LOUISIANA STATE UNIVERSITY
HEALTH SCIENCE CENTER
SCHOOL OF MEDICINE – NEW ORLEANS

NEONATAL-PERINATAL MEDICINE FELLOWSHIP
POLICY AND PROCEDURE MANUAL

October 2015 Revised
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Introduction /Explanation of Manual: On behalf of the faculty and staff, welcome to the Department of Pediatrics at Louisiana State University Health Sciences Center, New Orleans. This manual describes the policies and procedures specific to your training program with us. You should refer to the LSUHSC institutional policies and procedures for further information regarding your appointment to our program and the policies governing the appointment. The LSUHSC Neonatal-Perinatal Medicine Fellowship Program has remained fully accredited since its initial accreditation from ACGME on April 1, 1990. The program’s training sites include Children’s Hospital, East Jefferson General Hospital and Touro Infirmary.

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The fellowship program consists of components as outlined and developed by the American Board of Pediatrics (ABP) and the ACGME Residency Review Committee (RRC) for Neonatal-Perinatal Medicine.

Upon completion of the three year fellowship program, it is expected that fellows will be eligible to take the Subspecialty Board in Neonatal/Perinatal Medicine. Information regarding eligibility criteria, registration, dates, fees and content outline may be accessed from the American Board of Pediatrics website at https://www.abp.org under the Initial Certification header

Core Competencies

It is the overall goal of the Louisiana State University Fellowship Program in Neonatal/Perinatal Medicine to train graduate fellows to function as competent neonatologists in the clinical or academic setting. To accomplish this goal in the clinical area, the following objectives are emphasized:

1) acquisition of clinical expertise in neonatal intensive care (including diagnostic, management and procedural skills) by formal didactic measures as well as by rotation through 3 Level III NICUs under the supervision of qualified neonatologists; It is anticipated that a graduated increase in responsibility will occur over time.

2) acquisition of research skills by identification of an appropriate clinical/basic/educational research question (or other appropriate academic activity), formulation of a research or activity plan, acquisition of methodological expertise, collection and analysis of data and preparation/submission of a manuscript for publication or other academic product under mentorship of an experienced investigator. It is anticipated that at least one presentation at a regional or national
meeting will be undertaken and that at least one first-author paper will result from these academic activities.

3) **acquisition of teaching skills** by undertaking monitored supervision of residents and medical students while on service, as well as by preparation of educational presentations for the students, residents and the Fellow’s Conference.

4) **acquisition of administrative skills** by participation in selected divisional meetings, management of the call schedule and educational activities, participation in neonatal transports, discharge planning, as well as other appropriate administrative tasks within the respective divisions.

Within this general framework, fellows are expected to develop competency within the following areas over the 3 years of fellowship: 1) **Patient Care**, 2) **Medical Knowledge**, 3) **Professionalism**, 4) **System-based Practice**, 5) **Practice-based Learning and Improvement**, and 6) **Interpersonal and Communication Skills**

**Patient Care**

Neonatology fellows must be able:

1. to recognize potential adverse outcomes for the fetus and neonate of common prenatal and perinatal conditions, including:

   - maternal infections/exposure to infection during pregnancy
   - fetal exposure to harmful substances (alcohol, tobacco, environmental toxins, medications, street drugs)
   - maternal insulin-dependent diabetes and pregnancy-induced glucose tolerance
   - multiple gestation
   - placental abnormalities (placenta previa, abruption, abnormal size/function)
   - pre-eclampsia, eclampsia
   - chorioamnionitis
   - poly-/oligohydramnios
   - premature labor, premature ruptured membranes
   - complications of anesthesia and delivery practices (e.g. Caesarian section, vacuum-/forceps-assisted vaginal delivery, epidural, induction of labor)
   - fetal distress
   - postpartum maternal fever or infection
   - maternal blood group incompatibility
   - other common maternal conditions (e.g. lupus, HELLP syndrome, maternal thrombocytopenia, endocrine disorders)

2. to understand and promote the interaction between obstetrician and neonatologist in the pre- and perinatal care of high-risk newborns

3. to provide scientifically based, comprehensive and effective diagnosis and management for premature and full term infants. Fellows are expected to master the following skills and abilities by completion of training:
Clinical skills:
- assessment, resuscitation and stabilization of critically ill neonates in the delivery room
- elicitation of a complete neonatal history from obstetrical, neonatal and parental sources
- performance of an appropriate neonatal exam
- generation of a differential diagnosis
- formulation of an appropriate laboratory and imaging investigation plan
- demonstration of appropriate interpretation of investigatory tests
- formulation of an appropriate therapeutic plan
- assessment and management of medical emergencies in the NICU
- planning and performance of neonatal transports
- discharge planning and follow-up, (including home medical equipment and services for oxygen-dependent and technology-dependent NICU graduates (oxygen, apnea monitor, home ventilators, etc)

Technical skills:
- administration of surfactant replacement
- nasal CPAP/ High Flow Nasal Cannula or Vapotherm
- endotracheal intubation
- management of assisted ventilation (conventional, high frequency)
- management of patients on iNO
- phototherapy
- umbilical arterial and venous catheterization
- percutaneous central venous catheter placement
- peripheral arterial line insertion
- venipuncture
- arterial puncture
- thoracentesis
- chest tube placement
- paracentesis
- lumbar puncture
- foley insertion
- percutaneous bladder tap
- extra digit suture ligation
- fluid and electrolyte management
- enteral nutrition
- total parenteral nutrition management
- administration of analgesics, sedatives and paralytics
- transfusions of blood and blood products, including exchange transfusions
- judicious use of antibiotics
- administration of other medications to newborn (e.g. Vit. K, eye prophylaxis)
- ECMO patient management
- Transport of critical care newborn
- Delivery attendance

3. to recognize and treat potentially life-threatening disorders;
4. to evaluate, assess and recommend cost-effective management of neonatal patients in an inpatient setting.

**Medical Knowledge**

Neonatology fellows must be able:

1. to demonstrate knowledge and understanding of the potential adverse outcomes for the fetus and neonate of common prenatal and perinatal conditions;
2. to demonstrate knowledge and understanding of the pathophysiology of major neonatal disorders and be familiar with the scientific basis of neonatal disease as outlined by the Neonatal-Perinatal Medicine Sub-Board;
3. to demonstrate the ability to reference and utilize paper and electronic information systems to access medical, scientific and patient information;
4. to demonstrate a commitment to acquiring the knowledge base expected of a neonatologist caring for seriously ill neonates;
5. to demonstrate the ability to apply this knowledge in patient care.

**Professionalism**

Neonatology fellows must demonstrate a commitment to carrying out professional responsibilities in adherence to ethical principles and sensitivity to a diverse patient population. They are expected:

1. to demonstrate personal and professional attitudes of integrity, honesty and compassion in the delivery of patient care;
2. to be self-critical, recognize limitations and respond to others’ evaluation of his/her professional performance;
3. to demonstrate a commitment to excellence in clinical practice through establishment of life-long learning habits and continuing medical education;
4. to demonstrate respect for patient’s cultural, ethnic, religious and socioeconomic background in providing patient care;
5. to demonstrate appreciation of end-of-life care and issues regarding provision or withholding of care.

*(Please see full Policy on Professionalism, page 9)*

**System-based Practice**

In recognition that they are part of a large and intricate health system that impacts upon their ability to care for patients as well as upon their patients’ needs and financial resources, neonatology fellows should:

1. recognize the limitation of resources for health care and demonstrate the ability to act as an advocate for patients within their social and financial constraints;
2. develop awareness of practice guidelines, community, national and allied health professional resources that may enhance the quality of life of neonatal patients;
3. develop the ability to lead, to delegate authority and to coordinate efforts of health care teams needed to provide comprehensive care for neonatal patients;
4. utilize appropriate consultation and referral resources for the optimal clinical management of complicated neonatal patients;
5. demonstrate awareness of the importance of adequate cross-coverage and availability of accurate medical data in the communication with and efficient management of patients under their care.

Practice-based Learning and Improvement

Neonatology fellows must be able to investigate and evaluate their patient care practices, appraise and assimilate scientific evidence and improve their patient care practices. They are expected to demonstrate skill in the following areas:
1. case-based learning;
2. use of best practices through practice guidelines or clinical pathways
3. participation in quality assurance and improvement measures;
4. collection, analysis and documentation of patient data.

Interpersonal and Communication Skills

1. Neonatology fellows must be able to consult with and counsel fellow physicians, nurses, and therapists and families regarding diagnostic and therapeutic options for effective management of neonatal problems with special regard to:
   - interdisciplinary care and involvement of allied health professionals;
   - genetic counseling and palliative care when appropriate;
   - consideration and compassion for the patient in providing accurate medical information and prognosis.

2. Neonatology fellows must demonstrate interpersonal skills and documentation habits needed for effective communication with fellow physicians, families and allied health professionals including:
   - effective listening and interaction;
   - use of informed consent when ordering investigative procedures;
   - maintenance of accurate, timely and legible medical records.

Upon completion of the three-year fellowship program, it is expected that fellows will be eligible to take the Subspecialty Board in Neonatal/Perinatal Medicine
Policy on Professionalism and Learning Environment

In keeping with the Common Program Requirements effective 7/1/2011 our GME programs wish to ensure:

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

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

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

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

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

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

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

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

1. Program presentations of this and other policies at program and departmental meetings.
2. Core Modules for faculty and fellows on Professionalism, Duty Hours, Fatigue Recognition and Mitigation, Alertness Management, and Substance Abuse and Impairment.
3. Required LSBME Orientation.
4. Institutional Fitness for Duty and Drug Free Workplace policies.
5. Institutional Duty Hours Policy which adopts in total the ACGME Duty Hours Language.
7. Comprehensive Moonlighting Policy incorporating the new ACGME requirements.
8. Orientation presentations on Professionalism, Transitions, Fatigue Recognition and Mitigation, and Alertness Management.

Monitoring Implementation of the Policy on Professionalism

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

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

In compliance with the ACGME Competency Outcome Project Guidelines, efforts will be made to assess educational outcomes in the following 6 general competencies (see Appendix A - copy of evaluation instruments):

- Patient Care
- Medical Knowledge
- Professionalism
- System-based Practice
- Practice-based Learning and Improvement
- Interpersonal and Communication Skills

Assessment of Competencies:

To assess these competencies, various evaluation tools will be utilized including:

1. **Record Review:** Once a year, randomly selected patient records will be selected during a fellow’s on service rotation and reviewed for adequacy of documentation by the program director or designated faculty.

2. **Procedure log:** Every procedure performed or supervised by a fellow should be documented in an ongoing personal log book or computerized record, including patient information, type of procedure, date, supervisor’s input. It should be clearly indicated whether the procedure was performed or supervised by the fellow.

3. **Checklist Evaluation of Performance:** Fellows will be evaluated monthly while on service by the attending and semi-annually by the research mentor using a summary rating form. These evaluations should be provided to the program director.

4. **360 Global Rating Evaluation:** Once a year, peers and residents, students, faculty, nurses, other clinical staff and selected parents will evaluate fellows from different perspectives using standardized rating forms. These ratings will be analyzed and summarized for feedback to the fellows and faculty by the program director.

5. **Personal Portfolio:** The portfolio will be an individualized loose-leaf binder containing on-going documentation of the fellow’s activities and accomplishments throughout the fellowship. It will contain the fellow’s up-dated CV, a summary of scheduling information, summary documentation of procedures, research protocols, grant applications, abstracts, manuscripts or reprints, journal club presentations, teaching hand-outs, documentation of participation in meetings and CME events, summary evaluations and other pertinent materials. The Portfolio will be considered one of the most important instruments of evaluating the trainee’s development.

Appropriate feedback will be provided to all fellows in a timely fashion by any interacting attending physician. The program director will meet with each fellow bi-annually and as needed to review the portfolio, discuss progress, problems and future plans. A written summary will be given to the fellow after each meeting for inclusion into their portfolio. The fellow should likewise evaluate the on-service experience, research experience and faculty semi-annually in
writing to the program director using anonymous standardized rating forms. Graduating fellows will receive a final summative evaluation letter acknowledging that the fellow is independently competent to practice.

Fellows will also complete evaluations for faculty, clinical and research rotations bi-annually, as well as an annual overall program evaluation. Fellows’ evaluations are pooled with residents and medical student evaluations to maintain anonymity and confidentiality. Evaluations of rotations and overall program experience will be reviewed by PD annually to also maintain anonymity and confidentiality.

Fellows may address concerns regarding the fellowship experience with the PD or chosen faculty members at any time throughout the year without concern for adverse repercussions. Evaluation results and especially comments and suggestions from the fellows are considered seriously by the Division and utilized to improve the fellows’ experience.

**Fellowship Rotations**

**Clinical**

Fellows will participate in clinical on-service time in one-month intervals as follows:

- 1\textsuperscript{st} year – 8 months
- 2\textsuperscript{nd} year – 6 months
- 3\textsuperscript{rd} year – 4 months

The fellows are responsible for arranging their rotational schedule in a timely fashion (1 year in advance).

**Sample Schedule:**

<table>
<thead>
<tr>
<th></th>
<th>Yr 1</th>
<th>Yr 2</th>
<th>Yr 3</th>
<th>Months</th>
</tr>
</thead>
<tbody>
<tr>
<td>CH</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>Months</td>
</tr>
<tr>
<td>Touro</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>Months</td>
</tr>
<tr>
<td>EJGH</td>
<td>1</td>
<td>1</td>
<td>-</td>
<td>Months</td>
</tr>
<tr>
<td>MFM</td>
<td>1*</td>
<td>-</td>
<td>-</td>
<td>Months</td>
</tr>
<tr>
<td>Research</td>
<td>4</td>
<td>6</td>
<td>8</td>
<td>Months</td>
</tr>
</tbody>
</table>

*Fellows will take 1 month of perinatology elective, preferably in the second half of the 1\textsuperscript{st} year under supervision of LSUHSC Maternal-Fetal Medicine Faculty. Activities of the Perinatology rotation may take place at high-risk clinics located at EJGH and/or Touro Infirmary. (See Appendix B for goals and objectives)*

Fellows will participate in clinical care of NICU patients at Children’s Hospital, East Jefferson General Hospital, and Touro Infirmary under the direction of the attending neonatologist and help supervise house staff and students. Fellows should inform the patient’s family of their position and role in patient care. They will assume increasing clinical responsibility with increasing experience and demonstrated ability (see Appendix B for graduated responsibility chart). Fellows will attend problem deliveries to assist and supervise house staff and nursing staff at East Jefferson Hospital and Touro Infirmary. They should evaluate all newly admitted
patients, including history, physical exam, laboratory and imaging findings, problem list and plan formation, and should write an admit note summarizing this process. Fellows should examine patients daily, with special attention to the sickest infants. For less sick infants, fellows should supervise problem resolution and discharge planning. Fellows should participate in problem management of sick infants, perform necessary procedures as indicated and document such activities in the medical chart. Fellows will participate and evaluate neonatology consults both pre and postnatal and summarize findings/recommendations in a consultant note.

Continuity of Care: If a fellow cannot fulfill workday responsibilities, coverage with another fellow should be arranged. Exceptions should be cleared with the program director and the supervising attending notified as soon as possible. Workdays should be made up if unable to exchange coverage with another fellow. If a fellow is unable to take call on an assigned day, it is his/her responsibility to arrange for cross-coverage with other fellows. Calls should be made up if unable to re-arrange coverage with another fellow. The on call attending should be notified of changes in the fellow call schedule. The supervising attending will assume all patient care responsibilities if the fellow is unable fulfill workday or call responsibilities.

On call responsibilities: Fellows will be on call 8-9 times per month (except during their 1 month of annual leave) totaling 92 calls/year. The monthly call schedule will include the equivalent of one full weekend (Saturday – Sunday). Annual holiday coverage will be distributed proportionately based on an ideal number of 4 fellows (1 in 4 holiday calls). Call assignments will reflect the daytime work schedule in order to facilitate continuity of care. All call will be taken from home.

The fellows are responsible for arranging their on call schedule in a timely fashion (1 year in advance). Weekday call begins at 4:30 p.m. and ends at 8:00 a.m. the following morning; weekend and holiday call begins and ends at 8:00 a.m. While on call, fellows should attend deliveries of high-risk infants (23-34 weeks gestation or infants with congenital anomalies or other problems that may require additional resuscitation). They should evaluate all admissions. The timing and extent of evaluation may vary depending on degree of illness, level of training, and discretion of attending physician. All problematic admissions should be physically examined and an admission note written as soon as possible. Fellows in their first 2 years of training should evaluate all admissions as soon as possible, while senior fellows may initially discuss uncomplicated admissions with fellows or nurse practitioners per telephone with a follow-up physical evaluation and admission note to follow later. Fellows should examine patients prior to rounds. Because of its typically higher patient census and level of acuity, rounds at Children’s Hospital NICU will take precedence over those at other hospitals. Emergency situations may take precedence over the ability to round in this manner. If the fellow does not round in a unit, it is his/her responsibility to contact the appropriate attending physician for a clinical up-date and to see the new admissions and problem patients as soon as feasible. All fellows will be encouraged to be able to access Web-based hospital venues from home.

**Policy on Effective Transitions**

Patient Care Transition: When on service, fellows should give sign-out report to other fellows on call. Patient care turnover will consist of a review of all patients for whom the fellow assumes
responsibility while on call and include a brief pertinent history, recent clinical changes, current status (including exam findings, level of support, pertinent medications and lab results) and plan for anticipated problems. Changes in family contacts or on-call attending physician should also be addressed. When no fellow is assigned to a unit, the fellow on call should take sign-out from the attending physician. A minimum standard for transitions must include the following information:

1. Demographics
   a. Name
   b. Medical Record Number
   c. Unit/room number
   d. Age
   e. Attending physician – Phone numbers of covering physician
   f. Weight
   g. Gender
   h. Allergies
   i. Admit date
2. History and Problem List
   a. Primary diagnosis(es)
   b. Chronic problems (pertinent to this admission/shift)
3. Current condition/status
4. System based
   a. Pertinent Medications and Treatments
   b. Oral and IV medications
   c. IV fluids
   d. Blood products
   e. Oxygen
   f. Respiratory therapy interventions
5. Pertinent lab data
6. To do list: Check x-ray, labs, wean treatments, etc - rationale
7. Contingency Planning – What may go wrong and what to do
8. ANTICIPATE what will happen to your patient. Ex:
   a. “If patient seizes > 5 minutes, give him Ativan 0.05mg/kg. If he still seizes load him with 5mg/kg of fosphenytoin.”
9. Code status/family situations
10. Difficult family or psychosocial situations
11. Code status, especially recent changes or family discussions

How monitored:
Senior fellows on “Pretending Rotation” will also sign out to the attending on call. This process is intended to provide added experience in communication with colleagues. Fellows’ sign out skills will be periodically observed by supervising faculty and documented on evaluations. Patient charts are periodically sampled to assure effective communication/ written skills by fellows.
Policy on Mandatory Notification of Faculty

Communicating with Attendings: At all times, fellows should feel comfortable to discuss clinical and other problems or concerns with the attending staff. All admissions, consults and acute changes in patient status and management should be communicated to and discussed with the attending neonatologist as soon as possible, although priority should be given to urgent patient care.

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

<table>
<thead>
<tr>
<th>Condition</th>
<th>Fellow Yr 1</th>
<th>Fellow Yr 2</th>
<th>Fellow Yr 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Care of complex patient</td>
<td>√</td>
<td>√</td>
<td>√</td>
</tr>
<tr>
<td>DNR or other end of life decision</td>
<td>√</td>
<td>√</td>
<td>√</td>
</tr>
<tr>
<td>Emergency surgery</td>
<td>√</td>
<td>√</td>
<td>√</td>
</tr>
<tr>
<td>Acute drastic change in course</td>
<td>√</td>
<td>√</td>
<td>√</td>
</tr>
<tr>
<td>Unanticipated invasive or diagnostic procedure</td>
<td>√</td>
<td>√</td>
<td>√</td>
</tr>
<tr>
<td>New Admission</td>
<td>√</td>
<td>√</td>
<td>√</td>
</tr>
<tr>
<td>New Consult</td>
<td>√</td>
<td>√</td>
<td>√</td>
</tr>
</tbody>
</table>

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

Follow-up Clinic: All fellows are expected to attend a minimum of 12 follow-up clinics/year, but may attend more, if particularly interested. Fellows shall be excused from clinical rotation as required to meet the minimum requirement. Additional clinic time should be scheduled on non-clinical rotation time. They will be required to sign in these hours as part of their duty hours documentation in New Innovations and to keep a log of all patients seen. (See Appendix B for goals and objectives).

Transports: Fellows are encouraged to participate in newborn transports-when feasible. Particular attention should be given to acutely ill infants so that fellows may gain experience in initial stabilization and independent patient management. Attendings will be available for guidance. Fellows should document their participation and patients involved.

Policy on Duty Hours
Duty hours must follow institutional policies in strict adherence to ACGME requirements in total. The fellow agrees to participate in institutional programs monitoring duty hours. Questions about duty hours should be directed to the LSUHSC Graduate Medical Education Office or Ombudsman when they can not be resolved at the program level.

Current Ombudsman: Dr. Joseph Delcarpio, Associate Dean for Student Affairs currently serves 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.

Duty hours (inclusive of all in-house activities including internal and external moonlighting) will be limited to 80 hours/week, averaged over a 4-week period. Fellows may return to the hospital while on at-home call to care for new or established patients. Each episode must be included in the 80 hours/week maximum. Fellows will be provided with 1 day in 7 free (averaged over a 4-week period) from all educational and clinical responsibilities, inclusive of call.

**Policy on fellows staying longer than 24+4**

**Policy and Process**
Fellows are not allowed to stay longer than 24 hours with 4 hours for transitions. In those rare and extenuating cases where a fellow absolutely must remain after 24+4 the fellow must contact the Program Director for a specific exemption. If that is permitted verbally then the fellow must communicate by email with the Program Director telling:
1. the patient identifying information for which they are remaining,
2. the specific reason they must remain longer than 24+4,
3. assurance that all other patient care matters have been assigned to other members of the team,
2. assurance that the fellow will not be involved in any other matter than that for which the exemption is allowed and
3. assurance that the fellow will notify the program director when they are complete and leaving.

In the event that the Program Director does not hear from the fellow in a reasonable time (1 hour), the Program Director or designee will locate the fellow in person and assess the need for any further attendance by the fellow. Fellows caught in violation of this policy or who abuse this rare privilege will be subject to disciplinary action for unprofessional behavior.

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

Duty hours must be documented monthly in New Innovations and periodically reviewed by Program Director. Fellows who fail to log duty hours or log erroneous duty hours are subject to disciplinary action by the program. *(Please see additional institutional guidelines in Appendix C)*

**Policy on Alertness Management / Fatigue Mitigation Strategies**
Fatigue management: Fellows and faculty receive routine education on recognizing and managing fatigue. Faculty evaluations of fellows include assessment of fatigue concerns. Sleep facilities are available at all training sites to facilitate strategic napping.

Fellows should be familiar with the following suggestions for fatigue management:

1. Warning Signs
   a. Falling asleep at Conference/Rounds
   b. Restless, Irritable w/ Staff, Colleagues, Family
   c. Rechecking your work constantly
   d. Difficulty Focusing on Care of the Patient
   e. Feeling Like you Just Don’t Care
   f. Never drive while drowsy

2. SLEEP STRATEGIES FOR HOUSESTAFF
   a. Pre-call Fellows
      1. Don’t start Call w/a SLEEP DEFICIT – GET 7-9 ° of sleep
      2. Avoid Heavy Meals / exercise w/in 3° of sleep
      3. Avoid Stimulants to keep you up
      4. Avoid ETOH to help you sleep
   b. ON Call Fellows
      1. Tell PD/Faculty, if too sleepy to work
      2. Nap whenever you can á > 30 min or < 2°)
      3. BEST Circadian Window 2PM-5PM & 2AM- 5AM
      4. AVOID Heavy Meal
      5. Strategic Consumption of Coffee (t ½  3-7 hours)
      6. Know your own alertness/Sleep Pattern
   c. Post Call Fellows
      1. Lowest Alertness 6AM –11AM after being up all night
      2. Full Recovery from Sleep Deficit takes 2 nights
      3. Take 20 min. nap or Cup Coffee 30 min before Driving

In addition programs will employ back up call schedules as needed in the event a fellow can’t complete an assigned duty period. Please see Continuity of Care section above.

How Monitored:
The institution and program monitor successful completion of the on line modules. Fellows are encouraged to discuss any issues related to fatigue and alertness with other fellows, faculty, and the program administration. Adequate facilities for sleep during day and night periods are available at all rotation sights and fellows are required to notify program administration if those facilities are not available as needed or properly maintained. At all transition periods fellows and faculty will monitor fellows for signs of fatigue during the hand off. The institution will monitor implementation of this indirectly via monitoring of duty hours violations in New Innovations, the Annual Fellow Survey (administered by the institution to all fellows and as part of the annual review of programs) and the Internal Review process.

Policy Ensuring Fellows Have Adequate Rest
In order to ensure fellows have adequate rest between duty periods and after on–call sessions we adopt the following policies:

1. Our Duty Hours Policy contains the following relevant language:
Fellows in the final years of education [as defined by the Review Committee] must be prepared to enter the unsupervised practice of medicine and care for patients over irregular or extended periods. This preparation must occur within the context of the 80-hour, maximum duty period length, and one-day-off-in seven standards. While it is desirable that fellows in their final years of education have eight hours free of duty between scheduled duty periods, there may be circumstances [as defined by the Review Committee] when these fellows must stay on duty to care for their patients or return to the hospital with fewer than eight hours free of duty.

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

All of this is in the context of the other duty hours requirements.

2. All employees of LSUHSC are under Chancellors Memorandum 37 which is the LSHSC Fitness for Duty Policy. This describes the expectations for employees to report to work fit and safe to work. It further defines what are considered unsafe/impaired behaviors, the requirement for self or supervisor referral to the Campus Assistance Program, and what steps are taken thereafter.

3. The institutional Policy of Professionalism and Learning Environment further amplifies the expectations for fellows to be fit for duty and to take it upon themselves to be well rested with the following language:

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

4. The moonlighting policy anticipates potential trouble areas and describes a method for monitoring the effects of moonlighting on fellows.

5. Adequate sleep facilities are in place at each institution and our alertness management / fatigue mitigation policy and process encourages good sleep hygiene as well as recommending such strategies and pre-call strategies, strategic napping and post-call naps.

6. Foremost our Professionalism and Learning Environment Policy requires faculty to model behaviors that encourage fitness for duty as noted above and our Supervision Policy requires faculty to observe for signs of fatigue especially during transitions.
Academic Activity

Fellows should participate in academic activity to contribute to the fund of knowledge in Neonatal-Perinatal Medicine, to gain experience in and an appreciation for scholarly activity, and to fulfill requirements for board certification. These academic activities may involve clinical or basic science research projects, development of educational tools, or an extensive critical topical review in the order of a Cochrane report and must result in the production of a scholarly product, e.g. first author paper, progress report, etc. All academic activities should be discussed with and approved by the program director and must occur under the supervision of a faculty mentor and Scholarly Oversight Committee (SOC). Ideally, the project should be chosen and the mentor and Scholarly Oversight Committee recruited within the first year of fellowship. Fellows are required to arrange SOC meetings at least 2 times a year. Meetings should be attended by the program director. Meeting minutes including participants and summary of presentation and discussion should be documented and kept in the fellows’ portfolios.

Fellows participating in clinical and/or basic science research under a faculty mentor should gain experience in research development and design, application for institutional committee approval (IRB or IACUC), application to funding agencies, performance of methodology, data collection and analysis.

Fellows should participate in presentation of their data and case presentations at divisional, local, regional and national meetings. Funding will be provided for fellows to attend meetings where they are involved in data presentation. Fellows should participate in manuscript preparation and submission.

Fellows will participate in Divisional and Departmental Research Seminars and are required to attend the OMERAD Fellows’ Training Seminars.

Fellows will be required to submit a minimum of one case report, chart review or original research report to a local, regional or national meeting on a yearly basis, under the guidance of a designated faculty member.

Fellows will be required to participate in a quality improvement project on a yearly basis. This activity will be self-directed and include identification of system problems/errors, report of findings and creation/implementation of system solutions/improvement under the guidance of a designated faculty member. Larger projects may incorporate multiple fellows. Completed projects should be presented to the division each year.

Supervision and Progressive Responsibility Policy

Oversight of Fellows

The Program Director, or other attending faculty member, will be responsible for providing adequate supervision of the fellow(s) during the course of their educational experience. Fellows will be supervised in all their activities commensurate with the
complexity of care being given and the trainee’s own abilities and experience.

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

1. GME faculty on each service determine what level of autonomy each fellow may have that ensures growth of the fellow and patient safety.

2. The Program Director and faculty assess each fellow’s level of competence in frequent personal observation and semi-annual review of each fellow.

3. Where applicable progressive responsibility is based on specific milestones (See Appendix B for Expectations)

The expected components of supervision include:

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

Fellows’ primary clinical experience is in the NICU where they are supervised by the attending Neonatologist, including daytime and on-call duties. Fellows are supervised by the attending Pediatric Neurologist in the Developmental Clinic and by the attending Maternal-Fetal Medicine Specialist in the Perinatology clinics.
## Supervision Charts

### Intensive Care Units

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<tr>
<th>Fellow Year of Training</th>
<th>Direct by Faculty</th>
<th>Direct by senior fellows</th>
<th>Indirect but immediately available - faculty</th>
<th>Indirect available</th>
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### Ambulatory Settings (Developmental and Perinatology Clinics)

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### Procedures

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ACGME Levels of Supervision: To ensure oversight of resident supervision and graded authority and responsibility, the program must use the following classification of supervision:

VI.D.3.a) Direct Supervision – the supervising physician is physically present with the resident and patient.
VI.D.3.b.1) Indirect Supervision with direct supervision immediately available – the supervising physician is physically within the hospital or other site of patient care, and is immediately available to provide Direct Supervision.

VI.D.3.b.2) Indirect Supervision: with direct supervision available – the supervising physician is not physically present within the hospital or other site of patient care, but is immediately available by means of telephonic and/or electronic modalities, and is available to provide Direct Supervision.

VI.D.3.c) Oversight – The supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.

Attending on-call schedules are distributed electronically to all fellows each month. Schedules are also posted in each NICU. Fellows have access to multiple contact numbers for each attending neonatologist and are encouraged to call for any questions.

Fellows will also choose a mentor(s) during their first year of training to help guide them through the process of self-assessment, reflection and implementation of strategies that will lead to practice improvement. Bi-annual meetings with fellows may include one meeting with the program director and one with the fellow’s chosen mentor. Mentors will be available for ongoing interaction and advice.

Education

Education of fellows will be accomplished by a variety of means, including direct clinical and research experiences, available didactic sessions and by reading and other independent self-directed learning. They will be expected to develop a yearly individual learning plan and their progress toward meeting their goals will be monitored by the program director.

Fellows are required to attend weekly Fellows’ Conference, journal club, neonatal morbidity/mortality conference, Core Curriculum Conferences and joint Pediatric-Obstetrical meetings. They are required to complete the on-line Core Curriculum modules, to contribute to the institutional database recording patients at the 3 training centers, and to participate in activities involving the Vermont-Oxford or other neonatal data bases.

Attendance at fellows’ and Core Curriculum Conferences takes precedence over other clinical and research activities, with the exception of clinical emergencies. Additional education opportunities include weekly Grand Rounds, and quarterly Greater New Orleans Neonatal Journal Club, CME workshops and seminars at regional and national meetings (SSPR, SPR, etc). Fellows will be encouraged to attend an ECMO course in their 2nd or 3rd year and a PICC certification course.

By arrangement with the program director, fellows may have the option of converting 1 non-clinical service month into a personal study elective to prepare for board examinations. Scheduling for night, weekend and holiday calls will not be affected. Any additional personal study time will require taking a leave of absence at the discretion of the program director.

Fellows will gain experience in teaching by active preparation and performance of teaching activities under the supervision of faculty. Such teaching activities include bed-side rounds, presentation while on service, Fellows’ Conference, Junior Student Core Case Conferences,
Pediatric Resident Noon Conferences, Neonatal Resuscitation Program sessions, Pediatric Board Review and other venues as available.

Fellows should complete Neoreviews/ Neoreviews Plus on a monthly basis and document completion of quizzes and board prep questions. Additional readings prior to weekly conferences are encouraged.

Fellows are required to take the annual in-service exam. These will be used to monitor their educational progress, as well as identify areas needing improvement in the program, but will not be a basis for promotion.

**Administration**

Fellows will gain administrative experience by participating in selected departmental, divisional or hospital meetings, arranging their own call schedules, arranging topics and speakers for the Fellows’ Conference, participating in selected committees, e.g. the *ad hoc* internal review committees (per IGMEC), and other similar venues. Senior fellows will also participate in accepting, facilitating, and arranging transports from outside facilities.

**Moonlighting**

Fellows will be allowed to participate in available moonlighting opportunities with the approval of the program director. In accordance with ACGME guidelines, the program director must *prospectively* grant permission for all moonlighting activities, monitor their effect on fellow performance and may withdraw permission if the activities adversely affect fellow performance. Prior to undertaking moonlighting activities, fellows must seek and sign acknowledgment of moonlighting policy. They must document in-house and external moonlighting as part of their duty hours limitation in New Innovations. Fellows must not schedule moonlighting that will cause the 80 hour/week maximum to be exceeded. All other duty hour limits apply to moonlighting in combination with scheduled work. Fellows who schedule moonlighting resulting in violation of the 80 hour/week rule will be subject to disciplinary action including, but not limited to loss of moonlighting privileges. Moonlighting that occurs during regular working hours of a non-clinical rotation must be taken as annual leave. At no time should such moonlighting interfere with fellowship responsibilities. (*Please also see full institutional moonlighting policy in Appendix D*).

**Eligibility for Selection / Application to Program**

Application to our program is through ERAS and selection is through the NRMP match. The selection is based on the application, curriculum vitae, personal statement, grades, and letters of recommendation. All applicants are screened by the review committee. Fellows are appointed for one year. Contract renewal is done on a yearly basis based on the successful completion of the previous year’s training.

Graduates of Medical Schools in the U.S and Canada must be accredited by the LCME. Graduates of Colleges of Osteopathic Medicine in the U.S. must be accredited by the AOA.
Graduates of medical schools outside of the U.S. must have certification from the Education Commission for Foreign Medical Graduates (ECFMG).

**Fellow Ranking**

To distinguish a fellow from a resident, the LSU Systems Office approved the following titles for fellows:

House Officer 8 – first year of fellowship program  
House Officer 9 – second year of fellowship program  
House Officer 10 – third year of fellowship program  

These titles DO NOT relate to the postgraduate year of the individual.

**Licensure**

Prior to start date, all fellows must have a valid LA Medical Permit/License/GETP for training. It is the fellow’s responsibility to contact the LSBME regarding licensure and to maintain a valid LA Medical License or permit during all training years.

**Graduate Education Temporary Permit (GETP)**

The LSBME may issue a GETP to an International Foreign Medical Graduate (FMG), for the purpose of enrolling & participating in an accredited program of postgraduate medical education (residency or fellowship). The FMG must pass USMLE Step 3 within the 24 months during which GETP is maintained; otherwise, the FMG is ineligible for further training until they have passed Step 3.

All questions regarding permits or licensure should be directed to LSBME staff.

**Drug Testing**

LSUHSC has adopted a pre-employment drug screening requirement and a drug and substance abuse policy that includes provisions for employee drug-testing. Acceptance of an appointment as a fellow constitutes acceptance of LSUHSC drug screening policy as a condition for employment and adherence to all related institutional policies that may be implemented now or in the future.

Should this test be positive for illegal substance usage then this is ground for immediate termination of your contract.
Fellow Salary Policy

Fellows may not be appointed gratis or self funded to ACGME approved programs. Fellows will be paid the LSUHSC approved base salary at the assigned academic level in the training program regardless of the number of postgraduate years completed in other training programs. Fellows training at the same academic level in the training program must receive the same salary amount. No one will be paid more or less than another trainee in that program at the same academic level.

All first year residents and fellows will be paid a base salary no higher than the approved base salary for a first year resident or fellow in the training program and a base salary no higher than the approved base salary for all other academic levels in the training program.

All trainees will be appointed in the personnel system with the approved base salary for his/her academic level of training. Programs that have approval to pay residents or fellows a salary greater than the approved base salary can do so by paying the difference between the approved base salary and the greater amount by submitting a PER 3. The source of funds for this difference can be department/section funds, funds from an executed contract, a grant or another source of funds. All trainees at the same academic level are to receive the same salary amount. A separate executed contract must be done. An existing or renewed fellow contract cannot be used to pay a higher salary than the approved base salary.

Fellows are paid every two weeks, calculated from the above salary expressed as hourly pay for a 7-day workweek of 8 hours per day.

Insurance

Health Plans: Fellows are eligible for the same health insurance/HMO plans as those for state employees or for Health Science Center students. Other health insurance may be chosen if desired and paid for by the fellows. As a condition of employment, fellows agree to maintain one of these health plans or another plan with equal or better benefits.

Disability Insurance: The Graduate Medical Education Office provides long-term basic disability.

Medical Practice Liability Coverage: Fellows providing services pursuant to this Agreement of Appointment are provided professional occurrence liability coverage in accordance with the provisions of Louisiana Revised Statutes 40:1299.39 et seq. Fellows assigned as part of their prescribed training under this Agreement of Appointment to facilities outside the state of Louisiana must provide additional professional liability coverage with indemnity limits set by the Fellow Program. Fellows while engaged in activities outside the scope of the Fellowship program are not provided professional liability coverage under LSA-R.S. 40:1299.39, unless said services are performed at Louisiana public health care facilities.
Leave

Vacation Leave: Fellows are permitted 28 days (four 7 day weeks) of non-cumulative paid vacation leave per year, subject to Departmental policy. All vacation days must be used in the year earned and may not be carried forward. All vacation leave not used at the end of the calendar year is forfeited.

Sick Leave: Fellows are permitted 14 days (two 7 day weeks) of non-cumulative paid sick leave per year. Extended sick leave without pay is allowable, at the discretion of the Department and in accordance with applicable law.

Maternity Leave: To receive paid maternity leave, fellows must utilize available vacation leave (up to 21 or 28 days depending on the fellow level) plus available sick leave (14 days), for a total of up to 42 days. Department Heads and/or Program Directors may grant extended unpaid maternity leave as appropriate and in accordance with applicable law.

Paternity Leave: To receive paid paternity leave, fellows must utilize available vacation leave and may qualify for unpaid leave under applicable law. Under special circumstances, extended leave may be granted at the discretion of the Department Head and/or Program Director and in accordance with applicable law.

Educational Leave: Fellows are permitted 5 (five) total days of educational leave to attend or present at medical meetings.

Military Leave: Fellows are entitled to a total of 15 (fifteen) days of paid military leave for active duty. All military leave, whether paid or unpaid, will be granted in accordance with applicable law.

Leave of Absence: Leave of absence may be granted, subject to Program Director approval and as may be required by applicable law, for illness extending beyond available sick leave, academic remediation, licensing difficulties, family or personal emergencies. To the extent that a leave of absence exceeds available vacation and/or sick leave, it will be leave without pay. Make up of missed training due to leave of absence is to be arranged with the Program Director in accordance with the requirements of the Board of the affected specialty. The Department and University reserve the right to determine what is necessary for each fellow for make-up, including repeating any part of Fellowship Program previously completed.

The Office of Graduate Medical Education must be notified of any sick leave extending beyond two weeks. Weekends are included in all leave days. Each type of leave is monitored and leave beyond permitted days will be without pay. Makeup of training time after extended leave is at the discretion of the Department Head and/or Program Director and governed by applicable law.

Support Services Available to Fellows
Confidential counseling, medical and psychological support services are available through the LSU School of Medicine Campus Assistance Program ("CAP") for any fellow voluntarily seeking assistance.

Disability

Please refer to the Resident Manual and Chancellor Memorandum – 26 http://www.medschool.lsuhsc.edu/medical_education/graduate/page_programs.asp and http://www.lsuhsc.edu/no/administration/cm/

Physician Impairment Policy

Fellows who work at University are expected to report to work in a fit and safe condition. A fellow who is taking prescription medication(s) and/or who has an alcohol, drug, psychiatric or medical condition(s) that could impair the fellow’s ability to perform in a safe manner must contact the Louisiana State Medical Society’s Physicians’ Health Program, whose mission is to assist and advocate for physicians who are impaired or potentially impaired as approved by the Louisiana State Board of Medical Examiners. If a fellow knows of a physician or colleague who the fellow reasonably believes may be impaired or potentially impaired, the fellow may report that physician to the Physicians’ Health Program.

A fellow who is reasonably believed to be impaired or potentially impaired, but refuses to avail him/herself of assistance shall be reported to the Campus Assistance Program and/or the Physicians’ Health Program for evaluation.

Cancellation / Non-Promotion and Renewal/Non-Renewal of Agreement of Appointment

Fellow Agreement of Appointments is valid for a specified period of time no greater than twelve (12) months. During the term of this Agreement of Appointment, the fellow’s continued participation in the Fellowship Program is expressly conditioned upon satisfactory performance. This Agreement of Appointment may be terminated at any time for cause. Conditions for re-appointment and non-renewal of the contract are discussed in the House Officer Manual. (Revised October 2007)

Neither the Agreement of Appointment nor fellow’s appointment agreement promises a commitment that fellow will be appointed for a period beyond the term of the initial Agreement of Appointment. Promotion, reappointment and/or renewal of the Agreement of Appointment is expressly contingent upon several factors, including, but not limited to the following: (i) satisfactory completion of all training components; (ii) the availability of a position; (iii) satisfactory performance evaluation; (iv) full compliance with the terms of the Agreement of Appointment; (v) the continuation of University’s and Fellowship Programs’ accreditation by the Accreditation Council for Graduate Medical Education (“ACGME”); (vi) University’s financial ability; and (vii) furtherance of the Fellowship Program.

Termination, non-promotion, and non-renewal of the Agreement of Appointment shall be subject to appeal in accordance with the provisions delineated in the Fellow Manual.
Closure/Reduction

If the University itself intends to close or to reduce the size of a Fellowship program or to close a Fellowship program, the University shall inform the DIO, GMEC, and the fellows as soon as possible of the reduction or closure. In the event of such reduction or closure, University will make reasonable efforts to allow the fellows already in the Program to complete their education or to assist the fellows in enrolling in an ACGME accredited program in which they can continue their education. (Revised October 2007).

Summary Suspensions

The University, Program Director, or designee, Department Head, or designee, each shall have the authority to summarily suspend, without prior notice, all or any portion of a fellow’s appointment and/or privileges, whenever it is in good faith determined that the continued appointment of the fellow places the safety or health of patients or University personnel in jeopardy or to prevent imminent disruption of University operations.

Grievance Procedures

Policies and procedures for adjudication of fellow complaints and grievances related to action which result in dismissal or could significantly threaten a fellow’s intended career development are delineated in the Fellow Manual. Complaints of sexual harassment and/or other forms of discrimination may be addressed in accordance with the policy delineated in the House Officer’s Manual.

Policy on Access and Copies of Resident Files

Fellows shall have access to view their records during normal business hours. In the case of appeals in which the fellow invokes the Due Process outlined in the House Officer’s Manual, the fellow may be granted copies of items from the folder necessary to present his/her case. In the case of subpoenaed fellow files, there may be an applicable page charge. (GMEC 7/08)

New Innovations Computer Software Program

New Innovations is the software package that has been chosen by the Office of Graduate Medical Education to collect and maintain trainee records for ACGME accreditation and compliance purposes. To comply with institutional policies, the fellow must record duty hours in the Duty Hours module of New Innovations. Additionally, the Division of Neonatology requires the use of New Innovations for completion of evaluations, recording of case and procedure logs. Additionally, instructions on use of New Innovations will be given at the yearly orientation.
Failure to comply with GME and departmental policies regarding the use of New Innovations may result in disciplinary action.

Weather Related Emergency Procedures

All LSUHSC employees are governed by the “Policy on Weather Related Emergency Procedures for LSUHSC-New Orleans (CM-51).” The fellow is expected to be familiar with this policy. The full plan is available online at http://www.lsuhsc.edu/no/administration/cm/cm-51.aspx

Of particular note are the following:

a. Notification – Communication will be an alert via mass emails, the LSUHSC-NO text-messaging alert system, LCD screens installed throughout the campus, local TV and radio broadcasts, phone trees, the LSUHSC-NO intranet emergency website, and a toll-free emergency hotline (866-957-8472) to all employees and students providing important information regarding preparation for the anticipated threat. Faculty, staff, and students are encouraged to consider signing up for the text-messaging alert system: http://www.lsuhsc.edu/alerts

b. Personnel Availability – all employees are required to update their personal contact information on the LSUHSC-NO registry website.

c. The LSUHSC-NO campus will not serve as an evacuation site.

d. Fellows are not required to participate in in-house code grey teams

e. Fellows are expected to maintain contact with the program director during weather emergencies and return to work as soon as safely feasible to relieve code grey teams

Administration will relocate and reestablish function at the earliest possible time in a central location most likely on the main campus of LSU in Baton Rouge. The location and further information will be listed on the web site. Communication will begin immediately between the DIO and Program Directors. Weekly or more frequent meetings will be held at a central site to begin working with program directors on relocation of training program rotations and reassignment or transfer of residents where necessary.

Payroll – Fellows are paid by electronic deposit and is done off site. Therefore there will be no interruption anticipated. Residents are encouraged to bank with an institution that has regional as well as local offices.

Additional Information
The Louisiana Homeland Security and Emergency Preparedness organization also offers important information at http://gohsep.la.gov/hurricane.aspx

Intranet Registry and Updates

Immediately upon declaring a weather emergency, we will activate the LSUHSC-NO emergency webpage on the intranet. This site will provide important updates and guidance and will also contain a link to the LSUHSC-NO emergency registry. We will ask all faculty, students, and staff to log onto the registry to update your contact information, such as cell phone numbers and evacuation address. (Please note that this information will remain confidential and will be available only to Vice-Chancellors, Deans, Department Heads, and Center Directors.)

Securing Facilities and Evacuation

In the event that it is necessary to order closure of the LSU Health Sciences Center, we will instruct the Vice-Chancellors, Deans, and Directors of all academic and administrative units within the Health Sciences Center to begin notification of faculty, students, and staff to begin evacuation procedures. ONLY essential employees with appropriate identification will have access to our campus to prepare for closure of our buildings. ALL students and employees, other than the designated Shutdown Team, must vacate the campus not later than 6 hours in advance of the designated time of closure. In cases where a voluntary or a mandatory evacuation is ordered by an authorized state, city, or university official, LSUHSC-NO will NOT serve as a shelter of last resort. All students living in the residence halls must evacuate the Health Sciences Center. All LSUHSC-NO students, especially international students and students new to our campus, are encouraged to partner with a “buddy” familiar with local emergency evacuation procedures to formulate an individual evacuation plan. Personal evacuation plans should focus on assuring that transportation for timely evacuation is available and that a designated location to evacuate is identified in advance of an evacuation.

Campus Re-entry

Upon notification by the Chancellor, the Office of Information Services and the University Police/Security will post notices of re-openings on internal (LSUHSC-NO Emergency website, LSUHSC-NO emergency information line, phone trees) and external (radio, television) communication outlets as soon as the information becomes available. Prior to the designated time for re-opening, only members of the designated Startup Team will be allowed on campus. At the designated time for re-opening, all LSUHSC-NO employees may re-enter LSUHSC-NO buildings by presenting a valid ID.
APPENDIX A

Evaluation Instruments
New Innovations RMS Evaluations

Faculty Evaluation of Fellow on Clinical Rotation

Evaluator:  Subject: 
Status:  Rotation:

### PATIENT CARE/MEDICAL KNOWLEDGE

#### Efficient and thorough history taking

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#### Accurate physical exam

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#### Breadth and depth of neonatal knowledge

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#### Defines and prioritizes problems

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#### Formulates differential diagnosis

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#### Accurately interprets data

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#### Performs procedures with ease and dexterity

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### PROFESSIONALISM

#### Reliable, punctual

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#### Respectful of patients, staff and peers

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#### Works well with team

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### SYSTEMS-BASED PRACTICE
### New Innovations RMS Evaluations

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<th>Always/Superb</th>
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<tbody>
<tr>
<td>Cost effective, comprehensive diagnostic and treatment plans</td>
<td>Never/Poor</td>
<td>Seldom/Mediocre</td>
<td>Sometimes/Good</td>
<td>Often/Very Good</td>
<td>Always/Superb</td>
<td>N/A</td>
</tr>
<tr>
<td>Uses available resources to provide optimal care</td>
<td>Never/Poor</td>
<td>Seldom/Mediocre</td>
<td>Sometimes/Good</td>
<td>Often/Very Good</td>
<td>Always/Superb</td>
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<tr>
<td>Collaborates with health care team to deal effectively with complex systems and processes of care</td>
<td>Never/Poor</td>
<td>Seldom/Mediocre</td>
<td>Sometimes/Good</td>
<td>Often/Very Good</td>
<td>Always/Superb</td>
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**PRACTICE-BASED LEARNING & IMPROVEMENT**

| Applies scientific knowledge to clinical problem solving and decision making | Never/Poor | Seldom/Mediocre | Sometimes/Good | Often/Very Good | Always/Superb | N/A |
| Self-directed learner; reads regularly about patients; is open minded, analytical critical reader | Never/Poor | Seldom/Mediocre | Sometimes/Good | Often/Very Good | Always/Superb | N/A |
| Interested in teaching, proficient teaching skills with patients, families and team | Never/Poor | Seldom/Mediocre | Sometimes/Good | Often/Very Good | Always/Superb | N/A |
| Recognizes deficiencies and learns from errors | Never/Poor | Seldom/Mediocre | Sometimes/Good | Often/Very Good | Always/Superb | N/A |

**INTERPERSONAL AND COMMUNICATION SKILLS**

| Effective communication with medical team | Never/Poor | Seldom/Mediocre | Sometimes/Good | Often/Very Good | Always/Superb | N/A |
| Clear, concise written documentation | Never/Poor | Seldom/Mediocre | Sometimes/Good | Often/Very Good | Always/Superb | N/A |
| Organized and polished patient presentations | Never/Poor | Seldom/Mediocre | Sometimes/Good | Often/Very Good | Always/Superb | N/A |
| Effective communication with patients/families regarding patient care | Never/Poor | Seldom/Mediocre | Sometimes/Good | Often/Very Good | Always/Superb | N/A |
CERTIFICATIONS
I have sampled transitions of the team and attest they meet the program specifications for effective transitions/hand offs

Yes ☐ No ☐

During this rotation, did the fellow exhibit any signs of excessive fatigue or sleep deprivation?

Yes ☐ No ☐

GENERAL
Please explain any responses of 3 or below

Remaining Characters: 5000

Overall Comments (follows strengths and suggestions for improvement)

Remaining Characters: 5000

Return to Questionnaire

New Innovations, Inc. ©1995-2011
### Scientific Knowledge

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### Knowledge and Application of Basic Sciences

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### Formulation of Hypothesis and Design

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### Professionalism

#### Respect & Compassion for Study Subjects

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#### Respect for Research Team

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### Systems-Based Practice
Use of information technology

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### Appropriate Use of Collaborators

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### Practice-Based Learning & Improvement
Critical analysis of project

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Use of evidence from literature

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Application of research and statistical methods

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Organizational skills

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### Interpersonal and Communication Skills
Preparation of data for presentation

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Preparation of institutional or extramural applications

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Written presentation skills

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Oral presentation skills

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NEW INNOVATIONS RMS EVALUATIONS

GENERAL

During this rotation, did the fellow exhibit any signs of excessive fatigue or sleep deprivation

Yes  No

Please explain any responses of 3 or below

Remaining Characters: 5000

Overall Comments (fellow's strengths and suggestions for improvement)

Remaining Characters: 5000

Return to Questionnaire

New Innovations, Inc. ©1995-2011


37
### PATIENT CARE

**Appropriately prioritizes patient problems**

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<tr>
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**Develops appropriate diagnostic/management plans**

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**Performs technical procedures skillfully**

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### PROFESSIONALISM

**Demonstrates respect for the patient's gender/culture/disability**

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**Demonstrates respect for peers**

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</tbody>
</table>

**Functions effectively as a member of the team**

<table>
<thead>
<tr>
<th>Never/Poor</th>
<th>Seldom/Mediocre</th>
<th>Sometimes/Good</th>
<th>Often/Very Good</th>
<th>Always/Superb</th>
<th>Not Applicable</th>
</tr>
</thead>
<tbody>
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<td></td>
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</tbody>
</table>

**Manages personal stress effectively**

<table>
<thead>
<tr>
<th>Never/Poor</th>
<th>Seldom/Mediocre</th>
<th>Sometimes/Good</th>
<th>Often/Very Good</th>
<th>Always/Superb</th>
<th>Not Applicable</th>
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<tbody>
<tr>
<td></td>
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</tbody>
</table>

**Answers pages or messages in a timely fashion**

<table>
<thead>
<tr>
<th>Never/Poor</th>
<th>Seldom/Mediocre</th>
<th>Sometimes/Good</th>
<th>Often/Very Good</th>
<th>Always/Superb</th>
<th>Not Applicable</th>
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<td></td>
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</table>

**Demonstrates collegial interactions**

<table>
<thead>
<tr>
<th>Never/Poor</th>
<th>Seldom/Mediocre</th>
<th>Sometimes/Good</th>
<th>Often/Very Good</th>
<th>Always/Superb</th>
<th>N/A</th>
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</tbody>
</table>

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## New Innovations RMS Evaluations

### Systems Based Practice
Coordinates care effectively between physicians and other professionals

<table>
<thead>
<tr>
<th>Never/ Poor</th>
<th>Seldom/Mediocre</th>
<th>Sometimes/Good</th>
<th>Often/Very Good</th>
<th>Always/ Superb</th>
<th>Not Applicable</th>
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<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

### Systems-Based Practice
Seeks appropriate help/consultation/supervision

<table>
<thead>
<tr>
<th>Never/ Poor</th>
<th>Seldom/Mediocre</th>
<th>Sometimes/Good</th>
<th>Often/Very Good</th>
<th>Always/ Superb</th>
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</tr>
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<td></td>
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</tbody>
</table>

### Interpersonal and Communication Skills
Communicates effectively with patients and their families

<table>
<thead>
<tr>
<th>Never/ Poor</th>
<th>Seldom/Mediocre</th>
<th>Sometimes/Good</th>
<th>Often/Very Good</th>
<th>Always/ Superb</th>
<th>Not Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

Communicates effectively with other healthcare professionals

<table>
<thead>
<tr>
<th>Never/ Poor</th>
<th>Seldom/Mediocre</th>
<th>Sometimes/Good</th>
<th>Often/Very Good</th>
<th>Always/ Superb</th>
<th>Not Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

Gives effective sign overs

<table>
<thead>
<tr>
<th>1 = Never/Poor</th>
<th>2 = Seldom/Mediocre</th>
<th>3 = Sometimes/Good</th>
<th>4 = Often/Very Good</th>
<th>5 = Always/ Superb</th>
<th>N/A</th>
</tr>
</thead>
</table>

### Medical Knowledge
Critically assesses diagnostic information

<table>
<thead>
<tr>
<th>Never/ Poor</th>
<th>Seldom/Mediocre</th>
<th>Sometimes/Good</th>
<th>Often/Very Good</th>
<th>Always/ Superb</th>
<th>Not Applicable</th>
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<td></td>
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</table>

Demonstrates adequate knowledge of basic sciences

<table>
<thead>
<tr>
<th>Never/ Poor</th>
<th>Seldom/Mediocre</th>
<th>Sometimes/Good</th>
<th>Often/Very Good</th>
<th>Always/ Superb</th>
<th>Not Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

Recognizes psychosocial aspects of illness

<table>
<thead>
<tr>
<th>Never/ Poor</th>
<th>Seldom/Mediocre</th>
<th>Sometimes/Good</th>
<th>Often/Very Good</th>
<th>Always/ Superb</th>
<th>Not Applicable</th>
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</thead>
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<td></td>
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</tr>
</tbody>
</table>

### Practice-Based Learning & Improvement
Applies evidence-based medicine to patient care

<table>
<thead>
<tr>
<th>Never/ Poor</th>
<th>Seldom/Mediocre</th>
<th>Sometimes/Good</th>
<th>Often/Very Good</th>
<th>Always/ Superb</th>
<th>Not Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

Actively contributes to medical education of self and others

<table>
<thead>
<tr>
<th>Never/ Poor</th>
<th>Seldom/Mediocre</th>
<th>Sometimes/Good</th>
<th>Often/Very Good</th>
<th>Always/ Superb</th>
<th>Not Applicable</th>
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</thead>
<tbody>
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<td></td>
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<td></td>
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<td></td>
</tr>
</tbody>
</table>

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New Innovations RMS Evaluations

Uses feedback to improve performance

<table>
<thead>
<tr>
<th>Never/Poor</th>
<th>Seldom/Mediocre</th>
<th>Sometimes/Good</th>
<th>Often/Very Good</th>
<th>Always/Superb</th>
<th>Not Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td></td>
</tr>
</tbody>
</table>

Overall Comments:

Remaining Characters: 5000

Return to Questionnaire

New Innovations, Inc. ©1995-2011
NURSE EVALUATION OF FELLOW
360 Degree Evaluation
Evaluator: [Name]
Subject: [Name]
Rotation: [Rotation]
Employer: [Employer]

Your confidential evaluation of the fellows is essential in maintaining a strong teaching program. Please respond to the following qualities using the scale provided. Please make any additional confidential comments regarding the fellow at the bottom of the page.

<table>
<thead>
<tr>
<th>Utilizes effective interpersonal relationships with patients and parents.</th>
<th>1 = Never/Poor</th>
<th>2 = Seldom/Mediocre</th>
<th>3 = Sometimes/Good</th>
<th>4 = Often/Very Good</th>
<th>5 = Always/Superb</th>
</tr>
</thead>
<tbody>
<tr>
<td>Displays integrity, respect, and compassion in the care of patients and their parents.</td>
<td>1 = Never/Poor</td>
<td>2 = Seldom/Mediocre</td>
<td>3 = Sometimes/Good</td>
<td>4 = Often/Very Good</td>
<td>5 = Always/Superb</td>
</tr>
<tr>
<td>Appropriately responds to nurses’ concerns regarding patient status/therapy.</td>
<td>1 = Never/Poor</td>
<td>2 = Seldom/Mediocre</td>
<td>3 = Sometimes/Good</td>
<td>4 = Often/Very Good</td>
<td>5 = Always/Superb</td>
</tr>
<tr>
<td>Is responsive to needs of patients when on call.</td>
<td>1 = Never/Poor</td>
<td>2 = Seldom/Mediocre</td>
<td>3 = Sometimes/Good</td>
<td>4 = Often/Very Good</td>
<td>5 = Always/Superb</td>
</tr>
<tr>
<td>Effectively plans discharges and post-hospital care in conjunction with nursing colleagues and others.</td>
<td>1 = Never/Poor</td>
<td>2 = Seldom/Mediocre</td>
<td>3 = Sometimes/Good</td>
<td>4 = Often/Very Good</td>
<td>5 = Always/Superb</td>
</tr>
<tr>
<td>Keeps parents informed about their child’s progress.</td>
<td>1 = Never/Poor</td>
<td>2 = Seldom/Mediocre</td>
<td>3 = Sometimes/Good</td>
<td>4 = Often/Very Good</td>
<td>5 = Always/Superb</td>
</tr>
<tr>
<td>Interacts effectively with other health care team members.</td>
<td>1 = Never/Poor</td>
<td>2 = Seldom/Mediocre</td>
<td>3 = Sometimes/Good</td>
<td>4 = Often/Very Good</td>
<td>5 = Always/Superb</td>
</tr>
<tr>
<td>Recognizes the limits of his/her skills and knowledge; seeks consultation/supervision when appropriate.</td>
<td>1 = Never/Poor</td>
<td>2 = Seldom/Mediocre</td>
<td>3 = Sometimes/Good</td>
<td>4 = Often/Very Good</td>
<td>5 = Always/Superb</td>
</tr>
<tr>
<td>Overall Comments:</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

Remaining Characters: 5000

Return to Questionnaire

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New Innovations RMS Evaluations

RESIDENT 360 DEGREE EVALUATION
RESIDENT EVALUATION OF FELLOWS-IN-TRAINING

Evaluator:  
Subject:  

In order to maintain compliance with ACGME requirements, all residents rotating in a Neonatology rotation must evaluate any Fellow in Training that you work with during an inpatient or outpatient rotation. Return the evaluation to the attending physician assigned to the inpatient or outpatient service to which you are assigned. Please rate the Fellow (exceeded, met, or fell below expectations), N/A = not applicable.

<table>
<thead>
<tr>
<th>PATIENT CARE</th>
<th>Below</th>
<th>Meets</th>
<th>Exceeds</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did the Fellow accurately critique your history and physical exam?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did the Fellow adequately supervise procedures?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did the Fellow guide you to the Differential Diagnosis and treatment plan?</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>MEDICAL KNOWLEDGE</th>
<th>Below</th>
<th>Meets</th>
<th>Exceeds</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did the Fellow seem knowledgeable?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Content of teaching is up-to-date and clinically relevant.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gives clear explanations/reasons for opinions, plans of care, decision making.</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PRACTICE-BASED LEARNING</th>
<th>Below</th>
<th>Meets</th>
<th>Exceeds</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you feel you are stimulated to learn independently?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are you encouraged to access other educational tools?</td>
<td></td>
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</tr>
<tr>
<td>Demonstrates interest in teaching by actively contributing to the education of medical students.</td>
<td></td>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>INTERPERSONAL &amp; COMMUNICATION SKILLS/PROFESSIONALISM</th>
<th>Below</th>
<th>Meets</th>
<th>Exceeds</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clearly specifies what I am expected to do during rotation.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Offers constructive, timely feedback.</td>
<td></td>
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</tr>
<tr>
<td>Does the Fellow interact well with colleagues, consultants, and co-workers?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Below</td>
<td>Meets</td>
<td>Exceeds</td>
<td>N/A</td>
</tr>
<tr>
<td>--------------------------</td>
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</tr>
<tr>
<td>Teaches or demonstrates effective patient and/or family communication skills.</td>
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</tr>
<tr>
<td>Is the Fellow approachable?</td>
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<td></td>
<td></td>
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</tr>
<tr>
<td>Does the fellow treat residents with courtesy and respect?</td>
<td></td>
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</tr>
<tr>
<td><strong>SYSTEMS-BASED PRACTICE</strong></td>
<td></td>
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</tr>
<tr>
<td>Does the Fellow teach you to advocate for the patient in the health care system?</td>
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</tr>
</tbody>
</table>

**COMMENTS**

COMMENTS: (Mandatory for any "below expectations" checked off)

Remaining Characters: 5000
<table>
<thead>
<tr>
<th>RESIDENT EVALUATION OF ATTENDING</th>
</tr>
</thead>
<tbody>
<tr>
<td>Establishes a good learning environment (approachable, enthusiastic, etc.)</td>
</tr>
<tr>
<td>Never/Poor: 1</td>
</tr>
<tr>
<td>Stimulates me to learn independently</td>
</tr>
<tr>
<td>Never/Poor: 1</td>
</tr>
<tr>
<td>Organizes time to allow for both teaching and care giving</td>
</tr>
<tr>
<td>Never/Poor: 1</td>
</tr>
<tr>
<td>Offers regular feedback (both positive and negative)</td>
</tr>
<tr>
<td>Never/Poor: 1</td>
</tr>
<tr>
<td>Clearly specifies what I am expected to know and do during the rotation</td>
</tr>
<tr>
<td>Never/Poor: 1</td>
</tr>
<tr>
<td>Gives clear explanations/reasons for opinions, advice, actions, etc.</td>
</tr>
<tr>
<td>Never/Poor: 1</td>
</tr>
<tr>
<td>Incorporates research data and/or practice guidelines into teaching</td>
</tr>
<tr>
<td>Never/Poor: 1</td>
</tr>
<tr>
<td>Teaches or demonstrates effective patient and/or family communication skills</td>
</tr>
<tr>
<td>Never/Poor: 1</td>
</tr>
</tbody>
</table>

Overall Comments:

Remaining Characters: 5000

Return to Questionnaire
## New Innovations RMS Evaluations

**FELLOWS EVALUATION OF CLINICAL ROTATION**
**LSU HEALTH SCIENCES CENTER**
**DEPARTMENT OF PEDIATRICS - NEONATOLOGY**

Evaluator: [Name]
Subject: [Name]
Rotation: [Rotation]
Employer: [Employer]

### Quantity/Quality of Patients

<table>
<thead>
<tr>
<th>Rating 1</th>
<th>1 = Poor</th>
<th>2 = Fair</th>
<th>3 = Good</th>
<th>4 = Very Good</th>
<th>5 = Excellent</th>
<th>N/A</th>
</tr>
</thead>
</table>

### Delivery Room Experience

<table>
<thead>
<tr>
<th>Rating 1</th>
<th>1 = Poor</th>
<th>2 = Fair</th>
<th>3 = Good</th>
<th>4 = Very Good</th>
<th>5 = Excellent</th>
<th>N/A</th>
</tr>
</thead>
</table>

### Interaction with Colleagues

**Obstetrical**

<table>
<thead>
<tr>
<th>Rating 1</th>
<th>1 = Poor</th>
<th>2 = Fair</th>
<th>3 = Good</th>
<th>4 = Very Good</th>
<th>5 = Excellent</th>
<th>N/A</th>
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**Subspecialty consultants**

<table>
<thead>
<tr>
<th>Rating 1</th>
<th>1 = Poor</th>
<th>2 = Fair</th>
<th>3 = Good</th>
<th>4 = Very Good</th>
<th>5 = Excellent</th>
<th>N/A</th>
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</table>

**Attending neonatologists**

<table>
<thead>
<tr>
<th>Rating 1</th>
<th>1 = Poor</th>
<th>2 = Fair</th>
<th>3 = Good</th>
<th>4 = Very Good</th>
<th>5 = Excellent</th>
<th>N/A</th>
</tr>
</thead>
</table>

**Nursing staff**

<table>
<thead>
<tr>
<th>Rating 1</th>
<th>1 = Poor</th>
<th>2 = Fair</th>
<th>3 = Good</th>
<th>4 = Very Good</th>
<th>5 = Excellent</th>
<th>N/A</th>
</tr>
</thead>
</table>

### Learning Opportunities (Rounds and Didactic)

**Neonatal Nurse Practitioners**

<table>
<thead>
<tr>
<th>Rating 1</th>
<th>1 = Poor</th>
<th>2 = Fair</th>
<th>3 = Good</th>
<th>4 = Very Good</th>
<th>5 = Excellent</th>
<th>N/A</th>
</tr>
</thead>
</table>

### Interaction with Colleagues

**Respiratory therapists**

<table>
<thead>
<tr>
<th>Rating 1</th>
<th>1 = Poor</th>
<th>2 = Fair</th>
<th>3 = Good</th>
<th>4 = Very Good</th>
<th>5 = Excellent</th>
<th>N/A</th>
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</thead>
</table>

### Fellow Teaching Experience

**Residents**

<table>
<thead>
<tr>
<th>Rating 1</th>
<th>1 = Poor</th>
<th>2 = Fair</th>
<th>3 = Good</th>
<th>4 = Very Good</th>
<th>5 = Excellent</th>
<th>N/A</th>
</tr>
</thead>
</table>

**Medical students**

<table>
<thead>
<tr>
<th>Rating 1</th>
<th>1 = Poor</th>
<th>2 = Fair</th>
<th>3 = Good</th>
<th>4 = Very Good</th>
<th>5 = Excellent</th>
<th>N/A</th>
</tr>
</thead>
</table>

### Acquisition of Procedural Skills

<table>
<thead>
<tr>
<th>Rating 1</th>
<th>1 = Poor</th>
<th>2 = Fair</th>
<th>3 = Good</th>
<th>4 = Very Good</th>
<th>5 = Excellent</th>
<th>N/A</th>
</tr>
</thead>
</table>

### Facilities/Services

**Delivery room**

<table>
<thead>
<tr>
<th>Rating 1</th>
<th>1 = Poor</th>
<th>2 = Fair</th>
<th>3 = Good</th>
<th>4 = Very Good</th>
<th>5 = Excellent</th>
<th>N/A</th>
</tr>
</thead>
</table>


6/14/2011

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New Innovations RMS Evaluations

<table>
<thead>
<tr>
<th>NICU</th>
<th>1 = Poor</th>
<th>2 = Fair</th>
<th>3 = Good</th>
<th>4 = Very Good</th>
<th>5 = Excellent</th>
<th>N/A</th>
</tr>
</thead>
</table>

Laboratory

| 1 = Poor | 2 = Fair | 3 = Good | 4 = Very Good | 5 = Excellent | N/A |

Radiology

| 1 = Poor | 2 = Fair | 3 = Good | 4 = Very Good | 5 = Excellent | N/A |

**ON-CALL EXPERIENCE**

Please rate the following on a scale of 1-5

| 1 = Poor | 2 = Fair | 3 = Good | 4 = Very Good | 5 = Excellent | N/A |

**LEVEL OF RESPONSIBILITY/AUTONOMY**

Availability of NICU Attending

| 1 = Poor | 2 = Fair | 3 = Good | 4 = Very Good | 5 = Excellent | N/A |

Learning Opportunities (Rounds and Didactics)

Please rate the following on a scale of 1-5

| 1 = Poor | 2 = Fair | 3 = Good | 4 = Very Good | 5 = Excellent | N/A |

**TIME FOR INDEPENDENT STUDY**

Please rate the following on a scale of 1-5

| 1 = Poor | 2 = Fair | 3 = Good | 4 = Very Good | 5 = Excellent | N/A |

Overall Comments:

Remaining Characters: 5000

[Return to Questionnaire]
New Innovations RMS Evaluations

FELLOWS EVALUATION OF RESEARCH/SCHOLARLY ACTIVITY ROTATION
LSU HEALTH SCIENCES CENTER
DEPARTMENT OF PEDIATRICS - NEONATOLOGY
Evaluator:  
Subject:  
Rotation:  
Employer:  

<table>
<thead>
<tr>
<th>OVERALL ASSISTANCE IN IDENTIFYING PROJECT/MENTOR/SCHOLARLY OVERSIGHT COMMITTEE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Please rate the following on a scale of 1-5</td>
</tr>
<tr>
<td>1 = Poor</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>QUALITY OF MENTORSHIP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Availability</td>
</tr>
<tr>
<td>1 = Poor</td>
</tr>
</tbody>
</table>

| Supportiveness |
| 1 = Poor | 2 = Fair | 3 = Good | 4 = Very Good | 5 = Excellent | N/A |

| Encouragement of independence |
| 1 = Poor | 2 = Fair | 3 = Good | 4 = Very Good | 5 = Excellent | N/A |

| Timeliness of feedback |
| 1 = Poor | 2 = Fair | 3 = Good | 4 = Very Good | 5 = Excellent | N/A |

| Overall effectiveness as teacher, researcher and role model |
| 1 = Poor | 2 = Fair | 3 = Good | 4 = Very Good | 5 = Excellent | N/A |

<table>
<thead>
<tr>
<th>ADEQUACY OF FACILITIES</th>
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<tbody>
<tr>
<td>Laboratory</td>
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<td>1 = Poor</td>
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| Library |
| 1 = Poor | 2 = Fair | 3 = Good | 4 = Very Good | 5 = Excellent | N/A |

| Computer |
| 1 = Poor | 2 = Fair | 3 = Good | 4 = Very Good | 5 = Excellent | N/A |

<table>
<thead>
<tr>
<th>PROVISION OF ANIMALS/SUPPLIES</th>
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<tbody>
<tr>
<td>Please rate the following on a scale of 1-5</td>
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<td>1 = Poor</td>
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<th>ASSISTANCE WITH</th>
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<tr>
<td>Acquisition of Institutional Approval (IRB, IACUC)</td>
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<tr>
<td>1 = Poor</td>
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| Acquisition of methodology |
| 1 = Poor | 2 = Fair | 3 = Good | 4 = Very Good | 5 = Excellent | N/A |

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<tr>
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<td>Technical help</td>
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<td>Manuscript/grant preparation</td>
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<td>Abstract and presentation preparation</td>
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**COMMENTS AND SUGGESTIONS**

Please give comments and suggestions

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Remaining Characters: 5000

Overall Comments:

Remaining Characters: 5000

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Return to Questionnaire
**FELLOWS EVALUATION OF PROGRAM**  
**LSU HEALTH SCIENCES CENTER**  
**DEPARTMENT OF PEDIATRICS - NEONATOLOGY**

**Evaluator:**  
**Subject:**

Do you feel this program adequately meets your needs in these areas? Please rate this program on a scale of 1-5 in the following categories, with 1 being poor and 5 being excellent.

### MEDICAL KNOWLEDGE/PATIENT CARE

<table>
<thead>
<tr>
<th>Evaluation of medical knowledge</th>
<th>1 = Poor</th>
<th>2 = Fair</th>
<th>3 = Good</th>
<th>4 = Very Good</th>
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### DEVELOPMENT OF PROFESSIONALISM

<table>
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<tr>
<th>Development of learning habits</th>
<th>1 = Poor</th>
<th>2 = Fair</th>
<th>3 = Good</th>
<th>4 = Very Good</th>
<th>5 = Excellent</th>
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### Development of self-critique

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<th>1 = Poor</th>
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<th>3 = Good</th>
<th>4 = Very Good</th>
<th>5 = Excellent</th>
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### Consideration of ethical issues

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<th>1 = Poor</th>
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<th>4 = Very Good</th>
<th>5 = Excellent</th>
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### Graded assumption of responsibility

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<th>1 = Poor</th>
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### EXPOSURE TO SYSTEMS-BASED PRACTICE

<table>
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<tr>
<th>Utilization of consultation services</th>
<th>1 = Poor</th>
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<th>3 = Good</th>
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<th>Utilization of community services</th>
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### PRACTICE-BASED LEARNING & IMPROVEMENT

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<tr>
<th>Encouragement of academic activity</th>
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<th>2 = Fair</th>
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<th>Development of academic goals</th>
<th>1 = Poor</th>
<th>2 = Fair</th>
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<tr>
<th>Acquisition of academic skills</th>
<th>1 = Poor</th>
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New Innovations RMS Evaluations

Development of self-reflective practices (e.g., Q) Project  
1 = Poor  2 = Fair  3 = Good  4 = Very Good  5 = Excellent  N/A

INTERPERSONAL AND COMMUNICATION SKILLS
Development of communication skills  
1 = Poor  2 = Fair  3 = Good  4 = Very Good  5 = Excellent  N/A

Acquisition of teaching skills (experience teaching residents, students, colleagues)  
1 = Poor  2 = Fair  3 = Good  4 = Very Good  5 = Excellent  N/A

Acquisition of administrative skills (organizational involvement)  
1 = Poor  2 = Fair  3 = Good  4 = Very Good  5 = Excellent  N/A

Overall Comments:

Remaining Characters: 5000

Return to Questionnaire
Do you feel this program adequately meets the needs of fellows in these areas? Please rate this program on a scale of 1-5 in the following categories, with 1 being poor and 5 being excellent.

### MEDICAL KNOWLEDGE/PATIENT CARE
- Expansion of medical knowledge
  - 1 = Poor
  - 2 = Fair
  - 3 = Good
  - 4 = Very Good
  - 5 = Excellent
  - N/A

### DEVELOPMENT OF PROFESSIONALISM
- Development of clinical judgement
  - 1 = Poor
  - 2 = Fair
  - 3 = Good
  - 4 = Very Good
  - 5 = Excellent
  - N/A
- Development of technical skills
  - 1 = Poor
  - 2 = Fair
  - 3 = Good
  - 4 = Very Good
  - 5 = Excellent
  - N/A
- Development of learning habits
  - 1 = Poor
  - 2 = Fair
  - 3 = Good
  - 4 = Very Good
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  - N/A
- Development of self-critique
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  - 3 = Good
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  - 5 = Excellent
  - N/A
- Graded assumption of responsibility
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  - N/A

### EXPOSURE TO SYSTEMS-BASED PRACTICE
- Utilization of consultation services
  - 1 = Poor
  - 2 = Fair
  - 3 = Good
  - 4 = Very Good
  - 5 = Excellent
  - N/A
- Utilization of community services
  - 1 = Poor
  - 2 = Fair
  - 3 = Good
  - 4 = Very Good
  - 5 = Excellent
  - N/A

### PRACTICE-BASED LEARNING & IMPROVEMENT
- Encouragement of academic activity
  - 1 = Poor
  - 2 = Fair
  - 3 = Good
  - 4 = Very Good
  - 5 = Excellent
  - N/A
- Development of academic goals
  - 1 = Poor
  - 2 = Fair
  - 3 = Good
  - 4 = Very Good
  - 5 = Excellent
  - N/A
- Acquisition of academic skills
  - 1 = Poor
  - 2 = Fair
  - 3 = Good
  - 4 = Very Good
  - 5 = Excellent
  - N/A
### Development of self-reflective practices (eg. Q Project)

<table>
<thead>
<tr>
<th>1 = Poor</th>
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</table>

### Interpersonal and Communication Skills

#### Development of communication skills

<table>
<thead>
<tr>
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#### Acquisition of teaching skills (experience teaching residents, students, colleagues)

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#### Acquisition of administrative skills (organizational involvement)

<table>
<thead>
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</thead>
</table>

### Overall Comments:

- 
- 

Remaining Characters: 5000

[Return to Questionnaire](#)
APPENDIX B

Tables of Expectations Stratified by Level of Training

Clinical Training

Academic Activity

Rotational Goals and Objectives (Perinatology and Developmental Clinic)

<table>
<thead>
<tr>
<th>Year</th>
<th>Patient Care</th>
<th>Medical Knowledge</th>
<th>Practice-Based Learning</th>
<th>Interpersonal &amp; Communications Skills</th>
<th>Professionalism</th>
<th>Systems-Based Practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Fellow will be expected: - to understand rudiments of fetal, neonatal monitoring and its implications for neonate; - to read neonatology texts regarding pathophysiology, diagnosis and management of patients seen and supplement textbook readings with information from current literature - to acquire clinical management and technical skills necessary for NICU care, including intubation, assisted ventilation techniques, TPN, etc. - to understand rationale and use of neonatal diagnostic testing for specific disease states - to attend fellows’ conferences and core curriculum</td>
<td>Fellow will be expected: - to learn from case studies - to assess results of diagnostic labs/procedures with modification of treatment plan - to learn and use neonatal documentation formats - expected to present current journal articles at Fellows’, Mortality/Morbidity conferences and journal clubs and develop critical thinking skills - to develop familiarity with data bases, e.g. Vermont-Oxford Network - to develop familiarity with assessment methods for patient group outcomes</td>
<td>Fellows will be expected: - to observe attending interaction with patients regarding exam, work-up and differential diagnosis and initiate own interaction with patients - to observe and participate in interdisciplinary conferences for patients - to become versed in writing perinatal and neonatal consultations - to observe and participate in teaching efforts (rounds, didactic presentations, supervision) with residents, medical students - to prepare and participate in fellows’ seminars and other venues. - to attend core curriculum conferences on teaching</td>
<td>Fellows will be expected: - to exhibit professional self presentation - to develop effective time management and scheduling of clinical and academic responsibilities - to be familiar and compliant with HIPPA regulations. informed consent requirements and procedures - to utilize core curriculum modules</td>
<td>Fellow will be introduced to: - use of computerized data systems. - home care and community resources - team management and community resources for severely and/or chronically ill children</td>
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<tr>
<td>Fellows will be expected:</td>
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<tr>
<td>- to exhibit increased competency and confidence in patient assessment and formulation of diagnostic and management plan</td>
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<tr>
<td>- to exhibit increased confidence and competency in common neonatal procedures and resuscitative techniques</td>
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<tr>
<td>- to function as a primary neonatologist for patients in follow-up clinic setting</td>
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<thead>
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<th>Fellows will be expected:</th>
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<tbody>
<tr>
<td>- to actively apply appropriate current literature to practice</td>
</tr>
<tr>
<td>- to actively use literature and faculty resources to go beyond basic textbook and didactic lecture concepts</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Fellows will be expected:</th>
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<tbody>
<tr>
<td>- to present appropriate evidence for selection of diagnostic testing and management regimens</td>
</tr>
<tr>
<td>- use diagnostic and lab results to alter patient management</td>
</tr>
<tr>
<td>- to select independently and present journal literature in division meetings</td>
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<tr>
<td>- to utilize national data bases, e.g. Vermont-Oxford Network, in order to improve current practices</td>
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<td>- to demonstrate wide and deep range of knowledge of normal and pathologic neonatology and be able to facilitate its application to patient care</td>
</tr>
<tr>
<td>- to demonstrate mastery of common neonatology procedures and resuscitative techniques</td>
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<table>
<thead>
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<th>Fellow will be expected:</th>
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<tbody>
<tr>
<td>- to perform in nearly independent fashion and interact with other professionals in junior faculty role</td>
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<tr>
<td>- to have facility in working with other professionals in multidisciplinary NICU team.</td>
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<tr>
<th>Fellow will be expected:</th>
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<tr>
<td>- to demonstrate facility in using environmental resources for patient care</td>
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<thead>
<tr>
<th>Fellow will be expected:</th>
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<tr>
<td>- to demonstrate competence and confidence in assessment/management of NICU patients;</td>
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<tr>
<td>- to assume “pretending”, i.e. junior attending role in NICU rotations by exhibiting independent decision-making for inpatients and outpatients with minimal intervention from supervising attending neonatologist.</td>
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Fellows will be expected: - to exhibit effective time management/scheduling of clinical/academic responsibilities - to utilize ethical considerations, including informed consent, in the performance of academic activity - to exhibit scientific rigor and integrity in the acquisition, analysis, interpretation and reportage of data - to develop network of expert consultation - to utilize SOC as source of critique and guidance - to explore opportunities for intra- and extra-mural support - to interact with institutional committees, e.g. IRB, IACUC - to demonstrate facility in use of resources for completion of academic activity project - to submit
and interaction with subjects
- utilize current literature in interpretation of data

review
meetings
- to prepare academic work product for peer review, e.g. submission of first author paper to peer-reviewed journal or extensive progress report to ABP

academic project to SOC to obtain final approval
- to submit academic product to ABP

<table>
<thead>
<tr>
<th>Year</th>
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<th>Medical Knowledge</th>
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<td></td>
<td>Fellow will give presentation based on scholarly activity at regional or national meeting</td>
<td>Fellow will perform in nearly independent fashion and interact with other professionals</td>
<td>Fellow will demonstrate facility in using environmental resources for development of academic project</td>
</tr>
</tbody>
</table>

* SOC = Scholarly Oversight Committee
LSU-Children’s Neonatal-Perinatal Medicine Fellowship
Goals and Objectives for Perinatology Rotation
Revised 2010

Clinical Rotation: Perinatology

Sponsoring Institution: Louisiana State University Health Sciences Center (LSUHSC)

Location of Training: Maternal and Fetal Medicine Practice

Program Director: Duna Penn, MD

Assistant Program Director: Dana Rivera, MD

Administrative and Supervisory Responsible Official: Joseph Miller, MD

Goals and Objectives:

It is the overall goal of the Louisiana State University Fellowship Program in Neonatal/Perinatal Medicine to train graduate fellows to function as competent neonatologists in the clinical or academic setting. To accomplish this overall goal, the fellows are expected to develop familiarity with basic aspects of maternal-fetal medicine during their 1-month Perinatology rotation in the areas of: 1) patient care, 2) medical knowledge, 3) professionalism, 4) system-based practice, 5) practice-based learning and improvement, and 6) interpersonal and communication skills.

Patient Care

I. Neonatology fellows will be provided with opportunity for continuity of care for mother/ neonate pre/ intra/ post partum and expected to familiarize themselves with
   A. Factors of labor
      1. Assessment of fetal well-being
      2. Physiologic/molecular characteristics of normal labor
         a. uteroplacental physiology
      3. Risk/contributing factors for preterm labor
   B. Labor complications
      1. Maternal hypotension
      2. Maternal analgesics
      3. maternal fever
      4. Chorioamnionitis
      5. Premature and prolonged rupture of membranes (PPROM)
      6. Blood loss
      7. Meconium stained amniotic fluid
      8. Fetal heart rate patterns
         a. Variable decelerations
         b. Late decelerations
         c. Sinusoidal pattern
         d. Bradycardia
         e. Tachycardia
   C. Delivery
      1. Indications/ complications of operative vaginal delivery (forceps, vacuum)
      2. Indications/ complications of cesarean section
3. Recognition/management of birth injuries
   a. Soft tissue injuries (caput, cephalhematoma, subgaleal bleed)
   b. Fractures, lacerations, facial palsies
   c. Shoulder dystocia

II. Neonatology fellows must familiarize themselves with prenatal management of high risk pregnancies

A. Screening techniques of prenatal diagnosis
   1. Indications/complications of direct fetal assessment
      a. Chorionic Villous Sampling (CVS)
      b. Amniocentesis
      c. Fetal blood sampling
   2. Significance of abnormal serum screening
      a. multiscreen/alpha-fetoprotein/ biochemical markers
   3. GBS screening
   4. “TORCH” screening
   5. Genetic disease carrier status screening

B. Techniques of fetal monitoring
   1. Ultrasonography/imaging
      a. Application/limitations (including Doppler flow)
         i. Assessment of fetal conditions/well-being
         ii. Determining gestational age
         iii. Common fetal anomalies (congenital heart disease)
         iv. Aneuploidy
         v. Role of MRI (fetal anatomy)
   2. Biophysical profile
   3. Non-stress test
   4. Contraction stress test
   5. Fetal movement detection (maternal)
   6. Management of detected fetal conditions
      a. Multiple gestation (cord problems, twin-twin transfusion, conjoined twins, stuck twin, surviving twin)
      b. Fetal-maternal blood group incompatibility
      c. Non-immune hydrops
      d. Macrosomia/growth restriction
      e. Oligohydramnios/polyhydramnios
      f. Airway anomalies, abdominal wall defects, myelomeningocele, hydrocephalus (“exit” strategy)
   7. Evaluation/enhancement of fetal lung maturity

Medical Knowledge

I. Neonatology fellows must familiarize themselves with:

   A. Potential adverse outcomes for the fetus and neonate of common prenatal and perinatal conditions, including:
      1. Factors of pregnancy
         a. Maternal adaptation (physiology/labs) to pregnancy/multiple gestation (types/ effects)
         a. Essentials of prenatal care/ nutritional requirements
b. Development/physiology of placenta
   i. Types/ influence of abnormal placentation

c. Assisted reproductive technologies
   i. Types/ influence on pregnancy

2. Maternal medical disorders affecting fetus/ newborn
   a. Immunologic
   b. Renal
   c. Endocrinologic, including diabetes (including gestational)
   d. Hematologic, including thromboembolic (anticoagulation), malignancy
   e. Cardiac
   f. Pulmonary
   g. CNS, including seizures
   h. Neuromuscular
   i. Placental malignancy
   j. Connective tissue disease
   k. Chronic hypertension, pre-eclampsia, HELLP syndrome
   l. Metabolic (PKU)
   m. Maternal infection, e.g. HIV
   n. Obesity
   o. Trauma, surgery/anesthesia
   p. Psychiatric

3. Effect of drugs/ environmental agents
   a. Teratogenic exposure
      i. Likelihood of fetal anomalies based on timing of exposure
   b. Tocolytic agents
   c. Maternal substance abuse including ETOH
   d. Steroids
   e. Radiation
   f. Pesticides
   g. FDA definitions of pregnancy/ lactation risks

**Professionalism**

A. Neonatology fellows must demonstrate a commitment to carrying out professional responsibilities in adherence to ethical principles and sensitivity to a diverse patient population. They are expected:

1. To demonstrate personal and professional attitudes of integrity, honesty and compassion in the delivery of patient care;
2. To be self critical, recognize limitations and respond to others’ evaluation of his/her professional performance;
3. To demonstrate a commitment to excellence in clinical practice through establishment of life-long learning habits and continuing medical education;
4. To demonstrate respect for patient’s cultural, ethnic, religious and socioeconomic background in providing patient care;
5. To demonstrate appreciation of end-of-life care and issues regarding provision or withholding of care.

**System-Based Practice**

A. In recognition that they are part of a large and intricate health system that impacts upon their ability to care for patients as well as upon their patients’ needs and financial resources, neonatology fellows should:
1. Recognize the limitation of resources for health care and demonstrate the ability to act as an advocate for patients within their social and financial constraints;
2. Develop awareness of practice guidelines, community, national and allied health professional resources that may enhance the quality of life of obstetrical patients;
3. Demonstrate awareness of the importance of adequate cross-coverage and availability of accurate medical data in the communication with and efficient management of patients under their care.

**Practice-Based Learning and Improvement**

A. Neonatology fellows must be able to investigate and evaluate their patient care practices, appraise and assimilate scientific evidence and improve their patient care practices. They are expected to demonstrate skill in the following areas:

1. Case-based learning;
2. Use of best practices through practice guidelines or clinical pathways
3. Participation in quality assurance and improvement measures;

**Interpersonal and Communication Skills**

A. Neonatology fellows must be able:

1. To consult with and counsel fellow physicians, nurses, therapists and family members regarding diagnostic and therapeutic options with special regard to:
   a. Coordination of interdisciplinary care and involvement of allied health professionals;
   b. Genetic counseling and palliative care when appropriate;
   c. Consideration and compassion for the patients and parents in providing accurate medical information and prognosis.

2. To demonstrate interpersonal skills and documentation habits needed for effective communication with fellow physicians, families and allied health professionals including:
   a. Effective listening and interaction;
   b. Effective and sensitive communication during prenatal counseling
   c. Use of informed consent when ordering investigative procedures;
   d. Maintenance of accurate, timely and legally appropriate medical records.

**References:**

1) ACGME letter of agreement between LSU School of Medicine Department of Obstetrics and Gynecology, Division of Maternal Fetal Medicine and Department of Pediatrics, Division of Neonatology
2) American Board of Pediatrics Neonatal-Perinatal Sub-board Content Outline
Clinical Rotation: Developmental Clinic

Sponsoring Institution: Louisiana State University Health Sciences Center (LSUHSC)

Location of Training: Children’s Hospital

Program Director: Duna Penn, MD

Assistant Program Director: Dana Rivera, MD

Administrative and Supervisory Responsible Official: Joaquin Wong, MD

Goals and Objectives:

It is the overall goal of the Louisiana State University Fellowship Program in Neonatal/Perinatal Medicine to train graduate fellows to function as competent neonatologists in the clinical or academic setting. To accomplish this overall goal, the fellows are expected to develop familiarity with basic aspects of developmental follow-up during their monthly attendance at a multidiscipline developmental follow-up clinic for NICU graduates in the areas of: 1) medical knowledge, 2) patient care, 3) professionalism, 4) system-based practice, 5) practice-based learning and improvement, and 6) interpersonal and communication skills. Fellows will assess and examine all patients and develop plans under supervision. Specific goals and objectives for all levels are as follows:

1) Medical Knowledge

Familiarize fellows with post-hospitalization course of ex-NICU patients, including social and psychosocial problems

a. Cerebral palsy
   a. incidence according to birth weight
   b. etiologies
      1. majority- no identifiable cause
      2. Apgar/ CP relationship
      3. risk factors (prenatal, perinatal, neonatal)
   c. clinical features
      1. spastic quadriplegia, diplegia, hemiplegia
      2. match feature to most common diagnosis (HIE, prematurity, stroke)
   d. associated disorders
      1. cognitive, communication, seizures, sensory impairments, orthopedic deformities, emotional, behavioral
         a. cognitive
            i. incidence
            ii. risk factors
            iii. preventable causes
            iv. patterns of development
   b. hearing loss
      i. incidence
      ii. risk factors
      iii. sensorineural vs conductive
      iv. pattern of development delay
v. screening methods (OAE, BAER)

c. visual impairment
   i. types (other than ROP)
   ii. evaluate for and recognize impairment
   iii. effects on subsequent behavior/ development

2) Patient Care
   Neurodevelopmental examination
   a. spontaneous activity/ movements, posture
      1. effect of PMA/ neurologic status
   b. head size/ shape
c. eyes
d. cranial nerves
e. muscle tone
   1. active/ passive
   2. maturation changes
   3. hypotonia/ hypertonia
f. reflexes
   1. primitive- maturation, abnormal presence
   2. DTRs
   3. postural- development
g. milestone development
h. neuromotor abnormalities
   1. transient (preterm)
   2. persistent (asymmetries)

Familiarize fellows with developmental testing techniques
   a. Significance of delay in multiple streams of development
   b. Definitions of impairment, disability, handicap
   c. Neuropsychology testing
      Bayley infant scales

Effect of maternal-infant bonding

Provide fellows with opportunity for continuity of care of NICU patients during post-hospitalization course
   a. Follow-up of ongoing/ chronic medical problems
   b. Assure proper “well baby” care

3) Professionalism
   Familiarize fellows with professional responsibilities in adherence to ethical principles and sensitivity to a diverse patient population.
   a. Personal and professional attitudes of integrity, honesty and compassion in the delivery of patient care;
   b. Self recognition of limitations and response to others’ evaluation of his/her professional performance;
   c. Establishment of life-long learning habits and continuing medical education;
   d. Respect for patient’s cultural, ethnic, religious and socioeconomic background in providing patient care;
4) **System based practice**  
Familiarize fellows with community and health resources for special needs patients, including occupational/ physical therapy  
   a. Early intervention programs for cognitive/ behavioral problems  
   b. Early intervention/ specific interventions for language acquisition/ cognitive development for hearing impaired  
   c. Interventions for visual impairment

5) **Practiced based learning and improvement**  
Familiarize fellows with NICU protocols associated with improved developmental outcome  
Incorporate clinical practice changes that will impact developmental outcome  
Familiarize fellows with AAP endorsed practice guidelines pertinent to ongoing care of NICU graduates

6) **Interpersonal skills/ Communication**  
Familiarize fellows with a multi discipline team approach to developmental follow-up of the NICU graduate  
Participate in discussion and decision making for intervention plans of NICU graduates via interaction with multiple ancillary staff members of the developmental team  
Demonstrate effective interview skills of parents of NICU graduates as part of initial assessment of patients  
Demonstrate effective and sensitive communication of difficult information to parents of NICU graduates

Sources  
1) ACGME letter of agreement between LSU School of Medicine Department of Pediatrics, Divisions of Neurology and Neonatology  
2) American Board of Pediatrics, Neonatal-Perinatal Sub-board Content Outline
APPENDIX C

**Duty Hours (Institutional Policy)**

Duty hours must be in accordance with the institutional and ACGME policies. The house officer agrees to participate in institutional programs monitoring duty hours. Questions about duty hours should be directed to the LSUHSC Graduate Medical Education Office or Ombudsman listed in the House Officer Manual, when they can not be resolved at the program level.

**Duty Hours and Supervision Policy**

The institution through the GMEC supports the spirit and letter of the ACGME Duty Hour Requirements as set forth in the Common Program Requirements and related documents July 1, 2003, 2011 and subsequent modifications. Though learning occurs in part through clinical service, the training programs are primarily educational. As such, work requirements including patient care, educational activities, administrative duties, and moonlighting should not prevent adequate rest. The institution supports the physical and emotional well being of the resident as a necessity for professional and personal development and to guarantee patient safety. The institution will develop and implement policies and procedures through GMEC to assure the specific ACGME policies relating to duty hours and supervision are successfully implemented and monitored.

On February 17, 2011 the GMEC passed a resolution that each training program must have a policy and process for each of the following areas and a method to monitor and assure effectiveness of each:

- Assuring effective transitions (hand offs)
- To encourage residents to use alertness management strategies
- Monitor residents use of strategic napping
- Monitor frequency and intensity of house call events
- Ensure each case in which a resident stays longer than 24+4 is documented and reviewed
- Ensure continuity of care is ensured incase a resident may be unable to perform their duties
- Set specific guidelines for when residents must communicate with their attending.
- Assure residents and faculty inform patients of their respective role in patient care.
- Demonstrate appropriate levels of supervision are in place for all residents
- Develop rotational schedules associated with attending call schedules in New Innovations
- Develop guidelines for supervision

All of the noted above methods will be monitored by the institutional during the Program End of Year Reports, Program Performance Reviews, and Internal Reviews.

The institution has developed Core Curriculum Modules on Sleep Fatigue and Mitigation. These modules must be completed by both faculty and residents to remain compliant and up to date with institutional policies and regulations.

The institution adopted the ACGME Duty Hours and Supervision Requirements that may be summarized as:
**Maximum House of Work Per Week**

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

**Mandatory Time Free of Duty**

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

**Maximum Duty Period Length**

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

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

It is essential for patient safety and resident education that effective transitions in care occur. Residents may be allowed to remain on-site in order to accomplish these tasks; however, this period of time must be no longer than an additional four hours.

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

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

Under those circumstances, the resident must:

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

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

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

**Minimum Time Off between Scheduled Duty Periods**
PGY-1 resident should have 10 hours, and must have eight hours, free of duty between scheduled duty periods.

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

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

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

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

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

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

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

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

**At-Home Call**

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

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

Residents are permitted to return to the hospital while on at-home call to care for new or established patients. Each episode of this type of care, while it must be included in the 80-hour weekly maximum, will not initiate a new “off-duty period”.
Residents are required to log all duty hours in New Innovations Software Program or its replacement program. Those who fail to log duty hours or log erroneous duty hours are subject to disciplinary action. (GMEC Feb 2011)

The institution as well as each program is required to monitor and document compliance with these requirements for all trainees. To accomplish this, the institution will implement the following policies and procedures:

1. Each program will need to sign a statement attesting to compliance with these requirements at all sites.
2. Each program will develop their own written duty hours policy that is in keeping with the ACGME and Institutional policy. This policy will be distributed to all trainees and faculty with a copy provided to the GME Office. The policy must delineate specifically how compliance will be monitored and what actions will be taken to remedy problems. Yearly changes or revisions to policies must be forwarded to the GME Office.
3. Programs must monitor residents for fatigue. The institution will develop resources to educate faculty and residents about sleep deprivation and fatigue.
4. The institution will ask each participating institution to advise it where legally permissible of incidents or trends suggesting fatigue as a component of the problem.
5. If the program has developed and instituted a method to monitor for individual resident duty hour compliance (eg work hour logs) it will regularly share this data with the institution.
6. The institution encourages programs to add questions on the duty hour requirements to their monthly rotation evaluations in addition to other monitoring.
7. The institution will make it clear to residents that our Ombudsman is available to field questions or complaints about duty hours and those such complaints will remain anonymous.
8. The resident agreement of appointment/contract includes a reference to duty hours policy and an agreement to participate in institutional monitoring of duty hours.
9. Internal Reviews include detailed sections on duty hours.
10. An annual web-based questionnaire will be administered to residents regarding duty hours by the GME Office. Responses will be anonymous.
11. The GME Office will randomly audit programs.
12. Program specific data will be presented annually in the End of Year Program Review Minutes submitted to the GME Office for review.
13. Violations of duty hours requirements by participating institutions may result in removal of residents from that institution.
14. Programs with violations will be subject to close, regular monitoring by GMEC.
15. Programs cited by the ACGME for duty hour violations will have special monitoring programs implemented.
16. Moonlighting must be strictly approved in writing and monitored to assure resident fatigue does not become a problem.
17. Duty Hours Hotline is established to monitor residents complaints.

This policy applies to every site where trainees rotate.
Granting Duty Hour Exceptions

The Graduate Medical Education Committee (GMEC) will accept, review and act on requests to increase resident duty hours up to a maximum of 88 hours per week when averaged over a four week period.

Applications for such increases shall be based on a sound educational rationale. Only programs in good standing with their RRC may apply for increases.

Process:
1. Programs will submit a written request as described below.
2. After screening by the Graduate Medical Education Office to be sure the application is complete, it will be presented for consideration at the next regularly scheduled GMEC.
3. GMEC will vote to endorse or not endorse the request based on the merits of the application. The decision is not appealable.
4. If approved the Designated Institutional Official/Chair of GMEC will prepare a letter of endorsement to be included in the programs application to their RRC along with a copy of the Institutions Policies and Procedures for Granting Duty Hour Exceptions.
5. The institution will reevaluate the continued necessity and appropriations of the increase and patient safety aspects of the increased hours at each internal review.

Application Format:
The program must supply information on each of the areas below sufficiently detailed for GMEC to make an informed decision.

1. Patient Safety: Describe how the program will monitor, evaluate, and ensure patient safety with extended resident work hours.
2. Educational Rationale: Provide a sound educational rationale which should be described in relation to the program’s stated goals and objectives for the particular assignments, rotations, and levels of training for which the increase is requested. Blanket exceptions for the entire educational program should be considered the exception, not the rule.
3. Moonlighting Policy: Include specific information regarding the program’s moonlighting policies for the periods in questions.
4. Call Schedules: Provide specific information regarding the resident call schedules during the times specified for the exception. Explain how this will be monitored.
5. Faculty Monitoring: Provide evidence of faculty development activities regarding the effects of resident fatigue and sleep deprivation.
APPENDIX D

Moonlighting Policy (Institutional)

Professional activity outside of the scope of the Fellowship Program, which includes volunteer work or service in a clinical setting, or employment that is not required by the Fellowship (moonlighting) shall not jeopardize any training program of the University, compromise the value of the trainee’s education experience or interfere in any way with the responsibilities, duties and assignments of the Fellowship Program. It is within the sole discretion of each Department Head and/or Program Director to determine whether outside activities interfere with the responsibilities, duties and assignments of the Fellowship Program. Fellows must not be required to moonlight. Before engaging in activity outside the scope of the Fellowship Program, fellows must receive the written approval of the Department Head and/or Program Director regarding the nature, duration and location of the outside activity. Fellows’ performance will be monitored for the effect of these moonlighting activities upon performance and that adverse effects may lead to withdrawal of permission to continue.

While engaged in professional activities outside the scope of the Fellowship Program, fellows are not provided professional liability coverage under LSA-R.S. 40:1299.39 et seq., unless the professional services are performed at a public charity health care facility. A fellow providing services outside the scope of the Fellowship Program shall warrant to University that the fellow is and will remain insured during the term of any outside professional activities, either (1) insured against claims of professional liability under one or more policies of insurance with indemnity limits of not less than $500,000 per occurrence and $1,000,000 in the aggregate annually; or (2) duly qualified and enrolled as a health care provider with the Louisiana Patient’s Compensation Fund pursuant to the Louisiana Medical Malpractice Act, LSA-R.S. 40:1299.41 et seq. or (3) that the fellow is provided such coverage by the person or entity who has engaged the fellow to provide the outside professional services.

Fellows shall not provide outside professional activities to any other state agency (e.g., Department of Health and Hospitals, Department of Public Safety and Corrections, Office of Mental Health, etc.) by means of a contract directly between the fellow and the other state agency. Should a fellow desire to provide outside professional services to another state agency, the contract must be between the LSU School of Medicine in New Orleans and the other state agency for the fellow’s services, and the fellow will receive additional compensation through the LSU payroll system. Fellows should speak with the Departmental Business Administrator of the Fellow Program to arrange such a contract.

The LA State Board and the DEA will independently investigate and prosecute individual residents if they so desire regarding the following:

- To moonlight, all fellows must be fully licensed and have their own malpractice and DEA number.
- Moonlighting in pain and weight loss clinics is not allowed by the LSBME.
- Pre-signing prescriptions is illegal.
- Using Charity prescriptions outside Charity is prohibited – your “Charity” BNDD (DEA) is site specific.
- Don't ever sign anything saying you saw a patient if you didn't see the patient
- All narcotics prescriptions must be put in the patient's name and address plus the date - don't "let the nurse do it"
- Fellows are held accountable for things all things signed - read the fine print
- Follow accepted practice guidelines for everything especially weight loss and pain patients
- All fellows should be cognizant of Medicare fraud and abuse guidelines.
- Documentation of fellow moonlighting is part of the Internal Reviews and the ACGME site visit.

Moonlighting - Foreign Medical Graduates
Moonlighting by J-1 visa holders is not allowed. This was instituted to prevent abuse of J-1 visa holders and to prevent their having to moonlight to generate their own salary. If an activity is considered an integral part of a program it should be covered by the base salary. If it is not covered by the base salary, it is considered moonlighting. Any J-1 moonlighting is in violation of our contract with the fellows and the ACGME guidelines which both forbid forced moonlighting.