



Juzar Ali MD FRCP FCCP et Team

LSUHSC Pulmonary /CC /AI CLINICS program

(A) Academic- (R) Research- (O) Observership- (P) Practicum Program

**Broad Outline**

Sites:

#1 (W) Wetmore TB Clinic; #2 (U) UMC MD-ELD Clinic; #3 (HN) LSU Faculty Group Practice (HN) Clinic

**W**-Attend Tuesday Clinic; observe/shadow with team; identify project; complete project; assist in ongoing project. Expected products could be manuscript/poster/newsletter/educational flyers

**U** – Attend Wednesday Clinic; observe/shadow with team; identify project; complete project; assist in ongoing research. Expected projects could be manuscripts/poster/newsletter/educational flyers

**HN** - Attend Thursday Clinic; observe/shadow with team; identify project; complete project; Literature review. Expected projects could be case report/manuscripts

Candidate details: Name \_\_\_\_\_

Contact details : .....email.....

Start date: \_\_\_\_\_ End Date: \_\_\_\_\_

Other details: \_\_\_\_\_

Applicant focus will be for: **A** \_\_\_ **R** \_\_\_ **O** \_\_\_ **P** \_\_\_ (Please choose one or more)

(Academic, Research, Observership, Practicum)

Site: **W** \_\_\_ **U** \_\_\_ **HN** \_\_\_ (Please choose one or more)

**Confirm completion of all required formalities**

**1. At UNIVERSITY MEDICAL CENTER**

.....

**2. At LSU HEALTH NETWORK**

**CLINIC**.....

**3. At OFFICE OF PUBLIC HEALTH REGION 1&3 Wetmore TB CLINICS NEW ORLEANS & BATON ROUGE**

.....

**Candidate’s Signature:**

.....

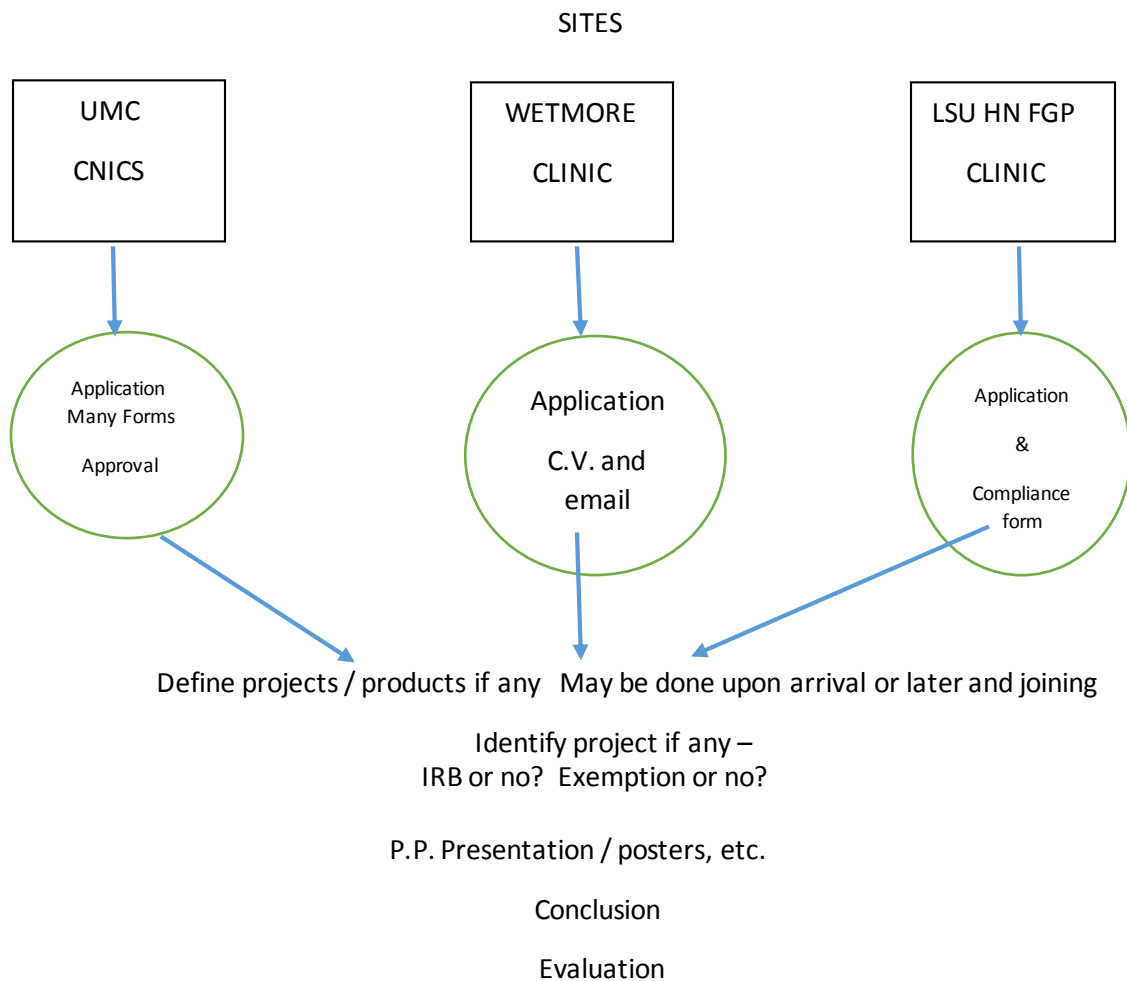
**Ms. M Vincent (Total Program Coordinator) signature:**

.....

## PATHWAY

### A) Pathway and General Guidelines of process

- 1) Request
- 2) Goals & Time frame  
(Start Date - End Date)
- 3) Approval from Host
- 4) Paperwork of sites



*Note: Whereas we will try to give the applicant the best possible academic and educational experience, we are accepting these observers based on their submitted credentials and as professional courtesy to them in a spirit of collegiality with no charges. No other responsibility or liability is accepted or assumed. It is the applicant's responsibility for transportation and residential /living accommodations*

See next section

**Wetmore -JUZAR ALI -LSUHSC Mycobacterial Disease /TB Program  
Observer/Preceptorship/Practicum**

**FACULTY:**

**Juzar Ali, MD FRCP© FCCP**

**ACADEMIC SECTION OF PULMONARY /CC/A&I**

**Associate Co-FACULTY: Nicole Lapinel M.D.**

**Coordinator /Navigator: Ms. Maureen Vincent CLSS\*\***

**Research Associate: Ms. Lauren Davis**

**Clinical Sites: Wetmore TB Clinic / UMC Clinic / LSUHN Clinic**

**PART A**

Applicant's Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone #: \_\_\_\_\_

E-mail: \_\_\_\_\_

Period of Rotation: \_\_\_\_/\_\_\_\_/\_\_\_\_ through \_\_\_\_/\_\_\_\_/\_\_\_\_

Permission sought through \_\_\_\_ Wetmore \_\_\_\_ LSUHN \_\_\_\_ UMC

**Attach CV/Resume**

**Goals and Objectives: (To be mutually decided by Faculty and Applicant)**

1. AT WETMORE CLINIC - Contact person: Maureen Vincent, Clinic/Patient Navigator;  
[mvince@lsuhsc.edu](mailto:mvince@lsuhsc.edu)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. AT LSUHN – Contact person: Lauren Arensman, Compliance Officer; [larens@lsuhsc.edu](mailto:larens@lsuhsc.edu)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. AT UMC - Contact person: Michelle Edwards, Coordinator JA Shadowing Program;  
[Michelle.Edwards@lcmchealth.org](mailto:Michelle.Edwards@lcmchealth.org)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## SIGNATURES

Applicant \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Preceptor /Faculty \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

## PART B

**Completion/Submission of Data/Project**

Synopsis.....

---



---



---



---



---

DATE: \_\_\_\_\_

## PART C

### EVALUATION

5 – Excellent    4 – Above Average    3 – Satisfactory    2 – Needs Improvement    1 – Unsatisfactory

<i>Performance Standards and Criteria</i>	5 EXC	4 Abv Avg	3 SAT	2 Needs Imp	1 Unsat
<b>Initiative:</b> Degree to which the student can be relied upon to do the job without close supervision ( although will not be allowed to during this rotation					
<b>Comments:</b>					
<b>Quality of Work:</b> Freedom from errors and mistakes; accuracy; consistency with their objectives and the job (project) description.					
<b>Comments:</b>					
<b>Quantity of Work:</b> Work output as defined for this program relative to staff In comparable jobs					
<b>Comments:</b>					

<b>Job Knowledge:</b> Appropriate background knowledge of job-related behaviors, techniques, skills and procedures to perform efficiently.					
<b>Comments:</b>					
<b>Performance Standards and Criteria</b>	5 EXC	4 Abv Avg	3 SAT	2 Needs Imp	1 Unsat
<b>Application:</b> Application of formal education preparation to the practice setting					
<b>Comments:</b>					
<b>Cooperation:</b> Willingness to work harmoniously with others in getting jobs done. Readiness to observe and conform to the policies of the agency.					
<b>Comments:</b>					
<b>Dependability:</b> Compliance with deadlines and standards of performance.					
<b>Comments:</b>					
<b>Attendance:</b> Punctuality, including daily arrival and departure at scheduled times; absent for only good cause.					
<b>Comments:</b>					

Additional preceptor

comments:.....

**SIGNATURE**

Preceptor /Faculty \_\_\_\_\_ Date \_\_\_\_\_

**Juzar Ali MD; FRCP(C); FCCP (jali@lsuhsc.edu) / Nicole Lapinel MD**  
**LSU Alumni Klein Professor of Medicine,**  
**Section Pulm/CC/A&I at LSU HEALTH SCIENCES CENTER**  
**1- 504 875 7680 cell /WhatsApp**

**Maureen S. Vincent, CLSS**  
**504-568-4581 - office**  
**504-638-7053 - cell**  
**mvince@lsuhsc.edu**

