faculty will monitor the demands of at-home call in their programs and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.
3. Moonlighting - see Moonlighting Policy
- a. The residency program will ensure that moonlighting does not interfere with the ability of the resident to achieve the goals and objectives of the educational program
 - b. The program will comply with the sponsoring institution's written policies and procedures regarding moonlighting, in compliance with the Institutional Requirements III.D.1.k.
 - c. Moonlighting that occurs within the residency program and/or the sponsoring institution or the non-hospital sponsor's primary clinical site(s), i.e., internal moonlighting, must be counted toward the 80-hour weekly limit on duty hours.

4. Monitoring of Duty Hours
 - a. To ensure compliance with duty hours, all residents will fill out time cards twice a year (November and April) for a 4-week period.

5. Monitoring of Fatigue and Sleep Deprivation
 - a. Faculty will receive education on the signs of sleep deprivation.
 - b. Faculty will document monthly on the resident evaluation forms if there are any signs of fatigue.
 - c. Residents will self-report on the biannual self -assessments the following: number of traffic violations, accidents; reports of any needle sticks; reports of any adverse patient outcome or significant medication errors. This assessment will be reviewed with the faculty performing the biannual reviews. Any concerns will be referred to the Program Director.

6. Monitoring of Moonlighting – see Moonlighting Policy



POLICY ON ~ WEEKEND/HOLIDAY SWITCHOVER

As of January 1, 2004, the following policy will be in effect with regard to switchover days that occur on weekends or holidays. This policy applies to PICU and NICU teams only and does not apply to the 6 day winter holiday blocks. The goal of these changes is to improve continuity of care around switchover time and to ensure a smooth transition from one team to another.

1. All residents/interns that are not either post-call or coming off a shift in the PER that has ended within the past 10 hours are required to show up for work at the usual time (7AM), write notes and round with the team. After rounds, those who are not on call may leave.
2. For those residents/interns who are post call on a ward or ICU team, you will stay on that service to help the incoming residents/interns get acquainted with the patients, write notes and round with the team. The post-call residents/interns will not see any new patients during this period and must leave at 1PM. Therefore, if you are post-call you do not need to report to your new team/elective for that day. Should this added time create problems with duty hour requirements (i.e., greater than 80 hour average work week or elimination of the residents only golden weekend for that month) arrangements will be made to ensure compliance (i.e., residents/interns will leave early on another day that month to make up for the hours).

*In order to facilitate a smooth transition and optimize continuity of care around switchover time it is **essential** that all residents/interns coming onto a ward or ICU service receive sign-out on the patients they will be acquiring. For residents, the incoming resident(s) should contact the current resident(s) on the day prior to switchover and should have a plan in place to account for any patients who are admitted overnight. Interns should likewise get in touch with their new upper level on the day prior to switchover.*

PGY-1 PROGRESS AND PROMOTION RATING FORM

Residents' performance will be reviewed for promotion on a yearly basis by the Competency Committee. The members shall use various evaluation tools including rotation evaluations, in-training examinations, 360 degree evaluations and any other pertinent information to decide on the promotion of a given resident to the next year of training and/or graduation.

For a resident to be promoted to PGY-2 all criteria must be satisfied.

Pass	Fail	Criteria
		Satisfactory performance on all evaluations by faculty. Definition of Satisfaction = should achieve satisfactory performance on each component (score of 3 or above). If fails, see below.*
		USLME – Must sit for step III
		Completion of 20 PREP questions per month on Pedialink
		Completion of the ACGME procedure log and continuity clinic log

*Reason for failure – Check one:

_____ Unsatisfactory performance on 2 rotations – no promotion

_____ Unsatisfactory performance on 1 rotation – remediation work before promotion

Educational Didactic Sessions:

All PGY-1 residents must attend 150 hours of educational conferences (morning report, noon conference, grand rounds, clinical case conference, and professional sessions).

If a resident fails to meet this goal, they must attend 150 hours by the completion of the PGY-2 year.

If a resident does not attend 150 hours by the completion of their second year, this will be reported to the American Board of Pediatrics as an unsatisfactory performance in the professionalism category. They will also be strongly considered for non-promotion or restriction of their activities such as moonlighting, rotating on minor subspecialties.

PGY-2 PROGRESS AND PROMOTION RATING FORM

Residents' performance will be reviewed for promotion on a yearly basis by the Competency Committee. The members shall use various evaluation tools including rotation evaluations, in-training examinations, 360 degree evaluations and any other pertinent information to decide on the promotion of a given resident to the next year of training and/or graduation.

For a resident to be promoted to PGY-3 all criteria must be satisfied.

Pass	Fail	Criteria
		Satisfactory performance on all evaluations by faculty. Definition of Satisfaction = should achieve satisfactory performance on each component (score of 3 or above). If fails, see below.*
		Presentation at one Clinical Case Conference
		Completion of 20 PREP questions per month on Pedialink unless exempt due to ITE score at or above the national average
		Completion of the ACGME procedure log and clinic log
		USLME – Step III Pass

*Reason for failure – Check one:

_____ Unsatisfactory performance on 2 rotations – no promotion

_____ Unsatisfactory performance on 1 rotation – remediation work before promotion

Educational Didactic Sessions:

All PGY-2 residents must attend 100 hours of educational conferences (morning report, noon conference, grand rounds, clinical case conference, and professional sessions).

If a resident fails to meet this goal, they must attend 100 hours by the completion of the PGY-3 year. They will also be strongly considered for non-promotion or restriction of their activities such as moonlighting, rotating on minor subspecialties.

If a resident does not attend 100 hours by the completion of their third year, this will be reported to the American Board of Pediatrics as an unsatisfactory performance in the professionalism category and jeopardize their board eligibility.

PGY-3 PROGRESS AND PROMOTION RATING FORM

Residents' performance will be reviewed for promotion on a yearly basis by the Competency Committee. The members shall use various evaluation tools including rotation evaluations, in-training examinations, 360 degree evaluations and any other pertinent information to decide on the promotion of a given resident to the next year of training and/or graduation.

For a resident to graduate all criteria must be satisfied.

Pass	Fail	Criteria
		Satisfactory performance on all evaluations by faculty. Definition of Satisfaction = should achieve satisfactory performance on each component (score of 3 or above). If fails, see below.*
		Participation in Practice Based Learning Improvement Project
		Presentation at one Clinical Case Conference
		Completion of 20 PREP questions per month on Pedialink unless exempt for ITE score at or above the national average
		Completion of the ACGME procedure log and clinic log
		EBM presentation

*Reason for failure – Check one:

_____ Unsatisfactory performance on 2 rotations – no promotion

_____ Unsatisfactory performance on 1 rotation – remediation work before promotion

Educational Didactic Sessions:

All PGY-3 residents must attend 75 hours of educational conferences (morning report, noon conference, grand rounds, clinical case conference, and professional sessions).

If a resident does not attend 75 hours by the completion of their third year, this will be reported to the American Board of Pediatrics as an unsatisfactory performance in the professionalism category which will jeopardize their board eligibility. They will also be strongly considered for non-promotion or restriction of their activities such as moonlighting, rotating on minor subspecialties.