

PEDIATRIC GASTROENTEROLGY PROGRAM MANUAL

Division of Pediatric Gastroenterology
Louisiana State University

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I. Introduction

The Pediatric Gastroenterology Fellowship at LSU Health Sciences Center (LSUHSC) provides training and experience to prepare the participant for a career in pediatric gastroenterology and certification in Pediatric Gastroenterology by the American Board of Pediatrics. The program has been ACGME certified since 1995.

The Fellowship Program is three years in length. During the fellowship period, the trainee gains extensive inpatient and outpatient experience through clinical practice, and research training by protected time for the pursuit of research projects. The fellows who complete this program will:

1. be competent to act as consultants in the field of pediatric gastroenterology
2. be capable of pursuing careers in academic medicine or clinical practice
3. possess habits of life-long learning that will continue to enhance their knowledge, skills and professionalism.

This program manual is developed for the use of pediatric gastroenterology fellows at Louisiana State University / Children's Hospital New Orleans. It is designed to outline the curricular goals and expectations for the gastroenterology fellows. This curriculum is structured around the six Accreditation Council of Graduate Medical Education (ACGME) core competencies. There is also information about the institution, faculty, evaluation processes, schedules and conferences.

II. Fellow Selection Policy

Individuals wishing to apply for a Pediatric Gastroenterology Fellowship position at LSUHSC must have previously completed a residency in general pediatrics or Med-Peds at the time of entering the program. Individuals interested in applying for a fellowship position should apply through Electronic Residency Application Service (ERAS).

The Program Director and faculty select fellows. They must meet the ACGME General Requirements as listed in the LSU School of Medicine House Officer Manual. The Program Director screens applications on the basis of academic credentials in the CV, preparedness and motivation as stated in the Personal Statement and ability, aptitude, communication skills, and personal qualities as expressed in letters of recommendation. Promising applicants are then interviewed by faculty, nurses, and fellows currently enrolled in the program. Finally the Program Director calls a meeting of all faculty involved in the fellowship program. During this meeting, all available information on the applicants will be discussed and the

Program Director will seek a consensus on the selection. If no consensus can be reached, a vote on each eligible candidate will be taken. The applicant with the highest number of votes will be chosen. However, this applicant must have the support from the majority of faculty, and the program director. Throughout this process, it must be assured that no discrimination on the basis of race, gender, or ethnicity occurs.

III. Goals and Objectives of the Program

It is the goal of the LSUHSC Pediatric Gastroenterology Residency Program to provide high quality, advanced education and training in this pediatric subspecialty, that will enable graduate residents to function as competent pediatric gastroenterologists in clinical, academic and/or research settings. To accomplish this goal, the following objectives are emphasized:

- Acquisition of clinical expertise in pediatric gastroenterology (including diagnostic, management and procedural skills) by formal didactic measures as well as rotation under the supervision of qualified pediatric gastroenterologists including follow-up experience. It is anticipated that a graduated increase in responsibility will occur over time.
- Acquisition of research skills by identification of an appropriate clinical or basic research question, formulation of a research plan, acquisition of methodological expertise, collection and analysis of data, and preparation/submission of a manuscript for publication all under mentorship of an experienced investigator. It is anticipated that at least one first-author paper will result from these research activities.
- 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 Fellows' Conference. It is anticipated that at least one presentation at a national meeting will be undertaken.
- Acquisition of administrative skills by participation in selected divisional meetings, management of the call schedule and the Fellows' Conference, as well as other appropriate administrative tasks.

Upon completion of the three-year program, it is expected that the residents will be eligible for and successfully complete, Board Certification by the Subspecialty Board in Pediatric Gastroenterology and Nutrition.

IV. Curriculum Overview

1. Patient Care

Our three pediatric gastroenterology fellows receive comprehensive patient care exposure. Over their three years of training, each fellow is required to partake in 12 months of in-patient service. Their in-patient service time is spread over a three year period in the following way:

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
1 st yr	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
2 nd yr	25%	25%	25%	25%	25%	25%	25%	25%	25%	25%	25%	25%
3 rd yr	25%	25%	25%	25%	25%	25%	25%	25%	25%	25%	25%	25%

2. Research and Scholarly Activities

Twenty four months of the program are set aside for research, scholarly activities and quality improvement projects. A majority of this research time takes place during the second half of the fellows training in the following manner:

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
1 st yr	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
2 nd yr	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%
3 rd yr	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%

V. Core Knowledge

The fellow is expected to acquire a wide breadth of knowledge in the basic and fundamental disciplines of embryology, physiology, pharmacology, pathology, biochemistry, molecular biology, immunology, and genetics in relation to the gastrointestinal tract, hepatobiliary system, pancreas, and nutrition. They will acquire competence in the pathophysiology, diagnosis, and management of preterm and term newborns, infants, children, adolescents, and young adults with acute and chronic gastrointestinal disorders including but not limited to those in the following list.

1. Growth failure and malnutrition
2. Malabsorption
3. Gastrointestinal allergy
4. Peptic ulcer disease
5. Hepatobiliary disease
6. Digestive tract anomalies
7. Inflammatory bowel disease
8. Functional bowel disorders
9. Pancreatitis
10. Gastrointestinal infections
11. Gastrointestinal problems in the immune-compromised host
12. Motility disorders
13. Gastrointestinal complications of eating disorders
14. Initial evaluation and criteria for referral and follow-up care of the patient requiring liver transplantation and those with intestinal failure requiring small bowel transplantation
15. Management of short bowel syndrome
16. Tumors of the gastrointestinal system
17. Psychosocial Aspects of the gastrointestinal system

VI. Core Procedural Knowledge and Skills

The fellow will acquire competence in understanding the principles, indications, contraindications, risks, and interpretation of results of procedures used to diagnose and treat gastrointestinal, hepatobiliary, pancreatic, and nutritional diseases affecting neonates, infants, children, adolescents, and young adults. The fellow will gain competence in the following procedures.

1. Diagnostic and therapeutic esophagogastroduodenoscopy (including foreign body removal and control of bleeding)
2. Diagnostic and therapeutic flexible sigmoidoscopy
3. Diagnostic and therapeutic colonoscopy (including polypectomy and control of bleeding)
4. Pancreatic stimulation test
5. Percutaneous endoscopic gastrostomy tube placement
6. Esophageal dilation
7. Rectal biopsy
8. Esophageal pH monitoring
9. Esophageal impedance monitoring
10. Videocapsule endoscopy
11. Manometry including esophageal, antroduodenal and colonic
12. Percutaneous liver biopsy
13. Breath hydrogen analysis
14. Paracentesis

VII. Competency Based Goals and Objectives

The LSUSC Pediatric Gastroenterology & Nutrition Fellowship Program follows a competency based system of education as outlined by the ACGME. The six competencies are summerized below.

Patient Care

Subspecialty residents must be able to provide family-centered patient care that is developmentally and age appropriate, compassionate, and effective in the treatment of health problems related to gastroenterology, hepatology, and nutrition and the promotion of health in these areas.

Medical Knowledge

Subspecialty residents must demonstrate knowledge about established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences related to pediatric gastroenterology, hepatology, and nutrition, as well as the application of this to patient care and the education of others.

Practice-based Learning and Improvement

Subspecialty residents must be able to investigate and evaluate their patient care practices, appraise and assimilate scientific evidence, and improve their patient care practices.

Interpersonal and Communication Skills

Subspecialty residents must be able to demonstrate interpersonal and communication skills that result in effective information exchange and teaming with patients, their patient's families, and professional associates.

Professionalism

Subspecialty residents must demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.

Systems-based Practice

Subspecialty residents must demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value.

VIII. Curriculum Outline

The program's curriculum consists of assignments with goals and objectives designed to provide a continuum of learning in both clinical gastroenterology and scholarly work over their three years of training.

Goal 1: Gain experience and competency in managing common and rare gastrointestinal,

liver and nutritional problems.

Objectives: At the end of the clinical rotation, the fellow should be able to:

- a. Recognize the general aspects of nutrition and nutritional status assessments
- b. Recognize the clinical manifestations of vitamin and mineral disorders in the infant/child
- c. Recognize and manage disease specific nutrition in the infant/child with short bowel syndrome, allergic bowel disorders (eg. milk and soy enterocolitis, eosinophilic esophagitis), celiac disease, pancreatic disorders, hyperlipidemia, Crohn's disease, and cystic fibrosis.
- d. Recognize and manage nutritional disorders including failure to thrive, obesity, short bowel syndrome.
- e. Recognize and manage hepatobiliary, metabolic and catheter complications of parenteral nutritional therapy
- f. Recognize the basic concepts of enteral and parenteral nutrition

Goal 2: Gain experience and competency in diagnostic and therapeutic procedures)

Objectives: At the end of the clinical rotation, the fellow should be able to:

- a. Assess the role for laboratory, radiographic and endoscopic tests in the diagnosis and monitoring of growth, nutritional disorders and bone mineral density.
- b. Assess the indications and management and care of enteral feeding tubes (nasogastric, gastrostomy, jejunostomy)

Goal 3: Interact effectively with primary care physicians and other health care providers

Objectives: At the end of the clinical rotation, the fellow should be able to:

- a. Recognize the appropriate time and urgency to see patients referred for consultation.
- b. Communicate management plan to Nutrition support team and have a multidisciplinary approach for complicated patients.

Goal 4: Recognize resources available for the care of patients with GI, liver and nutritional disorders.

Objectives: At the end of the elective the fellow should be able to:

- a. Look up literature and practice evidence-based medicine.
- b. Coordinate care with homecare companies.
- c. Demonstrate knowledge of the cost-effectiveness of diagnostic and management approaches for children with gastrointestinal disorders.
- d. Demonstrate knowledge of health care structure including health insurance systems.
- e. Feel comfortable with triaging patients over the phone on call

Competency-Based Rotation Specific Goals and Objectives

Inpatient Rotation

a) Patient Care: Provide patient care that is appropriate and effective for the treatment of hospitalized children with gastrointestinal and liver disorders.

- Obtain complete and accurate physical exam and history
- Accurately assess nature, acuity and severity of the clinical problem
- Devise detailed plan of care for each patient
- Follow up and interpret all laboratory data

-Ensure that plan of care is followed through

b) Medical Knowledge: Demonstrate knowledge of established and evolving biomedical, clinical and epidemiological sciences of gastrointestinal disorders, as well as the application of this knowledge to patient care.

Demonstrate knowledge of the pathophysiology of gastrointestinal and nutritional disorders, including common disease processes seen in inpatients such as inflammatory bowel disease, pancreatitis, liver dysfunction, malnutrition.

c) Practice- based learning and improvement: Demonstrate the ability to investigate and evaluate the care of patients, to appraise and assimilate scientific evidence and to continuously improve patient care based on constant self-evaluation and life-long learning.

- Explain clinical decisions in the context of evidence-based medicine
- Demonstrate knowledge of research that has been performed into patient care, diagnosis and pathophysiology
- Develop proficiency in the use of on-line information resources, courses, national and regional organization websites pertaining to Pediatric Gastroenterology
- Interact with faculty and colleagues to discuss regular evaluations and incorporate feedback into promoting professional growth and practice improvement

d) Interpersonal and communication skills: Demonstrate interpersonal and communication skills that result in the effective exchange of information with patients, their families and other health professionals.

- Assess resident's understanding of patient plan of care and ensure that they follow through on care
- Write legible, comprehensive consult and progress notes on all consults and inpatients
- Outline plan of care on daily rounds
- Teach residents about the pathophysiology of patient's diseases during rounds
- Communicate daily with patients and their families in a way that they understand about their sickness and treatment

e) Professionalism: Demonstrate competence to carry out professional responsibilities and develop an adherence to ethical principles.

- Demonstrate compassion integrity and respect for both patients and other health professionals
- Complete all consults, medical records and patient care activities before leaving the hospital
- Demonstrate respect for patient privacy and autonomy
- Demonstrate sensitivity and responsiveness to patients and their families from diverse

backgrounds

f) System-based practice: Demonstrate an awareness of and responsiveness to the larger system of health care.

- Demonstrate efficient use of ancillary personnel such as social workers, nurses, nutritionists, and home health care agencies to provide optimal health care
- Participate actively and lead multidisciplinary rounds
- Devise discharge plans with care coordinator
- Work with home health care company to provide complex care such as tube feeding or intravenous antibiotics at home for the patients
- Advocate for patients with insurance companies to cover the cost of healthcare

Outpatient Clinics

a) Patient Care: Provide patient care that is appropriate and effective for the outpatient treatment of children with gastrointestinal disorders

- Obtain an accurate history and physical exam
- Interpret accurately lab data such as blood testing, stool testing, hydrogen breath tests
- Provide a comprehensive assessment of the medical issues that must be addressed for each patient
- Devise a comprehensive treatment plan for each patient
- Follow up on all laboratory data
- Contact patients to inform them of new laboratory data or changes in treatment plan

b) Medical Knowledge: Demonstrate knowledge of established and evolving biomedical, clinical and epidemiological sciences of gastrointestinal disorders, as well as the application of this knowledge to patient care

Demonstrate knowledge of the pathophysiology and treatment of gastrointestinal and nutritional disorders, including common disease processes such as gastroesophageal reflux, constipation, abdominal pain, inflammatory bowel disease, failure to thrive, short gut syndrome, and liver dysfunction.

c) Practice- based learning and improvement: Demonstrate the ability to investigate and evaluate the care of patients, to appraise and assimilate scientific evidence and to continuously improve patient care based on constant self-evaluation and life-long learning.

- Explain clinical decisions in the context of evidence-based medicine
- Demonstrate that research has been performed on an ongoing basis into patient care, diagnosis and pathophysiology
- Develop proficiency in the use of on-line information resources, courses, national and regional organization websites pertaining to Pediatric Gastroenterology
- Interact with faculty and colleagues to discuss regular evaluations and incorporate feedback into promoting professional growth and practice improvement

d) Interpersonal and communication skills: Demonstrate interpersonal and communication skills that result in the effective exchange of information with patients, their families and other health professionals.

- Write legible, comprehensive, timely clinic notes and letters to the referring physician
- Explain plan of care to patients and their families in a concise, understandable manner using appropriate lay language
- Present each patient to the attending in an clear, concise, and organized manner
- Obtain informed consent for endoscopy procedures after explanation of risks and benefits

e) Professionalism: Demonstrate competence to carry out professional responsibilities and develop an adherence to ethical principles.

- Demonstrate compassion integrity and respect for both patients and other health professionals
- Complete all clinic letter consults, medical records and patient care activities before leaving the hospital
- Demonstrate respect for patient privacy and autonomy
- Demonstrate sensitivity and responsiveness to patients and their families from diverse backgrounds

f) System-based practice: Demonstrate an awareness of and responsiveness to the larger system of health care

- Demonstrate the efficient use of ancillary personnel such as social workers, nurses, nutritionists, and home health care agencies to provide optimal health care
- Work with home health care company to provide complex care such as tube feeding or intravenous antibiotics at home for the patients
- Devise plans of care in conjunction with the dietician and nurses to ensure that patient's health care needs are met

Goals and Objectives 2nd Year

Goal 1: Gain more experience and competency in managing gastrointestinal, liver and nutritional problems.

Objectives: At the end of the second year of training, the fellow should be able to:

- Manage the infant/child with various complex gastrointestinal, hepatic, and nutritional disorders.
- Manage gastrointestinal emergencies such as foreign bodies in the gastrointestinal tract, gastrointestinal bleeding, and fulminant liver failure.

Goal 2: Gain experience and competency in diagnostic and therapeutic procedures.

Objectives: At the end of the second year of training, the fellow should be able to:

- Perform diagnostic and therapeutic endoscopies and colonoscopies, with expectation of progression to performing the entire procedure as skills improve

b. Achieve proficiency in the performance of liver biopsies and pH probe studies.

Goal 3: Interact effectively with primary care physicians and other health care providers.

Objectives: At the end of the second year of training, the fellow should be able to:

- a. Recognize the appropriate time and urgency to see patients referred for consultation.
- b. Communicate management plan to other health care providers and have a multidisciplinary approach for complicated patients.

Goal 4: Recognize resources available for the care of patients with GI, liver and nutritional disorders.

Objectives: At the end of the second year of training, the fellow should be able to:

- a. Critique literature and practice evidence-based medicine.
- b. Coordinate care with homecare companies.
- c. Evaluate the cost-effectiveness of diagnostic and management approaches for children with gastrointestinal disorders.
- d. Demonstrate knowledge of health care structure including health insurance systems.

Competency-Based Rotation Specific Goals and Objectives

Inpatient Care

a) Patient Care: Provide patient care that is appropriate and effective for the treatment of hospitalized children with gastrointestinal and liver disorders.

- Obtain complete and accurate physical exam and history
- Accurately assess nature, acuity and severity of the clinical problem
- Devise detailed plan of care for each patient
- Follow up and interpret all laboratory data
- Ensure that plan of care is followed through

b) Medical Knowledge: Demonstrate knowledge of established and evolving biomedical, clinical and epidemiological sciences of gastrointestinal disorders, as well as the application of this knowledge to patient care.

Demonstrate knowledge of the pathophysiology of gastrointestinal disorders, including common disease processes seen in inpatients such as inflammatory bowel disease, pancreatitis, liver dysfunction, malnutrition.

Medical Knowledge: Demonstrate competence in evaluating children with acute liver failure, end-stage liver disease for liver transplantation.

- Manage pre-operative patients awaiting liver transplantation
- Manage post-liver transplant patients, immunosuppression and short- and long-term complications

c) Practice- based learning and improvement: Demonstrate the ability to investigate and evaluate the care of patients, to appraise and assimilate scientific evidence and to continuously improve patient care based on constant self-evaluation and life-long learning.

- Explain clinical decisions in the context of evidence-based medicine
- Demonstrate knowledge of research that has been performed into patient care, diagnosis and pathophysiology
- Develop proficiency in the use of on-line information resources, courses, national and regional organization websites pertaining to Pediatric Gastroenterology
- Interact with faculty and colleagues to discuss regular evaluations and incorporate feedback into promoting professional growth and practice improvement

d) Interpersonal and communication skills: Demonstrate interpersonal and communication skills that result in the effective exchange of information with patients, their families and other health professionals.

- Assess resident's understanding of patient plan of care and ensure that they follow through on care
- Write legible, comprehensive consult and progress notes on all consults and inpatients
- Outline plan of care on daily rounds
- Teach residents about the pathophysiology of patient's diseases during rounds
- Communicate daily with patients and their families in a way that they understand about their sickness and treatment

e) Professionalism: Demonstrate competence to carry out professional responsibilities and develop an adherence to ethical principles.

- Demonstrate compassion integrity and respect for both patients and other health professionals
- Complete all consults, medical records and patient care activities before leaving the hospital
- Demonstrate respect for patient privacy and autonomy
- Demonstrate sensitivity and responsiveness to patients and their families from diverse backgrounds

f) System-based practice: Demonstrate an awareness of and responsiveness to the larger system of health care.

- Demonstrate ability to make efficient use of ancillary personnel such as social workers, nurses, nutritionists, and home health care agencies to provide optimal health care
- Participate actively and lead multidisciplinary rounds
- Devise discharge plans with care coordinator
- Work with home health care company to provide complex care such as tube feeding or intravenous antibiotics at home for the patients
- Advocate for patients with insurance companies to cover the cost of healthcare

Outpatient Clinics

a) Patient Care: Provide patient care that is appropriate and effective for the outpatient treatment of children with gastrointestinal disorders

- Obtain an accurate history and physical exam
- Interpret accurately lab data such as blood testing, stool testing, hydrogen breath tests
- Provide a comprehensive assessment of the medical issues that must be addressed for each patient
- Devise a comprehensive treatment plan for each patient
- Follow up on all laboratory data
- Contact patients to inform them of new laboratory data or changes in treatment plan

b) Medical Knowledge: Demonstrate knowledge of established and evolving biomedical, clinical and epidemiological sciences of gastrointestinal disorders, as well as the application of this knowledge to patient care

Demonstrate knowledge of the pathophysiology and treatment of gastrointestinal disorders, including common disease processes such as gastroesophageal reflux, constipation, abdominal pain, inflammatory bowel disease, failure to thrive, and liver dysfunction.

c) Practice- based learning and improvement: Demonstrate the ability to investigate and evaluate the care of patients, to appraise and assimilate scientific evidence and to continuously improve patient care based on constant self-evaluation and life-long learning.

- Explain clinical decisions in the context of evidence-based medicine
- Demonstrate that research has been performed on an ongoing basis into patient care, diagnosis and pathophysiology
- Develop proficiency in the use of on-line information resources, courses, national and regional organization websites pertaining to Pediatric Gastroenterology
- Interact with faculty and colleagues to discuss regular evaluations and incorporate feedback into promoting professional growth and practice improvement

d) Interpersonal and communication skills: Demonstrate interpersonal and communication skills that result in the effective exchange of information with patients, their families and other health professionals.

- Write legible, comprehensive, timely clinic notes and letters to the referring physician
- Explain plan of care to patients and their families in a concise, understandable manner using appropriate lay language
- Present each patient to the attending in an clear, concise, and organized manner
- Obtain informed consent for endoscopy procedures after explanation of risks and benefits

e) Professionalism: Demonstrate competence to carry out professional responsibilities and develop an adherence to ethical principles.

- Demonstrate compassion integrity and respect for both patients and other health professionals

- Complete all clinic letter consults, medical records and patient care activities before leaving the hospital
- Demonstrate respect for patient privacy and autonomy
- Demonstrate sensitivity and responsiveness to patients and their families from diverse backgrounds

f) System-based practice: Demonstrate an awareness of and responsiveness to the larger system of health care

- Demonstrate efficient use of ancillary personnel such as social workers, nurses, nutritionists, and home health care agencies to provide optimal health care
- Work with home health care company to provide complex care such as tube feeding or intravenous antibiotics at home for the patients
- Devise plans of care in conjunction with the dietician and nurses to ensure that patient's health care needs are met
- Recognize policies of different health insurance companies and be a patient advocate

Procedures

Demonstrate proficiency in the understanding and technical aspects of endoscopy, pH probe study and liver biopsy

- Demonstrate understanding of the indications for and associated risks of the common procedures
- Demonstrate ability to take informed consent
- Demonstrate proficiency in the technical performance of endoscopy, i.e. insertion, withdrawal and obtaining mucosal biopsies.
- Demonstrate proficiency in understanding the anatomy and abnormal findings of the upper gastrointestinal tract and colon.
- Demonstrate proficiency in the technical performance of pH study and understand the interpretation of results.
- Demonstrate proficiency in the technical performance of liver biopsy.

Goals and Objectives – 3rd Year

Goal 1: Gain more experience and competency in managing gastrointestinal, liver and nutritional problems.

Objectives: At the end of the third year of training, the fellow should be able to:

- Manage the infant/child with various complex gastrointestinal, hepatic, and nutritional disorders.
- Manage gastrointestinal emergencies such as foreign bodies in the gastrointestinal tract, gastrointestinal bleeding, and fulminant liver failure.

Goal 2: Gain experience and competency in diagnostic and therapeutic procedures.

Objectives: At the end of the third year of training, the fellow should be able to:

- Perform diagnostic and therapeutic endoscopies and colonoscopies independently to reach minimum number (100 for endoscopy and colonoscopies) required to achieve

competency in endoscopic procedures according to NASPGHAN standards.
b. Achieve proficiency in the performance of liver biopsies and pH probe studies.

Goal 3: Interact effectively with primary care physicians and other health care providers.

Objectives: At the end of the third year of training, the fellow should be able to:

- a. Recognize the appropriate time and urgency to see patients referred for consultation.
- b. Communicate management plan to other health care providers and have a multidisciplinary approach for complicated patients.

Goal 4: Recognize resources available for the care of patients with GI, liver and nutritional disorders.

Objectives: At the end of the third year of training, the fellow should be able to:

- a. Critique literature and practice evidence-based medicine.
- b. Coordinate care with homecare companies.
- c. Assess the cost-effectiveness of diagnostic and management approaches for children with gastrointestinal disorders.
- d. Demonstrate knowledge of health care structure including health insurance systems.

Competency-Based Rotation Specific Goals and Objectives

Inpatient

a) Patient Care: Provide patient care that is appropriate and effective for the treatment of hospitalized children with gastrointestinal and liver disorders.

- Obtain complete and accurate physical exam and history
- Accurately assess nature, acuity and severity of the clinical problem
- Devise detailed plan of care for each patient
- Followup and interpret all laboratory data
- Ensure that plan of care is followed through

b) Medical Knowledge: Demonstrate knowledge of established and evolving biomedical, clinical and epidemiological sciences of gastrointestinal disorders, as well as the application of this knowledge to patient care

- Demonstrate knowledge of the pathophysiology of gastrointestinal disorders, including common disease processes seen in inpatients such as inflammatory bowel disease, pancreatitis, liver dysfunction, malnutrition.

c) Medical Knowledge: Demonstrate competence in evaluating children with acute liver failure, end-stage liver disease for liver transplantation.

- Manage pre-operative patients awaiting liver transplantation
- Manage post-liver transplant patients, immunosuppression and short- and long-term complications

d) Practice- based learning and improvement: Demonstrate the ability to investigate and evaluate the care of patients, to appraise and assimilate scientific evidence and to

continuously improve patient care based on constant self-evaluation and life-long learning.

- Explain clinical decisions in the context of evidence-based medicine
- Demonstrate knowledge of research that has been performed into patient care, diagnosis and pathophysiology
- Develop proficiency in the use of on-line information resources, courses, national and regional organization websites pertaining to Pediatric Gastroenterology
- Interact with faculty and colleagues to discuss regular evaluations and incorporate feedback into promoting professional growth and practice improvement

e) Interpersonal and communication skills: Demonstrate interpersonal and communication skills that result in the effective exchange of information with patients, their families and other health professionals.

- Assess resident's understanding of patient plan of care and ensure that they follow through on care
- Write legible, comprehensive consult and progress notes on all consults and inpatients
- Outline plan of care on daily rounds
- Teach residents about the pathophysiology of patient's diseases during rounds
- Communicate daily with patients and their families in a way that they understand about their sickness and treatment

f) Professionalism: Demonstrate competence to carry out professional responsibilities and develop an adherence to ethical principles.

- Demonstrate compassion integrity and respect for both patients and other health professionals
- Complete all consults, medical records and patient care activities before leaving the hospital
- Demonstrate respect for patient privacy and autonomy
- Demonstrate sensitivity and responsiveness to patients and their families from diverse backgrounds

g) System-based practice: Demonstrate an awareness of and responsiveness to the larger system of health care

- Demonstrate the efficient use of ancillary personnel such as social workers, nurses, nutritionists, and home health care agencies to provide optimal health care
- Participate actively and lead multidisciplinary rounds
- Devise discharge plans with care coordinator
- Work with home health care company to provide complex care such as tube feeding or intravenous antibiotics at home for the patients
- Advocate for patients with insurance companies to cover the cost of healthcare

Outpatient Clinics

a) Patient Care: Provide patient care that is appropriate and effective for the outpatient treatment of children with gastrointestinal disorders

- Obtain an accurate history and physical exam
- Interpret accurately lab data such as blood testing, stool testing, hydrogen breath tests
- Provide a comprehensive assessment of the medical issues that must be addressed for each patient
- Devise a comprehensive treatment plan for each patient
- Follow up on all laboratory data
- Contact patients to inform them of new laboratory data or changes in treatment plan

b) Medical Knowledge: Demonstrate knowledge of established and evolving biomedical, clinical and epidemiological sciences of gastrointestinal disorders, as well as the application of this knowledge to patient care

- Demonstrate knowledge of the pathophysiology and treatment of gastrointestinal disorders, including common disease processes such as gastroesophageal reflux, constipation, abdominal pain, inflammatory bowel disease, failure to thrive, and liver dysfunction.

c) Practice- based learning and improvement: Demonstrate the ability to investigate and evaluate the care of patients, to appraise and assimilate scientific evidence and to continuously improve patient care based on constant self-evaluation and life-long learning.

- Explain clinical decisions in the context of evidence-based medicine
- Demonstrate that research has been performed on an ongoing basis into patient care, diagnosis and pathophysiology
- Develop proficiency in the use of on-line information resources, courses, national and regional organization websites pertaining to Pediatric Gastroenterology
- Interact with faculty and colleagues to discuss regular evaluations and incorporate feedback into promoting professional growth and practice improvement

d) Interpersonal and communication skills: Demonstrate interpersonal and communication skills that result in the effective exchange of information with patients, their families and other health professionals.

- Write legible, comprehensive, timely clinic notes and letters to the referring physician
- Explain plan of care to patients and their families in a concise, understandable manner using appropriate lay language
- Present each patient to the attending in a clear, concise, and organized manner
- Obtain informed consent for endoscopy procedures after explanation of risks and benefits

e) Professionalism: Demonstrate competence to carry out professional responsibilities and develop an adherence to ethical principles.

- Demonstrate compassion integrity and respect for both patients and other health professionals
- Complete all clinic letter consults, medical records and patient care activities before leaving the hospital
- Demonstrate respect for patient privacy and autonomy
- Demonstrate sensitivity and responsiveness to patients and their families from diverse backgrounds

f) System-based practice: Demonstrate an awareness of and responsiveness to the larger system of health care

- Demonstrate the efficient use of ancillary personnel such as social workers, nurses, nutritionists, and home health care agencies to provide optimal health care
- Work with home health care company to provide complex care such as tube feeding or intravenous antibiotics at home for the patients
- Devise plans of care in conjunction with the dietician and nurses to ensure that patient's health care needs are met
- Demonstrate knowledge of policies of different health insurance companies and be a patient advocate

Procedures

a) Demonstrate proficiency in the understanding and technical aspects of endoscopy, pH probe study and liver biopsy

- Demonstrate understanding of the indications for and associated risks of the common procedures
- Demonstrate ability to take informed consent
- Demonstrate proficiency in the technical performance of endoscopy, i.e. insertion, withdrawal and -obtaining mucosal biopsies.
- Demonstrate proficiency in understanding the anatomy and abnormal findings of the upper gastrointestinal tract and colon.
- Perform at least 100 upper endoscopies and 100 colonoscopies during fellowship training
- Demonstrate proficiency in the technical performance of pH study and understand the interpretation of results.
- Demonstrate proficiency in the technical performance of liver biopsy.

IX. Conferences & Didactic Sessions

Mon	Tues	Wend	Thur	Friday
• Division				

Meeting & checkout - am • Fellows Continuity Clinic- pm	•Pathophysiology- pm		• Fellows clinic - pm	
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Additional conferences:

- GI/pathology conference 1x/month
- Grand Rounds 1x/week
- GI & Psychology conference 1x/month
- Motility Lecture 1x/month
- GI/ Liver transplant conference 1x/month
- Core Curriculum Lecture series 1x/month
- Departmental Research Conference 1x/month
- Morbidity & Mortality Conference*
- Pediatric Resident Morning Report*
- New Orleans Gut Club meetings
- National Association of Pediatric Gastroenterology Hepatology & Nutrition 1x/year**
- Digestive Disease Week 1/yr **

* Fellows should attend when conferences are applicable to GI

** Fellows are required to present research

X. Responsibilities of the Fellow

Fellows have the following responsibilities in the division.

1. Line of Supervision for Fellows – The Pediatric Fellowship Program Director has overall responsibility for the Fellow’s activities and supervision of his/her performance. The Fellow must keep the Program Director aware and up to date on duty hours, research progress, on-service and clinic scheduling, requests for vacation and leave, problems arising with staff, faculty attendings, etc.

All patient care is supervised by a faculty member. Upon meeting, formal introductions are had, making sure families and patients know the structure of the medical team who will be taking care of them. The hierarchy of the medical team is explained, from attending to medical student, making sure the parents are clear that all final decisions as well as responsibility fall on the attending.

For continuity clinic, one attending and one back up attending are assigned to each clinic whereby management of each patient is discussed.

For in patient care, the on-service attending will have direct supervision of the on-service fellow for inpatient and consult management issues as well as oversight of the fellow's fielding patient-related telephone calls

2. Clinical Service

a. Inpatient

- 1) Fellows round daily on gastroenterology patients at Children's Hospital. They participate in the clinical care of patients in a supervisory role to house staff and students under the direction of the attending gastroenterologist on service.
- 2) Fellows participate in the care of patients on the primary GI service, consult service and during Emergency Room evaluations
- 3) It is the responsibility of the supervising faculty to ensure that residents have enough time during their clinical rotation to gain sufficient procedural experience, to discuss complex cases with the faculty in depth, to prepare for presentations, to read on topics and to collect patient-relevant medical literature.
- 4) Fellows participate in reviewing relevant histopathological findings with the pathologists and radiological findings with the radiologist on a case by case basis

b. Outpatient

- 1) Each fellow is required to hold a continuity clinic at least one-half day every week at Children's Hospital Ambulatory Care Center throughout the training period. He/she discusses diagnoses and establishes a treatment plan for each patient with an assigned faculty member. The residents are responsible for following up on their patients as far as laboratory results, further diagnostic testing and treatment plan is concerned. They schedule procedures on their patients and discuss major treatment plans with their faculty. Fellows will also retain a list of the patients they have seen in Continuity Clinic with diagnosis for documentation purposes. They are responsible for writing consult notes on their patients
- 2) If not on inpatient service, fellows will also participate in an additional one-half day clinic per week. Responsibilities for this clinic are the same as outlined above for their regularly scheduled continuity clinic.
- 3) If not on inpatient service, fellows are expected to participate in Hepatitis Clinic which is held one-half day a week. In this clinic, patients with hepatitis B and C are monitored and or treated. Hepatitis clinic is co-managed by both the gastroenterology and infectious disease divisions.

- 4) Beginning Spring of 2013 off service fellows will participate in Liver Transplant Clinic. It will be led by a joint effort from a Tulane transplant surgeon and a pediatric gastroenterologist as well as a pediatric hepatologist (Dr. Brian Edelstein, anticipated to be faculty by the Spring of 2013) at Children's Hospital. Pre and Post transplant patients will be followed regularly. The fellow will become familiar with pre transplant evaluations as well as post operative care of liver transplant patients.
- 5) Feeding Team Clinic is available for our fellows to participate in. This clinic is lead by our Division head, Dr. Paul Hyman.

c. Research/Scholarly Activity

- 1) Fellows will be expected to engage in projects in which they develop hypotheses or in projects of substantive scholarly exploration and analysis that require critical thinking. Areas in which scholarly activity may be pursued include, but are not limited to: basic, clinical, or translational biomedicine; health services; quality improvement; bioethics; education; and public policy. Fellows must gather and analyze data, derive and defend conclusions, place conclusions in the context of what is known or not known about a specific area of inquiry, and present their work in oral and written form to their Scholarship Oversight Committee and elsewhere.

In addition to biomedical research, examples of acceptable activities might include a critical meta-analysis of the literature, a systematic review of clinical practice with the scope and rigor of a Cochrane review, a critical analysis of public policy relevant to the subspecialty, or a curriculum development project with an assessment component. These activities require active participation by the resident and must be mentored. The mentor(s) will be chosen by the fellows(s) and will be responsible for providing the ongoing feedback essential to the trainee's development.
- 2) Involvement in scholarly activities must result in the generation of a specific written "work product," which may include:
 - A peer-reviewed publication in which the resident played a substantial role
 - An in-depth manuscript describing a completed project.
 - A thesis or dissertation written in connection with the pursuit of an advanced degree
 - An extramural grant application that has either been accepted or favorably reviewed
 - A progress report for projects of exceptional complexity, such as a multi-year clinical trial
- 3) Each fellow will have a Scholarship Oversight Committee. The Scholarship Oversight Committee consists of three or more individuals, at

least one of whom is based outside of Pediatric Gastroenterology. The program director proposes members of the committee, may serve as a trainee's mentor and participate in the activities of the oversight committee, but will not be a standing member. This committee will:

- Determine whether a specific activity is appropriate to meet the American Board of Pediatrics guidelines for scholarly activity
- Determine a course of preparation beyond the core fellowship curriculum to ensure successful completion of the project
- Evaluate the fellows progress as related to scholarly activity
- Meet with the fellow early in the training period and regularly thereafter
- Require the resident to present/defend the project related to his/her scholarly activity
- Advise the program director on the resident's progress and assess whether the resident has met guidelines associated with the requirement for active participation in scholarly activities

d) Education

- 1) Fellows are required to attend weekly Pathophysiology Conferences. All supervising faculty are expected to attend. Fellows organize these conference themselves as part of their administrative experience. They may also contain a lecture given by gastroenterology faculty or faculty of other specialties with topics relevant to pediatric Gastroenterology/Hepatology/Nutrition. These weekly conferences review by chapter the pathophysiology pediatric GI as outlined in Walkers Pediatric Gastrointestinal Disease textbook. Attendance is monitored and recorded and takes precedence over other activities, with the exception of clinical emergencies.
- 2) In addition to the weekly Pathophysiology conferences residents are required to attend the monthly pediatric liver transplantation meeting and the monthly pathology conference. In conjunction with the pathologist, the fellow will help organize the pathology conference and present clinical data on patients when needed. Pathologists will demonstrate pathological findings.
- 3) Fellows are also required to attend the lecture series "Core Curriculum Lecture series" at Childrens Hospital. This lecture series will introduce fellows to topics such as basic lab techniques, teaching medical students, giving effective feedback and practice management design.
- 4) Fellows are encouraged to participate in the following conferences: Weekly Pediatric Grand Rounds, LSU Pediatrics Conferences and

Morning Report if relevant to gastroenterology, monthly Pediatric Research Seminar, monthly Research Journal Club, weekly Pathology Conference at Children's Hospital, Mortality and Morbidity Conference when applicable to GI and the New Orleans Gut Club Meetings

- 5) Fellows are expected to attend and/or present at the following yearly conferences: Nestlé, Ross, and Mead Johnson Pediatric Gastroenterology Conferences, meeting of the North American Society for Pediatric Gastroenterology and Nutrition or The American Gastroenterological Association or Digestive Disease Week

e) Teaching of Other Physicians and Health Professions

- 1) Gastroenterology fellows develop 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 division conferences.
- 2) It is anticipated that at least one presentation at a national meeting will be undertaken.

f) Self Learning

- 3) Self learning for the fellows results from feedback supplied by regular faculty evaluations and the biannual meeting with the program director.

g) Documentation of Activities

- 1) Fellows will maintain a binder with all educational activities documented
- 2) Fellows maintain a computerized log of all procedures done while in fellowship whereby supervising faculty are able to confirm and evaluate their skills
- 3) A log is maintained by the fellows for each conference, division meeting, didactic session, etc
- 4) All meetings pertaining to research, including scholarly activity oversight committee interactions, must be logged and kept in the fellows folder
- 5) All national meetings attended must be logged
- 6) All teaching activities should be logged

h) Process for Addressing Fellow Concerns

- 1) If the on-call fellow has a problem or concern, they are encouraged to address it with their on-service attending. If they are uncomfortable addressing the issue with the on-service attending, they are strongly encouraged to then speak with the division head or the program director.
- 2) Off-service fellows are encouraged to address their concerns with either the division head or program director.
- 3) All staff are encouraged to address either the program director or division head if they feel the concern of the fellow should be addressed by the training program.
- 4) If necessary, concerns will remain anonymous

XI. Evaluation, Progress, Promotion & Adverse Action

The Next Accreditation System (NAS) requires standardized measurements of fellow performance through the milestone and entrustable professional activities (EPA). To facilitate achievement of this goal, the Clinical Competency Committee (CCC) has been created. The purpose of the CCC will be to rate a fellow's clinical competency based on standardized, transparent criteria. The committee will review all fellow evaluations semi-annually and make recommendations to the program director relative to fellow progress, including promotion, remediation, and dismissal. The committee will also prepare and ensure accurate reporting of milestone evaluations of each fellow semi-annually to the ACGME.

In addition to Milestones/ EPAs, the committee will utilize current evaluation tools, especially the fellows' portfolios. Documents to be reviewed include 360° evaluations, completion of Core Curriculum lectures/modules, review of duty hours/ moonlighting, 8SOC members and meetings, project status) as well as academic presentations, grant applications, participation in QI/QA project with review of goal and outcome. The Fellow's individual learning plan (ILP) will be reviewed as well as a competency based self-assessment.

The CCC will be lead by a committee elected chair whose job it will be to review fellows' files and present a summary of their evaluations and assessment of clinical skills. Committee members will provide additional information for clarification of fellow evaluations. The committee will collectively decide each fellow's milestone assessment as well as recommendation for promotion, remediation, and termination.

VII. Fellow Moonlighting Policy (also refer to House Officer's Agreement of Appointment)

1. Moonlighting is defined as any employment as a physician outside of the scope of the Pediatric Gastroenterology Fellowship Program.
3. Fellows must have written approval by the Program Director/Division Head prior to engaging in all moonlighting activity.
4. Moonlighting activities cannot interfere with their required fellowship responsibilities. The fellowship program can withdraw permission for moonlighting activities at anytime if the Fellow's performance in the Fellowship Program is found to be substandard or if any evidence of fatigue is evident.
5. Fellows are not provided professional liability coverage while engaged in professional activities outside the scope of the Fellowship Program.
6. Fellows must provide the Program Director with the number of hours worked each week to ensure that weekly duty hours are not exceeded.
7. Moonlighting hours are counted towards the 80-hour work week limits and cannot conflict with the Fellow Duty Hour Policy (see policy).

VIII. Policy on Fellow Duty Hours

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

1. Duty Hours

- a. Duty hours are defined as all clinical and academic activities related to the Fellowship Program, i.e., patient care (both inpatient and outpatient), administrative duties related to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled academic activities such as conferences. Duty hours do not include reading and preparation time spent away from the duty site.
- b. Duty hours will be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.
- c. Fellows will be provided with one (1) day in seven (7) free from all educational and clinical responsibilities, averaged over a 4-week period, inclusive of call. One day is defined as one continuous 24-hour period free from all clinical, educational, and administrative activities.
- d. Adequate time for rest and personal activities will be provided. This should consist of a 10-hour time period provided between all daily duty periods and after in-house call.
- e. Any breach of compliance with the duty hours guidelines will be reported immediately to the Program Director or Division Head
- f. Duty hours will be formally self-reported by the fellows. The records will be evaluated by the program coordinator
- g. Fellows will self-report incidents potentially related to fatigue to the Program Director or Division Head

2. On-Call Activities

While “on service,” the Fellow will take at-home call (pager call). At home call is defined as call taken from outside the assigned institution.

- a. Fellows taking at-home call must be provided with one (1) day in seven (7) completely free from all educational and clinical responsibilities and averaged over a 4-week period.
- b. When Fellows are called into the hospital from home, the hours Fellows spend in-house are counted toward the 80-hour limit.
- c. The Program Director and the attending faculty will monitor the demands of at-home call in their programs and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.

XIV. Policy on Alertness Management / Fatigue Mitigation Strategies

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

1. Warning signs
 - a. Falling asleep at conference/rounds
 - b. Restless and/or irritable with staff, colleagues, family
 - c. Rechecking your work constantly
 - d. Difficulty focusing on patient care
 - e. Feeling like you just don't care
 - f. Never drive while drowsy
2. Sleep strategies for fellows on call
 - 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 > 30 min or < 2°)
 3. BEST circadian window 2PM-5PM & 2AM- 5AM
 4. AVOID heavy meals
 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 a 20 min. nap or drink a cup coffee 30 min before driving

In addition, the division will employ a back up fellow as needed in the event a fellow can't complete an assigned duty period.

How monitored:

The institution and program monitor successful completion of on line modules. Fellows are encouraged to discuss any issues related to fatigue and alertness with the program director, faculty or program administration. Supervisory faculty will monitor fellows during call periods for signs of fatigue. At all transition periods supervisory 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.

XV. Backup Call Schedule

Under the current system, both fellows and off service staff who are not on call are potential backups, depending upon complexity of their schedules. Months in advance vacation schedules are made, clinics are booked, conferences signed up for, etc. , all making it difficult to designate one fellow or staff as a mandatory backup. Our division has always been more than accommodating for unforeseen events that affect an individual's call status.

XVI. Transitions in Care

Transition in Care / Division Checkout takes place on Monday mornings. Sign in sheets are used to document mandatory attendance. We discuss all current service and consult patients. The Fellow on service gives the checkout, while the attending on service ensures its accuracy. Checkout is done in a systematic way whereby the following information is communicated for each patient.

1. Demographics (i.e. name, DOB, gender, location, etc)
2. Medical history, current status and labs
3. System based plan of care
4. Psychosocial issues
5. To do list
6. Anticipatory care and code status, if any

The attending and fellow coming on service are present. If there are clarifying questions that need to be asked, it is done not only by the incoming team but by any staff or fellow present. Many instances, the patient on service is well known to a staff/fellow who is not on call, enabling that staff/fellow to clarify for everyone smaller details in the past history that will ensure the patient is taken care of to the best of our ability.

Faculty and fellow feedback regarding transition in care is openly voiced during morning patient checkout, division meetings and at any time with the program director/division head. Complaints/recommendations regarding transitions in care are documented and modifications are made. Additionally, the ACGME faculty survey allows staff to rate their satisfaction with the transfer of medical care.

XVII. Employment-Related Policies (see attached addendum – House Officer Agreement of Appointment)

1. Compensation, Insurance
2. Vacation & Leave Policy
3. Drug Prevention
4. Physician Impairment
5. Cancellation and Renewal of Agreement of Appointment
6. Summary Suspension
7. Grievance Procedures

XVIII. Social Media Guidelines

At LSUHSC School of Medicine – New Orleans (SOM), social networking (both on LSUHSC-provided services and on commercially available services) can help support our mission of medical education, research, and service to the community. The SOM is committed to facilitating a successful social media strategy for its faculty, staff, and students..

The following guidelines are for all individuals affiliated with the SOM including but not limited to faculty members, residents, students, and staff employees who participate in social media. Social media includes personal blogs and other websites, including but not limited to WordPress, Facebook, LinkedIn, Twitter, Instagram, and YouTube. These guidelines apply to anyone posting to his or her own sites, university sponsored sites, or commenting on other sites.

General Principles:

1. Follow all applicable LSUHSC policies. For example, you must not share confidential or proprietary information about LSUHSC and you must maintain patient privacy. Among the policies most pertinent to this discussion are those concerning patient confidentiality; computer, e-mail and internet use; HIPAA and FERPA; photography and video; and release of patient or student information to media.
2. Be professional, use good judgment and be accurate and honest in your communications; errors, omissions, or unprofessional language or behavior reflect poorly on LSUHSC, and may result in liability for you or LSUHSC. Be respectful and professional to fellow employees, business partners, competitors, faculty, students, and patients.

3. Social media is “real life.” Behavior in social media is no different from e-mail, public speech, classroom lecture, conversation with friends, or a poster on a wall, with the exception that it is always available in cyberspace. Anything considered inappropriate offline is likely also inappropriate online. When in doubt, it is better not to share.
4. If you are a member of the SOM community, but acting in social media as an individual, make it clear that you are expressing your own opinion and not that of the SOM or LSUHSC.
5. Ensure that your social media activity does not interfere with your work commitments.

Responsibility to Patients and Trainees:

1. The SOM strongly discourages “friending” of patients on social media websites. Providers (faculty, house staff, or other staff) in patient care roles generally should not initiate or accept friend requests except in unusual circumstances such as the situation where an in-person friendship pre-dates the treatment relationship.
2. The SOM strongly discourages personnel in management or supervisory roles from initiating personal “friend” requests with trainees they manage. “Friend” requests may be accepted if initiated by the trainee, and if the supervising personnel do not believe such contact will negatively impact the work relationship or pose potential bias regarding the trainee.

Responsibility to Institution:

1. Write in the first person. Where your connection to the SOM and LSUHSC is apparent, make it clear that you are speaking for yourself and not on behalf of the SOM or LSUHSC. In those circumstances, you should include a disclaimer such as: “The views expressed on this [blog; website] are my own and do not reflect the views of the SOM or LSUHSC.” Consider adding this language in an “About me” section of your blog or social media profile.
2. If you identify your affiliation to the SOM or LSUHSC, your social media activities should be consistent with our high standards of professional conduct.
3. If you communicate in public about the SOM or LSUHSC or the SOM- or LSUHSC-related matters, you must disclose your connection with SOM and/or LSUHSC and your role at the institution. When acting as a representative of the SOM clearly identify you or your group’s relationship to the SOM and link back to the appropriate SOM or LSUHSC web page to reinforce the connection to the SOM or LSUHSC.
4. The SOM does not endorse people, products, services and organizations. On social media websites where your affiliation to the SOM is known, it should be made clear that you are speaking for yourself and not on behalf of the SOM or LSUHSC when personal recommendations are made.
5. Unless approved, your social media name, handle and URL should not include the SOM or LSUHSC’s name or logo.
6. Represent yourself accurately and be transparent about your role at the SOM or LSUHSC. Consider that you are in an academic environment and the implications of utilizing a LSUHSC-provided platform that automatically identifies you in your role at the SOM or LSUHSC. If you present inaccurate information, correct it immediately.
7. When creating or managing a social media account for a SOM entity (such as a training program social network), ensure access credentials are shared by at least two people in case one team member is unreachable or no longer at the University.
8. When representing the SOM or LSUHSC, follow relevant style guidelines when creating profile/avatar images, graphics, or written content. Speak in accordance with your role at the university. If you have questions, contact the appropriate public affairs personnel.

XIV. Institutional Guidelines

All institutional guidelines (as outlined in the LSU School of Medicine House Officer Manual) must be followed for salary, benefits and annual/sick leave. Annual leave (28 days) is taken during off-service time, unless otherwise arranged by the Program Director. It is declared as required by the institution.